

THE ROLE OF SPIRITUALITY IN CARE FOR ONCOLOGY PATIENTS: A REVIEW UNTIL 2024

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Abstract: Spirituality, although it is commonly associated with religion, is not restricted to it and must be understood as a universal human dimension, involving subjective values and allowing the individual their own search for meaning and existential reflection. The humanization of medicine, defended by the WHO and recommended by the SUS, must not be an exception in oncology services, where individual aspects, such as spirituality, must be respected and encouraged, whether by adding alternative/complementary practices to therapy, providing comfort and alleviating the emotional commitment, or providing support for bereaved family members. The objective of this study is to identify how spirituality can benefit cancer patient care. The work consists of a bibliographical review. Using the advanced search tool, a search was carried out using the keywords “Spirituality”, “Oncology” and “Cancer” in the PubMed, Cochrane Library and Scielo databases. Filters were used only for completeness and freeness of available studies, resulting in 49 articles. After reading the title, abstract and descriptors, 21 studies were excluded, leaving 28 studies for complete reading and analysis. All reviews analyzed highlight benefits arising from spirituality in the care of cancer patients, highlighting points such as improved quality of life, spiritual, emotional and subjective well-being; positive influence on coping with pain; positive changes in post-traumatic growth; increased sense of dignity, will to live and sense of purpose. However, one of the reviews highlights that religious beliefs can have negative influences on the patient. The report and series of cases corroborate the reviews, which verified the importance of recognizing the spiritual dimension in pain control, including in cases refractory to drug treatment, and giving new meaning to the process of death and symbolic pain, with an increase in quality of life. All observational

and exploratory studies analyzed found benefits associated with spirituality in the management of cancer patients, although 03 of them found limitations and negative aspects associated with religious beliefs and customs. Spirituality is an important tool for cancer patients and their caregivers/family members, being able to provide them with positive feelings, such as hope and comfort, and alleviating negative aspects, such as grief, expectation and the symbolic pain of the inevitable outcome in some cases. cases, and must therefore be respected and encouraged whenever possible by multidisciplinary teams in oncology services.

Keywords: Spirituality; Oncology; Cancer; Quality of life; Revision.

INTRODUCTION

Cancers are very important pathologies from an epidemiological perspective, since, in Brazil, they are the second biggest cause of deaths (OLIVEIRA et al., 2020). Cancer is not always diagnosed early, and this makes therapeutic management difficult, reducing the patient’s chances of cure. Treatment approaches differ between the various types of neoplasms, but a common point that is reported from therapies is their destructive power, which is not limited only to the neoplastic mass and, therefore, ends up reaching broad proportions, with systemic side effects. In this context, the presence of intense pain is common in cancer patients, which may be due to the tumor, systemic symptoms or the medication used in therapeutic management (FORNAZARI; FERREIRA, 2010; OLIVEIRA et al., 2020).

Pharmacological treatment, then, is limited to a molecular fight between the drug and the neoplastic cells, providing the patient with symptoms that supportive drugs cannot always help with. Therefore, spirituality and religion are important tools in coping with cancer,

enabling pain relief that transcends physical aspects (MIRANDA; LANNA; FELIPPE, 2015; OLIVEIRA et al., 2020). This fact allows cancer patients to deal with pain, in a possible act of reframing lived experiences, awakens hope and is a highly valuable component in achieving better quality health in cancer patients (OLIVEIRA et al., 2020).

The spiritual component provides the patient undergoing cancer treatment with aspects beyond chemotherapy or surgical approaches, such as resilience, which allows the individual to face and move through the stages of the disease (OLIVEIRA et al., 2020). Although spirituality can be associated with religiosity, it is important to highlight that they are not identical concepts and, therefore, in some contexts, they may not be applied as synonyms (FORNAZARI; FERREIRA, 2010; MIRANDA; LANNA; FELIPPE, 2015). This way, spirituality does not concern a single religious ideology, but rather an association with the human spirit, contemplating qualities such as love, patience, forgiveness, patience, tolerability, among others, indicating a personal transcendent experience. Regarding religion, it is associated with an act of believing through faith in salvation in a metaphysical reality, using mechanisms such as religious dogmas (FORNAZARI; FERREIRA, 2010; MIRANDA; LANNA; FELIPPE, 2015).

It is important to highlight the importance of spirituality and religion in the context of cancer; however, it is necessary to point out negative consequences such as a critical look at the worsening quality of life throughout the disease, which can lead to depression in an existential crisis permeated by due to precarious physical health. Another observation to be added would be the denialist aspect of religion, in which the patient would leave medical treatment to wait for a miraculous cure from the god of their religion (MIRANDA; LANNA; FELIPPE, 2015).

In Western culture, cancerous diseases are stigmatized and understood as synonymous with suffering, sadness, pain and death (MIRANDA; LANNA; FELIPPE, 2015; OLIVEIRA et al., 2020). Healthcare professionals who work with cancer patients must be alert and constantly self-assess so that their personal thoughts and impressions about cancer are not shared with the patient and thus have a negative effect on treatment. It is important that health professionals also know their limitations in dealing with aspects of human frailty in the context of neoplastic disease. These notes gain importance due to the idea that human beings are the result of cultural processes, and the stigmas of cancer are included in this process (MIRANDA; LANNA; FELIPPE, 2015).

METHOD

This is a descriptive study, of the bibliographic review type, which aims to identify how spirituality can benefit the care of cancer patients. To this end, using the advanced search tool in the PubMed, Cochrane Library and Scielo databases, a search was carried out using the keywords “Spirituality”, “Oncology” and “Cancer”, using the strategy: “(Spirituality) AND ((Oncology) OR (Cancer))”. Filters were used only for the completeness and freeness of available studies, that is, incomplete and paid works were not included. As a result, 49 articles were obtained through the applied research method. After reading the title, abstract and descriptors, 21 studies were excluded, 3 of which were repeated and 18 that did not meet the proposed theme, thus leaving 28 studies for complete reading and analysis. 09 exploratory research, 11 observational studies, 06 reviews (05 of which were systematic), 01 case report and 01 case series were included.

RESULTS AND DISCUSSION

Elias (2003) was a pioneer in intervention studies involving the use of spirituality in the management of these patients and their families, demonstrating through a series of cases – involving children and adolescents who had no chance of cure – that it is possible to achieve a new meaning of symbolic pain of death and better dealing with the disease and the negative feelings it generates. Spirituality would then be capable of providing a greater quality of life in the final moments, in addition to a more dignified and serene process of death.

The technique developed was RIME (Relaxation, Mental Images and Spirituality), also used successfully in 2017, this time with women with breast CA with the possibility of cure, where there was an improvement in the perception of quality of life, self-esteem and libido. The intervention allowed them to have a more optimistic outlook and better acceptance and coping with the disease. When compared to the control group, a greater capacity for psychic structuring and strengthening of the ego was noticed, in addition to early facilitation of recognition of one's own strength. The strategy also proved to be faster in promoting hope and changing the focus on suffering (ELIAS et al., 2017).

This author's research covered different audiences of cancer patients, with the common result being the overall benefit in quality of life. RIME was also the object of study in a 2020 systematic review, which, in addition to improving quality of life, demonstrated improvement in self-esteem, reduction in hopelessness, reframing of spiritual pain and return of satisfactory mourning. Reports from patients were identified that their well-being was elevated after the RIME sessions (MANZINI et al., 2020). Parallel to this, the practice of praying individually or in a group proved to be the best-known form of alternative/

complementary medicine practiced in an oncology hospital. Its practitioners largely believe that it could help with their conventional treatment, that it would improve their perception of their quality of life, and that it could cure their illness. No correlation between the practice and significant benefits in quality of life was identified, however it was noticed that confidence in the act of praying is positive: believing that prayer could cure the disease improves the patient's general health. Furthermore, belief in the practice of praying promoted better results on the symptom scale (lower scores). Both the act and the trust in this type of alternative/complementary treatment were able to promote better grades on general health and functionality scales. However, there was a lack of interest on the part of doctors, the vast majority of whom were unaware of the practice and importance it had for the patient. These, in turn, believed it was not relevant for the medical team to inform them about their practices (SAMANO et al., 2004).

With regard to the different aspects and roles of spirituality, a study found two important dimensions for cancer patients: the vertical – which correlates with the idea of being transcendent, associated with religion, beliefs – and the horizontal dimension – related to meaning of existence, hope, meaning to life – both composing spirituality and in accordance with literature. Among the patients' demands were the need for professionals to understand the influence of their beliefs on their health, to better understand them as human beings, to help them have a realistic sense of hope and to know how to listen to them (PINTO; RIBEIRO, 2007).

Subsequently, new research by the same authors verified the presence of spirituality in its two dimensions, more strongly related to women. Elderly people present higher values in the "beliefs" dimension, while

young people present higher values in the “optimism” dimension. These findings justify the difference in the presence of spirituality in different types of cancer, depending on the epidemiology of the disease. Thus, it would be expected, for example, that patients with hematological cancers, as they are younger on average, would present more hope and less religiosity. Furthermore, an important positive association was found between higher evaluations on functionality, health and quality of life scales with the optimism aspect of spirituality. A negative correlation of this aspect with insomnia and dyspnea was also noticed, and a gradual reduction in spirituality was found over time after healing. (PINTO; RIBEIRO, 2009).

In general, it can be said that cancer patients are affected by negative moments, experiences and feelings. The news or confirmation of the diagnosis for many is like a death sentence and the outcome seems inevitable. In this context, spirituality through religion plays an important role in reducing patient suffering. The notion of the existence of a welcoming superior being can provide a different mental attitude for the patient in their final moments, as well as giving hope to the patient with chances of a cure. In both cases, the feeling of control and attribution of meaning is an important factor in better coping with the disease. Spirituality positively correlates with post-traumatic growth, with positive changes in the way of living and seeing oneself, and may be accompanied by (positive) changes in lifestyle and behavior (FORNAZARI; FERREIRA, 2010; GUERRERO et al., 2010; RAMOS et al., 2018).

On the other hand, the present study verified the existence of important limitations and possible negative factors in 4 of the 24 works analyzed, however, it is clear that at least 2 of these deal with negative impacts of religiosity that accompanies the individual's

spirituality, and not exactly the last. Vilhena et al. (2014) found a negative correlation between spirituality and physical and mental health in a study whose portion of cancer patients corresponded to less than 1/3 of the volunteers, also highlighting the divergence of findings with the general literature, which demands greater exploration of the theme.

Furthermore Donato et al. (2016), in their comparative review between dignity therapy (DT) and counseling, observed only two studies with benefits of dignity therapy for patients' spiritual issues and did not identify an important impact of spirituality on improving these, demanding more studies and greater impact. Both studies had spirituality as their main object of study.

Morelli, Scorsolini-Comin and Santos (2013), using a qualitative approach, described a case involving the marital relationship of a couple after the death of their son from cancer, in which the wife is unable to fully express her suffering without feeling guilty, as that she envisions a linear recovery model and fears being judged by her colleagues for experiencing possible setbacks and moments of sadness, inhibiting herself this way. In her view, her husband, despite trying to help her, appears artificially insensitive, fulfilling the traditional role of “tough guy”. This is not a rare and isolated case, which can be proven by a 2012 review, which demonstrates that beliefs can influence the patient's attitude and their search for treatment, in addition to generating possible discomfort and increasing the burden of the disease (NÚÑEZ; ENRÍQUEZ, IRARRÁZVAL; 2011). These two studies, in turn, highlight the impacts of religion and beliefs, which must not be confused with spirituality.

Conversely, Silva et al. (2015) present a case in which, despite the initial presence of guilt associated with religion, the patient manages to find the resolution of her spiritual conflict

in spirituality, feeling better in her final moments. It was a case of pain resistant to pharmacotherapy, which was only alleviated and controlled with spiritual intervention from a chaplain from the multidisciplinary team after identifying and valuing the patient's spiritual dimension. A review presented similar data regarding coping with pain in cancer patients: greater spiritual well-being can reduce the intensity of pain, bringing benefits to patients managed by strategies that value spirituality (OLIVEIRA et al., 2020). The works of Morelli and Silva have a small number of individuals and drawings that do not allow generalizations. The cases seem to differ significantly in other aspects, such as age and religion, which may explain the different ways in which religion and spirituality impact the individual's life, whether patient or family member/caregiver. Not only the patient, but also family members and caregivers suffer wear and tear as the disease progresses. The doctor's lack of empathy and care for the doctor-patient relationship generate unanswered questions (which make them resort to digital media) and discomfort (which is alleviated by the spirituality they seek) (RODRIGUES et al., 2013). Otherwise, the loss of the patient can impact family members accustomed to the role of caregiver, generating an existential conflict and an apparent loss of importance. Not only the patient dies, but the essence of the caregiver, taking with him the identity of those who exercised intense care. This void is filled by spirituality, combating uncertainty, promoting relief from anguish and support for the family (LIMA; MACHADO, 2018).

Three studies evaluated the role of spirituality in breast cancer patients. Silva, Barbosa and Pedraza (2015) found that, despite the peculiarities, the patients in common had a great attachment to spirituality, which was achieved with the onset/evolution of the disease and is an important way of coping with

cancer. Sousa, Guerra and Lencastre (2015) highlight complementary and concordant data, citing the high average rating of this public on the spirituality scale and that the common use of hope and optimism reduces anxiety, depression and alexithymia, in addition to improving the quality of life.

The RIME intervention presents promising results for the treatment of this population, recovering quality of life, self-esteem and libido (ELIAS et al., 2017).

As for pediatric patients, an important dimension of pain is observed: attachment to spirituality. Unlike adults, younger audiences do not seek meaning or logic for the disease or the transcendent, allowing them to enjoy this element more fully in the face of illness. This audience is going through major biopsychosocial changes and the presence of spirituality proves to be a positive factor for young people to deal with pain. Having a religion and attending activities/places related to religion (church) promote well-being and the desire to live. Valuing the spiritual dimension is capable of giving new meaning to the process of illness and the symbolic pain of death, since, despite their young age, young people have shown themselves capable of understanding the disease in a complex way and expressing what they feel in a sophisticated way, and must, in this case, the professional not only values the spirituality of the family, but also of the child or adolescent (ELIAS, 2003; SIQUEIRA et al., 2015).

Similarly, spiritual well-being correlated with better levels of perceived quality of life and control of negative emotions in patients with advanced, terminal-stage cancer. Spirituality allows the patient facing the disease to feel, to some degree, in control of the process, easing the suffering. In patients undergoing palliative care, religion can create hope for an impossible outcome, requiring skill, therefore, from the professional not only

to value spirituality, but also to help develop real expectations with the patient and their caregivers (PAYÁN; VINACCIA; QUICENO, 2011; DONATO et al., 2016; BENITES; NEME; SANTOS, 2017).

Depression and anxiety occur with high frequency in cancer patients (also considering those with borderline levels), and spirituality can be a useful tool for these patients in coping with suffering, since it has been negatively correlated with both depression and anxiety, that is, patients who use spirituality tend to be less depressed and anxious (MIRANDA; LANNA; FELIPPE, 2015; TURKE et al., 2020).

A survey carried out in a high-complexity oncology care center with 108 women with breast cancer undergoing adjuvant radiotherapy treatment demonstrated a positive correlation between several facets of spirituality - including total spirituality - and quality of life scores, as well as negative correlation with reported symptoms, that is, the greater the spirituality measured by the questionnaires applied, the higher the quality of life and the lower the rate of symptoms, particularly fatigue and insomnia. The authors did not identify a significant statistical relationship with some variables, such as physical and cognitive function and pain (BRANDÃO et al., 2021).

A qualitative study carried out with 18 cancer patients with a chance of cure, where unstructured interviews were carried out, demonstrated the existence of two main aspects of spirituality as a tool for coping with the disease: as a source of hope and confidence, and as a way of re-signifying suffering and the conception of life. According to the authors, such attributes contribute to the success of the treatment. Spirituality, through an optimistic vision, helps in coping with the disease, improving confidence in treatment and making difficult situations bearable. The second aspect has a strong intersection

with religiosity, since the reports bring a correlation between the resignification of suffering with elements of Christianity, such as comparisons with the martyrdom of Christ and his resurrection (BATISTA et al., 2021).

Similarly, a study that focused on religious and spiritual intervention in a predominantly Islamic population also demonstrated an important improvement in the well-being of cancer patients, demonstrating that the benefits of spirituality are not limited to patients of a single religion (RODRIGUES-SOBRAL et al., 2022).

This is because the brain modulates individual religious and spiritual experiences according to the patient's environment. Thus, despite cultural differences, interactions between such experiences in the patient can reinforce, through positive feedback pathways, improvements in well-being and quality of life, through neural mechanisms associated with beliefs, feelings and pleasure (RODRIGUES -SOBRAL et al., 2022).

Brandes and collaborators (2023), in an observational study with 30 patients with metastatic breast cancer, did not find a statistically significant relationship between spiritual well-being and pain perception, but it identified a negative correlation with depression rates. Although these values are not statistically significant, women with higher spiritual well-being scores were found to use less analgesic medication, less pain intensity and interference. Interventions carried out by professionals with training in religion and spirituality contribute to improving anxiety, inner peace, meaning in life and acceptance. (BRANDES et al., 2023).

Title	Year	Methodology	Main results	Conclusions
Re-signification of the symbolic pain of death: mental relaxation, mental images and spiritua	2003	Series of cases involving 7 young people with cancer, with no possibility of cure, with an intervention focused on mental relaxation techniques and visualization of mental images with elements of spirituality.	There was a resignification of the symbolic pain of death. It allowed parents to better deal with pain and express feelings and emotions with their children.	Adolescents presented psychic and spiritual pain, and children only experienced psychic pain.
Praying correlates with higher quality of life: results from a survey on complementary/ alternative medicine use among a group of Brazilian cancer patients	2004	Descriptive study involving 100 patients, with the application of two questionnaires: one on quality of life (QLQ-C30) and one on the use of alternative/ complementary medicine.	Trust in alternative/ complementary medicine, confidence that it could cure the disease and the practice of prayer correlated with positive results on health and functionality scales.	The patient's trust in MAC and their greater spirituality while praying increase their quality of life. Doctors must not discourage its practice.
Construction of a Spirituality Assessment Scale in Healthcare Contexts	2007	Interview with 426 patients undergoing cancer post-treatment (follow-up), with the aim of identifying psychosocial variants linked to quality of life.	There was an association between spirituality and religion and its importance. Hope and optimism proved to be important for the well-being of cancer patients.	Existence of a vertical dimension associated with the transcendent that is related to religion, and a horizontal, existentialist dimension where hope fits.
Religiosity/ spirituality in cancer patients: quality of life and health	2010	Scripted interviews with ten female cancer patients from the Voluntary Cancer Association of Assis (SP) aged 25 to 55 about religious confrontation.	Spirituality and religiosity provide strong assistance in acceptance and the search for meaning. 100% of patients demonstrated aspects of spirituality and 50% of religiosity.	When the patient has control over contingencies in their life, they deal with events more calmly. Religious/ spiritual aspects must be considered.
Assessing the spirituality of cancer survivors: implications for quality of life	2010	426 volunteers were interviewed in follow-up consultations. The sample was convenience, sequential and non-probabilistic.	Spirituality is greater in women. Patients with hematological cancer have lower levels of belief and higher levels of hope. Patients with breast CA have higher average beliefs.	Despite the evidence of the spiritual component, this aspect is routinely neglected in cancer patients.
Relationship between spirituality and cancer: patient perspective	2011	Qualitative study with the participation of 14 cancer patients undergoing chemotherapy treatment and analyzed according to inductive thematic content analysis, focused on human beliefs and cultures in relation to health behaviors.	The discovery of cancer causes negative feelings, leading to suffering. It is necessary to consider the spiritual dimension of the patient, family and caregivers, who acquire a feeling of hope and acceptance.	Spirituality can be a way for patients to cope with cancer, as the patient themselves can attribute meaning to their health-disease process. Cancer scares and spirituality renews.
Illness cognition, spiritual well-being and quality of life in terminally ill cancer patients	2011	Participation of 50 patients diagnosed with terminal neoplastic disease chosen by non-random sampling.	Spiritual well-being associated with quality of life with favorable perception and regulation of negative emotions.	Spiritual and cognitive well-being are important in patients with terminal cancer.

Spirituality in the oncological patient: a way to nurture hope and encourage positive coping with illness.	2012	Literature review with discussion of already published works.	Spirituality and religion affect decision-making in advanced stages of cancer. Spiritual and religious beliefs can create discomfort and increase the burden of cancer.	Principles of spiritual assistance must be applicable at all stages of patients considering cultures, religious traditions, and types of spirituality.
Impact of the child's death on the parents' marital relationship	2013	Study with the objective of presenting an overview of the effects of the death of a child, from cancer, on a marriage of 39 years.	Emotional distance from the couple. Attachment to the religion of the bereaved parents.	Religious experience provides support and relief in the grieving process. A different approach is needed towards bereaved family members.
Care provided by a public health institution: perception of families of cancer patients	2013	Descriptive exploratory study, of a qualitative nature. 14 members of 7 families of people with cancer were interviewed.	The negative doctor-patient relationship, affecting the emotional state of the patient and family, who turn to the media and spirituality	Academic training needs to direct future professionals to observe the family context, rather than solely the individual.
Psychosocial factors predicting adjustment to life in people with chronic illnesses	2014	Cross-sectional study that used 774 volunteers with chronic conditions, of which 210 had cancer. A self-administered form was used to collect data, including about spirituality	People with a higher degree of spirituality have better physical and mental health.	Despite presenting positive data, the study covered many conditions and had contradictory data, requiring further clarification for variables such as spirituality.
Spirituality, Depression and Quality of Life in Coping with Cancer: Exploratory Study	2015	Exploratory study using an analogue scale to assess spiritual well-being; Beck inventory for depression; quality of life scale of World Health Organization and an interview with 15 random patients.	Greater demand for religious and spiritual activities by chronic and terminal patients. Depression was present in a significant portion of patients.	Cancer favors the search for spirituality and religiosity as mechanisms for coping with suffering, as a redefinition of the meaning of life and death.
Spiritual dimension of pain and suffering control of advanced cancer patient. Case report*	2015	Case report type study	A patient with advanced pancreatic cancer presented intense and disabling pain, resistant to the drugs used. There was conflict and spiritual discouragement, which began to be monitored by a chaplain from the multidisciplinary team. Through this form of intervention, pain control was gradually facilitated.	The case highlights the importance of valuing the patient's spiritual sphere in cases of pain refractory to pharmacotherapy.
Spirituality, religion and illness: a perspective from women with breast cancer	2015	Exploratory, qualitative study. Interviews carried out with 4 women who had breast cancer were analyzed. The participants are part of a group that has a therapeutic intervention focused on spirituality.	Despite having peculiarities, the religious and spiritual scope is noted, composing a recurring modality of constructing meaning and coping with cancer. The spirituality achieved was a result of the appearance/ evolution of cancer	Not limited to being a way of interpreting the disease, religiosity and spirituality encourage the patient to have a more positive attitude when facing the disease.

Expression of pain in children with cancer: an understanding phenomenological	2015	Descriptive exploratory study, of a qualitative nature. 17 children undergoing treatment at an oncology service were interviewed, with the consent of their parents or guardians.	Different dimensions of pain were analyzed among participants, including attachment to spirituality in the pain process. Participants understand the process in a multidimensional way.	Children understand pain, allowing self-report assessment. Spirituality and religiosity were notable and their practice was correlated with better well-being.
Predictors of quality of life in a sample of women with breast cancer	2015	Descriptive study involving 85 women with breast cancer. Six self-administered questionnaires were used to extract data, including on quality of life and spirituality.	They presented a high rating on the spirituality scale. Those who made the most use of the hope and optimism of spirituality they had less anxiety, depression and alexithymia, and a higher quality of life.	Women frequently use the hope and optimism of spirituality as ways of coping with religion
Effects of dignity therapy for patients at the end of life: systematic review	2016	Systematic literature review according to PRISMA recommendations, in 06 databases (CINAHL, COCHRANE, LILACS, PubMed, SCOPUS, Web of Science), with 10 articles in the final review phase from 2005 to 2015.	Dignity therapy appears to have a good influence on the family support variable, in addition to appearing to be well accepted by patients. She proved to be efficient in addressing the patient's spiritual issues.	Dignity therapy is brief and individualized psychotherapy, based on high evidence that supports its application. Spirituality did not have a major impact on improvement reported by patients and must be better evaluated
Meanings of spirituality for cancer patients in palliative care	2017	Qualitative research based on the phenomenological method for data collection and analysis, with interviews of 10 adult and elderly patients diagnosed with advanced cancer.	Being faced with death leads to the veneration of life, strengthening personal beliefs. Spirituality provides a sense of control and alleviates suffering.	Spirituality serves to maintain hope. Knowledge of the specificities of the spiritual dimension can improve the practice of humanization and comprehensive care, requiring training and training of health professionals.
The development, in a hospital environment, of a short psychotherapy modality called RIME, through the mobilization of alchemical images	2017	Comparative, descriptive exploratory research, with a qualitative and quantitative approach, based on recorded semi-structured interviews and graphic representations with 28 women with breast cancer with the possibility of cure, randomized into 05 groups.	Improvement in the perception of quality of life, self-esteem and libido after RIME (relaxation, mental images, spirituality). The use of the intervention allowed patients to face the situation with a more optimistic outlook, improving acceptance of the disease	RIME had more psychic structuring and ego strengthening power than the control group. Three RIME sessions are enough to cause transformation, which does not provide a cognitive and rational solution to the patients' suffering, but facilitates the perception of their own strengths.
Main caregivers facing the experience of death: their meanings and meanings.	2018	Exploratory qualitative research using participant observation as a methodological resource in a specialized Palliative Care unit at an oncology hospital in Rio de Janeiro, with eight caregivers.	Caregiving role in the world and, after the loss of the patient, can cause a feeling of loss of identity. Spirituality emerged as something that filled uncertainties about the moment of death and brought relief and support to caregivers in times of anguish.	Caregivers demonstrate the need to rescue the patients' life trajectory, which gives contours to the experience of death, attributing meaning to the patient's life.

Post-traumatic growth in adults with cancer: an updated systematic review	2018	Systematic review developed in accordance with the APA Meta-Analysis Reporting Method.	There is a positive association between post-traumatic growth and spirituality	Growth after a cancer experience can be directed by multidisciplinary teams. It strongly recommends more studies that investigate the influence of spirituality.
The brief psychotherapeutic intervention “relaxation, mental imagery and spirituality”: a systematic review	2020	Systematic review using PRISMA methodology in the BVSPsi, CINAHL, MEDLINE, Scielo, SCOPUS and Web of Science databases, with descriptors relaxation, mental images and spirituality.	There was an improvement in the quality of life, self-esteem and reduction of patients’ hopelessness, in addition to giving new meaning to the spiritual pain of young mourners, offering a satisfactory return to grief. Greater well-being was also reported after each session.	RIME promoted a new meaning of the symbolic pain of death among patients who were beyond the possibility of cure, promoted a better quality of life in the dying process and contributed to improving well-being among ostomized patients.
Spirituality in coping with pain in cancer patients: systematic review	2020	Systematic review with search carried out in the databases: Pubmed, Medline, LILACS, Scielo and ScienceDirect until 05/2019. The following keywords were used: (neoplasms or cancer) AND (spirituality) AND (pain). The target audience was adults with cancer, who face pain.	Spirituality contributes to positively coping with pain: greater spiritual well-being implies less pain intensity	The positive relationship between spirituality and coping with pain highlights the benefit of spiritual strategies for managing cancer patients
Depression, anxiety and spirituality in oncology patients	2020	This is a cross-sectional observational study. Two scales were applied to 99 patients to assess religiosity, spirituality and beliefs, and depression and anxiety.	There was a negative correlation between spirituality and depression, and between spirituality and anxiety. No significant differences were found when stratifying data by education, income, ethnicity or marital status.	High levels of depression and anxiety were found in the studied population and a negative relationship between these two variables and spirituality was found. This way, the authors conclude that spirituality can be a tool additional.
Association between spirituality and quality of life of women with breast cancer undergoing radiotherapy treatment.	2021	Estudo que investiga a associação entre a espiritualidade/religiosidade e a qualidade de vida das mulheres com câncer de mama em tratamento radioterápico.	A positive correlation was found between the quality of life score and all facets of spirituality, and a negative correlation with symptoms of “Fatigue”, “Insomnia” and “Diarrhea”.	A significant correlation was positively associated with spirituality/ religiosity and quality of life. Understanding, therefore, spirituality as a preponderant factor in quality of life.
Spirituality in the conception of cancer patients undergoing antineoplastic treatment.	2021	The aim is to unravel the spirituality perspective of cancer patients, with the aim of understanding its importance.	It was seen that spirituality served as a “source of hope and confidence” and “source of reframing suffering”.	It has been revealed that spirituality perpetuates hope and confidence, especially for healing and therapeutic difficulties.

Influence of Islamic religion and spirituality on the well-being and quality of life of cancer patients: a meta-analysis and a hypothetical model of cerebral mechanisms	2022	The relationships between religion/spirituality and well-being/quality of life in cancer patients are investigated through randomized and controlled studies. It relates to neuroscience.	There are positive effects on the well-being/quality of life factor. Specific structures are considered as participants in the analyzed factors, such as the amygdalae and the hippocampus.	The religious/spiritual relationship promoted an improvement in the well-being/quality of life factor in cancer patients.
Spirituality and pain in patients with metastatic breast cancer	2023	An observational, cross-sectional and quantitative study was carried out, which evaluated pain, spiritual well-being and depression, in order to analyze the spiritual influence on these factors in patients with metastatic breast cancer.	It was identified that patients with a score above the median in relation to spiritual well-being had a lower score of depressive traits. There were no significant results regarding pain perception.	Reduced levels of depressive symptoms are related to greater manifestations of spiritual well-being.

Table 1. Studies analyzed

FINAL CONSIDERATIONS

Spirituality is seen as an important complementary tool in the management of cancer patients. Not only him, family members and caregivers also benefit from interventions that value him. Spirituality, however, needs greater appreciation, especially by professionals, who ignore or underestimate it. Children must also have their spiritual dimension respected and stimulated.

Patients with depression and anxiety, as well as chronic pain (especially resistant to pharmacotherapy) deserve in-depth investigation of spiritual/religious conflicts and appropriate intervention when appropriate. Furthermore, it is essential that the doctor or professional responsible can help the patient and their family members/caregivers to develop real expectations, always respecting their individualities and their context.

Finally, it is hoped that this study can support the development of policies and protocols that include spirituality in oncology services. Additional studies may be necessary to support curricular and therapeutic changes.

REFERENCES

- BATISTA, Nayara T. et al. Espiritualidade na concepção do paciente oncológico em tratamento antineoplásico. **Revista Bioética**, v. 29, n. 4, p. 791–797, dez. 2021. Disponível em: <http://dx.doi.org/10.1590/1983-80422021294512>. Acesso em 08 de fev de 2024.
- BENITES, Andréa C.; NEME, Carmen M. B.; SANTOS, Manoel A. Significados da espiritualidade para pacientes com câncer em cuidados paliativos. **Estudos de Psicologia (Campinas) [online]**, v. 34, n. 2, p. 269-279, 2017. Disponível em: <https://doi.org/10.1590/1982-02752017000200008>. Acesso em 08 de fev de 2024.
- BRANDÃO, Mayara L. et al. Associação entre espiritualidade e qualidade de vida de mulheres com câncer de mama em tratamento radioterápico. **Revista da Escola de Enfermagem da USP**, v. 55, p. e20200476, 30 ago. 2021. Disponível em: <https://doi.org/10.1590/1980-220X-REEUSP-2020-0476>. Acesso em 08 de fev de 2024.
- BRANDES, Samantha et al. Espiritualidade e dor em pacientes com câncer de mama metastático. **Revista Bioética**, v. 31, p. e3262PT, 27 out. 2023. Disponível em: <http://dx.doi.org/10.1590/1983-803420233262PT>. Acesso em 08 de fev de 2024.
- DONATO, Suzana C. T. et al. Efeitos da terapia da dignidade para pacientes em fase final de vida: revisão sistemática. **Revista da Escola de Enfermagem da USP [online]**, v. 50, n. 06, p. 1014-1024, 2016. Disponível em: <https://doi.org/10.1590/S0080-623420160000700019>. Acesso em 08 de fev de 2024.
- ELIAS, Ana C. A. Re-significação da dor simbólica da morte: relaxamento mental, imagens mentais e espiritualidade. **Psicologia: Ciência e Profissão [online]**, v. 23, n. 1, p. 92-97, 2003. Disponível em: <https://doi.org/10.1590/S1414-98932003000100013>. Acesso em 08 de fev de 2024.
- ELIAS, Ana C. A. et al. O desenvolvimento, em ambiente hospitalar, de uma modalidade de Psicoterapia Breve intitulada RIME, através da mobilização de imagens alquímicas. **Estudos de Psicologia (Campinas) [online]**, v. 34, n. 04, p. 534-547, 2017. Disponível em: <https://doi.org/10.1590/1982-02752017000400009>. Acesso em 08 de fev de 2024.
- FORNAZARI, Sílvia A.; FERREIRA, Renatha E. R. Religiosidade/espiritualidade em pacientes oncológicos: qualidade de vida e saúde. **Psicologia: Teoria e Pesquisa [online]**, v. 26, n. 2, p. 265-272, 2010. Disponível em: <https://doi.org/10.1590/S0102-37722010000200008>. Acesso em 08 de fev de 2024.
- GUERRERO, Giselle P. et al. Relação entre espiritualidade e câncer: perspectiva do paciente. **Revista Brasileira de Enfermagem [online]**, v. 64, n. 1, p. 53-59, 2011. Disponível em: <https://doi.org/10.1590/S0034-71672011000100008>. Acesso em 08 de fev de 2024.
- LIMA, Carolina P.; MACHADO, Mariana A. Cuidadores Principais Ante a Experiência da Morte: Seus Sentidos e Significados. **Psicologia: Ciência e Profissão [online]**, v. 38, n. 1, p. 88-101, 2018. Disponível em: <https://doi.org/10.1590/1982-3703002642015>. Acesso em 08 de fev de 2024.
- MANZINI, Carlene S. S. et al. The brief psychotherapeutic intervention “relaxation, mental images and spirituality”: a systematic review. **Sao Paulo Medical Journal [online]**, v. 138, n. 03, p. 176-183, 2020. Disponível em: <https://doi.org/10.1590/1516-3180.2019.030202102019>. Acesso em 08 de fev de 2024.
- MIRANDA, Sirlene L. L. et al. Espiritualidade, Depressão e Qualidade de Vida no Enfrentamento do Câncer: Estudo Exploratório. **Psicologia: Ciência e Profissão [online]**, v. 35, n. 3, p. 870-885, 2015. Disponível em: <https://doi.org/10.1590/1982-3703002342013>. Acesso em 08 de fev de 2024.
- MORELLI, Ana B.; SCORSOLINI-COMIN, Fabio. SANTOS, Manoel A. Impacto da morte do filho sobre a conjugalidade dos pais. **Ciência & Saúde Coletiva [online]**, v. 18, n. 9, p. 2711-2720, 2013. Disponível em: <https://doi.org/10.1590/S1413-81232013000900026>. Acesso em 08 de fev de 2024.
- NÚÑEZ, Paulina; ENRÍQUEZ, Damián; IRARRÁZAVAL, Maria E. La espiritualidad en el paciente oncológico: una forma de nutrir la esperanza y fomentar un afrontamiento positivo a la enfermedad. **Ajayu**, v. 10, n. 1, p. 84-100, 2012. Disponível em: http://www.scielo.org.bo/scielo.php?script=sci_arttext&pid=S2077-21612012000100005&lng=es&nrm=iso. Acesso em 08 de fev de 2024.

OLIVEIRA, Sharon S. W. *et al.* Spirituality in coping with pain in oncological patients: systematic review. **Brazilian Journal of Pain [online]**, v. 3, n. 2, p. 158-163, 2020. Disponível em: <https://doi.org/10.5935/2595-0118.20200028>. Acesso em 17 de jun de 2021. PAYAN, Enna C.; VINACCIA, Stefano; QUICENO, Japcy M. Cognición hacia la enfermedad, bienestar espiritual y calidad de vida en pacientes con cáncer en estado terminal. **Acta Colombiana de Psicología**, v. 14, n. 2, p. 79-89, 2011. Disponível em: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0123-91552011000200008&lng=en&nrm=iso. Acesso em 08 de fev de 2024.

PINTO, Cândida; RIBEIRO, José L. Avaliação da espiritualidade dos sobreviventes de cancro: implicações na qualidade de vida. **Revista Portuguesa de Saúde Pública**, v. 28, n. 1, p. 49-56, 2010. Disponível em: http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S0870-90252010000100006&lng=pt&nrm=iso. Acesso em 08 de fev de 2024.

PINTO, Cândida; PAIS-RIBEIRO, José L. Construção de uma escala de avaliação da espiritualidade em contextos de saúde. **Arquivos de Medicina**, v. 21, n. 2, p. 47-53, 2007. Disponível em: http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S0871-34132007000200002&lng=pt&nrm=iso. Acesso em 08 de fev de 2024.

RAMOS, Catarina *et al.* Posttraumatic growth in adult cancer patients: an updated systematic review. **Psicologia, Saúde & Doenças**, 19(2), p. 157-181, 2018. Disponível em: <https://dx.doi.org/10.15309/18psd190201>. Acesso em 08 de fev de 2024.

RODRIGUES, Juliana S. M. *et al.* O atendimento por instituição pública de saúde: percepção de famílias de doentes com câncer. **Saúde em Debate**, v. 37, n. 97, p. 270-280, 2013. Disponível em: <https://www.scielo.br/j/sdeb/a/bWHzQcZ4hqcXqRPYGXqKfRf>. Acesso em 08 de fev de 2024.

RODRIGUES-SOBRAL, Monique M. *et al.* Influence of Islamic religion and spirituality on the well-being and quality of life of cancer patients: a meta-analysis and a hypothetical model of cerebral mechanisms. **Jornal Brasileiro de Psiquiatria**, v. 71, p. 141-148, 21 fev. 2022. Disponível em: <https://doi.org/10.1590/0047-2085000000369>. Acesso em 08 de fev de 2024.

SAMANO, Eliana S. T. *et al.* Praying correlates with higher quality of life: results from a survey on complementary/alternative medicine use among a group of Brazilian cancer patients. **Sao Paulo Medical Journal [online]**, v. 122, n. 2, p. 60-63, 2004. Disponível em: <https://doi.org/10.1590/S1516-31802004000200005>. Acesso em 08 de fev de 2024.

SILVA, Joicilene O. *et al.* Spiritual dimension of pain and suffering control of advanced cancer patient. Case report. **Revista Dor [online]**, v. 16, n. 1, p. 71-74, 2015. Disponível em: <https://doi.org/10.5935/1806-0013.20150014>. Acesso em 08 de fev de 2024.

SILVA, Yesica M. P.; BARBOSA, Sandra C. U.; PEDRAZA, Ricardo S. Espiritualidad, religiosidad y enfermedad: una mirada desde mujeres con cáncer de mama. **Avances en Psicología Latinoamericana**, v. 33, n. 3, p. 481-495, 2015. Disponível em: <https://doi.org/10.12804/apl33.03.2015.08>. Acesso em 08 de fev de 2024.

SIQUEIRA, Hilze B. O. M. *et al.* Expressão da dor na criança com câncer: uma compreensão fenomenológica. **Estudos de Psicologia (Campinas) [online]**, v. 32, n. 4, p. 663-674, 2015. Disponível em: <https://doi.org/10.1590/0103-166X2015000400009>. Acesso em 08 de fev de 2024.

SOUSA, Helena; GUERRA, Marina; LENCASTRE, Leonor. Preditores da qualidade de vida numa amostra de mulheres com cancro da mama. **Análise Psicológica**, v. 33, n. 1, p. 39-53, 2015. Disponível em: <http://dx.doi.org/10.14417/ap.832>. Acesso em 08 de fev de 2024.

TURKE, Karine Corcione *et al.* Depression, anxiety and spirituality in oncology patients. **Revista da Associação Médica Brasileira [online]**, v. 66, n. 7, pp. 960-965, 2020. Disponível em: <https://doi.org/10.1590/1806-9282.66.7.960>. Acesso em 08 de fev de 2024.

VILHENA, Estela *et al.* Factores psicossociais preditivos de ajustamento à vida de pessoas com doenças crônicas. **Psicologia, Saúde & Doenças**, v. 15, n. 1, p. 219-232, 2014. Disponível em: <http://dx.doi.org/10.15309/14psd150118>. Acesso em 08 de fev de 2024.