

## Opinion

# Holistic cancer management as a model for the emergence of a personalized bio-psycho-socio-spiritual model of diseases, development and management

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Psycho-social support lies at the core of Patient and Family-Centered Care (PFCC) that health care systems aim to transform. The objective is to comprehensively inform patients and families of their health issues, empower them to take charge of their illness, and participate in making choices about managing their health and wellbeing [1].

For PFCC, bio-psycho-social services represent a core pillar in the management of physical and mental stress and have been linked to top killer diseases including cancer [2-5].

However, it was not until the conceptualization of the bio-psycho-social model of disease by George Engel in 1977, that the existence of psychological illnesses was accepted and acknowledged by healthcare professionals [5,6] and since then the field of psychiatry has witnessed a major shift leading to the establishment of mental illnesses classification, diagnostic manuals (see DSM history on APA, [www.psychiatry.org/psychiatrists/practice/dsm/history-of-the-dsm](http://www.psychiatry.org/psychiatrists/practice/dsm/history-of-the-dsm)) and mental state examination [7].

Nevertheless, the biopsychosocial model of diseases has been criticized for its limitations and its shift in conceptualization has been dangling on the horizon since the end of the last millennium [8,9]. One important limitation worth mentioning is the lack of personalized psychological management of

patients with a mental illnesses. Diagnostic manuals such as DSM V diagnose patients with psychopathology once deviating from known norms [10]. In such an approach it leaves limited or no space for the identification of healthy individuals who experience extreme life circumstances and appropriately develop congruent extreme coping skills. To deal with this problem psychodynamic and humanistic psychotherapists might employ the psychodynamic diagnostic manual [11,12]. Moreover, employing the dynamic sensitive assessment tool “Change State Indicator” developed by G. W Graves that assesses the dynamic coping of individuals to life circumstances offers a scope of personalizing the psychological assessment of healthy individuals who deviate from the psychological norms and yet do not suffer from psychopathology [10]. However, none of these strategies take into consideration the spiritual domain.

On the other hand, in transpersonal psychology, spirituality is placed on the far end of the spectrum continuum with psychology being at the leading end of the spectrum. A quick literature search in PubMed and a grey literature database, carried out for this opinion, utilizing the words “psycho-socio-spiritual and cancer” yielded a ~133 hits, 18 of which were eligible full texts (16 published articles and 2 Ph.D. dissertations). Googling writers who champion the need for a spiritual domain for the bio-psycho-social models of diseases and development show tens of books about the spiritual root



causes of disease. Table 1 suggests the need to focus on spiritual needs, care, and research among cancer patients.

Of interest, the articles and book chapters of Harold G. Koenig of Duke University, the hope assessment of Brown University [13] and the book by Michael F. Cantwell [4] are paving the way for establishing a scientific framework for the spiritual state examination and spiritual development and disease diagnostic and classifications manuals. In a decade or two, the bio-psycho-socio-spiritual dynamic model of disease and development would probably be well established.

While Dr. Koenig emphasizes the importance and significance of spirituality and religiosity in patients' management, Brown University proposed a qualitative assessment schema of patient's spirituality and religiosity and Dr. Cantwell proposed a semi-quantitative assessment tool of spiritual root causes of refractory diseases and monitoring patients' progress [4,13,14].

His proposal of a triad model, universal to all human beings and not dictated or limited by any one religion, which is useful as an assessment tool and helps to explain the links between spirituality and health, is a step in the right direction to establishing the spiritual state clinical examination.

Meanwhile, we would have to rely on case reports, observational studies, the existing advances, and guidelines of medical and royal colleges, institutes of medicine, and psychology associations [15,16] advice and guidelines for getting the spiritual history of patients and addressing their spiritual needs to gain more in-depth experience, understanding, knowledge, and conceptualization of the bio-

psycho-socio-spiritual issues until longitudinal controlled clinical trials determine the true essence of root causes and personalized spiritual management of diseases.

### Methodology

As comprehensive data search is beyond the scope of this opinion. However, it was conducted as recommended by the PRISMA guidelines through one database "PubMed" for published literature, and the grey literature database "ProQuest" from inception to date. The search terms were direct four terms "Psycho, socio, spiritual and cancer" with no restrictions.

### Search results

The PubMed database returned 54 hits, 36 of which were excluded through title and abstract screening and 2 through full-text screening. 79 hits were returned through the grey literature database "ProQuest", 72 of which were excluded through their title and abstract, and 5 more full theses were excluded after reviewing their text. The results of the 18 eligible studies are summarized in Table 1 and the conclusion, discussion, and recommendations are presented above.

### Limitations

As mentioned above, this is not a comprehensive review of the literature. It was just conducted to support this presented opinion. Thus, a brief time was spent carrying it out and a simple methodology that complies with the PRISMA guidelines was followed to support the synthesis of an evidence-based opinion.

**Table 1:** Table summary of the studies that were retrieved from published articles and grey literature that stress the need for spiritual care and research on the efficacy of spiritual interventions.

S/N	Study ID	Year	Type of cancer	Cancer care	Sample size	Publication	Study design	Type of study	Country	Conclusions
1	Arye [17]	2015	Lung Cancer	Palliative	NA	Editorial	Comment on review		Israel	Spiritual care needed
2	Best [18]	2014	Stage IV cancers	Palliative	15	Qualitative interview	Prospective	Qualitative	Australia	Spiritual care needed by Drs
3	Duran [19]	2021	Terminal cancers	Palliative	474F, 695M	Research article	Prospective	Observational	Spain	Facing death, women resort to spirituality more than men
4	HO [20]	2017	Terminal illness	Palliative hospice care	252	Research article	Randomized	Clinical trial	Singapore	Spiritual care is needed in Singapore as part of holistic palliative care
5	Holland [21]	2001	Bone cancer	Euthanasia	4	Ph.D. thesis	Case study	Ph.D. research	USA	Spiritual distress is common, interferes with decisions, and can be transformational for patients/carers
6	Lau [22]	2021	Different cancers	Observations	686	Systematic review	Systematic Review of studies in Korea, India, USA, Brazil, Canada, Germany, Australia, Norway, and Hong Kong			Need for psycho-socio-spiritual research to relate to resilience
7	Li [23]	2022	Oesophageal	Social support	197	Research article	prospective	Cross-sectional	China	Social support rumination improves spiritual wellbeing



8	Martinez [24]	2001	Breast / Ovarian Hispanic women	Observations	110	Ph.D. thesis	Prospective	Ph.D. research	USA	Spirituality correlates positively with seeking screening for cancer
9	McGrath [25]	2006	Healthy Aboriginals	NA	72	Research article	Prospective	Qualitative	Australia	Aboriginals believe that cancer is caused by spiritual misdeeds
10	Miller [26]	2005	Life-threatening terminal diseases	Affective education and support	69	Research article	Randomized	Interventional	USA	Significant improvement of religious and existential spiritual wellbeing
11	Ohnosorge [27]	2012	Terminal cancer	NA	30	Research article	Prospective	Observational	Switzerland	Striking prevalence of spiritual concerns among patients' sample
12	Pop, F [28]	2018	Breast cancer	Active treatment	101	Research article	Prospective	Cross-sectional	Romania	Spiritual needs are among the developed needs assessment tool
13	Pop, R [29]	2022	Different cancers	Different phases	10888	Systematic review	Systematic Review of studies in Korea, Italy, UK, Ireland, Japan, Spain, Iran, Canada, Hong Kong Sweden, Netherlands, Denmark, USA, Singapore, Germany, and Australia,			Only 10% of tools are available to assess spiritual needs while more than 75% of tools are available for psychosocial needs
14	Rohde [30]	2002	Terminal cancers	Palliative	451	Research article	Retrospective	Cross-sectional	14 different countries	Spiritual support especially for young male patients with emotional distress
15	Saha [31]	2021	Multiple Myeloma	NA	NA	Perspective article			India	Lack of studies that assess the outcome of spiritual support
16	Share [32]	2022	Terminal cancers	Palliative	285	Research article	Retrospective	Cross-sectional	Indonesia	Spiritual services improve pain significantly
17	Tao [33]	2014	Terminal cancers	Palliative	442	Research article	Prospective	Cross-sectional	China	Spirituality can improve depression
18	Ullrich [34]	2022	Terminal cancers	Palliative	425	Research article	Prospective	Cross-sectional	Germany	Need for professional spiritual care

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