



A Study on the Effectiveness of Spiritual Intervention on Hopefulness and Life Orientation in Women with Breast Cancer

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Abstract

Introduction: Breast cancer is characterized by the growth of malignant abnormal cells in the breast part of the women's body. The psychological, emotional, spiritual well-being of cancer patients have been influenced by cancer-associated symptoms and disease management. Spiritual issues are at the frontier of new clinical and research focus in palliative and supportive care of cancer patients. As concepts of adequate supportive care expand beyond a focus on pain and physical symptom control, spiritual issues such as meaning, hope, and spirituality, in general, have received increased attention from supportive care clinicians and clinical researchers.

Materials and Methods: This study was quasi-experimental with a Pre-test and Post-test, and control group. The statistical population included women with breast cancer referred to the Cancer Research Center of Shohada Hospital in 2019 that people were selected by the available method and were divided into two groups randomly. The experimental group was exposed to the spiritual intervention and the control group was not exposed to any intervention. For measuring research variables, 12 items of Hopefulness questionnaires and 10 items of Life Orientation Test (LOT) questionnaires were used and the covariance analysis was used for analyzing data.

Finding and Results: The results of the research showed that using spiritual intervention ($p < 0.05$) in-group was effective significantly in improving Hopefulness and Life Orientation in the women's group with breast cancer.

Conclusion and Discussion: Breast cancer is a chronic disease that requires long-term, intimate treatment and care because of worsening symptoms that cannot be cured completely. On the other hand, spiritual interventions are approaches that involve religious or existential aspects such as finding meaning and purpose in the life of women who have breast cancer. Spiritual interventions may include activities such as spiritual counselling, meaning-focused meditation, or psychotherapy. Religiously oriented spiritual interventions include activities such as prayer, worship, and religious rituals. Spiritual interventions have been studied for their effects on anxiety and depression among patients with cancer. Besides, Hopefulness refers to an optimistic attitude and mindset that allows you to see

the bright side of things and plan for a better future. This concept represents one of the central elements of Positive Psychology—an emerging field that aims to help people discover their inner strengths and use them to cultivate resilience and well-being. But Hopefulness is more than just a hot topic for curious researchers and healthcare professionals. This psychological dimension of well-being can help you cope with life's difficult moments without falling victim to discouragement and negativity. Also, Life Orientation is a subject that has a holistic approach, encompassing many spheres of life, varying from health education to preparing students for life outside of school, and career choices.

Keywords

Psychology; Spiritual intervention; Hopefulness; Life orientation; Breast cancer

Introduction

Cancer is a source of stress and distress for cancer patients and their families, and it is necessary for them to take action to cope with the distress. Taking care of patients with cancer affects the psychological adaptation of family caregivers and their mental health is adversely affected. The impact that cancer has on the mental conditions and quality of the patient's family life is no less than the impact on the patient. Breast cancer is the most common cancer in women worldwide, with nearly 1.7 million new cases diagnosed in 2012 (second most common cancer overall). This represents about 12% of all new cancer cases and 25% of all cancers in women [1, 2]. In Iran, breast cancer is one of the most frequent malignancies in women. Its peak incidence age in Iranian women is in the fourth and fifth decades of life, which is a decade younger than the global peak age of incidence [3, 4]. The study shed light on the fact that breast cancer trends are upward in developed countries as well as Asian ones. Breast cancer is considered the fifth ranking cause of death among cancers in Iranian women (4 per 100,000 people) [5]. Breasts are symbols of femininity and as such the majority of women find the prospect of losing them unthinkable. A woman's reaction to any kind of actual or suspected disease may include fear of deformity, loss of attraction, and death; consequently, breast cancer is indubitably horrifying to any woman [6]. Breast cancer treatments such as radiotherapy, chemotherapy, and surgery could cause serious physical and psychological side effects, making treatment programs and rules more difficult to follow. Patients may, therefore, find it harder to adhere to the treatment protocol and inadvertently undermine the efficacy of the treatment, which could negatively impact their life expectancy [7]. At this stage, patients suffering from breast cancer are liable to complain of problems such as sleeping disorders, high levels of anxiety, and reduced quality of life sometimes even two years after the initial diagnosis. Treatment seems to come to its desired end once such difficulties have been overcome [8]. Since modern treatment methods have turned cancer on many occasions into an acute and often curable disease out of an incurable one, various aspects of cancer psychiatry such as reaction toward diagnosis and also treatment have become increasingly prominent [9].

Living with any chronic disease and the actions taken to treat it can be a source of serious psychological and social distress for the

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patient, and women with cancer are at risk of many of these adverse effects. Evidence suggests it is believed that patients suffer from psychological complications rather than the physical side effects of cancer, and after the end of the active treatment period, the relapse of the illness of the patient will be overwhelmed for a long time. A cancer diagnosis brings about sudden consequences as fear of death, deformity, disability, isolation, failure in communications, topped by fear of financial difficulties [10] which is an emergency call for a patient's coping strategy in his/her fashion. Hope is an important coping mechanism in chronic diseases such as cancer and is defined as a complicated multidimensional and potentially powerful factor in the improvement and effective adjustment [11]. Benzein and Berg believe hope helps patients physiologically and emotionally to cope with the crisis of the disease [12]. In other references, hope is a factor to predict the process of malignant disease [13]. In contrast, despair is defined as tolerating an unbeatable condition in which no goals are achievable and is associated with depression and the desire for death and suicide [14]. It can be concluded from definitions that hope encompasses the individual's imagination and attention to the future and causes trying with a perception that positive results be probably achieved. Any kind of conceptualization of hope reflects its multi-dimensional dynamic, future-oriented, and process-oriented attributes [15].

Life Orientation is associated with the mental health of people. The mental health of people was predicted in a longitudinal study of Life Orientation from an optimistic aspect after ten years. Natural optimism predicts both mental health (obsessive syndrome, incontinence, hostile depression) and physical health (sleep disorders and stress) [16]. Life Orientation is in two forms, either optimism or its opposite dimension pessimism. Optimism means having positive expectations for the results and consequences. In contrast to optimism is pessimism that means emphasizing the most disaster cause of any failure. Generally, pessimism means having negative expectations for the results and consequences. Optimism tends to take the most hopeful view and refers to an emotional and cognitive preparation about the good things in life that are more important than bad things [17]. Optimism as a part of positive psychology includes comprehensive and wide concepts [18]. Most people considering optimism as the half-filled glass or habit to expect a happy ending for any real trouble. Researches show dealing with difficult events such as cancer is an important factor in Life Orientation. One dimension of human life is spirituality, which enables individuals to communicate and integrate with the universe. Communication and integration endow hope and meaning to human life and elevate it beyond the confines of time and place. Religious/Spiritual group therapy is a form of psychotherapy drawing upon special principles and religious/spiritual techniques to empower patients to attain a nonmaterial understanding of self, universe, incidents, and phenomena, and ultimately health and growth [19]. The fundamental research has found the positive relations between increasing the spirituality and health results, about the relationship between spirituality and health [20]. Many research showed that spirituality, from a normal prayer to meditation and attending religious ceremonies have such an effect on human health from increasing life expectancy, enhancing the immune system, improving the body's response to stress, recovering from depression, and helping the patients to recover from severe illnesses such as cancer, cardiovascular disease and other diseases that science is incapable in proving it [21, 22]. Some cancer patients have concluded that spirituality can increase resistance against the physical and psychological crises that are followed by the diagnosis and treatment of these diseases. In addition, it has been observed in

women with breast cancer. That encouragement toward spirituality could be an effective source to deal with physical and psychological responses to cancer [23]. Spirituality sets a goal in an individual's beliefs and affects important cognitive assessments in the process of confrontation, and helps the person to assess the negative events differently and create a stronger sense of control [24]. As the human ability in controlling stressful events will increase, his ability to adapt to the environment will be more and stress-induced side-effects such as anxiety and depression will appear less [25].

Human nature is spiritual and religious. Until this spiritual dimension of a person does not connect to a person's psychological structure and does not integrate with it, his real treatment does not happen [26]. Spiritual and religious beliefs provide hope and a sense of control over one's destiny and if the believer has complete trust in God, he could obtain a good result in any condition and it is not surprising that such a belief may have a powerful psychological outcome. Human health and disease are like a unit with different aspects of biological, psychological, social, and spiritual. Thus, it is appropriate to avoid a one-dimensional encounter in the treatment. Given that, social, psychological, and spiritual factors are directly associated with a patient's beliefs and culture, so to recover from disorders and diseases, these beliefs and resources are used. New research with statistical considerations is growing up in finding the beneficial effects of spirituality and religion. Having said all that, the main research question here is whether spiritual intervention is effective on the Hope and Life Orientation in women with breast cancer.

Materials and Methods

This study was quasi-experimental with a Pre-test and Post-test, and a control group and its statistical population include women with breast cancer referred to the Cancer Research Center, Shahid Beheshti University of Medical Sciences, in 2019. In this population, 24 patients were selected with the available sampling method and divided randomly into two groups included 12 people in the control group, and 12 people in the experimental group.

Inclusion criteria in this study were:

1. Having a minimum reading and writing ability.
2. Stage one and two in breast cancer.
3. Completion of treatment (surgery, chemotherapy, radiotherapy, hormone therapy) from six months to one year.
4. Not having the same clinical disorder.
5. Not receiving any psychological or medication treatment from the six months before the intervention time and during the spiritual intervention.

Exclusion criteria for our study included:

1. Significant Clinical impairment after the interview.
2. Patient's refusal from participating in the group for any reason.

Participants receive complete details of this study and its objectives and gave their consent, and have entered the study, and then the experimental group has received spiritual intervention in 10 sessions of 90 minutes. The control group did not receive any intervention. Groups were tested before and after the intervention, by Hopefulness and Life Orientation questionnaires. Components of

spiritual intervention were performed by using the funds of Quranic and Islamic and international standards. They have all emphasized peace and human growth and development and the acceptance of God as the power of the kind, which leads to confidence and reduces anxiety and stress inhibition. This intervention was performed during 10 sessions, once a week and each time were for 90 minutes. The proposed framework of each therapy session, as an example, is following as Table 1.

The contents of the meetings in 10 sessions are as follows:

- **Session One:** Introduction and preparations. A) Introduction of the members with each other, awareness of the reasons for forming the groups, B) reminding Challenge (personal and implications awareness of spirituality and its definition from the perspective of each member, considering the presence of the belief in the superior force and calls on Member and client perceptions and beliefs about spirituality).
- **Session Two:** introspection and descriptions. Focus on inner feelings and identifying them in the time that they had spiritual experiences.
- **Session Three:** Sources of fear and anxiety and our resources against them. Trying to find out what causes fear and anxiety in patients' lives and partnership to address and resolve them.
- **Session Four:** inexhaustibility and inheritance. Defining the inexhaustibility and unfailing. Try to inexhaustible. Heritage in our life and the impact on the others.
- **Session Five:** Inherited on love or hate. The definition of love and hate and that is which one brings us peace? How to bring love and consider the results and what affects this love or hate bring to others?
- **Session Six:** meditation. Addressing the effects of behaviors based on love or hate on ourselves and others and the world. Trying to keep our behaviors based on love and keep away from hate.
- **Session Seven:** patience. Addressing the world and its hardships. Human explains to suffer and emphasizes the waiting for the problems that are necessary for life. Provide experience based on waiting and its implications for patients. Compare the experience of waiting with no waiting.
- **Session Eight:** forgiveness and resolve anger. Focus on forgiveness and resolve anger toward self, others, and the world and trying to revive behaviors based on acceptance, patience, persistence, responsible action, and social and personal benefits.
- **Session Nine:** trust, to discuss and provide comments about who is better to trust than God is since he knows better than we know

and rules the world. He knows our favor and the universe is ruled by his wisdom. Addressing the effort combined with trust. Assigning the whole life affairs to God. Offering the experiences of trust, this is what happened then? Was there peace?

- **Session Ten:** calculating, meditation, and sustainability. Discuss the increasing self-control to maintain awareness in behaviors based on love and virtuous and avoiding behaviors based on hate and malicious. Trust on what leads to personal and community benefit [27].

Demographic data were collected using two standard questionnaires as follows:

1. The Hopefulness questionnaire was developed by Snyder and Lopez in 2002 and contains 12 items that have two sub-scales of the agency thinking, and pathways, and runs as a Likert [28, 29]. The scoring range for the questionnaire is 8 to 64 and all the subscales were collect for scoring. They reported a range of 0.38 to 0.57 Internal Consistency (IC) coefficients for each set of hopefulness. The reliability of this test in Iran was carried out by Ghobari, Lavasani, and Rahimi [30] and the reliability of the test was in:

- a) The Scale of the Agency Thinking: 0.79
- b) Pathways: 0.88
- c) Total Reliability: 0.82

2. The Life Orientation Test (LOT) questionnaire: The questionnaire was developed by scheier in 1985. It contains 10 items including two subscales of Optimism and Pessimism. The scoring range for the questionnaire is 0-24. The reliability coefficient of this questionnaire was "0.74" using Cronbach's alpha [31]. The LOT questionnaire in Iran was standardized by Khodabakhshi (2004) [32].

To compare the scores of Hopefulness and Life Orientation to test and control groups, the covariance analysis was used and data were analyzed with SPSS Software by version 21.

Results

The study descriptive scales in Table 2 are provided in pre-test and post-test in experimental and control groups. As can be seen in the Hopefulness scale and Life Orientation scale, the average of the experimental group in the Post-test stage shows an increase compared to Pre-test. According to the results in Table 2, it can be described as spiritual therapy has resulted in a significant increase in positive Hopefulness and Life Orientation.

As mentioned earlier in this study, the variables were examined in both experimental and control groups and hypotheses are designed according to the subject that after confirming the assumptions, the

Table 1: Proposed Framework of the Each Therapy Session.

Row	Detail of Therapy
1	Prayer beginning of the session, with the aim of reminding attended in the spiritual and emotional meeting and closeness to the Lord
2	Literature review and revise the homework session
3	Clarification of this meeting subject with the participation of the members
4	Session topics discussed by member use the components of the spiritual-religious and Islamic
5	Summaries
6	Homework
7	End of session with prayer
8	Individual and specific guidance
9	Publishing an overview of the issues

Multivariate covariance analysis test was used to measure them in Table 3, and Table 4.

Results of Table 3 show that with the multivariate analysis of covariance, there is a significant effect of the factor group. This effect shows a significant difference at least between one of the components of research in the two treatment groups and the control group (Wilks' Lambda = 0.18, $p < 0.05$).

As can be seen from the results in Table 4, a significant level of Hopefulness is smaller than the level obtained from the modified Benferroni significance 0.025 (dividing the significance level of 0.05 on 2 dependent variables). The effect of the experimental group "Practical Significance" for Hopefulness was 0.72; it means 72% of the variance or individual differences intervene in conflicts related to the Hopefulness in the testing group. In addition, the high power of statistical tests in this research indicates that the null hypothesis is rejected correctly with a high probability.

Conclusion and Discussion

Breast cancer treatments today are likely to cause less physical deformity from surgery than a half-century ago, but are more complex and extend over a longer period of time. Women today are often well informed about the details of their cancer diagnosis and prognosis, and are increasingly involved in shared decision-making regarding treatment. Although serious depression is not seen in the majority of breast cancer patients and survivors, many will experience treatment-related distress, fear of recurrence, changes in body image and sexuality, as well as physical toxicities that result from adjuvant therapy [33]. In delivering care for breast cancer patients today, it is expected that the health-care team will carefully evaluate the tumour pathology, biomarkers, extent of disease, and other medical and psychological aspects of the woman's condition, to facilitate

specific recommendations for oncologic management. This has been increasingly true in the past decade, as the understanding of the molecular pathology of breast cancer has increased and treatments have become more tailored. Figure 1 shows the summarize of the overall studies and finding indicates the various negative psychological consequences such as anxiety, depression, emotional distress, sadness, fatigue and mood, physical well-being, functional well-being, spiritual well-being such as relationship with God, connection with himself/herself, meaning of life, quality of life, psychological, physical and spiritual consequences of cancer [33].

In the past 50 years, breast cancer has been transformed from a disease in which all women were treated with a radical and disfiguring surgical procedure that amputated the breast, removed pectoral muscles, and included an extensive axillary dissection. Now, for the majority of women, it is usually managed with only minimal removal of breast tissue and sampling of a few axillary nodes. During this same period of time, women with breast cancer have become increasingly involved in treatment decision-making, and have made it clear that they have need for attention to the psychological and social aspects of their care like as Hopefulness, Life Orientation, in addition to the targeted treatment of their tumours [34, 35]. The breast cancer experience has several distinct phases, each characterized by a unique set of psychosocial concerns. These phases coincide with aspects of the clinical course of the illness and related treatments. What follows is a review of the distinctive psychosocial needs associated with diagnosis, primary treatment, the special issues related to non-invasive breast cancer, completing treatment and re-entry to usual living, survivorship, recurrence, and palliation for advanced cancer.

Oncology and primary care practitioners must be prepared for the range of psychosocial issues that may arise among their patients who are at various points along the breast cancer treatment continuum. The psychosocial impact of breast cancer must also be understood in the context of other issues that affect women's coping, quality of life, hopefulness, life orientation, and well-being, such as socioeconomic factors and cultural factors, the availability of social support, access to health care, and the presence of other chronic illness or life crises [35]. The stress of breast cancer was described as arousing depression, anxiety, and anger. In some of the first systematic and comparative studies, mastectomy patients were found to be more distressed than women with benign lumps, and often this distress persisted for more than a year following surgery, but over time seemed to resolve. These findings in the late 1970s were gradually disseminated to physicians and patients, and resulted in the beginnings of psychosocial support groups in the early 1980s [35]. The literature on the psychosocial

Table 2: Proposed Descriptive Information of Variable Scores on the Breakdown of the Measured Stage in Groups.

Variable	Group		Numbers	Mean	Standard Deviation
Hopefulness	Experiment	Pre-test	12	48.91	5.05
		Post-test	12	58.83	4.44
	Control	Pre-test	12	49.25	5.27
		Post-test	12	49.33	4.84
Life Orientation	Experiment	Pre-test	12	15.5	2.5
		Post-test	12	15.91	3.11
	Control	Pre-test	12	14.91	4.05
		Post-test	12	14.91	3.52

Table 3: Proposed Tests of Multivariate Covariance Analysis.

Statistic Indicator	Test	Value	F	df Hypothesis	df Error	Sig
Effect Differences Between Groups	Pillay Effect	0.82	42.28	2	19	0.001
	Lambda Wilks	0.18	42.28	2	19	0.001
	Hotelling Effect	4.45	42.28	2	19	0.001
	The Roi Largest Root	4.45	42.28	2	19	0.001

Table 4: Proposed One-Way Analysis of Variance in the Multivariate Analysis of Covariance.

Statistic Indicator	Change Source	SS	df	F	Significance Level	Effect Size	Ability Test
Hopefulness	Group	567.47	1	76.97	0.0001	0.72	0.99
Life Orientation	Group	1.48	1	1.05	0.31	0.05	0.16

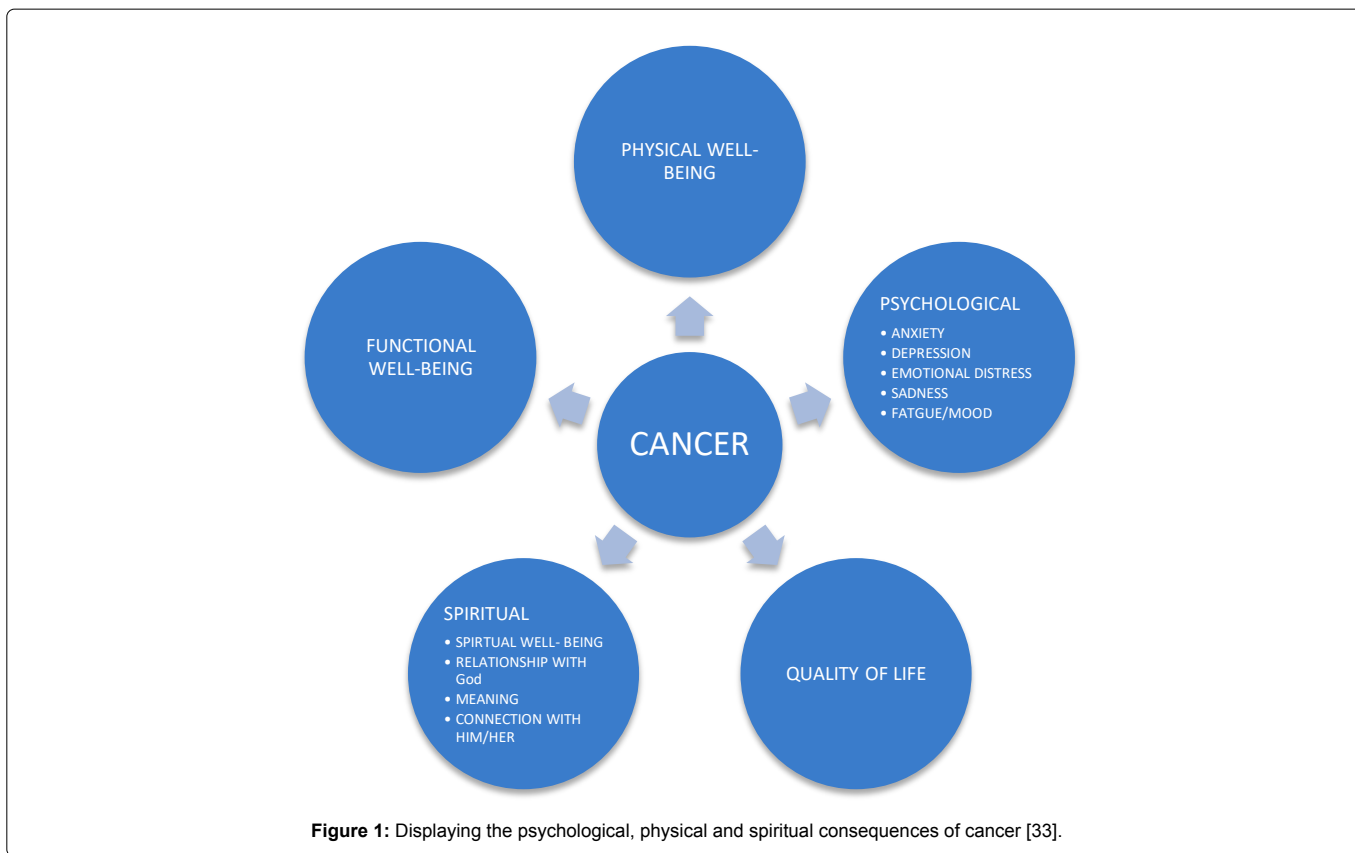


Figure 1: Displaying the psychological, physical and spiritual consequences of cancer [33].

aspects of breast cancer suggests that the vast majority of women adjust well to the diagnosis of breast cancer and manage to endure the complex and sometimes toxic treatments associated with primary treatment and later recurrence. In studies that have examined quality of life and depression after breast cancer, most patients and survivors demonstrate high levels of functioning in the early and later years after primary treatment, for those who remain disease-free. Even for women with a recurrence of breast cancer, psychological well-being is often maintained [36-42].

Spiritual intervention is an effective coping method leading to a reduction in psychological distress of women with cancer through reducing feelings of guilt, anger, hopelessness, and increasing inner peace, and causing hope. Also, spiritual intervention as a coping method helps women with cancer to be able to better understand and accept their diseases. In other words, spirituality affects important cognitive assessments in the coping process by targeting one's beliefs and helps the individual evaluate negative events in a different manner and create a stronger sense of control. According to some research, spirituality is a strong predictor for "Hope" and "Life Orientation" [43]. Spirituality is an important component that has increasingly drawn the attention of psychologists and mental health professionals in recent decades [44]. Spirituality is a multi-dimensional construct and can be used as a defense against life's problems and stressors. Some breast cancer patients have concluded that interventions based on spiritual intervention can be helpful against physical and psychological crisis followed by the diagnosis and treatment of this disease [45].

Several studies indicate that this type of intervention on hopefulness and life orientation is associated with the reduction of

cancer effects, improvement of life quality of family caregivers, and reducing their distress. Caregivers of breast cancer patients follow a clear pattern of disorder in welfare and psychological distress, which is the outcome of experience gained as a result of taking care of their patient. These caregivers share a major part of the disease process with their patients and this leads to psychological distress in the caregivers [45]. Spirituality is generally considered to be broader practice, as it takes into account cognitive and philosophic areas of thought as well as aspects of emotions and behavior. Some might describe spirituality as the attempt to understand one's nature or the meaning of one's existence, but spirituality is also linked to internal Hopefulness, awareness, and happiness. Many cultures and belief systems hold that a spirit is the essence of one's existence.

The most recent research review on the conceptualization of spirituality indicated that the most central or major key component to define spirituality is; The Purpose of Life, Hopefulness, Life Orientation, Transcendence, Meaning, and Connectedness. However, there is no agreement on one standard definition of spirituality. Some of the research article it is described as a search for connectedness and meaning and a subjective experience of the scared [46]. It can understand the conceptualization of spirituality with the help of Figure 2, where the summarization of all above research studies has been conducted and it is resulted into as Transcendence, hope, meaning, relationship with God, relationship with himself/herself, relationship with others, purpose in life, and connectedness [33].

Basically, spirituality comes from the Latin word „spirituality” meaning to breathe, inspire or respire life, breath, wind, and air, and can be drive from a beginning time when God gave life to Adam and Eve [42]. Spirituality is not easy to defined, because this term has

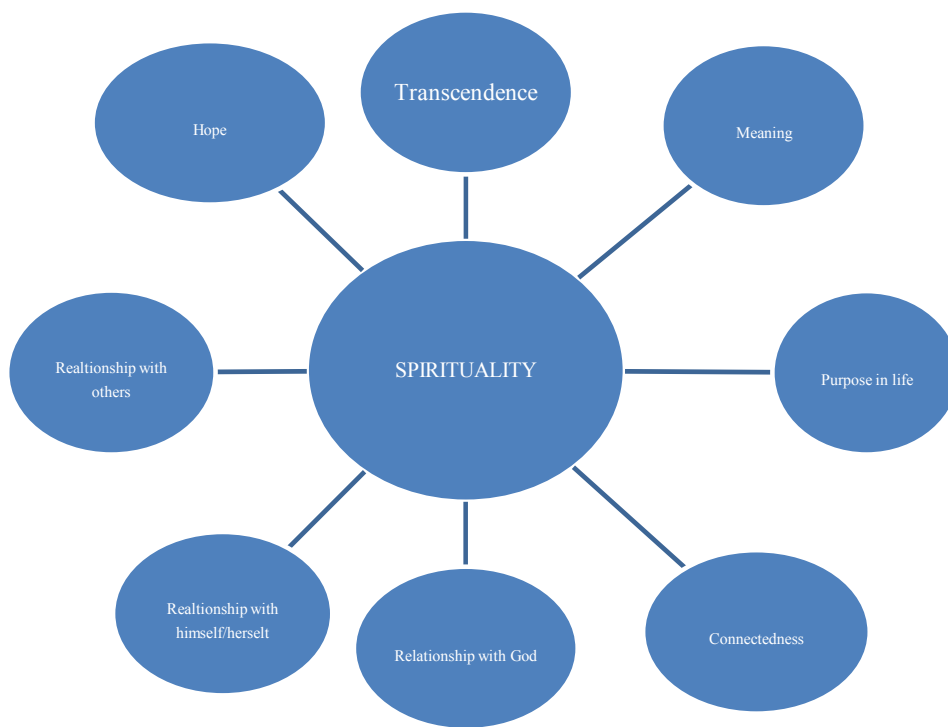


Figure 2: Displaying the Conceptualization of Spirituality [33].

been described according to various cultural and religious factors. In various literature, spirituality has been defined in the context of religious perspective it as relating to God or a higher power and in existential, they focused on meaning and purpose of life as well as a source of strength, hope, peace, Life Orientation, and empowerment [42, 47].

There is an increasing number of studies that focused on spiritual intervention, especially on breast cancer patients, and the majority of scientific evidence that examines the efficacy of these interventions indicates improving patient outcomes [42, 47-48]. Several quantitative and qualitative studies have been found on the effectiveness of spirituality on better quality and orientation of life, spiritual well-being and positive moods among cancer patients. Despite these psychosocial and spiritual benefits and the need for supportive spiritual care for breast cancer patients, few psycho-spiritual interventions have been recognized in the literature addressing both psychological and spiritual needs for individuals with cancer. To date, it can be found very few published studies have investigated the effectiveness of the spiritual intervention and incorporate spirituality into psychological therapy to support breast cancer patients. These studies indicate that spirituality oriented psychological support is effective in overall type cancer patients, and all phase from diagnosis to end life care of cancer patients, but more research is needed to establish whether spirituality oriented intervention are equally or more effective than traditional interventions in the breast cancer population. However, Figure 3 has been shown the relationship between cancers oriented psycho-spiritual aspects and spiritual intervention [33].

Though some may describe themselves as spiritual without adhering to the principles of any religion or even having any religious

thought, for others, religion is the manifestation of their spirituality. This manifestation may involve the performance of rituals-in one tradition or in some combination of traditions-with varying degrees of commitment and involvement in that faith. Spirituality may also describe the attention people pay to their own well-being and that of others [49]. For many, the practice of dance, yoga, meditation, or volunteer work, among others, are outlets in which to express spirituality. People in good spiritual health may:

- Be Hopeful and optimistic, even when things are difficult
- Have an optimistic vision in their Life Orientation
- Have compassion and empathy for others
- Have defined values and live according to them
- Have a strong sense of self-worth
- Be more able to forgive others and themselves easily
- Feel peaceful or in harmony with nature, life, and the world
- Find solace in meditation or religious rituals like worship and prayer

According to [49], hope is a positive cognitive state based on a sense of successful goal-directed determination and planning to meet these goals. In other words, hope and Hopefulness is like a snap-shot of a person's current goal-directed thinking, highlighting the motivated pursuit of goals and the expectation that those goals can be achieved. While some approaches conceptualize hope in the realm of being, that is acknowledging hope during illness and within palliative care; Snyder et al [49] emphasized the relevance of hope in the context of

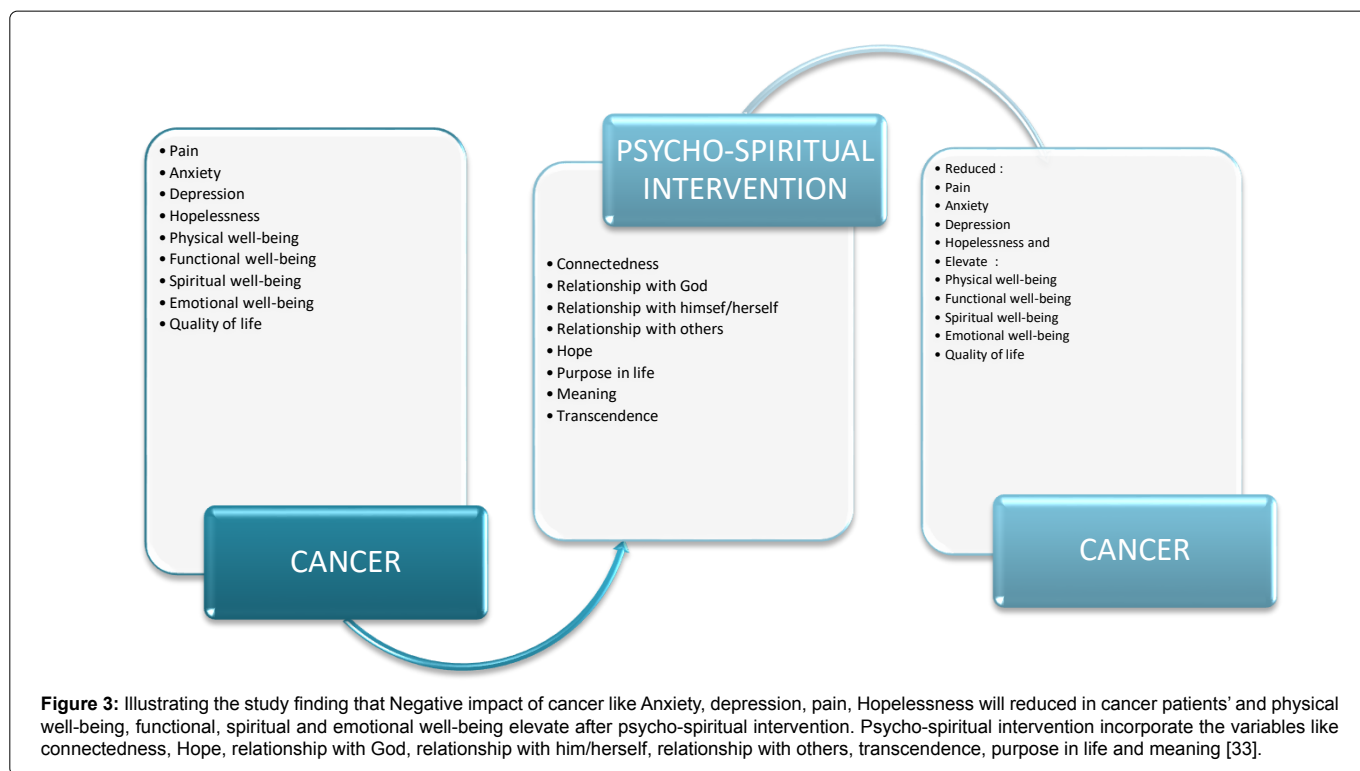


Figure 3: Illustrating the study finding that Negative impact of cancer like Anxiety, depression, pain, Hopelessness will reduced in cancer patients' and physical well-being, functional, spiritual and emotional well-being elevate after psycho-spiritual intervention. Psycho-spiritual intervention incorporate the variables like connectedness, Hope, relationship with God, relationship with him/herself, relationship with others, transcendence, purpose in life and meaning [33].

doing-that is the capacity to achieve goals. Hope may be an important coping mechanism that clinicians need to consider when they try to help patients reduce the psychological distress associated with cancer and its treatment. According to Snyder's Hope Theory (Snyder, 1991), Hopefulness is a life-sustaining human strength comprised of three distinct but related components [49]:

- Goals thinking-the clear conceptualization of valuable goals.
- Pathways thinking-the capacity to develop specific strategies to reach those goals.
- Agency thinking-the ability to initiate and sustain the motivation for using those strategies.

Hope does not necessarily fade in the face of adversity; in fact hope often endures despite poverty, war and famine. While no one is exempt from experiencing challenging life events, hope fosters an orientation to life that allows a grounded and optimistic outlook even in the most challenging of circumstances [49]. Research continues developing a tool that can measure the trait of Hopefulness based on the aforementioned conceptualization of hope.

We often describe people as optimistic or pessimistic, and optimism has been measured as a personality trait for some time [50]. It seems a little less natural, however, to describe someone as a hopeful person. An optimistic person sees the glass as half full, but what does a hopeful person do? As we have seen, hope goes beyond the assessment of future prospects; it also involves active engagement with that outcome. A hopeful person will also have the propensity to experience the emotion of hope. Again, we can lend clarity to this idea by turning to another emotion as an example. An angry person may be someone who becomes angry very quickly with little provocation, or one, who while slower to anger, experiences the emotion as full-blown rage. Likewise, a hopeful person may experience hope with

very little positive confirmation that things will turn out well, or maybe slower to hope but does so with great investment. As work continues on capturing this trait via a personality inventory, there are four tendencies that seem to be present in a hopeful person. First, the person is future oriented. When life seems at its worst, a hopeful person is not a prisoner to present circumstances but is able to look forward to better times ahead. Second, the person has a propensity to experience positive emotion, and can remain fairly upbeat even during difficult times. Third, the person is perseverant, able to stay engaged with the future desired outcome and do what she can to realize it, even when progress seems fleeting. And finally, a hopeful person is imaginative. When waiting for that hoped-for outcome, a hopeful person spends a lot of time thinking about how it could occur and may envision multiple ways of realizing that outcome.

Beside Hopefulness, Life Orientation is an important construct in personality interpretation studies and it has been defined as positive evaluation of life and balance between positive and negative affect. Life orientation, in a holistic approach, is about the relationship of oneself with others and the community. This concept focuses on different aspects of personal growth such as physical, motor, spiritual, emotional, intellectual, social growth. Life orientation causes balanced communication between people and plays an important role in the improvement of the quality of life [51]. Also, experimental researches have shown that taking an optimist approach and not having a pessimist orientation towards life help people's emotional adjustment, physical health, and well-being to be increased [52]. For example, more optimism towards life, workplace, and future working are related to regular blood pressure [53]; correct body performance [54]; more consistency, and higher lifetime in chronic disease [55]. In this respect, research results have shown that optimism in elderly people were accompanied with the highest level of general health, wellbeing, perceived mental health, and the lowest level of physical pain [56].

Generally, researchers believe that positive life orientation (optimism) helps social relationships to be strengthened, which is an important factor for decreasing job stress. Also, some studies have shown that psychological constructs such as optimism have a profound influence on decreasing job stress such that this variable, with influence on the mental viewpoint of a person, leads to job satisfaction and finally decrease his job stress [56, 57]. In fact, workers with these beliefs will have better and better work relationships (positive life orientation) and such beliefs consequently decrease their job stress and increase their organizational performance. Such a view is against to people with negative orientation (pessimism) towards their work [58].

In our research, the author's use the Life Orientation Test (LOT) which is a standard psychological self-help instrument that indicates the level of optimism in a person and provides meaningful insight into how he can replace harmful thought patterns with more constructive ones. The first version of the Life Orientation Test had twelve questions, each measuring optimism and pessimism objectively. The respondents needed to answer each item on a 5-point Likert Scale where "0" means 'Strongly Disagree' and "4" implies 'Strongly Agree.' Basically, the LOT uses questions that are relatable to all individuals irrespective of their age or background and investigates simple elements of life that we all contemplate at some point in life. The Life Orientation Test (LOT) includes [59]:

1. Statements about how we feel about ourselves, others, and life in general.
2. Statements about how we feel about ourselves, others, and life under stress.
3. Statements about how we feel about ourselves, others, and life during happy times.

The questions, as far as our standardized questionnaire standardized by Khodabakhshi in Iran [32], however simple, are deep and probe the individual to explore parts of the mind that are sometimes untouched and unheard. The interpretation and analysis of the scores provide a valuable understanding of where we are standing in life and how we can overcome pessimistic or negative contemplations to move ahead [59].

Finally, cancer is a life-threatening disease and badly impacts the psychological and spiritual well-being of women who have breast cancer. Therefore, the studies have indicated that spiritual intervention has positively related to all aspects of Hopefulness, Life Orientation, quality of life and all psychological well-being variables. However, there is very less amount of research is available on spirituality based intervention for breast cancer patients. Despite this fact, there is growing research, as our research, interest continuously on spirituality and spiritual-based intervention on breast cancer women. Also, there is global acceptance on the effectiveness of spirituality based intervention on Hopefulness and Life Orientation in the context of breast cancer. The results of the research showed that using spiritual intervention ($p < 0.05$) in-group was effective significantly in improving Hopefulness and Life Orientation in the women's group with breast cancer.

It is our hope that the clarity offered through this psychological inquiry-as limited as it is-will inform (and be informed by) the theology present in our future research. Understanding the effectiveness of spiritual intervention in women with breast cancer may lend further insight into the capturing of divine hope through Hopefulness and Life Orientation.

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