

## Spirituality, Religiosity, and Psychological Well-Being in Terminal Patients

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### Resumen

Este estudio tiene como objetivo explorar si la espiritualidad y la religiosidad afectan el bienestar psicológico en individuos que enfrentan una enfermedad terminal. La muestra estuvo compuesta por 115 pacientes que recibían cuidados paliativos en la Ciudad Autónoma de Buenos Aires, con edades entre 28 y 83 años ( $M = 56.93$ ;  $DE = 13.20$ ), abarcando ambos géneros (hombres = 37.39%; mujeres = 62.61%). Los resultados indican que, al analizar los efectos sobre el bienestar psicológico, la universalidad emerge como la variable explicativa más relevante dentro del modelo. Estos hallazgos confirman una relación positiva y significativa entre la espiritualidad y el bienestar psicológico en personas en las etapas finales de la vida, coincidiendo con los resultados reportados en otras poblaciones estudiadas por diversos autores.

**Palabras clave:** Espiritualidad, Religiosidad, Bienestar Psicológico, Enfermedad Terminal.



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## **Abstract**

This study aims to explore whether spirituality and religiosity affect psychological well-being in individuals facing terminal illness. The sample comprised 115 patients receiving palliative care in the Autonomous City of Buenos Aires, aged between 28 and 83 years ( $M = 56.93$ ;  $SD = 13.20$ ), encompassing both genders (men = 37.39%; women = 62.61%). The results indicate that, upon analyzing the effects on psychological well-being, universality emerges as the most relevant explanatory variable within the model. These findings affirm a positively significant relationship between spirituality and psychological well-being in individuals at the final stages of life, aligning with results reported in other populations studied by various authors

**Keywords:** Spirituality, Religiosity, Psychological Well-being, Terminal illness.

## **Resumo**

Este estudo tem como objetivo explorar se a espiritualidade e a religiosidade afetam o bem-estar psicológico em indivíduos que enfrentam uma doença terminal. A amostra foi composta por 115 pacientes que recebiam cuidados paliativos na Cidade Autônoma de Buenos Aires, com idades entre 28 e 83 anos ( $M = 56,93$ ;  $DP = 13,20$ ), abrangendo ambos os gêneros (homens = 37,39%; mulheres = 62,61%). Os resultados indicam que, ao analisar os efeitos sobre o bem-estar psicológico, a universalidade emerge como a variável explicativa mais relevante no modelo. Estes achados confirmam uma relação positiva e significativa entre espiritualidade e bem-estar psicológico em pessoas nas fases finais da vida, alinhando-se com os resultados relatados em outras populações estudadas por diversos autores.

**Palavras-chaves:** Espiritualidade, Religiosidade, Bem-estar Psicológico, Doença Terminal.

In line with current literature, individuals experiencing terminal illnesses frequently undergo a substantial deterioration in their overall well-being (León-Castro et al., 2023). In order to face such adversity, they often endeavour to ascribe meaning to the affliction through religious and/or spiritual beliefs (Kellehear, 2000; Prado et al., 2010). Nevertheless, studies exploring the nexus between religiosity, spirituality, and well-being have yielded inconsistent findings, revealing both positive and negative associations (Koenig et al., 2012; Lucchetti et al., 2021).

In various studies, spirituality emerges as a facilitative factor for the overall well-being of individuals experiencing terminal illnesses, contributing to coping with the process and facilitating the adaptation to diagnosis-related impacts (Barreto et al., 2015; Benito et al., 2014; Marques & Pucci, 2021; Mueller et al., 2001). The literature consistently associates spirituality positively with well-being across diverse populations (Markides et al., 1987), emphasizing its significance in the way in which individuals may face illness (Benito et al., 2014; Kellehear, 2000; Ramírez-Jimenez et al., 2022), particularly in the context of cancer diagnosis (Balboni et al., 2013; Hills et al., 2005; Hulett et al., 2021; Kershaw et al., 2004; Krupski et al., 2006). This suggests that a more effective adjustment to illness challenges (Balboni et al., 2022; Martínez-Echeverri et al., 2004) may act as a moderator in alleviating post-traumatic stress following diagnosis (Yang et al., 2023). Consequently, spirituality positively influences recovery rates (Araujo-Camacho & Velázquez-Maldonado, 2016; Mueller et al., 2001) and treatment adherence (Sousa et al., 2017).

Similarly, religiosity is suggested to positively facilitate coping with stressful situations (Bussema & Bussema, 2000; Koenig et al., 2012; Kunz et al., 2019; Gallardo-Vergara et al., 2021), promoting resilience against significant health issues (Kelley & Chan, 2012; Mashhadi, 2018; Ramírez-Jimenez et al., 2022).

However, negative associations between spirituality, religiosity and psychological well-being have been reported as well (Gallardo-Vergara et al., 2022; King et al., 2013; Koenig et al., 2012; McClain et al., 2003; Pastwa-Wojciechowska et al., 2021; Prado et al., 2010; Thuné-Boyle et al., 2011). For instance, some studies link spiritual struggles with depression and distress (Ano & Vasconcelles, 2005; Abu-Raiya et al., 2016). Researchers suggest that in undergoing experiences of high stress, such as in terminal illnesses, individuals may employ certain mechanisms termed spiritual struggles (Pargament et al., 1998; Pargament et al., 2000). These struggles involve efforts to preserve or transform a threatened or damaged spirituality (McConnell et al., 2006; Pargament et al., 2005) and encompass questioning and doubts regarding faith, God, and religious and/or spiritual social relationships (Exline et al., 2014; González-Rivera & Álvarez-Alatorre, 2021). This response may help elucidate the reported negative associations between spirituality, religiosity, and well-being in oncology patients (Thuné-Boyle et al., 2006).

In the context of mental health, a debate has emerged surrounding the roles of spirituality and religiosity both as protective factors and potential vulnerabilities for pathology development. Therefore, recommendations have arisen to carry out further studies addressing the religious and spiritual dimension, comprehensively identifying both positive and negative aspects in mental health (Al Eid et al., 2021; Braga & Queiroz, 2013; Helton et al., 2020; Koenig et al., 2012; Piedmont & Friedman, 2012; Salgado-Lévano, 2016).

Given the relatively underexplored nature of health-religiosity-spirituality relationships (León-Castro et al., 2023; Morales et al., 2023), particularly concerning religious beliefs and observance in strategies to enhance healthcare conditions in Argentina (Simkin et al., 2023), and considering their profound significance in individuals' lives, it is relevant to undertake a thorough investigation utilizing the models, methods, and measures of psychology (Piedmont, 2001).

### ***The Present Study***

This study aims to explore the relationship between spirituality, religiosity and psychological well-being in terminal patients.

### **Method**

#### ***Participants***

The sample consists of 115 patients receiving palliative care in public hospitals in the Autonomous City of Buenos Aires. The gender distribution included both men (37.39%) and women (62.61%). Participant ages ranged from 28 to 83 years ( $M = 56.93$ ;  $SD = 13.20$ ). Regarding the inclusion criteria considered for participant selection, it was required that individuals have a terminal illness, following the World Health Organization criteria (1986), and the patients' ages should be between 21 and 99 years. Additionally, patients were to retain cognitive functions at the time of the study and have controlled symptoms of acute pain.

#### ***Measures***

##### ***Assessment of Spirituality and Religious Sentiments Scale***

The Spirituality and Religious Sentiments Scale (ASPIRES; Piedmont, 2010) is a 35-item scale that assesses two dimensions: (1) Religious Sentiments and (2) Spiritual Transcendence. On the one hand, Religious Sentiment consists of two dimensions: Religious Involvement (e.g., “How often do you pray?”) and Religious Crisis (e.g., “I feel that God is punishing me”). Spiritual Transcendence, on the other, includes three further dimensions: Prayer Fulfillment (e.g., “I find inner strength and/or peace from my prayers or meditations”), Universality (e.g., “I feel that on a higher level all of us share a common bond”), and connectedness (“Although they are dead, memories, and thoughts of some of my relatives continue to influence my current life”). The scale employs a Likert-type response format with five to seven-point answer range based on the degree of agreement, where 1 represents "Completely Disagree" or "Never," and 5 or 7 represent "Completely Agree" or "Always." For this study, a version adapted to the local context was utilized (Simkin, 2017), which demonstrated satisfactory reliability levels for Connectivity ( $\alpha = .57$ ), Universality ( $\alpha = .76$ ), Prayer Fulfillment ( $\alpha = .91$ ), Religious Involvement ( $\alpha = .84$ ), and Religious Crisis ( $\alpha = .68$ ), along with an adequate fit to the field-collected data for both the Religious Feelings factor (CFI = 0.99, RMSEA = 0.037, and CI [0.000, 0.060]) and Spiritual Transcendence (CFI = 0.95, RMSEA = 0.069, and CI [0.062, 0.076]).

#### *Ryff's Scales of Psychological Well-being*

Ryff's Scales of Psychological Well-Being (SPWB; Ryff & Keyes, 1995), adapted for the local context by Aranguren and Irrazabal (2015), comprises 18 items evaluating three factors: (1) Autonomy (e.g., "I tend to be influenced by people with strong convictions"), (2) Positive Relations with Others (e.g., "I feel that my friendships contribute a lot to me"), and (3) "Environmental Mastery (e.g., "I find it difficult to direct my life toward a path that satisfies me"). The scale utilizes a Likert-type format with six-point answer range reflecting participants' agreement levels, ranging from 1 "completely disagree" to 6 "completely agree." Adequate Cronbach's alpha values are observed for each factor: Autonomy ( $\alpha = .64$ ), Positive Relations with Others ( $\alpha = .80$ ), and Environmental Mastery ( $\alpha = .82$ ).

#### *Procedure*

The questionnaires were administered in the waiting rooms of two hospitals in the Autonomous City of Buenos Aires, where patients were receiving outpatient care. Additionally, they were individually administered in the inpatient and chemotherapy rooms during a single session lasting approximately 40 minutes.

### **Data Analysis**

Statistical analyses were performed using IBM SPSS Statistics 25 (Armonk, NY, United States).

### **Results**

First, descriptive analyses of the sociodemographic data of the sample were conducted. Regarding the participants' religious orientation, 73.91% reported being Catholic, 13.04% Evangelical, 5.22% following another tradition, 4.35% adhering to another Christian denomination, 1.74% Jewish, and 0.87% Lutheran.

Secondly, in order to explore if there were associations between the study variables, the Pearson correlation coefficient was applied. This analysis revealed positive associations between Religious Involvement, Spiritual Transcendence and Psychological Well-Being.

**Table 1**

*Correlations between Spirituality, Religiosity and Psychological Well-Being*

	1	2	3	4	5	6	7	8	9	10
1. Positive Relations with Others	1	.43	.27**	.80**	.20*	-.07	.12	.23*	-.11	.12
2. Autonomy		1	.72	.41**	-.15	-.06	-.22*	.06	.00	-.14
3. Environmental Mastery			1	.68**	.27**	-.12	.26**	.15	-.02	.23*
4. Psychological Well-Being				1	.21*	-.13	.12	.25**	-.08	.14
5. Religious Involvement					1	-.23*	.84**	.34**	.11	.75**
6. Religious Crisis						1	-.11	-.19	.04	-.15
7. Prayer Fulfilment							1	.38**	.15	.89**
8. Universality								1	.13	.63**

9. Connectedness	1	.46**
10. Spiritual Transcendence		1.

Note. \*  $p < .05$  \*\*  $p < .01$

Subsequently, a stepwise backward regression analysis was employed to address the research question. A model was obtained in which Psychological Well-Being was predicted by Universality, with a significance of .007 for the overall model. Excluded from the model were Religious Involvement, Religious Crisis, Prayer Fulfilment, and Connectedness. As observed in the table, it has been confirmed that the regression coefficients of the model are suitable for the sample in this study (Table 2).

**Table 2**

*Regression coefficients of the model*

	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>p</i>
Universality	.747	.271	.251	2,758	.007

## Discussion

The present study aims to explore the relationships between psychological well-being, spirituality, and religiosity in patients with terminal illnesses in the Autonomous City of Buenos Aires.

The finding of a significant relationship between Prayer Fulfillment and Environmental Mastery, and a negative association with Autonomy, suggests that while individuals who derive well-being from a connection with a higher entity perceive themselves as more competent in overcoming daily obstacles and problems (Sánchez-Herrera et al., 2017), and tend to turn more frequently to God and religious behaviours such as prayer when facing critical life situations (Coleman et al., 2011; Jambo Jambo, 2021; Kelley & Chan, 2012), when this action is stripped of its numinous aspects, adopting a mechanistic approach to calm (Ivtzan et al., 2013), it may reduce the person's independence.

In line with other research (Urchaga-Litago et al., 2019; Wink & Dillon, 2003), Positive Relations with Others is positively associated with Religious Involvement and Universality

(Pinquart, 2002; Rowold, 2011). Therefore, individuals with a broader sense of life, belief in unity, and a purpose in life would have a stronger connection with others and be more satisfied in their relationships.

However, while significant relationships between Religious Involvement and Environmental Mastery were found in the correlational study, the regression analysis identified only the Universality as the sole explanatory variable in the model.

Moreover, no significant values were obtained for the Religious Crisis, unlike what has been proposed by other authors (Abu-Raiya et al., 2015; Exline et al., 2014; Pargament & Exline, 2021; Pastwa-Wojciechowska et al., 2021).

### ***Study Limitations***

Participants were in a situation of significant physical, emotional, and spiritual vulnerability, and due to the fact that distressing emotions have an impact on the patient's energy reserves (Best et al., 2015), using lengthy assessment tools could have been counterproductive. These considerations led to the selection of only two methods to analyze the influence of spirituality on psychological well-being. Consequently, investigation into other variables of interest, such as subjective well-being, is beyond the scope of this study.

### ***Conclusions***

The inevitability of death in individuals experiencing life-threatening illnesses is frequent in hospitals (Alves, 2003). Therefore, exploring the influence of spirituality—as an inherently psychological construct—on the psychological well-being of terminal patients (Matsumoto, 2012) contributes to the development of intervention strategies (Ceconello et al., 2022). In this study, it is concluded that spirituality positively influences psychological well-being in terminal patients.

### ***Ethical Declaration***

Before initiating the research, we obtained authorization from the respective heads of service in both institutions, as well as approval from the Bio-Ethics Committee of each participating hospital (CODEI). Each participant completed and signed the informed consent,



ensuring the confidentiality of data and its utilization for scientific purposes under the National Law 25.326 for the protection of personal data.

### ***Data Availability Statement***

The raw data supporting the conclusions of this article will be made available by the authors without undue reservations.

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### ***Conflict of Interest***

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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