



Do Croatian Parents of Children with Cancer Use Religious Coping?

¹ Hüseyin Çaksen

¹ Divisions of Pediatric Neurology and Genetics and Behavioral-Developmental Pediatrics, Department of Pediatrics, Faculty of Medicine Necmettin Erbakan University, Meram, Konya, Türkiye

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Author for correspondence:

Hüseyin Çaksen
Divisions of Pediatric Neurology and Genetics
and Behavioral-Developmental Pediatrics
Department of Pediatrics, Faculty of Medicine
Necmettin Erbakan University, 42090 Meram, Konya,
Türkiye
E-mail: huseyincaksen@hotmail.com

Cancer is a leading cause of death worldwide, accounting for nearly 10 million deaths in 2020, or nearly one in six deaths (1). In Croatia, cancer incidence was 565 per 100,000 inhabitants in 2020, and cancer mortality was 311 per 100,000 inhabitants in 2019. Childhood cancer (among children aged 0-14) has an estimated age-standardized rate of 17.5 new cases per 100,000 inhabitants in Croatia. This is the fourth highest rate in the European Union, and it is 13% higher than the European Union average (2). In 2020, the number of annual childhood cancer cases was 97, with the most common (22 cases) of acute lymphoid leukemia (3).

Cancer is a traumatic experience for both patients and their families. Anxiety and depression are the most common psychological symptoms in patients with cancer, irrespective of the stage of the disease, primary cancer site and phase of treatment. Symptoms may range from nonpathological states, such as concerns, worry, sense of uncertainty, sadness and increased levels of hopelessness, to specific psychiatric syndromes (i.e. anxiety and depressive disorders) (4).

Coping is defined as the thoughts and behaviors mobilized to manage internal and external stressful situations (5). Religion, a divine law established by God, is advice and sincerity (6). Religion has had significant effects on mental health directing and modeling social behavior, explanatory styles and world-views which promotes well-being at both individual and community level. "Sound mind in a sound body on sound society and sound religion" (7). Religious coping is a means of seeking God's help, trusting and taking refuge in God, finding solace in religious provisions/teachings, and

praying/worshiping more than usual during stressful events of life, such as illness, calamity, death, or circumstances in which a person is helpless (8). Although a few studies on the religious coping strategies of Croatian adult cancer patients have been reported in the literature, to the best of our knowledge, there were no studies on the religious coping styles of parents of children with cancer in Croatia. In this work, we discussed the use of religious coping among parents of children with cancer to draw attention to the importance of religion, spirituality, and religious coping in parents of children with cancer.

Religion serves a variety of purposes in day-to-day life and in crisis. Pargament et al. (9) identified five key religious functions as follows: "to search for meaning", "to achieve a sense of mastery and control", "to reduce the individual's apprehension, and to desire to connect with a force that goes beyond the individual", "to foster social solidarity and social identity" and "to assist people in making major life transformations". Pargament et al. (10) also identified positive and negative patterns of religious coping methods as follows: the positive pattern consisted of religious forgiveness, seeking spiritual support, collaborative religious coping, spiritual connection, religious purification, and benevolent religious reappraisal. The negative pattern was defined by spiritual discontent, punishing God reappraisals, interpersonal religious discontent, demonic reappraisal, and reappraisal of God's powers. People make more use of the positive than the negative religious coping methods (10).

Parents of children with serious illness report that religion and spirituality are important coping resources (11). Compared to nationally reported data for adults, parents of children with cancer reported high scores for psychological distress, but similar levels of religiosity, religious coping, and resiliency. Negative religious coping (feelings of negativity related to the Divine) was associated with higher levels of psychological distress. That effect was most prominent in parents who reported the highest levels of religiosity. Positive religious coping, religiosity, and social support were not associated with levels of psychological distress (11). Recently, Deribe et al. (12) have reported that sources of stress related to child's health condition, such as the severity of the child's illness, fear of treatment side effects and loss of body parts were identified. Parents mentioned experiencing stress arising from limited access to health facilities, long waiting times, prolonged hospital stays, lack of chemotherapy drugs, and limited or inadequate information about their

child's disease condition and treatment. Coping strategies used by parents were religious practices including prayer, crying, accepting the child's condition, denial and communication with health providers (12). Ochoa-Dominguez et al. (13) noted that about one half of the Hispanic parents shared how their religious practice helped them emotionally deal with their child's cancer diagnosis. That usually involved the mention of God or a higher being and practices, and religious beliefs centered on accepting the illness and redirecting their attention to God to save their child. Through their faith and belief in God, the participants were able to regulate their emotions and stay calm as their child went through cancer treatment, and believed that their child would not relapse (13).

A few studies on the religious coping strategies of Croatian adult cancer patients have been reported in the literature. Kvesic et al. (14) reported that a lower level of religiosity was correlated with a higher severity of psychic symptoms in oncology patients. Less satisfaction with physical health was negatively associated with stronger mental symptoms and higher levels of intrinsic religiosity (14). Croatian patients diagnosed with alcohol dependence and oral cavity and oropharynx malignant tumor used significantly more religious coping compared to healthy participants (15). Aukst-Margetic et al. (16) reported that moderate religiosity was associated with perception of worse physical health in Croatian patients with breast cancer. The statement "the illness decreased my faith" was associated with worse quality of life domains: poorer well-being, more pain, poor physical health, more effort to cope, increased fatigue and less general satisfaction. The statement "the faith helps me in illness" was associated with higher social support. In patients with mastectomy, the perception of social support changes depending on the belief that faith helps (16).

In conclusion, we would like to emphasize that religious coping is often used by cancer patients and parents of children with cancer in both developed and developing countries. Religious coping serves multiple functions in long-term adjustment to cancer, such as maintaining self-esteem, providing a sense of meaning and purpose, providing emotional comfort and peace and providing inner strength and a sense of hope in life. We believe that comprehensive studies about religious coping styles of parents of children suffering from cancer in Croatia should be carried out. We believe that these studies to be conducted in the future are going to fill the gap in the literature and make a great contribution to the clinical practices.

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