The Buffering Effect of Religiosity on Loneliness and Psychological Distress in Women with Metastatic Breast Cancer: A Mixed-Method Study

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Introduction

Metastatic breast cancer (MBC) poses significant psychosocial challenges, including heightened rates of depression, anxiety, and diminished quality of life (QoL). experience among cancer patients, acting as a major risk factor for psychological distress.
n diverse populations, such as in Israel, **religiosity and Loneliness** is a prevalent and painful **spirituality (R/S)** often serve as critical coping mechanisms and sources of meaning and comfort.
While high R/S is often associated with better well-being, its specific protective role in the context of high loneliness is not well understood.

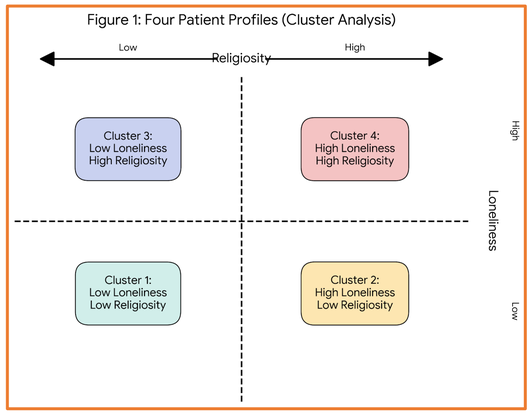
Study Aim:
To examine the relationships between loneliness, depression, anxiety, and QoL in Jewish and Arab women with MBC.
To explore whether religiosity/spirituality moderates (buffers) the negative impact of loneliness on psychological distress.

"I am never alone. Even when I am physically alone in the room... I talk to Him, and He is with me. It gives me strength." *(Jewish, 62)*
"My faith is my anchor. Without it, I would collapse. The loneliness would have eaten me alive. God gives me the strength for it." *(Arab, 54)*
"I pray, and suddenly I feel calm. I am not alone in this struggle. The whole community is praying for me, and I feel God's presence." *(Jewish, 58)*

Methods and Materials

Design: A mixed-method study combining quantitative data with qualitative in-depth interviews
Participants: 100 women (Jewish and Arab) diagnosed with metastatic breast cancer
Quantitative Measures: UCLA Loneliness Scale, Systems of Belief Inventory (SBI-15R), FACIT-Spiritual Well-Being (FACIT-Sp), PROMIS Depression (PROMIS-D-SF) and Anxiety (PROMIS-A-SF) short forms and PROMIS Depression (PROMIS-D-SF) and Anxiety (PROMIS-A-SF) short forms.
Qualitative Measures: In-depth, semi-structured interviews were conducted with a subset of participants (Arab and ultra-Orthodox Jewish women) to explore the *lived experience* of using R/S to cope with loneliness and distress
Analysis:: K-means cluster analysis was performed to identify distinct patient profiles based on loneliness and religiosity levels. ANOVA and post-hoc tests were used to compare depression, anxiety, and QoL scores between the identified clusters

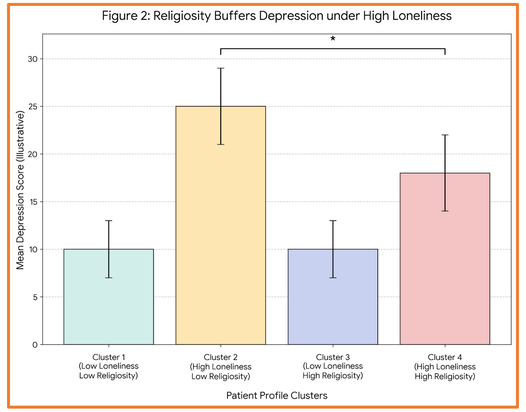
Figure 1: Four Patient Profiles (Cluster Analysis)



Results

loneliness was strongly and positively correlated with depression and anxiety and negatively correlated with quality of life.
K-means cluster analysis yielded four distinct patient groups **(Figure 1)**
A Buffering Effect of Religiosity was found. NOVA revealed significant differences between the clusters on measures of depression, anxiety, and QoL (all $p < .001$).
Post-hoc tests showed that among highly lonely patients, the **highly religious group (Cluster 4) reported significantly lower levels of depression** compared to the less religious group (Cluster 2) **(Figure 2).**
No significant differences were found between the low loneliness groups (Clusters 1 & 3), suggesting R/S has its most potent protective effect under conditions of high distress.
Qualitative Insights: Qualitative analysis revealed *how* religiosity provides this protective buffer, explaining the quantitative findings. **Alleviating Loneliness via a Relationship with God:**
an active, personal relationship with God. This perceived "presence" prevented feelings of profound isolation, even when physically alone

Figure 2: Religiosity Buffers Depression under High Loneliness



Discussion and Conclusions

Loneliness is a significant driver of psychological distress and poor QoL for women with MBC
Religiosity and spirituality serve as a critical protective buffer; they mitigate the negative impact of high loneliness on depression
Mixed-method validation: Integrating qualitative data confirms the statistical findings. The *mechanism* of this buffer is an active relationship with God and the ability to reframe suffering, which directly combats loneliness and despair
Clinical Implications: Findings highlight the importance of assessing and integrating patients' spiritual resources into psychosocial care, especially for highly lonely patients in diverse cultural contexts.

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