
RESILIENCE AND PSYCHOLOGICAL WELLBEING AMONG CANCER PATIENTS**Dona Rainson and *Dr. Rema, M.K.**

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Abstract

In this millennium cancer has become an inevitable chronic disease. Cancer comes along with physiological and psychological barriers in an individual's life. Cancer diagnosed patients with low resilience and psychological well-being has seemed to be struggling with emotional instability and having difficulty in having coping with its physiological effects and psychological effects. The purpose of the study was to identify the relationship between resilience and psychological well-being among cancer patients and to find out the factors that influence resilience. 16 participants were participated in this study. Karol Ryff's psychological well-being questionnaire (1989) and Heather's resilience questionnaire (1984) were used. The statistical analysis was undertaken by Spearman correlation and regression analysis. Thematic analysis also used to generate themes from interviewed data. The result of the study reveals that, there is a positive relationship between resilience and psychological well-being among cancer patients. And fifteen themes were generated from the interviewed data.

Keywords: Resilience, Psychological Well being, Cancer patients, thematic analysis.

INTRODUCTION

Cancer is a life-threatening disease that affects almost every part of the body. If the body affects cancer, some of the cells start dividing without stopping and spreading into the tissues around them. Cancer can start anywhere in the body; no particular organ or tissue is present. Cancer cells differ completely from normal cells, they grow. If the body experiences cancer, some of the cells start dividing without stopping and expanding into the tissues around them. Cancer can start anywhere in the body; no particular organ or tissue is present. Cancer cells differ completely from normal cells, they grow out of control. Cancer is a genetic disease, apart from how it functions, as changes occur in our chromosomes. Cancer cells lack the components to allow them to stop dividing and die. As a result, they build up in the body, consuming oxygen and nutrients which would normally feed other cells. Cancer cells can form tumors, damage the immune system, and because other changes that prevent normal functioning of the body. Cancer cells can occur in one region and then spread through the lymph nodes. Just listening to the doctor saying the word cancer can have a profound effect on a person. A cancer diagnosis begins a long journey that can affect physical health, emotional well-being, and loved one's relationships. Patients should not ignore the emotional problems associated with cancer when receiving treatment for the physical aspects of cancer. Due to cancer and cancer treatment, the political, social and physiological circumstances of a patient can change. It is important to have a positive outlook and to understand that cancer can affect many aspects of life. Patients shouldn't be afraid to tell their doctor how they feel, particularly when there are concerns. Studies have shown that cancer care doctors misinterpret a patient distress or psychological disorders as much as 35% of the time (emotional and psychological effect of cancer, 2019). Many people feel uncomfortable receiving therapeutic help because they feel it is only for people who are vulnerable or unreasonable.

The brain is like any other organ; diseases can affect the brain in other parts of the body and affect the individual's well-being. If there are adjustments that cause discomfort or unhappiness, it is important to seek treatment from a medical professional. Males and cancer of breast and oral cavity account for 25% cancers in females. The top five cancers in men and women account for 47.2% of all cancers; these cancers can be prevented, screened for and/or detected early and treated at an early stage. This could significantly reduce the death rate from these cancers (Cancer statistics, 2020).

Need and significance of the study

Cancer is very common chronic disease in our society. When people are diagnosed with cancer, society always shows sympathy towards them. Most of the time this negatively affect the patient and leads to low mood, low confidence and other personal issues. But if the person is having high level of resilience, they won't feel low. They can cope up with any kind of situation. Then, if we found out what are the factors that influencing resilience, it is applicable to other cancer patients also. it helps to understand doctors, family members and cancer patients to improve their all areas in a positive way and to be happy. Doctors can ask the patients to practice or try to improve these factors that increase the resilience.

REVIEW OF LITERATURE

In an interesting study by Tuna Lundberg (2019), it reveals that the young adults who lost their parent to cancer experienced poor psychosocial well-being in bereavement, such as many reporting symptoms of anxiety, low levels of life satisfaction, and feelings of loneliness and being different from their peers. In addition, a low expectancy of the parent's death was found, which may have influenced their psychosocial well-being. There were few and minor improvements of psychosocial well-being over the first 18 months after the loss. Furthermore, higher levels of self-esteem seem to be of importance for the young adults as this was associated with less symptoms of anxiety and depression. This study also finds

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out the factors that influencing psychological wellbeing such as self-esteem, sharing their feelings and sorrows with their friends and family members, and also the strong belief in meaningful future. And it also finds that young adults who have good psychological well-being are resilient also. Koran, Azmi (2019) conducted a study on relationship between social capital and psychological wellbeing cancer patients, in this study they found that resilience can reduce the stress and improve the quality of life among cancer patients. The role of psychological well-being and social capital is separately studied in this research. The study reveals that there is a significant positive relationship between psychological wellbeing and resilience. The study found that social capital and psychological wellbeing has high relation with resilience in cancer patients. And they suggested that by developing appropriate interventions on psychological well-being and social capital, it is possible to improve the cancer patients' resilience and also strengthening resilience in cancer patients with emphasize on the effects of improving psychological well-being and social capital on resilience.

In a study conducted by Stefan Perk (2019), on which the way is strength used by cancer survivors to self-manage their problems in order to maintain and increase their well-being. This study showed that supportive relationships and spending time in the nature the most frequent external strengths, which helped to increase the cancer survivor's well-being. And they explained how strengths were used to self-manage the problems of cancer survivors. These strengths were either used independently or as a foundation of self-management strategies. Furthermore, were strengths used to change maladaptive perspective and behaviors into a more adaptive one in order to manage physical and psychological problems and increase resilience. A study conducted by Gao and Yuan (2019) on Resilience and associated factors among Chinese patients diagnosed with oral cancer. In this study they found that, resilience was positively correlate with optimism, hope and perceived social support negatively correlate with perceived stress Patients with oral cancer in China had moderate level of resilience.

Research gap

There are a lot of people studied about the resilience among cancer patients, but studies with both the variable are less. Most of the people are only considering female patients with cancer, in this study, both male and female are considered. There is no study about these factors from this particular geographical area.

METHODS

Research design: The present study is a non experimental correlational research design using mixed method of analysis.

Statement of the problem: The aim of the undertaken study was to find out the relationship between resilience and psychological well-being among cancer patients. The specific objective is to determine the factors that influencing the resilience of a person with cancer.

Objectives of the study: Previous literature focuses mainly on the psychological well-being or the resilience of the cancer patients individually.

1. To assess the Psychological well-being and Resilience of the cancer patients
2. To find out the relationship between resilience and autonomy.
3. To investigate the relationship between resilience and environmental mastery.
4. To investigate the relationship between resilience and personal growth.
5. To find out the relationship between resilience and positive relations.
6. To find out the relationship between resilience and purpose in life
7. To find out the relationship between resilience and self-acceptance.
8. To find out the significant prediction of resilience on psychological well- being.
9. To investigate what are the factors that influencing resilience.

Hypotheses

- H₀1: There will be no significant relationship between resilience and psychological well-being.
- H₀2: There will be no significant relationship between resilience and autonomy.
- H₀3: There will be no significant relationship between resilience and environmental mastery.
- H₀4: There will be no significant relationship between resilience and personal growth.
- H₀5: There will be no significant relationship between resilience and positive relations.
- H₀6: There will be no significant relationship between resilience and purpose in life.
- H₀7: There will be no significant relationship between resilience and self- acceptance.
- H₀8: there will be no significant prediction of resilience and psychological well-being.

Operational Definition

- **Resilience:** Resilience refers to the person's ability to revert to the normal situation, after a stressful or traumatic event. It is the ability to dealing with stress successfully. It is the resistance to illness and adapting the new situation and accepting the changes that happens with them.
- **Psychological wellbeing:** Psychological well-being is the person's positive attitude towards life or the positive relation with others. How well a person is handling the difficult situation in an optimistic manner. It includes individual growth, self-acceptance, a sense of autonomy, a goal-oriented life and a positive outlook towards a person's overall life situations.

Variables

Resilience
Psychological wellbeing

Demographic Variables

Gender: Male, Female Age: 40 -70
Education: Degree, pre – degree, 10th grade and below

Universe of the study: Population of the current study is the cancer patients in India.

Geographical Area: Kerala, Wayanad

Sampling Distribution

Inclusion criteria

- People who are diagnosed with cancer.
- Any cancer patients who can read and respond to the questionnaire.
- Cancer patients of all the ages.

Exclusion criteria

- People who are diagnosed with other serious illness.

Sample and Techniques

The study was carried out in 2019- 2020 after surveyed cancer patients of both the gender from different palliative care units in Kerala, Wayanad. Purposive sampling method and semi structured interview technique was used to collect data. The criteria for the selection of clinical group include, gender (both male and female), people with cancer diagnosis and undergone through treatment (chemo) and each participant has hospitalized experience before conducting the study. As many as 16 people diagnosed with cancer specified in their medical records and who had undergoing through chemo, radiation therapy and those who have done surgery also included in this study. Most of the respondents were over 40 years, and breast cancer is common in the population.

Procedure

- The questionnaires were given to the subjects.
- The questionnaires were taken back and scored according to the norms.
- Interviewed all the 16 participants, recorded their data. By analysing these data, codes were categorised using described coding. Then generated the themes, and it divided into organised themes and sub themes. Then defined the themes with participant's verbatim.

Research ethics followed

1. Informed consents
2. Respect for privacy
3. Confidentiality
4. Voluntary participation
5. Beneficence

Tools for the study: Ryff's psychological wellbeing scale, Developed by Carol Ryff (1989) and Heather's resilience questionnaire (1984).

Statistical analysis: Descriptive statistics, Spearman correlation, Regression analysis.

ANALYSIS AND DISCUSSION

Present study focuses on the relationship between resilience and Psychological well-being among cancer patients. 16 participants were participated in this study. People from different age group, both male and female and from different socio economic back ground participated in this study.

Table 1. The frequency distribution and percentage of gender, age group and types of cancer

Characteristics	Frequency	Percentage
Gender : Male	6	37 %
Female	10	62%
Age group: 40-50	5	31%
50-60	7	43%
60-70	4	25%
Types of cancer:		
Breast cancer	7	43%
Testis cancer	1	16%
Eye cancer	1	16%
Throat cancer	3	18%
Lung cancer	3	18%
Stomach cancer	2	12%

Table 1 shows the frequency distribution and percentage of gender, age, and types of cancer. From this table, it is clear that out of 16 participants 10 were female and 6 were male. Most of the people are from the age group of 50-60, 5 people are from the age group of 50-60, and 4 people are from the age group of 60-70. According to statistics 43% of participants are affected by breast cancer, 18 % of the participants are affected by throat cancer and lung cancer, 12 % participants are affected by stomach cancer, and 6 % of the participants are diagnosed by testis cancer and eye cancer.

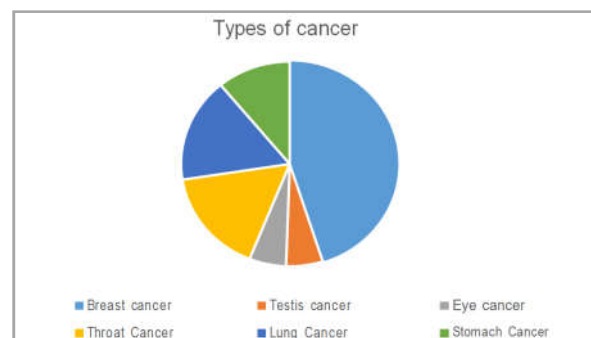


Table 2. The descriptive statistics of resilience and psychological well-being among cancer patients

Descriptive Statistics	N	Minimum	Maximum	MEAN	SD
Resilience		93	172	137.06	19.42
Psychological Well being	16	117	189	162.31	18.55

According to table 2, it is observed that 16 cancer patients were participated in the study. The minimum score obtained by the subject in resilience and psychological well-being are 93 and 117, and the maximum scores are 172 and 189 respectively. mean and standard deviation of resilience score are 137.06 and 19.42. The mean and standard deviation of psychological well-being score are 162.31 and 18.55. Which shows that group has average level of resilience and psychological well being. The mean score indicates that, the resilience and psychological well-being of the group is average.

Table 3. The descriptive statistics of resilience and autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance among cancer patients

Descriptive Statistics	N	Mean	SD
Autonomy		21.75	5.38
Environmental mastery		27.69	5.33
Personal growth		24.25	4.48
Positive Relations		29.25	4.09
Purpose in life		27.69	4.97
Self-acceptance		31.69	5.95

Table 3 shows the descriptive statistics of the sub dimensions in psychological well-being scale. It is observed that 16 cancer patients were participated in this study. The mean scores for autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance are, 21.75, 27.69, 24.25, 29.25, 27.69 and 31.69. The standard deviation scores are 5.38, 5.33, 4.48, 4.09, 4.97, and 5.95 respectively.

Objective 1: To assess resilience and psychological well-being among cancer patients.

H₀₁: There will be no significant relationship between resilience and psychological well-being.

Table 4. The correlation between resilience and psychological well-being among cancer patients

Variables	N	r	Sig. (2-tailed)
Resilience	16	.615	.011
Psychological Well being			

*. Correlation is significant at 0.05 level (2-tailed).

Table 4, shows the Spearman correlation between resilience and psychological well-being among cancer patients. The Spearman correlation was found to be .615, and the 2 tailed value is .011 which is ($r = .615, P = .011 < 0.05$). Hence there was a significant positive correlation between resilience and psychological well-being among cancer patients. So, the null hypothesis was rejected and alternate hypothesis was accepted. In a study conducted by Annina and Josef also shows the results that resilience and post traumatic growth can be modified through psychological well being. Resilience is an important area for cancer patients because it may provide a protection against the negative effects of stress by lessening or absorbing the shock of a cancer diagnosis, the impact of aversive events, and related life changes and thus improve mental health and treatment outcomes. (Annina, 2019).

Objective 2: To find out the relationship between resilience and autonomy.

H₀₂: There will be no significant relationship between resilience and autonomy.

Table 5. The correlation between resilience and autonomy

Variables	N	R	Sig. (2-tailed)
Resilience	16	.201	.454
Autonomy			

According to table 5, the correlational value is .201. Which indicates that there is no correlation between resilience and autonomy. The significance value is .454, which is greater than 0.05. So, the correlation is not found between these variables. And the null hypothesis is accepted.

Objective 3: To investigate the relationship between resilience and environmental mastery.

H₀₃: There will be no significant relationship between resilience and environmental mastery.

Table 6. The correlation between resilience and environmental mastery

Variables	N	R	Sig. (2-tailed)
Resilience Env. mastery	16	0.3	.185

The Spearman correlation analysis shows the correlation coefficient as .349. The sig (2 tailed) value is .185, which is greater than 0.05. Which indicates that there is no significant correlation between resilience environmental mastery. Which can be concluded that there is no role for resilience to improve the environmental mastery, which clearly indicate that, the null hypothesis is accepted.

Objective 4: To investigate the relationship between resilience and personal growth. H₀₄: There will be no significant relationship between resilience and personal growth.

Table 7. The correlation between resilience and personal growth

Variables	N	R	Sig. (2-tailed)
Resilience	16	.137	.612
Personal growth			

Table 7 shows the correlation between resilience and personal growth among cancer patients. The correlational value is .137, and the Sig (2 tailed) value is .612. which indicates that there no correlation between variables. Which means, resilience doesn't help to increase the personal growth of the participant. Which can be conclude that the null hypothesis is accepted.

Objective 5: To find out the relationship between resilience and positive relations.

H₀₅: There will be no significant relationship between resilience and positive relations.

Table 8. the correlation between resilience and positive relations

Variables	N	R	Sig. (2-tailed)
Resilience			
Positive relations	16	.707	.002

** Correlation is significant at the 0.01 level (2-tailed).

Table 8 shows the correlation between resilience and positive relations. The Spearman correlation value is .707 and sig (2 tailed) is .002. Which is (< 0.01) It is observed that, there is a significant positive correlation between these variables and also, resilience enhances the positive relations of the participants. Which indicate that, the null hypothesis is rejected and the alternate hypothesis is accepted.

Objective 6: To find out the relationship between resilience and purpose in life

H₀₆: There will be no significant relationship between resilience and purpose in life.

Table 9. The correlation between resilience and purpose in life

Variables	N	R	Sig. (2-tailed)
Resilience	16	.219	.415
Purpose in life			

According to table 9, the Pearson correlational value is .219 and the sig (2 tailed)

Value is .415. Which indicates that, there is no significant correlation between resilience and purpose in life and the null hypothesis is accepted.

Objective 7: To find out the relationship between resilience and self-acceptance.

H₀₇: There will be no significant relationship between resilience and self-acceptance.

Table 10. The correlation between resilience and self-acceptance

Variables	N	R	Sig. (2- tailed)
Resilience	16	.241	.368
Self-acceptance			

Table 10 shows the relationship between resilience and self-acceptance among cancer patients. The Spearman correlation is .241, and the significant value is .368 which is (>.368). Which indicate that, there is no relationship between these variables. So, we can conclude that the null hypothesis is accepted.

Objective 8: To find out the significant prediction of resilience on psychological well being

H₀₈: there will be no significant prediction of resilience and psychological well-being.

Table 11. shows linear regression prediction of resilience and psychological well being

Variables	B	SE	Beta	t	P
Psychological Well being	.430	.315	.34	1.36	.193

Dependence variable: resilience R² = .118, adjusted R² = .055 (p<.001).

Table 11 shows the regression results of resilience and psychological well-being. From this table, it was verified that resilience can be predicted in terms psychological

Well-being of the participant. The results revealed a positive association of resilience 11.8% of dependency is predicted.

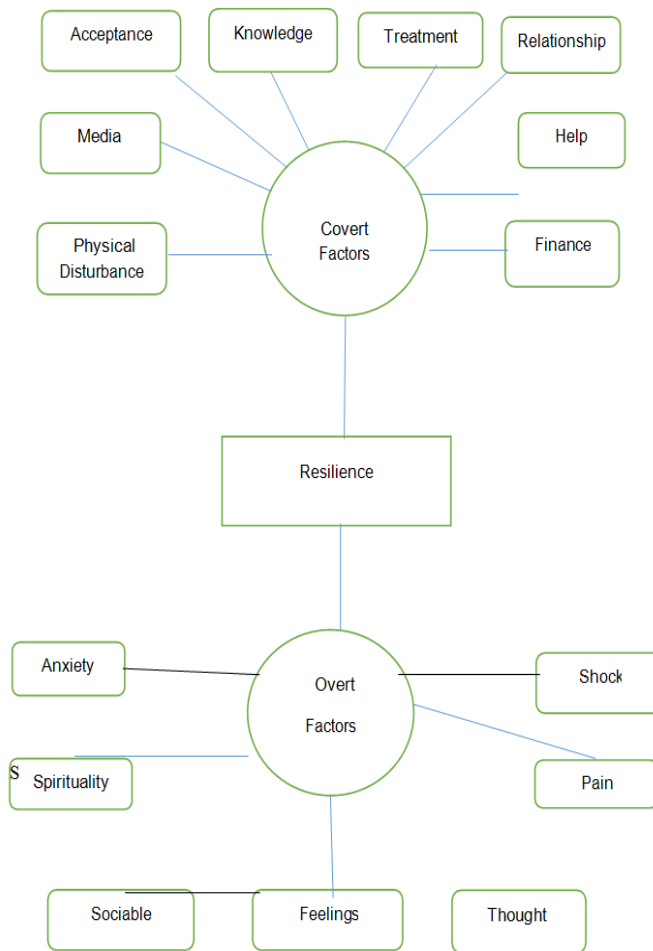
From these results we can understand that, there is a positive relationship between resilience and psychological well being among cancer patients. When we analyze the relation between resilience and other sub dimensions of psychological well-being, it is showed that only positive relations are accepting the alternative hypothesis, all other sub dimensions like autonomy, environmental mastery, personal growth, purpose in life and self-acceptance. From regression analysis, it is understood that, there is 11.8% of dependency for resilience in psychological well-being.

Qualitative Analysis: The aim of the qualitative study was to find out the factors that influence resilience of cancer patients. It improves the accuracy and validity of the data. It helps to get a deep understanding about the data which we collected from participants. In qualitative people mostly express their opinions or feelings, it gives a better idea about particular situation. Thematic analysis was used to generate themes from interviewed data. It gives a clear structure about patient's opinions, ideas, and views. The themes generated from the interview were physical disturbance, media, acceptance, knowledge, treatment, relationship, help, finance, anxiety, spirituality, sociable, feeling, thoughts, pain and shock. These are the factors that influence the resilience of cancer patients.

Physical disturbances: This theme clearly expresses participant's difficulty in their body, during this illness and after this illness. Commonly include nausea, sleep, fatigue, hair loss, weight loss, asthma etc. these are some of the physical disturbances which almost all the cancer patients going

through. Removal of certain body part also a major physiological disturbance. When a person affected with cancer, his physical strength become weaker easily. And some people become bedridden, and some are having the fear that, will they become bedridden after this disease.

Thematic representation of factors that influence resilience



“I feel pain in my breast, after 5 months, on July 6 I found a lump in my armpit. And I feel tired often. I can't do any work without the help of others.” (Pt 1)

Media

After the treatment or after diagnosing with cancer, family members restrict them from doing work or other things. So, they don't have much work in their home, for them, the only way to spend time is to watching movies in the whole day, watching religious programs, news, songs, reading newspaper and all. Media presence decreases their feeling of loneliness and at some point, they will be satisfied. But they have also questioned how many times we should watch television in a day, some people feel tired by watching television after two or three hours.

“I used to watch movies, and news on TV. I have no other work in the whole day. Morning I watch different news channel, then only we can understand, how each channel is approaching a particular issue. After that, by 11 '0' clock and all I watch movies, which helps me to be happy and to be lively.it gives more pleasure than sitting alone or being in bed.” (Pt16).

Acceptance

One of the main factors which influence resilience is acceptance. If a person ready to accept, what is going through his life, the person gets the courage and confidence to fight with this illness

Relationships

Relationship between family and friends plays a major role in in this situation. It can affect the patient in a positive and negative way. Some patient got very good support from their husband or wife, from their children and their family members, they are the one who given them the emotional support and courage. Especially the support of life partner helps the patient to cope up with this situation. But, in case of some patients, family members and friends refused to look after them after diagnosing with this illness. Some people avoid them. It affects the patient emotional stability on that time.

“My family and my children taken care of me well. But my father and mother don’t even call me once or never asked about my situation, or how I feel now and all, when I think about this I feel down. But my children’s constant support gives more courage and strength. But now I am ok. I am happy now, if you say you are going to die today, I am happy to die now.” (Pt1).

Knowledge: The knowledge about cancer is very important, initially when a person is diagnosed with cancer, it will be a shock for them. But, if the patient is having prior knowledge about this illness, they will not feel empty or they won’t worthless. When interviewing the patient, very few of them talked about prior knowledge about cancer, and they told that, it help them to understand the situation in a better way, and it increase their confidence and it helps to believe them that, cancer is cure able if we get a proper treatment ontime.

“I haven’t felt anything first hear this. I found this in the beginning itself, so we don’t feel much difficulty. I have the knowledge about this illness. So, I believed that we can cure this in the beginning itself.” (Pt15).

Treatment: Chemotherapy, radiation, and surgery are the most common treatment method for cancer. It has side effects also. Chemo therapy leads to hair loss, fatigue, weight loss, nausea and other symptoms. Radiation therapy leads to skin problems like dryness, itching, blistering and through surgery removal of body parts like breast and for removing tumors. It helps the treatment better and decrease the severity of the disease. These treatments affect patient’s confidence and some people don’t feel comfortable to go out after chemotherapy and all. Because they have a difficulty to accept their current body image, like without hair, or without breast. Some patients told about suicidal ideation, because of the pain during chemo therapy. They feel so worthless andhelpless.

“After inducing chemotherapy, I have a problem of forgetfulness and asthma. I don’t feel that one part of my body is lost. Before I am diagnosing with this disease, I never even affected with fever or any other diseases, and I used to do all the works. But after chemo, I will become more tired easily, I can’t understand the real taste of food which I am eating. I never become complete healthy afterchemo.”

“It was so paining. Suicidal thoughts also came in my mind after surgery, because of the pain. The paining is more than that we can imagine.” (Pt3)

Finance: Finance is the one of the main things we need when a person is affected cancer. Because the treatment of the cancer is too costly. Surgery, radiation, chemo therapy, and other medications, these all need high amount money. Sometimes, because of this issue some people don’t get proper treatment on time. Even if we get free treatment from government hospitals, some medications are not free, people have to pay huge amount of money. This affects people from poor family background. Some government schemes and palliative care units are ready to help this kind of people who are struggled to get treatment and struggled to pay for medications. Because this financial treatment, some people don’t go for treatment for a longer period of time. But for some people, they will get financial support from their community, family members, and via some trust and all. But not people are getting these benefits.

“My family members help me a lot. They had given me money for radiation and other treatments.” (Pt 1).

“My neighbors help me for my treatment and other things financially, and I have got some financial help from government also.” (Pt 5).

Anxiety: Almost all the cancer patients have anxiety issues. It is mostly based on their treatment. Some people keep on thinking that they won’t be able to come back to the normal life style after cancer treatment. They feel very insecure in the society. And cancer patient has excessive worry about their family and children. They have tension that who is going to taking care of their family, if something happens to him. And patient always worry about their job also, if he is quitting from current job, will he be able to get into another job and all.

“I have an excessive worry that how I am going to live? How I am going to suffer my pain? Who will be there with me? Sometimes it won’t cure, at that time will I became bed ridden? What is point of living with this illness? Who will be taking care of my family? These all kind of tension came in my mind.” (Pt 2).

Spirituality: This theme captured patient’s intense feeling of connectedness with god or other superior power. In one point of time, most of the patients lost their trust in medicine, gradually they turn into prayers, bible reading, reciting rosary and other religious activities. It gives them more relief, courage, gives them the strength to fight against this illness. It helps people to see the life in a more positive way and more optimistic way. And people believed that prayer have the power to heal their disease.

“I starts to watch Shalom Channel, I starts to pray more than I prayed before, and I feel that I should go for a retreat” (Pt2)

“Prayer is the only thing helps me to cope with this situation. prayer must not be avoided from your life.it gives me more strength. I always have a bible with me. I used to recite rosary during free times.” (Pt3).

Sociable: When people diagnosed with cancer, others have a tendency to avoid them, or out over concern people will not involve them into activities. But sometimes it affects the

person in a negative way. It gives them the thought, they are affected with some serious illness, and gradually they will become an introvert person. Most of the patients told that they like to talk to people, interact with children, talk to people of their age, and like to tell their stories of how they are overcome in this situation. People around them or talk with them gives them more pleasure. Interpersonal interaction increase their confidence and they feel happier. Sometimes they feel uncomfortable, when they see lots of people around them, they have fear that, whether they are going to die or not.

“I like to talk with people who is in my age and hearing their stories is the main things, and I like to be with young children.” (Pt2).

Feelings: This theme shows each of the participant's emotional status after diagnosing with cancer. How they feel during the period of treatment, and how they feel while interacting with others, those who don't have illness. Sometimes they feel happy when interact with others, they feel relief when they talk with their friends and share their experiences and stress related problems. After diagnosing with this illness people get angry easily, even for small things, like watching movies, angry towards family members. They feel sad about their present situation and always feel depressed.

“I feel so disappointed when I hear this first, it was a shock for me.”

“I feel sad initially I hear that I am diagnosed with cancer. Because I have small children, they are studying, nobody is there to taking care of them, other than my husband and me. Then doctors who had treated me, given me the courage. I always have the worry that who will be taking care of children after me.” (Pt10).

Thoughts: This theme expresses, what are the things that comes in their mind after diagnosing with cancer. They always think about their family, they have an excessive worry that who will be taking care of the family, if something happens to the person who is affected with cancer. People have an excessive thinking that, will they die in a short span of time. Should they have to suffer a lot of pain during the time of treatment. Will it affect their physical body image, these all things often come in their mind?

“I felt that, because of me all are suffering. They don't have time to go for their work, I thought I become a burden in my family.” (Pt4)

Pain: This theme expresses the physical pain and emotional unease of patient with cancer. When people are undergoing through treatment like chemo therapy and radiation, they are experiencing a lot of physical pain. Some people told that, it is more than we can imagine, and difficult to control, someday the pain is too high and someday pain will be normal. People have to accept that pain is normal in cancer, and it is excruciating. The amount of pain in cancer based on the type of cancer, and based on the severity of cancer stage. Emotional pain is another factor which people are going through. Cancer affects the emotional health of the patient. And they deteriorate the overall well-being of the patient and added to their suffering from the condition. “I had gone through a lot of pain, especially after chemo. The pain after chemo and radiation is uncontrollable. But we have to accept the fact that we have to

go through this phase. I suffered a lot of pain after the treatment. I had difficulty in having food also. Treatment affects my eye sight, I used to have heavy headache almost all the days. I became weak mentally, because when people came to meet me, they start sympathizing, it decreases my courage positive attitude.” (Pt10).

Shock: Initially people hear that, people are diagnosed with cancer, they have shock. It is difficult for people to adjust. Because it is a chronic illness, and chance to completely cure this illness is also less compare to other illness. Patients usually thinks about their responsibilities and their family, while they're hearing this first.

“I was shocked when I heard this for the first time. And I feel sad. I worried about my daughters. I don't know what to do in that situation.” (Pt 2).

“I was taken aback to hear that I had cancer. My first thought was about how my family and friends would respond and also how would they approach me hereafter. I was disturbed with the thought if I would be able to complete all my pending responsibilities.” (Pt8).

Conclusion

- There is a positive relationship between resilience and psychological well-being among cancer patients.
- There no positive relationship between resilience and autonomy among cancer patients.
- There is no positive relation with resilience and environmental mastery.
- There is no positive relation with resilience and personal growth.
- There is a positive relation with resilience and positive relations.
- There is no positive relationship between resilience and purpose in life.
- There is a positive relationship between resilience and self-acceptance.
- The themes generated from the interviewed data, helps to improve the resilience of cancer patients.

Implications

This study has implications for the field of counselling and medical treatment area. When assessing the cancer patient's resilience and psychological well-being it helps to understand which all areas are used to improve, which all areas make them happy and the areas provide them a comfortable situation. And themes derived from the study help the other patients and families to get a better understanding about how to improve resilience.

Limitations of the study

- The study was limited in only in a particular area. The result may not be the same for other population.
- Also, resilience and psychological well-being scores are done by participants itself and that may have reporting bias. Participants may have answered the questions without reading also.
- In interview data, there are chances of manipulative answers.
- The sampling size was small.

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