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The meaning of religion for patients in cancer treatment

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Abstract. The objective of the study was to understand the sense of religiosity, assigned by the patients who experience or have experienced cancer treatment. This is a qualitative-descriptive, under the framework of phenomenological analysis in Ales Bello, as a way to understand and analyze the human being in its totality - physical, mental and spiritual. The study was conducted with ten patients at the centre of oncology of a hospital in the north of Mato Grosso. The data were collected through semi-structured interviews. In the present study revealed that patients with cancer show they belong to a diversity of religions. The patients mean the religion as a means of support and sustenance critical in moments of pain and suffering caused by cancer and its treatment. Perceive the religious community as a spiritual support, being able to share feelings, conflicts and your pain. It was possible to infer that the faith can be linked to the treatment of cancer the participants to associate the treatment to some kind of therapy religious.

Keywords: Religion; Healing by Faith; Hospital Service of Oncology.

Introduction

The cancer has globalized so much in the last few decades, that nowadays, it is one of the major public health problems. The World Health Organization (WHO) expects that by the year 2030, about 27 million incident cases of cancer, 17 million cancer deaths and 75 million people alive each year with cancer. It is estimated that this incidence is higher in underdeveloped countries (INCA, 2011).

Under this prism, control measures and the prevention of cancer should be implemented in order to reduce this increase of the disease, preventing it reaches the moment in which the resources will not be sufficient to meet the needs of diagnostics, treatment and monitoring of cancer. So that it does not become a hindrance in the economic development of emerging countries such as Brazil (INCA, 2011).

Nursing care in the care for cancer patients requires responsibilities, knowledge and skills to conduct a quality treatment. The realization of the work should be planned and directed to the patient, family, and people who fall under this process, covering the physical, emotional, social and spiritual (Stumm and Maschio, 2008).

The nursing staff have to consider that vision of the patient, at the time of deploy, plan and organize the care, enabling you to decrease the

patient's suffering and of his own family involved in this treatment (Stumm and Maschio, 2008).

In this scenario, the nurse is the nearest of the patient by a full-time, and provides a service more humanized, understanding and supporting the needs that arise in the course of the illness. The care on the part of the nursing team requires the presence, flexibility, responsibility, sharing feelings, knowledge and a lot of solidarity (Stumm and Maschio, 2008).

The nurse considers the care a key action for the promotion and recovery of health, the team work is essential, especially with oncology patients, especially when there is no prognosis of cure and survival (Stumm and Maschio, 2008).

In this context, positively, religion is associated with coping strategies active, planning, reinterpretation and positive social support-instrumental and emotional (Seidl, Tróccoli and Zannon). Thus the religiosity/spirituality is a coping strategy important in the face of situations considered to be difficult, as is the case of the diagnosis of cancer produces a strong impact on the life of the individual, and their treatment is permeated event stressors.

The theme is receiving increasing attention in health care, write that the interest on spirituality and religiosity has always existed in the course of

human history, despite different periods or cultures. However, only recently science has shown interest in investigating the topic (Peres, Simão and Nasello, 2007).

The spirituality and health has become an example to be followed in the daily practice of the health professional. Spirituality, related or not to the religion, has historically been the point of satisfaction and comfort for different times of life, as well as the reason of discord, fanaticism and violent clashes (Guimarães and Avezum, 2007).

Thus the disease submits the human being to find their values, and with issues such as the existence and the proximity of death. In this perspective, religion and spirituality, undertake the effort mean that new demand is presented to the patient, seeking to understand the disease itself, the suffering, death, and existence (Hennezel and Leloup, 2000). Spirituality and religiosity are important in palliative care and related pain, in order to make the service amounted to the individual, because the religious practice should never replace the practice of medicine and yes to complete it (Peres, Simão and Nasello, 2007).

The concern, for the health care team, should be that the sick persons are understood in their unique forms of how to face the disease, also to understand the influence of religiosity in the process of quality of life of these patients. Before the appointment, we asked about what is the importance of religiousness/ spirituality for patients in the treatment of cancer?

In this way, has the goal to understand the meaning of religiosity, assigned by the patients who experience or have experienced cancer treatment.

Methods

This was a qualitative-descriptive, under the framework of phenomenological analysis in Bello, Stein and Husserl (Stein, 2000). The phenomenological analysis researched by Ales Bello, through the studies of Husserl who questioned the use of the experimental method, quantitative, as a resource to access the human psyche. The emphasis is on the fact that the psyche could not be reduced in quantitative terms, and, on the other hand, to be described in qualitative terms. Therefore, he proposed a separation between the psychology, in the perspective of the subject, and a psychology of acts of psychological type and quality. Thus, to the extent that psychology was intended to work on the psychic phenomena, it would need to describe them, and quantify them with a sound conceptual, through a method that considers in an appropriate way, its specific characteristics, which, certainly, are not the same as a physical object (Husserl, 1990)

The methodology sets up in the qualitative analysis through the phenomenological method, aiming to reveal the meanings contained in the personal stories of the interviewees.

The study subjects were ten patients at the Centre of Oncology annex Foundation Community Health Sinop – Santo Antonio Hospital, the largest of eighteen years. The study was conducted at Center of Oncology of the Hospital of Santo Antônio. The researchers collected the interviews in the Cancer Center cited above, in which covered individuals of both genders, inserted in the treatment of cancer in this location of the reference.

The research was beginning to approach patients who were present in the room of chemotherapy, being explained the research and verified the inclusion criteria. After the approach of selection, the patients who agreed to participate in the study, and to sign up to the Term of Free and Informed Consent- TFIC and were conducted to a room, where was the interview based on the questions semi structured.

The patients that participated in the survey were in treatment against cancer in the period of the interviews. Following the inclusion and exclusion criteria, where the selection was according to the ten patients who were on treatment at the time of data collection. It was not necessary for the patients in the treatment of cancer are of different cases, nor that they were just men or women, as the research has another focus.

The interviews were fully transcribed shortly after the recording by the researcher, to ensure the reliability of what was said by the researched. After transcription, each interview was subjected, individually, to the procedures for the collection and analysis of data operated on the basis of those proposed in the literature on phenomenological research (Moreira, 2002).

1. *Overview*: the statements were read entirely with the purpose of obtaining a sense of your global sense, with the meanings more relevant and the themes present in the interview. We tried to penetrate in the experience of the person to be able to capture it and raise it as she experiences it.

2. *Division into units of meaning*: refers to a division of testimony from of the significant elements reported by the person. I tried to grasp the fundamental lines of meaning that allow me to capture the structure or the constituent element of the religiosity of patients with cancer.

3. *Interpretation of the data*: refers to the understanding of the researcher about each unit of meaning: each of them has been transcribed in a language that is psychological, seeking to describe the essence of religiosity for the patients, which is implicit in it and its developments in the mode of living of each person.

4. *Comparison between the data collected for each subject*: refers to the retrieval of the data common to the experience of religiosity, by registering also to the peculiarities of each experience.

5. *Synthesis*: refers to the understanding of the structure revealed in the reports of the experience of the religiosity of the people involved in

the search. It was possible to reach it from the understanding of the significant elements contained in the testimonies.

6. Comparison of the results with those produced in previous research on the topic of religion with people who experience the treatment of cancer.

Ethical principles

This study was submitted to the Research Ethics Committee of the Júlio Müller University Hospital and was approved according to the Norms of Research Involving Human Beings (Resolution no. 466/12) with the number of the Opinion: 331.245 and Certification of Appraisal Ethics (CAAE): 1 12370413.7.0000.554.

Results and discussions

With the aim of presenting the result and analysis of data, were seized, in the speech of the subjects, the experiences and emotions in the understanding of the meaning of religiosity, assigned to them who experience or have experienced cancer treatment. It is considered, here, relevant, to penetrate the knowledge and understanding of religious experience and spiritual of the patients with cancer.

The results and discussions were structured according to the essential elements and the structural knowledge of the human person (body, psychic and spiritual) that for the thinkers are united in one and the same consciousness. In an effort to the interpretation of the philosophy of anthropological, as an instrument of understanding in respect of the structures of the person (patients), to describe will be three moments, three-dimensional being that, sometimes, if the show together for a better understanding of your drive, but they can be triggered simultaneously in each moment lived.

According to the structural analysis, and essential in the light of the phenomenology emerged the categories: faith emphasized, The transcendent being and The religion as a source of therapy with a view to highlight the phenomenon of religion during the treatment of cancer patients in a drive of cancer. The faith emphasized

Participants explain faith as something essential and necessary for that thought to become positive as to the prognosis. According to the subject of faith can help in the daily fight against this disease. One more reason to fight for the cure, one of the ways of coping of the disease and death is directly linked to the strength of the faith and the religious beliefs; that is, ways of expressing spirituality. Faith in God is a feeling that is ingrained in our culture and is as necessary as are other modes of coping (Bello, 1998).

The discourse shows that the spiritual dimension occupies a prominent place in the life of the people and also shows that it is essential to

understand the spirituality of the users when planning nursing care.

This fact is seen best through the narratives presented by the own subject.

Every day I pray, every day I ask, every day I pray to have the strength, when I can, and I have strength I will and I pray my novenas, as I am catholic, I believe the very faith is the life that I am living. The faith that I know God at this time is on my side, me and comforting my heart, for I am sure that I would be going crazy if I hadn't believing, believing that Jesus existed is that Jesus is alive among us, I would not be standing not. (Interview 7)

Faith is everything, she moves mountains. This is also faith, for most people do not believe me, but it is connected. It is a cycle. A time this is going to end so we can only have faith. (Interview 9)

The faith establishes a constructive thinking. It is to believe, to feel a trust that the desire will be realized. How to relate to patients:

[...] having faith even with a tablespoon of water to the people cure. (Interview 8)

By having faith in the people reacts most light with the disease; it seems that without Jesus we are not anything. (Interview 5)

These declarations attest to the strength of faith that these patients feed, and, therefore, health care is directed at these people with cancer need to include contributions to keep the spirituality, independent of religion or belief. Faith is the fusion of your thinking with your feeling, or of the mind with the heart, so complete, inflexible, and impregnate, that no event or external event can shake (Murphy, 2002).

The terrain of consciousness is presented by the author as the novelty of the phenomenological approach of Edmund Husserl. But, the consciousness is in the spirit? Is in the psychic? It is not possible, because the three dimensions of the human person – body, psyche, and spirit – are only known by us because we have consciousness. So, consciousness is not a physical place, nor a specific place, nor is it for spiritual or psychic. The conscience is an inner light that comes with our experiences. In a few moments, it was also noted the change in the faith of the patients after the diagnosis of the disease. There is clearly a variety of changes taken by each (Bello, 2006).

Changed, changed a lot, so that now we see things differently. (Interview 1)

Some of the subjects referred them change their faith, after the appearance of the disease.

No! I always had faith. (Interview 3)

No, my faith has not changed. I always made my stuff work, I've always helped the more the next, whenever I can, and I do charity, because that is what God preaches. (Interview 9)

The fenomenólogos in the study bring this way of dealing with the situation of the disease, typifies, or subdivides the people as sensitive (with vision or hearing, ascertained) and the spiritual (with intelligence well-developed or a force of will, persistent). Thus, it is easy to identify that these patients have a structural capacity as well contoured face of life's difficulties, a psyche well contextualized with the reality and the experiences the experiences of life, does not shake your faith (Bello, 2006). Even though each patient has revealed a perceived change in an individual way, it turns out that the majority of the patients showed changes in their faith after the diagnosis or worsening of the cancer, directing their faith predominantly to any religion or element of the transcendent.

The disease almost always leads to a crisis in the person that translates into dependency, isolation, break communication (with your life, in the day-to-day, with the family). This situation is depressing to the patient, which, sometimes, goes through the phase of rebellion, in need of help to see the positive side of life (Biasoli, 2000).

Comparing your illness, as proof of his faith, as described in the following:

And I'm going to get out of this, I'm going to win. I'm going to have faith, I'm going out, is a trial that God gave me, maybe I have a little more faith, in addition to what I have. (Interview 2)

All disease is a threat to the integrity of the person, a degeneration of the quality of life (Biasoli, 2000). It arises from a conflict with the world, and the healing is the work of a rebalancing of forces that will produce its effect on the energy level and the somatic. So the patient feels disgusted in the face of disease, precisely by putting his faith as proof of god, falling into conflict, in the hope that the healing will be more time to be sure that your faith is unwavering. People who have this strength the highest spiritual achieve a more rapid recovery. Have a response more positive in relation to the body, the mind (Biasoli, 2000).

So in this period, I have learned, I always had faith I learned to have more faith and believe. (Interview 7)

[...] I started paying attention a lot with God [...] (Interview 8)

A lot, I have a lot of faith to get out of this situation. (Interview 10)

It can be seen in the reports that faith brings confidence in a cure, that this positive force of thought, facilitates the rehabilitation of these patients before the disease, brings benefits not only to the physical body, but also the psyche, the mind.

In this way, the simple faith has the capacity to be beneficial in the treatment, is able to bring to the fore the body's defenses, helps in the reduction of stress, brings an optimism to the patient, causing it to follow the conventional treatment established by your illness, benefitting your prognosis. To overcome a serious problem can be the opportunity to redefine what is really important, and cultivating gratitude for all that we receive

I was sad when I received the diagnosis, but after that I started to think, things really changed for me. With faith it seems that has helped me, encouraged me. I was not more discouraged, now I am not more discouraged by doing the chemo, I am well. (Interview 5)

Come give me a touch of reality in things, Oh wake up! I improved after that. Without a doubt, I'm having more patience with things. I think more in the other. (Interview 6)

The process of self-formation, when the virtues and vices will be part of the character of the person, thus making her position in the face of reality that presents itself (Stein, 2000). Note-if the patient starts to seek resources, strengthen the faith in any superior force, or even the faith in their own ability to recover, this positive attitude is extremely necessary for the success of a recovery from a disease. The disease is a learning process, the patient re-evaluates and realizes, in fact, what is more important, what is indeed a priority in life. And from there, causes it to acquire internal resources more strengthened, and a new perspective of what really is essential and what is not. Faith is the composition of your thinking with your feeling, or of the mind with the heart, so complete, inflexible, and impregnate, that no event or external event can shake (Murphy, 2002).

During the interviews, it was possible to notice that patients relate their faith with some ritual of transcendental, that causes them to feel safer, or welcomed by the supreme strength or higher related with the religious belief that they believe. There is a sense in which if you have faith in something or someone, even knowing that there is a rational being, to have faith for them is to believe in that exists within each one.

Usually afternoon when my daughters arrive from school we said the rosary and read the bible to try to understand. (Interview 7)

I am a spiritualist. I do studies of Alan Kardec... Do my prayers in our meetings and at home also. Drink passes fluidic and I always feel well. (Interview 9)

Once in a while I go in the gospel, at the Assembly of God...I only even there in the house with the members of the church, I pleaded, I prayed prayers for me. (Interview 3)

Faith becomes religious when it comes to having an object the transcendent, the unconditioned, but in the interior is real for the trust that is (Amatuzzi, 2001). The faith that both is defended by the patients, is not unique to a religion. Note that there is a natural faith, to which I refer, in drug therapy, in the treatment, care, recovery, and spiritual faith that goes beyond the limits of understanding. The interviewees feel that faith, how that at some point that belief in believing in something not tangible, were embodied physiologically in each one, bringing improvement in your health.

In this sense, evidences the recognition and investigation of a body that is experiential, that is, the physical body that is in support of the experiences occurred in the very existence of the subject (Freud, 1927). It is clear, that faith is an encouragement to them to believe in something that bring them satisfaction, not referring to religion, although many consider it to be one of the paths. Thus, faith is a great alternative that is parallel to the treatment, leading to a possible cure.

The transcendent being

The majority of the patients interviewed declare that it believes in the strength of a transcendent being, for the recovery and even the cure of cancer. They claim that believing in God can aid in the treatment, they put that God is the one who can save them, regardless of religion, all believe in a higher being. The fact can be analyzed through the statements offered by the subject.

It is a moment that you are living in another way, that you forward your life in a different way, you see life in a different way, because you put God in everything.. The faith, the faith makes you so... suffering makes you have more faith and believe and put in the hands of God and leave. (Interview 1)

You have to trust in God, to be healed, I will be cured I will be cured! Can't get discouraged. (Interview 2)

Why, with God it is hard to be without God is the worst... God is everything, nor has the explanation! God has always been very important. (Interview 3)

Everything is the eye of God. It is a security that God will appear at the right time. And will give that release to us at the right time. (Interview 4)

The people without God is not no one. God makes me what he wants. Without God, we is not no one. (Interview 8)

I am catholic, but not I go to church always. I belong to a prayer group every Wednesday. Only God is able to get me out of this and heal me. (Interview 10)

In this context, coping through religion, which can be experienced by the representation of the transcendent – God. Pargament (1988 apud FARIA; SEIDL, 2005) argue that religion can take on different functions in the various styles of solving problems that vary according to the assignment of the locus and responsibility and the level of participation of the person in the resolution of the problem. The first style is called the self-directing in that the responsibility for solving problems is assigned to the individual and God is conceived of as giving freedom to the person to conduct your own life. The second is the deferring when the individual transfers this responsibility to God, hoping that solutions come through the efforts of it. The third is the so-called style collaborative in which responsibility is attributed to both the individual and God, both are perceived as active participants in the solution of problems (Bello, 2006), (Stein, 2000) and (Husserl, 1990).

For that you can see all the remedies in the world, if God does not want, the agent does not heal. So God uses people to help us. It will not come from heaven to help us, he will use the humans. (Interview 4)

A way of thinking, faith is everything. You can be inside the home, in church or any place, having God and Jesus on your side, thinking, believing, praying, wonders can happen in your life. (Interview 7)

Have faith in God, catch up with God for us to be happy. We without God we are not no one. I am catholic, he is faith, there is only one God, visiting the churches of the believers, make prayer for us, a lot of prayer. But I am catholic. (Interview 8)

People deal with the problems in the way that it is possible in a given time, because the options for coping are limited by the pressure of events, by the system of beliefs dominant, and by the evaluations of the resources available to meet them, this still exemplifies and makes a comparison between the patient's body healthy, well presented and beautiful, but shows a lack of spirituality, while a subject patient, with a body weakened, demonstrates the life of the spirit (motivation, willingness, values and beliefs) (Stein, 2000). In this perspective, patients use this spiritual force of the transcendental, when they embody cancer, and

understand its interiority. It is in this moment that they decide what should be done, seeking that superior strength. This whole action, is linked to moral, to give meaning to every moment lived (Bello, 2006). The concept of consciousness, advocated by the fenomenólogos in question, "conscience is the inner light that came with our experience" (Stein, 2000). You can relate the interviews presented to the model against the named style collaborative at which the responsibility in the solution of problems is attributed both to the individual and God, both are perceived as active subjects (Faria and Seidl, 2005).

The application of these concepts in the field of health suggests that religious beliefs can foster the pursuit of medical care or treatment modalities, in the case in which the patient designates all control of their disease to God (Chatters, 2000). In conclusion, the patients with cancer manifest themselves to seek and live this God. So, show the sense of religion, of faith in God in their lives. The search for the transcendent being by a sense, the demand for, and confidence in God, is what makes each patient and seek to believe more in the healing of God. The sense of God is the one who moves the life for each one is the hope of being cured and continue to live in the present.

Such a situation not only depends on having a consciousness of the believer, but it is necessary, at the same time, having features and concrete actions in which the person believes and supports. This line of thinking, even when patients with cancer in treatment, still do not have the absolute certainty that they will be healed. They support and support-in this sense, that may be a real possibility, and many feel comforted with the presence of God, who will help you. All the lines mentioned, and the whole argument is discussed, the reader that to believe in God or in transcendent being, yes, you can, assist patients in the treatment and perhaps in the own cure of cancer (Stein, 2000).

Religion as a source therapeutic

Everybody puts the positivity of the religion due to the faith in better days and the existence of the transcendent being. The feeling of the ocean, in an attempt to explain the religion and the religious feeling. Argues that the individual has a nature unprotected, he has the need to seek a protection that will bring a comfort, about the uncertainties of life and of the future. So that it is in the religion a kind of redemption, the saving that will provide you with an experience of completeness (Freud, 1927). The way substantial is the structural principle of the human individual in its completeness is unique, well that presupposes a whole series of substances as conditions for their existence (Stein, 2000).

So that comes to religiosity, in this scenario as a possibility for relief for these patients, collaborating with and giving meaning to the afflictions more intimate that each one has. Religion formulates the concepts of an order of existence general. In this sense, religion can give meaning to the experience of suffering and can be a source of

hope to overcome the affliction (Geertz, 1989). According to the testimonies of the patients can observe this protection that religion brings.

Every day prayer, prayer, my friends doing prayer, asking for prayer. Focused very much in my prayers... I participate of charismatic every Monday, I do a novena, I do not miss! My faith is very strong, very strong. God in the first place! (Interview 2)

Every day I pray a novena and a rosary, all day. I started this after cancer, before that, I had no prayer so, now all day. (Interview 5)

In the prayer group you feel more comfort. You sing, you praise, you see people, if I had fun, there you see several people with various kinds of problems, struggling to one thing fully. (Interview 7)

As was said earlier, the psychic is the place of the impulses, is the one that defines the first reactions of human beings, the experiences occur passively in each one, are acts that generate a love or hate (Bello, 2006). In this moment comes the spiritual part, the person positions itself consciously in one direction or the other. It is necessary to rediscover the real meaning of religion in society. In a manner more decisive, to rediscover the role of religiosity, in order to contribute to the construction of a human identity more balanced and full of sense (Arruda and Boff, 2000)

Redefine the role of religion in society is a matter of public health. The human being finally comes to realize that it is not made only of matter. We must face such a reality. Leonardo Boff claims that the transcendence is, perhaps, the challenge most secret and hidden of the human being (Arruda and Boff, 2000)

To propose the issue of spirituality, we are faced with questions that are present in the essence of every human being. It is precisely these questions that give meaning to the search of the sacred, by means of a religiosity that develops an intense and healthy, within each human person.

Spirituality is essential, a reality that is part of each man or woman. The individual wants to achieve spirituality able to make it more safe and happy. Spirituality is that which produces in the human being an inner change (Arruda and Boff, 2000)

The patients believe that the strength of the faith, the positivity of thought, the deities and the religion causes them to find a meaning in life. The transcendence of oneself constitutes the essence of human existence, is what drives the man. As well as the segments reported the following:

I am looking for enough prayer, I pray the rosary every day. The Novena that I have gained, I have so much to novena (makes

gesture with fingers to show quantity), that I gained there of the elderly, the whole world has made a novena for me. This helps a lot. And I do the novena also. I'm going in the church. I do the novena always, in the night, in the morning when you wake up. A day make to a holy, another day to another. Mary, especially Mary, the mother of Jesus.. I always Do the novena with priest on the TV (Reginaldo Manzotti), I always do with him. (Interview 5)

I am a devotee of the Sacred Heart of Mary, the Virgin Mary. For me is all, by the trend of the holy spirit come upon him, and God the son. For that Jesus on the cross, gave it pros the apostles, behold your mother, mother behold your children. So, we are all children of Mary. So I always ask for her to intercede for me, for I know who is doing the healing is only Jesus, but she can intercede for me. Mother is just mother. (Interview 7)

I am catholic... Every day I pray the rosary with the channel of Aparecida do Norte, always the night. It is the path that will lead me to liberation from this cancer. (Interview 10)

People must find meaning for life, in all its circumstances, taking in the suffering, the growth, to be human, to be spiritual. This is because; the human being is seen as in need of sustenance, care and support (Frankl, 1987).

This lack generates a crisis in which an individual becomes lost in itself, so that is in need of external support, a help relationship, someone that will assist in the process of healing of the soul, by means of the support in the understanding of the purpose of life and its crises are fundamental, that are directly related to perceptions of sin and salvation, alienation and reconciliation, guilt and forgiveness, judgment and grace, death and spiritual rebirth (Clinebell, 1987).

You realize finally that patients seek other environments, here referred to as the religion and the deities, so that they can talk about their difficulties, doubts, and feelings experienced with the situation of the disease. It is this positivity of the faith in the days more pleasant than the religion reinstates the person in his totality, they join the sentiment, the intelligence and the will to act, facilitating an emotional control of her own life.

Final considerations

Even with all the evolution of medicine over the centuries, some diseases are still quite feared on account of the high rate of deaths – cancer is one of them. To find the strength to cope with the illness and all stages of treatment, according to patients, is no easy task. But a good part of them is in faith the help you need to not give up. In fact, they succeed

through a belief in something intangible to believe more strongly in healing.

To observe the patients in the treatment of cancer is possible to see that the faith in something higher makes the disease more acceptable and when they believe in a God friend and savior happens something peculiar and pleasant to the clinical process; to believe in a recovery with the support of the divine, these patients accept the best treatment, and does so by following correctly all the protocols, that is, the faith provides a structure emotionally balanced, which contributes to the good and proper treatment of the disease.

It is possible to notice that the level of faith in something transcendental varies for each patient, a time that the personal experiences are also different. Some say they have the faith in the same way as they had before the diagnosis, but others claim that the faith was more intensified and highlighted the post discovery of the cancer. Patients who fall into the second description they say that the faith was to the exhaust valve to withstand the impact of knowing that they would face a serious disease, in fact, it is this same faith that leads them to believe in the cure and for that join the personal trust (which is required to not to abandon the medication and/or each step of the treatment), and confidence in God (in support of which someone is next to them, listening to the prayers and helping active form).

The religious faith of or relating to an object transcendent appears in the discourse of all patients. Associate to cure its pathologies, also to God.

When the subject is to understand the meaning of religiosity in the treatment of cancer becomes obvious to say that the faith became a help in the treatment. Medicines and prayers are part of the routine of the patients that claim with the property that through trust in God will find force to overcome the disease, and many of them already claim to be better people and more perceptible to the question of spiritual by passing through moments where their faith was the only foundation possible.

It was also a change in the routine of patients who cling to faith in order to contribute in treatment, many of them make daily prayers, and specific campaigns aimed at healing. In some cases it is possible to see that the faith is of such intensity that the patient believes in the healing instant, but in no time this goes to discredit science, and medical treatment. In this way it becomes possible to understand that faith, regardless of intensity, is seen as an ally to the treatment or even as something that will speed up the healing process.

Faith, associated with any religion or religious figure, is seen by patients as one of the crucial factors for the recovery of his health. In none of the cases appears as the only way to popular for that to occur the rehabilitation and even the cure of the disease.

Faith, whether in something, someone or something happens differently for each patient interviewed, but the general point of view the result is the same – the belief in something higher contributes to the difficulties of treatment, the inclination to isolation or even depression give place to hope of better days, and that healing is possible. For many faith trumps the explanations and medical recommendations, therefore, to believe in a supreme being and superior, has power unexplained to anything, even for something that seems impossible.

The power that the mind has over the body has been cited as being a factor that assists in the recovery and possible cure. According to the patients who believe in this connection, the positive thoughts are considered as one of the reasons for being alive.

Positive thinking is also seen as a form of manifestation of the faith once patients find strength in something not tangible and this strength is verified in actual actions as the positivity and strength of will in believing in the good progress of the treatment, never stop believing in healing as a result of the successful action that happens with the combination of medical treatment with spiritual treatment.

God is setting the religious that appears absolutely with greater frequency in the speech of the subjects interviewed when they make reference to the cure of your disease.

The beliefs are different, patients, catholics, evangelicals and spiritists were heard and the same optical distinct it was possible to analyze that the faith is linked to the treatment of cancer. Each, in its own way, tries to associate the medical treatment some kind of therapy, religious – something that, for them, supports the thesis of healing by help of a superior being.

References

Amatuzzi M M. Esboço de teoria do desenvolvimento religioso. Entre necessidade e desejo: diálogos da psicologia com a religião. São Paulo:Edições Loyola; 2001.

Arruda M, Boff, L. Globalização: desafios socioeconômicos, éticos e educativos. Petrópolis: Vozes; 2000.

Bello A. A. Introdução à fenomenologia. Bauru: Edusc; 2006.

Bello AA. Culturas e Religiões: uma leitura fenomenológica. São Paulo: Editora da Universidade Sagrado Coração; 1998.

Biasoli R. Diagnóstico ao paciente oncológico: o cuidado de não transformar essa notícia em identidade. Prática hospitalar. 2000; 2(7): 22-24.

Chatters L. Religion and health: public health research and practice. AnnualReviewofPublic Health. 2000; 21(1): 335-367.

Clinebell H. J. Aconselhamento pastoral: modelo centrado em libertação e crescimento. São Paulo: Paulinas; 1987.

Faria J B, Seidl E M F. Religiosidade e enfrentamento em contextos de saúde e doença: revisão da literatura. Psicologia: reflexão e crítica. 2005; 18(3): 381-389.

FrankIV. Em busca de sentido: Um psicólogo no campo de concentração. Porto Alegre: Sulina; 1987.

Freud S. O futuro de uma ilusão. Rio de Janeiro: Imago; 1927.

Geertz C. A interpretação das culturas. Rio de Janeiro: Guanabara Koogan; 1989.

Guimarães H P, AvezumA. O impacto da espiritualidade na saúde física. Revista Psiquiatria Clínica. 2007; 34(1): 88-94.

Hennezel M, Leloup J. Y. A arte de morrer. Petrópolis: Vozes; 2000.

Husserl E. A Ideia da Fenomenologia. 70ª ed.Lisboa: Artur Morão; 1990.

Inca. Instituto Nacional de Câncer José Alencar Gomes da Silva, Coordenação Geral de Ações Estratégicas, Coordenação de Prevenção e Vigilância. Estimativa 2012: incidência de câncer no Brasil. Rio de Janeiro: Inca, 2011. 118p.

Martins J, Bicudo M A V. A pesquisa qualitativa em psicologia: fundamentos e recursos básicos. 5ª ed. São Paulo: Centuro; 2005.

Moreira D A. O método fenomenológico na pesquisa. São Paulo: Pioneira Thomson; 2002.

Murphy J. O Poder Cósmico da Mente. São Paulo: RECORD; 2002.

Peres J F P, Simão M J, Nasello A G. Espiritualidade, religiosidade e psicoterapia. Revista Psiquiatria Clínica. 2007; 34(1): 136-145.

Seidl E M F, Tróccoli B T, Zannon C M L C. Análise fatorial de uma medida de estratégias de enfrentamento. Psicologia: Teoria e Pesquisa. 2001; 17(1): 225-234.

Stein E. La strutturadella persona humana. Roma: CittàNuova; 2000.

Stumm E M F, Leite M T. MASCHIO, G.. Vivências de uma equipe de enfermagem no cuidado a pacientes com câncer. Rev. CogitareEnferm. 2008; 13(1): 75-82.