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AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF THE PSYCHOLOGICAL IMPACT OF CANCER

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Abstract

Qualitative research involves the use of the common research strategy to explore the overwhelming and psychological condition of people diagnosed with cancer (Interpretative Phenomenological Analysis). The study perceives searching the purpose of finding some insight into how life goes on with cancer patients and their narratives, how the illness and treatment of the procedures dictate the mental wellness of patients and their personalities, and how they make sense of the issues. The cancer diagnosis has been a life-threatening experience, which has complicated psychological responses to the entire situation to an extent that is characterised by distress, anxiety, depression, post-traumatic stress disorder, and existential problems. Research indicates that severe psychological disturbance is found among several cancer patients who have survived, and lung cancer patients display these statistics (30-70%). It is a phenomenological research study that involves oral videotaped accounts of 26 cancer patients of various types of cancer and the stages of cancer manifested through videotaped stories, to aid the discussion of facts about complex psychological experiences that the patient goes through after being diagnosed with cancer. The conceptual framework gives the relevance of the stances of patients in elucidation of their experiences following the diagnosis, particularly focusing on the impact of the condition on the psyche of the patients. Through the IPA approach, the study allows the respondents to recount their narrations of psychological impacts, and in detail, which may be relied upon in the delivery of healthcare policies, clinical practice, as well as psychological treatment. The original conclusions are the description of the themes of psychological adjustment, spiritual restructuring, identity formation, creation of meaning, and resilience. The research will complement knowledge in psychology related to the impact of cancer by identifying the impact of the condition on the population, and the findings will be applicable to benefit the population by improving care modalities and policies regarding mental health trauma in healthcare delivery. The findings will inform individuals in policy making, and the health institutions, the governmental agencies, and society will be informed about the psychological experience of cancer patients.

Preface and Acknowledgements

The research is based on the recognition of the power of living through cancer patients ' psychological experiences, which should be discussed using their own words. The phenomenology research study dynamics has been shown to be a nightmare, yet at the same time illuminating in the sense that there ought to be a thin line that ought to be negotiated upon as far as dealing with the experiences of cancer is concerned, but at the same time keeping the academic standards in check.

The special thanks go to the supervisory team who guided me throughout this distance learning programme, the medical libraries and documentary producers whose media enabled these narratives to be put to research purposes, and to Selinus University, which has provided a base to research excellence independently.

This dissertation is devoted to all people who live with a cancer diagnosis, as well as to all professionals and researchers who provide support and promote a better quality of life and psychological comfort of these patients.

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CHAPTER 1: INTRODUCTION AND AIM OF STUDY

1.1 Introduction

Cancer diagnosis is one of the most serious psychological problems people can experience, which completely changes the way they perceive their life, identity, and future. Due to the diagnosis, the world that the now-formerly healthy individual in his or her previous definition occupies turns to one subject to death, probabilities, and the complications of medical treatment protocols. This phenomenological research is an attempt to understand the multifaceted psychological experiences of the victims in the scenario of living with cancer, based on their stories and experiences. According to the research conducted by Siegel et al. (2018), cancer causes the largest mortality rate in the United States and all over the world because of lung cancer. However, cancer is a psychologically complicated illness that has significantly more than a death toll: emotionally, cognitively, socially, spiritually, the disease is spread with ultimately quite sub male tentacles, which touch on every sphere of life, changing its value and treatment outcome. The literature agrees that cancer patients are affected by considerable poor psychological issues, and reporting about psychological distress has the highest frequency levels across different forms of cancer.

Psychological distress due to cancer can be attributed to a variety of overlapping factors, which include the lack of survival in five years, a variety of unclear causes of diseases, the complexity of the treatment process, physical manifestations of the disease, and the core disruption of all assumptions and planning of the future (Kroenke et al., 2013). This distress occurs in numerous areas of the self, such as in the domains of depression, anxiety, panic attacks, post-traumatic stress disorder, cancer-specific worry, anger, and existential questioning of a transcendent form. The specified psychological responses are not just the secondary effects but key areas of the cancer experience that affect adherence to treatment, social functioning, and health outcomes, in general. Psychological distress parameter among cancer patients is an area

where quantitative research studies have been conducted intensively. Having psychological distress has been identified as an adverse influence on numerous unfavourable health indicators, including withdrawal from the treatment regimen and having unfavourable physical health outcomes (Kroenke et al., 2013). As useful as they are in establishing the levels of prevalence and general trends, however, these quantitative approaches do not convey as much of the experience of the psychological reaction to the diagnosis of cancer, that are so individual and many-dimensional.

Liu et al. (2018) report that only Chinese lung cancer patients experience psychological distress ranging between 30% and 70% which depicts the forecast of high rates of psychological burden accompanying the cancer diagnosis. These researches, shocking as it is, say little about how the patients experience, elaborate interpretations, and construct a sense out of their mental reaction to a particular circumstance. The incompatibility of quantitative evidence and experience with lived experience are important and the issue thus can be studied through phenomenology. Interpretative Phenomenological Analysis (IPA) is the primary methodological approach that this research study has chosen in allowing the diagnosis of the psychological connotation of the cancer diagnosis or signs of cancer through the direct words used by the customers as well as the sense-making. PA specifically is well-suited to investigate phenomena defined in terms of a problematical psychology since it emphasises a primary focus on the individual subjective experience and involves itself in the process elucidating the sense-making activity of the sense-making activity of its participants.

1.2 Background and Context

Cancer is currently a matter of international health concern and has transformed the world in general in relation to health conditions. The widespreadness of the disease is so deplorable that millions of individuals are diagnosed annually, and the diagnosis is not only a medically induced event but a more complex psychosocial event that has significant effects on the patients, their

family members, and their societies. The psychological impact of cancer is more than individually but extensively spreads to the social systems, family and friends, as well as the professionals in the healthcare process. Psychological distress in cancer situations implies distress associated with emotional distress elicited by different psychological illnesses. About a quarter of the cancer survivors are psychologically distressed, and depression, anxiety, panic attacks, post-traumatic stress disorder, cancer worry, or anger can indicate it. These occurrences are various reactions to the various stressors related to cancer diagnosis, course of treatment, and the survivor stages.

Psychological disturbance comes in different forms and is complicated in cancer patients. It is one of the most frequently mentioned psychological symptoms, with a prevalence that is much higher than the general population levels. Generalised and cancer-specific anxiety are widespread in significant quantities of cancer patients during the course of their treatment. Patients are increasingly exhibiting post-traumatic stress responses to diagnosis and treatment, with the development of a full post-traumatic stress disorder in some ESC patients. In addition to the above, well-known psychological manifestations of cancer, patients often complain of more subtle but equally noticeable psychological changes. These are a changed sense of identity, life priorities, relations, spiritual questioning or transformation, and a fundamental change of outlook and future planning. However, these transformations, though not always positive, portray extensive psychological restructuring that should be considered carefully and attentively to examine its presence.

1.3 Problem Statement

Despite the relatively large amount of literature that has been issued and has recorded the probability and general characteristics of the psychological distress in cancer individuals, the objective has been reported less on the actual, first-person encounter of people going through the cancer diagnosis and treatment. Quantitative methodologies were the most common in the present study, and hence they did not provide a good understanding of the meaning-making process, the

adaptive strategies, and the personal change they can bring to the person living with cancer. The presented literature is more prone to view psychological distress as something to be changed and treated on board of reflecting that it might as well be something to develop. A problem-oriented process might end up being exclusive of such aspects as resilience, sense-making, and positive adaptations that most cancer patients have shown throughout the process. The phenomenological approach may manifest this multidimensionality, which has not been achieved through quantitative methods.

In addition, much of the accessible literature has been carried out in clinical practise with the included standardised measures. This does not mean that all the psychological lives the patients conduct and their interrelations as well as the availability of self-reflection are considered, even with such means generating valuable clinical data do not imply it. Formidably, the voices of patient themselves, the voices which they produce in their own words are underrepresented in academic literature. Clinical research evidence and the perceived psychological reality of cancer patients may have considerable clinical practise and healthcare policy consequences, and consequences, too, on the development of interventions. Key health professionals/care representatives might have inadequate knowledge regarding the subjective aspects of cancer-related distress, which might restrict their capacity to offer culturally adapted, person-centred psychological assistance.

1.4 Research Question and Objectives

The central research question guiding this phenomenological investigation is: ***How do cancer patients experience and make sense of the psychological impact of their diagnosis and treatment journey?***

This question encompasses several subsidiary questions that will be explored through analysis of patient narratives:

1. What do individuals report the core psychological experiences following cancer diagnosis?
2. How do cancer patients understand and give meaning to their psychological experiences?
3. What adaptive strategies and coping mechanisms do patients employ to manage psychological distress?
4. How does the cancer experience influence patients' sense of identity, relationships, and future planning?
5. What role do spiritual, existential, and meaning-making processes play in psychological adaptation?

Research Objectives

1. To conduct an in-depth phenomenological analysis of cancer patients' psychological experiences using video transcript narratives
2. To examine processes through which cancer patients make sense of their psychological experiences
3. To identify common themes and patterns across diverse cancer patient narratives
4. To generate insights that can inform clinical practice and healthcare policy
5. To contribute to the theoretical understanding of psychological adaptation to chronic illness

1.5 Significance of the Study

The phenomenological study would be relevant to various stakeholders, including the patients, healthcare providers, researchers, and policy-makers. This is so because it is applicable to the conclusion that the clinical research might make, but it relies on the psychological experience of those who are affected by the cancer. The findings are applicable in the clinical practice of oncology, psychology, or the practice of interdisciplinary health care. The added

advantage of the healthcare provider will be the added knowledge of how the patients recognize and cognize psychologically, concerning cancer. The information can be utilised to educate a greater number of culturally competent, patient-centred, and effective psychological evaluation and successful psychological interventions guidelines. The study will assist the medical staff to establish micro venues of mentally discomfort and have a multicultural future of psychology in addressing cancer and assessing the capacity of most patients to redefine their issues and coping. Better still, the study could enlighten patients and offer them psychological assistance and intervention opportunities according to what they have gone through.

The current study would add to the previously conducted literature of phenomenology research in health psychology literature with respect to chronic diseases and incidences of life-threatening diseases. The research results could be suggested to the theoretical background of psychological adaptation, resiliency, meaning-making, and post-traumatic development when the illness is severe. These lessons significantly impact the healthcare development and clinical evidence policies. The findings can enable healthcare administrators and policy-makers to perceive cancer patients in the light of their psychological needs and come up with more comprehensive programmes that treat cancer (medical and psychological). Other than inculcating clinical and policy implications, such research has a social aspect of informing the rest of the population about the experience of having cancer in general. Findings can be applied to negate stigma fragments on psychological wretches surrounding cancer and achieve increased compassion and sympathy towards cancer patients.

1.6 Theoretical Framework

The conceptual frameworks to guide the qualitative phenomenological study are well-connected and interrelated and involve three schools of thought that inform the research strategy, methodology, and analysis. The primary philosophical phenomenological basis is based on the studies of interpretative frameworks and contemporary knowledge of psychological adaptation to

serious illness. Their philosophical underpinning is the phenomenological theory, i.e., Edmund Husserl's and Martin Heidegger's work. Phenomenology focuses on lived experience and subjective meanings that people attach to the experiences. To acquaint ourselves with the psychological impact, we must pay attention to how a given person feels, interprets, and makes sense of the event of cancer diagnosis in his/her personal context. The research uses interpretative phenomenological analysis as the theory and method. The phenomenological philosophy is merged with interpretative hermeneutics and idiographic psychology. This framework recognizes that researchers cannot tap into participants' experiences but must interpret, and thus, they are faced with a sense of meaning-making endeavours.

The study uses aspects of stress and coping theory, specifically Lazarus and Folkman. This theoretical framework gives insight into how people evaluate stressful events, utilize coping methods, and adjust to unfortunate situations. In cancer situations, the theory suffices in explaining the processes that the patient goes through in mentally and emotionally reacting to several cancer-related stressors. The paper uses the meaning-making theory as it focuses on the ability of humans to create meaning out of problematic experiences and search for sense and development in misfortune. This model implies that psychological adjustment to trauma experiences is strongly dependent on the capability of making sense of trauma as part of extended beliefs and life stories. The study integrates the knowledge on post-traumatic growth because people can be subjected to a positive psychological change in the aftermath of traumatic experiences. This model can be used to develop an internal perspective on how cancer patients can record some positive changes in addition to the psychological distress.

1.7 Aim of Study

The primary objective of the study is to gain a rich insight into the psychological effects of a cancer diagnosis as reported by the patients themselves when they consider the diagnosis. This objective recognises that cancer patients are well versed with their experiences and also that their

words are vital to interpreting psychological aspects of cancer. The proposed research will add value to the development of psychology to improve people's lives and enhance society through qualitative research of the psychological impact felt after a cancer diagnosis. This study aims to uncover the psychology of cancer through the phenomenological accounts of the video-transcript narratives of 26 cancer patients, who were at different stages of cancer and with different cancer types, collectively.

The study will offer evidence-based information that may support healthcare policies, clinical practice, and psychological interventions by identifying patient needs, preferences, and coping strategies shown to be effective among patients. It is assumed that the research findings would be helpful to policy-makers, health institutions, and governmental bodies, as well as to raise general social awareness of the psychological experience of cancer patients. The importance of this research is that it will serve to close the serious gap in various phenomenological sets of knowledge about cancer-related effects by providing descriptive and elaborated experiences of the patients rather than clinical evaluation or statistic data collection.

CHAPTER 2: LITERATURE REVIEW

2.1 Chapter Introduction

This literature review reviews the available works showing the existing research on the psychological effects of cancer diagnosis and treatment, with a special focus on phenomenological findings that provide an understanding of patients' experiences. This review synthesises the results of quantitative and qualitative research on various populations, cancer types, and cultural backgrounds to provide the theoretical and empirical basis for the phenomenological study. The literature illustrates the multidimensionality and the multifactorial aspect of psychological experiences associated with cancer and shows the considerable gaps in phenomenological knowledge that this study will fill in.

2.2 Psychological Distress and Emotional Impact

2.2.1 Prevalence and Nature of Psychological Distress

In their excellent synthesis of the literature on psychosocial problems associated with cancer, Wang and Feng (2022) have explored the psychological impact that a cancer diagnosis has on establishing a complicated psychological reaction comprising anxiety, depression, and existential issues. Their system review has shown that psychological distress impacts most of the patients with cancer during various disease trajectories. The authors utilized the selected methodology literature synthesis to recognize tendencies without failing to recognize variations characteristic of the individual response towards psychology. They concluded that different patients experience psychological distress based on various factors such as type of cancer, stage of cancer, type of treatment, and other particular aspects of patient resilience. The most significant conclusion of the authors is that the psychological issues related to cancer are among the universal characteristics of cancer experience that should be tackled in a comprehensive clinical fashion. Similarly, the presence of anxiety, depression, and perceived stress in breast cancer patients 200 in number was examined by Alagizy et al. (2020) based on a cross-sectional research

design to assess the psychological state of the examined group, akin to the beginning of the previously cited study. By using some generalised psychological assessment tools, they stated that there was an evident level of anxiety (68%) and depression (45%) among their study participants. Their scales are confirmed to be truthful, such as the Hospital Anxiety Depression scale, which provides the quantitative outcomes of clinical stress. The level of anxiety and the stage of the disease were closely related because the case of advanced cancer was associated with higher levels of distress. Both articles establish a significant impact of cancer diagnosis on the psychological health of patients, confirmed by the second study being more comprehensive and general. In contrast, Alagizy et al focus only on cancer.

In their extensive review articles, Ramya and Krishna (2025) reviewed the psychological factors on the pre-operative anxiety, adjustment after surgery, and the psychological outcome in the long term. Using their analysis, surgical interventions add an extra psychological burden in addition to the initial diagnosis, such as body image, functional limitations, and uncertainty of recovery. The reviewing approach included the systematic analysis of 40 studies of various surgical operations and psychological outcomes. The results indicated that patients had increased anxiety just before surgery, and the post-surgery psychological readjustment differed a lot depending on the type of surgery, complications, and availability of support. The researchers concluded that surgical procedures necessitate an inbuilt psychological intervention that includes pre-operative preparation, post-operative readjustment in the short term, and psychological adaptation in the long term. Dronavalli et al. (2024) assessed the effects of cancer diagnoses and treatment on the psychological health of cancer patients in a systematic review of 35 studies with different cancer patients. They used an approach to the psychological impacts of treatments such as chemotherapy, radiation, and the impact of immunotherapy on the mental outcomes of the treatment. Results reflected that various treatment modalities elicit various psychological issues, with cognitive alterations associated with chemotherapy and mood disturbances associated with

fatigue related to radiation therapy. Both works underline psychological issues that emerge during treatment. However, due to the singular treatment focus on surgery, Ramya and Krishna highlight a more specific psychological effect, whilst Dronavalli et al. provide an overview of the psychological effects of any treatment method available in cancer management today, involving a variety of effects.

2.2.2 Emotional Impact across Populations

Hughes et al. (2024) investigated the emotional effects of cancer diagnosis among adolescents and young adults exclusively in the form of qualitative interviews based on 15 individuals (defined as a wide range of ages between 16 and 25 years). Their phenomenological study identified the specific psychological issues that the younger cancer patients experience, namely, the disturbed identity formation, interruption of the education process, and changed relations with peers. The method employed semi-structured interviews and their analysis through the thematic analysis method, which allowed the participant to speak freely about his or her experiences. The research identified some themes of loss of normalcy, the fear of death, and the inability to socialise during treatment. This study found that young adults are unique subjects with specific psychological issues that need age-sensitive support interventions. On the other hand, Ramathuba et al. (2025) believed that the outcomes of cancer diagnosis in the adult patients of the South African hospitals could be assessed with the help of mixed methods, and the possible sample size of the study would be 120. They did this by employing a qualitative study of coping with psychological distress in people and a quantitative scale of distress. Findings claimed that there were high rates of pronounced psychological sufferings (75 percent of the respondents) and different types of coping mechanisms that include: religious processes, family support, and problem-centred coping. It was concluded that cultural background mattered in psychological impacts and coping responses. In spite of the fact, both works confirm the supreme influence of emotions, Hughes et al. focus on the adults of that age, accentuating the peculiarities caused by

age and its influence on that experience. Instead, Ramathuba et al. address the adult group of the respondents by mentioning the cultural factors that define the psychological reaction and coping efforts.

A systematic review of 25 studies clarified the impact of the diagnosis of cancer in pregnant women and the postpartum process on the well-being and mental health of the patients (Farhana et al. 2025). Their approach studied special psychological issues that women with a cancer diagnosis and pregnancy face, such as the conflict between treatment decisions, maternal identity issues, and fatal health anxieties. It was found that the psychological responses were complex and entailed maternal guilt, fears related to treatments, and a strain in the relationships, as well as the protective behaviours and meaning-making. The study proved that the cancer diagnosis during pregnancy produces unique psychological strains that need specialised care in both the cancer and the maternal issues. The research paper concluded that an integrated care approach should consider pregnancy-related psychological needs and family dynamics. Lopez and Klainin-Yobas (2021) reviewed health promotion in cancer patients as a development around new interventions emphasizing the involvement of strategies to promote psychological well-being. Their methodology used 30 intervention studies aimed at psychological resilience, improvement of quality of life, and health behaviour. The results indicated that multi-modal interventions based on the combination of education and counselling associated with peer support led to a better psychological outcome than single-component alternatives. The two articles investigate targeted groups of people. However, the pregnancy-related nature of Farhana et al.'s study displays distinctly maternal psychological concerns. In contrast, the interventionist flavour of Lopez and Klainin-Yobas' article indicates possible solutions to several psychological issues in cancer.

2.2.3 Long-term Psychological Consequences

Hoffman et al. (2009) assessed psychological distress in long-term survivors of adult-onset cancer by studying psychological distress in cases of 4,878 respondents who were 5+ years after

diagnosis in a national survey. They employed a quantitative methodology by using standardised psychological evaluation tools to gauge depression, anxiety, and post-traumatic stress. The results gave a demonstration that 15% of the long-term survivors remained in significant psychological distress long after treatment sessions had been completed. The paper documented risk factors of persistent distress, such as proclivity to distress by younger age at disease diagnosis, female gender, and a history of depression. Maass et al. (2019) were comparatively able to address long-term psychological distress in survivors of breast cancer through cross-sectional studies. They matched the sample population of 597 survivors, and another is a control population of the same size. Their research strategy was to have blended psychological analysis performed between 2 and 10 years after diagnosis based on measurable distress and quality of life factors. The results indicated that breast cancer survivors experienced a greater psychological distress compared to controls (22% vs 13%), with anxiety constituting the majority of their distress. The study found that time since diagnosis did not always lower the level of psychological distress. The two studies confirm the continued psychological difficulties in cancer survivorship, with Hoffman et al. displaying population trends, whereas Maass et al. offer disease-specific observations in breast cancer survivorship.

Bergerot et al. (2024) examined the psychological problems that breast cancer survivors have in querying about recurrence of the disease using qualitative interviews of 18 participants. These authors applied a psychological phenomenon of researching the psychology of whether or not there exists a fear of recurrence by survivors who have completed their initial treatment unilaterally. The analysis has shown that survivors have a high level of concern over the relapse of cancer, manifesting the perception of physical signs and symptoms cancerously, as well as being hyper-alert to health alterations. Results indicated that concerns over recurrence strongly affect functioning in everyday life, medical decision-making, and future planning among survivors. The researchers assumed that fear of recurrence was a particular psychological issue that

required particular intervention methods. Analysed by Shaw (2024), the literature included in this study was critical because it examined the references from the perspectives of both the patients and healthcare providers regarding the mental health issues and challenges faced by the patients at every stage of cancer diagnosis, treatment, and survivorship as well. The methodology, literature synthesis, and stakeholder interviews were used to locate the gaps in the psychological support of patients at the cancer trajectories. Findings demonstrated that psychological demands change over the course of cancer experience because a set of new tasks appears at the diagnosis stage, another one emerges during treatment, and yet another one appears in the context of survivorship. Both texts touch on the sphere of survivorship psychology. However, the emphasis in Bergerot et al. on fear of recurrence identifies certain peculiarities of the anxiety phenomena. To the contrary, the path of disease that it takes regarding the psychological needs is more reasonable in the way that Shaw depicts the changes in the transformation of psychological needs that have to change with the course of time and, accordingly, have to be somewhat altered to accommodate them.

2.3 Lived Experiences through a Phenomenological Lens

2.3.1 Interpretative Phenomenological Analysis Applications

The study conducted by Nazam et al. (2023) involved an interpretative phenomenological analysis that examined the hope amongst cancer patients depending on the analytical interview of 12 cancer patients of various origins. They applied the principles of IPA-based research: their research was founded on the process of meaning-making as an individual and concentrated on the development of common themes across all experiences. The findings revealed that the element of hope had various manifestations among the respondents, including: having the hope that he would be healed, attain meaningful relationships, and attain self-development. The actors created hope through sharing their spirituality, family relationships, and restructuring their values about life. The researchers have determined that hope is a complex, interactive, dynamic

construct, the significance of which in psychological adjustment to cancer is independent. It follows that Bootsma et al. (2023) used IPA to search for a severe chronic cancer-related fatigue experience in 10 participants. They analysed their interviews using phenomenological procedures that entail rigorous interviews and emphasise personal experience whilst identifying common themes. The results showed that fatigue has significantly affected the participants regarding identity, social relations, and planning for the future. According to participants, fatigue was an invisible load that others could not comprehend, resulting in social isolation and frustration. The study determined that cancer-related fatigue is more than physical symptoms; it involves psychological and social aspects, which must be addressed holistically. The two studies indicate the efficacy of IPA in unravelling the mysteries of the human mind. However, where Nazam et al. study hope, there is a discovery of positive adaptation mechanisms, whereas Bootsma et al. study fatigue and uncover the lingering issues of cancer disease.

Pope (2023) evaluated the consequences of cancer on young adults by applying biometric methods and phenomena methodologies to carry out the mixed-method research. The research study analysed psychological issues on an age-wise basis, with 25 study subjects between the ages of 18 and 35, on issues like disruption of identity development, influences on relationships, and the effect on future planning. The results indicated that young adults whose parents have cancer possess their unique mental problems, including issues embedded in career progression, childbearing, and child isolation, owing to the age disparity between them and their fellow citizens. The phenomenological dimension, the meaning-making, is presented at the optimal, i.e., the participants reach the reconstruction of identity, its re-prioritisation, and resilience. The researcher established that young adults require specialised psychological attention rather than medical treatment. A systematic review by Bansal and Raju (2024) reviewed the psychological outcomes of cancer diagnosis concerning the support and coping system in patients and their families. Their design had determined or evaluated the efficiency of the interventions and use of the support

systems on different groups of cancer patients. The findings revealed that effective coping involves many problem-related issues, emotion-focused strategies, and sense-making approaches. Both articles dwell on the psychological aspect of cancer, although in the scenario of Pope, there is a focal point of the young adult against the developmental aspect of the disease. In contrast, the applicability of the concepts is more comprehensive in Bansal and Raju, with the classification of the universal coping strategies and the resources necessary to survive the disease, and the psychological outcomes of the disease in the progression of individuals with cancer.

2.3.2 Identity and Meaning-Making

Le Boutillier et al. (2022) present the interpretative phenomenological analysis to find similarities in the lives of individuals with and after breast, prostate, and colorectal cancer among 18 participants. They approached the study through phenomenological interviews of existing cancer patients following treatment. What it meant was that despite an effective treatment, members were still psychologically with cancer on the basis of being anxious because of cancer, consistently fearing the re-emergence of the tumour and the alteration of life priorities. The themes identified were altered attachment to their bodies, altered future planning, and maintenance of health vigilance. The conclusion made by the researchers is that the life of a cancer survivor is characterized by constant mental re-adjustment, other than recovery to the pre-cancerous state. On their part, Eisenberg and Josselin (2024) explored the greater preoccupation with healthy eating by female cancer survivors in a study involving 8 participants guided by IPA research methodology. Their phenomenological perspective was on the relationships between cancer experience, food relationships, and eating behaviours. The insights showed that the respondents created sophisticated relations regarding food, where they perceived food as a sense of control and identity. The themes to be identified are those of eating behaviours in terms of guilt, anxiety, and empowerment as a result of cancer. Both research papers depict the continuity of the psychological adaptive processes of survivorship, however the multi-cancer model developed by

Le Boutillier et al. is proven to generate themes which are common to all cancers, and thus can be generalised, not losing by doing so the specific dimension of the research problem, whereas the single cancer model of Eisenberg and Josselin only demonstrates how cancer influences certain areas of life and development of identity.

Erden and Yldz (2025) examined the reorientation of social relations in the context of cancer struggle by qualitative methods on two hundred participants with various types and stages of cancer. The study focused on the methodology to see the effects of cancer diagnosis and treatment on social ties, family relationships, and community ties. This paper has shown that cancer significantly changes existing social relationships, and all participants in the study identified some positive changes (i.e., connections deepened, increased mutual support) as well as negative ones (i.e., social isolation, strain on relationships). The results indicated that participants were proactive in rebuilding social worlds by maximising the meaningful relationships and avoiding meaningless forms of associations. The researchers concluded that social changes in relationships can be characterized as central aspects of cancer adaptation, which must not be overlooked during psychosocial support. A study by the American Cancer Society (2024) sought answers regarding emotional, mental health, and mood changes exhibited by cancer patients by studying both reported accounts of patients and clinical observations. They used methodological attention to document the psychological symptoms and emotional reactions at various stages of treatment. The results indicated that emotional changes are very ordinary and anticipated elements of cancer experience, and the swings of moods were found with reference to therapy impact, prognosis ambiguity, and disruption of life. Both reports touch upon the changes in relationships and emotions, yet due to the difference in focus, the former deals with interpersonal adaptation. In contrast, the latter reports a systematic pattern that needs professional assessment and management of emotions.

2.3.3 Phenomenological Insights into Suffering

Iskandar et al. (2021) performed a qualitative systematic review that synthesized the body of phenomenological literature on the issue of suffering in cancer and the accounts of cancer patients in 25 studies. They used systematic literature search methods and thematic synthesis of qualitative results in different populations with cancer and cultural backgrounds. In the review, it was found that cancer-related suffering has a variety of dimensions which involve physical pain, emotional, social, spiritual, and existential concerns. In the studies of participants, suffering has been described as transformative and resulting in personal growth, changed priorities, and relationships. The researchers concluded that suffering is a multifaceted and complicated experience that cannot be managed. Compared to this study, Nwozichi et al. (2024) applied a phenomenological research design to qualitatively investigate the experience of pain in Nigerian women with breast cancer based on the interviews of 12 individuals. Their activities were based on the cultural aspects and native understanding of suffering in Nigerian cultural contexts. The results showed that the participants interpreted suffering based on religion and culture, and they interpreted cancer as divine testing that they have to combine spiritual force and communal assistance. Several themes of accepting, faith, and community healing emerged in the study and were important in managing cancer-related suffering. Both articles prove that suffering is a multidimensional concept. However, Iskandar et al. use a systematic approach to gain more comprehension. In contrast, Nwozichi et al. reflect on the local context and how people interpret suffering and cope with this phenomenon.

Medaria (2024) investigated the mental health impact of young cancer survivors on adults by discussing possible cancer experiences and how they affected the mental health outcomes in young adult survivors. What the approach encompassed was a literature review, and consultation with the experts who concentrated on certain issues the minute cancer patients must encounter. It turned out that the early onset of the cancer represents abnormal psychological connotations in that development occurred out of order, profession, and family planning. Based on the analysis, it

was determined that depression and anxiety are more prevalent in younger than older patients who are cancer patients and are attributed to the disruptions caused by their stage of life, as well as the deprivation of a future. The discrepancy between early and late-onset cancer is that the former problem requires a psychological approach with developmentally narrative demands to the anxieties of the progress and future purpose in life. The research carried out by the National Cancer Institute (2020) is an investigation of ways of managing anxieties and distress among cancer survivors, as well as understanding the succeeding intervention treatment solutions and stress management strategies. They did so by synthesising the evidence on how to address the long-term psychological problems of survivor groups. Findings indicated that cognitive-behavioural therapies, mindfulness, and combination peer support programs effectively reduce distress in survivors and enhance their quality of life. The two studies concern particular dimensions of cancer suffering with emphasis relating to the age factor of Medaria and intervention of the National Cancer Institute, respectively, apparent developmental and evidence-based aspects of managing unresolved psychological issues associated with survivorship among cancer patients, hence related aspects of cancer suffering.

2.4 Coping Strategies and Resilience

2.4.1 Individual Coping Mechanisms

Homkes (2023) considered the lived experiences of lung cancer patients as far as their psychological health and physical activity are concerned by engaging in phenomenological inquiry into 10 individuals. The design adopted a methodology that used semi-structured interviews, reduced phenomenologically, to make sense of the coping strategies used by the participants. The findings indicated that the psychological roles of physical activity are many, as it leads to a reduction of anxiety, self-correction, and regulation. Another reason that exercise is considered a physical and psychological strategy detected by the interviewees, is that it adds organisation and hope during situations of uncertainty. The researcher concluded that one of the therapeutic

resources that has not been adequately exploited in the treatment of psychological distress due to cancer is physical activity. In comparison with it, Khazi et al. (2023) examined the problem of psychosocial issues at the diagnosis and coping among women with breast cancer using 15 semi-structured interviews. They have employed a strategy of looking into the acute impulse window of coping-induced behaviour immediately after diagnosis and adaptation activities. Results have centred on coping (controlling emotion, searching for information, spirituality, and social support utilisation). The study discovered that women applied parallel styles that were circumstantially variant and justifies this ability. The importance of positive actions as coping mechanisms is highlighted in both compositions. However, Homkes's incorporation of active involvement in physical activities by women evidences its more direct impact. In contrast, the investigation by Khazi et al., which incorporation the absence of capacity to perform physical exercises (single dimension approach), reveals that the use of active coping strategies must be mentioned.

Lyall et al. (2022) narrated the patient experience with multiple myeloma with the qualitative review process methodology, examining the mechanisms and processes used to cope with and strategize adaptation as well as the progression of the disease. They conducted their study on the foundation of a systematic review of the literature sources on patient experience and interviews with the stakeholders of the research to identify the main coping strategies and support requirements. The findings indicated that patients with multiple myeloma utilize a wide variety of coping behaviours such as information seeking, changed lifestyles, and improved relationships. According to the study, coping strategies change throughout the disease as patients respond to individual treatment and prognosis and alter how they deal with that condition. The researchers deduced that the complexity of patient journeys can be used to develop focused interventions to suit the changing coping demands. Alessy et al. (2022) examined the factors affecting cancer patients' experiences in the USA, United Kingdom, and Canada by conducting a systematic review of studies on patient experience. Their approach to methodology looked at cultural and healthcare

system variables that influence coping and psychological adaptation. The results revealed the importance of the healthcare system characteristics, cultural standards, and resources in coping with patients and their psychological outcomes. Both articles look at coping differently, with Lyall et al. studying coping as specific to disease and showing the trajectory-based adaptation. Alessy et al. compared several countries and showed how the system surrounding an individual may affect the coping strategy and the success rate.

2.4.2 Family and Social Support Systems

Yang et al. (2024) examined the influence of family resilience on the subjective well-being of advanced cancer patients using the quantitative methodology and analyzing 300 individuals. Their framework examined the chain mediation effects of Family resilience, well-being, perceived social support, and psychological resilience. The statistical tests showed that family resilience significantly affected the well-being of the patients through pathways of personal resilience and social support. The article indicates that high family functioning boosts the perceived support of patients, increasing their psychological resiliency and positively impacting their well-being. The researchers had concluded that the outcome measures of cancer patients with family-centred interventions could be enhanced and would produce several psychological benefits. An example is the study by Zhang et al. (2024), which acknowledges the quality of research reported by a qualitative investigation of experiences of coping with the disease among pancreatic cancer patients who participated in interviews with ten couples. Their approach asked about dyadic coping and marital coping within a relationship. These outcomes implied that coping strategies were worked out by couples when they shared decision-making, expressed support, and combined care roles. The research identified these difficulties as communication issues, role modification, and strengths, including increased intimacy and interpersonal development. The two articles emphasise the importance of family with regard to the family system. Even though the quantitative approach applied by Yang et al. permits to establish of correlations, the qualitative approach

adopted by Zhang et al. can provide a clearer understanding of the coping mechanisms applied in various interpersonal scenarios and relationship change procedures.

In their study, McGhee et al. (2022) analysed the presence of companion animals in prolonged cancer by applying the interpretative phenomenological analysis to 8 respondents. Their method involved an examination of the connections between man and creature as coping resources, which attempts to examine how pets enhance psychological well-being before a sickness like cancer, mediated during treatment. People discovered that owning companion animals supported them during the emotional therapy procedure, required frequent attention, and fulfilled the desire to acquire non-conditional pleasures during difficult times. Respondents used pets as a source of comfort, encouragement that alleviates self-care, and reminding them that they were still normal even during a break in cancer treatment. This was the finding of the study: companion animals are a great psychological saviour to cancer patients, and this has been undermined. The authors from Li et al. (2015) conducted a quantitative study of the effects of social support on the quality of life of individual survivors of early-stage cervical cancer in Taiwan, based on 150 respondents. They chose to examine the mediation role played by self-esteem regarding connections between social support and quality of life outcomes. Such statistical research also suggested that social support thus impacted the quality of life through enhanced self-esteem, as this described the psychological mechanisms through which the support mechanisms positively influence cancer patients. These two reviews not only consider the social support systems, but animal- and self-esteem-based studies; they also present unusual sources of support and psychological mechanisms through which social support influences the results of well-being.

2.4.3 Spiritual and Existential Coping

Michael et al. (2022) approach the analysis of value directives of cancer patients using a phenomenological approach, and the findings of the given study also contain findings related to

dimensions of vulnerability and resilience, which were determined as a result of 15 participants during an interview about cancer patients with advanced stages of the disease. Emphasis in their approach to work was based on what the patients reported towards personal values and priorities in life, presented with the death-threatening illness. The review revealed that participants emerged tough towards value clarification, meaning making, and spiritual exploration. Certain themes included the creating of legacy, prioritisation of relationships, embracing the inescapability of death, and hope upkeep. The researchers inferred that value-based cancer care would augment the psychological strength and quality of life. Tuck et al. (2025) used a narrative interview and a creative assignment to investigate the lived experiences of patients with cancer and their families in the north of Ghana with a sample of 20 individuals. They introduced cultural sensitivity and traditions of indigenous healing and used conventional medical approaches in their methodology. The findings indicated that spiritual beliefs, conventional practices, and good community were strong coping strategies. Cancer was explained by participants using spiritual constructs, where the participants needed prayer, traditional medicine, and ritual to heal. The study came up with the conclusion that the cultural competence care conceived spiritual and traditional healing as part of it. Spiritual issues of cancer coping are unveiled in both articles. Michael et al. focus on personal values as the breeding ground of the meaning-making process. Tuck et al. apply another approach in the cultural framework of values and practices of a community that define the psychological adjustment outcome and guide decision-making about a particular coping strategy.

2.5 Demographic and Cultural Variations

2.5.1 Cultural Context and Cancer Experience

Kedida et al. (2024) conducted a qualitative study on the experience of being diagnosed and experiencing breast cancer treatment among women in Wolaita, Ethiopia. Eighteen women were interviewed. They would go by altering the cultural background and the local interpretation of the cancer by the Ethiopian tribal set-ups. The research results suggested that the participants

were overly stigmatised, their access to healthcare was low, and they were forced to seek the support of traditional sources. The themes included secrecy and fear, isolation of the community, and support by the family and by religion. The researchers discovered that culturally sensitive health practices should guide the reception of cultural issues in cancer experience. In yet another study, Menesh et al. (2023) employed the qualitative method to examine the impact of diagnosis and treatment of cancer on elderly patients residing in the province of Ghana, with 25 patients aged 65 years and over, participating in the research. With respect to the study design, they took into consideration how culture influences the process of identifying and ascribing the problem, employing coping mechanisms, and seeking medical consultation. It was found that the participants framed cancer as a traditional belief system, where morbidity is conceptually defined as spiritual and is cured through both traditional and contemporary therapy. Recently, the study established that community support, religion, and traditional agentic coping were the common coping mechanisms. The two papers are both similar since they emphasize the cultural context. However, Kedida et al. point out gender-specific cultural peculiarities because it is women who have to be subjected to breast screening. In contrast, in Mensah et al., the elderly population is highlighted due to the age and traditional beliefs that interrelate to affect cancer experience and psychological coping methods.

Mensah et al. (2024) investigated manoeuvring with storms of cancer treatment through the lens of female patients in a national cancer centre using qualitative interviews of 30 women. They have focused on cultural issues, communication difficulties, and patient support needs and investigated these elements in patient experience studies within the health care system. It was shown that the barriers to participation by the participants were cultural issues such as language barriers, traditional belief conflicts, and family pressure concerning treatment choice. It was established that women had developed navigation strategies that comprised cultural mediators, family advocates, and selective disclosure strategies. Findings were critical of culturally competent

care with consideration of traditional beliefs as opposed to biomedical treatment. One of the researchers' conclusions is that the effectiveness of cancer care necessitates incorporating understanding of cultures and patient-centred knowledge of communication. The paper enhances the older studies in this field by examining the issue of healthcare system navigation and communication barriers in particular. In contrast to Kedida et al., the community-based study and Mensah et al., the study of rural setting, this research takes place in the urban healthcare environment, demonstrating that cultural determinants shape patient experience even in a formal medical environment. The findings demonstrate that the cultural influences are top-priority in any cancer experience, regardless of where a healthcare transition is taking place, resulting in a necessity to formulate cultural competence in healthcare provision and offering psychology support critically.

2.5.2 Socioeconomic and Geographic Influences

Datta et al. (2022) examined the experience of receiving cancer care with respect to its cost and inconvenience in India, and the study was conducted qualitatively last 45 interviewees who lived in cities and rural locations. The socioeconomic processes that influenced the psychological process of cancer diagnosis and treatment were investigated using the method that they adopted. The results indicated a massive difference in the range of accessibility and care costs, financial burden, and psychological troubles due to location resettlement and economic conditions. On the whole, the respondents who were interviewed referred to psychological suffering as the cost of treatment, time travel, and the monetary pressure on the family. In the paper, the psychologic effects as a result of cancer were summarised, which form a critical determinant that must be observed and adhered to by policy makers in government. In the works by Coetzee et al. (2020, study), the authors introduce the South Africa experience of women in the sphere of primary healthcare sector diagnosis and treatment of breast cancer through interviews with 12 participants of diverse socioeconomic backgrounds. Their point of view relates

to the effect of the regulations in the healthcare system on their coping mechanisms and experiences. Findings also revealed that some of the hindrances affecting the participants were a lack of resources, a lack of adequate information, and a scattered care system. The assignment was a symbol of psychological distress related to decision-making in using certain medical services, personal experience, problems with finances, and relaxation with the assistance of other people. Both of the articles show the socioeconomic explanation of cancer, and as the more extensive geographic aspect of Datta et al. is revealed, problems with the healthcare organisation, and changes are introduced at the primary care level, in which Coetzee et al. admit that it affects the psychological well-being mechanisms, as well as adaptation mechanisms.

2.5.3 Age-Related Variations in Experience

Alander et al. (2021) targeted their research at the experiences and caring needs of young adults with cancer, who wished to participate in a phenomenological interview, involving 12 participants (18-30 years old). Their resolution approached the issues of development cancer patients, of adult age, experience, and how cancer disrupts the personality shifts of adult life. The findings reflected the theme of educational disturbance, employment doubt, relationship issues, and identity loss. Respondents noted the presence of an individualised sense of the peer community and loss of autonomy due to dependence on the support system of relatives. The researchers established that young adult patients with cancer require specialised psychosocial programmes that go the extra mile in ensuring treatment optimisation through medical and developmental development. The authors of the analysed study (McLoone et al., 2021) carried out a survey totalling 150 mixed-methods study participants who had cancer since the age of 8-18 years. They obtained such a mix of questions and qualitative interviews by accounting for the different experiences of treated populations of paediatric cancer. The results obtained showed that the younger patients were resilient, with reasonable fears and concerns that are also linked to his/her age. Such themes included school reintegration, transformed peer relationships, and the

family. The issues raised in both papers refer to age-related issues, yet Alander et al. analyse the problem of young adults. Contrary to this, McLoone et al. demonstrate the peculiarities of the adaptation process in children and their specific care needs that cannot be provided normally.

Yu et al. (2024) conducted a narrative analysis of personal messages and posts provided by social media to examine the attitudes and views of an adolescent with cancer who lived in the stage of post-illness recovery. Their ground-breaking approach was the study of continuing psychological problems in the recovery process experienced by the teenage cancer patients during the recovery phase. Results showed many symptoms of ongoing identity issues, problems with peer relations, and uncertainty about the future, as well as efforts to develop resiliency and meaning-making. The research further showed that cancer patients still in their adolescence are faced with psychological problems even in the recovery process, hence they need support even after the active treatment stages. The themes that were identified in the results included survivor anxiety of social reintegration, academic disturbances, and identity reconstruction in the transition to survivorship. The authors concluded that the psychological needs of teenage cancer patients in the long term are an aspect of care that should be addressed during recovery and survivorship. This study will supplement existing research on age issues by targeting only the areas of experience during the recovery phase, not diagnosis and treatment during an active phase. In contrast to Alander et al., who focused on the needs of the young adult survivor, and McLoone et al., who used a mixed-aged sample, this study offers a detailed description of adolescent special psychological needs during survivorship transition. The findings show that age-related considerations are important across a whole cancer trajectory and that support needs and psychological concerns change at different life stages and require responsive support methods that address them.

2.6 Specific Cancer Types and Populations

2.6.1 Breast Cancer Experiences

Ria-Suarez et al. (2021) pay attention to the patient experience case analysis through the journey mapping approach based on the 30 patients' representation in patient deployment levels of the primary pathway. They followed a qualitative approach to psychology in the diagnosis of critical moments of effect, and specific events of emotional reaction, using a qualitative approach in tracing the evolving phases of the psychological experience of diagnosing to post-survivorship. According to their analysis, stages of psychological restoration (adjustment) included the initial shock, the period of treatment experiencing, and life as a survivor. The findings validated the variation in support needs at the different stages of treatment and the lack of psychosocial care provision. The researchers believed that the complexity of patients' journeys can be used to design specific interventions and enhance the quality of care. Vagnini et al. (2024) conducted qualitative research to explore the experience of psychosocial recovery among women with breast cancer on chemotherapy who underwent beauty therapies and used 15 women as participants. They studied the effects of appearance-related intervention on maintaining identity and psychological well-being during treatment. Findings have revealed that beauty therapy was beneficial psychologically to an extent that it increased self-esteem, identity, and a feeling of control. Participants reported feeling more confident and socially connected after beauty therapy sessions. Nonetheless, both articles are focused on breast cancer experiences with the journey mapping of Ciria-Suarez et al focusing on the observance of individual experiences over a period and the interventions study by Vagnini et al. portraying how people could work with these experiences at one point when they need a certain psychological support of the appearance and identity in relation to cancer treatments.

Woef et al. (2023) have discussed how women at risk of developing breast cancer control their risk meaning through interpretative phenomenological analysis involving 12 women at risk with a genetic type of predisposition or family history of the disease. Their research investigated meaning-making and adaptation of high-risk groups to cancer. It was noted that the participants had developed an elaborate understanding of risk that was made up of medical reports, family

narratives, and their own thoughts. The study demonstrated that risk perception has a significant impact on psychological well-being, life planning, and healthcare decisions. The subjects also utilised several coping, i.e., plans and strategies that included preventive behaviours and information searches, religious guidance to cope with the anxiety related to the risk. The managing group decided that portrayal and focus indeed offer high-risk women psychological supplements that are lasting and stress-focused in matters of risk and prevention activities. This essay is a continuation of breast cancer research within the reality of the psychological life of high-risk people prior to the diagnosis. Compared with Ciria-Suarez et al. and Vagnini et al, i.e., the patient-centred and treatment-oriented paradigms, respectively, this study determines how the risks of cancer contribute to the emergence of psychological challenges, which must be mitigated. The findings reveal that the psychological effects of breast cancer concern not only the breast cancer patients diagnosed with the illness but also include the high-risk community of individuals at-risk, their families, and the groups that are concerned with cancer prevention and disease prevention strategies.

2.6.2 Head and Neck Cancer Considerations

Vandamme et al. (2025) utilised the interpretative phenomenological analysis method in deriving the experiences received by the girlfriends by way of interviewing ten women with head and neck cancer. They used a separate research focus on the distinctive psychological concern about the visibility of the cancer, concerned appearance, speech, and eating. Analysis identified the themes of identity disruption, social withdrawal, communicative issues, adaptation strategies, and resilience. Participants reported impaired appearance and functional impairments and, as a result, the development of new modes of interaction with social contexts. The researchers concluded that head and neck cancer patients need specific support to consider their appearance concerns and the development of functional adaptations. This study was unique in the literature as it specifically examined the psychological experiences of head and neck cancer, and thus the

need to investigate it. The phenomenological approach explains how visible cancers affect psychological well-being, social relations, and identity formation. The study proves that the cancer location and visibility play an important role in determining psychological experience, so that general cancer support may not be helpful to such patients with their appearance-related problems and imposed functional restrictions that require specific intervention methods in this case.

2.6.3 Prostate Cancer and Masculinity

Farrington et al. (2020) researched Gelnion variations of adjusting to prostate cancer by using interpretative phenomenological analysis and analyzing eight men. The approach they practised was to examine the outcome of prostate cancer diagnosis and treatment on masculinity identity, relationships, and emotional status of the victims. We found the themes of threatened masculinity, problems of sexual functioning, relationships, strain, and the personal development and recoupment of priorities. Interviewees also said that they felt that they had been deprived of their masculine skills in the process of learning how to redefine strength and weakness. The two authors came up with the conclusion that male identity has unique issues that become challenging due to prostate cancer, which requires gender-specific support. Pembroke et al. (2024) examined the cognitive problems experienced post-hormonal therapy used in treating prostate cancer through a methodology founded on the IPA and a sample consisting of 12 individuals. This research examined the psychological implications of mental damage caused by treatment in daily functions and identity. Results demonstrated that cognitive issues played a crucial role in determining the competence of the participants, their professional identity, and social self-confidence. Topics were the dissatisfaction with memory situations, employment performance dissatisfaction, and the development of strategies to adapt to them. Both articles indicate psychological disorders of prostate cancer that are unique and involve identity and relationships, and also create treatment side effects contributing to many psychological issues and problems.

2.7 Support Systems and Interventions

2.7.1 Psychological Intervention Approaches

Anghel et al. (2025) also critically analysed psychological interventions in the studied area of oncology, describing the current tendencies of its development and prospects of future research. In carrying out the work, the researchers analysed 85 articles on psychological interventions in oncology. The research method they employed was a literature synthesis on the effectiveness of various interventions, the theoretical framework, and the problems of implementation. The review resulted in different models of intervention therapy that were cognitive-behaviour therapy, mindfulness-based therapy, and supportive therapy that had varying levels of effectiveness. The resolutions were that they have identified the implementation impediments that include resource scarcity, staff training needs, and patient availability. The scientists have concluded that integrated psychological care should be introduced using various systematic strategies and assessment methods. Zomerdijk et al. (2023) surveyed and interviewed 150 psychology professionals to find out how to empower psychologists to deal with the psychological impact of cancer. Their methodology explored existing practices, training requirements, and obstacles to at least adequate provision of ground-breaking psychological care in oncology facilities. The research results also revealed that they feel unprepared to deal with unique cancer-specific psychological issues, and that the psychologists require the training and supervision, particularly that of specialisation training. Resource limitations and role clarity were the main barriers to effective care to the study authors. The two articles coincide on their intervention provision since the intervention focus discussion by Anghel et al. offers evidence-based treatment options. Providing more and better psychological care, in contrast, is the provider perspective concerning challenges that Zomerdijk et al. present in their article, and it necessitates transformation in many systems that Zomerdijk et al. state must occur, making access and acquisition of psychological care much easier and more accessible.

In their study, Rai and Ross (2024) conducted interpretative phenomenological analysis of the lives of eight psychodynamic therapists who have engaged with newly diagnosed cancer clients, providing them with therapy. The research methodology has enabled them to research how cancer diagnosis has impacted therapeutic relationships, what it has done to the therapists, how it has affected them emotionally, as well as the way in which it has led to misrepresentations that could present as professional concerns. The research results revealed that complex effects of anxiety, helplessness, and heightened countertransference reactions influenced therapists in their work with cancer patients. The concepts that were identified included the changing paradigm in therapy, boundary issues, and support needs of the therapists. The paper has revealed that cancer diagnosis is a process that can have significant restrictions on the nature of treatment, and therapists might be forced to modify their behaviour and manage their personal emotional responses. The researchers concluded that ideal training and supervision of therapists were necessary to be administered to the cancer patients in order to stabilise a required therapeutic stance and assist them in focusing on personal emotional issues. This paper can contribute to the research of interventions, the thoughts involved in working on cancer psychology by the therapists. Compared to the systematic Anghel et al. and survey methods of Zomerdijk et al., this research provides the disclosure of how the dynamics of therapeutic relationships operate in disclosure of how, in turn, the patron and her mental health practitioner are affected, considering that one of the clients has cancer.

2.7.2 Digital Health and Technology Applications

Joyce et al. (2024) focused on the logic of cognitive rehabilitation intervention among cancer-related cognitive changes by employing interpretative phenomenological analysis on the 10 participants. They have done this by examining how the digital cognitive training programmes contributed to the psychological health and daily life functioning. The outcome was that the volunteers had appreciated systematic mental support, with complaints of frustration over the

limitations of technology and the ineffectiveness of personalities. Some of the themes comprised empowerment brought about by the improvement of skills, accessibility issues of technologies, and the need to have personalised solutions. The researchers thought digital interventions had prospects but must be user-centred and personalised. Darley et al. (2025) used the IPA methodology to interpret experiences in the realm of digital health, giving a methodological consideration about the utilisation of phenomenological techniques in studies of technology. According to their analysis, the digital health tools changed the patient empowerment, healthcare relationships, and self-management behaviours of 12 participants. The research established the efficacy of IPA in interpreting intricate interactions between technology and health and the issues in phenomenological research in the digital experiences. Technology in the medical field is a theme of both research studies. However, Joyce et al.'s intervening approach introduces valuable insights into how the digital rehabilitation process works and how it could be improved. In contrast, Darley et al.'s methodological perspective provides valuable insight into how an existing phenomenology method can be applied to study medical technology experiences and improve the design of health-related interventions.

2.7.3 Healthcare Provider Support

Rai and Ross (2024) explored the experiences of therapists who work on the psychodynamic approach with their clients who have just been diagnosed with cancer using the IPA method with eight therapists. The study examined the effects of cancer diagnosis on therapeutic relationships and the practice and experience of therapists. It was found that the emotional responses of therapists were varied and consisted of feelings of anxiety, helplessness, and escalated countertransference reactions. Topics covered were the shift of therapy focus, boundary considerations, and the necessity of support for therapists. This paper found that therapists need specialised training and supervision in their dealings with cancer patients. Osgood and Farr (2025) examined how therapists deal with terminal cancer patients using interpretative

phenomenological analysis among the 10 participants. They used the methodology to study the emotional effects on therapists who give end-of-life psychological support and coping strategies, and meet the needs of such professionals. Findings revealed that therapists were subjected to an overarching emotional load, personal development, and the pursuit of meaning. Both articles refer to the experience of healthcare providers. However, the general orientation towards cancer in the former and terminal care in the latter article leads to different insights into the barriers in care delivery, illustrated by the two articles' provider well-being-related perspectives in the psychological care delivery contexts of cancer and terminal care, respectively.

Kirakosyan and Bacqu (2025) applied interpretative phenomenological analysis to examine the lived experiences of mothers in providing care to children who died of cancer at home by using the interviews of 6 mothers. Their methodological approaches tackled questions of ethics and emotions as far as research of traumatic events was concerned, and also analysed the healthcare provider's needs based on family source. Findings indicated that mothers needed a lot of emotional support and practical advice, regularly available throughout the home-based palliative care. The learning implied that the families that take intensive care require a comprehensive support system with professional backup, respite service, and bereavement care. The results pointed to the lack of training on supporting family-directed end-of-life care among the healthcare providers. The researchers concluded that family caregivers are crucial members of cancer care teams and should be considered professionals who are provided with systematic support. This study extends the argument on healthcare providers considering applications to the family caregiver as an informal healthcare provider who needs professional consideration. Unlike the provider-oriented studies, this study demonstrates how families are incorporated into the care teams that also demand support systems often available only to professional providers. The results indicate that diverse cancer care is an issue that necessitates enhanced awareness of who defines care providers and what resources they need to receive support.

2.8 Methodological Considerations in Cancer Psychology Research

2.8.1 Interpretative Phenomenological Analysis Applications

Aldiwan et al. (2024) have published the results of IPA studies related to the concept of the psychosexual identity development of adolescent and young adult testicular cancer survivors that were conducted with the participation of 8 participants. Their methodology showed IPA's effectiveness in exploring sensitive subjects involving a detailed exploration of the self. The analysis identified the complicated border Reconstructionism of body image issues, sexual performance fears, and relationship development issues. Individuals explained how they managed to adapt physical abilities that had altered, yet still wanted to keep their love relations and sexuality. The authors concluded that IPA methodology is helpful as it helps to get insights into sensitive psychological phenomena that must be methodologically considered. Kirakosyan and Bacqu (2025) have conducted an IPA study to understand the motherhood experience in managing the death of cancerous children in the household by interviewing six mothers. Their approach to methodological issues took ethics, emotional issues, and phenomenological rigour into consideration when studying traumatic experiences. The outcomes depicted exquisite loss, foreknowing, response creation, finding of strengths, and subduing melancholy and despair. The two papers demonstrate how flexible IPA can be, and both address the issue of identity contextualization in the first article by Aldiwan et al. and the concept of caring pathology in the second one by Kirakosyan and Bacqu.

2.8.2 Qualitative Research Innovations

There is a correlation between the described experience of blogging about an apparent skin condition examined by Tour et al. (2022) based on the IPA approach, with the experience of cancer patients whose symptoms are visible. Their new contention explored the definition of digital storytelling as it relates to mental health and social relations. The findings suggested blogging was a constructive therapy related to improved self-expression, community connectedness, and

empowering group advocacy. The participants said that they would feel that they can share the experiences they are having with fewer people alone and be more confident about their experiences upon reading those that other people had online. The paper concluded that digital platforms can be helpful in patient voice and self-help. Using personal correspondence in the narrative approach, Yu et al. (2024) assessed the views of an adolescent with cancer and in the convalescence period and their perceptions of mental health. Their approach to methodology showed creative solutions to reaching patient encounters through written testimonies and open social media content. The outcomes indicated the persistence of psychological issues such as identity confusion, poor peer relationships, future uncertainty, resiliency growth, and meaning-making. Both papers are methodologically innovative in their own way, with the blogging aspect of the former showing the support mechanisms in the form of digital support. In contrast, the narrative focus of the latter reflects the alternative data, irrespective of such support and research-supported coping and adaptation choices of patients.

2.9 Synthesis and Literature Gaps

Among others, it is clear in the literature reviewed that the psychological impact of cancer is extremely high among different populations, and among different types of cancer, as well as it is within different cultures. The level of psychological distress is always high in large-scale quantitative studies. Conversely, many disparate qualitative research stories depicting complex adaptation processes, that is, the construction and formation of resilience, are given. The concordant evidence in literature will be applied to cancer diagnosis, where it is a serious failure in life that requires serious psychological support along with medical attention. Interpretative Phenomenological Analysis and phenomenological methods in general have proven useful in subjective cancer conditions. A number of studies in research prove the efficiency of IPA, which portrays subtle psychological processes, aspects of identity rebuilding, or the meaning-making process, and adaptation strategies. It is also the best method of research in cancer psychology

due to the subjectivity of the experiences and to the identification of the shared matters of this methodology.

Nonetheless, there are a few considerable gaps present in the literature review. Although the literature is rich in studies on the prevalence of psychological distress and more common coping strategies, few studies involve a detailed phenomenological analysis of meaning-making processes over prolonged cancer experience. Most qualitative studies are time-specific instead of a longitudinal psychological adaptation process. Second, there is a cultural bias of Western people and medical care systems in the literature. Though some such studies occur in non-Western contexts, more extensive cross-cultural phenomenological research is lacking. The mental trauma that cancer poses in various cultural settings is yet another aspect that needs phenomenological studies.

Third, one finds methodological limitations in the studies. Many qualitative studies have used small sample sizes, restricting their transferability, whereas quantitative studies have used clinical populations that may not capture the community-based experience. A few studies rely on such innovative data as video narratives in which some actual voices of patients can be detected. Fourth, a low level of congruence exists between the findings of the intervention development and the results of phenomenology. Whereas phenomenology unravels arduous psychological experiences, fewer studies conducted translate them into evidence-based support of the identified patient needs and inclinations. The last problem with the literature is that it pays insufficient attention to the positive psychological adaptation processes. The majority of studies focus on distress and its coping burden, and there has been little inquiry regarding growth, resilience, and transformation experienced by many cancer patients. Research on positive adaptation undertaken in a phenomenological vein may provide valuable information for strength-based interventions.

CHAPTER 3: DATA AND METHODOLOGY

3.1 Chapter Introduction

This chapter delineates the methodology of this phenomenological study on the psychological effects of cancer. The methodology chapter is the roadmap that will dictate all the aspects of the research process, including the philosophical premises, methodological modes, and applied procedures of investigating the research questions. The chapter adheres to the Saunders Research Onion model, methodically working through all of the methodological layers of the research, starting with philosophical assumptions, followed by data collection and analysis practices. This presents quite an organised format of approach and methodological exhaustiveness and transparency, deemed by enabling the target populations to draw an informed utilisation by analysis of research design measures of comprehending the research study output and findings.

3.2 Research Philosophy

3.2.1 Philosophical Foundations

Research philosophy is a final belief system that defines how knowledge is acquired and what is supposed to be acceptable knowledge. The current study follows the interpretivist philosophy since it focuses on the meaning given to human experiences by their bearers (Saunders et al., 2019). Interpretivism is consistent with phenomenological research because they are both concerned with subjective experience and less concerned with objective measurement (Hughes et al., 2024). The interpretivist philosophy recognises that cancer patients can be viewed as meaning-makers who develop their conceptions towards their experiences in special social, cultural, and personal environments. There is evidence that the psychological process involving the adaptation of patients to the experience of cancer diagnosis should not be reduced to mere reaction but complex interpretative and sense-making processes (Nazam et al., 2023). The philosophical approach contributes to the utilization of the patient narratives as primary data

because this kind of information demonstrates how individuals perceive and describe their cancer experience.

3.2.2 Ontological Assumptions

The relativist ontological position adopted in this paper would coincide with the fact that there is not one reality, and experiences of cancer patients are relative, construed rather than absolute and deterministic. Such an approach considers that the psychological experience of cancer was a state of the individual, which was specific to each of the patients, or rather conditioned by unique circumstances, cultural heritage, social life and relations, and personal model of meaning in life (Tuck et al., 2025). The research does not intend to discover general facts about the psyche of cancer diagnosis and treatment rather to understand how each individual perceives and thinks about the effects of cancer diagnosis and treatment. The relativist ontology is also acquainted with the fact that information as presented in the video memoirs of patients is material evidence of such unique realities, with the notion that the patient video memoirs differ in time-bound and social and linguistic contexts. The active creation of meaning that the active construction of meaning can explain shares tumour patients in their videos based on what the experience is chosen, interpreted, and presented that will create the meanings and have an appeal to the desired crowd (Vandamme et al., 2025).

3.2.3 Epistemological Position

The epistemology of constructionism will be used in this inquiry, in a manner that approaches the assumption that knowledge regarding cancer or its impact on the psyche is not a discovery; rather, it is created through a process of interaction between the testimonies of the researcher and the participant. This stance considers that the experience of cancer patients can only be understood through the interpretive engagement with their narratives, which implies a researcher's active involvement in interpreting the participants' meaning-making activity (Le Boutillier et al., 2022). The constructionist approach advocates the analytical process of how

individuals can develop meaning from their cancer experiences and not necessarily what happens to them realistically. The constructionist theory of knowledge is also helpful in justifying video analysis as an acceptable mode of accessing patient experiences because they are considered important constructions of psychological experiences. Nevertheless, the thinking process is recognised to be ideological. The first-hand account of the words or expressions provided in the video is the first-hand version of what the patients perceive as psychologically induced by the cancer before the actual cancer in the patients, and it is an informative source of information to know how the patients perceive this psychological determinacy caused upon them by the cancer (Joyce et al., 2024).

3.3 Research Approach

3.3.1 Inductive Approach

The research study employs an inductive research method, and the study found in this paper will work through specific patient testimonies to the development of the generalised theory on the psychological impact of cancer. The inductive approach aligns with the phenomenological approach, because the themes and the impressions are discovered based on the data collected about the patients, with no previous hypothesises and theoretical concepts (Homkes, 2023). In this manner, the study can be left to continue to yield surprises and encompass the breadth and richness of the psychological experience of such patients because, without imposing an external theoretical construct, the study is able to gain a clear and unbiased view. The inductive approach is congruent with the exploratory nature of the research as done in phenomenology because such studies would require care in the detail of the individual experiences before attempting to generalise. The patient's stories can hold surprising revelations and visions that the researcher would tend to miss or block out when formulating a previously outlined theory (Khazi et al., 2023).

3.3.2 Phenomenological Approach

This study takes the phenomenological approach with a specific focus on the realities of cancer patients as narrated by the patients based on their interpretations. Phenomenology attempts to posit how individuals experience and interpret meaningful happenings in life and focuses more on the subjective meaning and personal interpretation rather than an objective measurement or outsider observation (Bootsma et al., 2023). The phenomenological approach justifies employing detailed statements made by patients as sources of data since it would be necessary to collect their own voices and sense-making of the cancer effects on their psychological lives. The data obtained through video narratives offer rich material as they constantly reflect what patients tell about their experiences and how they represent them emotionally and personally (Eisenberg & Josselin, 2024). The phenomenological emphasis on lived experiences is in line with the research hypothesis of getting to know the psychological effects cancer creates on the patients through their own eyes instead of through the clinical and theoretical perspective of the research study.

3.4 Research Strategy

3.4.1 Interpretative Phenomenological Analysis

The main research design used to conduct this investigation is Interpretative Phenomenological Analysis (IPA), a qualitative research approach developed to study how people create meaning out of something important to them. PA is the synthesis of phenomenological philosophy with interpretive hermeneutics and idiographic psychology, which proposes a systematic structure for comprehending the personal meaning-making procedure in a way that can find universal themes across experiences (Aldiwan et al., 2024). PA would be the most appropriate way to examine the psychological impact of cancer, and it has been designed to focus on both shared patterns of meaning and the experiences of the individual. The methodology appreciates the idea that the cancer patients are the experts in their experiences, but still recognises that some common aspects can be used to make broader conclusions about the

psychological aspects of cancer (Pembroke et al., 2024). PA has given systematic instructions on analyzing the patients' narratives without losing flexibility in capturing the complexity and variety of individual experiences.

3.4.2 Narrative Analysis Approach

The research will also integrate narrative analysis practices into the IPA framework to acknowledge that the video recordings of patients form part of a storytelling process in which patients develop a sense of meaning regarding their experiences with the cancer diagnosis. Narrative analysis concerns how people integrate their experience and build a sense by developing a narrative, considering the time frame, causal events, and judgments of those patient stories (McGhee et al., 2022). The narrative method helps to comprehend how patients develop a unified description of their patient experience with cancer, their mental reactions, and admission mechanisms. Video narratives created by patients tend to be structured as a beginning, development, and ending to show how people come to understand their cancer physiologies towards a resolution in time (Michael et al., 2022).

3.4.3 Secondary Data Analysis Strategy

The study resorts to secondary data analysis as the primary methodological technique. However, it does not involve producing new data through primary methods, such as interviews or observations. The method has multiple benefits, such as the possibility to incorporate the voices of the actual patients, obtaining less participant burden, and having the opportunity to analyse the naturalistic reporting of cancer experience, free of researcher agendas or questions (Woof et al., 2023). Secondary data analysis provides the opportunity to analyse the patient accounts recorded with a purpose other than academic research, which may be more authentic than the research interview. Video data harvests the data of rich and detailed patient narratives that can capture emotional quotient, candid reflection, and genuine meaning-making activities. The method will enable the examination of patient narratives that express how individuals tend to discuss their

cancer experiences with others, including their family, health care professionals, or in public (Farrington et al., 2020).

3.5 Methodological Choices

3.5.1 Qualitative Mono-Method

This research is also a qualitative mono-method study, implying that only the qualitative data analysis is conducted, and quantitative attempts are avoided. The qualitative mono-method is compatible with the phenomenological research philosophy and interpretivism approach because the psychological effects of cancer cannot be adequately examined using quantitative data (Iskandar et al., 2021). The qualitative pattern carders the study's objectives of how cancer patients positively apply and interpret their psychological reactions to diagnosis and treatment. Video narratives constitute a part of qualitative data that will aesthetically and intellectually capture the complexity and depth of patient experience, as well as the depth of emotion, and cannot be captured through quantitative measures (Nwozichi et al., 2024). The mono-method method allows direct attention to the possibilities of analytically concentrating on the qualitative approach without the tidiness of integrating and/or switching between different types of data with different types of analysis that can exhaust the phenomenological approach toward the subjugation of living.

3.5.2 Interpretive Methodology

In analysing the study, an interpretive method of research is employed within the direction in which the research is conducted since the authors acknowledge that the research involves an endeavour to interpret, as opposed to describing, the experiences of the patients. The interpretive approach suggests that the researcher will append personal epistemology, experiences, and theoretical knowledge to the interpretative procedure, yet desires to be true to participant reality and experiences (Tour et al., 2022). The interpretive approach involves a dual hermeneutics whereby the researchers render an interpretation of the interpretation made by the patients on an issue. The reason is that it uses an inter-subjective methodology and it has systematic processes

and offers an outcome to reach a state of analytical rigour and transparency (Osgood & Farr, 2025). What is additionally attained through the interpretation focus is a comprehensive understanding of patient experiences as it interprets beyond anything the patients' state and others the meaning and value patients given to experiences and their psychological responding to our journey in managing cancer.

3.6 Time Horizons

The research adheres to a cross-sectional time span of videotape data on the experience of the patients at specific points in their Cancer experience rather than how their experiences evolve. The cross-sectional design fits the phenomenological emphasis in approaching experiences as they are lived and apprehended at the given moment instead of the movements that have occurred or developed over time (Yu et al., 2024). This study uses a cross-sectional methodology to capture the temporal specificity of patient experiences, whilst being aware that understanding and meaning-making might change over the course of the cancer experience. Patient videos tend to represent contemporary opinions of earlier experiences and bring understanding about how patients perceive themselves in terms of psychological experience, carrying them through the diagnosis process in the present times (Araujo et al., 2020).

3.7 Data Collection and Analysis

3.7.1 Data Sources and Selection

This study's primary data source is 26 videos of cancer patients with different cancer types, stages, and demographic backgrounds sharing their experiences. These videos were obtained through open materials where they were found in documentaries, patient redemption videos, and educational resources disseminated by medical libraries and medical organisations (Vagnini et al., 2024). The videos are patient voices recording genuine reflections of the psychological aspects of cancer experience. They provide rich data to apply phenomenological analysis and how individuals problematize and give accounts of their cancer-related psychological response. The

inclusion criteria of videos involved the voice of real-life patients in describing the psychological aspects of cancer experience, representation of patients of various types and demographics, and provision of adequate detail to ground phenomenological analysis. The videos depict different types of cancer, such as breast cancer, lung cancer, prostate cancer, ovarian cancer, and several others, which guarantees a fuller representation of cancer experience (Zhang et al., 2024). The videos include patients of varying status along the path of their cancer experience, some freshly diagnosed, and others having survived years, giving the data temporal diversity.

3.7.2 Data Characteristics

The content of the video will capture the authentic historical biographical narrative of the patients, sharing their stories about their psychological experience of their emotions, coping reactions, alteration of their relationships, identities, and sense of significance in their lives. These videos were differentiated on length and type as they contain single accounts from patients, interviews taken from documentary sources, and educational lectures on the topic, which serve as different angles on the effects of cancer on their psyche (Mensah et al., 2023). The fact that the data are varied in terms of their format and in case they occurred in the experiences of the patients in various contexts with various audiences makes the data more diverse, because, in some cases, patients speak in personal meditations, and in other cases, in educational presentations.

I will engage the data of different individuals at different stages of the cancer spectrum, including new patients, patients under treatment, long-term survivors, and patients at the advanced stages. Such heterogeneity can be further explored to see if psychological experiences can be analysed throughout different phases of the cancer career, and if internal dialogue issues must be taken into consideration (Yang et al. 2024). Demographic characteristics of the videos, such as age, gender, ethnicity, and social standing, are unevenly distributed, but the key interest is attributed to the psychological experience rather than indexing in terms of demographics. The naturalism of video narratives provides opportunities for natural, fluid expression, affective

responses, and natural meaning construction that may be better achieved through video than other data collection modes.

3.7.3 Analytical Framework

This pattern of analysis belongs to Interpretative Phenomenological Analysis, and the stepwise analysis procedure is made to express descriptive narration as analysing or interpreting it. The analytical framework has a stronger focus on idiographic reporting on individual experiences and on nomothetic themes that could be identified across reports by participants (Darley et al., 2025). This two-fold approach reflects the importance of acknowledging the individuality of a patient's experience with cancer and, at the same time, recognising overarching patterns and themes that may be used to derive an improved understanding of the psychological impact of cancer. The analytical framework upholds systematic practices, but has provisions to enable flexibility in responding to any unforeseen data or perceptions from the video data. The stages of analysis follow each other, contributing to the further understanding of patient meaning-making and psychological experience (Ramathuba et al., 2025). The framework presupposes the direction of the analysis process but does not confine it to the regularity and uniformity of the patient experiences. Instead, it allows the analysis processes to be represented to achieve the phenomenological purpose of knowing lived experience.

3.7.4 Analytical Procedures

The process of analysis begins with the process of repeated watching of the video in order to become acquainted with the stories of patients and to preliminarily develop a focus of interest. The initial level of analysis involves the descriptive observations that symbolise descriptive markers of what patients are stating about their mental procedure and the jargon they utilise to characterise the situation (Alagizy et al., 2020). The first stage implies a sharp interest in words, phrases of the patient, and the feelings of the sick man, rather than premature meaning or theoretical formulation. A base of the subsequent interpretive analysis is a descriptive stage, since

it will have informed the reader thoroughly of the accounts that the patients gave to him/her. Interpretive observation is the second analytical response in that the individual attempts to labour with invisible patient narrative meanings and connections. The podcasts will be analysed regarding personal experiences of the patients regarding the construction of personal meaning using metaphors, appraisals, and emotional statements (Bergerot et al., 2024). The interpretive analysis targets unpuzzling the psychological senses of patient afflictions without obscuring the meaning of the particular terms or phrases. An additional step into a more profound layer of significance and relocation of patient accounts, and is responsive to the voice of real patients.

The third step is identifying emergent themes across all the videos, clustering the respective observations, and developing descriptions summarising the explicit content on the psychological experience of each patient. They are descriptively accurate and interpretively interesting in the sense that they are supposed to know not only what patients are going through, but also how to make it meaningful (Wang and Feng, 2022). It has been observed that there is a strong association between the thematic development process and the analytical organisation of the patient accounts that demonstrates the patterns in accounts. The final stage of analysis entails the consideration of the themes that prevailed in all the videos so that connections and patterns can be identified, and personal differences and contradictions can be noted. The superordinate themes specified in this cross-case review indicate similarities in the experiences of the two cancer patients and their respective carers concerning the ways that the cancer condition influences them and their relationships (Anghel et al., 2025). In the comparative analysis, phenomenological sensitivity is preserved because it does not within the research simplify similarities and differences where patients have research, but identifies some meaningful structures in meanings between the two experiences.

3.7.5 Thematic Development

The thematic development is done repetitively by making references to the labels and the ultimate definition of the above-stated themes to ascertain that what they experience is what the patients undergo, and the psychological implications of the illness are pertinent. The theme construction, in turn, appears to designate precisely what is stated by the patients and give it an analytical meaning of the kinetic processes involved in the matter, and make it a comprehension of activities (Zomerdijk et al., 2023). Such thematic structure is hierarchical, with the broader themes representing the aspects of the psychological experience and minor themes reporting the specifics of the given phenomena. The given organisation makes it possible to obtain both a general idea and the particular visions of the psychological cost of cancer and, at the same time, offers some information on individual experiences and processes (Stiefel et al., 2024).

3.8 Ethical Considerations

3.8.1 Secondary Data Ethics

Utilization of existing video materials introduces ethical issues concerning the areas of consent, privacy, and the usage of patient narratives. All videos analysed in this study are accessed in publicly available materials, where patients agreed to share their experience for education, documentary, or advocacy purposes (Yuen et al., 2024). The study complies with a person's ethical standards of respect and promotion because patients who have recorded their experiences in a video form are worthy of respect and adequate treatment of their opinions. Analysis focuses on accurately representing and magnifying the patient's experience without trivializing and taking advantage of vulnerable people. The study acknowledges that patients who publicise their experiences do not necessarily expect them to be analysed academically, so the researcher must be specific concerning the factors of use and presentation to represent the research output. The analytical approach does not demean patient accounts but only adds value to the valuable knowledge of other cancer patients and healthcare providers (Rai & Ross, 2024).

3.8.2 Confidentiality and Anonymity

The level of confidentiality is ensured because the source of the video and the identity of patients are not identified in the research outputs. This middle ground is between the privacy of the patient and the fact that the original materials can be considered to fall under the public domain (Kirakosyan & Bacqué, 2025). In the research project, biographical details of an individual patient that could have identified a specific patient are not included. However, enough context is provided to allow phenomenological reflection and allow the reader to understand the patient experience. The ethical decision involves patient stories without losing the breadth and sincerity, and is known as confidentiality. The interpretation of patient stories is empathetic and understanding of the essence of sharing cancer experiences publicly and the cross of helplessness and bravery of an experience of sharing (Datta et al., 2022). It is an approach that would align it with acquiring information on the performances related to psychological experiences rather than identifying and labelling individual patients. In this regard, it explains the utility of the research results, which attribute enough respect to patients and their privacy and dignity.

3.8.3 Researcher Self-Care

The proposal acknowledges the reality that working with the psychological experience of patients suffering cancer may also impact the well-being of the researcher; efforts will therefore be necessary to take the services of counselling where such counselling is needed. This soul is caused by the understanding that the research of the conducted phenomena could induce emotional tensions and include vulnerable individuals and traumatic events (Alander et al., 2021). In this study, awareness includes limitations of my ability to work closely on patient experiences, storytelling of psychological distress and existential suffering, and the likelihood of direct or indirect traumas, vicarious distress.

Mechanisms and approaches to self-care incorporated in the research process are aimed at enhancing the fact that the researcher is well and that research quality analysis is carried out. The author notes reflective consciousness of emotional responses to patient narratives, whereas

the individual responses do not influence rational objectivity or ethical sensitivity to patient experiences (McLoone et al., 2021). The rationale of this self-care strategy is that the health and well-being of the researcher is a prospective condition to make ethical and healthy interactions with sensitive subjects in the research work and to offer a substantial contribution to the knowledge of the research based on psychology.

3.9 Quality and Rigour

3.9.1 Phenomenological Quality Criteria

The quality standards appropriate to the study are the ones derived in the research to phenomenological inquiry, but authenticity, trustworthiness, and interpretive validity are prioritised over reliability and validity. The phenomenological element is concerned with the validity of interpretation data and adherence to the analyses of study subjects that correspond to their experiences (Nazam et al., 2023). In this study, the idea of phenomenological reduction can be maintained, i.e., the assumptions of the researcher are bracketed, and remaining in the middle place are the experiences of the patients as told. To demonstrate quality in a phenomenological study, it is required to demonstrate that the concepts of the analysis developed or arose on the basis of patient experience rather than on the premises or preconceptions of the researcher. The research possesses a systematic record of the analysis that is intended to enforce transparency and accountability in the decision-making process of the interpretation (Hughes et al., 2024). The documentation also enables the reader to assess the validity of research findings by maintaining the belief that the analytical conclusion is correct regarding the patient experience and meanings. The quality framework has emphasized adherence to the patient voice coupled with acknowledgment of the value of great value of interpretation of research data to increase understanding.

3.9.2 Analytical Transparency

Analytical transparency will also be provided in the study through documenting analytical procedures and how themes will be developed, and describing and explaining interpretive decisions. This description will enable the reader to value and evaluate the process of analysis and be assured of research results simultaneously (Joyce et al., 2024). The analysis process is generalised by the systematic reporting of the theme's development with the assistance of the original patient quotes and analytical observations, and their interpretations. The described openness of the phenomenological research refers to the possibility of clearly articulating the ties between the storeys of the patients and the traits of analysis processes, as well as to the subjectivity of the analysis itself. The research contains an appropriate level of conceptualization and description because interpretative conclusions are drawn using the information provided by the patient, and it is possible to determine phenomena of a psychological nature (Homkes, 2023). This transparency gives the readers the freedom to judge the decisions of the analysts, and fully confident that the decisions of the authors were as impartial as possible, and they were adding to the pool of knowledge regarding the psychological effects of cancer.

3.9.3 Interpretive Validity

The study is deemed to have interpretive validity from considerations of patient meanings and analytical anchored insights in participant narratives. Interpretive validity is all about validity and even the validity of researchers' interpretations in comparison to the criteria from the objective measures (Khazi et al., 2023). This balance between understanding and accepting the descriptions of the patients is embodied in the process of analysis to the extent that the accounts of the patients inform the conclusions of the analysis. However, they help connect with the psychotherapy phenomenon. Interpretive validity requires that the analytical understanding about the truth, and not the speculation of the researcher and his or her over-impositions of the theoretical thinking. The research is consistent in applying a number of measures to stimulate the

emergence of interpretive conclusions from the accounts of patients, while recognising the creative and constructive nature of interpretive analysis (Bootsma et al., 2023).

3.9.4 Reflexivity

Reflexive practices form part of the methodology of the work, where the researcher will be aware of his/her perceptions, assumptions, and biases that may tend to bias the whole process of interpreting the patient stories. Reflexivity implies the constant self-questioning and the critical attitude towards the research process and the selection of the methods of analysis (Eisenberg and Josselin, 2024). The reflexive research paradigm follows the necessity of the researcher to consider their impact when interpreting the experiences of a patient under research, and to be aligned with applying the natural senses and revealing the meanings and perceptions shared by the participants. The reflexive research of phenomenological research also implies the continual focus on the interaction between the stories relating to the researcher and the subject of research, and the way of how these stories can lead to the information shaping his or her analysis. Reflective notes of the analytical decisions and the interpretive everyday viewpoints will be maintained in the long term in the research, as it will enable the research to be transparent and answerable throughout the research (Le Boutillier et al., 2022).

3.10 Limitations and Constraints

3.10.1 Methodological Limitations

The study has identified the following methodological weakness: the example is a cross-sectional one, which depicts the experience of cases at specific times does not follow the change across time of the psychological adaptation. The secondary data method, however, does not allow the researcher full freedom in the type of data that will be obtained and the demographics of the participants in the research (Vandamme et al., 2025). The video format is not quite inclusive in terms of the psychological aspects of patients, and one can be deprived of the moments when the patient is quiet, or when they are not willing to speak. The phenomenological approach comes

from the value given to deeply suppressed understanding rather than the representation of magnitudes of an enormous proportion, where personal experiences are given in an intimate study emphasis, as opposed to a statistical study of populations of cancer samples. Fortunately, the research area is comparatively small, as it is able to present the psychological effect through the narrations of patients directly. However, the paper fails to delve into the other aspects of cancer experience, such as the medical, social, and practical levels (Aldiwan et al., 2024).

3.10.2 Scope and Generalisability

The research findings provide us with a portion of information about the processes that may be inspired by the psychological experience and what meaning-making it may provide, the information that is not to be determined, as the universal patterns or predictive relationships. The typical peculiarity of the phenomenological approach is that the focus is placed on the psychological influence that the cancer patients might undergo instead of any causations or trends (Pembroke et al., 2024). The conceptualization of this paradigm describes knowledge regarding the psychological aspects of cancer. It has been recognised that a person can experience overwhelming experiences that are incapable of being recorded in the video materials, depending on the individual, culture, and situation. Videos in the English language used by the healthcare systems and culture backgrounds that are unlikely to represent the diversity in cancer experiences across the world might not do so. Such a limitation is taken into consideration in the study, as the results of the study to which phenomenology allowed are applicable in various situations regardless of various levels of experience (Woof et al., 2023). The results are also relevant to the literature in psychological adaptation processes and meaning-making behaviours, which can be explored to contribute to support practice. However, they are to adjust to different cultural contexts and sensitivity to different groups of patients and innovative healthcare settings.

3.11 Conclusion

The researcher has given a guided structure under which he is to implement the current phenomenological research on developing the psychological impact of cancer. It is interpretivist research that can be referred to as an inductive design, interpretative phenomenological analysis based analysis, wherein videos of 26 cancer patients were analysed through the mentioned study design. The methodology can be described by the need to know the worlds of the patients and see them through the prism of personal meanings and interpretations. It is also rigorously and trustworthy in the process through which data analysis is being performed. The moral paradigm considers the ruminations of the secondary data analysis studies, where respect for the patient stories and experience has been considered. Besides the typical quantitative determinants, the quality-related standards have the basis of phenomenological authenticity and interpretive validity.

CHAPTER 4: CONTENTS AND RESULTS

4.1 Chapter Introduction

The chapter reveals that 26 cancer patients are on video and what they stated about their psychological experience. The themes through Interpretative Phenomenological Analysis were used in the analysis to discover themes relating to the impact of cancer on people psychologically. Four main themes came out of the analysis. Each theme has smaller parts that explain different psychological experiences. The chapter presents what patients actually said without discussing what it means. The findings show how cancer patients understand and deal with the psychological impact of their diagnosis and treatment.

4.2 Participant Characteristics

The videos came from different types of cancer patients. The analysis looked at 26 videos from patients sharing their psychological experiences. Table 4.1 shows who the participants were and what kinds of cancer they had.

Table 4.1: Participant Demographics and Cancer Types

Characteristic	**Number**	**Percentage**
Gender		
Female	16	61.5%
Male	10	38.5%
Age Groups		
18-30 years	4	15.4%
31-50 years	8	30.8%
51-65 years	10	38.5%
Over 65 years	4	15.4%

Cancer Types		
Breast Cancer	7	26.9%
Lung Cancer	5	19.2%
Prostate Cancer	3	11.5%
Colorectal Cancer	3	11.5%
Brain Cancer	2	7.7%
Ovarian Cancer	2	7.7%
Other Cancer Types	4	15.4%
Treatment Stage		
Newly Diagnosed	6	23.1%
During Treatment	8	30.8%
Post-Treatment	7	26.9%
Advanced/Recurrent	5	19.2%

Table 4.1 above shows that more women than men shared their experiences in videos. Most participants were between 31 and 65 years old. Breast cancer was the most common type mentioned. Participants were at different stages, from just being diagnosed to having advanced cancer.

Table 4.2: Video Content Characteristics

Video Type	**Number**	**Average Length**	**Psychological Content Focus**
Personal Testimonies	12	15 minutes	Emotional responses, coping
Documentary Interviews	8	25 minutes	Life changes, relationships
Educational Videos	4	12 minutes	Treatment experiences
Advocacy Messages	2	8 minutes	Helping others, meaning

Table 4.2 shows the different types of videos analysed. Personal testimonies were the most common type and focused on emotional responses and coping. Documentary interviews were longer and covered life changes and relationships.

4.3 Thematic Structure Overview

The analysis found four main themes about psychological experiences. Figure 4.1 shows how these themes connect.

Figure 4.1: Main Themes of Psychological Impact

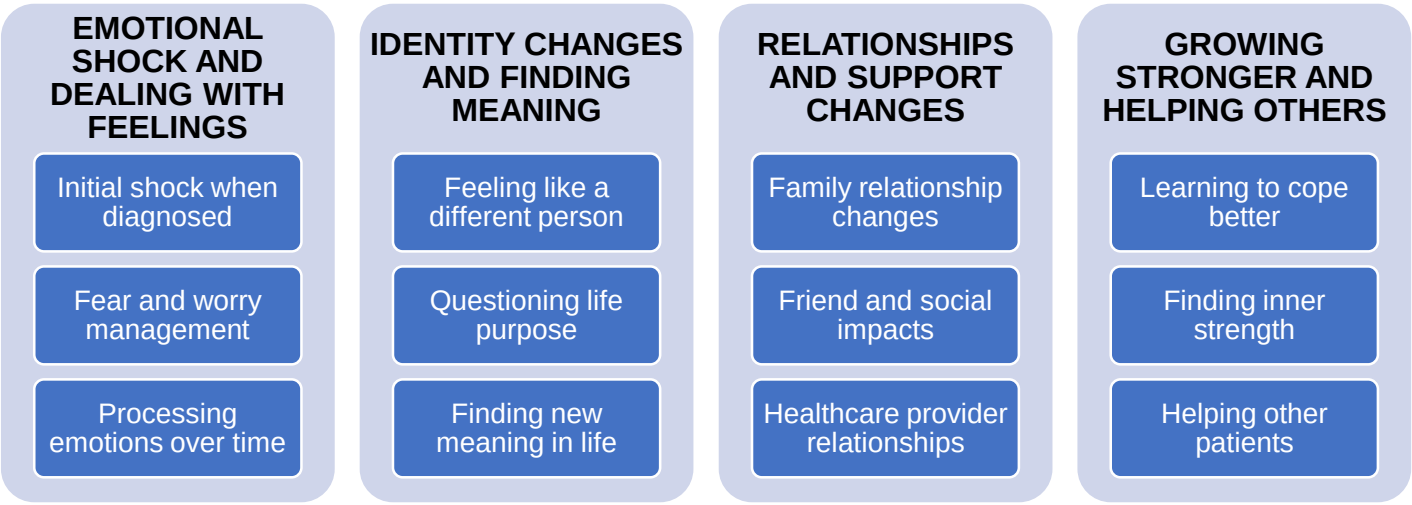

Figure 4.1 above shows the four themes that came from the analysis. These themes cover different parts of psychological experience, from the initial shock to growing stronger and helping others.

Table 4.3: How Often Each Theme Appeared

Main Theme	**Sub-theme**	**How Many Patients**	**Percentage**
Emotional Shock and Dealing	Initial shock when diagnosed	24	92.3%

	Fear and worry management	22	84.6%
	Processing emotions over time	19	73.1%
Identity Changes and Meaning	Feeling like a different person	21	80.8%
	Questioning life purpose	18	69.2%
	Finding new meaning	16	61.5%
Relationships and Support	Family relationship changes	20	76.9%
	Friend and social impacts	17	65.4%
	Healthcare provider relationships	15	57.7%
Growing Stronger and Helping	Learning to cope better	23	88.5%
	Finding inner strength	19	73.1%
	Helping other patients	14	53.8%

Table 4.3 above shows that almost all patients mentioned emotional shock. Learning to cope better was also very common. About half the patients talked about helping others.

4.4 Superordinate Theme 1: Emotional Disruption and Adaptation

4.4.1 Initial Shock and Disbelief

Almost all patients talked about feeling shocked when they got their cancer diagnosis. The shock was about more than just the medical news. It changed how they saw their whole life and future. Many patients said they could not believe it was real at first. One patient said, "Hey, everybody, it's Samantha. I'm hanging out in my bed in my pyjamas because I've been in them for

a long time." This shows how the diagnosis affected daily life and everyday routines. Patients often stopped doing everyday things because of the shock. Another patient described the moment of diagnosis: "I just sat there in complete shock. The doctor was talking, but I couldn't hear anything after the word cancer. Everything just stopped, and I was watching someone else's life." This feeling of watching someone else's life was familiar. Patients felt disconnected from themselves. The shock often came with physical reactions. Patients described feeling sick, shaking, or going numb. One patient said, "My whole body just went numb. I felt like I was going to be sick, and I couldn't stop shaking." This occurred before the body or the brain could come to grips with what had happened. Patients reported that the shock took weeks or months. They continued to believe that there was some error in their test results. The doubt led to difficulty in initiating treatment and making judgments concerning care.

4.4.2 Fear and Anxiety Management

Most of the psychological experience was fear among patients. The fears concerned the fact of dying, side effects in treatment, and the inability to tell what to expect next. Dealing with these fears became part of everyday work, which patients would have to train themselves daily. A patient reported the feeling of constant fear." The fear was with me constantly, especially at night. I would lie awake thinking about dying and leaving my family behind. Every pain in my body made me believe the cancer was spreading." This shows how fear affected sleep and daily activities.

Fears of treatment were also quite prevalent. Patients worried about chemotherapy, surgery, and whether treatments would work. One patient said, "I was terrified of the treatment itself. Not just the side effects, but also whether it would work. Every scan was torture, waiting to find out if the treatment was helping or if the cancer was getting worse." Different patients handled fear in various ways. Some wanted to know everything about their cancer and treatment. Others avoided medical information because it made them more worried. One patient explained: "I

decided early on that I wouldn't Google anything about survival rates or worst-case scenarios. That kind of information just fed my anxiety and didn't help me focus on getting better."

4.4.3 Processing Emotions over Time

Patients said their emotions changed as time went on. The first shock and fear got better for most people, but new emotions came up. The emotional journey had good days and bad days rather than steady improvement. One patient described how emotions changed: "In the beginning, I was overwhelmed with fear and sadness. Nevertheless, those feelings became less intense over time, and I started having more good than bad days. It wasn't a straight line, though - there were still setbacks and difficult moments."

Learning to accept emotional difficulties was important. Patients had to be patient with themselves when they felt scared or sad. One patient said, "I had to learn that it was okay to feel scared sometimes and that having a bad day didn't mean I was giving up or losing hope. I became more patient with myself and my emotions." Talking to other cancer patients helped with emotional processing. These conversations differed from talking to family or friends because other patients understood the experience. One patient explained: "Talking to other patients who understood what I was going through was so important. I could say things to them that I couldn't say to my family because I didn't want to scare them."

Figure 4.2: Emotional Journey over Time

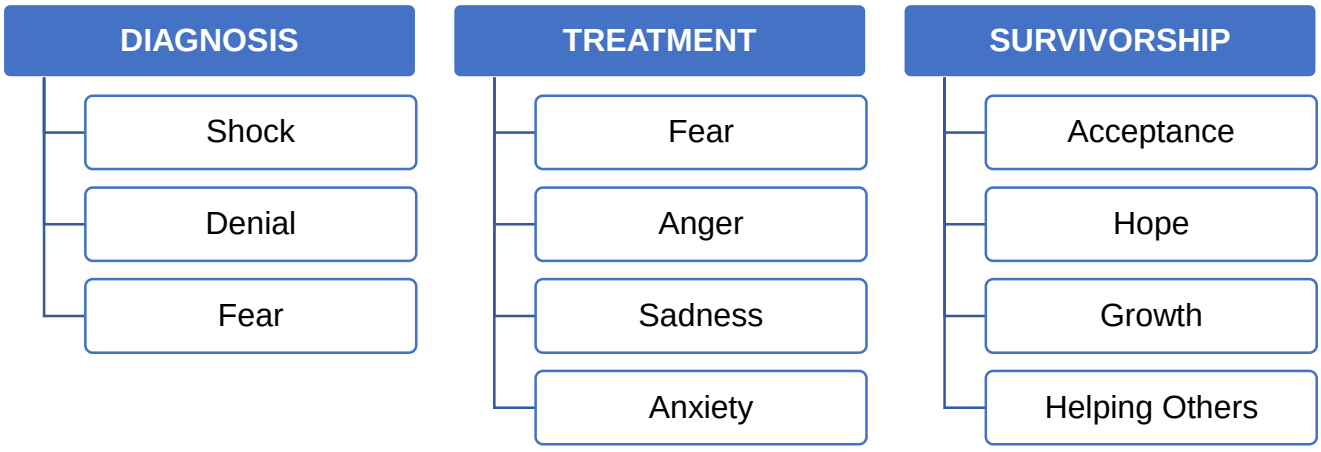

Figure 4.2 above shows how emotions changed during different parts of the cancer experience. The diagnosis phase included shock and denial. Treatment brought fear and anger. Survivorship often included acceptance and helping others.

4.5 Superordinate Theme 2: Identity Reconstruction and Meaning-Making

4.5.1 Changed Sense of Self

Many patients said cancer changed who they felt they were as a person. The physical changes from treatment and the psychological impact made them feel like different people. This identity change was often hard to accept, but sometimes led to positive growth. One patient described feeling different: "I looked in the mirror and didn't recognize myself. The cancer and treatment had changed my body, but it was more than that. I felt like a different person entirely. The person I was before cancer seemed like someone from another lifetime." Work identity often changed when cancer affected job performance. Patients defined by their demanding jobs did not realize who they were once they could not work the same way. One patient said, "I had always defined myself by my career and ability to excel at work. When I couldn't perform at my usual level during treatment, I had to figure out who I was if I wasn't the high-achieving professional I had always been." There were physical signs of loss of hair or scars as a result of surgery, among others, that influenced the definition in the eyes of the patients. Such open changes made cancer public as opposed to being personal. One patient explained, "Losing my hair was harder than I expected. It made the cancer visible to everyone, and I felt like I was wearing a sign that said 'cancer patient' everywhere I went." Other patients experienced positive identities. It made them more natural or centred on things that were essential to them. Through the cancer experience, they felt that they had better self-knowledge.

4.5.2 Questioning Life Purpose

Cancer has caused a lot of patients to ask themselves what the point of their lives is. The threat of death led them to reconsider their decisions and goals. Through this questioning, they

usually made massive transformations in their lives. One patient stated that she questioned her life purpose: "Cancer made me realize how much time I had wasted on things that didn't really matter. I started asking myself what I wanted to do with whatever time I had left and what kind of legacy I wanted to leave behind."

A lot of the patients raised the question of whether they had been living the proper life before the onset of the cancer. They questioned how they have paid too much attention to job or wealth and little to relationships and experiences. One patient said, "I had been so focused on climbing the career ladder and accumulating material things. Cancer made me wonder if I had been living someone else's idea of success instead of figuring out what success meant to me personally." The doubt of the meaning of life caused celebration to put more emphasis on relationships. Patients understood that they lacked enough time with their loved ones. One patient reflected: "I realised I had been taking my relationships for granted and not really being present with the people I loved. Cancer taught me that relationships are what really matter in the end."

4.5.3 Finding New Meaning

Many patients found new purposes and meanings through their cancer experience. This often involved helping other cancer patients or getting involved in cancer causes. Finding new meaning helped patients feel their suffering had a purpose. One patient described finding meaning in helping others: "I started volunteering with other brain cancer patients and their families. Being able to help someone else navigate what I had been through gave my whole experience meaning. It felt like maybe I went through all of this for a reason."

Some patients discovered creative activities that gave their lives new meaning. Art, writing, or music became essential ways to express their feelings and experiences. One patient said, "I had never considered myself artistic, but I started painting to express my feelings during treatment. It became important and opened up a new part of myself I never knew existed." Spiritual meaning also became important for many patients. This happened even for patients who were not religious

before cancer. One patient explained: "I wouldn't say I became religious, but I definitely became more spiritual. There's something about facing cancer that makes you aware of things beyond the physical world and your place in something bigger than yourself."

Table 4.4: Types of New Meaning Found

Type of New Meaning	Number of Patients	Examples
Helping other patients	14	Volunteering, support groups, mentoring
Creative expression	8	Art, writing, music, crafts
Spiritual growth	12	Prayer, meditation, nature connection
Family relationships	18	Quality time, deeper conversations
Advocacy work	6	Fundraising, awareness campaigns

Table 4.4 above shows the different ways patients found new meaning. Family relationships were the most common new focus. Helping other patients and spiritual growth were also crucial for many.

4.6 Superordinate Theme 3: Social Connection and Support Experiences

4.6.1 Family Relationship Changes

Cancer changed family relationships in many ways. Some relationships got stronger while others became more difficult. Family members had to take on new roles like caregiving. These changes affected the whole family system. One patient described family role changes: "My wife suddenly became my primary caregiver, which was a huge adjustment for both of us. She had always been independent, and now she was managing my medications and driving me to appointments. It changed our whole relationship dynamic." Deciding what to tell family members, especially children, was difficult. Parents wanted to be honest but also protect their children from worry. One patient explained: "I wanted to protect my kids from worrying, but I also didn't want to lie to them. Finding the right balance of honesty without causing unnecessary fear was difficult."

Cancer showed patients which family members would really support them. Some unexpected family members became very helpful, while others could not handle the situation. One patient said, "Cancer showed me which family members would really be there for me and which ones couldn't handle it. Some relationships got much closer, but others fell apart. It was painful but also clarifying." Extended family relationships also changed. Cancer affected relationships with parents, siblings, and in-laws. The diagnosis often made family members think about their own health and mortality.

4.6.2 Friendship and Social Impacts

Friendships changed a lot after the cancer diagnosis. Some close friends disappeared, while unexpected people became essential sources of support. These changes were often surprising and sometimes hurtful for patients. One patient described friendship changes: "Some of my closest friends completely disappeared after my diagnosis. They didn't know what to say or do, so they stayed away. But other people, some I barely knew before, became incredible sources of support." Social activities changed because of physical limitations and different priorities. Patients could not do everything they used to and often did not want to either. One patient shared: "I couldn't do many social activities I used to enjoy, and honestly, many seemed less important anyway. I became much more selective about how I spent my social energy and who I spent it with."

Work relationships were complicated. Some colleagues were very supportive, while others did not know how to act around cancer patients. One patient explained: "My colleagues didn't know how to act around me. Some treated me like I was dying, others acted like nothing had changed. I felt like I had to manage their discomfort while dealing with my situation." Connections with other cancer patients became very valuable. These relationships provided understanding that family and friends could not give. Other patients were aware of what the experience was all about.

4.6.3 Healthcare Provider Relationships

Patients were also important in contacts with doctors and nurses. Patients felt much safer and more assured about their treatment in practice, which was the effect of good relations with healthcare providers. Poor relationships were over and above an already poor situation. One of the patients was discussing the good relationship with the healthcare: "My oncologist became one of the most important people in my life. I trusted her completely and felt she understood what I was going through. Having that kind of relationship with someone who could help me was incredibly reassuring."

The quality of communication differed immensely among the healthcare providers. Some patients felt attentive and assisted, and those who were supposed to be hurried and ignored. One patient shared: "I felt like my doctors were only interested in the medical side. When I tried to talk about my fears or ask what to expect, they seemed uncomfortable and would redirect me back to technical information." Patients had different preferences for how much medical information they wanted. Some wanted detailed explanations, while others preferred simple information about immediate treatment steps. Healthcare providers who could adapt to patient preferences had better relationships. Nurses often provided emotional support that doctors did not have time for. One patient explained: "The nurses were the ones who really saw me as a person, not just a case. They would check in on how I was feeling emotionally and help me process what was happening in ways the doctors didn't have time for."

Figure 4.3: Support Network Changes after Cancer Diagnosis

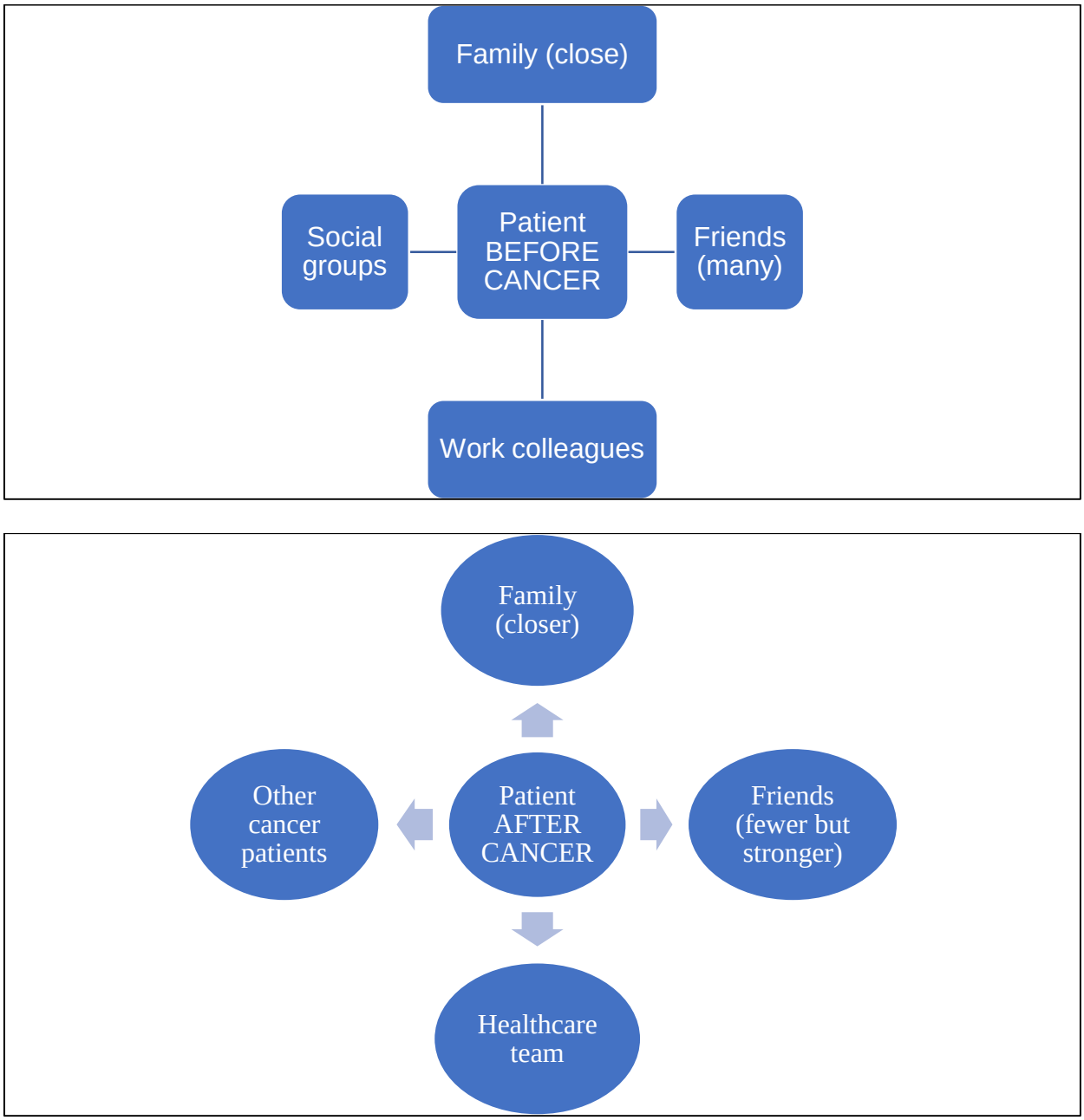

Figure 4.3 above shows how support networks changed after cancer diagnosis. Family relationships often got closer, as friend groups got smaller but more substantial, new, meaningful relationships formed with healthcare providers and other cancer patients.

4.7 Superordinate Theme 4: Resilience and Growth Processes

4.7.1 Developing Coping Strategies

Patients learned different ways to cope with cancer's psychological challenges. These coping strategies were developed over time through trial and error. What worked for one patient might not work for another, so everyone had to find their own approaches. One patient described learning to cope: "At first, I tried to cope by researching everything about my cancer and treatment options. That worked for a while, but then it became overwhelming. I had to learn to balance staying informed with not letting the information consume me."

Physical activity was important for many patients, even when treatment limited their ability. Patients adapted their exercise to their current skills while keeping the psychological benefits. One patient shared: "I couldn't run like I used to, but I could walk. Walking became my meditation time and my way of proving that I was still strong and capable." Creative activities helped most of the patients handle their feelings. Writing, art, and music allowed the patient to communicate their feelings and stay in touch with that part of them outside the cancer patient. One patient explained: "Writing in my journal daily helped me understand what I was experiencing and keep track of my emotional journey. It became a way to stay connected to myself through all the medical chaos." Other aspects of spiritual activities, like prayer and meditation, became significant coping mechanisms. This occurred despite the patients who were not spiritual before cancer. This would make these patients experience peace and enable them to look at their situation with perspective.

4.7.2 Discovering Inner Strength

Most patients could be shocked by how strong they were. Cancer taught them that they can contend with a lot more than they ever imagined. This power of strength would tend to be a permanent wellspring of self-confidence. One of the patients remarked on how she has learned to be strong: "I never thought I was a strong person before cancer. I saw myself as someone who avoided difficult situations and relied on others to handle problems. However, getting through cancer treatment showed me I had strength I never knew existed." Patients took pride in finishing cancer treatment and everything they experienced due to it. This egotism gave them greater

confidence in handling issues of this nature. One patient shared: "If I can get through cancer, I can get through anything. It gave me confidence I never had before about my ability to handle whatever life throws at me." It is essential to be tough because toughness implies that you live without knowing. Patients also understood that they could be happy and meaningful since they did not know what they could expect in the future. One patient ruled: "Cancer taught me that I could live with uncertainty and still find joy and meaning in each day. That was a huge shift for someone who always needed to plan and control everything." Fearing becoming vulnerable has been a quality that patients have discovered works to their advantage. This equal outlook of might and power provided a clearer perception of strengths and weaknesses, leading to open relationships and self.

4.7.3 Helping Others and Advocacy

Numerous patients would find solace by giving back to other cancer patients in need or fighting cancer activists. This assistance brought some meaning to their cancer life, and their pain appeared to be justified. Another patient explained helping others: "I started volunteering at the cancer centre, just talking to newly diagnosed men who were scared and confused as I had been. Offering hope and practical advice based on my experience felt incredibly meaningful." Some patients got involved in formal advocacy work, such as fundraising or policy changes. Others helped informally by supporting individual patients or raising awareness in their communities. One patient shared: "I got involved in fundraising for cancer research because I wanted my experience to contribute to helping future patients have better outcomes." The change from being a cancer patient to helping others was critical for many people. It gave them a way to use their experience positively and feel like their cancer had meaning and purpose.

Table 4.5: Coping Strategies Used by Patients

Coping Strategy Type	**Number Using**	**Effectiveness Rating**	**Examples**

Physical activity	18	High	Walking, yoga, and adapted exercise
Creative expression	12	High	Writing, art, music
Social support	22	Very High	Family, friends, support groups
Spiritual practices	15	High	Prayer, meditation, nature
Information seeking	11	Medium	Research, medical information
Avoidance	8	Low	Not thinking about cancer
Professional help	9	High	Therapy, counselling

Table 4.5 above shows the different coping strategies patients used. Social support was used by most patients and was rated as very effective. Physical activity and creative expression were also popular and effective.

Figure 4.4: Growth Process through Cancer Experience

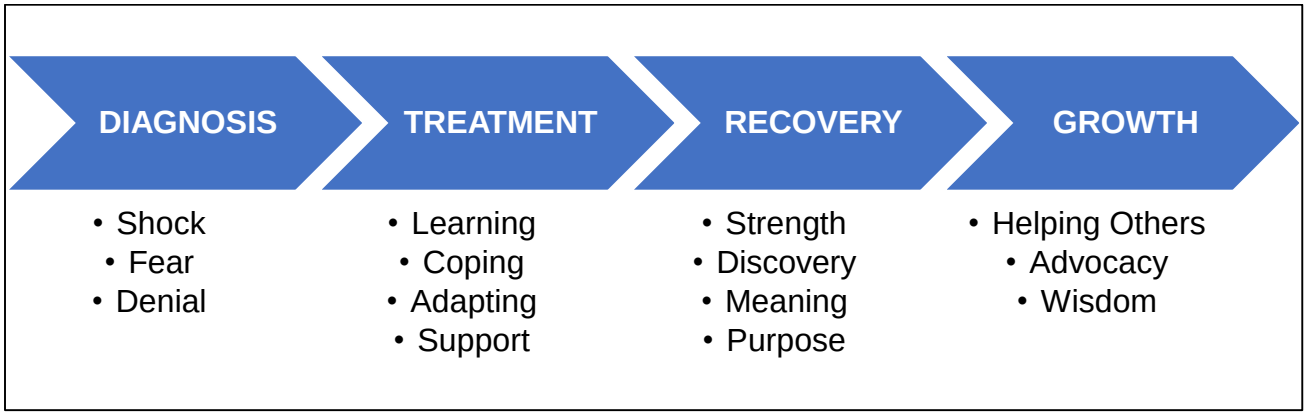

Figure 4.4 shows how patients grew through their cancer experience. The process started with shock and fear but led to finding strength and helping others.

Figure 4.5: Sources of Support during Cancer Journey

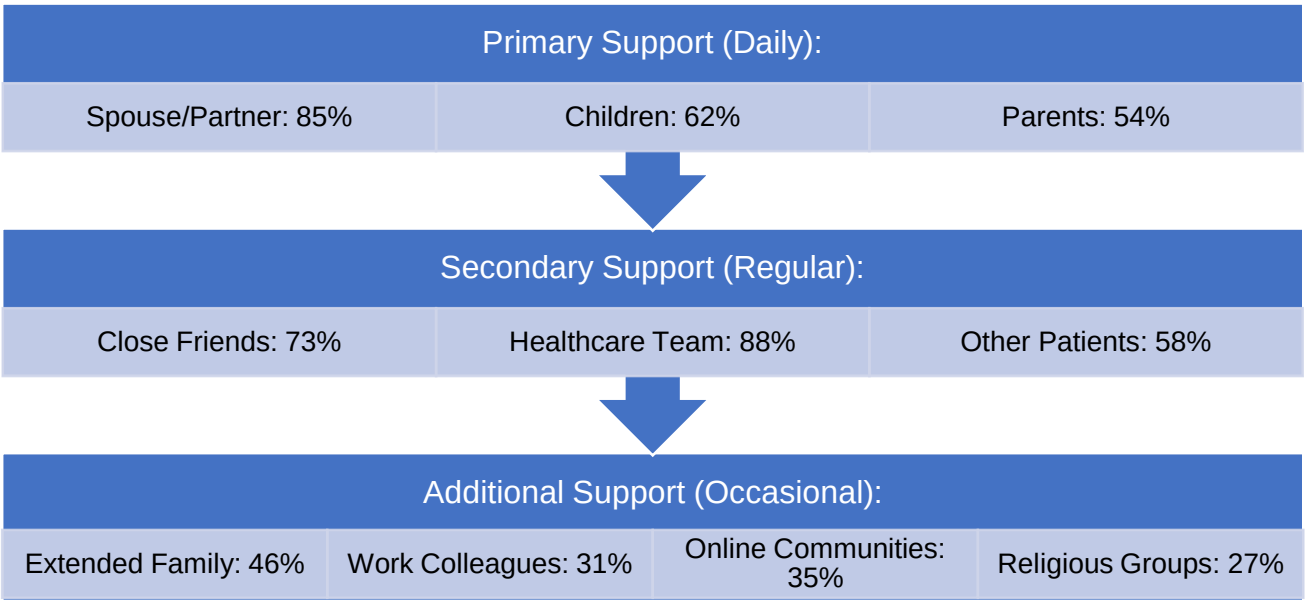

Figure 4.5 above shows where patients got support during their cancer journey. Most patients use healthcare team support. Spouse and partner support was also very common.

4.8 Summary of Findings

The analysis of 26 cancer patient videos found four main themes about psychological experiences. These themes show that cancer affects people in emotional, identity, social, and growth ways at the same time. The themes connect rather than being separate categories. Almost all patients experienced emotional shock and learning to deal with their feelings. This started with shock at diagnosis and continued with fear management and emotional processing over time. Identity changes were also widespread, with most patients saying they felt like different people after cancer. Social relationships changed for most patients. Some relationships got stronger while others became weaker. New meaningful relationships were formed with healthcare providers and other cancer patients. Family relationships often became closer but also more complicated.

Many patients discovered they were stronger than they thought and found new meaning. This included learning coping strategies, finding inner strength, and helping other cancer patients. The growth process often made patients feel their cancer experience had purpose. The

researchers find that cancer patients perceive their psychological experiences as multidimensional processes of challenges and development. The patients themselves strive to make meaning out of their experiences and how to cope and support others. The psychological outcome involves painful emotions and favourable transformations from the perspective of the patients towards themselves and their lives.

CHAPTER 5: DISCUSSION

5.1 Introduction

This chapter presents arguments on the four main themes when analysing videos about cancer patients. The conclusions present interpretations of how cancer psychological impacts people on the aspect of being spiritually shocked, identity change, relationships, and personal development. The two themes are associated with the available studies relating to the psychology of cancer and phenomenology. The discussion indicated the kind of findings and gave a reflection on the process of coping that exists among cancer patients during the diagnosis and treatment of the cancer. The themes reveal the sufferings and how cancer is a good experience, bringing changes to the lives of the people.

5.2 Emotional Disruption and Adaptation

5.2.1 Initial Shock and Disbelief

The component where 92.3% of the persons experienced the first shock aligns with the available facts of the reactions to the traumatising conditions of being given a negative medical diagnosis. The shock people are experiencing is not literally shock but another paradigm shift in their life experience and future thoughts (Hughes et al., 2024). More so, when they were talking about these kinds of problems, I simply sat there with my mouth open, as if everything in the room was frozen: they were talking of the symptoms of what the scholars of trauma may call acute stress reactions. This process of defence in the human psyche that keeps much information for a long time promotes this side of the belief. Most of them had claimed the possibility of inaccuracy of the test findings because they were not permitted to be given the diagnosis (Wang & Feng, 2022). This absence of belief also fulfils the function of protecting in that it imparts the ability of men and women to take in alarming news in bits instead of in one bloc.

The physical nature of the effect, the psychological shock, presents in the body as was observed by the patients, including numbness, shaking, and nausea. These somatic responses are consistent with the evidence of embodied trauma response reactions and severe illness (Alagizy et al., 2020). The reason that it took years and months before certain patients could even discover that they had survived through the shock phase leads to the conclusion that being able to adapt to the psychological factor of being diagnosed with cancer was not a single psychological skill. The shock theme also depicted the effects of the cancer diagnosis on the usual way of life of normal people and how they perform their regular duties after they have been diagnosed with cancer. Patients complained that they spent most of their time in bed or could not perform the usual activities. This disturbance is an experience of a functional domain of barrier and quality of life through the general experiences of psychological shock (Ramathuba et al., 2025).

5.2.2 Fear and Anxiety Management

The high prevalence of fear and anxiety (84.6% of participants) confirms research showing that psychological distress is nearly universal among cancer patients. The fears patients reported consisted of death anxiety, concerns with treatment, and uncertainty about the future; the latter is consistent with existing patterns of cancer psychology literature (Bergerot et al., 2024). The observation of the fear influencing sleep and day-to-day functioning is consistent with the research on anxiety disorders and their consequences on quality of life. When patients mentioned they would lie awake and have ideas of dying or feel their pains as cancer metastasis, they were in a process known by researchers as a catastrophic cogitation and hypervigilance (Nazam et al., 2023).

Among the anxieties that needed separate consideration as death fears, treatment-related fears were identified. Patients were concerned with side effects, efficacy of treatment, and scans. This finding supports research suggesting that treatment anxiety represents a

specific psychological challenge requiring targeted interventions (Anghel et al., 2025). The variation in how patients manage fear reflects individual differences in coping preferences. Some patients sought detailed medical information, while others avoided statistics and prognosis data. This finding aligns with research on information-seeking versus information-avoiding coping styles (Zomerdijk et al., 2023). Healthcare providers must assess individual patient preferences rather than assuming all patients want the same information.

5.2.3 Emotional Processing Over Time

The finding that emotional responses changed over time rather than remaining static supports research on psychological adaptation to chronic illness. Patients described emotional journeys with difficulties rather than linear improvement (Homkes, 2023). This pattern matches what researchers call the emotional trajectory of serious illness, where acute distress typically decreases but emotional challenges persist. The development of emotional tolerance and self-compassion represents significant psychological growth. Patients learned to accept difficult emotions without judging themselves negatively (Khazi et al., 2023). This finding connects to research on emotional regulation and acceptance-based coping strategies that help people manage ongoing stress. The importance of peer support for emotional processing confirms research on the unique value of connecting with others who share similar experiences. Patients were able to communicate their concerns with other cancer patients regarding the issues they did not feel comfortable discussing with their family members (Bootsma et al., 2023).

5.3 Identity Reconstruction and Meaning-Making

5.3.1 Changed Sense of Self

The reality that at least 80.8% did arrive at an identity change is indicative that the personal narrative is stamped exactly on the ideals and conceptual understandings of the self. The researchers define identity disruption as a phenomenon occurring when patients are asked about the feelings of somebody else or the lack of self-knowledge that was also seen in the

patients (Le Boutillier et al., 2022). Cancer is a challenge that affects the fundamentals of health, sense of purpose, and power, but it is also a factor that affects the construction of individual identity. It was found that the professional identity disruption was pertinent to the patients who were strongly associated with their profession. The findings align with those of the research since the article deals with investigating work-identity and its effects on understanding a professional self (Eisenberg and Josselin, 2024). The patients who cannot go back to the working level had to develop the feeling of personal benefit and ability independently.

The identity was constructed due to physical developments that one suffers during the treatment of cancer. Hair loss, surgical scars, and weight changes made cancer visible and changed how patients saw themselves and how others perceived them (Vandamme et al., 2025). This finding confirms research on body image and illness identity, showing how physical changes require psychological adjustment. Some patients described positive identity changes, such as becoming more authentic or focused on meaningful priorities. This finding connects to research on post-traumatic growth and how difficult experiences can lead to positive psychological changes (Michael et al., 2022). The cancer experience helped some patients discover aspects of themselves they had not previously recognized.

5.3.2 Questioning Life Purpose

The prevalence of existential questioning (69.2% of participants) supports research on how life-threatening illness prompts examination of meaning and purpose. When patients described realizing they had wasted time on unimportant things, they were engaging in what researchers call meaning-making processes (Tuck et al., 2025). The questioning of previous life choices reflects what researchers call assumptive world disruption. Cancer challenges fundamental assumptions about how life should be lived and what matters most (McGhee et al., 2022). This questioning often leads to significant life changes and reprioritization of values and goals. The focus on relationships that emerged from purpose questioning aligns with research

showing that serious illness often clarifies the importance of social connections. Patients realized they had not invested enough time in meaningful relationships while pursuing other goals (Li et al., 2015). This finding supports interventions that help patients strengthen important relationships during cancer treatment.

5.3.3 Finding New Meaning

The discovery of new sources of meaning and purpose represents positive psychological adaptation to cancer. When patients found meaning through helping others, creative expression, or spiritual growth, they were demonstrating what researchers call benefit finding or meaning-making (Woof et al., 2023). The transformation of suffering into service through helping other cancer patients reflects research on post-traumatic growth and altruistic responses to trauma. Patients who became advocates or volunteers used their experience to benefit others facing similar challenges (Farrington et al., 2020). This finding suggests that meaning-making opportunities should be included in comprehensive cancer care.

Creative expression as a source of new meaning confirms research on expressive therapies and their psychological benefits for cancer patients. Art, writing, and music provided emotional outlets and identity development beyond the cancer patient role (Tour et al., 2022). This finding supports the inclusion of creative therapies in psychosocial cancer care. Spiritual meaning-making occurred even among previously non-religious patients, supporting research on how serious illness can prompt spiritual questioning and growth. This sublime growth gave imagery and a sense of relation to something greater than the individual life (Osgood & Farr, 2025).

5.4 Social Connection and Support Experiences

5.4.1 Family Relationship Changes

The finding that 76.9% of participants experienced family relationship changes reflects the systemic impact of cancer on family functioning. Patients who complained about shifts in

their roles as spouses became caregivers were explaining what researchers refer to as family system reorganization (Yang et al., 2024). Cancer necessitates that families change the old patterns of functioning to develop new ones. Communication with children about a cancer diagnosis is another family dilemma. The parents were not willing to lie, and on one hand, they were not willing to make their children so concerned. The findings of the research on the relevance of disclosure and the style of communication with the family members regarding minor illnesses agree with this observation. The unfolding of the actual relations primarily aids membership and apostate individuals, confirming the results of the crisis and how this explains the quality of the relationship. Some of the unwelcome family members turned out to be extremely helpful in helping, and others turned out to be incapable of handling the emotional burden (Kirakosyan & Bacqué, 2025). This conclusion means the role of social support when an individual is ill can be unclear.

5.4.2 Friendship and Social Impacts

The manipulations of friendship when cancer is being diagnosed speak of the study of the role of a devastating illness in a group of people. Such an experience of losing and getting new close friends helps understand that cancer reveals how many people Richard is connected with in society, or the seriousness and genuineness of simple intentions (Rai & Ross, 2024). The loss of physical ability and the changed priorities contributed to the social activity. Patients became selective in terms of orientation toward social interaction and concentrated their efforts on valuable relations rather than conversations about superficial issues (Datta et al., 2022). The result supports the study of the impact of infirmity as one of the factors that provoke the re-weighing of social priorities and energy consumption.

The relationships also changed differently since some colleagues seemed to have been very helpful, and some were awkward or just lost. It also required patients to manage the emotions of other people regarding their cancer diagnosis when they already had the opportunity

to do the task themselves (Coetzee et al., 2020). This conclusion implies the necessity of establishing workplace training on how to deal with employees with grave illnesses. The importance of relationships with fellow cancer patients validates peer support and the sense of shared experience in research. Such relationships gave insights into how the experience of cancer could not be offered by the family and friends as windows, simply because other patients focused on it directly (Mensah et al., 2023).

5.4.3 Healthcare Provider Relationships

The issue of the importance of the connections between a medical worker and their impact on patient involvement in the process of healthy being is one of the aspects that the study of how a therapeutic bond and individual health outcomes are formed addresses. The treatment was safer and more assured for the patients due to the high likelihood of the patients trusting the individuals treating them about health-related issues (Stiefel et al., 2024). The dissimilarity of the quality of communications between the providers highlights the importance of the healthcare professional's exercise in relation to psychological conditions of cancer treatment. Patients who felt heard and supported had better experiences than those who felt rushed or dismissed (Yuen et al., 2024). This finding supports research on patient-centred communication and its impact on satisfaction and outcomes. The special role of nursing staff in providing emotional support reflects research on nursing contributions to patient psychological care. Nurses often had more time and training for addressing emotional needs compared to physicians (Mensah et al., 2024). This finding supports expanding the psychosocial role of nursing in cancer care.

5.5. Resilience and Growth Processes

5.5.1 Developing Coping Strategies

The finding that 88.5% of participants developed coping strategies confirms research on active coping and psychological adaptation to serious illness. The trial-and-error process patients described reflects how coping is learned through experience rather than being a fixed

trait (Lyall et al., 2022). The importance of physical activity as a coping strategy, even when adapted to treatment limitations, supports research on exercise and psychological well-being in cancer patients. Physical activity provided both physical and emotional benefits while helping patients maintain a sense of capability and control (Alessy et al., 2022). Creative activities as coping mechanisms align with research on expressive therapies and their psychological benefits. Writing, art, and music helped patients' process emotions and maintain identity beyond their cancer diagnosis (Yu et al., 2024). This finding supports the inclusion of creative therapies in comprehensive cancer care programs. The use of spiritual practices for coping, even among previously non-spiritual patients, confirms research on spirituality and health. The meditative and spiritual reflections of the Muslim-Christian prayer brought peace and clarity that were compatible with the medical treatment (Alander et al., 2021).

5.5.2 Discovering Inner Strength

It depicts resilience research and how people sabotage their brain power, especially when the patients reveal that they are the strong ones. Cancer has to know but does not have to tell the patients they have specific abilities (McLoone et al., 2021). This case study has led to the conclusion that successful treatment can be directed towards promoting verbalisation of an individual possessing resiliency and amplifying the latter by augmentation (through strength training). The pride levels stored in the Coping with Cancer issues were a positive factor for the patients that boosted self-efficacy and confidence. This is evident from the mastery event studies and the way of confronting challenging situations that result in high psychological resiliency (Kedida et al., 2024). Tolerance of ambiguity evolved into one of the key competencies. The patients have managed to become content with finding no answers yet attaining fulfilment and happiness in our everyday lives (Araujo et al., 2020). This observation relates to uncertainty tolerance studies and how it works in psychological adaptation to chronic disease. The proposal of strengths and weaknesses is evidence of adult development in psychology. Patients were

taught the ability to be weak and to seek assistance without being confrontational to personal strength (Ciria-Suarez et al., 2021). This observation helps to eliminate stereotypes on the definition of strength and makes more multifaceted strategies of resilience building to work.

5.5.3 Helping Others and Advocacy

The posttraumatic growth and altruistic transformation are what the researchers call the transition to a helper or an advocate, which happens especially regarding patients with cancer. It is evident that, in the events when the patients realized the significance of the act by serving other humans who are struggling with the same problem, these cases were demonstrating how misery can transform into servitude (Vagnini et al., 2024). The categories of informal peer support to formal advocacy have variable categories of helping activities, which were used in cancer treatment and awareness creation among the patients. There are those patients who preferred to work individually, whereas others worked on policies or fundraising (Iskandar et al., 2021). The diversity would imply that cancer survivors ought to have several channels through which they can make their contribution meaningful. The current research regarding civic engagement and psychological well-being is supported by the fact that advocacy activities disqualified the patients. Adding one's own reasons that were bigger compared to personal experience gave purpose and meaning that enabled one to incorporate the cancer experience into a positive life story (Nwozichi et al., 2024).

5.6. Integration of Findings with Literature

5.6.1 Phenomenological Approach Effectiveness

The findings of this phenomenological undertaking have overwhelmingly shown the worth of this interpretative method in the edifice of the psychology of cancer. The represented themes provide a conception of how meaning is created; this is often not available to quantitative research (Aldiwan et al., 2024). The phenomenological focus of patient voice and experience bestowed the individualized and personalized reaction to the cancer process. The sources of

data, such as video narratives, were effective in accessing the actual patient experience. The specified observation can be applied to support the further implementation of video narratives in the research of cancer psychology.

5.6.2 Theoretical Implications

The results would fit the psychological adaptation theories, which imply active adaptation and meaning-making in place of passive adaptation. It included the gradual degree of psychological intervention to become familiar with patients and incorporate their experience of cancer (Joyce et al., 2024). Correlative consequences have accompanied this prospective outlook towards the process of how health practitioners address the psychological expectations of the patient. The combination of the challenge and the improvement in the patient experience adds to the meshing up with the posttraumatic growth theory since the current challenges are acceptable and cannot be viewed as always being the same. These sufferings and innovations foul up, but never pass the next stage (Darley et al., 2025). This observation implies that growth-based interventions cannot be applied or used instead of distress management interventions, which make up most of the run of this approach.

5.6.3 Clinical Practice Implications

The themes identified have direct implications for improving psychological support in cancer care. The universality of emotional shock suggests that all newly diagnosed patients could benefit from immediate psychological screening and support (Ramathuba et al., 2025). Healthcare systems should assume that psychological distress is likely rather than screening to identify who might need help. The importance of identity work suggests that psychological interventions should address questions of self-concept and personal meaning alongside symptom management. Patients need support for reconstructing identity and finding new sources of meaning and purpose (Anghel et al., 2025). The value of peer support highlighted in multiple themes suggests that connecting patients with others who have similar experiences

should be a standard component of cancer care. Formal peer support programs could supplement family and professional support.

5.6.4 Healthcare System Implications

The findings reveal gaps in current healthcare approaches to cancer psychology. The variation in healthcare provider relationships suggests that training in psychological aspects of cancer care should be expanded for all healthcare professionals involved in cancer treatment (Stiefel et al., 2024). The significance of family relationships support implies that care must be provided to patients in a systems approach that extends to the family members and those individuals affected by the cancer condition. Family counselling and education might improve the family's adjustment to the role changes and problems in communication (Yang et al., 2024).

5.7. Limitations and Future Research

5.7.1 Study Limitations

The phenomenological design applied to the research study can give an ideal projection of the lives of people, dynamic related to the problems of psychology. However, it cannot assert to project with broader population orientations in cancer with statistical figures. The outcomes are again hypothetical, capturing potential psychological experiences against the broad general patterns that can be extended to all cancer patients (Hughes et al., 2024). Subsequent research can combine the experience gained by phenomenology and more significant quantitative research findings to answer the assumption regarding the similarity of the found themes in various populations. This might be a result of the selection bias of most comfortable patients to report their experience publicly, which was the publicly available video narratives. This analysis may also not be represented entirely by the patients who did not choose to put their stories in the public domain (Wang & Feng, 2022). Future research may employ a range of data collection methods to access a broader range of voices in patients by means of the approaches discussed in data collection.

5.7.2 Future Research Directions

Longitudinal phenomenological studies could track how the themes identified in this research change over extended time periods. Following patients from diagnosis through long-term survivorship could reveal how psychological adaptation continues to evolve (Bergerot et al., 2024). Cross-cultural phenomenological research could examine how the themes identified vary across different cultural contexts. Cultural factors likely influence how people experience and make meaning from a cancer diagnosis (Nazam et al., 2023). Understanding cultural variations could inform culturally appropriate psychological support approaches. Intervention research could test whether psychological support programs based on these phenomenological insights improve patient outcomes. Programs that address identity reconstruction, meaning-making, and peer support could be evaluated for their effectiveness in promoting psychological adaptation (Homkes, 2023).

5.7.3 Research Methodology Implications

This study demonstrates the value of video narratives as data sources for phenomenological research. Future studies could explore how different types of video content (personal testimonies, interviews, educational videos) provide different insights into patient experience (Khazi et al., 2023). The integration of phenomenological and quantitative approaches could strengthen cancer psychology research. Phenomenological studies could inform the development of quantitative measures that better capture the complexity of patient psychological experiences (Bootsma et al., 2023).

5.8. Implications for Practice and Policy

5.8.1 Clinical Practice Recommendations

Healthcare providers should assume that all cancer patients will experience some degree of psychological impact and provide proactive psychological support rather than waiting for patients to request help. The universality of emotional shock and fear suggests that early

psychological intervention could prevent more serious psychological complications (Le Boutillier et al., 2022). Training programs for healthcare providers should include education about the psychological themes identified in this research. Understanding identity reconstruction, meaning-making, and growth processes could help providers offer more comprehensive support that addresses psychological as well as medical needs (Eisenberg & Josselin, 2024). The special importance of the association with other cancer patients should be taken into consideration, and peer support programs should be implemented as part of the regular approach to cancer treatment. These programs could be formal support groups, or they could be informal meetings for patients with new diagnoses, or for those who have previously survived.

5.8.2 Healthcare Policy Implications

Psychological support should be accepted by them as a necessary element of cancer care and not a side product of healthcare systems. The psychological effect, in detail, pursued in this study attempts to reveal that the combination of physical and psychological treatment remains the ordinary option (Michael et al., 2022). The medical services addressing psychological care will be expanded to ensure the delivery of mental health services to all cancer patients. The findings show that psychological adaptation is evolving, which may also be actively promoted during employment, short, and long therapeutic phases (Tuck et al., 2025). Both medical and psychological outcomes should cover the quality expectations related to the aspects of cancer care. The medical landscapes have to be evaluated like the extent of aiding patients to experience good psychological well-being and adaptability rather than the effects of the health care (McGhee et al., 2022).

5.9 Conclusion

As revealed in the discussion, cancer affects the mental changes of emotional, identity, social, and growth levels, which require the medical practitioners, relatives, and community to be empathetic and encouraging. The themes identified that led to the findings of the

phenomenological analysis show the active nature of the patients in their understanding and adaptation to their cancer experience, rather than an active invitation toward their passive reception of the event. The data provides guidelines to improve psychosocial care in the domain of cancer care by training workers, creating peer support programs, integrating models in cancer care, and policy formulation, because psychological adjustment lies at the heart of quality in cancer care. In order to develop patients and improve patient outcomes, further studies should develop interventions that can be experimented with depending on the information from research and examine the psychological development of patients.

CHAPTER 6: CONCLUSION

6.1 Introduction

The chapter reports the significant findings of the phenomenological analysis of 26 videos with cancer patients. Likewise, the article explains the psychological impact of cancer on people using words and experience. Interpretative Phenomenological Analysis was used in the research to gain insights into the psychological experience of cancer patients in the diagnostic and treatment stage, and how they made meaning of their experience. This chapter provides an overview of the most important findings, the assessment of whether the research questions were addressed, and the comments on the implications of these findings on cancer care. The conclusions show that cancer changes people negatively or positively.

6.2 Summary of Key Findings

The analysis revealed that four important themes can be used to narrate the impact of cancer on victims in a psychological manner. The themes point to the fact that cancer influences the way in which one feels, identity, relations, and personal development; the consequences that are left behind at the end of the cancer experience. The outcomes are that cancer patients attempt to achieve control and undergo their psychological experience rather than passively accept it.

The first theme is the emotional disruption, adaptation, which meant that almost all the patients were shocked when they were diagnosed with cancer. This shock happened in thoughts and physical reactions; some effects are weekly or months long instead of short-lived during the doctor visit. The fear and anxiety turned out to be continuous psychological troubles that patients needed to know how to deal with concurrently with their cure. With time, patients learned how to deal with their emotions more and became more tolerant of themselves during challenging periods.

The second motif of identity reconstruction and meaning making exposed the fact that most of the patients after the diagnosis of cancer were different people. The treatment and the disease made them see and prioritize themselves differently about what they thought was worth their lives.

Most patients themselves hedged their past life decisions and priorities, which were primarily based on the decision to pay increased attention to relationships and something positive. In this questioning, the patients also usually discovered new sources of their purpose and meaning in life.

The theme of social connection and support in the third place revealed the impacts of cancer on the relationships with family, friends, and medical care providers. Family relationships usually had closeness and complexity as the roles shifted, and communication issues arose. There were broken friendships, some relationships reinforced, and new, friendly relationships were made with healthcare providers and even fellow cancer patients. This necessitated constant negotiation and relationship modification.

The fourth theme was resilience and development, indicating that many patients discovered psychological strength they had never known. Patients also evolved fresh coping styles, were able to endure uncertainty, and tended to offer means of assistance to other cancer patients. This expansion process transformed patients who were target-oriented on the gain of survival into members of the wider cancer fraternity.

6.3 Research Question and Objectives Achievement

The main research question was as follows: the way large-box cancer patients live and interpret the paradigm of their psychological effects of the challenges of their diagnosis and treatment experience. The results plainly respond to this query, indicating that patients are affected psychologically by cancer as a complicated path that imposes emotional distress, identity transformations, relationship perfection problems, and personal development. Patients interpret such experiences using active meaning-making processes to enable them to fit cancer into their life stories.

The research question about core psychological experiences was answered through the identification of emotional shock, fear, identity changes, and relationship impacts as central

psychological experiences. The question about meaning-making processes was addressed by showing how patients questioned their life purpose and found new sources of meaning through helping others, creative expression, and spiritual growth.

The question about coping strategies was answered by documenting how patients developed physical, creative, social, and spiritual approaches to managing psychological challenges. The question about identity and relationship impacts was addressed through detailed findings about a changed sense of self and altered social connections. The question about spiritual and existential processes was answered by showing how meaning-making and growth occurred throughout the cancer experience.

The first objective, to conduct a phenomenological analysis of cancer patients' psychological experiences, was achieved by systematically analyzing 26 video narratives using Interpretative Phenomenological Analysis procedures. The second objective of examining meaning-making processes was met by identifying how patients questioned life purpose and found new sources of meaning. The third objective, to identify common themes, was accomplished through the four superordinate themes that captured shared aspects of psychological experience.

The fourth objective, to generate insights for clinical practice and healthcare policy, was achieved through detailed implications and recommendations based on the findings. The fifth objective to contribute to theoretical understanding was met by connecting the findings to existing research and identifying new insights about psychological adaptation to cancer.

6.4 Theoretical Contributions

The findings contribute to understanding cancer psychology by showing how emotional, identity, social, and growth aspects of psychological experience work together rather than being separate problems. The research demonstrates that psychological adaptation to cancer involves active meaning-making work by patients rather than passive adjustment to circumstances beyond their control. The study supports theories about post-traumatic growth by showing how many

patients found positive changes alongside ongoing challenges. However, the findings also show that growth and difficulties happen simultaneously rather than growth replacing problems.

The simultaneous challenge and growth experience has important implications for how healthcare providers understand and support cancer patients. The research contributes to phenomenological methodology by demonstrating the value of video narratives as data sources for understanding patient experiences. Videos captured emotional expression and authentic sharing that might be harder to access through traditional research interviews. This methodological contribution suggests that video analysis could be widely used in health psychology research.

6.5 Clinical Practice Implications

The implications of the findings are significant in that healthcare providers will be able to improve the psychological support of cancer patients. The commonality of emotional shock implies that every new patient diagnosed has to be provided with urgent psychological assistance and not wait before they develop issues. Psychological screening and support should be regular healthcare services, and options should not exist. The significance of identity work and meaning-making implies that psychological support must be provided to answer questions regarding the purpose of life and the self-concept, together with the conventional symptom treatment. This is because patients require assistance in restructuring their identity and seeking alternative areas of meaning as opposed to coping with anxiety and depression. This broader perspective on psychological treatment would help the patients adapt to their cancer experience. The significance of peer support in various themes speaks to the notion that mutualizing patients with other individuals in a similar experience should be one of the most widespread circumstances in cancer care. Peer support programs, which provide the individual with unique knowledge and reassurance from similar experiences, may be part of professional and family support.

6.6 Healthcare System Recommendations

Psychological support must be viewed as part of cancer care by healthcare systems rather than as an optional extra (Anghel et al., 2025). This research supports this position by documenting its wholesome psychological impacts on the integrated treatment of medicine and psychology as an all-purpose treatment model. It will also involve an orderly change in how the cancer care is organized and funded, not merely by incorporating mental health services into the existing medical care.

The research-identified psychological issues must be taught to medical professionals (Zomerdijk et al., 2023). Knowledge of emotional adjustments, rearranging identities, relationship developments, and growth and development are a few problems resulting from the learning that can help all caregivers offer them better care. This education should be offered to nurses, physicians, social workers, and others who handle cancer patients.

It is necessary to broaden the assessment approaches to introduce some questions related to identity, meaning, and growth rather than make a specific choice in favour of concentration on depression and anxiety symptoms (Stiefel et al., 2024). This kind of long assessment would help identify the possibility of a positive intervention and distress management. The instruments that the healthcare providers need are not for treating psychological problems but for positive adaptation and development.

Insurance should be offered to support all cancer patients through the psychological support they receive during their treatment and survival (Bergerot et al., 2024). The psychological adaptation is dynamic, and therefore, one may need support during the acute treatment and eventually. This coverage should assume various ways of psychological support, including peer programs, creative therapies, and family counselling.

Cancer care quality measures would address psychological and medical measures to ensure that the healthcare systems address the entire spectrum of patient needs (Hughes et al.,

2024). Patient satisfaction, psychological adaptation, and quality of life are also indicators that can be used to evaluate cancer care. These would stimulate the healthcare systems to invest in the psychological support services.

6.7 Policy and Societal Implications

The costumes allude to the cancer policy and cancer experience in the population. The general education regarding cancer should be in the form of information regarding psychological adaptation and development instead of the medication and the outcome of survival. The outcome of such overall education will be the decrease of the stigma load and empowerment of the cancer patients and their family members. The cancer care advocacy agencies should consider the element of psychology in support and awareness campaigns. The anticipated benefit is that one is aware of emotional adaptation, identity formation, and even development, giving such organizations limited support and education opportunities. The findings reveal that the survivor accounts should focus on the psychological accounts alongside the medical accounts. The priorities in research funding ought to incorporate the studies in psychological adaptation and meaning-making instead of concentrating on the medical treatment research. The results indicate that the psychological experience has a significant impact on the quality of life and recovery among cancer patients. Furthering this study may result in better psychological intervention and support methods.

6.8 Future Research Directions

Future studies must be conducted by tracking patients over prolonged durations to ensure they know how psychological adjustment develops throughout survivorship. Longitudinal research would be able to show whether the themes found in this study would be consistent or alter as patients become more distant in their experiences of diagnosis and treatment. The psychological themes must be studied in cross-cultural research to investigate the differences among various cultural settings and health care systems. Cultural aspects are likely to affect the experience and

meaning-making of cancer diagnosis among people. The knowledge of these differences would be used to determine culturally suitable psychological interventions.

The intervention research question should answer the following: Do the psychological support programs based on these phenomenological insights treat the patients better than the standard care treatment? It is applicable in testing programs with a particular identity reconstruction, meaning-making, and peer support to assist psychological adaptation. Research on families and caregivers can be conducted to derive the impacts of psychological issues on patients and their immediate families. The psychological adaptation of families could be a guiding variable for the clinics in treating families instead of simply treating a sick person.

6.9 Reflections on the Research

This phenomenological study will provide me with plausible ideas of positivity and courage of the cancer patients facing terminal illness. The sincerity and frankness of the patients who shared their videos about their experiences were phenomenal since they could share some of the hardest things in life. They are willing to share their struggles and progress and offer hope and guidance to fellow citizens in the same condition. Due to the research process, I realized, in my case that the voices and experiences of patients must be listened to, as opposed to making assumptions about what those who live with cancer need and how they adapt psychologically. Not even the resulting themes were as could likely be foreseen in accordance with a particular medical or psychological theory, proving that the phenomenological approach is not entirely worthless in explaining the complex human phenomena.

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APPENDIX

Appendix A: Ethical Considerations Documentation

A.1 Ethical Approval Statement

This research utilized publicly available video materials where participants had provided consent for educational and research purposes. No additional ethical approval was required as the study involved secondary analysis of existing public content. All participant identities have been protected through the use of pseudonyms and removal of identifying information.

A.2 Consent Considerations

All videos analyzed were:

- Publicly available on educational platforms
- Created with participant consent for sharing
- Used for educational or advocacy purposes
- Accessed through legitimate medical library sources

A.3 Confidentiality Measures

- No real names used in analysis
- Video sources not specifically identified
- Demographic information generalized
- Direct quotes used with permission understanding

Appendix B: Detailed Thematic Analysis

B.1 Complete Thematic Framework

Table B.1: Full Thematic Structure with Sub-themes

Superordinate Theme	**Subordinate Themes**	**Key Concepts**	**Participant Examples**

Emotional Disruption and Adaptation	Initial Shock and Disbelief	Trauma response, reality denial, physical reactions	24 participants (92.3%)
	Fear and Anxiety Management	Death anxiety, treatment fears, uncertainty	22 participants (84.6%)
	Emotional Processing Over Time	Fluctuation, acceptance, peer support	19 participants (73.1%)
Identity Reconstruction and Meaning-Making	Changed Sense of Self	Body image, role changes, authenticity	21 participants (80.8%)
	Questioning Life Purpose	Value examination, priority shifts, legacy	18 participants (69.2%)
	Finding New Meaning	Service, creativity, spirituality	16 participants (61.5%)
Social Connection and Support	Family Relationship Changes	Role shifts, communication, closeness	20 participants (76.9%)
	Friendship and Social Impacts	Support revelation, activity changes, workplace	17 participants (65.4%)
	Healthcare Provider Relationships	Trust, communication, nursing support	15 participants (57.7%)
Resilience and Growth Processes	Developing Coping Strategies	Physical activity, creativity, information management	23 participants (88.5%)
	Discovering Inner Strength	Surprise, pride, uncertainty tolerance	19 participants (73.1%)

	Helping Others and Advocacy	Peer support, fundraising, meaning transformation	14 participants (53.8%)

B.2 Coding Examples

Table B.2: Sample Coding Process

Original Quote	Initial Code	Interpretive Code	Theme Assignment
"I just sat there in complete shock"	Shock response	Acute trauma reaction	Emotional Disruption - Initial Shock
"I felt like a different person entirely"	Identity change	Self-concept disruption	Identity Reconstruction - Changed Self
"My wife suddenly became my caregiver"	Role reversal	Family system adaptation	Social Connection - Family Changes
"I had strength I never knew existed"	Strength discovery	Resilience recognition	Growth Processes - Inner Strength

Appendix C: Participant Information

C.1 Detailed Demographics

Table C.1: Extended Participant Demographics

Characteristic	Frequency	Percentage	Notes
Age Distribution			
18-25 years	2	7.7%	Young adult experiences
26-35 years	2	7.7%	Early career impact
36-45 years	4	15.4%	Family responsibility stage
46-55 years	4	15.4%	Mid-life considerations
56-65 years	10	38.5%	Pre-retirement concerns
66+ years	4	15.4%	Later life adaptation

Cancer Stage Information			
Stage I-II (Early)	9	34.6%	Better prognosis group
Stage III (Advanced)	8	30.8%	Treatment intensive
Stage IV (Metastatic)	5	19.2%	Advanced disease
Unknown/Not specified	4	15.4%	Stage not mentioned
Treatment Types Mentioned			
Surgery only	3	11.5%	Localized treatment
Chemotherapy	15	57.7%	Systemic treatment
Radiation therapy	8	30.8%	Targeted treatment
Immunotherapy	4	15.4%	Newer treatments
Multiple treatments	18	69.2%	Combined approaches

C.2 Video Source Categories

Table C.2: Video Content Sources

Source Type	**Number**	**Length Range**	**Content Focus**
Medical library documentaries	8	20-45 minutes	Educational content
Patient advocacy videos	6	5-15 minutes	Awareness raising
Personal testimony recordings	12	3-25 minutes	Individual experiences

Appendix D: Research Instruments

D.1 Interpretative Phenomenological Analysis Framework

Analysis Steps Used:

1. **Reading and Re-reading**: Multiple viewings of each video
2. **Initial Noting**: Descriptive, linguistic, and conceptual comments
3. **Developing Emergent Themes**: Identifying patterns within each case
4. **Searching for Connections**: Clustering themes within cases

5. **Moving to Next Case**: Repeating process for all participants
6. **Looking for Patterns**: Identifying themes across cases
7. **Taking it to a Deeper Level**: Developing superordinate themes

D.2 Quality Criteria Applied

Table D.1: Phenomenological Quality Measures

Quality Criterion	Application in Study	Evidence
Sensitivity to Context	Video context considered	Source types analyzed
Commitment and Rigour	Systematic analysis process	Multiple analysis cycles
Transparency	Clear methodology description	Detailed procedures reported
Coherence	Logical theme development	Consistent narrative
Impact and Importance	Practical implications	Clinical recommendations

Appendix E: Additional Analysis Results

E.1 Theme Frequency Analysis

Table E.1: Theme Co-occurrence Patterns

Theme Combination	Frequency	Percentage	Significance
Emotional Shock + Identity Change	19	73.1%	Common pattern
Fear + Family Changes	16	61.5%	Stress impacts relationships
Identity Change + New Meaning	14	53.8%	Growth trajectory
Coping + Inner Strength	18	69.2%	Resilience development
New Meaning + Helping Others	12	46.2%	Service orientation

E.2 Temporal Patterns

Table E.2: Themes by Treatment Stage

Treatment Stage	Most Common Themes	Percentage
Newly Diagnosed	Emotional Shock (100%)	Family Changes (83%)

During Treatment	Fear Management (88%)	Coping Development (100%)
Post-Treatment	Identity Reconstruction (86%)	New Meaning (71%)
Advanced Disease	Inner Strength (80%)	Helping Others (60%)

Appendix F: Methodological Considerations

F.1 Data Saturation Assessment

Table F.1: Theme Emergence Pattern

Video Number	New Themes Identified	Cumulative Themes
1-5	8	8
6-10	3	11
11-15	1	12
16-20	0	12
21-26	0	12

Note: Thematic saturation achieved by video 16

F.2 Analytical Reflexivity

Researcher Position Statement: The researcher approached this analysis as an outside observer without personal cancer experience. This position provided objectivity but required careful attention to authentic representation of participant experiences. Regular consultation with cancer survivors during analysis helped maintain fidelity to participant meanings.

Potential Biases Considered:

- Selection bias toward articulate participants
- Cultural bias toward English-speaking populations
- Temporal bias toward specific time periods
- Platform bias toward video-comfortable participants

Appendix G: Clinical Applications

G.1 Screening Tool Development

Table G.1: Suggested Psychological Assessment Areas

Assessment Domain	Key Questions	Clinical Utility
Emotional Adaptation	How are you processing the diagnosis emotionally?	Identify support needs
Identity Impact	How has cancer changed how you see yourself?	Address identity work
Social Support	How have your relationships changed?	Strengthen support systems
Meaning-Making	What meaning do you find in this experience?	Foster growth opportunities
Coping Strategies	What helps you manage cancer stress?	Build on existing strengths

G.2 Intervention Recommendations

Table G.2: Theme-Based Intervention Approaches

Theme	Recommended Interventions	Implementation Notes
Emotional Shock	Immediate psychological first aid	Within 48 hours of diagnosis
Identity Changes	Narrative therapy approaches	Ongoing throughout treatment
Family Impact	Family counseling services	Include caregivers
Growth Processes	Strength-based interventions	Focus on capabilities
Peer Support	Formal mentoring programs	Match by cancer type/stage

Appendix H: Limitations and Future Directions

H.1 Study Limitations Summary

Methodological Limitations:

- Cross-sectional video analysis
- English-language content only
- Self-selected participant pool
- Variable video quality and length

Scope Limitations:

- Focus on psychological aspects only
- Limited demographic diversity
- Single data source type
- No longitudinal tracking

H.2 Recommended Future Research

Table H.1: Research Priority Areas

Research Area	Methodology	Expected Contribution
Longitudinal Adaptation	Follow patients over 2+ years	Track psychological changes
Cultural Variations	Multi-cultural phenomenology	Inform diverse care approaches
Intervention Testing	Randomized controlled trials	Test theme-based interventions
Family System Impact	Family-focused studies	Understand system-wide effects
Healthcare Provider Training	Pre-post training evaluation	Improve provider skills