

Spiritual/Religious dimension in coping with breast cancer in the midst of the new coronavirus pandemic (COVID-19)

Ana Paula Alonso Reis Mairink¹; Clícia Valim Côrtes Gradim²; Mariana Lopes Borges³; Flávia Helena Pereira⁴; Marislei Sanches Panobianco⁵

¹Federal Institute of Education, Science and Technology of Southern Minas Gerais (ISULDEMINAS) – Muzambinho campus, Brazil

²Graduate Program in Nursing of the Federal University of Paraíba, Brazil

³Maternal-Child Nursing and Public Health Department of the Ribeirão Preto Nursing School: University of São Paulo, Brazil

⁴Federal Institute of Education, Science and Technology of Southern Minas Gerais (ISULDEMINAS) – Passos campus, Brazil

⁵Maternal-Child Nursing and Public Health Department of the Ribeirão Preto Nursing School: University of São Paulo, Brazil

Abstract:

Antecedents: Support sources are important in breast cancer. With the COVID-19 pandemic, the social support of women with breast cancer was impaired due to the need for protection, as the immune system is weakened because of the treatment for the disease and the care measures to maintain social distancing required to prevent the contagion from Sars-Cov-2. The research objective was to understand the spiritual/religious dimension in coping with breast cancer and with the new coronavirus pandemic.

Materials and Methods: Qualitative research; the theoretical framework was Symbolic Interactionism (SI) and the methodological framework was the Grounded Theory (GT). Data collection took place in a center for the rehabilitation and assistance of women with mastectomies, linked to a public higher education institution in the inland of the state of São Paulo through the following guiding question: “Tell me about spirituality/religiosity in coping with breast cancer in the midst of the coronavirus pandemic”. Thirteen women participated in the interviews recorded via the Cube ACR app. The data collection and analysis period was from August/2020 to June/2021.

Results: The methodology guided the elaboration of the diagram entitled “Understanding how the spiritual/religious dimension contributes to coping with breast cancer and with the COVID-19 pandemic”.

Conclusion: The GT of this study was configured as: The spiritual/religious dimension was fundamental for positive coping with the disease, social distancing and the new coronavirus pandemic; and the research participants sought a meaning of the reasons for breast cancer and COVID-19 through spirituality/religiosity, which provided them with comfort and hope to experience the moment.

Keywords: Breast cancer; Coronavirus infections; Social distancing; Spirituality; Religion.

Date of Submission: 06-08-2021

Date of acceptance: 19-08-2021

I. Introduction

Research studies involving the theme of breast cancer cite spirituality, religiosity, religion and attachment to God as support sources for women^{1,2,3}.

Religion is the ordered belief, represented by rituals, symbols and systematized practices that bring people closer to the sacred and the transcendental⁴. Religiosity, on the other hand, refers to the religious practice, which can cause changes in human behavior, is related to their personal experiences, and can contribute to coping with the experience of difficult situations⁵.

Spirituality can be related to faith in God or in a superior force^{6,7} and is therefore an element that helps people discover their true potential, gain more confidence in themselves and the necessary courage to forgive and love, in addition to enabling them to transcend suffering⁸. Thus, spirituality encompasses the meaning and purpose of life, aspects that go far beyond religion and religiosity. Such state permeates people's experience in their relationships with themselves, with the family, with others, the community, nature and with what is significant and sacred^{9,10}.

In the case of neoplasms, the spiritual dimension enables the patient to develop hope, meaning and purpose for life; therefore, the meaning for the disease¹¹ is the empowerment to face the moment.

Other studies report that, in the health/disease process, spirituality/religiosity contribute to managing in a more positive way the experience of the disease, its acceptance, the search for a cure and the hope for rehabilitation^{1,12,2,13}. Consequently, in this sense, spirituality/religiosity has been presented as a relevant support source for coping with the disease and the treatment^{1,2,14,3}.

When it comes to the breast cancer diagnosis, women turn to their support network: partner, family, friends, religion and health professionals, among others³. The support network comprises those people with whom they maintain a bond of social contact (coexistence nucleus), which is important in this phase as support and assistance for their emotional restructuring and social reinsertion.

With the emergence of the pandemic imposed by the Sars-CoV-2 coronavirus, which causes COVID-19, the guidance of the health authorities, both at the international level, the World Health Organization (WHO), and nationally, Ministry of Health (*Ministério da Saúde*, MS), is that of social distancing to prevent transmission and control contagion.

Thus, due to their weakened immune system because of the chemotherapy treatment, women with breast cancer end up not having the social support expected in this treatment phase due to the pandemic^{15,16,17}.

Considering that cancer treatment requires protective care due to the deficiency of the immune system, combined with the social distancing measures to prevent spread of Sars-CoV-2, the proposal of this study emerged to understand the spiritual/religious dimension in coping with breast cancer in the midst of the COVID-19 pandemic.

II. Materials and Methods

A qualitative study that used Symbolic Interactionism (SI) and the Grounded Theory (GT) as theoretical and methodological frameworks, respectively, fundamental elements to apprehend the dimension of the phenomenon and achieve the objective proposed in the study.

Symbolic Interactionism (SI) deals with social interaction and human behavior. It has concepts of “mind, self, symbols, social interaction and society”¹⁸, important for understanding how interaction between human beings occurs, through their interpretation of symbols (words, human actions or physical objects, which have a meaning among people)¹⁹.

Regarding the GT, the theory generated through this methodology allows understanding the phenomenon under study. By following the methodological framework guidelines, the researcher builds diagram(s) representing the category(ies) and subcategory(ies) arising from the research data and portraying the experience of the research subjects in relation to the phenomenon under investigation²⁰. This framework has three data analysis stages, namely: open, axial and selective coding²¹.

The inclusion criteria were as follows: women aged 18 years old or over, diagnosed with breast cancer, who were undergoing any of the treatment modalities for the disease (chemotherapy and/or radiotherapy and/or surgery), or who had finished them within two years, registered in a center for the rehabilitation and assistance of women with mastectomies, linked to a public higher education institution in the inland of the state of São Paulo. The service aims at providing comprehensive assistance to women with breast cancer and their family members, through a multidisciplinary team with appointments three days a week.

The exclusion criteria were the following: women with cognitive impairment (difficulties in understanding the guidelines), which made it impossible for them to answer the interview questions. For this assessment, they answered four questions adapted from the instrument developed by Pfeiffer²² comprising the following: “What's today's date?”, “How old are you?”, “What day of the week are we?”, “What's the name of the place we're in right now?”; and two elaborated by Silva³, namely: “What's your full name?” and “What is the name of the city where you were born?”. There would be exclusion if the participant made a mistake or did not know how to answer three or more questions, which was not the case.

Selection of the participants was intentional, through data collection in the service's registry file, sent by the nurse in charge to one of the researchers who screened the women who could be included in the study.

In compliance with the guidelines of the World Health Organization (WHO) and the country's health authorities (Ministry of Health) for social distancing due to the COVID-19 pandemic, the data were collected electronically, via phone calls recorded through the Cube ACR application, at a date and time previously scheduled according to the participants' preference. Consent was obtained by presenting them the FICF with one of the researchers reading it to the participants, via phone calls, giving the opportunity to ask questions and solve doubts; acceptance was recorded via the Cube ACR app. Collection of the socioeconomic and therapeutic data was also performed by phone, with the instrument being filled in by one of the researchers and the information complemented by data contained in the service's registry file.

An original copy of the FICF, signed by one of the researchers and with initials on all pages, was mailed to the research participants. Thus, there was compliance with the ethical precepts contained in Resolutions No. 466, dated December 12th, 2012, and No. 510, dated April 7th, 2016²⁵, both of the National

Health Council (*Conselho Nacional de Saúde, CNS*)²⁴. The research was approved by the Ethics Committee [CAAE: 32425020.1.0000.5393. Opinion: 2,283,486].

Thirteen women were invited and accepted to participate in the research. There were no repetitions of interviews, or dropouts, which were ended by understanding the object under study, with theoretical saturation of the categories in their dimensions, properties and variations. The interviews were individual, with notes in the field diary and manual transcription, followed by data analysis and interpretation.

The interviews took place via the Cube ACR app by one of the authors with the following guiding question: “Tell me about spirituality/religiosity in coping with breast cancer in the midst of the coronavirus pandemic”. Other questions were also added in order to substantiate the experience. The interviews lasted a mean of 50 minutes.

Following the methodology proposed, the interview conducted must be transcribed and analyzed: this entire process took place from August/2020 to June/2021 (here we refer to data collection and to the three analysis stages: open, axial and selective coding). According to the GT, completing a stage is not an impediment to returning to it, since the data analysis method is circular. Thus, the open and axial coding stages (first and second stages of data analysis) accounted for eight analyses together. In the eighth and last analysis, we obtained two subcategories and two categories. Subsequently, the categories arising from the first two stages were refined, which led us to the elaboration of the diagram presented in Figure 1 and which consists of the study theory, the Grounded Theory (GT), this being the third and the last stage of data analysis, selective coding, which will be the focus of this article.

The speeches that showed the essence of the report and category were selected, these being refined, standardized in a cultured language, and having language vices removed. The social actresses were identified by the letter E for Interview (“*Entrevista*” in Portuguese), and by a number corresponding to the interview (1, 2, 3, etc.).

III. Result

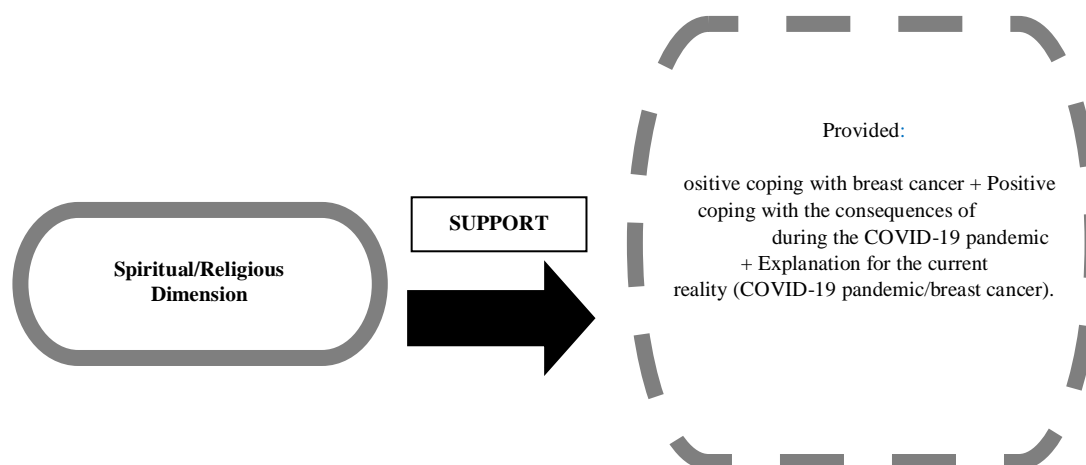


Figure 1 - Diagram of the central category (GT) – Understanding how the spiritual/religious dimension contributes to coping with breast cancer and with the COVID-19 pandemic.

Source: Prepared by the authors.

Although it was not a criterion for inclusion in this study, all the participants declared professing some religion (100%), being mostly Catholic (61.5%), followed by Evangelical (30.8%) and Spiritualist (7.7%), with a mean age of 54.07 years old. They also stated that, despite professing a religion, their faith is not necessarily linked to religious institutions, or only to them. They therefore rely on spirituality, which transcends religiosity, and their speeches show the extent to which they deepened and clung to their faith in God after facing breast cancer, followed by the COVID-19 pandemic, which imposed social distancing and brought about other difficulties and concerns to their lives. They made clear the importance of this faith in coping with moments of pain caused by these adversities.

Their testimonies also revealed that they make an association between the disease and its cause and, as well as with the pandemic, they consider it a purpose in their lives. Spirituality contributes to the experience, coping and acceptance of the disease and the COVID-19 pandemic (social distancing), seeing them as an opportunity to strengthen faith in God and even their spiritual/religious practices.

As is well known, the COVID-19 pandemic implied restrictive measures for safety and preservation of life, such as the use of masks and social distancing. It is worth remembering that many women in this study had already experienced or were experiencing this situation due to the immunosuppression caused by the chemotherapy treatment for breast cancer, which also requires these care measures, in order to avoid infections and worsen the disease.

The testimonies below clarify these statements:

“No, there was no influence no [answering how social isolation has affected her life in relation to the disease and treatments]. My children go like this: 'you're at a greater risk'. I don't see myself as being at greater risk, neither because of my age nor of the disease, I don't see it that way. I've never seen myself this way that I'm a more fragile person than the others! It never crossed my mind. In my head (laughs) I'm a normal person. Yes [I went to church before the pandemic], but at a very self-help level, I went a few times [to the church], lately I've stopped going. I think you have to do good for people in a church or in a temple as well. If someone comes to me for support I try to help them. I only ask Him [God] to support everything if there are any complications.” (E1)

“Before the pandemic, the priest came to my house to give communion to me, bless me; with the pandemic he can't come anymore. I see him on TV now. It helped [religiosity in coping with the disease and the pandemic]! If I didn't pray, I might be worse [because of social distancing].” (E13)

“I had to wear a mask. During the treatment I only went to the hospital to get an injection, in my mother's, in my mother-in-law's... it came back as it was before... I was already used to staying home, during the treatment I didn't go out, I was afraid of catching a flu and the doctor would say if you catch a flu you won't do the chemo... I had someone who went to mass, took water to bless and brought it to my house. I believe in everything that the priest said at mass, he blessed the water and I improved, I drank it and got better, my symptoms, nausea, everything seemed to decrease a lot because of it. After I got sick I started to attend more frequently, I went every week [to mass]. It helped a lot, I prayed at home, but going to church helped more, hearing the priest's word is different! Much [answering that the spiritual/religious side helped in coping with breast cancer, the pandemic and social distancing], quite, it was 100% help, if this wasn't that I wouldn't have managed (crying).” (E5)

The women revealed that social interaction, already restricted because of the necessary care measures due to the low immunity caused by the cancer treatments, was even more limited with the advent of the new coronavirus pandemic. This implied their adaptation to the imposed “new normal”, and the need to reinvent themselves, seeking to preserve their health. They resorted to spirituality/religiosity:

“On the first chemotherapy [I went] to a 15-year-old birthday party, then I had no contact, I had no visits, but I had no social life, they preserved me for fear of it happening, one day before [chemotherapy] I did the blood test, I never had a problem needing to postpone my [chemotherapy] because of immunity. They ask to preserve, don't go in such a place, don't do this, or that, don't eat this, or that. If I didn't have everyone there with me, I didn't have the faith that God was with me, that I was going to face, it was going to be over, it was going to end, I think I'd given up. I didn't go to church because I had to preserve myself, but I had the pastor who was here with me, I was always praying. Live, on YouTube, he broadcasts [the cult], not only because of the pandemic, no, every day the pastor appears, for some twelve minutes, he utters a word and that made me grow a lot. So that's how I had/have this comfort [disease and pandemic], the pastor gives me a word.” (E6)

“Avoid going out of the house, I have to go to the hospital, no way, I say a prayer, I ask for protection and I go, but visiting a friend, receiving friends, it doesn't happen anymore because I have to take double care of myself. Now it's limited, we're not meeting anymore, we don't get together anymore. Because of the pandemic, we've been avoiding it, because I'm an at-risk person. Praying, I take a moment of the day to thank. It gave me balance, wisdom not to despair, face calmly, understand that this was necessary for my spiritual growth, I just have to thank, I never had a moment of revolt, it helps! It has greatly accentuated [social distancing with the pandemic] because it restricts you, the concern has redoubled. Praying shields me, when you believe and pray, you create a protection ‘barrier’ and no evil, nothing will affect you, I believe that, but we avoid [crowding/social contact].” (E12)

In addition to being vulnerable to other diseases and cancer complications due to the deleterious effects of the treatments, the social distancing required by the advance of the COVID-19 pandemic caused distress because they could not meet with loved ones and close people. Lack of this closer contact affected the women's feelings, who once again sought support in spirituality/religion:

“the absence of my grandson, my daughter-in-law, my son who, unfortunately, can't come here. They understand the situation because of his work, sometimes living with someone, they are afraid. The nephews, the sisters-in-law, I haven't seen them for six months. Here at home, everyone is on the Internet base, longing for the Internet kills, but there's no presence that it is that “personal contact” thing. But it's like this! We miss this very little. I treat my spiritual part daily. I'm not really religious, I'm very spiritual, I pray to God, to the light, to the air I breathe, to the people I live with. I pray for nature, for everything! I stand firm in faith! So much so that I'm

here [with cancer and in the midst of the COVID pandemic]. What did I do [when I discovered breast cancer]? I sought the Bible guidance! The Bible guided me a lot. [Now, with the pandemic] I like to go to the garden, I like nature, fresh air, I love living with simple, humble people. For leisure, I liked going to the farm. Now I can no longer do so (laughs) because of the pandemic, it's in another state [the farm] and we're limited because of the commute [breast cancer and pandemic together]. If you ask what me time do I pray? I pray all the time. I wake up early, thanking my God for having got up, for breathing, for all the people on this Earth, for the animals too, for the plantations, I thank for everything in general.” (E2)

“I spend more time at home, I spend a lot of time at home doing housework, watching TV, sometimes I play with my husband, it's a more homely activity. Now with this pandemic I haven't gone anymore [to church], but I talk [to God], I go to my room, I pray, I thank, I ask for my problems, I ask for protection for my family, for my friends and I go talking, asking, thanking, understood?” (E4)

“I think it's just so them [husband and kids] to go out to work and for me to stay here alone. I go and talk to the neighbor next door, but I'm outside and she's inside, she has a problem, that's how I'm doing it. I'm not even having contact with my sisters, we're all in the house. We call after calming down a little bit, I need to cut my niece's hair, we put on a mask, I see my sister like this. My brother saw it from the gate outside because he's old, but we don't hug, kiss, nothing. What helps me is watching Mass, praying, until today [in the pandemic].” (E13)

Despite the reports pointing to the social contact restriction, the women said that they could still count on the support of some people who continued to be part of their coexistence nucleus and constituted, at this time, their social network in the pandemic. This factor was essential for them to experience the new situation found in their lives with more tranquility. Along with this, they reported again on the emotional comfort provided by spirituality/religion:

“My partner is the one who makes the purchase[s]. My brothers, neighbors, always ask if you need something, please, call, so it's little going out the house. Even in the health center, to get some medication, the mototaxi picks it up for me. Only when there's a need to get bread outside of the working hours or buy some emergency thing in the market, because the pharmacy brings me everything. It [the Bible] helps with the guidelines because it says: God left the disease, but He also left the doctors. In the Bible there is a part that says: Everything will be over! Right? Then, whatever I have to pass through, I will pass through. If God wants to leave me, I'll stay, if God wants to take me, He will take me.” (E2)

“I'm taking my precautions, I'm not missing out on living my life, of course not the life I would like to be living now, but I'm not depriving myself of everything, as I see some women commenting, they're not going out for anything. Not me! I'm going to the market, bank, to my sister's. It was my spiritual side that helped me a lot, I went through all phases [treatment] [in] the last year, in a more relaxed way. It [the spiritual side] is helping me to maintain my serenity [in restoring health]. I always try to keep my faith that everything will be all right, and also now during COVID, it's the same thing.” (E3)

“I go to my mother's, a little, but I go, yesterday I went to my cousin's for a coffee, there's one day in the week that I went to the club, but there was hardly anyone. It improved me a lot [faith]. I didn't go to church because I had to protect myself [from getting the infection due to the low immunity caused by cancer and the treatments], but there was the pastor who was here with me, always praying, my friends, the church sisters always supporting me, praying. If I didn't have everyone there with me, I didn't have the faith that God was with me and that I was going to face, it was going to be over, it was going to end, I think I'd given up” (E6)

Life didn't stop because of breast cancer and the pandemic. The restrictions imposed and the health care measures were combined with all this and they took on strength, initiative and courage; they looked for alternatives so as not to despair when facing the problems. Trust in the physicians, as well as faith in God, was indispensable at that moment:

“For me it's okay, we can't despair, we have to hand it over to God, who knows what He does with us, God is very good [both in relation to breast cancer and to COVID-19].” (E8)

“We have to seek the doctor [and] God. I started to pray, go to mass, and I got better. I have faith, Our Lady and Jesus Christ and God are where I get strength. Now in the pandemic, I can't go to church, but I watch mass on TV in the new song [answering that this helped to cope with breast cancer and now also the pandemic].” (E8)

“My church is small, there aren't many people, many [in] this pandemic left the church, for me it hasn't changed, few people go, with masks, alcohol gel in hand, stay away from each other. When there's God, it's another life, a lot of willpower, I looked for prayers, campaigns, my brothers helped me a lot and I was satisfied, if I didn't have God, I wouldn't be here anymore [speaking about breast cancer]. What fills my life [in this pandemic time] is being with my husband, children and God in my life, God who fills up my life even more, giving me strength to win the day-to-day battles, the problems, the fight, He gives me strength [God].” (E11)

Breast cancer and the physical and emotional consequences caused by the detrimental effects of the treatments frightened the women, and this was increased with the advent of the COVID-19 pandemic. They

were undergoing treatment or had just finished it and some even needed support from mental health professionals; however, they did not get rid of spirituality/religiosity to overcome these obstacles:

“I was worried, I didn't do treatment calm, I was tense, then this pandemic came, it got worse. I panicked, I needed to see a psychiatrist, I'm taking medication, I'm still worried about going out. I've been praying and watching prayers on TV [online Mass].” (E13)

“Fear of contagion, everything is new and still is. In the past, the physicians were afraid and those who had cancer problems and were older, nowadays it's not like that, anyone is getting it. In my city, many young people are dying, who had no disease history and suddenly catch [COVID-19] and die, it's an unknown disease, we get worried, asking God for us to do everything right.” (E10)

The women's statements also showed that their knowledge on their religions/spirituality led them to see the disease and the pandemic as a spiritual/religious explanation to bring people closer together and show humanity that it must be attentive to God's teachings. The disease (breast cancer) and the pandemic (COVID-19) can be ways for Him to “shake and try to change human beings for the better”.

[How does she understand the pandemic] “I more or less know that it is for the family to be more united [relationship of the pandemic with spirituality/religiosity].” (E13)

“The pandemic... is linked to religiosity, many people sought refuge in the church, this was causing people to get more attached to God. Everything has a purpose, the pandemic came to show that, when it comes to religiosity, we are all equal, that people need to have more love, trust, give opportunities, see and feel the other's pain, I think these things.” (E7)

“The pandemic... is to shake and try to change human beings, it's a last chance because we've been given so many and humanity has failed them all, I believe Jesus is once again interceding for a chance. It's looking at this as a step to climb and not everyone is seeing it that way, some look at it with revolt, the world is undergoing a necessary transformation to become a better place, of better people, God willing, all violence, all evil, good will prevail, I believe that.” (E12)

“Love, God, is in everything. The disease came to make me grow, to make me see that we're not everything that we imagine. To make us better, not getting worse. There's a lot going on that the Bible is [right] really, but I think it's man, that this pandemic was made by the Chinese to take over the world, those crazy people.” (E10)

“What is happening [pandemic] is the Lord's permission. People are in about anything, doing whatever they want. Many left the church and few are in the church, a believer is a person who wants to be so and God allowed those who will die, who won't, it's in God's hands.” (E11)

“This whole thing [pandemic], it was written. The ancients used to say that a time would come when a lot of things would appear and they started to appear, even a swarm of grasshoppers, my grandfather used to say that. It's a lot of wrong doing, people who don't respect God, don't believe, just want to know about mess, nobody wants to know about prayer, there is time to have fun, but to pray, there isn't anymore.” (E8)

“I felt that God was going to show me why that happened to me [breast cancer]. I see a lot of people going through this and they don't have faith, sometimes it was [for me] to grow spiritually as a person, I learned to value things I didn't value.” (E6)

“Just for me to receive the diagnosis alone and have the strength to face everything, it's really God who helped me. The Bible speaks about the end of times, the Apocalypse speaks about the things that will be coming, that there will be no medicine, that there won't be anything that can fight the virus, if you analyze what is happening, everything has already been written. In my opinion, man wants to be more than God and then these viruses can stop the world.” (E9)

“It's to seek more, edify, give a prophecy. If God allowed this disease, it was to bring my son back home to the Lord. Thank God I'm fine, I'm alive. The pandemic came and they say that 2021 will be worse, that's why we have to stand firm because he [Jesus] can come here any time.” (E11)

IV. Discussion

The terms spirituality and religiosity are often mistaken with each other or understood as if they were synonymous; however, they are complementary, but distinct²⁶, as evidenced in the results herein presented.

Spirituality is characterized as an innate characteristic of human beings and beckons the search for a transcendent meaning of life (self/mind) that can come from religion/religiosity, religious practices (symbols) themselves such as attending mass and cults, listening to the pastor's words, saying a prayer, taking communion and holy water, reading the Bible, devotion to Our Lady, praying the rosary or faith in God, but also finding transcendence through music, art, solidarity and nature. In this sense, spirituality/religiosity allow for interaction: connection with the moment (breast cancer and social distancing), with the world (pandemic/society), with nature (social interaction), with the sacred (social interaction) and with oneself (*self*).

For some authors⁴, spirituality is related to the meaning that each person attributes to the existence of their own life and to the way in which they establish links with the sacred and the transcendental. Thus, as each person interprets and feels the sacred and faith in God and develops their devotion, their behavior can change and be invoked for inner changes, reviewing their perspective/behavior for the adversities that arise in their daily lives, in the case of this study, in order to seek meaning and strength to face breast cancer, social distancing and the pandemic.

Another study²⁷ points out that spirituality supports people in their life experiences, in addition to conferring meaning to their own existence (*self*). For Mead, in SI, the mind interacts with the self and, in this way, it interprets and assigns meanings to symbols (the result of social interactions) and its interpretation of these definitions generates an action. Society interferes in this process, as it is in it that individuals interact and their actions can be positive or negative depending on how people emit the symbols¹⁹ and individuals interpret them according to the set of associations existing in this interaction: words, phrases, gestures and facial and body expressions, among others.

A quantitative study that evaluated the level of spiritual/religious coping used by women undergoing breast cancer treatment presented results indicating that those who devoted more time to activities related to spirituality/religiosity, facing them in a positive way, went through the disease stages and its treatments more easily²⁸, corroborating the qualitative results presented to them, in addition to the contribution of the spiritual/religious dimension also in coping with social distancing and with the COVID-19 pandemic.

In this research, it is noteworthy that spirituality/religiosity can then influence the way the patients face the health/disease process (their *self* re-signifying concepts and values about life) and how they also attribute this meaning to the disease and adversities they experience during treatment of the disease (breast cancer) and, now, for the COVID-19 pandemic, a new and current adversity which has been requiring significant adaptation and re-signification of the concepts. A number of studies show spiritual/religious coping as a positive strategy for adversities^{29,28}, as evidenced in the statements of all the participants of this study.

Thus, with the advent of the pandemic, the care measures with the low immunity resulting from immunosuppression of the chemotherapy treatment have increased, due to the greater risk of contamination by the new circulating virus. The presence of comorbidities, common in cancer patients, and the association with their treatment raise the chances of developing pneumonia because of a weakened immune response due to respiratory viruses and bacteria^{30,31}, making patients with cancer run higher risks, when compared to the general population, of developing COVID-19 and its evolution with high lethality rates¹⁷.

Therefore, the participants needed to further restrict their coexistence nucleus and spirituality/religiosity was again an ally for coping with adversity, in addition to providing purpose and meaning (*self*/sense/transcendence) for their lives due to the greater imposition of social isolation and restriction of activities. For people who have a religious belief system, spirituality can provide comfort, reducing fears and anxieties related to suffering and pain³². Understanding the experiences herein shared by the study participants in the light of SI, we observe that the results presented are in line with and reinforce what is cited by the aforementioned author.

In this sense, regarding the recommendations for the preservation of health and life and due to the fear of contagion by the new circulating virus, for belonging to the risk group for contamination by COVID-19 (they had breast cancer), they implemented measures in order to minimize the emotional discomforts arising from social distancing. They resorted to spirituality/religiosity as a support source to overcome this stage, which helped them manage the villains of the context (breast cancer, social distancing and COVID-19) in a more satisfactory manner.

Thus, readapting themselves to the “new normal”, they told us who their relationship/support network was (coexistence nucleus), including partner, child(ren), mother, sister and cousin, that is, consanguineous family members. Added to these, there came spirituality/religiosity, which represented an important and comforting support source for the experience of the moment, as life did not stop with the adversities, namely: breast cancer, social distancing and COVID-19 pandemic.

Knowing the coexistence nucleus of these participants is an important element because the interactions are significant and make it possible to understand whether certain meaning is due to or results from the interaction of the elements that are involved in the social process^{18,33}.

Thus, spirituality/religiosity was present in each phase they went through, strengthening them to face the problems. This made them warm their faith in God and, through their spiritual/religious practices, seek comfort to bear social distancing, in addition to finding, in this dimension, an explanation for the disease and COVID-19 pandemic.

V. Conclusion

The core category of this study was configured as: The spiritual/religious dimension was fundamental for positive coping with the disease, social distancing and the new coronavirus pandemic; and the research participants sought a meaning of the reasons for breast cancer and COVID-19 through spirituality/religiosity, which provided them with comfort and hope to experience the moment.

Understanding the internal aspects of human behavior and contributing to expanding scientific knowledge about the importance of spirituality/religiosity/religion and their repercussions on the health/disease (breast cancer) process and coping with adversities (social distancing and the COVID-19 pandemic) are aspects that have shown to be important for comprehensive and quality health care, especially for the Nursing team, who, during their professional performance, must pay attention to the consideration of spiritual/religious care of the patient under their responsibility.

This issue is more evident and an object for reflection, especially at this moment, with the COVID-19 pandemic and social distancing measures since, as evidenced in this research, the spiritual/religious dimension constituted an important support to positively face not only breast cancer but also the restrictive measures arising from the new coronavirus.

References

- [1]. Gontijo IBR, Ferreira CB. Sentimentos de mulheres jovens frente ao diagnóstico de câncer de mama feminino. *Revista Ciência & Saúde*. 2014; 7(1):2-10. Doi: <https://doi.org/10.15448/1983-652X.2014.1.15488>
- [2]. Ribeiro GS, Santos CS, Dos Anjos ACY. Spirituality and religion as resources for confronting breast cancer/Espiritualidade e religião como recursos para o enfrentamento do câncer de mama. *Revista de Pesquisa: Cuidado é Fundamental Online*, [S.l.]. 2019; 11(4): 849-856. Doi: <https://doi.org/10.9789/2175-5361.2019.v11i4.849-856>
- [3]. Mairink APAR et al. Vivência de Mulheres Jovens diante da Neoplasia Mamária. *Revista Brasileira de Cancerologia*. 2020; 66(4):e-031059. Doi: <https://doi.org/10.32635/2176-9745.RBC.2020v66n4.1059>
- [4]. Koenig HG, Mcclough ME, Larson DB. *Handbook of Religion and Health*. New York: Oxford University Press; 2001.
- [5]. Oliveira MR, Junges JR. Saúde Mental e espiritualidade/religiosidade: a visão dos psicólogos. *Estudos de Psicologia*. 2012; 17(3):469-476. Disponível em: <https://doi.org/10.1590/S1413-294X2012000300016>
- [6]. Seccareccia D, Brown JB. Impact of spirituality on palliative care physicians: personally and professionally. *J Palliat Med*. 2009; 12(9): 805-809. Doi: 10.1089/jpm.2009.0038
- [7]. Arrieira ICO et al. Espiritualidade na equipe interdisciplinar que atua em cuidados paliativos às pessoas com câncer. *Ciênc Cuid Saúde*. 2011; 10(2): 314-321. Doi: <https://doi.org/10.4025/ciencucuidsaude.v10i2.15689>
- [8]. Sánchez CT. Abordaje aconfesional de la espiritualidad em cuidados paliativos. *FMC*. 2012; 19(6): 331-338. Doi: 10.1016 / S1134-2072 (12) 70400-0
- [9]. Puchalski C, Ferrell B, Virani R, et al. Melhorando a qualidade do cuidado espiritual como uma dimensão dos cuidados paliativos: O relatório da Conferência de Consenso. *J Palliat Med*. 2009; 12: 885-904.
- [10]. Puchalski CM, Blatt B, Kogan M, Butler A. Spirituality and health: the development of a field. *Acad Med*. 2014; 89(1):10-6. Doi: 10.1097/ACM.0000000000000083.
- [11]. Liberato RP, Macieira RC. Espiritualidade no enfrentamento do câncer. In: V. A. Carvalho et al. (Orgs.) *Temas em psico-oncologia*, p. 414-431, São Paulo, SP: Summus.
- [12]. Soratto MT, Da Silva DM, Zugno PI, & Daniel, R. Espiritualidade e Resiliência em Pacientes Oncológicos. *Saúde e Pesquisa*. 2016; 9(1):53-63. Disponível em: <http://dx.doi.org/10.17765/1983-1870.2016v9n1p53-63>
- [13]. Ribeiro GS, Campos CS, Anjos ACY. Espiritualidade e religião como recursos para o enfrentamento do câncer de mama. *Rev Pesqui (Univ Fed Estado Rio J, Online)*. 2019; 11(4):849-856. Doi: <http://doi.org/10.9789/2175-5361.2019.v11i4.849-856>
- [14]. Reis APA, Panobianco MS, Gradim CVC. Enfrentamento de mulheres que vivenciaram o câncer de mama. *Rev Enferm Centro-Oeste Mineiro*. 2019; 9:e2758. Doi: <http://doi.org/10.19175/recom.v9i0.2758>
- [15]. Ganatra S, Hammond SP, Nohria A. The Novel Coronavirus Disease (COVID-19) Threat for Patients with Cardiovascular Disease and Cancer. *JACC CardioOncology*. 2020. Disponível em: <https://cardiooncology.onlinejacc.org/content/early/2020/03/19/j.jacc.2020.03.001>
- [16]. Soran A, Gimbel M, Diego E. Breast cancer diagnosis, treatment and follow-up during COVID-19 pandemic. *Eur J Breast Health*. 2020; 16(2):86-88. Doi: <https://doi.org/10.5152/ejbh.2020.240320>
- [17]. Thuler LCS, Melo AC. Sars-CoV-2/Covid-19 em pacientes com câncer. *Rev Bras Cancerol*. 2020; 66(6):e- 00970. Doi: <https://doi.org/10.32635/2176-9745.RBC.2020v66n2.970>
- [18]. BLUMER, H. A natureza do Interacionismo simbólico. São Paulo: Mosaico, 1980. (Teoria de comunicação: textos básicos).
- [19]. MEAD, G. H. *Espiritu, persona y sociedad: desde el punto de vista del conductismo social*. Barcelona: Paidós, 1982.
- [20]. Strauss A, Corbin J. *Técnicas e Procedimentos para o desenvolvimento de Teoria Fundamentada*. 2. ed. Porto Alegre: Artmed, 2008.
- [21]. Mairink APA, Gradim CVC, Panobianco MS. O uso da metodologia qualitativa da Teoria Fundamentada nos Dados na pesquisa em enfermagem^a. *Esc. Anna Nery*. 2021; 25(3). Doi: <https://doi.org/10.1590/2177-9465-EAN-2020-0494>
- [22]. Pfeiffer E. A Short Portable Mental Status Questionnaire for the Assessment of Organic Brain Deficit in Elderly Patients. *Journal of the American Geriatrics Society*. 1975; 23(10):433-441.
- [23]. Silva LN. Comparação de três instrumentos para avaliação da fadiga em pacientes com insuficiência cardíaca. 2016. Dissertação (Mestrado) - Escola de Enfermagem de Ribeirão Preto da Universidade de São Paulo.
- [24]. BRASIL. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº 466, de 12 de dezembro de 2012. Dispõe sobre diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Disponível em: <http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>
- [25]. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. **Resolução nº 510**, de 07 de abril de 2016. Dispõe sobre as normas aplicáveis a pesquisas em Ciências Humanas e Sociais cujos procedimentos metodológicos envolvam a utilização de dados diretamente obtidos com os participantes ou de informações identificáveis ou que possam acarretar riscos maiores do que os existentes na vida cotidiana, na forma definida nesta Resolução. Disponível em: https://www.in.gov.br/materia/-/asset_publisher/Kujrw0TZC2Mb/content/id/22917581

- [26]. Brito FM et al. Espiritualidade na eminência da morte: estratégia adotada para humanizar o cuidar em enfermagem. *Revista Enfermagem UERJ*. 2013; 21(4): 483-489. Disponível em: <https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/10013/7808>
- [27]. Caldeira S, Gomes AC, Frederico M. De um novo paradigma na gestão dos enfermeiros – a espiritualidade no local de trabalho. *Revista de Enfermagem Referência, série III*. 2011; 3: 25-35. Disponível em: http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S0874-02832011000100003
- [28]. Borges et al. Spiritual/Religious Coping of Women with Breast Cancer. *Religions*. 2017; 8(254):1-10, 2017. Disponível em: <https://doi.org/10.3390/rel8110254>
- [29]. Foch GFL, Silva AMB, Enumo SRF. Coping religioso/espiritual: uma revisão sistemática de literatura (2003-2013). *Arq. bras. psicol.* 2017; 69(2):53-71. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-52672017000200005
- [30]. Oh WK. COVID-19 infection in cancer patients: early observations and unanswered questions. *Ann Oncol*. 2020; pii:S0923-7534(20)36384-5. Doi: <https://doi.org/10.1016/j.annonc.2020.03.297>
- [31]. Yang G, Zhang H, Yang Y. Challenges and countermeasures of integrative cancer therapy in the epidemic of COVID-19. *Integr Cancer Ther*. 2020. Doi: <https://doi.org/10.1177/1534735420912811>
- [32]. Bertachine L, Pessini L. A importância da dimensão espiritual na prática dos cuidados paliativos. *Bioethicos*. 2010; 4(3): 315-323. Disponível em: <http://www.saocamilo-sp.br/pdf/bioethikos/78/Art08.pdf>
- [33]. Lopes CHAF, Jorge MSB. Interacionismo simbólico e a possibilidade para o cuidar interativo em enfermagem. *Rev. Esc. Enferm. USP*. 2005;39(1): 103-108. Disponível em: <http://www.scielo.br/pdf/reeusp/v39n1/a14v39n1.pdf>

Ana Paula Alonso Reis Mairink, et. al. “Spiritual/Religious dimension in coping with breast cancer in the midst of the new coronavirus pandemic (COVID-19).” *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 10(4), 2021, pp. 51-59.