



Lived Spiritual Experiences of Cancer Survivors with Long-term Meditation Practices: An Interpretative Phenomenological Analysis

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Abstract

Numerous studies have shown the beneficial role that spirituality can play in helping cancer survivors cope with the disease process, but there is limited research about the lived experiences of cancer survivors who have had a spiritually based meditation practice prior to diagnosis. The purpose of this study was to understand the meaning of the spiritual experiences of cancer survivors who were long-term Brahma Kumaris Raja Yoga meditation (BK-RYM) practitioners. A total of six participants with a history of cancer diagnosis were recruited from BK-RYM centers. Participants were interviewed in-depth, and the data were analyzed using interpretative phenomenological analysis (IPA). Seven superordinate themes were identified from a cross analysis of the participants' narratives: (A) mental stability and clarity, (B) spiritual connection and self-empowerment, (C) personal relationship with God, (D) mind–body–soul healing practices, (E) empowering support system, (F) positive health outcomes, and (G) post-cancer spiritual growth. An additional singular theme emerged for one participant: (H) transient negative state of mind. These findings point toward the possibility that integrating spiritually focused meditation early in a cancer diagnosis may improve the quality of life and well-being of cancer survivors. Such spiritual measures may serve to reduce suffering as well as reduce healthcare costs by decreasing cancer-related emotional and physical complications.

Keywords Brahma Kumaris · Raja Yoga · Meditation · Cancer survivors · Spirituality · Interpretative phenomenological analysis

Background

The American Cancer Society (2020) predicted that approximately 38% of people will be diagnosed with cancer at some point during their lifetime and that about 69% of these individuals will survive five years or more after being diagnosed with cancer. This prediction has led to a realization among healthcare providers that treating the initial presentation of

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cancer is not enough. According to the National Cancer Institute (2017), an individual is considered a cancer survivor from the time of diagnosis until the end of their life. As cancer diagnoses increase and cancer treatments improve, the number of years cancer survivors spend living with the physiological and psychological challenges of cancer is growing (American Cancer Society, 2020). A continuum of care is called for that focuses not only on promoting longevity but also on facilitating quality of life (QOL) in cancer survivors. Research has shown that spiritual well-being is significantly associated with QOL in patients with cancer (Puchalski, 2012; Surbone & Baider, 2010; Vallurupalli et al., 2012).

Spirituality can be defined as the recognition, acceptance, and relationship with a transcendent force that empowers the individual and brings about meaning and purpose in an individual's life (Armstrong & Crowther, 2002). While religion is an organized system of beliefs, rituals, and practices that seek to facilitate spirituality, spirituality can occur both within and outside of organized religious settings.

Meditation is a spiritual practice that is believed to have originated thousands of years ago in the religious tradition of Hinduism. Meditation is a mental exercise that involves focusing one's attention in a relaxed, aware, and open state of mind. In the West, meditation has been secularized and is used in health care through programs such as Jon Kabat-Zinn's mindfulness-based stress reduction (MBSR) program (Kabat-Zinn et al., 1992). Although programs such as MBSR have shown promising outcomes, secular meditation is not without risks. Practiced outside of the religious/spiritual context in which it originated, meditation has on occasion been found to exacerbate mental health issues such as depression and anxiety (Lomas et al., 2015).

A recent report based on data from the 2017 National Health Interview Survey found that the practice of meditation by U.S. adults in the past 12 months tripled between 2012 and 2017 (from 4.1% to 14.2%; National Center for Complementary and Integrative Health, 2018). Because of this growing interest in meditation, an abundance of studies has investigated the possible link between meditation and health. Numerous studies (Bower et al., 2015; Boyle et al., 2017; Zhang et al., 2015) have highlighted the beneficial effect of meditation on the well-being of cancer survivors, but only a few studies have examined the effects of spiritually based meditation on the spiritual well-being of cancer survivors (Agarwal et al., 2020; Bryan et al., 2021).

In recent years, the medical profession has been increasingly interested in the importance of spirituality in health care. This interest has led to the incorporation of spirituality and health into the curricula of more than 75% of U.S. medical schools (Puchalski et al., 2014). This interest by the medical profession reflects an awareness of the importance of spirituality in healthcare as well as a call for more research to better understand what role spiritually based modalities such as meditation may play in the health and well-being of patients. The purpose of this study was to investigate the role spirituality played in the experiences of cancer survivors who were long-term Brahma Kumaris Raja Yoga meditation (BK-RYM) practitioners.

Literature review

In an extensive review of 3,300 quantitative studies that investigated the relationship between religion, spirituality, and health, Koenig (2012) found that religion/spirituality (R/S) was positively associated with well-being and happiness; hope; meaning and purpose; optimism; positive emotions; meaning and purpose; self-esteem; sense of

control; and improved immune and endocrine function. Koenig also found that people who expressed more R/S experienced better mental health and adapted to illness better. These findings are particularly relevant for cancer patients who face physical, emotional, and social hurdles that can impinge upon their quality of life.

A few phenomenological studies have investigated the spiritual experiences of cancer survivors. Denney et al. (2011) explored cancer survivors' spiritual growth across a multi-dimensional conceptualization of spirituality. They used the hierarchical multidimensional model of spirituality developed by Tsang and McCullough (2003) as a framework to assess post-traumatic spiritual growth (PTSG) in 13 cancer survivors. The major themes that emerged were increased reliance on God as the locus of control, increase in divine peace, enhanced prayer experience, increased spiritual support, heightened sense of divine purpose, increased evangelism, and enhanced spirituality of family and friends. Fallah et al. (2012) also reported spiritual growth as one of the major themes in their interpretative phenomenological study of breast cancer survivors. This IPA study explored the meaning 23 women made of their cancer experiences. The three main themes that emerged from this study were spiritual growth, appreciation of life, and increased personal strengths. Participants reported that their disease allowed them to experience closeness to God as well as increased patience, gratitude, and altruistic tendencies. Many of them also expressed finding a new sense of meaning and purpose. The cancer survivors in Laurent et al. (2021) IPA study also described feeling more agency and meaning because of practicing meditation as a tool within the spiritual/religious framework of Nichiren Buddhism. This sense of meaning was also described by the breast cancer survivors in Simon et al. (2007) qualitative research. One participant shared that their spirituality enabled them to find "meaning in life and will to live during treatment" (p. 31). Many of these breast cancer survivors stated that they experienced a deepened relationship with God, felt supported, and because of their spirituality easily accepted their diagnosis.

Although many cancer patients turned to spirituality for support and found a new sense of meaning and comfort in their lives, others experienced great spiritual distress (Fallah et al., 2012). They questioned the fundamental tenets linked to spirituality, such as the purpose of life. Some of these individuals sought guidance from their oncology providers, who were often unprepared to address issues related to spirituality (Astrow et al., 2007; Surbone & Baider, 2010).

Spiritual models have been developed to assist doctors in better understanding and supporting the spiritual experiences of cancer survivors (Hill, 2005; Schulz et al., 2008; Tsang & McCullough, 2003). Schulz's three-dimensional model of spirituality was used to conceptualize spirituality and to examine the specific nature of the relationship between spirituality and cancer coping among 23 African American cancer survivors (Schulz et al., 2008). In this qualitative study, Schulz et al. identified various themes related to connectedness to God, to others, and to the self (the three dimensions of the model). Themes related to connections to God included forging a deeper "relationship with God," which was regarded as highly effective in the coping process. Other subthemes in this category included "relying on and conversing with God" and "seeking God's presence." Under the dimension of connections to others, participants perceived their family members, friends, church community, and treatment team to be important in their coping experience. Many participants connected to the self in many different ways, such as increased self-understanding, increased self-honesty, and increased self-love. They shared that they gained a new perspective on life, were inspired to shift their priorities, and felt they had become better people. Participants also expressed an increased desire to help others by giving to charity, volunteering, and striving to help others have a better cancer experience. Many participants in Schulz (2008) study utilized prayer and

meditation as tools to enhance their spirituality. Regular meditation practice has been found to reduce stress (Kabat-Zinn et al., 1992) and in the case of spiritually focused meditation to enhance spiritual well-being (Agarwal et al., 2020; Bryan et al., 2021).

Spiritual well-being in cancer patients has been linked to multiple positive outcomes such as reduced stress, less depression, increased acceptance of the diagnosis, and more contentment in cancer survivors (Phenwan et al., 2019). Participants in Bryan et al. (2021) mixed-methods study on the impact of mindfulness meditation and yoga on the spiritual well-being of cancer survivors found a significant improvement in overall spiritual well-being. The qualitative portion of the study described improvements in participants' stress management, sleep, emotional well-being, and sense of social connection. In a study conducted by Cole et al. (2012), spiritually focused meditation was offered to patients diagnosed with metastatic melanoma. A total of 83 cancer patients across all beliefs were randomized into three groups: spiritually focused meditation, secular meditation, or a usual care control condition. Results of this study indicated reduced depression and more positive affect in the spiritually focused meditation group compared to the other groups. The authors concluded that spiritually focused meditation may alleviate the emotional distress that can accompany physical illness. Agarwal et al. (2020) also found that a regular practice of spiritually focused Raja Yoga meditation seemed to alleviate the emotional distress that often happens with a cancer diagnosis. This study examined the effect of meditation and spirituality on those who had been practicing spiritually based meditation before being diagnosed with cancer. The cancer survivors in this IPA study demonstrated equanimity throughout their cancer journeys, stating that their spiritually based meditation practice helped them connect to the eternity of their souls and allowed them to remain happy despite their physical challenges.

Brahma Kumaris Raja Yoga meditation (BK-RYM) is a spiritually focused meditation technique that holds the self as a *soul* (the immaterial eternal and metaphysical part of the human being) with the aim of cultivating a relationship with God that results in a deep sense of connection and inner peace (Janki, 2010). It is an open-eyed meditation practice based in the belief that mental communion with God leads the practitioner to experience and express innate spiritual qualities such as compassion, patience, joy, and equanimity during daily life (Whaling, 2012). It does not require a mantra, chanting, special postures, breathing exercises, or external scenes of beauty on which to focus (Jayanti, 2015). Brahma Kumaris Raja Yoga meditation has been shown to increase self-satisfaction and happiness in life by enhancing positive thinking in both short-term and long-term meditators (Ramesh et al., 2013). This form of meditation has also resulted in positive changes in autonomic nervous system arousal, impacting both physiological as well as psychological well-being (Kiran et al., 2014; Maini et al., 2014). This research as well as the studies previously cited suggest that the emotional, physical, and spiritual struggles faced by the cancer patient may be diminished by practicing spiritually based meditation.

Method

In this study, interpretative phenomenological analysis (IPA) was used to explore the lived experiences of long-term meditators diagnosed with cancer and to identify the meaning these experiences held for the participants. Interpretative phenomenological analysis was chosen as the most suitable methodological approach because its key theoretical underpinnings come from hermeneutic phenomenology, psychology, and idiography (Smith et al.,

2009). The goal of IPA is to attempt to make sense of how participants make meaning of the experiences they have. The in-depth approach of IPA requires the researcher to pay attention not only to the meaning expressed by participants but also to the linguistic, affective, and physical cues demonstrated by the participants that point toward buried meanings (Pringle et al., 2011). In this way, IPA is a double hermeneutic. The double hermeneutic refers to the double interpretation process in which the participants first make meaning of their own world and then this meaning is interpreted by the researcher (Pietkiewicz & Smith, 2014). Because of this interpretative aspect of IPA, it is important that the researcher note their possible biases. Although IPA acknowledges the role of reflexivity, it is important for IPA researchers to set aside their assumptions from those of their participants; they do this by acknowledging their biases (Smith et al., 2009).

Participants

This study used a purposive sampling method (Smith & Osborn, 2008) to identify six participants from 30 Brahma Kumaris spiritual centers. Included participants met the following criteria: English speaking, between the ages of 18 and 85 years, with a diagnosis of any type of cancer, and in stable condition with or without active treatment. Only cancer survivors who had been practicing BK-RYM for at least 10 years at the time of cancer diagnosis and who were willing to share their spiritual experiences were included. Of the six participants, four were female and two male. Four were residents of the United States, one was from Australia, and one was from Brazil. All participants except one had completed their conventional medical cancer treatment and were in the remission phase. To protect the confidentiality of the participants, pseudonyms were given to them (Cindy, Donald, Joan, Luke, Gina, and Hannah).

Data collection

A demographic questionnaire was used to record each participant's background information. The primary data collection tool was semistructured, one-on-one interviews used to elicit in-depth information (Smith et al., 2009). Initial interviews lasted for 45–60 min and began with a centering practice of 2–3 min of silence, which allowed the participants to remain present and engaged. Inviting participants to begin with a centering practice reflected the researcher's implicit strategy to invoke stimulated recall. As demonstrated in similar research, activities that are related to the experience under investigation, in this case meditation, can stimulate recall and simulate the experience to convey more authentic descriptions (Fortune, 2021). A follow-up interview allowed participants to clarify or expand on their previous answers. These were conducted for 10 to 15 min over phone or Skype 6 to 8 weeks after the initial interview.

Data analysis

Data analysis was conducted using the IPA approach described by Smith et al. (2009). Recorded data from the semistructured interviews were transcribed by the researcher. Due to the idiographic nature of IPA, each case was analyzed in detail before moving on to subsequent cases. In the first step of data analysis, the researcher read each participant's transcript multiple times to capture the rich life experiences related to cancer. Repeated

readings were followed by noting down the contents and examining the use of language, which enabled the primary researcher to get a deeper understanding of the participants' experiences and the meanings they attributed to them. Descriptive, linguistic, and conceptual comments were noted for each participant, and emergent themes were developed for each participant. These emergent themes were interpreted and combined to create individual superordinate themes. In the final step of data analysis, a cross-case analysis was conducted that resulted in seven common superordinate themes. Lastly, the findings of the study were related to the existing literature on meditation, cancer, and spirituality.

Results

The results consisted of seven superordinate common themes related to the lived spiritual experiences of cancer survivors with long-term meditation practices. They are (A) mental stability and clarity, (B) spiritual connection and self-empowerment, (C) personal relationship with God, (D) mind–body–soul healing practices, (E) empowering support system, (F) positive health outcomes, and (G) post-cancer spiritual growth. Additional subthemes that were different from others were found in the transcript of one of the participants. These subthemes were subsumed under the theme (H) transient negative state of mind. The results are described below.

Mental stability and clarity (theme A)

All but one of the participants in this study demonstrated mental stability in the way they accepted their cancer diagnosis and clarity in the manner in which they dealt with their treatment options. Luke reported: "I remember that there was an acceptance. Just acceptance." He spoke these words with a calm, clear, confident tone. He did not display any anxiety or fear. It appeared that his stable state of mind allowed him to accept his cancer diagnosis without the shock or denial that usually accompanies a cancer diagnosis.

This level of mental stability and equanimity was also exemplified by Cindy when she said: "My daily spiritual practices helped me to stay calm in that situation. I didn't think it was a desperate circumstance." Cindy also described how her meditation practice helped her stay strong and free of depression during her cancer journey: "I know this fact that people go through stages of depression and feel very sad and lonely and all of that... but through the practice of meditation, it gave me so much inner power, inner strength." Her emphasis on and repeating of the word "inner" reflected her conviction that her meditation practice provided her with inner stability and strength. She shared how her inner stability helped her focus on positive and uplifting emotions.

This mental stability and ability to reframe potentially frightening circumstances into positive or less threatening paradigms was demonstrated by Gina when she said, "When I was told that I had cancer, it had no effect on me whatsoever... no emotional effect... that was just another normal day when you were told that you got a little bit of cough, you need to take the medicine to get it fixed... and that's all." Here, her comparison of cancer with a simple respiratory tract infection reflects her ability to remain calm and positive in facing this health challenge. This equanimity allowed her to accept the diagnosis of cancer with apparent ease.

The participants' calm and stable state of mind also gave them the clarity to make health-promoting decisions in their lives, whether related to their job or their treatment. Donald described how he returned to work just 2 weeks after his surgery, even though his doctor questioned his decision. Donald said he told his doctor, "I have to move and get to my regular life." Donald's use of the words "I have to move" shows his determination to not get stuck in his physical ailment. Similarly, Cindy's decision to opt for holistic therapy was evident when she said, "I open my mind to all practices to work throughout the whole." Both of these participants displayed confidence in their own ability to make health decisions for themselves.

This theme of mental stability and clarity reflects the participants' ability to stay calm, open, and positive in spite of their cancer and to make health-promoting decisions from a place of clarity. The following theme of spiritual identification and physical detachment elaborates on their individual spiritual efforts that enabled them to tap into their inner resources to maintain mental peace amidst their health challenges.

Spiritual connection (detachment) and self-empowerment (theme B)

The participants' BK-RYM spiritually focused meditation practice enabled them to identify themselves as spiritual beings with a physical body rather than as just physical bodies. This connection to their soul as their primary identity provided them with a sense of personal empowerment. The participants reported how their daily meditation practice supported them in mentally moving beyond the limitations of their physical existence and detaching from their diseased bodies. For example, Cindy said, "My spiritual practice gives me a firm belief that I am not this body. The body is a useful instrument but it may need repairs." Cindy described experiencing a kind of detachment when she metaphorically referred to her body as a musical instrument in need of tuning.

Gina also shared experiencing a kind of detachment when she said,

We no longer see the body as the part of who we are, but only a vehicle that we are using to get our job done, so we actually separate from that physical attachment to the body . . . and it's like having a car that needs to be repaired, but you still love the car . . .because you need to use it and you have been using that car for a long time.

Her use of the metaphor of a car to represent the physical body illustrates that she perceived that her body was separate from her true or spiritual self and that her body was not her identity.

A similar view was shared by Joan when she said, "There is always a clear distinction made between a soul and a body... in Raja Yoga.... [T]he soul is the ruler of the body... and it is just a body... and I am a soul, and a soul does not have cancer." This statement "a soul does not have cancer" is significant and is a possible key to why all but one of these meditators shared that they did not experience shock or severe emotional distress in response to their cancer diagnosis. Hannah expressed less spiritual connection during periods of severe pain and repeated surgeries, yet she described intermittently reconnecting with her spiritual self between acute episodes. In the following theme, the participants describe their strong spiritual relationship with God, who they perceived as their greatest support throughout their cancer experience.

Personal relationship with God (theme C)

One of the hallmarks of this study was that all of the participants had a close, trusting, and personal relationship with God that was facilitated by their BK-RYM practice. They used words such as “father” and “companion” and “buddy” to describe the intimate relationship they experienced with God. Donald referred to God as his father when he shared visualizing God holding him on his lap. “I am a child and He is my Father and I am in His lap... you know.” His use of the phrase “I am in His lap” shows his sense of comfort, trust, and closeness to God. Luke said: “For me, God was my companion... my buddy.”

Similarly, Gina stated: “I like to keep Baba [God] as my companion... Baba is there all the time. I had chit-chat with Baba... Baba always has answers for everything.” Her use of the word “always” reflected her trust in and reliance on God. Similarly, Hannah conveyed her trust in God when she said: “He is always with me... 100% sure.” Trust in God was also expressed in the form of surrender when Cindy said, “I just let go of everything and said OK, I am in Your hands [laughing].” Cindy explained that by turning her health over to God, she experienced a sense of lightness. She said, “I became very, very light,” and she went on to say that she became free from negative thoughts or worries about her future. She also described surrendering her problems to God when she said, “I am handing it over [to God]... give the situation in full and say, OK, now, I will play my part and you play your part.” This confidence and sense of God’s care seemed to lighten the burden and stress of the cancer diagnosis and treatment. Gina reported feeling no fear when she asked for God’s support during a medical procedure. The participants’ connection to and trust in God gave them a sense of security and empowerment to help them manage their cancer. In the following theme, the participants disclosed the healing practices that enabled them to stay positive as well as spiritually grounded and emotionally stable throughout their cancer journey.

Mind–body–soul healing practices (theme D)

In addition to their primary spiritual practice of Raja Yoga meditation, all of the participants reported utilizing a variety of other complementary healing practices taught as part of BK-RYM. These practices emerged from their meditation practice and included maintaining positive thoughts, soul consciousness (awareness of and identification with the spiritual self), nonattachment (detaching from physical and emotional experiences), and visualization (intentionally imagining a positive outcome). Joan expressed how she harnessed the healing power of thoughts through her BK-RYM practice when she said, “I have been trained in Raja Yoga not to let the mind go into unhappy thoughts... worrisome thoughts.” In the same vein, Gina commented “I prefer to put in energy in a positive direction rather than negative direction because thoughts... use energy.” This belief in the power and energy created by positive (or negative) thoughts was further emphasized by Gina when she said, “[I]f you think positive, then it’s going to be uplifting. There are cancer cells which are destroying healthy cells and so if you have negative thoughts about it, you are gonna have negative thought cells that destroy the healthy thought cells... and then your mind becomes messed up.”

Participants shared that not only did they regularly attend to their thoughts, striving to keep them positive, they also strove to connect with their spiritual self and remain detached from their physical bodies. Gina explained this by stating, “We actually separate from that

physical attachment to the body... the less attachment we have to things... the more happiness we actually maintain.” The practice of nonattachment allowed them to take good care of their bodies while remaining calm and joyful in spite of their ongoing ailments.

Visualization was also a key practice for all participants, which they used as both a healing strategy and as a way to connect with their spiritual source. Joan said: “I visualized that I was surrounded by light... [that] there was light coming from above and surrounding me and that I would maintain that connection as long as I could, and it was very healing.” Gina utilized the same technique while going through her chemotherapy. She said, “Instead of thinking it was poison going in my arm, I would think... it’s spiritual light and power entering my arm and filling me with spiritual strength.” She went on to explain that she felt that by visualizing in this way she could become a master over matter, and she was also able to even make the healing journey entertaining.

In contrast to the other participants, Hannah found it hard to practice some of these healing practices due to the unrelenting pain in her physical body. Yet the majority of participants shared that their illness gave them an opportunity to apply their spiritual techniques and to master their BK-RYM skills. In the following theme, the participants described a spiritual support system that allowed them to cope with their life-threatening illness.

Empowering support system (theme E)

In this theme, participants felt support from a variety of spiritual sources (God, spiritual texts, and spiritual community members). All of the participants found their relationship with God to be the foundation of their spiritual and emotional support system. Joan expressed, “I automatically was supported by that eternal light of divine intelligence.” She also shared that her personal relationship with God gave her the strength to face her cancer challenges. Luke shared a similar experience of support when he said: “He [God] would help me through some of the rough times... on the roller coaster of life [that] was being experienced at the moment.” For Cindy, reading spiritual texts was a source of experiencing God’s support: “I usually read my spiritual books... and I think that was also a big source of inspiration because for me it was God’s words speaking to me personally.” This personal and intimate relationship with God was a common experience for all the participants as they turned to God for guidance in making decisions in their treatment and daily lives.

In addition to their relationship with God, all of the participants shared feeling supported by their spiritual community. Donald’s voice broke when he talked about the care and concern extended to him from his spiritual community: “I always feel the blessings coming from them.” Cindy had a similar experience to share: “I feel they were more caring... they were there at [my] time of need and [gave me] anything I wanted. It was not just the sisters around... it was surprising to me I had the whole world with me.” Through this extract, Cindy expressed a sense of awe at the level of care and love she was receiving from everyone, including an existential sense of collective support.

Joan also shared how reading a comforting note from a spiritual community member provided her with comfort and reassurance, saying that “there is nothing to worry about... it’s just a lump of karma that has to be removed.” In this theme, participants felt support from a variety of spiritual sources (God, spiritual texts, and spiritual community members). These spiritual sources of support helped them stay mentally, emotionally, and spiritually strong during their cancer journey. The following theme presents how the rich positive

energy generated by the participants' meditation practices along with the spiritual support they received resulted in several reported positive health outcomes.

Positive health outcomes (theme F)

This theme presents how the participants' meditation practices and the spiritual support they received resulted in several reported positive health outcomes. All the participants maintained their early morning meditation practice throughout their cancer treatment. Cindy, Donald, and Luke shared that they felt more energetic after meditating. Luke said that he believed that his body absorbed fresh and pure "energy" during his early morning practice. Participants associated their daily spiritual practice of BK-RYM with experiencing fewer or no treatment side effects. Cindy said, "I must say I did not feel anything. I did not have any nausea experience. I didn't have any kind of pain. I just felt tired, but nothing else." Gina reported, "I was still working as a nurse during my chemotherapy." Donald shared how his cancer recovery was faster than his doctors anticipated. He was able to return to work after only 2 weeks. Looking back, he said, "I can see the recovery was very quick." He attributed his rapid healing process to his practice of BK-RYM and to the spiritual support of God and his spiritual community. In this theme, the participants shared that regular practice of BK-RYM enabled them to heal quickly and reduce or completely eliminate the side effects of their cancer treatment. In the following theme, the participants share the spiritual growth that they experienced as a result of their illness.

Post-cancer spiritual growth (theme G)

The participants described spiritual growth secondary to cancer in different ways. Cindy shared how her cancer experience helped shift and deepen her relationship to God, to whom she turned for support more than she had in the past. "This Being came in front of me and made me realize that I haven't in the past properly utilized Him that much... time was giving me such a beautiful experience." She went on to share how her priorities shifted to focus on her spiritual path. She conveyed a sense of peace and contentment, knowing that as long as she stayed on her spiritual journey her life was a success: "[T]aking me through this journey... I realized that this was what I wanted and this was what I should experience more with and there will always be success... in whatever I do."

Cindy described her spiritual growth in the form of increased resilience. "Having gone through all these months of experience, I feel much, much stronger... how I dealt with it has given me more strength.... I am also amazed with my own self... I am amazed... I am amazed." Cindy's repetition of the words "much" and "amazed" demonstrate her remarkable increase in inner strength and sense of accomplishment.

Many of the participants shared how they felt more mature and more empathic as a result of their cancer experience. Gina shared, "[T]he more experiences we go through, the more mature we become. I can actually be more empathetic to other people who have gone through the same thing... and be more supportive." They also felt that their dedicated meditation practice during their cancer treatment supported them in cultivating a selfless attitude where they could put the needs of others before their own even when they were suffering. Hannah continued to serve others in spite of her severe illness. She shared how she attempted to save a friend who had a heart attack. As she was doing the resuscitation, she asked God to take her instead. Although her friend died, Hannah believed that her lifespan was prolonged because of her selfless act of service.

Gina shared that she believed that by being peaceful and calm, she was engaging in her own act of selfless service. “That’s so inspiring to people when they say you are not affected... that you are being peaceful and calm... it actually helps others to relax... it does give peace to other people if we remain peaceful.” Gina shifted from using the word “you,” referring to herself, to the word “we” referring to humankind in general. This shift reflects her growing sense of inclusivity and care for the collective. Gina went on to say, “I can’t do much for the sick body, but Baba (God) always has answers for everything... you can always use mind for service. So, through your mind, you can send peace... to the world... that’s what I was doing.” Here, Gina expressed that her stable state of mind inspired others to stay “calm,” “peaceful,” and optimistic in adverse situations. She went beyond her own “sick body” and found a way to serve others. She engaged her mind to create peaceful thoughts for the “world.”

The selfless service that the participants engaged in was a reflection of their spiritual growth. It was not about neglecting their own health but about extending the grace they felt as a result of their spiritually supported cancer experience. They also shared the belief that the blessings they earned through their kind and generous service to humankind empowered them and helped them with their own healing. In this theme, the participants expressed their spiritual growth post cancer in a multitude of ways. Some experienced a deepened, more mature faith or a closer connection to God. All of them experienced an increase in empathy and altruism.

Transient negative state of mind (theme H)

Unlike all the other cancer survivors, who responded to their cancer diagnosis with calmness and stability, Hannah reported that her initial reaction was shock. She found herself oscillating between being a winner and a loser in her own mind due to the intense pain and fragile state of her body. Although she had been a BK-RYM practitioner for more than 20 years at the time of diagnosis, her initial reaction could have been due to the type and severity of her cancer. Hannah further reported that this initial state of shock was transient and that her mental stability returned but was lost again intermittently when she experienced severe physical pain.

Discussion

The aim of the present study was to understand the lived experiences of cancer survivors with a history of long-term practice of BK-RYM. Consistent with earlier pilot study findings (Agarwal et al., 2020), participants demonstrated considerable mental stability and clarity (theme A) throughout their cancer journey. This mental stability was accompanied by positive affect and no reported signs of depression, which is consistent with Cole et al. (2012) findings on spiritually focused meditation. The positive attitudes and general happiness sustained by these participants related to their cancer experience is consistent with the findings of Ramesh et al. (2013) in their study of BK-RYM. This mental stability was fostered through regular meditative practice of detachment and connection to their spiritual identity (theme B).

Connection to the spiritual self has been found to enhance cancer coping (Holt et al., 2012; Schulz et al., 2008). In the Agarwal et al. (2020) pilot study, connection to their spiritual selves enabled the cancer survivors to detach from the physical challenges of their

illness and perceive their illness as a positive opportunity for spiritual growth. This detachment component appeared in both theme B, spiritual connection and self-empowerment, and in theme D, mind–body-soul practices. According to Hodgkinson (2015), the intentional practice of detachment and spiritual connection is akin to *dying alive*. It entails living with an elevated consciousness of being separated from all the things of the physical world, including the body, while not allowing any sorrow to enter the heart. This experience of freedom and liberation with heightened awareness has been reported by several individuals who had near-death experiences (Nelson, 2015).

While the participants' terms and descriptions were specific to their BK-RYM beliefs, other qualitative studies on cancer survivors also reported a positive connection with God (theme C) as one of their main themes (Agarwal et al., 2020; Maliski et al., 2012; Schulz et al., 2008; Simon et al., 2007). The cancer survivors in the Tsang and McCullough (2003) study experienced an increased reliance on God as well as an increase in divine peace.

To facilitate their connection to God, the participants in this study engaged in a number of mind–body-soul healing practices (theme D) such as soul consciousness meditation. Similarly, Nair et al. (2017) found soul consciousness meditation to be beneficial in long-term BK-RYM practitioners when they were subjected to multiple cognitive challenges. Visualization was also used by the participants in this study as an adjunct to their regular meditation practice to both enhance the participants' connection with God and to facilitate physical healing. The beneficial effects of visualization on cancer cells have been documented in numerous studies (Charalambous et al., 2015; Cole et al., 2012; Nooner et al., 2016).

The participants in this study described not only a personal connection to God but also an extensive spiritual support system that included God, spiritual readings, and their spiritual/religious community (theme E). An increase in spiritual support was also reported in Denney et al. (2011) research on spirituality and cancer survivors. This empowering support system in conjunction with their regular BK-RYM practice assisted the participants in bringing about many positive health outcomes (theme F), including early recovery and reduced symptoms. Koenig (2012) also found that religious and spiritual support resulted in improved immune and endocrine function in their review of the literature.

One of the most profound themes that emerged in the current study was related to the spiritual growth (theme G) that the participants experienced post cancer in the form of a deepened and more mature faith, a closer connection to God, and an experience of overall spiritual well-being. Posttraumatic spiritual growth has been well documented in both qualitative and quantitative studies in cancer survivors (Danhauer et al., 2013; Denney et al., 2011; Fallah et al., 2012; Heidarzadeh et al., 2014). Like the participants in Bryan et al. (2021) study of the effects of mindfulness meditation and gentle yoga on spiritual well-being in cancer survivors, the BK-RYM meditators experienced a sense of tranquility and spiritual connection as a result of their practice that may have been key in allowing them to integrate their challenging experiences and subsequent growth. As found in Fallah et al. (2012) study of posttraumatic growth in breast cancer patients, all of the participants in this study experienced an increase in their empathy and altruistic tendencies. These participants felt that cancer gave them the opportunity to live their inner lives more fully. They found themselves wanting to share the peace they experienced with others. The spiritual growth and altruistic tendencies described by the participants may be rooted in their deepened understanding of Karmic philosophy (the law of cause and effect). Instead of regretting their past karma, they remained focused on building their present positive karma by extending loving kindness to other people in need. This understanding

of the Law of Karma could be part of the reason for their minimal expression of the usual psychological responses to a cancer diagnosis such as denial, fear, anger, anxiety, worry, loneliness, hopelessness, sadness, and depression (National Cancer Institute, 2017). Simha et al. (2013) researched spiritual concerns of Hindu cancer patients undergoing palliative care. They found that although suffering is an integral part of physical life, the realization that death is not the end and that “through good karma one can achieve salvation” (p. 103) helped their participants better cope with suffering.

All the participants in this study except Hannah displayed equanimity and acceptance when given the diagnosis of cancer. Hannah’s response was shock and denial (theme H). Although idiographic, the findings from this participant are in accordance with the opposite components of Schulz’s three-dimensional model of spirituality (2008), where a person becomes disconnected from the core self (horizontal) and the Higher Power (vertical) and reconnects back over a period of time (temporal). In her case, it seemed as if she adapted to her cancer for some periods of time by connecting with her spiritual self and God but intermittently lost her spiritual connection due to frequent pain and surgeries. Such intermittent spiritual disconnection is an area that calls for further investigation. Although Hannah struggled to maintain a stable connection with her spiritual self and God, she nonetheless survived and served others for about a decade after being diagnosed with an advanced form of cancer. Her experience suggests that the type, stage, and severity of cancer can influence the mental state of even a long-term meditator. Still, in Hannah’s case, as well as for the other participants in this study, it seems that regular spiritual practices such as BK-RYM can still play an important role in stabilizing emotions, fostering emotional and physical well-being, and facilitating spiritual growth.

Limitations

One limitation of this study is related to the use of IPA methodology, which is a hermeneutic approach to research and is dependent on how a researcher interprets the data. No two researchers will interpret the data from the same viewpoint. The findings thus are influenced by the researcher’s own phenomenological worldview and life experiences.

A few other limitations were as follows: (1) due to the retrospective nature of the study, all the experiences might not have been captured from the participants; (2) the primary researcher is a long-term BK-RYM practitioner and therefore subject to bias, although the researcher made all attempts to acknowledge bias and approached the data objectively; and (3) the findings from the current study might be intrinsically linked to the type of meditation and the duration of the meditator’s practices. Therefore, they might not provide a yardstick for comparison with other types of meditation.

Interpretative phenomenological analysis is an idiographic methodology that seeks to understand individual experiences as well as to identify shared experiences across a group of participants. Since the sample sizes are small, the findings may not be transferable to the larger population. Six participants were included in this study. This small sample is not meant to represent an entire population but is considered to be standard in IPA methodology. Nonetheless, the findings presented here may suggest meaning for long-term meditators diagnosed with cancer and other chronic health conditions.

Conclusions

The findings from this study support that spirituality, specifically when exercised in the form of long-term meditation and related practices, played a crucial role in the overall well-being of the cancer survivors who participated in the study. An interesting finding was that all but one of the long-term BK-RYM participants in this study did not identify spiritual or emotional distress in response to their cancer diagnosis as would normally be expected. Further research could tease out whether it is the nature of the practice itself or the duration of the practice that allowed it to be a conduit for well-being amongst these cancer survivors. Future studies should also explore more deeply the circumstances and experience around the idiographic findings associated with the participant Hannah, who was a long-time healthcare worker exposed to numerous patients with terminal illnesses. This brings up the possibility that life experiences, including vocational exposure, could impact a person's ability to cope with their own serious illness. Perhaps the textural findings related to transcendence of the body are variants based on degree of pain, proximity to death, and exposure to other instances of terminal cancer. Therefore, future research should be targeted to explore questions such as whether healthcare providers who have repeatedly worked with end-stage cancer patients have more or less coping capacities and what type of intervention might be helpful to enhance their coping skills, especially to handle pain in advanced stages of cancer.

Providing patients with access to spiritually based meditation practices during cancer screening programs could facilitate resiliency. By cultivating mental stability and clarity, a deeper connection to the Divine, and an empowering spiritual support system, patients may be able to navigate future health challenges with more ease and better health outcomes. Spiritual initiatives such as BK-RYM may help to reduce the huge burden of cancer on our society, providing spiritual and emotional support structures for those struggling with cancer treatment. In addition, spiritual intervention prior to diagnosis might be an effective tool to prevent and manage a myriad of other chronic diseases, reducing the stress on the healthcare system and improving the quality of life of those experiencing serious illness.

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Availability of data and material (data transparency) All data were collected through interviewing the participants and audio recording the interviews. The interviews were transcribed by the primary researcher.

Declarations

Ethics approval This research was conducted with approval and oversight from the Institutional Review Board of Saybrook University, Oakland, California. Participants' enrollment, informed consent, data collection, and analysis were performed in accordance with the ethical principles of a qualitative research study.

Consent to participate Written informed consents were taken from all study participants prior to their interviews.

Consent for publication All participants consented to having their data published.

Conflicts of interest/Competing interests (include appropriate disclosures) There are no conflicts of interest by any of the authors of this study.

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