University of Groningen

The association between religion/spirituality and mental health in cancer

Garssen, Bert; Visser, Anja

Published in:
Cancer

DOI:
[10.1002/cncr.30020](https://doi.org/10.1002/cncr.30020)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Final author's version (accepted by publisher, after peer review)

Publication date:
2016

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Garssen, B., & Visser, A. (2016). The association between religion/spirituality and mental health in cancer. *Cancer*, 122(15), 2440-2440. <https://doi.org/10.1002/cncr.30020>

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

DISCLAIMER: This is not the final published version of this paper.
This paper was published as: Garssen, B., & Visser, A. (2016). The association between religion/spirituality and mental health in cancer. *Cancer*, 122(15), 2440–2440. <http://doi.org/10.1002/cncr.30020>

The association between religion/spirituality and mental health in cancer

Salsman and colleagues published an impressive series of meta-analyses into the association between religion and spirituality (R/S) and various outcome variables. We will focus on the meta-analysis that described the association between R/S and mental health (1). The authors found an impressive number of 148 studies. However, we were somewhat disappointed that they did not go one step further than earlier reviews and meta-analyses on the relationship between R/S and mental health by leaving out all studies that used spiritual well-being (SWB) as an R/S predictor, and by focusing on longitudinal studies.

1. No less than 46 of the studies included in their meta-analysis used spiritual well-being (SWB) to demonstrate that R/S is related to mental health. It is known that the use of SWB creates spuriously high correlations; a problem of which several authors have warned (2;3). Salsman et al. acknowledged this problem and also calculated an effect size without including studies that used an SWB scale. We appreciate this, but why include these meaningless studies in the first place only to reject them later?

2. One may also question what the relationship between spiritual distress and general distress means. The most probable explanation is that spiritual distress implies general distress, instead of spiritual distress causing or contributing to negative wellbeing, which is what investigators and laymen are interested in. We counted 13 studies that included spiritual distress as a predictor. One may question whether the conclusion of the authors that "R/S was the most robust predictor of the mental health outcomes" still holds, if these studies were also excluded.

3. In the Discussion, the authors indicate that "investigators used psychometrically poor measures of R/S specifically designed for their study, making clear categorization of measures and, thus, comparisons of correlations challenging" (p. 3777). However, the authors did not perform a sub-analysis including only studies that used appropriate scales for R/S.

4. Nearly all included studies were cross-sectional, which implies that causal relationships cannot be demonstrated. Eleven of the 148 studies are labelled "longitudinal" in the Online Data Supplement. However, three of them are longitudinal but not prospective with respect to the R/S well-being association (4), or not longitudinal at all (5;6). Of the remaining eight studies, four used a spiritual well-being scale for the predictor, leaving four studies to rely on. One could maintain that a critical attitude is inappropriate for an underdeveloped area. However, several meta-analyses on the relationship between R/S and mental health have been performed before (7-10), and all ended with the limitation that their findings did not yield an insight into the causal relationship, leading to the advice that more longitudinal prospective studies are needed. The authors of the present meta-analysis acknowledged the problem, but could have gone one step forwards by only selecting prospective studies, or at least by performing a sub-analysis on longitudinal

studies. This would have helped to break free from the recurrent complaint that no conclusion can be made about causal relationships.

Bert Garssen, PhD

Helen Dowling Institute, Center for Psycho-oncology

Professor Bronkhorstlaan 20, 3723 MB, Bilthoven, The Netherlands

E-mail: bgarssen@hdi.nl

References

1. Salsman JM, Pustejovsky JE, Jim HSL, Munoz AR, Merluzzi TV, George L et al. A meta-analytic approach to examining the correlation between religion/spirituality and mental health in cancer. *Cancer* 2015;121:3769-78.
2. Koenig HG. Concerns about measuring "Spirituality" in research. *Journal of Nervous and Mental Disease* 2008;196:349-55.
3. Migdal L, MacDonald DA. Clarifying the Relation Between Spirituality and Well-Being. *Journal of Nervous and Mental Disease* 2013;201:274-80.
4. Derks W, de Leeuw JRJ, Hordijk GJ, Winnubst JAM. Differences in coping style and locus of control between older and younger patients with head and neck cancer. *Clinical Otolaryngology* 2005;30:186-92.
5. Howsepian BA, Merluzzi TV. Religious beliefs, social support, self-efficacy and adjustment to cancer. *Psycho-Oncology* 2009;18:1069-79.
6. Simonelli LE, Fowler J, Maxwell GL, Andersen BL. Physical sequelae and depressive symptoms in gynecologic cancer survivors: Meaning in life as a mediator. *Annals of Behavioral Medicine* 2008;35:275-84.
7. Ano GG, Vasconcelles EB. Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology* 2005;61:461-80.
8. Hackney CH, Sanders GS. Religiosity and mental health: A meta-analysis of recent studies. *Journal for the Scientific Study of Religion* 2003;42:43-55.
9. Sawatzky R, Ratner PA, Chiu L. A meta-analysis of the relationship between spirituality and quality of life. *Social Indicators Research* 2005;72:153-88.
10. Smith TB, McCullough ME, Poll J. Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events. *Psychological Bulletin* 2003;129:614-36.