

Detecting the Aspects Of Life Satisfaction; Hope, Well-Being, Spirituality In Cancer Male Adults Patients

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Abstract

: This study aimed to predict life satisfaction using the aspects of life satisfaction saying spirituality with its meanings showed in well-being besides hope in cancer male adult patients. So, we have selected ١٢٠ cancer adult male patients by available sampling method as research sample and completed spirituality well-being with its three types, besides hope and life satisfaction scales. However, results showed that there was significant difference among spirituality well-being, hope and life satisfaction. as well, regression analyses brought that existential and religious well-being and hope predict significantly the life satisfaction. However, we can conclude that spirituality well-being and hope both have important roles in life satisfaction and psychological adjustment in life of cancer male adult patients.

١. Introduction

Psychological role in cancer affection is important since it starts unknown and unseen. This can play a great role in people's life before and after having this disease. Actually confrontation with cancer is one of the important and considerable issues by people and firstly by the health psychologists. Access to the suitable resources in the person affected by cancer effects on adaptation to disease. However, there are social psychic variables that can affect the process significantly like spiritual well-being and hope mean life satisfaction aspects (Willener & Hantikainen, ٢٠٠٥: ٢).

Well, spiritual well-being can be the feeling of having relationship with the others, it is having meaning and purpose in

life and also having belief and relation with power that everyone need to go on with life (Hawks, ١٩٩٥: ٣٧٨)

Moberg discusses that spiritual well-being is a multidimensional factor that has a vertical and a horizontal dimensions (Moberg, ١٩٧٨: ٣٠٣). The vertical one refers to the relation with God and the horizontal one refers to having goal in life and the satisfaction without saying a special religion. However, Elison says concerning spiritual well-being, it includes a social and a religious elements (Elison, ١٩٨٣: ٣٣٠). He says that religious well-being indicates the relation with a superior power like God while Existential well-being indicates person's feeling of who is he or she, what does he or she do and why and where does he or she depends on? Both religious well-being and Existential well-being includes sublimit and movement beyond self.

Studies show that spiritual well-being can strengthen psychic function and compatibility. Significant correlations have been reported between scores of spiritual well-being scale and variables such as life satisfaction (Yoon, ٢٠٠٦: ٧٥) and hope (Lark, ٢٠٠٧: ١٠٧) in cancer adult male patients.

Many studies have showed that having spiritual beliefs can increase resiliency to disease and decrease physical and mental symptoms besides relieving pain, reducing problems regarding health, lessening anxiety and depression too. Also spiritual belief has an effect on rapid and long recovery of diseases (Matheis, ٢٠٠٦: ٢٧١).

We can define hope as a subjective probability of a good outcome. Subjective probability is 'in which the probability of an event, as judged by any given individual, is a statement of that person's degree of belief in the occurrence of that event' (Sugden, & Weale, ١٩٩٤: ٨٨). However, hope can be seen as 'a support or as a source of disruption in the care of the cancer patient' (Bresnahan, ١٩٩٩: ٣٩). Both hope and spirituality are seen with threatening diseases of life (Landis, ١٩٩٦: ٣٢١). So, we can say that hope and spirituality created well-being and satisfaction and increase people's adaptation with stressor factors that comes from the threatening diseases of life. Kylma and Venvilaninen – Julkunen and Soeken and Carson say that spiritual beliefs are the key and facilitating component, of hope (Kylma, j; & Venvilaninen- Julkunen, K., ١٩٩٧: ٣٧١) (Soeken and Carson ١٩٨٧: ٩٨).

We can say that cancer is one of the life threatening and chronic diseases that effects physical well-being of adult male patients, and because of its importance concerning spiritual well-being and because hopefulness can help improving psychic health of cancer adult male patients so I saw that doing such a research is necessary. So, the existing research tends to answer this question that what role does the spiritual well-being and hopefulness has in explicating life satisfaction of adult male patients suffering from cancer?

Lights on Life Satisfaction, hope, well-being and spirituality

Life-satisfaction is one of the indicators of quality of life. With both indicators of mental and physical health, Life-satisfaction indicates how well people thrive. It is a degree to which a person positively evaluates the general quality of that one's own life as a whole. So, it is how much the person likes the life he/she lives. (Andrews, ١٩٧٦: ٢٥)

The synonyms for life satisfaction are: 'happiness' and 'subjective well-being'. One advantage in using the term life-satisfaction rather than the word 'happiness' is that it emphasizes the subjective character of the concept. However, "happiness" is used to refer to an objective good. In addition, the term life-satisfaction has the advantage over the 'subjective well-being' is that life-satisfaction refers to a general evaluation of life other than to current feelings or to specific symptoms. (Csikszentmihalyi, ١٩٩١: ١٢١)

Most individuals are satisfied with their life, not everybody is equally satisfied. There are general differences between citizens within countries, besides disparities in average life-satisfaction between those countries.

Shifting to Hope, we can say that it is an emotion known by positive feelings about the immediate or long-term future. Usually, hope is coupled with a high motivation, optimism mood.

So we can define hope as a partially subjective term which both psychologists and philosophers have struggled to define it. Some individuals believe hopefulness to be a relatively stable personality trait, but others might feel hope depends on external circumstances besides previous experience. However, others view hope as a choice. Hope is generally associated with warm feelings concerning the future, an increased willingness to work toward a goal, and a good mood. (Abi-Hashem, ٢٠٠١: ٨٦)

Usually, as individuals feel hopeful, they tend to face fewer mental health concerns. Those who experience despair are usually more likely to be submitted by depression, anxiety, panic attacks, and many other problems.

On the other hand, hopelessness can affect physical health. Individuals who are not optimistic concerning their health or about their medical treatment are more likely to remain sick, and possibly to report high levels of pain, and little improvement in their overall health. However, most of mental health practitioners are aware of the role hope plays, encourage individuals in therapy to work on thinking positively concerning life developments in order to find things to be hopeful about. Many mental health professionals hold hope to be an indispensable key to happiness and believe individuals can't be happy without hope. (Hanson, ٢٠١٥: ٥٥)

Wellbeing is that center of pleasure, happiness and satisfaction – when someone feels good and experiences positive emotions as endorphins gallop through her/his body – are what psychologists call 'hedonic' wellbeing.

However, someone being him/herself, reaches his/her full potential and developing personally that is what psychologists call 'eudaimonic' wellbeing.

Hedonic wellbeing emphasizes feeling good, while eudaimonic wellbeing focuses on leads to well or doing good. This difference is important because it can help show the reason why children make their parents happy. If we take a hedonic view of wellbeing, research shows that small people can reduce pleasure and mood for a period of time, making parents feel unhappy. However, children often fulfil their parents' desire to have a family and bring purpose and meaning to their lives. Ergo, they boost eudaimonic wellbeing.

At the most basic level, psychological wellbeing (PWB) is quite similar to other terms that refer to positive mental states, such as happiness or satisfaction, and in many ways it is not necessary, or helpful to worry about fine distinctions between such terms. If I say that I'm happy, or very satisfied with my life you can be pretty sure that my psychological wellbeing is quite high!

Actually, psychological well-being has two important facets. Firstly, refers to the extent to which individuals experience positive emotions and feelings of happiness. Sometimes this aspect of psychological well-being is referred to as subjective wellbeing (Diener, ٢٠٠٠). However, subjective wellbeing is a part of general psychological well-being but on its own it is not enough. To understand that you can imagine being somewhere where you really enjoy, perhaps sitting on a yacht in the sunshine, with your favourite food and drink and a good company – or alone if that's how you'd prefer it!

Most individuals can be very enjoyable, for a week or two but imagine doing it not just for a week but forever! There are very few people who would find it enjoyable. So, what this example suggests is that to really feel good someone need to experience purpose and meaning, besides positive emotions.(Diener, ٢٠٠٠: ٤٢)

Therefore, the two important ingredients in psychological well-being (PWB) are the subjective happy feelings brought on by something individuals enjoy and the feeling which individuals do with their lives has some meaning and purpose. However, the term "Hedonic" wellbeing is normally used to refer to the subjective feelings of happiness and, the less the term, "Eudaimonic" wellbeing refers to the purposeful aspect of the psychological well-being. In addition, the psychologist Carol Ryff has developed a very clear model that breaks down Eudaimonic wellbeing into six key parts.(Ryff, ٢٠٠٤: ١٣٩٤)

Moving to spirituality we can say that, traditionally, it refers to a religious a reformation process that "aims to recover the original shape of man", oriented at "the image of God" as explained by the founders and sacred texts of the religions of the world.

Spirituality is a serious matter. Mostly, postmodern, New Age spiritual seek the transcendent ecstasy, bliss or joy of spiritual practice without its requisite descent into the underworld instead of the dark side of individuals themselves. They seek for heaven without passing through hell. Today, they want to eliminate the perceived negative and focus only on the positive. However, individual who concerns spirituality desire to know about angels but despise devils. But the true spirituality is to recognize, honor, embrace and bring this dark side to light. Spirituality can best be known by psychological growth, creativity, consciousness and emotional maturation. Therefore, spirituality is the antithesis of *pseudoinnocence*. It entails the capacity to see life as it is—generally, including the

tragic existential realities of evil, suffering, death and the *daimonic*. As existential theologian Paul Tillich put it, "The affirmation of one's essential being in spite of desires and anxieties creates joy. . . . It is [according to Seneca] the happiness of a soul which is 'lifted above every circumstance.' . . . Joy is the emotional expression of the courageous Yes to one's own true being."

In addition, spirituality is inextricably connected to creativity and vice versa. Spirituality shows a positive approach, an accepting, embracing, even loving attitude toward life, suffering and death. (Waajiman, ٢٠٠٠: ٤٥)

٢. Method

٢.١. Population and sample

Statistics population of present research included adult male patients affected by cancer which had referred to Al-Zahraa hospital in city of Kut in end of ٢٠١٧ and the first ٦ months of ٢٠١٨ for necessary treatments. Case study includes ١٢٠ adult male patients affected by cancer which were chosen by using available sampling method. The age range of subjects between ٢٢ to ٦٠ was with the ٤٥/٥٥ mean and ٨/٩٥ standard deviation.

٢.٢. Data collection instruments

Life satisfaction: it can be measured with a widely used scale with good psychometric properties: it is the Satisfaction with Life Scale (Diener & Emmons, ١٩٨٥: ٧١). The four items used are (i) 'In most ways my life is close to my ideal', (ii) 'The conditions of my life are excellent', (iii) 'I am satisfied with my life', and (iv) 'Until now, I have gotten the important things I want in life'. Respondents could indicate their agreement on a sevenpoint scale running from (١) 'strongly disagree' to (٧) 'strongly agree'.

It scores on these items and summed then linearly transformed to range from ٠ to ١٠ because of ease of interpretation. However, the Satisfaction with Life Scale is a scale that highly reliable. Cronbach's a was .٨٣ in the first wave (١٩٨٧) and in the following waves: .٨٥ (١٩٩١), .٨٩ (١٩٩٥), .٨٦ (١٩٩٩) and .٩١ (٢٠٠٥).

Spiritual Well-Being Scale (SWB). The SWB (Ellison, ١٩٨٣) has two subscales, which are the *Religious Well-Being (RWB)* and *Existential Well-Being (EWB)*, each of which has ١٠ items. The scales are rated from ١ (strongly disagree) to ٦ (strongly agree). The RWB and EWB subscale scores can range from ٠ to ٦٠. Scores for the study sample ranged from ١٥ to ٦٠ for RWB and ١٨ to ٦٠ for EWB. The RWB subscale assesses the relationship with God, whereas the EWB subscale assesses meaning and purpose. The Cronbach's alphas, calculated for the subscales and total scale: RWB alpha = ٠.٩١ and EWB alpha = ٠.٩١ and SWB=٠.٩٣ (Paloutzian & Ellison, ١٩٨٢: ٨٩). Test retest reliability reported by Ellison was ٠.٩٣, SWB; ٠.٩٦, RWB; and ٠.٨٦, EWB.

Hope scale(HS): it (Snyder, et al., ١٩٩١) is a ١٢-item Likert-type scale with four items assessing pathways, four distracters, and four items assessing agency.

The *HS* separate scores for the Pathways and Agency Subscales, or the entire *HS* can yield one score. Thus, confirmatory factor analyses across multiple college student samples support using the agency and pathways subscale in creating a higher order hope factor (Snyder, ١٩٩١: ٥٨٥).

However, Response options range from ١ = definitely false to ٨ = definitely true. Both Cronbach alphas (from ٠.٧٤ to ٠.٨٤) and test/retest reliabilities (٠.٧٣-٠.٨٢ over a ٨-١٠-week period) are acceptable for the eight items in the two hope subscales (Ibid: ٥٨٦). Besides, validity of the *HS* for use among undergraduate student and adult community populations has been established.

٢.٣ Data analysis

These data were evaluated by using SPSS ١٥.٠٠ (Statistical Package for Social Sciences). We used mean and standard deviation as descriptive analysis. Pearson`s correlation coefficient was used to study the relationship spiritual well-being and its dimensions with hope and life satisfaction. However, we used regression analyses to measure the role of spiritual well-being in predicting of life satisfaction. Ellison said that ٠.٩٣, SWB; ٠.٩٦, RWB; and ٠.٨٦, EWB. On the other hand, Ellison reports face validity and SWB scale theoretical correlation with other scales purported to measure spirituality.

٤. Results

Descriptive indicators of research variables are presented in table ١.

| variable | mean | Standard deviation | minimum | maximum |
|------------------------|-------|--------------------|---------|---------|
| satisfaction with life | ١٨/٠٣ | ٤/٢٧ | ١٠ | ٣١ |
| Spirituality wellbeing | ٨٠/٧٥ | ١٤/٥٨ | ٤٠ | ١١٨ |
| Existential well-being | ٣٨/٧٢ | ٧/٧٨ | ١٧ | ٥٦ |
| Religious well-being | ٤١/٥٨ | ٨/٢٢ | ٢٢ | ٥٨ |
| hope | ٢٣/٦٠ | ٣/٢٤ | ١٦ | ٣٤ |

To study the relationship (spiritual well-being) along with its dimensions with hope and life's satisfaction in male adult patients suffering from cancer (Religious and existential well-being), Pearson`s correlation coefficient was used. The correlation matrix is presented between research variables in table ٢.

٢. Correlation matrix among variables

| variable | ١ | ٢ | ٣ | ٤ | ٥ |
|----------------|---|---|---|---|---|
| ١-satisfaction | ١ | | | | |

| | | | | | |
|--------------------------|--------|--------|--------|--------|---|
| with life | | | | | |
| ٢-hope | ٠/٥٣** | ١ | | | |
| ٣-Spiritual well-being | ٠/٥٩** | ٠/٥٧** | ١ | | |
| ٤-Religious well-being | ٠/٥٦** | ٠/٥٦** | ٠/٩٢** | ١ | |
| ٥-Existential well-being | ٠/٥٢** | ٠/٤٨** | ٠/٩٠** | ٠/٦٨** | ١ |

$P < ٠/٠٠١$ **

As it is seen from the table, there is a significant and positive correlation between hope and life satisfaction [$r(١٢٠) = ٠.٥٣, P < ٠.٠٠١$]. Also, there is a significant and positive correlation between total score of spiritual well-being and hope [$r(١٢٠) = ٠.٥٧, P < ٠.٠٠١$]. The correlation is significant and positive between spiritual well-being with hope scores [$r(١٢٠) = ٠.٥٦, P < ٠.٠٠١$]. There is a positive and significant correlation between Existential well-being score with hope scores [$r(١٢٠) = ٠.٤٨, P < ٠.٠٠١$]. As showed from correlation analysis, we can find a positive and significant correlation between spiritual well-being and its components and hope with life satisfaction. And to study the role of spiritual well-being in predicting life satisfaction in adult male patients suffering from cancer, step by step regression analysis was used which its results are presented in table ٣.

U٣ step by step regression analyses for predicting of satisfaction with life

| step | Predictive variable | B | β | R | R^2 |
|------|------------------------|--------|---------|------|--------|
| ١ | Religious well-being | ٠/٢٩** | ٠/٥٩ | ٠/٥٦ | ٠/٣١** |
| ٢ | Religious well-being | ٠/٢٠** | ٠/٣٨ | ٠/٦١ | ٠/٣٨** |
| | hope | ٠/٤١** | ٠/٣٢ | | |
| ٣ | Religious well-being | ٠/١٣** | ٠/٢٦ | | |
| | hope | ٠/٣٧** | ٠/٢٨ | ٠/٦٣ | ٠/٤٠** |
| | Existential well-being | ٠/١٢** | ٠/٢١ | | |

As it is seen from the table, spiritual well-being variable is entered into prediction equation in first step. This variable solely explains ٣١ percent of changes in life satisfaction [$F(1, 118) = ٦٣.٥٤, P < ٠.٠٠١$]. The rate of multivariate correlation increased to ٠.٦١ by adding hope variable in second step. These two variables explain ٣٨ percent of changes in life satisfaction [$F(1, 118) = ٥٨.٣١, P < ٠.٠٠١$]. Also, Existential well-being variable entered into the regression equation in third step which has increased the rate of multivariate correlation to ٠.٦٣. Also, these three variables explain ٤٠ percent of changes in life satisfaction by a one percent increase in explaining coefficient [$F(1, 118) = ٤١.٧٠, P < ٠.٠٠١$].

٥. Discussion and Conclusions

The goal of this research is predicting life satisfaction based on the spiritual well-being and hope in adult male patients suffering from cancer in Iraq. However, the results of the present research showed that there is a significant relationship between spiritual well-being, hope and life satisfaction in adult male patients suffering from cancer. These findings are consistent with the results of previous researches (Mascaro, ٢٠٠٤: ٨٦٠)

Thus, spiritual well-being and hope are influential factors in adoption to cancer and life satisfaction.

Moreover, the results of regression analysis showed that the Existential well-being variable solely explain ٣٥ percent of changes in life satisfaction. The rate of multivariate correlation increased to ٠.٧ by adding hope variable.

Both of these two variables explain ٥ percent of changes to ٠.٧٢ by adding religious well-being variable and these three variables explain ٥٢ percent of changes in life satisfaction. As we can see in the Research of Tate and Forchheimer that spirituality was important predictive of life satisfaction in rehabilitating the patients suffering from cancer (Tate and Forchheimer ٢٠٠٢ : ٤١٠). Also, in research of Manning – Walsh that was carried out by purpose of studying spiritual effort and its effect on satisfaction and quality on ١٠٠ women suffering from breast cancer, (Manning – Walsh ٢٠٠٥: ١٤٤) was specified that spirituality as a coping source has a significant influence on promoting life satisfaction and quality of life. However, Herth says that Existential dimension of spiritual well-being like interpersonal relations, having goal in life and combining these dimension with religious deeds, in fact, have a significant role in promoting and increase hope in individuals with chronic disease (Herth ١٩٩٠: ١١٧). However, spirituality can be considered as an important factor in preserving health and well-being and also coping with diseases (Landis, ١٩٩٦: ٦٧).

Hope and spiritual beliefs are considered two important factors in confrontation process with disease and individual well-being with threatening disease of life. Thus, hope and spiritual beliefs have really caused creating well-being and increased the individual adaptation to stressor factors related to threatening diseases of life (Ibid: ٧٨).

The individuals having active spiritual life are healthy people mentally. These people are inclined to see themselves lovely, skillful and competent and can find a God so that guide them in their lives, make them happy and support them when they need (Emmons, ٢٠٠٠: ٢٦). The results of the researches confirm that adult male patients having spiritual well-being and great hope turn to related behaviors to health such as prayer to improve chance of being alive and the quality of their life. In total the obtained results emphasize on the combination of psychological and spiritual components in increasing hope and positive confrontation and lives satisfaction. Having goal and hope in its access gave meaning to the individual life and put him/her in a particular way. From Feldman & Snyder viewpoints, hope and meaning of life have relation so that they conceive hope as one of the meaning component (Feldman & Snyder ٢٠٠٥: ٢٤). Agent thought (one of the hopeful thought components) increase the meaning of life and self-esteem and promotes positive behaviors and satisfaction (Sugden & Weale, ١٩٩٤: ٨٨)

Concerning to the findings of this research we can say that clinical and health specialists should emphasize more on the psychological variables of spiritual, religious and Existential variables in order to the better psychological adaptation of adult male patients suffering from cancer and interfere in order to promoting health level and life satisfaction in adult male patients in Iraq.

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