



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكرو فيلم

بسم الله الرحمن الرحيم



MONA MAGHRABY



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكروفيلم



شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلم



MONA MAGHRABY



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكروفيلم

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



MONA MAGHRABY



The Effectiveness of One-week Short-Term Life Review Interview on Spirituality of Terminally-ill Cancer Patients

Thesis

*Submitted for Partial Fulfillment
of Master Degree in Psychiatry*

By

Sumaya Emad El-Dine
Resident Psychiatrist

Under Supervision of

Prof. Dr. Yasser Abd Elrazek
Professor of Psychiatry
Faculty of Medicine, Ain Shams University

Asst Prof. Dr. Rehab Mohamed Naguib
Assistant Professor of Psychiatry
Faculty of Medicine, Ain Shams University

Prof. Dr. Nasser Abd ElBary
Professor of Oncology
Faculty of Medicine, Menofia University

Faculty of Medicine, Ain Shams University

2021

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قَالَ

لَسْبَدَانِكَ لَا عِلْمَ لَنَا
إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ
الْعَلِيمُ الْعَظِيمُ

صدق الله العظيم

سورة البقرة الآية: ٣٢

Acknowledgments

*First and foremost, I feel always indebted to
Allah the Most Beneficent and Merciful.*

I would like to thank the experts who were involved in the validation survey for this research project and the leaders of this thesis:

***Professor / Yassir Abd El-Razek**, Professor of Psychiatry, Psychiatry Department, Faculty of Medicine, Ain Shams University, for the humility, the unlimited support at any time I need it, and being my godfather.*

***Assistant Professor/ Rehab Mohamed Aguib**, Assistant Professor of Psychiatry, Psychiatry Department, Faculty of Medicine, Ain Shams University, for the great aid at achieving that thesis with his precious scientific comments on showing how to be a scientist not just a psychiatrist.*

***Professor/ Nasser Abd El Bary**, Professor of Oncology, Oncology Institute, Faculty of Medicine, Menoufia University as the third leader of this thesis, for his great aid at achieving that thesis, great support and valuable advices.*

Finally, I must express my very profound gratitude to my parents, especially my lovely pretty mother may Allah bless her in the Paradise, lovely backbone husband, lovely sister, brothers and my little gentlemen, Yaman and Yahia, for providing me with unfailing support and continuous encouragement. This accomplishment would not have been possible without them.

Thank You

Soumaya Emad El-Dine

List of Contents

Title	Page No.
List of Tables.....	5
List of Abbreviations.....	6
Introduction	- 1 -
Aim of the Work	6
Review of Literature	
▪ Cancer	7
▪ Spirituality &its relation to terminal cancer	30
▪ Structured Life Review Interview	53
Subjects and Methods.....	67
Results.....	79
Discussion	87
Summary.....	95
Conclusion	100
Recommendations	101
References	104
Arabic Summary	

List of Tables

Table No.	Title	Page No.
Table 1:	Demographic data of included subjects	79
Table 2:	History of malignancies in included subjects.....	80
Table 3:	Assessment of religious status in both groups.....	81
Table 4:	Assessment of mental and spiritual status in both groups	82
Table 5:	Comparison of FACIT-Sp subscales between the two groups	83
Table 6:	Correlation of FACIT-Sp with demographic, religious status and MMSE	84
Table 7:	Correlation of FACIT-Sp with demographic (continued).....	85
Table 8:	Correlation of FACIT-Sp subscales with demographic, religious status and MMSE	86

List of Abbreviations

Abb.	Full term
AIDs	<i>Acquired immunodeficiency syndrome</i>
AM	<i>Auto biographical memory</i>
CVA	<i>Cerebro vascular accident</i>
FACIT-Sp	<i>Functional Assessment of Chronic Illness Therapy–Spiritual Well- Being</i>
GLOBOCAN	<i>Global cancer observatory database</i>
IARC	<i>International agency for research on cancer</i>
INSPIRIT	<i>Index of core spiritual experience</i>
LR	<i>Life review</i>
LRI	<i>Life review intervention</i>
MMSE	<i>Mini mental status examination</i>
MRI	<i>Magnetic resonance imaging</i>
PET	<i>Pisotron emission tomography</i>
PLWA	<i>Patient living with acquired immunodeficiency syndrome</i>
PSPL	<i>Posterior superior parietal lobule</i>
PTSD	<i>Post traumatic stress disorder</i>
QOL	<i>Quality of life</i>
rAMs	<i>Reduced autobiographical memory specificity</i>
SCID-1	<i>Structured clinical interview for DSM-5 disorder</i>
SEI	<i>Spiritual experience index</i>
SPECT	<i>Single photon emission computerized tomography</i>
STLR	<i>Short term life review</i>
WHO	<i>World health organization</i>

INTRODUCTION

Cancer leaves an alarming and devastating effect at the global level and is considered a leading public health problem (*Siegel et al., 2018*).

Cancer is the second most frequent cause of death worldwide, after cardiovascular diseases. According to estimates published by the International Agency for Research on Cancer [IARC], there were 14.9 million new cases of cancer and 8.2 million deaths from cancer in 2012 (*Ferlay et al., 2012*).

The burden of having cancer is a worldwide reality, but main cancers can be avoided, and the focal key word to fight cancer is prevention through tobacco control, vaccination, early detection, and promotion of healthy lifestyles (*Torre et al., 2016*). Cancer has a nefarious effect on patients' life and can decrease hope and dreams (*Villagomez, 2005*). It affects individuals in all human dimensions: physical, psychological, social and spiritual (*WHO, 2014; Caldeira et al., 2016*). The diagnosis of cancer originates the most alarming response, as compared to other diagnosis (*Sawyer, 2000*). The diagnosis and progression of cancer disturbs patients' lives (*Gurevich et al., 2002*) who start frightening an imminent death and the suffering associated with the treatments (*Caldeira et al., 2014*).

The experience of having cancer impacts profoundly on a person's sense of spirituality. A cancer diagnosis is often

associated with a life-threatening illness and leads sufferers to question their life's meaning and purpose at this point. This existential reflection, together with concerns about death and its implications means that many patients hospitalized with cancer have unmet spiritual needs (**Schreiber and Edward, 2015**).

These patients seem more susceptible to spiritual distress when they are diagnosed, during progression of the disease and at the end-of-life (**Skalla et al., 2015**). Several studies have been conducted that support the existence of spiritual distress in cancer patients. In particular, **Hui et al. (2011)** conducted a study in patients with advanced cancer admitted to an acute palliative care unit and found an occurrence rate of 44.0% of spiritual distress. **Gielen et al. (2017)** found 17.4% of cancer patients in palliative care in India experience spiritual distress. Recently in Portugal, **Caldeira et al. (2017)** found 40.8% of cancer patients undergoing chemotherapy have spiritual distress.

When physical status declines, many patients with advanced illness seek hope and struggle with questions about their mortality and the meaning and purpose of life in connection to the transcendent (**Balboni et al., 2010; Bovero et al., 2010**).

Several researchers have 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 (**McCoubrie and Davies, 2006; Rodin et al., 2009; Balboni et al., 2010**).

Spirituality is a globally acknowledged concept. It involves belief and obedience to an all-powerful force usually called God, who controls the universe and the destiny of man. It involves the ways in which people fulfill what they hold to be the purpose of their lives, a search for the meaning of life and a sense of connectedness to the universe. The universality of spirituality extends across creed and culture (**Verghese, 2008**).

Research about spirituality has increased exponentially in the last two decades among several professionals and disciplines of the healthcare team (**Bonelli and Koenig, 2013; Schreiber and Edward, 2015; Moreira-Almeida et al., 2014**). Spirituality is considered a fundamental dimension of patients' health and sense of well-being, particularly in times of crisis or when diagnosed a life-threatening illness or malignant disease (**Mabena and Moodley, 2012; McClain et al., 2003; Molzahn et al., 2012**).

The main beneficial aspect of spirituality reported was related to one's ability to search internally for strength and meaning, and to place their illness in a broader context and accept their circumstances. Therefore, enhancing patients' knowledge of themselves and of their own lives after the life-threatening illness (**Nelson et al., 2002**).

Spirituality includes two main components: faith/religious beliefs and meaning/spiritual well-being. These two constructs of spirituality have an important role in supportive care and end-of-life care (*Chaturvedi, 2007*).

When discussing spirituality, it is important to make a distinction between religiosity and spirituality. Spirituality can exist both within and outside of a religious framework, and many individuals who consider themselves spiritual may not adhere to any particular religion (*Muldoon and King, 1995*). Religiosity is a related but distinct construct that refers to organized behaviors, intended to put spirituality into practice. Thus, religion refers to an organized system of beliefs, practices and way of worship that can serve as a way to channel or direct the expression of spirituality (*Miller and Thoresen, 2003*). Although religion provides a structured set of practices to help people become spiritual, religious affiliation does not guarantee spirituality and many individuals actively participate in religious rituals and practices without seeking or finding the deeper meaning that is a part of all organized religions (*Emblen, 1992*).

Patients with cancer report their spirituality helps them find hope, gratitude, and positivity in their cancer experience, and that their spirituality is a source of strength that helps them cope, find meaning in their lives, and make sense of the cancer experience as they recover from treatment (*Puchalski, 2012*). These two variables also serve multiple functions in long-term

adjustment to cancer such as maintaining self-esteem, providing a sense of meaning and purpose, and giving emotional comfort (*Thune-Boyle et al., 2013*).

Holland and his colleagues also presented a theoretical framework for the development of new interventions targeting elderly cancer patients utilizing psychological and educational approaches in conjunction with recall of memories from the past [Life Review] (*Holland et al., 2009*).

Pickrel described that a life review process for terminally ill [of any age] can help a person to complete the last chapter of his or her life, to maintain some control, to make things right or finish up unfinished business and to enhance a good feeling at the end. This may result in that one is better able to deal with the loss of life. Among cancer patients, observational studies indicate that LRI decreases depressive feelings and improves spiritual and psychosocial well-being (*Ando et al., 2006; Pickrel, 1989*).

For cancer patients, however, there are few empirical studies on the effects of life reviews. Ando and his colleagues reported the effects of structured life review intervention on spiritual well-beings in terminally ill cancer patients (*Ando et al., 2007*).

AIM OF THE WORK

The aim of this study is to assess the efficacy of the short-term life review on spirituality in the last few weeks of life for advanced cancer patients. We will apply valid reliable psychotherapy, the short-term life review, with short sessions for terminally ill cancer patients. Spirituality will be assessed by FACIT- Sp scale before the session of the therapy and one week later.