

Letter to the Editor

Cite this article: Pohan RA, Oktary D, Amalia R, Pohan PBA, Prastio B (2025) Integrating psychospiritual counseling in glioblastoma care: Enhancing resilience and spiritual well-being for improved survival outcomes. *Palliative and Supportive Care* 23, e163, 1–2. <https://doi.org/10.1017/S1478951525100540>


Received: 4 July 2025

Revised: 4 July 2025

Accepted: 5 July 2025

Corresponding author: Rizky Andana Pohan;
Email: andanapohan@iainlangsa.ac.id

Integrating psychospiritual counseling in glioblastoma care: Enhancing resilience and spiritual well-being for improved survival outcomes

Rizky Andana Pohan, ^{M.PD}^{1,2} , Dian Oktary, ^{M.PD}³, Riza Amalia, ^{M.Si}²,
Putri Bunga Aisyah Pohan, ^{S.PD}⁴ and Bambang Prastio ^{M.PD}⁵

¹Department of Islamic Guidance and Counseling, Institut Agama Islam Negeri Langsa, Aceh, Indonesia;

²Department of Guidance and Counseling, Universitas Negeri Malang, Malang, Indonesia; ³Department of Guidance and Counseling, Universitas Riau, Pekanbaru, Indonesia; ⁴Department of Science Education, Universitas Negeri Yogyakarta, Yogyakarta, Indonesia and ⁵Department of Indonesian Literature, Universitas Negeri Malang, Malang, Indonesia

Dear Editor,

We are writing to highlight the significant findings from the study “Resilience and Spiritual Well-being as Resources for Coping with Radiotherapy and Surviving in Patients with Glioblastoma” by Dinapoli et al. (2025), which emphasize the crucial role of spiritual well-being and resilience in the psychological and survival outcomes of glioblastoma patients undergoing radiochemotherapy (Dinapoli et al 2025). The study’s results indicate that spiritual well-being and resilience are powerful psychological resources that can mitigate psychosocial distress, enhance coping mechanisms, and potentially improve survival outcomes in these patients (Bagereka et al 2023). These findings underscore the need for targeted psychospiritual counseling interventions in the management of glioblastoma patients, integrating both psychological and spiritual aspects to optimize their care.

The study clearly indicates that high spiritual well-being and resilience are strongly correlated with lower levels of psychosocial distress, including anxiety and depression, in glioblastoma patients. The patients who reported higher levels of resilience were found to survive longer compared to those with lower resilience scores. This suggests that fostering resilience both psychological and spiritual could play a critical role in improving the long-term health outcomes of these patients (Pohan, Khadijah, Pohan et al 2024b, 2025b). It is imperative, therefore, that healthcare providers integrate interventions that enhance these attributes, particularly as patients navigate the physically and emotionally challenging journey of radiochemotherapy.

The study further highlights the detrimental effects of significant psychosocial stress on glioblastoma patients, particularly on their spiritual well-being and resilience. Patients experiencing higher levels of emotional distress exhibited lower scores on resilience scales and measures of spiritual well-being. This relationship emphasizes the need to address the emotional and psychological burden of living with a terminal illness like glioblastoma (Okon et al 2024). It is apparent that emotional distress, if left unaddressed, can not only affect the psychological health of patients but also shorten their survival, reinforcing the importance of timely and effective psychological support.

Given the substantial impact that spiritual well-being and resilience have on patient outcomes, We propose that a psychospiritual counseling approach be integrated into the treatment plan for glioblastoma patients. This approach should aim to address both the spiritual and psychological needs of patients, offering them a holistic support system. Interventions could include mindfulness-based therapy, cognitive-behavioral techniques tailored to enhance resilience, and spiritually focused counseling that provides patients with meaning and hope in the face of their illness (Pohan 2024; Pohan et al 2024b). By incorporating spiritual support, clinicians can help patients tap into inner resources that foster coping, while also promoting psychological resilience (Thorvilson et al 2025). This could be particularly beneficial during radiochemotherapy, which is a period of significant physical and emotional strain (Meixner et al 2022). Furthermore, providing personalized psychological counseling that combines resilience training and spiritual care could contribute to better coping strategies, reduced emotional distress, and, as indicated by the study, potentially improve survival rates (Pohan et al 2025a). Incorporating such interventions could lead to more positive health outcomes and improved quality of life for glioblastoma patients.

This study provides valuable insights into the relationship between spiritual well-being, resilience, and psychosocial distress in glioblastoma patients. It calls for the integration

© The Author(s), 2025. Published by Cambridge University Press. This is an Open Access article, distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike licence (<http://creativecommons.org/licenses/by-nc-sa/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the same Creative Commons licence is used to distribute the re-used or adapted article and the original article is properly cited. The written permission of Cambridge University Press must be obtained prior to any commercial use.

of psychospiritual counseling in clinical practice, especially during radiochemotherapy. By emphasizing spiritual and psychological resilience, we can better support patients in coping with their illness, enhance their quality of life, and potentially improve their survival outcomes. As we continue to seek innovative approaches to cancer care, psychospiritual interventions offer a promising avenue for addressing the complex emotional and spiritual needs of patients facing terminal diagnoses.

Competing interests. The authors declare no conflict of interest in this paper

References

- Bagereka P, Ameli R, Sinaii N, et al.** (2023) Psychosocial-spiritual well-being is related to resilience and mindfulness in patients with severe and/or life-limiting medical illness. *BMC Palliative Care* **22**(1), 133. doi:10.1186/s12904-023-01258-6
- Dinapoli L, Caliendo M, Chiesa S, et al.** (2025) Resilience and spiritual well-being as resources for coping with radiotherapy and surviving in patients with glioblastoma. *Palliative and Supportive Care* **23**, e10. doi:10.1017/S1478951524001111
- Meixner E, Sandrini E, Hoeltgen L, et al.** (2022) Return to Work, Fatigue and Cancer Rehabilitation after Curative Radiotherapy and Radiochemotherapy for Pelvic Gynecologic Cancer. *Cancers* **14**(9), 2330. doi:10.3390/cancers14092330
- Okon II, Osama M, Akpan A, et al.** (2024) The Evolving Role of Palliative Care in Older People with Glioblastoma. *World Neurosurgery*. **192**, 140–149. doi:10.1016/j.wneu.2024.09.125
- Pohan RA** (2024) A psychospiritual approach to the integration of Rohingya refugees in Aceh: overcoming stigma and building solidarity. *Psychological Medicine* **54**(14), 3995–3996. doi:10.1017/S0033291724002150
- Pohan RA, Astuti RD, Maizura N, et al.** (2025a) Meaning in life as a pathway to longevity and better health outcomes. *Journal of Psychosomatic Research* **189**, 112035. doi:10.1016/j.jpsychores.2024.112035
- Pohan RA, Khadijah K, Pohan PBA, et al.** (2024a) Strengthening and expanding cross-cultural care: the strategic role of chaplains in palliative care. *Palliative and Supportive Care* **22**(5), 1552–1553. doi:10.1017/S1478951524001366
- Pohan RA, Khadijah K, Saputra R, et al.** (2024b) Building equality: psychospiritual interventions for Rohingya refugees in Aceh. *Journal of Public Health* **46**(4), e700–e701. doi:10.1093/pubmed/fdae185
- Pohan RA, Kulsum S, Khadijah K, et al.** (2025b) Unveiling the link: depression as a risk factor for malignant glioma. *Journal of Psychosomatic Research* **195**, 112173. doi:10.1016/j.jpsychores.2025.112173
- Thorvilson M, Warsame F and Ferdjallah A** (2025) The role of Islamic Ruqyah at end-of-life: an opportunity to provide metaphysical relief. *Palliative and Supportive Care* **23**, e106. doi:10.1017/S1478951525000434