





Letter to the Editor

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Corresponding author: Hartika Utami Fitri;
Email: hartika.uf@radenfatah.ac.id

Hartika Utami Fitri, M.PD.¹ , Rikas Saputra, M.PD.¹ , Kadek Suhardita, M.PD.² ,
I Made Suarta, M.PD.², Maria Oktasari, M.PD.³, Siti Aminah, M.PD.⁴ and
Palasara Brahmani Laras, M.PD.⁵ 

¹Department of Islamic Guidance and Counselling, Universitas Islam Negeri Raden Fatah Palembang, South Sumatra, Indonesia; ²Department of Guidance and Counselling, Universitas PGRI Mahadewa Indonesia, Denpasar, Indonesia; ³Department of Guidance and Counselling, Universitas Negeri Malang, Malang, Indonesia; ⁴Department of Guidance and Counselling, Universitas Negeri Yogyakarta, Yogyakarta, Indonesia and ⁵Department of Guidance and Counselling, Universitas Merca Buana Yogyakarta, Yogyakarta, Indonesia

Dear Editor,

It was with great enthusiasm that I read the recent article by Fernandez et al. (2024), which examined the effects of social support on the emotional well-being of amyotrophic lateral sclerosis (ALS) patients with a focus on the role of spirituality as a mediator (Fernandez et al. 2024). With valuable insights into how the interaction between social support and spirituality can influence emotional well-being, this article is a significant contribution to our field (Fernandez et al. 2024). However, I feel the need to address some constructive criticisms to deepen our analysis and understanding of this complex relationship.

First, with its positive relationship between social support, spirituality, and emotional well-being, this study is a testament to the rigorous methodology employed (Labrague 2021). However, the online sampling method used, while innovative, calls into question the accurate representation of the ALS population as a whole. Limited internet access and technology use among patients with significant physical disabilities may have affected the external validity of the results (Rios et al. 2016). Therefore, more inclusive and representative recruitment methods are needed for future research.

Second, this study adopted a spiritual well-being scale commonly used for other chronic and terminal illnesses, such as cancer (Rabitti et al. 2020). Given that ALS has unique psychosocial dynamics, a more specific scale that can capture the nuances of spirituality in the context of motor neurone disease may be more appropriate.

Third, the mediation analyses conducted, while robust, relied on the assumption that there were no unmeasured confounding variables (Lutz et al. 2017). However, this study did not consider factors such as disease severity, pain experience, or medical support that could influence emotional well-being and spirituality (Rawdin et al. 2013). I believe the addition of these variables in future research will significantly strengthen the proposed theoretical model.

Fourth, this study's results showed that the "faith" dimension of spirituality did not significantly correlate with emotional well-being, which raises questions about the relevance and interpretation of the different components of spirituality in the context of ALS (Fernandez et al. 2024). It is essential to explore further how the individual components of spirituality contribute to emotional well-being and how interventions targeted at specific dimensions may improve patient outcomes (Chen et al. 2018).

Fifth, while the analyses were impressive, further research with larger samples and longitudinal methods is needed to understand how the relationship dynamics between social support, spirituality and emotional well-being may change, especially as ALS disease progresses (van Groenestijn et al. 2016).

In conclusion, although Fernandez et al.'s study makes a valuable contribution, several methodological and theoretical issues must be addressed to enrich our understanding of the interactions between social support, spirituality, and emotional well-being in ALS patients (Harris et al. 2018). Further discussion on this topic will trigger more in-depth and focused research.

Competing interests. The authors declare that they have no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

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