

Belief in an afterlife, spiritual well-being and end-of-life despair in patients with advanced cancer

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Abstract

Despite the plethora of research linking spirituality, religiosity and psychological well-being among people living with medical illnesses, the role of afterlife beliefs on psychological functioning has been virtually ignored. The present investigation assessed afterlife beliefs, spiritual well-being and psychological functioning at the end of life among 276 terminally ill cancer patients. Results indicated that belief in an afterlife was associated with lower levels of end-of-life despair (desire for death, hopelessness and suicidal ideation) but was not associated with levels of depression or anxiety. Further analyses indicated that when spirituality levels were controlled for, the effect of afterlife beliefs disappeared. The authors concluded that spirituality has a much more powerful effect on psychological functioning than beliefs held about an afterlife. Treatment implications are discussed.

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1. Introduction

A large body of research conducted over the past 30 years suggests that there are significant yet complex associations among spirituality, religiosity and psychological functioning within the context of medical illness and/or impending death. In psychological research, religiosity is conceptualized as an organized set of beliefs, rituals and practices engaged in with the goal of connecting to a higher power, such as God [1]. Many researchers perceive religiosity as containing two components: intrinsic religiosity, referring to the integration of religion into one's complete life, and extrinsic religiosity, referring to the use of religiosity for social connectedness [2]. Spirituality is often perceived of as a universal connection to the transcendent and search for meaning in life that may or may not be linked to a divine figure [3]. It is important to note that while people can be both religious and spiritual, it is not uncommon for someone to perceive oneself as spiritual in the absence of organized religion [4].

Many research studies have concluded that religiosity, specifically intrinsic religiosity, has a positive association with psychological health [5–7]. However, multiple studies have failed to find or found negative relationships between religiosity and mental health [8–11]. Several researchers have also demonstrated that higher levels of spiritual well-being are associated with lower levels of psychological distress variables such as depression, hopelessness, desire for hastened death and suicidal ideation among severely ill patients [8,12].

Despite the plethora of research linking spirituality, religiosity and psychological well-being, the mechanism(s) behind the associations remains unclear. There are likely several mechanisms at work that have positive effects on health, such as behaviors and affective states linked to spirituality and religiosity. We chose to investigate whether afterlife beliefs provide a unique contribution to the associations among spirituality and mental health among people facing terminal illness.

Research examining the role of afterlife beliefs in coping with illness and death is scarce, and the results of these few studies have varied, with one finding a negative association

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between afterlife beliefs and death anxiety [13] and another finding no relationship between these variables [14]. However, most of these studies focused on healthy college students and adults rather than medically ill individuals, raising questions as to the ecological validity of findings [14]. In response to this shortcoming, we studied afterlife beliefs in a group of terminally ill cancer patients and analyzed whether these beliefs were associated with psychological distress and end-of-life despair.

2. Method

2.1. Participants

Participants were newly admitted to a palliative care hospital for terminally ill cancer patients in the New York City area. In order to be eligible for study participation, patients were required to score 20 or above on the Mini-Mental State Examination (MMSE) [15], which was administered to all English-speaking patients who were able to complete the measure. Upon passing the MMSE, patients were offered participation in the study and, if willing, provided written informed consent.

2.2. Procedures

Study participants were administered a variety of self-report and clinician-rated instruments at bedside by one or more study investigators. The interviews took place over a period of one to three sessions, most within 2 weeks of admission to the hospital. Belief in an afterlife was assessed with three questions: “Do you believe in an afterlife?” “Are your beliefs about an afterlife comforting to you?” and “Are your beliefs about an afterlife distressing to you?” (Subjects answered yes, no, or unsure to each.) Spiritual well-being was assessed with the Functional Assessment of Chronic Illness Therapy–Spiritual Well-Being Scale (SWB) [16], a 12-item measure designed to assess two aspects of spiritual well-being: meaning/peace and faith making no mention of a divine, God-like figure. Items, which are scored on a 5-point Likert-type scale, include “I am able to reach down deep into myself for comfort” and “I am peaceful.” Psychological distress and despair were measured with the Hamilton Depression Rating Scale (HDRS) [17], Hospital Anxiety and Depression Scale (HADS) [18], Beck Hopelessness Scale (BHS) [19] and the Schedule of Attitudes toward a Hastened Death (SAHD) [20].

3. Results

A total of 276 patients (mean age, 65.9 years, S.D.=13.7) participated in the study, including 175 (63.4%) who reported belief in an afterlife, 47 (17.0%) who did not believe in an afterlife and 54 (19.6%) who were unsure regarding their beliefs. One hundred eighty-eight (68.4%) of the participants reported that they found comfort in their beliefs, 56 (20.4%) reported finding no comfort and

31 (11.3%) were unsure if their beliefs provide comfort to them. Furthermore, only 21 (7.6%) of the participants reported that their beliefs were distressing to them, 233 (84.4%) reported that their beliefs are not distressing to them and 22 (8.0%) were unsure as to whether their beliefs were distressing to them. The majority of the participants were Caucasian ($n=183$, 66.3%) and female ($n=158$, 57.2%), and approximately half identified themselves as Catholic ($n=135$, 49%). An analysis of variance indicated that those in the “belief” group were younger than those in the “unsure” and “no belief” groups ($P=.048$). There was no gender or racial/ethnic differences in afterlife beliefs although differences did exist across the different religious affiliations, with 72% of Catholics reporting belief in an afterlife compared to 64% of Protestants and 46% of Jewish participants. A χ^2 test indicated that those who do believe in an afterlife were more likely than those in the nonbelief and unsure groups to report that their beliefs were comforting to them ($\chi^2=115.4$, $P<.001$). However, there were no differences across the three groups with respect to whether their beliefs were distressing to them.

As displayed in Table 1, there was no significant difference in anxiety or depression across the three afterlife groups; however, levels of hopelessness, desire for hastened death and suicidal ideation did differ significantly. Specifically, patients who reported belief in an afterlife were less hopeless, had less desire for hastened death and less suicidal ideation than those who did not believe in an afterlife or those who were unsure about their beliefs. These effects remained after age was controlled for.

It was then tested whether there was an interaction between one’s belief in an afterlife and the effect that belief has on the person (if it is comforting or distressing to him or her) in predicting end-of-life despair. None of the interaction terms were significant in the ANOVA models.

A final step was to determine whether the afterlife beliefs continued to influence hopelessness, desire for hastened death and suicidal ideation after controlling for spiritual well-being more generally. When spiritual well-being was entered as a covariate with afterlife belief into a general

Table 1
Belief in an afterlife and psychological distress/despair variables

	Yes ($n=175$)	No ($n=47$)	Unsure (54)	<i>P</i>
<i>Distress</i>				
SWB	3.2 (.74)	2.3 (1.1)	2.8 (.97)	.0001
HADS	4.2 (4.2)	4.0 (4.5)	3.5 (3.8)	.64
HDRS	10.0 (6.0)	11.3 (6.5)	10.3 (6.3)	.47
<i>Despair</i>				
BHS	4.6 (4.0)	7.9 (4.6)	6.0 (5.1)	.0001
SAHD	3.5 (3.7)	5.4 (4.6)	3.9 (4.3)	.027
Suicidal ideation	12.0% (20/175)	27.7% (13/47)	16.1% (10/54)	.029

All numbers reflect means (S.D.); *P* values based on univariate *F* test except suicidal ideation (%/ χ^2 statistic).

linear model, the effect of afterlife was no longer significant in any of the models, whereas spiritual well-being level accounted for a large effect in each model.

4. Discussion

The influence of afterlife beliefs on psychological functioning at the end of life is an increasingly interesting question for mental health clinicians and researchers. This study, which represents one of the first systematic analyses of afterlife beliefs in terminally ill patients, found lower levels of end-of-life despair (hopelessness, desire for hastened death and suicidal ideation) among those individuals who believe in an afterlife compared to those who are either unsure or do not maintain such beliefs. However, when multivariate analyses included a measure of spiritual well-being, the beneficial effect of afterlife beliefs disappeared, suggesting that spirituality has a much more powerful effect on psychological functioning than beliefs held about an afterlife. This finding is consistent with Marrone's [21] suggestion that the process in which one finds comfort and protection during the end of life is more important than the actual belief in life after death.

The powerful effect of spiritual well-being on end-of-life despair (which replicates a growing literature on spiritual well-being and depression) [8,12] has important implications for treatment. Interventions aimed at increasing a person's spiritual well-being and developing a sense of meaning and peace within oneself may have substantial benefits for improving mental health at the end of life. More importantly, by separating such interventions from religion and religious beliefs, these interventions can have broader appeal for patients who do not hold strong traditional religious beliefs and can be delivered by a wide range of mental health clinicians.

Despite its significant findings and implications, it is important to note that this study is not without limitations. Because this study was cross-sectional in nature, we cannot state that either afterlife belief or spiritual well-being *causes* people to experience more or less despair as death approaches; we can only state that they are associated at one point in time. Additionally, because the majority of the participants were Caucasian and Catholic, it is unknown whether the results of this study, that spiritual well-being is a stronger predictor of end-of-life despair than afterlife beliefs, would be the same for people of different ethnic groups or religions. Further research in this area is necessary to determine the generalizability of these results.

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