

An Islamic View of Psychosocial Interventions for Cancer Patients

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Abstract:

This paper explores the use of psychosocial interventions in cancer treatment in Kuwait. It illuminates the central role of culture in shaping psychosocial interventions, particularly the importance of making interventions meaningful within the context of Islam.

Introduction

Psychosocial interventions are widely available in the United States and their use is based on proven effectiveness in assisting patients and families to deal constructively with the diagnosis, treatment, and sequelae of cancer. However, the extensive literature on the range and effectiveness of psychosocial intervention has reported primarily on studies involving white women from the United States. Consequently, the role of race/ethnicity, gender, and national culture in providing and receiving psychosocial support has not been thoroughly examined.

For psychosocial interventions to be effective in an Islamic nation, they must embrace the centrality of Islam. Islam is a religion of belief and law that encompasses the totality of a person's experience and behavior. It requires from Muslims complete belief and practice through their worship, interaction with others, and moral behavior. Islamic law emphasizes both the individual and the larger society, requiring a balance between the self and the social values of this society⁽¹⁾.

In the Quran, God says, "Ask me, and I will respond to you."⁽²⁾ This command represents the continuous contact the believer

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maintains with God, in both good and bad times. "Dua" or asking God, is part of worship in Islam.

In the Quran, God says, "If my worshippers ask me, I will be close to their 'Dua'⁽³⁾. If they respond to me and have faith in me, I will guide them".

Some believers seek those who are more religious (sheiks) to intercede for them with God, especially when they are experiencing crises, such as cancer. This process of intercession, called "Requia" or "uplifting", is central to psychosocial interventions in an Islamic culture.

The Problem

Although psychosocial interventions have been examined and documented in Western countries, particularly the United States, their use has not been examined extensively in other cultures, particularly societies in which Islam is central. This paper explores the use of psychosocial interventions in cancer treatment in Kuwait. It illuminates the central role of culture in shaping psychosocial interventions, particularly the importance of making interventions meaningful within the context of Islam.

Concepts

Because of their broad range and often informal nature, psychosocial interventions do not fall into neat classifications. However, the following categories can be helpful in describing them⁽⁴⁾.

- 1 - **Cognitive-behavioral interventions.** Cognitive-behavioral interventions include cognitive, cognitive-behavioral, and behavioral methods focused on helping the patient change certain thoughts or behaviors or learn specific coping skills. Examples include progressive muscle relaxation training, meditation, guided imagery, hypnotherapy, systematic desensitization, bio-feedback, and behavior modification or reinforcement-active rehearsal of new behaviors. Behavioral interventions are used to reduce psychological stress as well as the stress arising from the physical complications of the cancer treatment itself (e.g., chemotherapy and radiation therapy).
- 2 - **Informational and educational treatments.** These are inter-

ventions providing sensory, procedural, or medical information. An example is a booklet provided to patients before lung surgery that describes normal breathing, symptoms to expect after the surgery, and self-care measures that can promote optimum recovery and help patients cope with symptoms.

- 3 - **Nonbehavioral counseling/psychotherapy.** These are non-cognitive and nonbehavioral verbal psychotherapy and counseling, including psychodynamic, existential, supportive or general counseling, and crisis interventions. They represent social support by professionals as distinguished from social support by nonprofessionals.
- 4 - **Social support by nonprofessionals.** Nonprofessional support can come from fellow patients, family members, trained peer counselors, or other nonprofessionals. Social support consists of (1) emotional concern-liking, empathy, love; (2) instrumental aid-goods and services; (3) information about the environment-cancer treatment, responses, coping; and (4) appraisal-information relevant to self-evaluation⁽⁵⁾. A typical American example of nonprofessional social support is the self-help group.

Review of Literature

A review of the literature on psychosocial interventions illustrates their fluidity and the difficulty of categorizing them. First, most psychosocial intervention programs are not restricted to one single element such as education. They usually use a combination of elements-social support and education as well as appropriate behavioral interventions. However, variation is found among the specific elements of the interventions, used. For example, Fawzy et al⁽⁶⁾. share three of the four categories-education, behavioral change, and psychotherapy with Meyer and Mark. However, their fourth category differs. Second, an intervention may be difficult to classify. Technical information on disease and treatment is clearly educational, but less clear is whether information on coping and emotional issues should be classified as education or counseling. Despite

these taxonomic problems, the broad concept of **psychosocial interventions** has been found useful in achieving positive outcomes across a wide range of health and social circumstances in the U.S. context.

Three recent reviews of empirical studies of psychosocial interventions support the claim of their effectiveness. Trijsburg et al.⁽⁷⁾ analyzed 22 studies conducted between 1976 and 1990 that examined the effects of psychological treatment on cancer patients and concluded that "psychological interventions have been shown to be effective in at least some aspects"⁽⁸⁾. Similarly, Fawzy et al.,⁽⁹⁾ based on their review of the literature and their clinical and research experience, reported in the *Archives of General Psychiatry* that "cancer patients may benefit from a variety of psychological intervention programs."⁽¹⁰⁾

Meyer and Mark performed a meta-analysis of 45 published, randomized, controlled-outcome studies of psychosocial interventions with adult cancer patients. Their major conclusion, published in *Health Psychology*, is that

the results clearly indicate that psychosocial interventions have positive effects on emotional adjustment, functional adjustment, and treatment and disease-related symptoms in adult cancer patients⁽¹¹⁾.

After examining the findings of their meta-analysis, Mark and Meyer noted that the cumulative evidence is sufficiently strong that it would be an inefficient use of research resources to conduct more studies in the United States that ask the question: Is there an effect of behavioral, educational, social support, and nonbehavioral counseling and therapy interventions on the emotional adjustment, functional adjustment, and treatment and disease-related symptoms of cancer patients? They found that "these interventions have a consistent beneficial effect on all areas."⁽¹²⁾

While research on the relevance of social support to cancer patients has been plentiful, it has not removed all ambiguity from this area of study. One shortcoming of the existing research is its lack of

careful attention by both researchers and practitioners to the broader concept of the social environment.

We need better to specify (1) how these neglected pieces of social environment and social support (global elements of social structure such as social class and urbanization and smaller and more proximal elements consisting of the communities and situations in which people conduct their lives) influence the well-being of persons with... cancer and those who care for them and (2) how these pieces interact with each other and with the more familiar forms of person to person social support to relieve... the stress associated with cancer.⁽¹³⁾

Based on these reviews, it is appropriate to conclude that there is a scientifically established role for psychosocial interventions in helping patients and their families respond to the diagnosis and treatment of cancer in the United States. These interventions have shown positive effects on patients' emotional adjustment, their functional adjustment, and their treatment - and disease-related symptoms. Such positive effects translate into improved patient outcomes such as increased survival time and enhanced quality of life.

For a psychosocial intervention to be effective, it must consider the individual within his or her environment - the patient's family and community - because the environment can be either a source of strength or a drain on the patient's coping abilities. All levels of the individual's environment have a role in enhancing resiliency: family, community, health providers, cancer treatment specialists, prevention organizations, and the State. These represent the "social" aspect of psychosocial.

This interaction is well illustrated by the double ABCX model⁽¹⁴⁾ of family stress. The model assumes that how the family reacts X to the original stressor, becoming more resilient or becoming incapacitated, depends upon the interaction of A and B and C.

A is the stressor - the diagnosis of cancer.

B is the family's existing resources - financial, interpersonal, and experiential.

C is the family's perception of the stressor - the meaning the family assigns to the event.

It is a **double** ABCX process because families do not deal with a single stressor - the diagnosis. The diagnosis moves usually into treatment and management which "piles up" the stressors. Examples of such increased stressors include strained family relationships, especially when the cancer patient is a child: overprotectiveness or rejection of the child, blaming of the parent believed to be responsible for the child's illness; worry and possible resentment about extended parenting/caretaking responsibilities; sibling competition for parental time and attention; treatment demands; need for adaptations in family life; social isolation; medical concerns including how to help the patient endure or minimize pain; and grieving.

Resources are the psychological, social, interpersonal, and material characteristics of individual family members, of the family unit, and of the community that are used to meet family demands and needs. There are two types of resources: *existing* resources that are already in the family's repertoire and enhance their resiliency, and *new* resources that are developed in response to new demands emerging out of the pile-up of stressors and strains.

The **C** factors of the model suggest two types of perceptions. The first is how the family defines the diagnosis of cancer. Families may see the illness as hopeless, shameful, overwhelming, or beyond their ability to manage. In contrast, they may accept it and see it as a challenge. The second perception, after the initial discovery, suggests that over time families engaged in a constructive effort to manage will redefine their total situation. They will take into account all they have been through. Generally, family efforts to redefine a situation as a "challenge", as an "opportunity for growth", or as a way to "endow the situation with meaning" appear to play a useful role in facilitating family coping and eventually a "bonadaptation" - or in our terms, positive patient outcomes.

The importance of social aspects for positive patient outcomes is clearly demonstrated in the *double ABCX*. The new resources **B**-treatment, education, information, caring-are socially provided. In addition, social aspects of treatment contribute significantly to the meaning the family ascribes to the event.

The purpose of any intervention is to improve the likelihood that the patient and his or her family will deal positively with the diagnosis and treatment of cancer. This means that they will have increased resiliency with decreased feelings of hopelessness and helplessness and greater compliance with medical regimes, with the patient and the family assuming responsibility to help the patient get well. This perception assumes that an active patient learning about the disease and its treatment, working with the physicians and nurses and not passively acted upon, and compliant with medical regimes has more successful outcomes than a patient who feels helpless and hopeless.

Methodology

On March 1998, five supervisors and seven religious leaders of different organizations - all of which were involved in treating cancer patients directly or indirectly - were interviewed (in Kuwait) by the authors and trained research assistants with the goal of exploring the role of those organizations in treating cancer patients by using psychosocial interventions. Other types of approaches were also considered, such as religious ones. Religious actions were practices by the seven religious leaders appointed by those different organization to do "Requia" formally. The schedule contained five open-ended questions, and the interviews were conducted in the Arabic language. In addition, research assistants collected documents, pamphlets, and newspaper reports about those organizations.

The open-ended questions were designed to explore the main purpose of these organizations, such as their goals and services offered; obstacles that may arise because of the disease; types of treatment such as medical, social, psychological, and religious; the

method of religious treatment; and finally the impact of religious treatment or intervention on cancer patients.

Psychosocial Interventions in Cancer Treatment in Kuwait

The principles governing psychosocial intervention in cancer treatment in Kuwait are essentially the same as those in the United States. Kuwaiti interventions work in the same ways - by increasing patient and family resiliency, bringing new resources to the patient and his or her family, and helping them with their perception of the diagnosis and treatment of the disease. They also use many similar techniques and mechanisms. What is different and underlines the critical importance of culture in shaping particular approaches is the role of Islam in the interventions used in Kuwait.

Two primary organizations deal with cancer patients in Kuwait: the Kuwaiti Cancer Fighting Center (KCFC), which is a government organization, and the Kuwaiti Association for Fighting Smoking and Cancer Prevention (KAFSC), a nongovernment organization. The KCFC, in addition to providing social work services, coordinates the efforts of various specialty services provided by other entities not specifically or exclusively focused on cancer. These include the Ministry of Education, women's associations, the Kuwait University Department of Psychology, the Speech and Hearing Center, and the Ministry of Religious Endowments.

The Ministry of Education has had a rehabilitation program for cancer patients since 1990. Its approach is to provide classes in painting to support cancer survivors through positive social interactions and self-development. Sometimes the Ministry shows "plays" that were performed by school students to cancer patients. The Department of Psychology at Kuwait University cooperates with KCFC by giving seminars and holding workshops. Workshop and seminar topics focus on helping patients retain their optimism and sense of control, learn to adapt to altered family and employment circumstances, and cooperate most fully with medical teams through development of strong relationships. Seminars also cover facts

about cancer, address patient fears, and enhance patients' understanding of disease processes and treatments.

The Speech and Hearing Center contributes specifically to the rehabilitation of patients who have had cancers that result in impairment of speech and hearing. For example, those who had throat and/or tongue extirpation are trained to use "siflox" machines that enable them to speak. Similarly, the Physical Therapy department assists cancer patients who have lost limbs to the disease. Regardless of the specifics, all specialty centers, in addition to providing prostheses and rehabilitation, help patients by offering counseling and support as they adapt to their new level of functioning.

The social Work Department of the KCFC uses its own resources, community organizations, and other charitable resources to help cancer patients during treatment and rehabilitation and to adjust, if there is diminished functioning following treatment. Specifically, the goal is to provide patients the optimal work, medical, and social/family environment to maintain them in treatment/rehabilitation. Practically, this means concrete services, information, and psychosocial support.

To accomplish its goals, the KCFC uses the "square treatment" approach that consists of four facets - each of which is considered vital to the patient's recovery. The four are medical, social, psychological, and religious. Compared to U.S. treatment, the unique aspect of the social and psychological dimensions is the heightened importance of social relationships in a society that is more traditional than that of the United States. It is well recognized that the disease affects all of a patient's social relationships including those with the patient's immediate family, other relatives, friends, colleagues, and health care providers. It is felt that an individual cannot surmount the disease without a sense of belonging to his or her family, group, and clan and without the support of the patient's broader social context.

This support is amply provided for by Islam. Islamic values are based on principles that recognize the linkages between the individual, the group, and the community; the importance of social

support; cooperation between individuals; equality and justice between people; instigation of social care, sympathy, righteousness; and the El Shur'a, or concept of consultation.⁽¹⁵⁾

The patient is also assisted in surmounting social and economic obstacles that may arise, such as expenses of treatments and the loss of income due to impaired employability. Psychological dimensions include keeping up patients' spirits and overcoming their stress and depression as well as helping them deal with various fears such as the fears of death, surgery, and chemotherapy and radiation therapy. Examples of how social and economic obstacles are overcome include providing transportation to encourage patients to continue in radiation treatment and follow-up with their medical treatment; providing non-Kuwaiti patients with return tickets to their countries, especially those close to death; assisting patients financially when they have suffered economically because of the disease; providing patients at the Center with private rooms, TV, meals, and daily newspapers; furnishing appliances such as air conditioners, curtains, carpets, etc.; holding parties and recreational programs; giving gifts to child patients; and offering employment-related services such as verification to employers of the presence of the disease, so that patients may receive modified job responsibilities. Of course, many of these concrete services also contribute to patient resilience by decreasing the stress and anxiety felt by them and their families.

Use of Islam in Cancer Treatment

The Arabic/Islamic culture depends heavily on the Quran, the book of God as stated by the Prophet Mohammed, and the Hadeeth, which is the sayings and actions of the Prophet about how Muslims should behave toward each other. The Quran and other laws provide a comprehensive life plan for Muslims.⁽¹⁶⁾ Thus psychosocial support in the Arabic/Islamic culture includes, in addition to the familiar family, peer group, neighbor, self-help groups, and other communal supports, the patient's level of religiosity or faith in God. That is why religion is one of the four corners of the KCFC's "square treatment"

provided through the Ministry of Religious Endowment's seminars in religious awareness.

In Arabic/Islamic cultures, Islam is relevant as an intervention in cancer treatment in four ways. first, since it provides guidelines for how Muslims should lead their own lives and how they should relate to others, it reinforces mutual social support obligations, particularly during times of trial. Second, the Prophet spoke directly about what an individual's actions and attitudes should be during illness, counseling patience and acceptance of God's will. Religious awareness is considered particularly important for patients in that it helps in their acceptance of the illness and provides hope and self-esteem by giving meaning to their suffering; awareness of the religious implications of suffering provides patients with strength to grapple with the disease. Religious interventions are particularly effective with religious patients who believe strongly in Islam and the Quran as a way of life. third, Muslims should always be scientific in their life activities, meaning that "people must always ask those who know more."⁽¹⁷⁾ Patients must always seek doctors and those who know about medicine. A clear phrase in the holy Quran says: "Ask those who know."⁽¹⁸⁾ Fourth, there is an expanding movement to use faith in Islam and the Quran to directly influence the course and outcomes of the disease.

The Quran and Hadeeth emphasize a Muslim's obligation to all and to the sick in particular. In the Hadeeth of the Prophet, "Believers in their mercy, cordiality, and empathy are as a body. When an organ complains in the body each and every organ of that body suffers from sleeplessness and fever."⁽¹⁹⁾ Islam concentrates so intensely on neighborly obligations, that the Prophet himself said in the well-known Hadeeth: "Angel Gabriel continuously tells me to be good to my neighbor to the point that I thought that he will inherit my wealth."⁽²⁰⁾

Muslim cancer patients can look to their faith for patience and trust in God. They are frequently counseled to be patient when they are sick. The Quran offers many examples of the Prophet counseling patience: "God was with those who were patient."⁽²¹⁾ "Depend on

patience and prayers."⁽²²⁾ "Those who were patient would be rewarded without any question."⁽²³⁾ "Tell those who were unfortunate and had a catastrophe in their lives and were patient that they will be rewarded."⁽²⁴⁾

Many verses (ayyats) in the Holy Quran speak to the importance of patience.⁽²⁵⁾ These and other verses help to give meaning to life's trials: "Those for whom God wanted good would have a catastrophe in their lives."⁽²⁶⁾ "The greatness of reward goes with the greatness of catastrophe in someone's life." The Prophet also said, "When God loves people he will bring them troubles, and those people who are satisfied, God will be satisfied with them, and those who are dissatisfied, God will be dissatisfied with them." The devout must believe in God's fate and accept the truth that there are things and cases in life that people cannot understand; only God knows everything. The Quran says: "He creates what you do not know."⁽²⁷⁾ These words provide guidance for patient behavior, meaning in suffering, and peaceful acceptance of the inevitable.

Treating patients by using the Quran goes beyond faith, providing strength and guidance to cancer sufferers through religious awareness for its use as an actual intervention. Incorporating the Quran into treatment has become so important that in 1993 the KCFC established the Quran Clinic, which has seen a steadily increasing number of patients since its opening. The procedures of this curing or treatment are conducted by a sheik who reads the Quran while the patient relaxes. In addition, patients are often treated with Arabic medicine which includes using honey, oil, and Arabic herbs.

The efficacy of using religion as an intervention was addressed in a seminar, "Healing by Using the Quran," which was held in October 1997 in Kuwait. At this seminar sponsored by the Kuwait Society for Smoking and Cancer Prevention (KSSCP), several papers were presented that clarified the legal status of "uplifting," established the legitimacy of the approach in the Quran, explained who should use it, and described how it should be carried out.

Major Points:

- Healing using the Quran is based on religious teachings that say God and the Prophet can heal and cure. For example, the prophet put his hand on Hanthala Ben Hatheem by accident and squeezed it. After that time Hanthala was able to heal humans and animals.⁽²⁸⁾
- Healing using the Quran must be distinguished from old, non-Islamic faith healing, practiced long before islam, that used magic and is not religiously based.
- Healers must be pious and just Muslims, expert in the methods of healing gained from the study of texts of healing in Islam. They must not make a profit from the healing. It must be clear that God is doing the healing, not the human being who is acting as the healer.
- Specific readings are preferred. Many religious scholars concentrate on reading two surats of the Quran Al Nass and Al Falaqu because the Prophet emphasized reading them to heal the body and the soul.
- Healing by using the Quran can be used in many ways. It can be a treatment or a prevention and it can address both physical and psychological illnesses.
- Healing by using the Quran can and should be used in conjunction with medical treatment.

Suggestions

In seeking to influence and change behavior, physical, human, and situational agents all have an impact on individuals, groups, and communities. These influences are intersystemic, so that changes in one aspect of functioning or reality has a reverberating influence on other segments of a patient's psychosocial condition. One important diagnostic activity of the therapist is to understand the reality and the impact of systems and subsystems both as they exist and as they are perceived by the client. A further assumption of the psychosocial approach is that a person's past is important. Understanding past influences can bring about restored balance to current behavior. When either by chance or direction new and successful patterns of coping are acquired, future behavior will be influenced. A person who is helped to cope more effectively with a current situation can learn to use this

experience to deal with future situations that only remotely resemble the original.⁽²⁹⁾

Arabic/Islamic culture deals with all aspects of an individual's life beginning in childhood. It prescribes correct actions, attitudes, and relations with others. It is by all interpretations a way of life. Consequently, to intervene effectively with and treat cancer patients, helpers and healers must involve religion and religious practices. This is particularly important for patients who are very religious. Because the Kuwaiti people are in the majority traditional and religious, Arabic culture and Islam should be central to psychosocial interventions if their maximum effectiveness is to be achieved.

Briefly, the purpose of psychosocial interventions - behavior change, education, counseling and social support - is to improve patient outcomes. They have been found to do so. Improved patient outcomes are extended survival time and enhanced quality of life. These interventions work by increasing patients' resiliency, bringing new resources to patients and their families, and helping them with their perceptions of the diagnosis and treatment of cancer. In Kuwait, an Islamic country, the effectiveness of psychosocial interventions is greatly strengthened by structuring them around the principles of Islam.

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