Journal of Racial and Ethnic Health Disparities (2022) 9:566–575
https://doi.org/10.1007/s40615-021-00986-w

"I Struggle with Breast Cancer and I Struggle with God": Insights from African American Breast Cancer Survivors

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Received: 26 October 2020 / Revised: 28 January 2021 / Accepted: 28 January 2021 / Published online: 10 February 2021

Abstract

Purpose Recognizing that spiritual and religious beliefs are personal and vary within communities, the purpose of this qualitative study was to explore the influence of these beliefs on experiences with breast cancer care and social support among African American Christian breast cancer survivors.

Methods Forty-seven African American breast cancer survivors participated in focus groups ($n = 7$) in three northeastern urban cities. We used thematic analyses to identify major themes.

Results Three themes emerged relating to how spirituality influenced participants' cancer journeys: (1) struggling with God, (2) reclaiming my power, and (3) needing religious social support. Participants described the rhythmic flow of their spiritual beliefs as they navigated their lived experiences during diagnosis, treatment, and post-treatment. Spirituality was intimately intertwined with their illness experience as they grappled with their health and well-being.

Conclusions Participants used spirituality as an avenue to cope and navigate through their diagnosis and treatment. These spiritual relationships created "church families" and provided the survivors' access to cancer support groups, financial support, and therapeutic support. Our findings support faith-based approaches to health promotion and call for more studies to understand the influence of religion on health.

Keywords Breast cancer survivors · Spiritual coping · Focus groups · Women's health · African Americans

Introduction

African Americans have the highest mortality rate of any racial and ethnic group for all cancers combined and for most major cancers [1]. Although African American women and White women are diagnosed with breast cancer at similar rates, African American women are 1.41 times more likely to die from breast cancer than White women [2]. Breast cancer has become the leading cause of cancer deaths among African American women 35 to 64 years of age [3–5].

The racial disparity in breast cancer outcomes can also be observed in survival rates [6]. Even though the breast cancer survival rate has increased from 75 to 90% during the last five years, African American women continue to fall behind their White counterparts as their survival rate is 81%, compared to a 91% survival rate among White women [2, 5]. The disparity in breast cancer survival rates among African Americans is attributed to African American women (1) being diagnosed with late-stage breast cancer [7, 8], (2) having more aggressive and invasive cancers (i.e., triple-negative cancers), (3) having disparities in cancer therapy, and (4) mistrusting the medical community [2, 9].

In order to improve breast cancer outcomes and reduce disparities, several studies have sought to understand African American women's breast cancer experiences. Among the studies conducted, religiosity has emerged as a

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significant impact on African American women with breast cancer [10–17]. Some studies have also demonstrated that African American women may depend more on the power of prayer for breast cancer healing than relying on health care providers or on the health care system overall [10, 11]. Religiosity among African American women with breast cancer also influences coping by providing (1) an avenue for acceptance of the diagnosis [10, 17–19] and (2) offering a source of social support from family, friends, and groups, such as the church family [10, 13, 17, 20–24].

African American women are among the most religious subpopulations in the USA [14, 25–29]. Religious involvement includes engagement in an organized religious belief system and practices, such as church attendance, praying, and reading scriptures [30]. Among religious individuals, many believe that religion has great significance in their lives and that it can be used to decipher current issues' influence on their lived experiences [31]. "Religiosity" has been defined as an individual's embrace of "prescribed beliefs and practices of an organized religion" (p. 310) [32]. These strong religious feelings are expressed through rituals, such as participating in prayer and in attending religious activities.

Religiosity also plays a significant role in shaping African American women's church support networks, psychosocial resources, health behaviors, and outcomes. Among many African American women, religious involvement has been associated with (1) better mental health [33–36], (2) increased social support, and (3) a coping mechanism for health issues [33, 37–39]. Several studies have shown that African American women depend on religion as a coping mechanism when diagnosed with a chronic illness. For example, compared to other women, African American women with breast cancer have been more religious [12] and dependent on "God's hands" for recovery [10–12, 14, 19–22].

An integrative review of the literature, which examined African American breast cancer survivors, concluded that spirituality provides (1) the strength to cope, (2) the need to care for others and receive care, (3) beliefs that God is the healer and in control, (4) God's assists in decision-making, and (5) a closeness to God [40]. These views are associated with self-efficacy for behavior and attitude changes. Prevention efforts, which have included a faith-based component, have also been successful in improving breast cancer screening rates. These efforts have also highlighted (1) the acceptability of receiving cancer education within the context of a faith community, (2) the importance of pastoral input, (3) the effectiveness of personal testimonies and lay health advocates, and (4) the saliency of biblical scripture in reinforcing health messages in an intervention for African American women [41].

Despite the current literature, a gap exists in understanding how religiosity influences African American women's post-treatment and survivorship. Recognizing that religious beliefs are personal and vary within communities, this study's purpose was to explore religiosity's influence, including beliefs and experiences with breast cancer among African American Christian breast cancer survivors.

Methods

Design

We chose focus groups for data collection, which allowed us to explore the collective experience and shape of unique social contexts (i.e., breast cancer). Focus group data were collected from a homogenous group of individuals (i.e., African American breast cancer survivors) using a predetermined, structured sequence of questions in a focused discussion [42–44]. Focus groups are particularly useful in elucidating personal experiences, as well as examining relational expectations through group interaction between participants [45–47]. The focus groups occurred at Connecticut community-based organizations located in Fairfield, Hartford, and New Haven counties that hosted breast cancer support groups within the African American community. Participants were informed about the purpose of the study, and they were assured that anonymity and confidentiality would be maintained.

Participants

We used purposive sampling in predominantly Black cities to recruit breast cancer survivors. Individuals were primarily recruited through community-based breast cancer education programs, community facilities, and Black churches. A majority (66%) of the participants were recruited from Black Protestant churches. Flyers were posted with permission from church program directors and also breast cancer social support group facilitators who were knowledgeable about the study. Forty-seven women participated in seven focus groups across urban areas in Connecticut.

Procedure

The two eligibility criteria for participation in the focus groups were (1) diagnosis with breast cancer (e.g., current diagnosis or history) and (2) self-identification as "Black" or "African American." Although this paper focuses on religiosity, religious affiliation was not a criterion for eligibility because we aimed to recruit African American breast cancer survivors from all backgrounds. Due to the recruitment strategy used (i.e., recruiting mostly from churches), all recruited participants self-identified as "Christian."

Participants were provided a meal to have the opportunity to meet and build rapport with each other before starting the focus groups. After describing confidentiality and obtaining

written informed consent from the respondents, the community-based program director, principal investigator, or co-principal investigator (second and third authors) facilitated the focus groups. Trained advanced doctoral students took field notes and non-verbal observations relevant to interpreting the data (e.g., expression of emotion and tone of communication) [48, 49].

Seven audiotaped focus groups with 47 participants were conducted from May 2012 to March 2013 in three urban communities. Each session lasted from 75 to 90 min. Researchers concluded the study at seven focus groups, which surpassed evidence demonstrating that three to six focus groups result in acquiring saturation of information for thematic discovery [50]. Data saturation was reached after five groups, with the last two groups conducted to validate the findings. Each focus group ranged in size from four to eight respondents who met the recommended size requirements [48, 49].

After obtaining informed consent and before participating in the focus group, each participant completed a survey (i.e., demographic characteristics, social support, and health-related questions). The interview questions were developed to discuss religious beliefs, religious support, health care issues, and cultural and socio-ecological issues [51–54]. We designed the focus group questions to capture breast cancer survivors' retrospective views as they looked back on their diagnosis, treatment, and post-treatment. The interview guide allowed participants to use their natural way of expressing themselves to answer the questions. The authors were interested in the role of religiosity in coping among African American breast cancer survivors. But they were also interested in how the survivors viewed their supportive relationships. The participants were encouraged to freely express their perspectives.

We first introduced the topic and had the respondents briefly discuss their breast cancer diagnosis. Next, the respondents divulged how their religious beliefs helped them cope with their diagnosis. Broad questions were organized around two main topics: (1) how family and friends influenced how breast cancer survivors' ability to cope with their diagnosis, and (2) the strategies used to maintain health during breast cancer treatments and post-breast cancer treatment. Examples of the questions included "Can you explain how your religious beliefs have affected your coping with a cancer diagnosis?" and "Can you tell us how family and friends help you cope with a cancer diagnosis?" Finally, the moderator provided a summary of the findings after all the topics had been covered, and the respondents were asked to include additional information they believed to be essential to the data gathering and comment on the accuracy of the reflection. Participants received $50 cash for participating in the focus groups.

Researchers

Members of the research team were racially similar but diverse in their ethnic and religious identifications. The research team consisted of individuals who self-identified as "African" and "African American," with social and behavioral sciences post-baccalaureate degrees. In addition, the religious background of members of the research team included the Christian and Islamic religions. The research team approached this study with scholarly interests in the identity and meaning of religion in breast cancer survivors' lives. Due to these multicultural positionalities, the research team was able to bring diverse perspectives to the data analysis.

In terms of the roles in the study, the second and third authors, PhD level social behaviorists, conducted the focus groups and analyzed the transcripts in generating themes. The first author, an advanced doctoral student at the time, served as an independent auditor. The independent auditor's role was (1) to guarantee that multiple perspectives of the data were honored and discussed, and (2) to help ensure that the analysts' assumptions, expectations, and biases did not unduly influence the findings [55, 56].

Data Analysis

All focus groups were transcribed verbatim for analysis. The focus groups' goal was to gather information from African American breast cancer survivors about their pre- and post-treatment experiences. The second and third authors independently coded the transcripts, focusing on discussions surrounding religiosity regarding coping and social support. The authors particularly targeted these two questions: "Can you explain how your religious beliefs have affected your coping with a cancer diagnosis?" and "Can you tell us how family and friends help you cope with a cancer diagnosis?" Additionally, the authors also read the full transcripts to identify areas where religiosity was also discussed concerning coping and social support.

After each focus group session, the second and third authors read and re-read the transcripts to improve the familiarity of the content using Braun and Clarke's [57] guidelines for inductive thematic analysis of focus groups. Afterward, coding was conducted in several cycles. First, line by line coding was used to identify examples of religiosity influencing coping and social support. Next, the second and third authors generated topic codes independently from the line by line coding. Then they met to discuss salient codes, such as (1) prayer as a source of coping, (2) prayer as a way to understand diagnosis, (3) church support in the form of prayer, and (4) religious leaders as sources of support while getting care.

The first author then independently coded five transcripts using the agreed upon subcodes during the initial coding. Subcoding is a method used to assign subcodes to the primary code to enrich the primary code [58, 59]. The subcodes are the "children" related to the "parents;" that is, the subcodes are categories from the transcripts related to discussions on religiosity influencing coping and social support [59]. The subcoding of transcripts continued for each transcript until no more subcodes were found.

In order to determine the saturation of subcodes, the authors met to discuss subcode topics in the transcripts until they reached a final consensus. For example, religiosity support was fine-tuned to types of religious support from the church family, from God, or from religious activities. Finally, a coding book was created to illustrate the subcodes. Subcoding allowed authors to get closer to the text and provide enrichment of the overall themes of religiosity influencing coping and social support during the participants' cancer journeys. Disagreements about themes were resolved through discussions, reviewing tapes, and referring to the verbatim transcriptions until the authors reached a consensus. To enhance the verification of data, the researchers met regularly to discuss the interpretation of the data.

Findings

Participants

The mean age of the focus group members was 62.1 years (SD = 13.0, range 32–87 years), and their mean age at the time of the breast cancer diagnosis was 54.5 years (SD = 13.5, range 30–86 years). Therefore, on average, the breast cancer survivors had been living with the disease for approximately 8.1 years (SD = 7.3, range 1–32 years). The majority of breast cancer survivors (61.2%) were single (i.e., never married, cohabit, divorced, or widowed). Although most of the breast cancer survivors attended at least 1 year of college (69.5%), almost half (44.8%) were unemployed or on disability post-diagnosis. Every breast cancer survivor self-identified as being a Christian (see Table 1).

Table 1 Sociodemographic characteristics of focus group respondents (n = 49)

	Mean (SD)	Range	*n*	%
Race				
African American			42	85.7
Afro Caribbean			5	10.2
African			2	4.1
Age (years)	62.08 (12.90)	32–87		
Age at diagnosis (years)	54.48 (13.51)	30–86		
Years of diagnosis	8.12 (7.30)	1–32		
Marital status				
Married			19	38.8
Not married			30	61.2
Education				
High school or less			14	28.6
Some college			13	26.5
Bachelor or higher			21	42.9
Missing			1	2.0
Employment status at diagnosis				
Full time			23	46.9
Part time			3	6.1
Not employed			15	30.6
Missing			8	16.3
Employment status post-diagnosis				
Full time			16	32.7
Part time			7	14.3
Not employed			22	44.9
Missing			4	8.2

Themes

Findings from the focus groups were presented using verbatim comments (i.e., the themes are presented without grammatical correction); however, names were changed to maintain focus group confidentiality. Three themes relevant to the articulation of religiosity among breast cancer survivors were the focus of the current study: (1) struggling with God, (2) reclaiming my power, and (3) needing religious social support. Identification codes were assigned to participants and focus groups (e.g., P, FG) to ensure confidentiality.

Struggling with God

The women in this study grappled with God as they were going through their emotional crisis and trying to make sense of their diagnosis. Their struggle involved dealing with their religiosity and trying to understand the meaning behind their diagnosis. They acknowledged that they had difficulty coming to terms with their fear of the unknown and doubt in God. Although they knew that vulnerability, fear, discouragement, and depression come with day-to-day living with cancer, they struggled with perceived signs of not trusting God or even a lack of faith. This theme emerged when the participants discussed how they had to deal with their powerlessness, pain, and loneliness that resulted in their diagnosis. One participant stated:

> I don't curse to God but it shook me. Why me, you know, that I was [diagnosed with breast cancer]. My boyfriend called me, you know, and I was in denial. I was like naw. This is not going to happen to me. It can't happen to me. You know, so he kept telling me that he felt something. I was feeling it and I was like naw, it's okay, it's okay. And then I was going to work and it started hurting me. You know, it was one of the times I was on the bus [inaudible]. My chest was just hurting me. So then I got into my job and I went into the bathroom and I was just holding it. And I was, like, God, what are you doing to me? [inaudible]. (P7, FG1)

The diagnosis brought a myriad of emotions and reactions: anger, frustration, questioning, and finally acceptance. Several of the focus group respondents shared their frustration and anger about their initial diagnosis. They felt it was not fair that they were diagnosed with breast cancer. Another participant voiced:

> Okay. That's a tough one. When I was diagnosed, you know, I thought I was a Christian. You know, you live right. You think you're following the good book. And then you get this diagnosis and then you have people saying, "Oh, that's what the devil [did]… Oh, the devil did [that], what did you [do] or what's in your heart that you didn't forgive and you got this diagnosis?" And I'm, like, wait a minute, wait a minute, I didn't do what? I didn't do anything wrong. So I was struggling with that, and then I was struggling with my relationship with God because I said, "Well, wait, how did I [get diagnosed?]" I was a vegetarian, I worked out; I was about 40 pounds lighter. And I'm the only one in my family. No other person before me [had breast cancer]… I wasn't sure whether I was being punished, whether I did something wrong, and so I struggled with that for months. (P3, FG1)

The women felt that they did not deserve the diagnosis because they were living healthy and religious lives. Several reasons existed for their frustration from being the youngest or the first to be diagnosed with this disease. One woman asserted her exasperation:

> For me, too, as I said, you know, my family, but my friend [friend's name here], and we grew up in the village on [street name here]. And he found out, you know, that this [breast cancer] got me so early, and he sent me to church, you know, because… you don't curse God. You know, I was like the youngest girl [in my family diagnosed with breast cancer]. I got three older sisters, I [said to myself], "Why not one of them?" I mean, [I said], "Pick them… . Why me, you know. I'm the youngest girl, you know, I'm the baby, you know." (P7, FG2)

In the end, these women had to confront their pain, and they acknowledged that their lives were never meant to be easy. Another participant asserted:

> [I'm] just leaning on God the whole time because I'm a different person when my doctor saw me. [The doctors] were like, "Is that you?" [laughter]. So they [the doctors] saw a big difference. I [said] it's His grace, His mercy. He did it. Him, not me. Him. (P2, FG 4)

They learned that despite the trials and tribulations, their lives were never devoid of God's presence, and His blessing inevitably followed the struggle. Another participant said:

> The doctors told me that I couldn't have any more kids. And [God], you blessed me with a baby. So, if you blessed me with a baby, why would you give me cancer to let me die now. Then [I said to myself], "Wait a minute." I sit down and I start analyzing everything. Then I'm, like, why am I cursing You [God]? Then I got on my knees and I'm, like, you know, what God?… So when I got on my knees, and just be like God I surrender everything to you. I give it to you (P2, FG 4)

Although religiosity provided avenues for the participants to cope with their diagnosis and find meaning through difficult times, the participants did not understand why they were diagnosed with breast cancer.

Reclaiming My Power

The common theme among the focus group members was that God continues to be a constant source of strength during diagnosis, treatment, and recovery despite the initial struggle. Participants felt that real growth experiences involved struggle and pain. They shared that with God and "His will," in truth, they knew that God is "ever-present." As believers, they may well struggle with God through the "loneliness of night" (throughout the diagnosis and treatment) , but His blessing came in the morning. One participant conveyed:

> That's when I claimed my blessing. In 2008. And when it came back last year, I said, "God, why I'm here?" I couldn't understand why [crying]. I thought I was healed, God, it happened. It made me stronger, and I have to go through it a second time to share my testimony with others. And no matter where I go, where I travel to, I share my story and it brings people to me for my testimony. So I took my test and turned it into a testimony, my mess into a message. (P7, FG 6)

Another participant shared similar sentiments.

> I did ask God, "Why me?" And as of today, I came [to the focus group] because my life has changed so drastically but I'm thankful today… . Spiritually, church, every day, every second, you know, as before I was, you know, diagnosed I always keep my mind on the Lord… . and so I do now. And I got all my strength from God so spirituality means everything to me in this life. (P1, FG1)

Through their trials and wrestling with their religiosity, these women disclosed that their experiences brought them closer to God. The experience was viewed as a test of their faith and their relationship with God. One woman shared:

> While I was home healing, I was getting closer to God. My faith grew stronger and I trusted and believed in Him for anything. The Bible said, I think it was Mark 11:22 or 23: "Whatsoever your heart's desire when you pray, believe that you have it and you shall have it." So guess what? I claim my healing. I say: By your stripes, I am healed. I claim it, you know. And I have strong faith, mountain-moving faith. (P7, FG 6)

Scriptures were consistently quoted during the focus group as a method for gaining strength during the treatment. Similarly, another participant described how her diagnosis experience brought her closer to God.

> "For I have the plans. I have the plans to prosper and not to harm you." … I have, I mean, you think your relationship could get no stronger with your higher power, but it really can. And I wouldn't trade this journey for anything because of my faith and my dependence, you know, it even showed my children that there is a God. I mean you can tell them about Him, but when you show them that there is. And they see through you that you can do anything, you know, and, it's really been a wonderful journey even with my cancer. (P7, FG2)

Needing Religious Social Support

Participants described expanding their definitions of family to include nonfamilial religious relationships or "church family" and other individuals who were not related to them biologically. This church family became an integral part of the participants' recovery process, providing aid during stressful, life-threatening events. One participant shared:

> My [biological] family is really not here. I hadn't even told my mom at the time because my mom had broken her hip that January and she was 80-something at the time … so I didn't tell her because she would have just been worried. But my support group [was] here, like, my close friends from my church, like they knew. So they were there for me, the pastor and his wife, they were, like, there for me. (P 5, FG 3)

The religious element within the church family can strengthen a breast cancer survivor's resolve to continue "the fight" by providing positive alternatives. Another participant disclosed:

> I was going through my last session of chemo, and I was just barely holding on, and I went to church and I was sleeping in the back. And a couple of the ministers came, and they just walked me around the church. And I was, like, "Man, you gotta be kidding, you want me to walk?" … Every time they walked me around, I got a little bit more strength. And I sometimes think, boy, that day saved my life because I had had it by then. I was really exhausted. I wasn't eating, I had no rag on my head, and they just came. I woke up, I looked up, and they were standing over me. (P3, FG 7)

The connection to religious leaders, such as pastors and ministers, helped the participants accept and include others within their community to be part of their support network. Some participants sought religious leaders immediately after diagnosis for prayer. Participants also described initiating support through visitation and prayers as a natural response to adversity. Another participant said:

> I told my church… . And I told my pastor… . Many times I went through Bible study and my pastor prayed, and he called my name many times, and the word "cancer" and so forth… . Many Wednesday nights he had to call me up to the altar and do the anointing oil and pray for me. So I was saturated in prayer. (P7, FG 6)

The breast cancer survivors linked their religious beliefs as part of the broader base for emotional and religious support. Another woman articulated:

> I had a minister come see me when I was in the hospital for the first time. And [when] he came in, and he said to me, "Can I come to your house?" So I let him come, and he came every day [survivor started to cry]. He came every day for two whole weeks for me, and we prayed together. (P1, FG 5)

Another participant shared that her women's bible study group was the first to learn about her diagnosis.

> Actually, it was my Bible study class at [name of church]. Because it just so happened I was into that bible study and I have had a biopsy that morning. And I don't know what made me share this, but… . Yeah. It was… . kind of like hitting me there, and so I did. And then the next week, you know, I went back and I was thinking about it, and, you know, we had the bible study, and then, you know, we were just being dismissed. And then somebody said, "Oh, [name of respondent], how did your procedure turn out?" And I said, "It was malignant, you know, I have breast cancer." And it just… . everyone just stopped, you know, and they all came and gathered around me and had prayer with me, and, you know, hugged me. And it was just… it was good. It was really good. (P2, FG1)

The act of attending church services also provided a form of community of support. Another participant expressed:

> I went to [my] Bible study that night [with] my sister [after] I met with the surgeon… . I told my pastor [and he offered] special prayers [for my condition]. (P1, FG 4)

The breast cancer survivors believed that God orchestrated the relationships with their "church family members." These "members" were employed in the health care field to help them navigate their diagnosis and treatment of breast cancer. One woman affirmed:

> He [the doctor] couldn't find it from the x-ray, he could not find where to stick those needles. I said, "Well, maybe Lord." But then God is good, too. He sent this person from [name of church]. She was the nurse; she was in there with me that whole time. So, you know, all along the way, God sent people. (P4, FG 5)

The survivors also said that their medical team supported their religious engagement. One participant verbalized:

> I was at [hospital name] to have my surgery and my minister had come. We were there at 7:30. And I guess there was a mix-up with the time because I was going to have a sentinel node [biopsy]. The dye [was] injected [into me]. So [I] admit I should have been there earlier… . The surgeon came whipping down the [hallway]… . I had just gotten to the reception office and she [said]," "Oh, good, you're here, come on because we're behind time." And my minister said, "Do we have time for prayers?" Right, right? And she just stopped in her tracks. She said, "Absolutely." (P6, FG 6)

Religious social support, which was described as the cornerstone of African American churches among breast cancer survivors, served as a source of empowerment and resource for improving participants' health.

Discussion

This study demonstrates the important influence of religion on the cancer experience of African American Christian women who are breast cancer survivors. Religiosity has been shown to positively reinforce African American women's connection with a higher power and coping strategies [29, 60, 61]. As women age, susceptibility to developing cancer increases along with an increased likelihood of utilizing religious coping activities [62]. Our participants felt that they did not deserve to receive this diagnosis because they had led healthy lives both physically and religiously. Our study found that religiosity offered an avenue for the women to cope as they dealt with the meaning of their diagnosis and struggled with acceptance of their diagnosis. Evidence supports that religiosity provides an avenue to cope with feelings of distress and improves the quality of life among breast cancer survivors [62–64].

Our results also align with previous findings that African American women, who have been diagnosed with breast cancer, utilize religiosity to fight fear, uncertainty, denial, disbelief, regret, and anxiety from symptoms and physical changes during their cancer journey [10, 17, 63, 65, 66]. For example, Yan et al. found that African American women have expressed that God will ensure that they make the best treatment decisions. Faith encouraged women to cope positively while experiencing changes in their bodies and emotional state [66].

In addition, our study found that women reported relying on prayer and their church families as a source of hope and social support. Religious social support has also been documented among African American women with breast cancer [22, 62, 67]. Participants shared that their church family members were supportive by praying for them throughout the cancer journey and providing resources, such as food and therapeutic support [68]. Religious leaders, in particular, visited participants in the hospital. They were a source of added support for the participants. One woman spoke about how her pastor insisted that her parents visit her in the hospital and support her in her breast cancer journey. The church became not only a physical place for support and prayer but also a site that connected participants with a higher power [69, 70]. Our findings align with some studies showing that African American women rely on prayers and support from religious groups for coping [21, 68, 69]. The absence of religious support has been shown to contribute to negative experiences while transitioning from breast cancer patients to breast cancer survivors [71, 72].

Experiencing feelings of enlightenment, optimism, and individual growth is referred to as a "window of opportunity" by cancer survivors [65]. Women discussed that their breast cancer diagnosis enhanced their religiosity. Participants shared that they felt closer to God because of their diagnosis. Among the participants, religious coping increased their use of religious resources, such as praying to God and meditating. Participants stated that the diagnosis was a chance for them to grow closer to God and also that their diagnosis led them to serve as advocates by educating other people about breast cancer [14, 21, 22]. The religious consolation framework supports enhanced religiosity due to illness [73]. This framework postulates that individuals who experience personal life challenges, such as health issues or problems in their personal, family, or professional life, rely on religion as a way to seek comfort and support during difficult times [73].

Our findings show that African American women rely on religious support after breast cancer diagnosis and prognosis [64]. Our results also support the religious consolation framework by showing how religiosity acts as a catalyst to perceive

a breast cancer diagnosis positively. Improvement in the overall quality of life and healing for African American women is empowered by believing in a higher source and incorporating religious activities into coping strategies [62, 65, 72].

This study makes an important contribution to the literature, but it has limitations. Although all our participants were Christians, we did not ask participants to identify their Christian religious denomination or specific religious beliefs, limiting our conclusion as to how denomination type or specific religious beliefs might influence coping. Second, by conducting focus groups, we were able to obtain important information, but the group nature of discussions might have influenced the data received. It was difficult to discern whether or not participants felt uncomfortable asking questions. However, the participants were recruited from established social support networks, preventing participation from those who may not attend churches or do not utilize breast cancer support groups.

Barriers that African American women face, who are not utilizing breast cancer support groups, include, but are not limited to, lack of financial and familial support and lack of access to information for religious support groups and transportation [74]. Additionally, we did not inquire about participants` medical prognosis. We did not ask them to share the stage of their treatment, their treatment response, or their recovery process, all of which limit our understanding of how religiosity may have influenced their breast cancer treatment experiences. Moreover, the authors must also acknowledge their own religious beliefs. The authors involved in the data analysis self-identified as being very religious. Multiple iterations of data analysis were conducted to reduce researcher religious bias through which the findings were interpreted due to the subjective nature of qualitative research.

Despite the limitations, this study has noteworthy strengths. First, this research focused on one racial and religious group, African American Christians, leading to richer data on how religiosity influences a particular group. Their stories of personal struggle with diagnosis and finding meaning might indicate the need to improve health promotion programs that educate on the etiology of breast cancer among the group members. These results provide evidence of the importance of considering religiosity in health promotion programs for African American women diagnosed with breast cancer or breast cancer survivors [75].

These findings illustrate the need for health educators and promotion programs to focus on post-treatment support among this population. Additionally, participants stated that through the church family, they could have access to resources, such as cancer social support groups and therapeutic support. Our findings therefore reinforce the need for faith-based approaches for health promotion.

Declarations

Ethics Approval The Institutional Review Board (e.g., IRB # H12-020) at the University of Connecticut approved all the research project procedures.

Consent to Participate All participants were read and signed their informed consent before the focus group.

Conflict of Interest The authors declare no competing interests.

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