

Review Article

Psychosocial/ Spiritual Interventions for Mental Health in Patients with Cancer: A Review

Marzieh Azizi¹, Forouzan Elyasi^{2*}, Arghavan Fariborzifar³

ABSTRACT

Cancer is one of the most important health problems in the world. Patients with cancer are faced with various psychological problems which need to serious attention. Beside pharmacological interventions such as chemotherapy and radiotherapy, psychosocial/ spiritual interventions for these patients should be considered by healthcare providers. The aim of this study was to determine psychosocial/ spiritual interventions for mental health in patients with cancer. In this review study, electronic databases including public electronic database like Google Scholar, Persian databases including Magiran, Scientific Information Databases (SID) and English specifically databases such as PubMed, Web of Sciences, ProQuest, Science Direct and Scopus were searched. Those articles published between 1983 and 2017 were retrieved and undergone abstract and full-text appraisal. Lastly 61 articles were selected and used to write this study's results. The psychosocial/ spiritual interventions for mental health in cancer were classified as follow: psychological interventions (such as supportive therapy, counseling with meaning therapy approach, cognitive behavioral therapy, coping styles improvement, progressive muscular relaxation, music therapy, yoga and meditation), social interventions (family and social support) and spirituality interventions (religion therapy, hope therapy). Reviewing studies results showed that these interventions were the most effective strategies in promotion of mental health. Given the important role of mental health in quality of life of patients with cancer, attention to mental status of these patients as an important part of their treatment process is required.

Keywords: Psychological Interventions, Psychosocial Strategies, Cancer, Psychiatric Disorders, Mental Health

Cancer is one of the most important health-related problems worldwide (1-3). Factors such as the

Author Information

1. *Counseling in Midwifery master student, Student Research Committee, school of Nursing and Midwifery, Mazandaran University of Medical Sciences, Sari, Iran.*
2. *Department of Psychiatry, Psychiatry and Behavioral Sciences Research Center and addiction Institute, School of Medicine, Mazandaran University of Medical Sciences, Sari, Iran.*
3. *Resident of psychiatry, Student Research Committee, Mazandaran University of Medical Sciences, Sari, Iran.*

Submitted: 27-07-2017

Accepted : 27-08-017

Published : 29-09-2017

References

1. Farhadi M, Reisi-Dehkordi N, Kalantari M, Zargham-Boroujeni A. Efficacy of group meaning centered hope therapy of cancer patients and their families on patients' quality of life. *Iran J Nurs Midwifery Res.* 2014;19(3):290-4.
2. Afrooz R, Rahmani A, Zamanzadeh V, Abdullahzadeh F, Azadi A, Faghany S, et al. The nature of hope among Iranian cancer patients. *Asian Pac J Cancer Prev.* 2014;15(21):9307-12.
3. Tamadon A, Askari M. Evaluate the effectiveness of hope therapy on improving resilience of patients whit blood cancer. *Journal UMP Social Sciences and Technology Management.* 2015;3(3):358-62.

diagnosis of cancer, its therapeutic processes and also concern regarding survival from the disease lead to various mental problems and psychiatric disorders in these patients, so it may have a negative effect on their quality of life and compatibility with the disease (1, 4-6). The ranges of these psychological problems are included depression, anxiety, incompatibility, disappointment, social isolation, loss of control and reduced self-esteem, fear of recurrence of illness and death (7, 8).

Among these psychological problems referred above, depression and anxiety are the most common psychiatric disorders in these patients (9-11) so that the prevalence of depression and anxiety in patients with cancer were estimated 9% and 16% respectively (12).

Psychological problems in these patients area negative effect on their self-esteem and recognition themselves, undesirable effects on family functioning, marital role, impaired quality of life, decreased focus and attention, increased suicidal attempts, prolonged hospitalization and intensified stressful process of chemotherapy (13).

According to the World Health Organization, all patients with cancer need palliative and psychosocial care according to their culture (14). Interventions and supportive care for women with cancer were considered in order to reduce the psychosocial impact of cancer, management of stress and other psychosomatic symptoms and improve the quality of life in them improve the quality of life in them (15, 16).

References

4. Rustøen T, Cooper BA, Miaskowski C. A longitudinal study of the effects of a hope intervention on levels of hope and psychological distress in a community-based sample of oncology patients. *Eur J Oncol Nurs*. 2011;15(4):351-7.
5. Edwards B, Clarke V. The psychological impact of a cancer diagnosis on families: the influence of family functioning and patients' illness characteristics on depression and anxiety. *Psychooncology*. 2004;13(8):562-76.
6. Herth K. Enhancing hope in people with a first recurrence of cancer. *J Adv Nurs*. 2000;32(6):1431-41.
7. Khodai S, Dastgerdi R, Haghghi F, Sadatjoo S, Keramati A. The effect of cognitive-Behavioral group therapy on depression in patients with cancer. *J Birjand Univ Med Sci*. 2011;18(3):183-90.
8. Mertz BG, Bistrup PE, Johansen C, Dalton SO, Deltour I, Kehlet H, et al. Psychological distress among women with newly diagnosed breast cancer. *Eur J Oncol Nurs*. 2012;16(4):439-43.
9. Derogatis LR, Morrow GR, Fetting J, Penman D, Piasefsky S, Schmale AM, et al. The prevalence of psychiatric disorders among cancer patients. *JAMA*. 1983;249(6):751-7.
10. Burgess C, Cornelius V, Love S, Graham J, Richards M, Ramirez A. Depression and anxiety in women with early breast cancer: five year observational cohort study. *BMJ*. 2005;330(7493):702.
11. Rezaei K, Ghaneii R. Effect of yoga program on anxiety in Breast cancer patient undergoing chemotherapy. *Sci Med J Ahwaz Jundishapur Univ Med Sci*. 2013;4(1):41-51.
12. Okamura M, Yamawaki S, Akechi T, Taniguchi K, Uchitomi Y. Psychiatric disorders following first breast cancer recurrence: prevalence, associated factors and relationship to quality of life. *Jpn J Clin Oncol*. 2005;35(6):302-9.
13. Reece JC, Chan Y-F, Herbert J, Galow J, Fann JR. Course of depression, mental health service utilization and treatment preferences in women receiving chemotherapy for breast cancer. *Gen Hosp psychiatry*. 2013;35(4):376-81.
14. Karamuzian M, Bagheri M, Dareh Kordi A, Aminizadeh M. The Effectiveness of Cognitive-Behavioral Stress Management on Mental Health and Coping Strategies With the pain of patients with breast cancer. *Iran J Breast Dis*. 2013;7(2):56-66.
15. Landmark BT, Wahl A. Living with newly diagnosed breast cancer: a qualitative study of 10 women with newly diagnosed breast cancer. *J Adv Nurs*. 2002;40(1):112-21.
16. Taylor KL, Lamdan RM, Siegel JE, Shelby R, Moran-Klimi K, Hrywna M. Psychological adjustment among African American breast cancer patients: One-year follow-up results of a randomized psychoeducational group intervention. *Health Psychol*. 2003;22(3):316-23.

Given the important effect of mental health on the quality of life in these patients, the aim of this study was to determine the psychosocial/ spiritual interventions for promotion of mental health in women with cancer.

Materials and Methods

The information of this review was obtained from search in public electronic database like Google Scholar, Persian databases including Magiran, Scientific Information Databases (SID) and English specifically databases such as PubMed, Web of Sciences, ProQuest, Science Direct and Scopus with using the Medical Subject Heading (MeSH) with keywords [Interventions OR psychological interventions OR psychosocial interventions OR spirituality interventions OR strategies OR counseling OR non-pharmacological strategies] AND [Mental health OR mental problems OR psychiatric disorders OR psychological issues] AND [cancer OR chronic illness] and retrieve articles published "between 1983 till 2017".

Overall, 225 papers were extracted through the initial search. After discarding repetitious papers (n=45), the remaining papers were screened in two main stages. In the first stage, the titles and abstracts of all remaining papers were independently reviewed by two authors (M.A, F.E) and those which met the entry inclusion criteria and answered the research questions were selected. Inclusion criteria were included published in scientific journals; focused on psychosocial/spiritual interventions for mental health patients with cancer.

During abstract screening, 72 articles were excluded. Also during full-text appraisal 47 articles were excluded due to not relevance with the aim of this study and ultimately 61 articles were used to compile this study (Fig. 1).

The authors took into account the ethical considerations and general standards for publication including avoiding plagiarism and multiple and simultaneous submissions as well as respecting the intellectual property rights of the reviewed papers.

Results

The results of reviewing the studies led to the extraction of the paper and organization of the content on effective psychosocial/ spiritual interventions for mental health in patients with cancer into four main categories.

Psychological interventions such as supportive group therapy, counseling with meaning therapy approach, cognitive behavioral therapy, coping styles improvement, progressive muscular relaxation, music therapy, yoga and meditation) were suggested.

Supportive group therapy

Supportive therapy is one of the most important non-pharmacological therapeutic method for increasing the hope level in patients (17, 18). These groups are often unofficial and non-structured and are freely formed to help patients express their concerns, needs, and fears. This method techniques lead to increased motivation, more power and higher self-confidence in patients with cancer. In this method, patients are asked to discuss

References

17. Kissane DW, Grabsch B, Clarke DM, Smith GC, Love AW, Bloch S, et al. Supportive-expressive group therapy for women with metastatic breast cancer: survival and psychosocial outcome from a randomized controlled trial. *Psychooncology*. 2007;16(4):277-86.
18. Spiegel D, Butler LD, Giese-Davis J, Koopman C, Miller E, DiMiceli S, et al. Effects of supportive-expressive group therapy on survival of patients with metastatic breast cancer. *Cancer*. 2007;110(5):1130-8.

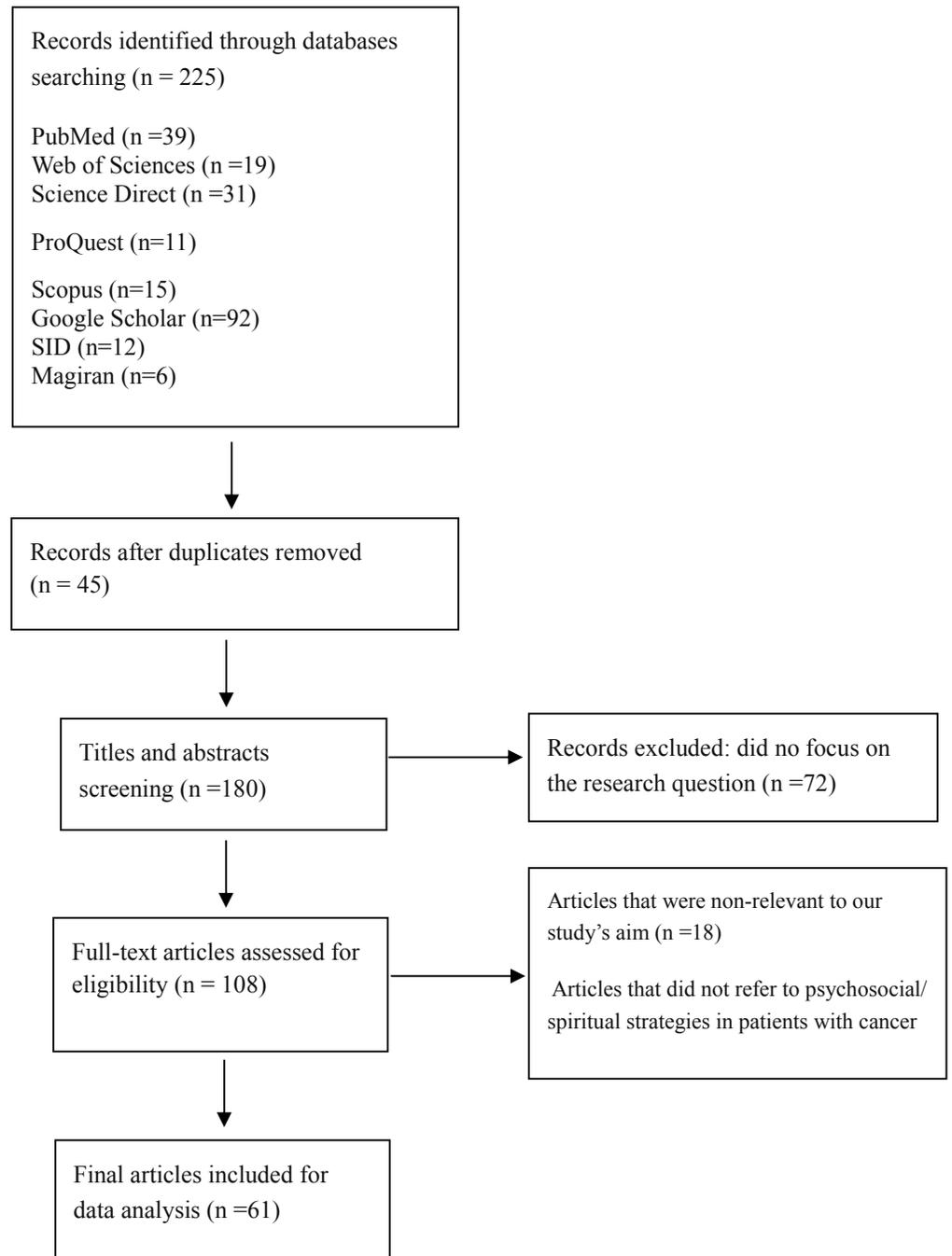


Fig. 1. Flow diagram of articles selection progress.

their most important and fearsome thoughts and they are also thought to deal adequately with the pressures of life, the stages of illness and treatment (19).

Counseling with meaning therapy

Due to the negative psychological and physical effect of cancer on patient's quality of life, most of the patients feel emptiness, worthless, hopeless and meaningless in their life and they attempt to search meaning of their life (20, 21). Meaning therapy is an existential psychotherapy which focus on the awareness of patients as a way to their mental health (1, 22, 23). Also meaning approach help patients to recognize their around world, accept life's suffering and hardships during their illness, treatment and overall increase patient's quality of life. Also these approaches make patient's future life meaningful and hopeful. Despite the individual nature of this method, but implementation of mentioned method with group approach has been reported more beneficial (21).

Cognitive behavioral therapy is a type of psychotherapy that believes irrational thoughts and misconceptions are the main cause of mental illness and problems. Also this approach is the best method to reform negative thoughts, psychological distress and psychiatric disorders (24, 25). The special purpose of this interventional method is to increase the sense of pain control, use of positive coping strategies and reduce depression and negative emotional states. In this approach for treatment of depression, 6-20 therapeutic sessions are considered (26).

Improved adaptive coping styles can be used in patients with high and low levels of hope to guide patients to effectively cope with the diagnosis and acceptance of cancer. Adaptive coping styles such as exposure with disease is an effective method in cancer patients and are used to improve constructive solving problems (27, 28). Other coping styles that have been stated in various cancer related studies include an active approach

References

19. Rustøen T, Wiklund I, Hanestad BR, Moum T. Nursing intervention to increase hope and quality of life in newly diagnosed cancer patients. *Cancer Nurs.* 1998;21(4):235-45.
20. Noguchi W, Morita S, Ohno T, Aihara O, Tsujii H, Shimozuma K, et al. Spiritual needs in cancer patients and spiritual care based on logotherapy. *Support Care Cancer.* 2006;14(1):65-70.
21. Hosseinian S, Ghasemzadeh S, Taziki T. The effect of group meaning therapy on mental health and quality of life in women patients with breast cancer. *J of cul edu of Women and Family.* 2013;8(25):7-31.
22. Esping A. Autoethnography as Logotherapy: An Existential Analysis of Meaningful Social Science Inquiry. *JBER.* 2013;9(1):59-67.
23. Mohebbat Bahar S, Golzari M, Akbari ME, Moradijou M. The effectiveness of group meaning therapy on reducing hopelessness in women with breast cancer Iran *J Breast Dis.* 2015;8(1):50-9.
24. Oei TP, Dingle G. The effectiveness of group cognitive behaviour therapy for unipolar depressive disorders. *J Affect Disord.* 2008;107(1):5-21.
25. Chong Guan N, Mohamed S, Kian Tiah L, Kar Mun T, Sulaiman AH, Zainal NZ. Psychotherapy for cancer patients: A systematic review and meta-analysis. *Int J Psychiatry Med.* 2016;51(5):414-30.
26. Hawton KE, Salkovskis PM, Kirk JE, Clark DM. *Cognitive behaviour therapy for psychiatric problems: A practical guide*: Oxford University Press; 1989. ISBN: 978019261587.
27. Duggleby WD, Degner L, Williams A, Wright K, Cooper D, Popkin D, et al. Living with hope: initial evaluation of a psychosocial hope intervention for older palliative home care patients. *J Pain Symptom Manage.* 2007;33(3):247-57.
28. Felder BE. Hope and coping in patients with cancer diagnoses. *Cancer Nurs.* 2004;27(4):320-4.

against stressors such as seeking social support, problem-solving styles, positive commentary, positive thinking and active admission. Inactive or avoidable coping styles may be used for positive accordance during the various stages of the disease in women with low hope level (29).

Progressive muscular relaxation

Based on studies results progressive muscular relaxation is one of the pain relief interventions that was significantly effective and enhances parasympathetic cycle activity and then can neutralizes muscle tension. Learning principles and techniques of progressive muscular relaxation is one of the primary and main needs to deal with pain and tension. Nurses as one of the most important members of therapeutic group that is closely related to patients with cancer, should train this method and learn it to patients and their families (30).

Music therapy

Music therapy is another pain relief method in patients which is used for expressing their thoughts

and feelings and is the source of comfort and tranquility (31, 32). Music plays a role in soothing and refreshing human life and creating vitality and reinforcing sense of empathy. Also music therapy reduce heart rate, deepen breathing and decrease anxiety and depression and relief pain in the patients (30).

Yoga

Yoga is among the most common types of complementary therapies that are used largely in the treatment of cancer (33). Yoga is considered as an effective treatment for the improvement of psychological problems such as depression and anxiety. Also yoga in patients with cancer help to achieve relaxation and reduce stress, doing proper daily and normal activities and enhance the quality of life. Yoga includes recommendations for a moral life style, mental exercises and physical status (34).

Meditation

An Australian study which investigating the effect of 20 sessions relaxation through meditation on 73 patients in the advanced stage of cancer disease

References

29. Taleghani F, Yekta ZP, Nasrabadi AN. Coping with breast cancer in newly diagnosed Iranian women. *J Adv Nurs*. 2006;54(3):265-72.
30. Shaban M, Rasoulzadeh N, Mehran A, Morad Alizadeh F. The effect of two non-pharmacological methods (progressive muscle relaxation and music therapy) on the amount pain in cancer patients. *Journal of Nursing and Midwifery*. Tehran Univ Med J. 2007;12(3):63-72.
31. Bailey LM. The use of songs in music therapy with cancer patients and their families. *J Music Ther*. 1984;4(1):5-17.
32. Narimani M, Atadokht A, Senobar L, Basharpour S. The comparison of the effectiveness of progressive muscular relaxation and music therapy on the degree of fatigue in breast cancer patients. *Health Psychol*. 2016;14(14):33-44.
33. Fouladbakhsh JM, Stommel M, editors. Gender, symptom experience, and use of complementary and alternative medicine practices among cancer survivors in the US cancer population. *Oncol Nurs Forum*; 2010.:(1)*E7-E15.
34. Ülger Ö, Yağlı NV. Effects of yoga on the quality of life in cancer patients. *Complement Ther Clin Pract*.2010;16(2):60-3.

showed that the level of anxiety, confusion, depression and pain in half of the patients were decreased. In addition, it has been shown that at least 10% of cancer tumors disappeared in patients with advanced stages of cancer following meditation (35).

Methods such as progressive muscular relaxation, music therapy, yoga and meditation, give rise to patient's autonomy and also can be provided by patients themselves with simple tools. In addition to these methods are associated with easy admission and good cooperation of most of the patients. Also they have no adverse effects and consequences of pharmacological interventions (11).

Social interventions such as family and social support

Loneliness is a major psychosocial concern in patients with cancer. Diagnosis, acute treatment of cancer, and its physical, emotional and social effect led to challenges in patients which cause the sense

of loneliness in these patients (36). Social support is an important aspect of modern caring of cancer (37). Social support is defined as establish a social interaction which starts with commutation and with its continuity led to an empathetic connection and safe network for patients (38). This relationship help patients to cope with hard situation and make better sense about themselves (36). They have this chance to share their attitudes, internal beliefs, experiences, concerns and feelings and deal with their illness (39, 40). Studies showed that social support has a major role in adjustment and cope with chronic illness such as cancer (41-44).

Spirituality interventions (religion therapy and hope therapy).

Spirituality appears to be a significantly beneficial intervention for increasing hope and psychological well-being in patients with cancer. Spirituality can reduce negative feeling such as anxiety, depression and anger by filling the gap between something people have and something they want to achieve

References

35. Kremser T, Evans A, Moore A, Luxford K, Begbie S, Bensoussan A, et al. Use of complementary therapies by Australian women with breast cancer. *Breast*. 2008;17(4):387-94.
36. Taei Z, MogadamTabriz F, Sheikhei N. The effect of dimension of social support on hope and loneliness in patients with breast cancer. *J Urmia Nurs Midwifery Fac*. 2015;13(6):473-80.
37. Ozkan S, Ogec F. Importance of social support for functional status in breast cancer patients. *Asian Pac J Cancer Prev*. 2008;9(4):601-4.
38. Taghavi M, Kalafi E, Talei A, Dehbozorgi G, Taghavi SMA. Investigating the relation of depression and religious coping and social support in women with breast cancer. *J Isfahan Med Sch*. 2011;28(115):1-8.
39. Butt CM. *Supporting Hope in Midlife Cancer Survivors: Intervention Workshop*; Boston College; 2012.
40. Baljani E, Khashabi J, Amanpour E, Azimi N. Relationship between spiritual well-being, religion, and hope among patients with cancer. *Hayat*. 2011;17(3):27-37.
41. Courtens A, Stevens F, Crebolder H, Philipsen H. Longitudinal study on quality of life and social support in cancer patients. *Cancer nurs*. 1996;19(3):162-9.
42. Rose JH. Social support and cancer: Adult patients' desire for support from family, friends, and health professionals. *Am J Community Psychol*. 1990;18(3):439-64.
43. Wortman CB. Social support and the cancer patient. *Cancer*. 1984;53(S10):2339-60.
44. Nausheen B, Gidron Y, Peveler R, Moss-Morris R. Social support and cancer progression: a systematic review. *J Psychosom Res*. 2009;67(5):403-15.

and also could facilitate acceptance the new situation and increase life satisfaction (4, 45-47).

Religion therapy

One of the aspects of spirituality that has been studied in most studies of cancer is religious issues and its role in hope of life in the patient (40, 48). Religion is considered as a strong predictor of effective coping and positive adapting with disabilities or chronic diseases such as cancer (40, 46). In otherwise religion is a complex phenomenon that has a profound effect on some patients with cancer (46). For end stage patients with cancer spiritual and religious beliefs may be more important even than physical and mental health. Feeling comfort and power of religious beliefs can be important in good health and feeling in patients (40). Also, religious identity has been accompanied with lower psychological symptoms such as anxiety, spiritual beliefs and well-being (40).

Religious sources such as God, Imam and Prophet have played a significant role in patient's self-esteem, psychological well-being and provision of

the sense of meaning and purpose in the life (4, 45-47). Also it help people to exposure with stressful events positively (40).

Hope therapy

Reduction in the hope level is one of the most challenges of patients with cancer (47, 49). Hope is an essential mechanism of adaptation in chronic diseases including cancer and is defined as a complex, multidimensional and potentially powerful factor in effective recovery and compatibility with illness (6, 50). According to the studies, most reports regarding hope issues have been conducted in patients with cancer due to this disease has the most negative impact on the level of patient's hope compared to other chronic conditions (2, 51).

Factors such as the stage of illness, time of illness diagnosis, the level of knowledge and information of patients regarding the treatment process and family support are important factors which effect on the level of hope in patients (51).

References

45. Vellone E, Rega ML, Galletti C, Cohen MZ. Hope and related variables in Italian cancer patients. *Cancer nurs.* 2006;29(5):356-66.
46. Hasson-Ohayon I, Braun M, Galinsky D, Baider L. Religiosity and hope: A path for women coping with a diagnosis of breast cancer. *Psychosomatics.* 2009;50(5):525-33.
47. Chu-Hui-Lin Chi G, editor *The role of hope in patients with cancer.* *Oncol Nurs Forum.* 2007;34(2):415-24.
48. Holt CL, Caplan L, Schulz E, Blake V, Southward P, Buckner A, et al. Role of religion in cancer coping among African Americans: A qualitative examination. *J Psychosoc Oncol.* 2009;27(2):248-73.
49. Duggleby W, Ghosh S, Cooper D, Dwernychuk L. Hope in newly diagnosed cancer patients. *J Pain Symptom Manage.* 2013;46(5):661-70.
50. Mahdian Z, Ghaffari M. The mediating role of psychological resilience, and social support on the relationship between spiritual well-being and hope in cancer patients. *J Fundam Ment Health.* 2016;18(3):130-8.
51. Brown C. Hope and quality of life in hospice patients with cancer. 2005:1-51.

Hope therapy is a specific strategy that with using positive psychology without emphasis on disabilities, reduce the psychological stress in cancer patients (52). Psychologically, hope therapy is recognized as a strong therapeutic strategy that can improve patient's mental health by enhancing patient resilience and led to promote general health and quality of life in the patients (53). Hope therapy sessions including problem-based learning and active participation of patient in issues such as positive speech, healthy diet, exercise and communication with supportive networks (54). In this strategy, healthcare providers apply cognitive-behavioral therapies based solution and also provide educational services and program such as helping patients to formulate their short-term and long-term goals, and considering the appropriate paths and addressing the challenges and barriers to reach their goals (27, 55).

Discussion

The present study aimed to determine psychosocial/spiritual interventions for mental health in patients with cancer. In this present study different non-pharmacological strategies were assessed. In the

category of psychological interventions, a study in Iran that evaluated the effectiveness of cognitive behavioral therapy in reducing the psychological symptoms of patients with cancer showed that this method had significantly effect on reducing physical complaints, interpersonal sensitivity, depression, anxiety, aggression, painful fear, and paranoid thoughts. So it can be used as a supplementary treatment in addition to medical treatments in oncology centers (56). In another study which evaluated four-dimensional psychotherapy approach such as awareness raising, hope, the establishment of appropriate therapeutic communication and behavioral consistency in improving the quality of life of patients with breast cancer, revealed that this treatment was considered as one of the counseling-supportive therapies in promoting the mental health in women with breast cancer (57).

Another psychological intervention which assessed in the mental treatment of patients with cancer is yoga exercises. Studies in this field have suggested that the use of his approach in patients with cancer led to better compliance with the disease and

References

52. Lotfi Kf, Vaziri S, Zine Eas, Zine EasN. Effectiveness of group hope therapy on decreasing psychological distress among women with breast cancer. *J. Appl. Psychol.* 2014;7(4):45-58.
53. Kavradim ST, Özer ZC, Bozcuk H. Hope in people with cancer: a multivariate analysis from Turkey. *J Adv Nurs.* 2013;69(5):1183-96.
54. Shekarabi-Ahari G, Younesi J, Borjali A, Ansari-Damavandi S. The effectiveness of group hope therapy on hope and depression of mothers with children suffering from cancer in Tehran. *Iran J Cancer Prev.* 2012;5(4):183-88.
55. Feldman DB, Snyder CR. Hope and the meaningful life: Theoretical and empirical associations between goal-directed thinking and life meaning. *J Soc and clin Psychol* 2005;24(3):401-21.
56. Kahrazei F, Danesh E, Hydarzadegan A. The effect of cognitive-behavioral therapy (CBT) on reduction of psychological symptoms among patients with cancer. *Zahedan J Res Med Sci.* 2012;14(2):112-6.
57. Akbari M, Lotfi Kf, Vaziri S. The efficacy of four-factor psychotherapy on increasing sexual self-esteem in breast cancer survivors. *Iran J Breast Dis.* 2017;10(1):49-60.

improved quality of life in them (34, 35). In a study which is used yoga as a therapeutic method for treatment of anxiety in patients with breast cancer suggested that yoga intervention as a nonpharmacological method can be used for managing anxiety in cancer patients (11).

In the term of social category, evidence indicated that having sympathetic caregivers at home or during therapeutic sessions are associated with improved motivations of patients for continuing therapeutic processes. Nurses who aware about patient's challenges and concerns, can have a unique role in promoting their functional status (36). A study showed that in patients with higher family support, the likelihood of recovery and implementation of problem based coping styles were increased (58).

The importance of spirituality is proved in different

studies (59, 60). The results of a study which investigated the role of religious beliefs in quality of life of patients with cancer indicated that the religious beliefs could be related to the quality of life among patients with cancer (61).

Limitations and suggestions for further research

We did not assess the quality of included articles, we did not include unpublished studies and also other languages articles except Persian and English.

Given the mentioned limitations, this study researchers proposed that a systematic review or clinical trial regarding effective non-pharmacological interventions for mental health in patients with cancer will be useful. This study proposed that presence of graduated midwifery counseling who familiar with effective non-pharmacological interventions in cancer in oncology ward are considered as an important action.

Conclusion

In conclusion reviewing studies results showed that these interventions were the most effective strategies in promotion of mental health in patients with cancer. Given the important role of mental health in quality of life of patients with cancer, in addition to pharmacological treatment, considering psychosocial/spiritual approaches in these patients can be as important part of their treatment process.

References

58. Shoakazemi M, Haghani S, Saadati M, Khajehvand A. The relationship between family social support and coping styles in the trend of recovery of patients with breast cancer. *Iran J Breast Dis.* 2013;6(4):35-40.
59. Fallah R, Golzari M, Dastani M, Akbari M. Integrating spirituality into a group psychotherapy program for women surviving from breast cancer. *Iran J Cancer Prev.* 2011;4(3):141-7.
60. Weaver AJ, Flannelly KJ. The role of religion/spirituality for cancer patients and their caregivers. *South Med J.* 2004;97(12):1210-4.
61. Saffari M, Zeidi I, Pakpour A. Role of religious beliefs in quality of life of patients with cancer. *Hakim Res J.* 2012;15(3):243-50.