



Emotional Suffering and the Use of Spirituality as a Resource among African American Cancer Survivors

Jill B. Hamilton¹

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U. S. populations have benefitted tremendously from advances in cancer care. The American Cancer Society [1] reports that since the 1960s, the 5-year relative survival rate for all cancers combined has increased from 39 to 70% for whites and from 27 to 63% for blacks [1]. In spite of these advances, African Americans continue to experience the greater burden from cancer. African Americans experience the highest mortality rates and shortest survival rates of any U. S. racial/ethnic population [1]. Research that examines factors that contribute to the high mortality rates among African American cancer patients has generally focused on social determinants such as income, education, housing, access to healthy food, and racism [1]. However, less attention has been given to the emotional suffering experienced among African American cancer patients [2].

Suffering is the conscious awareness of pain that can be either physical or emotional [3]. When there is a cancer diagnosis, the experience of suffering can be attributed to fate or by virtue of circumstance, as punishment for one's sins, or experienced out of love [4, 5]. When individuals believe their suffering is fate or virtue of circumstance, there is a shared experience with others. For example, as an oppressed group and member of an underserved medical population, African Americans have historically experienced inequities in medical care which has led to limited access to care, inadequate treatment, and subsequently a high burden of illness and death rates. African American cancer patients are generally aware that the severity of illness and deaths from cancer experienced among their parents and grandparents were the result of circumstance. Additionally, suboptimal cancer care available to their ancestors, parents, and grandparents may have been the result of discrimination in health care settings, employment without health insurance, and a lack of access to medical care.

The negative impact of social determinants on cancer mortality rates persists today. For example, in comparison to whites, African Americans are more likely to live in poverty and less likely to have completed a college education which are known factors that contribute to higher cancer mortality rates [6]. Moreover, African Americans are less likely to be insured or to have private insurance, and as a result more likely to be diagnosed with a late-stage cancer which also contributes to higher cancer mortality rates [6].

Suffering might also come about due to a system of punishments [4, 5]. As punishment, the perception of suffering may be the result of their lifestyle or engagement in an unhealthy behavior that over time, has led to one's illness. Even though a particular behavior is known to be harmful, African American cancer patients may persist with these behaviors. For example, eating a fatty diet, lack of physical activity, and tobacco use are known contributors to cancer [6], yet the patient may fail to change these behaviors. On the other hand, cancer patients may have eaten healthy diets, been physically active, and never used tobacco products and yet, still suffer from cancer.

Finally, emotional suffering may be the result of the love and caring for others [4, 5]. For example, suffering comes because someone we love is hurting and we are in a position of not being able to help relieve their pain. Suffering then is borne out of the desire to relieve the physical or emotional pain of the one that we love. This is frequently the experience of family members of the African American cancer patient. During diagnosis and treatment, family members and friends must frequently watch as the patient suffers physically and psychologically in a profound state of helplessness [7]. This experience of suffering borne out of love is especially profound among parents who wish they themselves were afflicted with the illness rather than their child.

Healthcare providers may understand the above tenets of suffering but not fully understand the ways in which spirituality enables the African American cancer patient to move from a state of emotional suffering to a state of emotional

✉ Jill B. Hamilton
jbhamil@emory.edu

¹ Nell Hodgson Woodruff School of Nursing, 1520 Clifton Rd. NE, Atlanta, GA 30322, USA

well-being. African Americans are reportedly the most religious of U.S. racial/ethnic groups [8] which provide the opportunity to explore how spirituality might be used as a resource in response to emotional suffering. Further, African Americans generally rely on their spirituality to cope with a cancer diagnosis, at the core of which is a personal and intimate relationship with God [9]. However, just as the experience of emotional suffering is fluid and dynamic, so are the spiritual strategies with which one uses to cope with life-threatening illness [10–12]. For example, spiritual strategies used to manage suffering are deeply rooted in individual perceptions of illness, frustrations, hatreds, prejudices, and degree of emotional suffering or distress that fluctuate during the cancer trajectory. When African American cancer patients are able to effectively draw from their spirituality during emotional suffering, they are more likely to experience positive outcomes.

Although not a complete list, spirituality can be an effective coping resource to cancer patients in several ways. Firstly, spirituality might provide the cancer patient with the perspective that God is present in their lives [3]. This felt presence enables the cancer patient to manage their vulnerabilities and to feel secure. Secondly, spirituality might enable the cancer patients to achieve and maintain a healthy self-identity. A healthy sense of self comes from the dynamic tension between the facts of the individual and the individual's perceived self-image. In a spiritual sense, when individuals are able to view themselves as a child of God, they are able to view their inherent self-worth and value positively [13]. As a child of God, the individual feels important, loved, and cared for. This “child of God” perspective encourages a positive self-image even in the midst of suffering or in the gravest of situations for which the cancer patient “is not able to exercise any control” [4, 5]. Once there is a healthy sense of self, the cancer patient is able to make conscious deliberate choices to strive for harmony and integration within themselves, others, and the world [3]. Specifically, when there is harmony and integration within one's self and others in the world, the cancer patient is optimistic and able to engage in supportive relationships with family and friends.

Spirituality is also self-nourishing. In response to life-threatening illness, African Americans report a reliance on religious songs, reading and reciting scripture, and prayers for strength and comfort [10–12]. Religious songs and scripture passages transform the mood of the user from negative to positive, optimistic, and hopeful; from an earthly world of suffering to a future world of peace, serenity; from weakness to strength and power [11, 12]. Reading scripture passages provides stories that provide evidence of surviving the impossible and of God's ability to protect, strengthen, and heal [11]. Although prayers are a means of communicating needs during illness, prayers are also empowering. Through prayers, African American

cancer patients have access to a confidant with whom they are able share their innermost fears and worries [10].

Finally, spirituality might enable the African American cancer patient to find purpose in the cancer experience. Spirituality might inspire the cancer patient to use their illness experience to support newly diagnosed cancer patients or a living testimony to others [12]. For example, African American cancer survivors frequently find benefit from their illness experience through sharing their stories of survivorship to support other patients through treatment [12].

In conclusion, the strategies derived from the cancer patients' spiritual experience are iterative and dynamic in response to the nature of their emotional suffering. At any given time, African American cancer patients may need to refer to any one or more of these strategies. For example, seeking God's presence and relying on various forms of religious expressions for self-nourishment may emerge early in their cancer trajectory and evolve over time. Whereas, finding benefit or purpose in the cancer experience may emerge later at the end of treatment when the imminent threat of death has subsided or when the patient has accepted that their life in this world is no longer possible.

Future directions for research would be to explore the relevance of emotional suffering and spirituality among other U. S. racial/ethnic cancer populations; to examine associations of emotional suffering and spirituality to health outcomes such as spiritual well-being, social support, and quality of life; and to explore perceptions of emotional suffering with spirituality as a resource among global cancer populations. In academic settings, educators might consider the incorporation of perspectives of emotional suffering among cancer patients when educating students in healthcare fields. Spirituality is increasingly being considered as a vital component of healthcare and the addition of topics related to emotional suffering might add substantially to our efforts to improve patient care.

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