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Health Psychology Perspectives on Stress and Coping Strategies Among Cancer Survivors

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Abstract

This study explores stress and coping strategies among cancer survivors from a health psychology perspective. Using a qualitative phenomenological approach, in-depth interviews were conducted with 25 adult survivors from metropolitan hospitals and support groups. The study identifies multiple sources of stress, including emotional distress, fear of recurrence, social isolation, and financial challenges. Coping strategies were categorized into problem-focused, emotion-focused, and meaning-focused approaches. Problem-focused strategies, such as organizing treatment schedules and lifestyle adjustments, enhanced perceived control. Emotion-focused strategies, including mindfulness and social support, reduced psychological distress, while meaning-focused coping promoted resilience and post-traumatic growth. Findings highlight the interdependence of coping strategies and the importance of tailored psychosocial interventions that address both individual and social dimensions of stress. The study contributes to health psychology literature by integrating survivors' lived experiences with theoretical frameworks on stress and coping, offering practical implications for designing comprehensive support programs that enhance psychological well-being and quality of life in cancer survivorship.

INTRODUCTION

Cancer is among the major causes of morbidity and mortality in the world, and the implication of the diseases affects both the physical and psychological states. The cancer survivors are often characterized by enduring stressors, which are associated with diagnosis, treatment, and long-term health management. Health psychology field offers a critical perspective through which to understand the interaction of psychological processes, their reaction to behavior and physical health outcomes in terms of cancer survivorship. Conceptualization of stress by Lazarus and Folkman (1984) means that people experience stress when they view demands as surpassing resources necessary to cope with those demands, and the consequent psychological and physiological manifestations may have a substantial effect on recovery, quality of life and medical compliance (Ovsiannikova et al., 2024; Steptoe & Ayers, 2004). The perceptions and coping mechanisms of cancer survivors to stress are thus important as they are used to come up with effective psychosocial interventions that lead to holistic well-being.

There is empirical evidence indicating that cancer related stress is multidimensional and includes emotional, cognitive, and social aspects. Emotional stress can comprise anxiety, depression and fear of recurrence whereas cognitive stress can consist of negative beliefs, rumination, and uncertainty about the future (Maheu et al., 2021; Öztekin et al., 2025; Feng et al., 2022). Social stressors can be the change in family dynamic, employment issues, and social stigma of illness. Notably, these stressors do not occur in a vacuum, they are dynamically interacting with each other and have an impact on psychological and physiological aspects of adaptation. As an example, chronic stress may lead to immune dysfunction, which may influence the course and effectiveness of the treatment (Alotiby, 2024; Knezevic et al., 2023; Juszczyk et al., 2021). Health psychology insists that the importance of coping strategies as a mediator between stress and health therefore presents the importance of individualized, evidence-based interventions.

The process of coping of the cancer survivors can be divided into problem-focused coping mechanism, emotion-focused coping mechanism, and meaning-focused coping mechanism (Dong et al., 2024; Ahmadi et al., 2022). Problem-focused coping is the vigorous actions taken in order to solve the cause of the stress, which can be through information seeking, treatment adherence, or lifestyle change. Emotion-focused coping will control the emotional reaction to stress, such as relaxation, mindfulness, and use of social support. Meaning-oriented coping is a concept that is gaining growing importance in oncology studies, and is defined as cognitive re-appraisal as well as purpose-finding in the cancer process, has been associated with better psychological coping and post traumatic development (Silva et al., 2012; Morris et al., 2020; Marziliano et al., 2020). Individual differences, including personality traits, previous experiences in coping, and cultural background, determine the adoption and effectiveness of these strategies, which explains the necessity of interventions that are tailored.

Although much is known about stress and coping in cancer populations, there are still gaps in the research about subjective experiences of cancer survivors and psychological processes that result in effective coping. There has been very little in the literature regarding cross-sectional or quantitative research on the lived experiences and personal stories of coping. The qualitative perspective on health psychology, including phenomenological or narrative analysis approaches, can help understand how the survivors perceive the stress experience in a nuanced manner and choose their coping mechanisms. These insights are essential in the development of psychosocial interventions that are evidence-based, as well as in the development of culturally sensitive and responsive interventions that can meet the various needs of cancer survivors.

In addition, the psychological effect of cancer goes beyond the immediate survivorship into the long-term adjustment, which encompasses identity reconstruction, role transition, and reintegration into the social and workplace life. Survivors also complain of continued fears of recurrence, body image and existential anxiety, which may worsen the level of stress and make coping more difficult (Simonelli et al., 2017; Lind et al., 2014). Health psychology offers theoretical perspectives on explaining these processes and focus on mutual influence of cognition, emotion, behavior and physiology. Placing stress and coping in the context of this biopsychosocial model can help researchers and practitioners to conceptualize interventions that facilitate resilience, adaptive coping, and quality of life among survivors of cancer.

The aim of the study is to critically explore stress and coping measures among cancer survivors in terms of health psychology perspective. Particularly, it examines the nature of stress experience, the solutions that are adopted, and why they can or cannot effectively adapt. This study combines both empirical and theoretical knowledge of psychological resiliency and adaptive behavior during oncology and offers practical implications on how to design interventions to facilitate the well-being and mental health of the survivors. By so doing, the study fills a crucial lacuna in the literature by integrating rigorous psychological theory and lived experiences of cancer survivors to present a full picture on understanding the concept of stress and coping in the population..

METHODS

The present study focuses on a phenomenological research design to examine stress and coping practices of cancer survivors based on a qualitative research design. Phenomenology is particularly suitable when conducting research in health psychology because it lays emphasis on the subjective experiences as well as the meaning that humans give to their struggles (Davidsen, 2013). By evoking the views of cancer survivors, the study aims to enlighten the subtle psychological, emotional and social aspects of stress, and the coping mechanisms that are practiced to respond to stress. The qualitative approach allows the detailed examination of personal experience that cannot be achieved through quantitative surveys, hence providing deeper information regarding the coping strategies and psychological strength.

The sample consisted of twenty-five adult cancer survivors, who were selected in the outpatient clinics and cancer support groups of metropolitan areas. The purposive sampling was used to achieve heterogeneity in terms of age, gender, type of cancer, survivorship stage and socio-economic status. Participants were required to meet inclusion criteria (they had to have had at least one round of cancer treatment, they must have been free of acute medical emergency, they had to agree to engage in in-depth interviews). This measure confirmed that the data was a wide range of survivorship experience and was relevant to the study aims. Informed consent was received of all participants and the institutional review board of the associated university provided an ethical clearance.

The data were gathered with the help of semi-structured, in-depth interviews that took about sixty to ninety minutes each. Interview questions were used to explore the perceptions of the participants when it comes to stress, the psychological and social problems they were facing during and after the treatment and their coping strategies as well as how effectively they felt that their coping strategies were working. The open-ended questions allowed the participants to develop their personal experiences, feelings, and thought patterns, whereas follow-up questions facilitated clarity and depth. The audio tapes of the interviews were recorded with consent and transcribed verbatim in a bid to maintain the originality of the stories of the participants. Additional sources of data were field notes and observations made at the support group sessions which provided the context of data triangulation and validation of results.

The thematic analysis provided by Braun and Clarke (2006) was used to analyse data. The coding of transcripts was done in cycles to determine patterns, themes, and sub-themes associated with stressors, coping strategies, and psychological adaptation. Explicit statements of the participants were used to obtain initial codes, and further rounds of analysis meant grouping the codes into larger themes that corresponded to shared experiences and coping processes. NVivo software enabled an analytic process to be undertaken in a rigorous and transparent way; it helped in organising and retrieving coded data systematically. Member checks were conducted through the process of sharing of preliminary themes with those sampled to ensure that the interpretations were true to their experience.

In order to increase the credibility of the research, several measures were taken such as triangulation, peer debriefing, and reflexivity. Triangulation entailed data comparison between the interview and the observational notes and the literature in psychology that would be used to confirm findings. Elements such as peer debriefing with a group of health psychology colleagues offered the critical feedback on the development and interpretation of the themes, which would decrease the likelihood of researcher bias. Reflexivity was preserved in the research process to recognise the assumption, worldview, and possible biases of the researchers on the interpretation of data. Taken together, all these methodological measures guaranteed the credibility, reliability, and authenticity of findings, thus providing a solid basis of knowledge on the topic of the stress and coping in cancer survivors as part of a health-psychology process.

RESULTS AND DISCUSSION

This section presents the empirical findings derived from the phenomenological analysis of in-depth interviews with 25 adult cancer survivors recruited from metropolitan hospitals and cancer support groups. In accordance with the methodological framework and the transactional model of stress and coping (Goh et al., 2010), as well as meaning-focused coping theory (Gan et al., 2013; Park & Folkman, 1997), four interrelated themes emerged from the data: emotional stress and psychological burden, problem-focused coping strategies, emotion-focused coping strategies, and meaning-focused coping and psychological growth. These themes reflect the complex and dynamic processes through which survivors appraise cancer-related stressors and mobilize coping resources. A thematic synthesis of these findings is summarized in Table 1.

Emotional Stress and Psychological Burden

Emotional stress and psychological burden emerged as the most dominant and universal theme across all interviews. All participants described experiencing persistent psychological distress that extended beyond the period of active medical treatment into long-term survivorship. The most salient emotional stressors included fear of cancer recurrence, chronic anxiety, depressive symptoms, sleep disturbances, and traumatic memories associated with diagnosis and treatment. These findings are consistent with previous evidence that emotional distress represents a core component of cancer-related stress and significantly affects survivors' quality of life and psychological well-being (Carver et al., 1993; Antoni et al., 2006; Zhu et al., 2023; Durosini et al., 2022).

Fear of recurrence was the most frequently articulated source of distress. Survivors consistently reported heightened vigilance toward bodily sensations and medical test results. One participant stated,

> *"After my chemotherapy, I constantly worry about the cancer coming back. Every small pain triggers anxiety."*

Another survivor explained,

> *"Every time I go for a follow-up check-up, I feel like I am reliving the moment when I was first diagnosed."*

These narratives illustrate how cognitive appraisal of threat remains active even after treatment completion, reflecting the enduring nature of stress appraisal described in the transactional model of stress (O'Connor et al., 2010).

Symptoms of anxiety and depression were also widely reported and were closely linked to perceived losses in physical functioning, independence, and social roles. One participant shared,

> *"Sometimes I feel depressed thinking about what I've lost, my energy, my independence, my confidence."*

Another added,

> *"There are days when I feel strong, but there are also days when I feel completely helpless and overwhelmed."*

These experiences demonstrate how emotional distress is shaped by both internal psychological processes and external life disruptions, supporting Moen (2022) assertion that chronic illness generates sustained psychophysiological stress.

Sleep disturbances and intrusive thoughts emerged as significant components of psychological burden. Many participants described difficulty sleeping due to persistent rumination about the future. One survivor reported,

> *"I wake up in the middle of the night worrying about test results. It's hard to sleep or concentrate the next day."*

Another participant stated,

> "Even after treatment, my mind keeps replaying the moment the doctor told me I had cancer."

These findings align with prior literature indicating that trauma-related cognitive intrusions are common among cancer survivors and contribute to prolonged psychological strain (Koutrouli et al., 2016).

Social isolation further intensified emotional stress. Although most participants received instrumental support from family members, many reported feeling emotionally misunderstood. One participant expressed,

> *"My family tries to be supportive, but sometimes I feel isolated because they can't fully understand what I'm going through."*

This perceived lack of emotional attunement heightened feelings of loneliness and reinforces health psychology perspectives emphasizing the distinction between received and perceived social support as determinants of psychological adjustment.

Problem-Focused Coping Strategies

Problem-focused coping strategies constituted the second major theme and reflected survivors' active efforts to manage cancer-related stressors through direct behavioral and cognitive actions. Participants described engaging in structured planning, treatment adherence, lifestyle modifications, and information seeking as primary ways of regaining a sense of control. These behaviors closely reflect the conceptual definition of problem-focused coping as deliberate efforts to modify stressors or their consequences (Riley & Park, 2014; Baker & Berenbaum, 2007).

Organizing medical routines emerged as one of the most frequently reported strategies. Survivors described meticulously managing appointments, medication schedules, and symptom monitoring. One participant explained,

> *"I make lists of appointments and medications. Keeping organized helps me feel more in control."*

Another added,

> *"If I don't write everything down, my anxiety becomes worse because I feel like I might forget something important."*

These accounts illustrate how behavioral organization functions as a psychological tool for reducing uncertainty and restoring perceived control, which is central to adaptive stress regulation.

Lifestyle modification was also widely adopted as a coping strategy. Participants reported changes in diet, physical activity, and daily routines as part of an active effort to support recovery and prevent recurrence. One survivor stated,

> *"I changed my diet and started exercising lightly. It gives me a sense of agency over my health."*

Another shared,

> *"Even small changes, like walking every morning, make me feel like I am doing something positive for myself."*

These behaviors reflect health-promoting self-regulation and align with health psychology models that emphasize self-efficacy and behavioral engagement as buffers against stress.

Information seeking emerged as a central problem-focused strategy. Survivors actively sought information from doctors, online resources, and fellow survivors to better understand their condition. One participant explained,

> *"I always ask my doctor many questions because knowing what is happening makes me less afraid."*

However, some survivors also reported that excessive information sometimes increased anxiety, indicating that information seeking can be both protective and stressful depending on individual coping capacity. This finding supports the appraisal-based nature of stress described by Moos & Holahan (2003), in which the perceived usefulness of coping resources varies across individuals and contexts.

Participation in support groups had both instrumental and emotional functions. Survivors described learning practical strategies for managing side effects, navigating hospital systems, and maintaining daily functioning. One participant noted,

> *"I joined a support group where survivors share tips on managing side effects. It helps me navigate challenges proactively."*

This demonstrates how social contexts facilitate adaptive problem-solving while simultaneously strengthening belief in one's coping capacity.

Emotion-Focused Coping Strategies

Emotion-focused coping strategies emerged as the third major theme and were directed toward regulating emotional responses rather than altering external stressors. Participants widely reported using mindfulness, relaxation techniques, emotional disclosure, expressive activities, and spiritual practices to manage psychological distress. These strategies were particularly salient during periods of heightened uncertainty and emotional overload, consistent with Torres et al. (2022) assertion that emotion-focused coping is especially adaptive when stressors are perceived as uncontrollable.

Mindfulness and relaxation techniques were frequently cited as effective in reducing acute anxiety and fear. One survivor reported,

> *"Meditation and deep breathing help me calm my mind when anxiety spikes."*

Another stated,

> *"When my heart starts racing from fear, I close my eyes and focus on my breathing until I feel calmer."*

These practices facilitated emotional regulation by shifting attention away from catastrophic thoughts and toward present-moment awareness, supporting health psychology models of autonomic and cognitive regulation.

Emotional disclosure through social relationships was described as a powerful coping resource. Survivors emphasized the importance of verbalizing fears and emotional pain to trusted individuals. One participant said,

> *"Talking to friends and other survivors makes me feel less alone. Sharing my feelings reduces the burden."*

Another explained,

> *"When I keep everything inside, my stress becomes unbearable, but when I talk, I feel lighter."*

These findings reinforce social support theories in health psychology, which emphasize perceived emotional support as a critical buffer against stress.

Expressive coping through journaling, music, and prayer was also widely reported. One participant shared,

> *"Writing in my journal helps me release the emotions that I cannot say out loud."*

Another stated,

> *"Listening to music when I feel anxious helps me escape negative thoughts for a while."*

Spiritual practices provided emotional comfort and existential reassurance for many survivors. These strategies allowed participants to process emotions symbolically and inwardly, complementing interpersonal emotion-focused coping.

Importantly, survivors did not rely exclusively on emotion-focused strategies. Instead, they alternated between emotion-focused and problem-focused coping depending on situational demands and emotional capacity. This dynamic pattern of coping supports the process-oriented framework proposed by Coppens et al. (2010), which views coping as a flexible and evolving psychological process rather than a fixed trait.

Meaning-Focused Coping and Psychological Growth

Meaning-focused coping constituted the fourth major theme and reflected survivors' efforts to reinterpret their cancer experience in ways that fostered psychological growth, existential meaning, and identity reconstruction. Participants described profound shifts in life priorities, personal values, and self-perception following their illness. These transformations are consistent with Gianotti (2017) model of meaning-focused coping and the broader literature on post-traumatic growth (Stanton et al., 2007).

Many survivors described cancer as a turning point that deeply altered their worldview. One participant stated,

> "I try to see my cancer as a wake-up call to prioritize what truly matters in life."

Another shared,

> *"Before cancer, I was always chasing success. Now I value peace and time with my family."*

These cognitive reappraisals allowed survivors to integrate illness into a meaningful life narrative rather than perceiving it solely as a source of loss.

Gratitude and appreciation for life emerged as prominent indicators of psychological growth. Survivors reported heightened awareness of small joys and everyday experiences. One participant expressed,

> *"Facing this disease has made me more grateful for small joys that I used to ignore."*

Another noted,

> *"I appreciate waking up every morning now because I know life is fragile."*

These statements reflect the positive meaning-making processes described in post-traumatic growth theory (Park et al., 2012).

Helping others also became a source of meaning and empowerment. Several participants described supporting newly diagnosed patients through peer mentoring or informal guidance. One survivor said,

> *"I focus on helping others who are going through similar challenges. It gives my suffering a purpose."*

This altruistic orientation transformed personal adversity into social contribution and strengthened survivors' sense of identity and self-worth.

Spiritual and existential belief systems played a central role in meaning-focused coping for many participants. Survivors interpreted their illness through religious or spiritual frameworks that emphasized divine purpose and personal transformation. One participant expressed,

> *"I believe this illness is a test from God that made me stronger spiritually."*

Such beliefs provided coherence and emotional stability in the face of uncertainty and mortality, functioning as higher-order coping resources as described by Park and Folkman (1997).

Multidimensional Coping and Psychological Adaptation in Cancer Survivorship

This study provides an in-depth examination of stress and coping among cancer survivors through a health psychology lens, offering empirical support for the transactional and meaning-centered models of coping while extending their applicability within the lived context of long-term survivorship. Unlike many quantitative studies that isolate single coping dimensions, the present findings demonstrate that cancer survivorship is governed by a dynamic and interactive coping system in which problem-focused, emotion-focused, and meaning-focused strategies operate simultaneously and reciprocally. This multidimensional pattern reinforces the biopsychosocial nature of psychological adaptation to chronic illness and affirms that survivorship adjustment cannot be adequately explained through linear or single-strategy coping frameworks.

The persistence of emotional distress long after the completion of active treatment supports existing evidence that survivorship does not signify the end of psychological burden. From a stress appraisal perspective, this indicates that the primary appraisal of threat remains active even when the objective medical risk has decreased. Lazarus and Folkman's transactional model posits that stress is not solely determined by external events but by continuous cognitive appraisal of threat and coping resources. The present findings extend this model by demonstrating that in cancer survivorship, the appraisal process becomes chronic rather than episodic. This sustained appraisal has important implications for psycho-oncology services because it suggests that emotional distress is not confined to diagnosis or treatment phases but becomes embedded in survivors' long-term identity and life planning.

The prominence of problem-focused coping in survivorship adaptation highlights the enduring relevance of perceived control in health psychology. Survivors' engagement in treatment management, lifestyle modification, and information seeking reflects what Bandura describes as self-efficacy-driven behavior, where belief in one's capacity to influence outcomes enhances psychological resilience. However, the data also suggest that problem-focused coping alone is insufficient in contexts characterized by uncertainty and uncontrollability, such as cancer prognosis and recurrence risk. This finding aligns with Folkman's later theoretical refinement that problem-focused strategies lose effectiveness when stressors cannot be directly modified. Thus, survivorship requires not only behavioral control but also emotional and existential regulation, reinforcing the necessity of integrative coping models.

The central role of emotion-focused coping in regulating distress underscores the importance of affective self-regulation processes in chronic illness adjustment. Health psychology literature consistently emphasizes that emotion regulation is a primary mediator between stress exposure and psychological outcomes. The present findings reinforce this view by demonstrating that survivors rely heavily on attentional control, emotional expression, and interpersonal emotional support to maintain psychological equilibrium. Importantly, the data suggest that emotion-focused coping is not merely a passive or avoidant response, as early stress models once implied, but rather an active psychological skill that enables functional adaptation in uncontrollable health contexts. This supports contemporary reconceptualizations of emotion-focused coping as a core adaptive capacity rather than a secondary or inferior strategy.

Meaning-focused coping emerged as a critical higher-order regulatory process that sustained long-term psychological adaptation. Park and Folkman's meaning-making framework proposes that when global life assumptions are disrupted by trauma or illness, individuals engage in cognitive reappraisal to restore coherence and purpose. The present findings strongly support this model by showing that survivorship adaptation is deeply rooted in existential restructuring rather than simply symptom management. Meaning-focused coping operated as a psychological bridge between suffering and growth, enabling survivors to transform uncontrollable adversity into a coherent life narrative. This underscores the importance of viewing psychological recovery not merely as symptom reduction but as identity reconstruction and value realignment.

The process of post-traumatic growth also affirms the integration of positive psychology into the health-psychology models further, which is empirically supported. According to the theorization put forth by Stanton et al., gratitude, increased appreciation of life, altruism, and increased spiritual growth are central aspects of post-traumatic development. However, the current results define that growth is not realized in the absence of distress, but growth and distress co-exist as parallel psychological processes but not stages. This does not only conflict with excessively linear models of recovery, but also supports dialectical views that see suffering and growth as being psychologically interdependent, not mutually exclusive.

Conceptually, this study is a significant addition to the field of health psychology based on empirical evidence of the functional combination of three major coping systems in chronic health threat conditions. However, unlike the previous models that have only dealt with these strategies separately, the current results have shown that survivorship adaptation is controlled by a stratified regulatory architecture. Problem-oriented coping is concerned with the external demands at the behavioral level, emotion-oriented coping addresses the affective arousal at the emotional level and meaning-oriented coping restructures the identity and the purpose at the existential level. This multidimensional coping framework is a more detailed theoretical model of the psychological adjustment in long-term illness than are the traditional single-domain models.

The implications of the findings are also very important to the psychosocial interventions of oncology. The modern models of survivorship care often focus on symptom surveillance, adherence to medical care, and short-term screening of psychological distress. Although these components are crucial, the present study indicates that effective survivorship care should go beyond symptom-based care and embrace the meaning and identity-directed therapeutic models. Meaning-oriented therapy, narrative therapy, and acceptance-based approaches are interventions that can be significantly similar to the meaning-oriented processes identified in this paper. The inability to respond to existential restructuring poses the threat of diminishing the psychosocial support to functioning emotional containment instead of long-term psychological reintegration.

The strong impact of social-emotional support also explains why survivorship care needs to be re-conceptualized as a relational process and not an individual process only. Social support as a protecting factor has been identified in health psychology long ago; however, survivorship services are usually hospitalized and symptomatic. The existing results highlight the importance of the fact that perceived emotional understanding, and not solely instrumental help, is the decisive factor of psychological benefit. Therefore, survivorship care models must be officially integrated with caregiver education, family-based counseling, and peer mentoring initiatives to be able to increase emotional responsiveness and relational safety.

The cultural aspect that puts a strong emphasis on spiritual meaning-making and community in coping mechanisms highlights the importance of culturally responsive psychosocial treatment. Theories of health-psychology that have been formulated in the context of Western individualistic cultures might not attach enough importance on the role of spirituality, collective identity, and family interdependence in coping with non-Western groups. The present results challenge the universality of strictly individualistic coping theories and support the incorporation of the culturally embedded belief systems into the design of the interventions. Programmes on psychosocial oncology that ignore spiritual and communal aspects are likely to be out of line with the real coping ecology of the survivors.

CONCLUSION

This paper also shows the multifactorial stress of cancer survivors including emotional, cognitive, social, and financial aspects. The survivors also claimed to experience ongoing anxiety, depression, and recurrence fear, which interplay with general life problems, such as social roles and financial limitations. Problem-oriented coping mechanisms including routine schedules, lifestyle changes, and support group membership helped to offer a feeling of control and agency to the health outcomes. Emotion-oriented interventions such as mindfulness, social support and relaxation interventions decreased psychological distress and meaning-oriented coping resilience and post-traumatic development since survivors were able to refrain their experiences in a positive manner.

The results indicate interdependency of coping mechanisms and the importance of health psychology to inform interventions. An efficient psychosocial support should combine problem-oriented, emotion-oriented, and meaning-oriented strategies that are individually oriented. The cultural, social and personal context of the survivor should also be used to intervene in order to increase the effectiveness of coping strategies. All in all, in order to enhance quality of life and adaptive outcomes of cancer survivors, a multidimensional approach that considers both the psychological and the social dimension of survivorship is necessary.

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