

## Original Article

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**Abstract**

**Objective.** To investigate the effect of a written prayer technique on the anxiety of mothers of children with cancer.

**Method.** This clinical trial recruited 90 mothers of children with cancer admitted to the Medical Centre of Tehran. Using a convenience sampling method, we randomly assigned the participants to two groups: control ( $n = 45$ ) and intervention ( $n = 45$ ). Data were collected through the Spielberger's anxiety scale and a demographic questionnaire. Maternal anxiety was measured before the intervention, immediately after the three-day intervention, and five weeks after the intervention. We used a writing technique in the intervention and control groups for 20 minutes over three consecutive days. In the intervention group, participants wrote down their sincere desires and wishes that they demanded from God without any worry or stress. The control group spent 20 minutes writing their normal daily schedules; for example, feeding their children or changing their children's clothes. During the three consecutive days of intervention, we asked both groups not to worry about grammar or spelling errors. Finally, the data were analyzed using descriptive and analytical statistical methods.

**Result.** A statistically significant difference was observed between the two groups (intervention and control mean,  $34.9 \pm 9.9$  and  $47.9 \pm 16.2$ , respectively) relative to anxiety after the intervention ( $p < 0.001$ ). After five weeks, the intervention group continued to exhibit significantly reduced anxiety compared with the control group (intervention and control mean,  $34.7 \pm 9.6$  and  $48.5 \pm 16.4$ ;  $p < 0.001$ ).

**Significance of results.** The written prayer technique appears to be an effective, efficient, cost-effective, and practical method for reducing anxiety in mothers of children with cancer.

**Introduction**

Childhood cancer is one of the most difficult challenges that an individual, particularly a mother, can experience during a lifetime (Fotokian, 2004). Most mothers of children with cancer say this experience is the worst experience of their lives, and these individuals need specific support and care to cope with this difficult situation (Fletcher, 2011; Samie Sibani, Anushe, & Alhani, 2012). Nurses are familiar members of the caregiver team and should seek out mothers dealing with these difficult situations (Ahmadifaraz et al., 2015; Alligood & Tomey, 2010). Most studies conducted on the families of children with cancer have focused on the family's response, particularly that of a mother (Samie Sibani et al., 2012). Results indicate that empowering the caregivers, particularly a mother, can lead to a better prognosis and superior treatment outcomes (Fotokian, 2004). Because the caregivers of patients are considered "silent patients," different methods are necessary to help them (Balboni et al., 2007).

One such method is spirituality. Spirituality increases self-esteem, lending a sense of purpose and meaning to life (Rezaie et al., 2010). The power of religious beliefs as a kind of spiritual care can have an important role in the health and well-being of individuals (Akbari et al., 2009). Spiritual interventions can enhance the quality of life of patients and their families by reducing the effects of cancer on the mind and soul (Yesilbakan, Ozkutuk, & Ardahan, 2010). Religious beliefs and practices create a positive mental state in patients, helping them feel better and enabling them to get through any circumstances (Hoseyni Vajari, 2012; Woodgate, 2003). In religious societies, spiritual nursing interventions are received better, and families expect their spiritual needs to be addressed like their other needs (Javedanpour et al., 2017; sadat Hoseini, Alhani, & Khosro-panah, 2011).

Among the various spiritual interventions, prayer is the main method used to communicate with one's Creator or God (Shariati, 1970; Tatsumura et al., 2003). Through prayer, people develop a relationship with the source of life. Some consider prayer a core human instinct that is not limited to a specific time, location, or religion (Rezaei et al., 2008; Watson et al., 2004; Young & Koopsen, 2005). Patients develop a close relationship with God through prayer. They ask others to pray for them and gain a sense of strength as a result. Many studies have

shown spiritual care, such as prayer, reduces anxiety and creates positive feelings in patients and families (Ahmadifaraz et al., 2015; Dossey, Keegan, & Guzzetta, 2003; Edwards et al., 2010; Lin & Bauer-Wu, 2003; Walton & Sullivan, 2004). For example, Meireles et al. (2015) showed that spirituality helps sick children and their families acquire positive feelings, even in the middle of the cancer experience.

Writing is a scientific approach for expressing negative feelings, emotions, and stress. Writing can be effective in reducing anxiety and stress (Esterling et al., 1999; Meireles et al., 2015). In the process of writing, the writer demonstrates increased ability to control his or her emotions and is better able to cope with aversive experiences (Burton & King, 2008; Ramezani et al., 2010; Saraie et al., 2010). Writing strengthens the immune and autonomic nervous systems and promotes physical and mental health. Some studies have shown that writing about feelings or anything else reduces anxiety (Burton & King, 2008; Kadivar et al., 2015). Nurses seek to reduce the anxiety of patients and their families; however, there are few nonpharmacological interventions that have been empirically validated (Ahmadifaraz et al., 2015; Burton & King, 2008; Kadivar et al., 2015). Hence, as previous studies have shown, mothers of children with cancer require spiritual cares, and it is the responsibility of nurses to provide appropriate care to reduce their anxiety (Javedanpour et al., 2017; sadat Hoseini et al., 2011). Given that Iran has a predominantly religious culture and, as such, spiritual care interventions such as prayers are commonplace and consistent with Iranian culture (LotfiKashani, Mofid, & SarafrazMehr, 2013; Sadat-Hoseini & Khosropanah, 2017), the present study was designed in accordance with the dominant culture of these mothers to meet their spiritual needs and reduce their anxiety.

This study combined prayer (as a type of spiritual care) and writing (as a type of psychological care) to measure the effect of written prayer technique on the anxiety of mothers of children with cancer.

## Methods

This experimental study was a clinical trial conducted on 90 mothers of children with cancer admitted to the Medical Centre of Tehran. Data was collected from spring (April 1) to summer (September 22) 2017.

### Sampling

Sample size was calculated as a means comparison based on the study of Dehghani et al. (2012). Sample size was determined 40.6 (41 individuals) at 95% confidence interval and 80% power, considering at least 7 points difference in mean anxiety (based on Spielberger's questionnaire), which was increased to 45 individuals per group (a total of 90 individuals), taking into account withdrawal of 10% (Appendix 1).

We calculated the number of samples as 41 mothers for each group. Convenience sampling was used, and the samples were randomly divided into two groups: control ( $n = 46$ ) and intervention ( $n = 47$ ) (Fig. 1). The inclusion criteria were: mothers of hospitalized children with cancer who were able to read and write and had no anxiety disorders. Children were hospitalized during the study period and their mothers were constantly present in the ward. The exclusion criteria were: intervention performed for less than three days, child discharged before three days, or mother physically or mentally unable to continue the study. Four of the participants withdrew from the study and were replaced. Two

participants withdrew because of a lack of patience and two others stated that writing prayers was too upsetting. Data collection was performed using the Spielberger's anxiety scale and a demographic questionnaire. The anxiety of mothers was measured before the intervention, immediately after the three-day intervention, and five weeks after the intervention. At the five-week follow-up, the questionnaire was completed over the phone.

The demographic questionnaire sampled information including age, sex, birth order, mother's education level, mother's age, type of illness, and number of hospitalizations. The Spielberger's anxiety scale included self-report Likert-like scales for measuring anxiety. Both questionnaires were previously proven to be reliable and valid. The demographic questionnaire had adequate face and content validity and test-retest reliability. The Spielberger's anxiety scale demonstrated reliability with a Cronbach's alpha of 0.87.

### Intervention

A writing technique was used in both the groups for 20 minutes per day over three consecutive days. Writing interventions took place in a silent and calm setting without distractions. The researcher briefed mothers in the intervention group on their freedom to participate and that they should feel free to write down their prayer when they felt closer to God, such as during the time of "azan" (Muslims' call for prayer), or any time they wished. The participants in the intervention group were asked to spend 20 minutes praying to God over three consecutive days and to ask Him whatever they wanted in writing, with the intention that they would write down their sincere desires and wishes without any worry and stress about communicating these desires and wishes to God. They were told not to worry about grammar or spelling errors while writing their prayer. Similar advice was given to the control group, which spent 20 minutes each day any time they wished writing their normal daily schedules such as feeding their children or changing their children's clothes without worrying about grammar or spelling errors.

All written prayers were collected by the researcher. Manuscripts were collected only to ensure the accuracy of the intervention; no qualitative analysis was performed on them. All stationery was given to the mothers by the researcher.

### Statistical analysis

Data were analyzed by independent  $t$ , paired  $t$ , Mann-Whitney  $U$ , and chi-square tests; repeated measures analysis was undertaken using SPSS software, version 16. The manuscripts presented in the Results section contain experiences of mothers who wished to express them; no content analysis was performed on these manuscripts.

### Ethical considerations

The researcher obtained permission from the Ethics Committee of Tehran University of Medical Sciences (IR.TUMS.REC.139402193). This ethical code was carried out in accordance with principles embodied in the Declaration of Helsinki (Code of Ethics of the World Medical Association). The study objectives were explained to the mothers and they were told they could participate in this study if they wished to do so. They were assured that participating in the study would not affect their child's treatment or harm their child in any way. They were assured of anonymity and confidentiality for all the information provided, and each participant provided

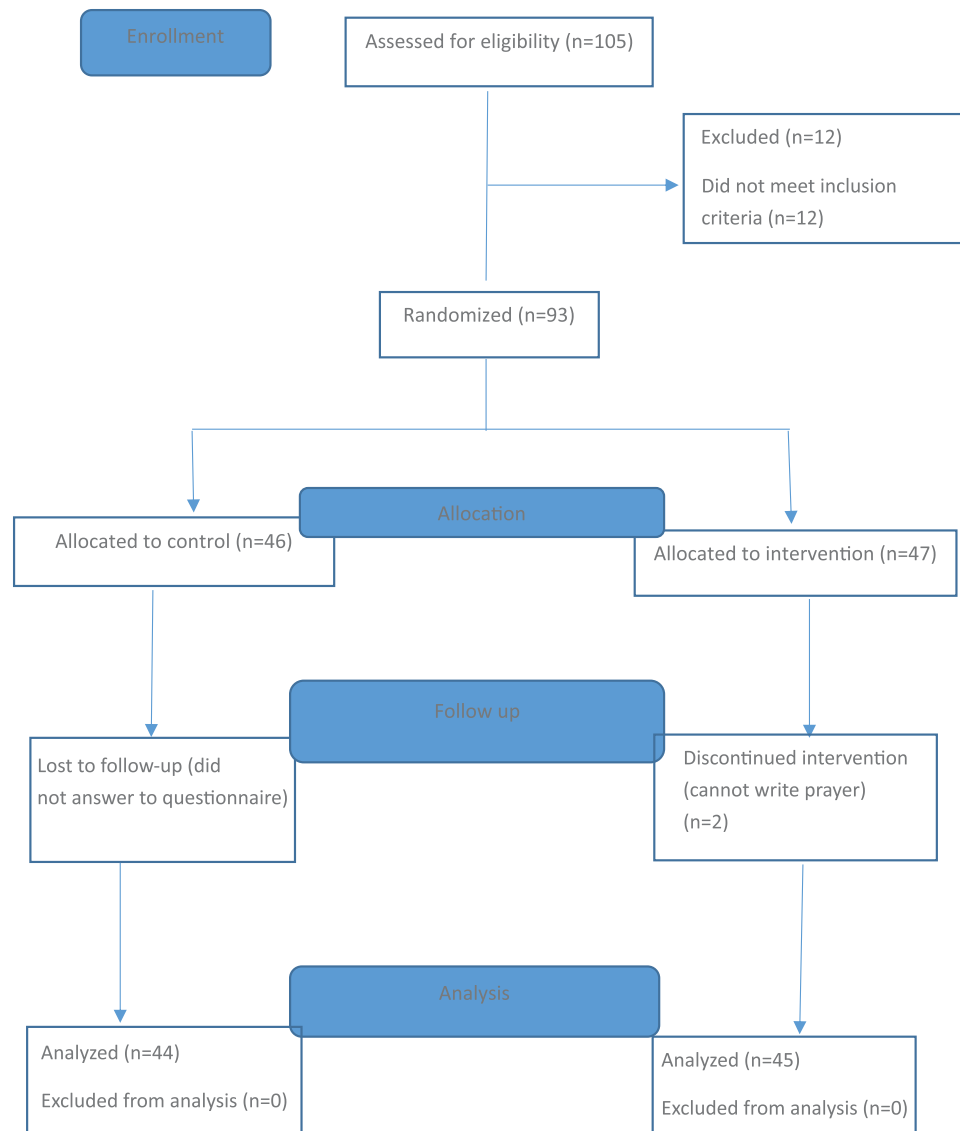


Fig. 1. Consolidated Standards Of Reporting Trials table

written informed consent for participation. The study objectives concerning reducing anxiety of mothers were explained to all participating mothers according to ethical guidelines of Tehran University of Medical Sciences, and, with regard to the type of intervention, they were asked to write an essay based on researcher's explanations. Thus, mothers were fully informed of the study objectives when giving their consent to take part in the study, but had no knowledge about their groups. During sampling, all eligible mothers consented to take part in the study. Statistical analysis of data was performed by a person who was blinded to the classification. This study was registered in the Iranian Clinical Trials Database (IRCT201501205163N3).

## Results

Table 1 shows the demographic variables of mothers and their children. No statistically significant differences were observed between the two groups regarding demographic variables

including child's age, mother's age, duration of illness and number of hospitalizations.

After the three-day intervention, the mean level of anxiety of mothers was  $34.9 \pm 9.9$  in the intervention group and  $47.9 \pm 16.2$  in the control group. The anxiety level reduced by  $-44.7$  in the intervention group compared with the prestudy baseline while that in the control group reduced by  $-17.7$ .

The anxiety level of mothers at 5 weeks after the intervention was  $34.7 \pm 9.6$  in the intervention group and  $48.5 \pm 16.4$  in the control group. The reduction in the intervention group was  $-44.3$  and that in the control group was  $-16.7$ . The results showed that the mean anxiety level in the intervention group reduced sharply, and, once reduced, it remained low until at least five weeks after the intervention. In contrast, the mean anxiety level in the control group started to increase beginning at day 3 until the fifth week (Table 2). Pairwise comparisons of the anxiety before the intervention, after three days of intervention, and five weeks after the intervention showed in Table 3.

**Table 1.** Demographic characteristics of mothers and their children

Demographic variable	Intervention group <i>M</i> ± <i>SD</i>	Control group <i>M</i> ± <i>SD</i>	Test*	<i>p</i> value
Age of mothers, years	32.0 ± 5.4	32.4 ± 5.1	<i>t</i> (88) = −0.34	0.736
Age of children, years	6.8 ± 3.8	3.2 ± 6.9	<i>t</i> (88) = −0.08	0.929
Period of disease, months	20.0 ± 1.7	18 ± 1.67	<i>t</i> (88) = 0.42	0.663
Number of children	1.7 ± 0.74	1.7 ± 0.7	Mann-Whitney <i>U</i> = 989.5 <i>z</i> = −0.23	0.817
Number of admissions	10.98 ± 8.9	12.05 ± 7.8	Mann-Whitney <i>U</i> = 900 <i>z</i> = −0.92	0.358

\*All demographic variables using the Kolmogorov-Smirnov *z* test were evaluated for the normal distribution curve. The *t* test was used for variables with normal curve ( $p > 0.05$ ); nonparametric Mann-Whitney tests were used in cases in which the curve was not normal.

**Table 2.** Comparison of the *M* and *SD* level of anxiety before the intervention, after three days of intervention, and five weeks after the intervention

Anxiety score	Intervention group ( <i>n</i> = 45) <i>M</i> ± <i>SD</i>	Control group ( <i>n</i> = 44) <i>M</i> ± <i>SD</i>	<i>t</i> test; <i>p</i> value
Anxiety score before intervention	62.4 ± 13.9	58.2 ± 14.9	<i>t</i> (88) = 1.2; $p < 0.224$
Anxiety score after three days of intervention	34.9 ± 9.9	47.9 ± 16.2	<i>t</i> (87) = −4.5; $p < 0.001$
Anxiety score after five weeks of intervention	34.7 ± 9.6	48.5 ± 16.4	<i>t</i> (87) = −4.8; $p < 0.001$
<i>p</i> value repeated measures analysis	<0.001	<0.001	

**Table 3.** Pairwise comparisons of the mean difference in anxiety before the intervention, after three days of intervention, and five weeks after the intervention

Group	Difference between anxiety score before intervention and three days of intervention, <i>M</i>	Difference between anxiety score before intervention and five weeks of intervention, <i>M</i>	Difference between anxiety score three days of intervention and five weeks of intervention, <i>M</i>
Intervention	27.53 ± 1.99 $p < 0.000$	27.75 ± 2.01 $p < 0.000$	0.22 ± 0.25 $p = 1$
Control	10.29 ± 1.41 $p < 0.000$	9.72 ± 1.21 $p < 0.000$	−0.56 ± 0.9 $p = 1$

In this study, the researcher asked the mothers to express their views on the effects of written prayer and their statements are presented as follows.

Mom B: “It feels so alone. I am surrounded by people but I am still alone. I keep saying to myself that, you people are angels sent by God to help me. Written prayer helped me a lot and I say to myself, God cares about me.”

Mom L: “After writing a letter to God, I felt so comfortable and happy. I suddenly felt a heavy weight on my shoulder has been lifted. My life is very difficult. I love my life, and I like to write my life events and problems to you.”

A’s mother: “I felt really good after writing my prayer. I returned to normal life and I feel I can get through this period. It will end. When I was writing, I had a feeling like; God wants to read my letter. I was writing without thinking about anything; I was just writing. I believe it is a good method.”

Mom A: “Writing reveals the gaps in your life. It improved my spirit. I feel much better now and I feel, I have someone to talk to. Someone that I can tell him about my pain and someone who wants to help me. I am glad that I learned about this method.”

Mom P: “God is a patient listener; he does not tell you what kind of language you are using, and what are you talking about? He listens to me. When I started writing to him, a lot of things became clear for me. I felt the presence of God next to me in difficult circumstances.”

These statements reflect the effectiveness of this intervention.

## Discussion

The results of this study showed that the written prayer technique had a positive effect on the anxiety of mothers of children with cancer, reducing their anxiety levels for up to five weeks after the intervention. Kadivar et al. (2015) conducted a study on 70 mothers of premature infants hospitalized in neonatal intensive care units. Their results showed that writing could reduce the mothers’ stress levels (Kadivar et al., 2015). Their results showed that maternal stress levels significantly decreased, indicating the effectiveness of writing on stress levels. The results of that study were similar to those in this study. Mothers in the intervention group stated that writing made them feel lighter and that they felt better after writing. LotfiKashani et al. (2013) conducted a study focusing 12 mothers of children with cancer. After conducting six sessions of spiritual intervention, which included the concepts of reliance on God, prayer, redemption, being thankful, patience, forgiveness and its outcomes and their effects on emotion, they concluded that spiritual interventions had a positive effect on the mothers of children with cancer (LotfiKashani et al., 2013). Spiritual interventions can provide a social support network for patients with cancer and their caregivers who are

experiencing severe distress. It appears that spiritual and religious obligations protect people against uncontrollable life events such as death and serious diseases that can lead to severe distress and anxiety (Salarifar et al., 2008). Monazamitabar et al. (2015) showed that writing significantly reduced depression, anxiety, and stress in veterans (Monazamitabar et al., 2015). The results of one study explored the quality of life in patients with cancer (Tang, 2006). In this study, caregivers revealed that an increase in religious and spiritual beliefs and practices effectively reduced distress in the caregivers of patients with cancer. In their study, Kim, Spillers, and Hall (2012) showed that religious beliefs reduced psychological distress in mothers of children with cancer by reducing the sense of guilt, anxiety, frustration, and hopelessness while increasing the sense of internal peace and hope (Kim et al., 2012).

The spiritual intervention study by Hayley Harriet (2008) showed that religious and spiritual commitments protected people against uncontrollable life events such as death and serious diseases that can lead to severe distress, anxiety, and depression (Hayley Harriet, 2008). According to another study, spiritual interventions can provide a social support network for patients with cancer and their caregivers who are experiencing severe distress (Weaver & Flannelly, 2004).

Another study conducted by Kloss and Lisman (2002) concluded that expressing emotions through writing is an effective strategy for reducing anxiety. In this study, writing prayer and connecting with the Creator decreased the mothers' anxiety levels. All of these findings were consistent with the results of this study.

In the present study, mothers in the intervention group were satisfied with the written prayer technique and subsequently stated that they would certainly recommend this method to others. Because of cultural compatibility and consistency with mothers' needs (Javedanpour et al., 2017), the intervention appears to have satisfied their psychological as well as spiritual needs.

The results of this study showed that 20 minutes of written prayer once per day over three consecutive days had a positive effect on reducing the anxiety of mothers of children with cancer. This technique reduced the average maternal anxiety level. The cultural compatibility of the intervention rendered it acceptable and satisfying for mothers.

According to the results obtained, care providers and nurses working in pediatric oncology department can recommend writing as a stress-reducing technique to mothers with sick children. The results are also useful for nurses and care providers in religious societies inclined to hold religious ceremonies, especially prayers, so that by recommending prayer writing to mothers, they can help further reduce their stress about writing alone. Hence, nurses and care providers are recommended to use prayer writing by mothers as a cost-efficient, simple, and effective technique for reducing stress of mother with sick children.

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## References

Ahmadifaraz M, Reisi-Dehkordi N, Mosavizadeh R, et al. (2015) The effect of group spiritual intervention based on the Quran and prayer on spiritual health of patients with cancer. *Journal Isfahan Medicine School* 32(320), 2454–2463.

- Akbarri ME, Motlagh AG, Sheibani KM, et al. (2009) *The role of spiritual care and measurement of spirituality in comprehensive cancer care in Iran*. Paper presented at the Second Congress on Supportive and Palliative Care in Cancer, April 22–24, Iran.
- Alligood MR and Tomey AM (2010) *Nursing theory utilization & application*. St. Louis, MO: Mosby.
- Balboni T, Vanderwerker L, Block S, et al. (2007) Religiousness and spiritual support among advanced cancer patients and associations with end-of-life treatment preferences and quality of life. *Journal Clinical Oncology* 25(5), 555–560.
- Burton C and King L (2008) Effects of (very) brief writing on health: The two-minute miracle. *British Journal of Health Psychology* 13(1), 9–14.
- Dehghani K, Rahimabadi A, Pourmohamed Z, et al. (2012) The effect of prayer on level of anxiety in mothers of children with cancer. *Iranian Journal of Pediatric Hematology Oncology* 2(2), 78–83.
- Dossey B, Keegan L, and Guzzetta C (2003) *Holistic nursing: A hand book for practice*. Burlington, MA: Jones & Bartlett.
- Edwards A, Pang N, Shiu V, et al. (2010) The understanding of spirituality and the potential role of spiritual care in end-of-life and palliative care: A meta-study of qualitative research. *Palliative Medicine* 24(8), 753–770.
- Esterling B, L'Abate L, Murray E, et al. (1999) Empirical foundations for writing in prevention and psychotherapy: mental and physical health outcomes. *Clinical Psychology Review* 19(1), 79–96.
- Fletcher P (2011) My child has cancer finding the silver lining in every mother's nightmare. *PediatrNurse* 33(3), 164–184.
- Fotokian Z (2004). Quality of life care to cancer patients and their close relatives in Cancer patients in Tehran Imam Khomeini hospital. Master's thesis, Iran University of Medical Sciences and Health Services, Iran.
- Javedanpour Z, Sadat Hosseini A, Cheraghi M, et al. (2017) Comparison of the spiritual care needs of mothers of less than 14-year-old children suffering from cancer in the diagnostic and terminal stages of the disease. *Medical Ethics Journal* 11(41), 45–56.
- Hayley Harriet R (2008). Hope and ways of coping after breast cancer. Doctoral dissertation, Johannesburg University. Available from <http://ujdigspace.uj.ac.za:8080>
- Hoseyni Vajari K (2012) Examine the relationship between religious coping and mental health and spiritual well-being of women. Master's thesis, Tehran University of Medical Sciences, Iran.
- Kadivar M, Seyedfatemi N, Akbari N, et al. (2015) The effect of narrative writing on maternal stress in neonatal intensive care settings. *Journal of Maternal and Fetal and Neonatal Medicine* 28(8), 938–943.
- Kim Y, Spillers R, and Hall D (2012) Quality of life of family caregivers 5 years after a relative's cancer diagnosis: Follow-up of the national quality of life survey for caregivers. *Psychosocial Oncology* 21(3), 345–353.
- Kloss J and Lisman S (2002) An exposure-based examination of the effects of written emotional disclosure. *British Journal Health Psychology* 7(1), 31–46.
- Lin H and Bauer-Wu S (2003) Psycho-spiritual wellbeing in patients with advanced cancer: An integrative review of the literature. *Journal Advance Nursing* 44(1), 69–80.
- LotfiKashani F, Mofid B, and SarafrazMehr S (2013) Effectiveness of spirituality therapy in decreasing distress of mother of children with cancer. *Journal of Medical Ethics* 6(20), 174–186.
- Meireles C, Maia L, Linhares V, et al. (2015) Influence of spirituality in pediatric cancer management: A systematic review. *International Archives of Medicine* 8(35), 1–13.
- Monazamitabar F, Ahmadi Tahoor Soltani M, Bagherian Sararoodi R, et al. (2015) The effectiveness of writing emotional disclosure on the reduction of depression, anxiety, and stress among veterans with post-traumatic stress disorder. *Ebnesina* 17(3), 54–58.
- Ramezani V, Abdul Javad M, and Moussaoui M (2010) Effect of writing disclosure on depression and memory capacity in students with high depressive symptoms. *Research on Psychological Health Journal* 1(4), 19–30.
- Rezaei M, Seyed Fatemi N, Givari A, et al. (2008) Relation between prayer activity and spiritual well-being in cancer patients undergoing chemotherapy. *Iranian Journal of Nursing* 20(52), 51–61.
- Rezaei M, Seyed Fatemi N, and Hoseyni F (2010) Spiritual well-being in cancer patients undergoing chemotherapy. *HAYAT* 14(3–4), 33–39.

- Sadat-Hoseini AS and Khosropanah A** (2017) Comparing the concept of caring in Islamic perspective with Watson and Parse's Nursing Theories. *Iranian Journal of Nursing and Midwifery Research* **22**(2), 83–90.
- sadat Hoseini A, Alhani F, and Khosro-panah A** (2011) Explanation of necessity for enter Islamic concept in nursing. *Akhlage zisti* **2**(4), 55–77.
- Salarifar M, Shojaie M, Mousavi Asl M, et al.** (2008) *Mental health with view of Slamic reference*. Tehran: SAMT Publications.
- Samie Sibani F, Anushe M, and Alhani F** (2012) The effect of family counseling on symptom scales of quality of life in women with breast cancer undergoing chemotherapy. *Iranian Journal of Breast Disease* **27**(6).
- Saraie F, Talebi M, Pezeshki MZ, et al.** (2010) Effects of expressive writing in depression and anxiety in MS. *Iranian Journal of Neurologic Sciences* **25**(8), 465–475.
- Shariati A** (1970) *Philosophy, prayer, printing, publishing WORSHIP guidance*. Tehran.
- Tang S** (2006) Concordance of quality-of-life assessment between terminally ill cancer patients and their caregivers. *South Medicine Journal* **97**(12), 49–57.
- Tatumura Y, Maskarinec G, Shumay D, et al.** (2003) Religious and spiritual resources. *Alternative Therapies in Health and Medicine* **9**, 64–71.
- Walton J and Sullivan N** (2004) Men of prayer: Spirituality of men with prostate cancer: A grounded theory study. *Journal Holistic Nursing* **22**(2), 133–151.
- Watson J, Craig C, Robinson B, et al.** (2004) I am not alone: Spirituality of chronically ill rural dwellers. *Rehabilitation Nursing* **29**, 164–168.
- Weaver A and Flannelly K** (2004) The role of religion/spirituality for cancer patients and their caregivers. *South Medicine Journal* **97**(12), 1210–1214.
- Woodgate R** (2003) Children's cancer symptom experiences: Keeping the spirit alive in children and their families. *Cancer Oncology Nursing Journal* **13** (3), 142–150.
- Yesilbakan O, Ozkutuk N, and Ardahan M** (2010) Comparison quality of life of Turkish cancer patients and their family caregivers. *Asian Pacific Journal of Cancer Prevention* **11**(6), 1575–1579.
- Young C and Koopsen C** (2005) *Spirituality, health and healing*. Thorofare, NJ: Slack Incorporated.