A study on the mental health impact of cancer on patients and caregivers

A dissertation submitted to the Department of Social Work for the partial fulfilment of the requirement for the award of the Degree of Master of Social Work

SUBMITTED TO

Department of Social Work

MSSV, Guwahati Unit

SUBMITTED BY

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CERTIFICATE

I have the pleasure to certify that **Miss Alisha Kaur**, MSW 4th Semester student bearing Roll No: **MSW-04/23** with Registration No: **MSSV-0023-008-001082 of 2023**, MSSV has successfully completed the dissertation entitled **"A study on the mental health impact of cancer on patients and caregivers."**

She has made a successful completion of this research by her own.

I wish her bright future.

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CERTIFICATE FROM SUPERVISOR

This is to certify that **Miss Alisha Kaur,** student of MSW 4th Semester bearing Roll No: **MSW-04/23** with Registration No: **MSSV-0023-008-001082** of **2023**, MSSV, Guwahati Unit has successfully carried out her dissertation entitled **"A study on the mental health impact of cancer on patients and caregivers,"** as a researcher under my supervision and guidance for the partial fulfilment of the requirement for the award of the degree of **MASTER OF SOCIAL WORK (MSW).**

The work reported in this research has not been submitted elsewhere and the facts presented here are true to the best of my knowledge.

I wish her all the very best for her future endeavour.

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I, **Miss Alisha Kaur,** student of 4th Semester, Department of Social Work, (**Roll No. MSW 04/23** and **Registration No: MSSV-0023-008-001082 of 2023**), Mahapurusha Srimanta Sankaradeva Viswavidyalaya, Guwahati Unit, hereby declare that the research study titled " **A Study on the mental health impact of cancer on patients and caregivers**" is my original work under the guidance of **Dr. Arpita Das,** Assistant Professor, Department of Social Work, MSSV, Guwahati Unit., and that all sources used in the study have been properly cited and acknowledged.

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I confirm that all data collected for the research study has been obtained through ethical means, and that all participants involved in the study were informed about the purpose and nature of the research, and gave their informed consent to participate.

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ABSTRACT

Cancer is not only a life-threatening illness but also a deeply emotional and psychological crisis that affects both patients and their caregivers. This qualitative study explores the lived experiences of cancer patients and their primary caregivers in Guwahati, Assam, focusing on the mental health impact of the disease. Using a phenomenological approach, in-depth interviews were conducted with seven patients and their caregivers to capture the nuanced emotional, psychological, social, and financial challenges they faced throughout diagnosis, treatment, and recovery. The study is grounded in the Biopsychosocial Model, Stress and Coping Theory, and Existential Theory, allowing a holistic understanding of the experiences.

Findings reveal that fear, anxiety, sadness, helplessness, and financial strain were among the most commonly reported stressors. Caregivers often experienced emotional burnout and a heavy sense of responsibility, while patients struggled with body image, loss of control, and existential concerns. However, the presence of spiritual beliefs, family support, and faith-based coping mechanisms helped many participants maintain hope and resilience.

This study underscores the urgent need for integrated mental health services within cancer care, especially in resource-constrained regions like North-East India. It calls for a more empathetic, culturally sensitive approach to psychosocial oncology that includes both patients and caregivers in its care framework.

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CHAPTER I

INTRODUCTION

1.1 INTRODUCTION

According to **National Cancer Institute**,"Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body." Cancer is a disease where certain cells in the body grow uncontrollably and spread to other areas.It can begin anywhere in the body, which is composed of trillions of cells. Normally, cells grow and divide to create new cells as the body needs them. When cells age or get damaged, they die, and new cells replace them.However, sometimes this process goes uneven, and abnormal or damaged cells start growing and dividing uncontrollably. These cells can form tumours, which are clumps of tissue. Tumours can either be benign (non-cancerous) or malignant (cancerous). Malignant tumours can spread to nearby tissues or travel through the body to create new tumours, a process known as metastasis. While many cancers form solid tumours, blood cancers like leukaemia typically do not.Benign tumours, on the other hand, do not invade nearby tissues. If they are removedonce, they usually do not return, although they can sometimes grow large and cause significant symptoms or even be life-threatening, such as in the case of benign brain tumours.Cancer is a serious illness that affects millions of people around the world. There are many different types of cancer, such as breast cancer, lung cancer, blood cancer, and cervical cancer, each with its own causes, symptoms, and treatments. Cancer not only affects the body but also has a deep impact on a person's mind, emotions, relationships, and daily life.

1.2 OPERATIONAL DEFINITION

- **CANCER:**Cancer is a disease where abnormal cells grow uncontrollably and may spread to other parts of the body. It can start anywhere in the body and can form tumours, which can be cancerous (malignant) or non-cancerous (benign). Cancerous tumours invade nearby tissues and may spread to distant areas (metastasize), while benign tumours do not. Benign tumours can be large and cause problems but usually don't grow back after removal.
- **MENTAL HEALTH:** According to WHO, Mental health is a state of mental well being that enables people to cope with the stresses of life, realise their abilities , learn well and work well and contribute to their community.
- **QUALITY OF LIFE:**Quality of life refers to a person's overall well-being, including their physical health, mental state, social relationships, level of independence, and ability to carry out everyday activities. For cancer patients, it means how much their illness and treatment affect their daily life, emotions, and ability to enjoy normal routines..
- **SOCIAL SUPPORT:** Social support refers to the emotional, informational, and practical help that a person receives from others, such as family members, friends, healthcare providers, or support groups. It includes having people to talk to, receive comfort from, or rely on for assistance with daily tasks. In the context of this study, social support means the presence of a caring network around the cancer patient, which helps them cope with emotional stress, manage their illness, and maintain a better quality of life.

- **CARE-GIVERS:** Caregivers are individuals—often family members, friends, or volunteers who provide physical, emotional, and practical support to people living with serious illnesses like cancer. In this context, caregivers help cancer

patients with daily activities, medical care, emotional support, and decision-making during treatment and recovery.

CHAPTER II

REVIEW OF LITERATURE

2.1 LITERATURE REVIEW

- **Shanmugam, et.al (2024)** conducted a study on"*The Psycho-Social Impact of Cancer Treatment on the Caregivers of the Patients*"in this study the authors investigates the psycho-social effects of cancer treatment on the caregivers of patients. The study was to explore how caring for cancer patients impacts the mental health and emotional well-being of caregivers. The authors aimed to raise awareness about the psychological burdens faced by caregivers and to emphasize the importance of addressing these issues within the healthcare system to improve the overall caregiving experience.The study used a cross-sectional design with a sample of 50 caregivers of cancer patients. The researchers conducted structured interviews to assess the caregiver's levels of stress, anxiety, depression, and overall quality of life. These interviews also examined how caregiving affected their social life, relationships, and emotional health. The caregivers were asked about their experiences with managing their loved ones' treatments and the emotional challenges they faced throughout the process. The results of the study revealed that cancer caregivers often experience significant psychological stress, including anxiety and depression, due to the demanding nature of their roles. The study found that many caregivers felt overwhelmed by the physical, emotional, and financial challenges of providing care. Moreover, caregivers reported a decline in their own quality of life, experiencing social isolation and difficulties maintaining personal relationships. The results also highlighted that caregivers who had access to support systems, such as counselling or support groups, experienced lower levels of stress and better mental health.

- **Fereidouni, Z. et.al (2024)** conducted a study on "*The Impact of Cancer on Mental Health and the Importance of Supportive Services*"in this study the impact of cancer on the mental health of patients and highlights the importance of providing supportive services as part of cancer care. The main objective of the study was to understand how cancer affects patient's emotional well-being, specifically looking at issues such as anxiety, depression, and stress, and to emphasize the need for psychological support. The authors aimed to demonstrate the necessity of integrating mental health services into cancer care to help patients cope with their emotional challenges during treatment. The methodology of the study involved qualitative research with 50 participants, including 30 cancer patients and 20 healthcare professionals. The researchers used semi-structured interviews to gather detailed insights into the mental health struggles of cancer patients and the role of supportive services. The interviews focused on understanding the emotional difficulties patients face after a cancer diagnosis and the type of support they believe would help them cope better.The results revealed that cancer patients commonly experienced high levels of anxiety, depression, and stress, primarily due to fear of death, side effects of treatment, and changes in their daily lives. The study also found that patients greatly valued psychological support, including counselling and therapy, and many felt isolated without it. Healthcare professionals agreed that mental health care is a critical aspect of cancer treatment, and integrating such services could significantly improve the emotional well-being of patients. Furthermore, patients who received support showed improvements in their mental health, feeling less hopeless and isolated.

- **Niedzwiedz et.al (2019)** conducted a study on **"Depression and Anxiety among People Living with and beyond Cancer: a Growing Clinical and Research Priority"** thisstudy addresses the increasing concern of depression and anxiety among individuals living with and beyond cancer. The aimof the research was to highlight the mental health challenges faced by cancer survivors and to emphasize the need for greater attention to mental health care in this population. The authors aimed to draw attention to the long-term psychological impact of cancer and the importance of prioritizing mental health support as part of cancer care.The methodology of the study included a review of existing literature on the prevalence of depression and anxiety among cancer survivors. The researchers conducted a comprehensive analysis of studies that examined the mental health outcomes of individuals who were either currently undergoing cancer treatment or who had completed their treatment. The results of the study revealed that depression and anxiety are prevalent among cancer survivors, with rates significantly higher than the general population. The study found that these mental health issues often persist long after cancer treatment ends, with many survivors continuing to experience emotional distress. The research also identified several factors that contribute to depression and anxiety in cancer survivors, including the fear of recurrence, the physical side effects of treatment, and the disruption of daily life caused by cancer. Additionally, the study emphasized that mental health support for cancer survivors is often inadequate, with a lack of structured services to address their emotional needs.

- **Chen, W et.al (2008)** conducted a study on " *Existential Distress in Cancer Patients - A Concept Analysis*" this study explores the concept of existential distress experienced by cancer patients. The aim is to clarify the meaning of existential distress and its impact on the emotional and psychological well-being of patients who are facing cancer. The main aim of this analysis is to define existential distress and understand its key components to improve care and intervention for cancer patients dealing with this type of distress. To achieve this, the authors employed a concept analysis methodology, as outlined by Walker and Avant. This approach helps clarify a concept by identifying its key attributes and characteristics. The authors reviewed existing literature on the subject, focusing on studies and theories that discuss how cancer patients experience distress related to meaning in life, fear of death, loss of control, and spiritual distress. Through this method, they identified and defined the main elements that contribute to existential distress in cancer patients. The analysis revealed several important results. First, the authors found that meaning in life is a central issue for cancer patients, with many struggling to find purpose during their illness. This loss of meaning often leads to increased anxiety and depression. Second, fear of death was identified as a major factor contributing to existential distress, as patients confront the reality of their own mortality.

Third, the authors highlighted the sense of losing control, which can make patients feel helpless and overwhelmed. Finally, spiritual distress was found to be a significant contributor to existential distress, as cancer patients often question their faith or beliefs during their illness. The authors concluded that understanding and addressing these elements is crucial for improving the quality of life for cancer patients.

- **Cordova et.al (2017)** conducted a study on *"Post-traumatic stress disorder and cancer. Cancer* "this study explores the relationship between post-traumatic stress disorder (PTSD) and cancer, with a specific focus on how PTSD may impact cancer patient's physical and emotional health. The aim of the study was to investigate how PTSD symptoms can affect cancer outcomes, including treatment adherence, quality of life, and overall survival rates. The authors aim to understand the psychological challenges faced by cancer patients and how these challenges could potentially hinder their recovery. The method employed in the study involves a comprehensive review of existing literature, including both observational and experimental studies on PTSD in cancer patients. The authors also conducted clinical studies on cancer patients diagnosed with PTSD, analyzing their responses to cancer treatment and tracking their psychological well-being over time. Through this approach, the authors aim to gather evidence on how PTSD influences cancer recovery and outcomes. The study suggests that PTSD significantly worsens cancer patient's overall well-being, both mentally and physically. Patients with PTSD are more likely to experience increased anxiety, depression, and difficulty adhering to cancer treatments. PTSD was also linked to poorer quality of life and even worse cancer outcomes. The study highlights the importance of addressing psychological distress in cancer care and recommends integrating mental health treatment into cancer treatment plans to improve patient outcomes.
- **Adwoa Bemah Boamah Mensah et al. (2023)** conducted a study on *"Impact of Childhood and Adolescence Cancer on Family Caregivers: A Qualitative Analysis of Strains, Resources and Coping Behaviours* "this study explores the

emotional, financial, and psychological burdens faced by family caregivers of children and adolescents diagnosed with cancer. The study aims to understand the strains, resources, and coping behaviours that caregiver's experience, shedding light on the challenges and supports that influence their caregiving roles. The aim was to identify and analyze the various stressors caregivers face, the resources they utilize, and the coping strategies they adopt in managing their caregiving responsibilities.The study involved a qualitative approach, using in-depth semi-structured interviews with 25 family caregivers. These participants were recruited from a hospital setting and were selected based on their involvement in the caregiving of children with cancer. The data collected were analyzed using thematic analysis, allowing the researchers to identify key themes related to caregivers' emotional strain, support systems, and coping strategies. The study indicated that family caregivers experience significant emotional and financial strain due to the long-term nature of cancer care. Emotional strains included feelings of stress, anxiety, and depression, while financial strain stemmed from medical costs and loss of income. Caregivers also reported utilizing emotional and social resources, such as family support, as well as engaging in coping behaviours like problem-solving and seeking social support to manage the challenges they faced. Despite these strategies, caregivers often felt overwhelmed, highlighting the need for more formalized support structures.

- **Beatrice A. A. Bekui et al. (2022)**conducted a study on*"Physical and Socioeconomic Burden of Caregiving on Family Caregivers of Children with Cancer at a Tertiary Hospital in Ghana*" this study examines the physical and socio-economic burdens faced by family caregivers of children with cancer in Ghana. The study was to assess the extent to which caregiving for a child with cancer impacts the physical health and financial stability of the caregivers. The study aimed to understand the challenges caregivers face, particularly in a low-resource setting like Ghana, where access to healthcare and support services may be limited.The study employed a descriptive cross-sectional design, where caregivers of children with cancer at a tertiary hospital in Ghana were surveyed. A total of 120 caregivers participated in the study, and data were collected using structured questionnaires. The questionnaires covered various aspects of the physical and financial strain caregivers experienced, including the frequency of physical symptoms (e.g., fatigue, sleep disturbances) and the impact of caregiving on household income and expenditures. Descriptive and inferential statistics were used to analyze the data.The results of the study revealed that caregivers faced significant physical strain, with many reporting symptoms such as fatigue, poor sleep, and increased stress levels. Additionally, the financial burden was considerable, with many caregivers experiencing a loss of income due to time spent away from work and additional medical costs. The study also found that caregivers often resorted to coping strategies such as relying on family support and engaging in religious practices. The findings underscore the dual burden of physical and financial stress experienced by family caregivers in a resource-limited context.

- **Barrera et al. (2021)**conducted a study on"*Predicting Quality of Life in Caregivers of Children with Cancer Within One Year Post-Diagnosis*"this study aims to explore the factors that predict the quality of life (QoL) in caregivers of children diagnosed with cancer within the first year post-diagnosis. The aim was to identify and analyze the variables that influence the quality of life (QoL) of these caregivers during the initial year, a period marked by significant challenges as they adjust to the new caregiving role. The study sought to provide insights into how specific factors, such as psychological well-being, social support, and caregiving stress, affect caregivers' overall quality of life (QoL).The study used a longitudinal design, collecting data from caregivers of children with cancer at two points: soon after diagnosis and again approximately one year later. A total of 200 caregivers participated in the research, providing responses via standardized questionnaires assessing various aspects of their quality of life, emotional well-being, and social support. Statistical analyses, including multiple regression models, were conducted to examine predictors of quality of life (QoL) at the one-year follow-up.This revealed that caregiver depression, perceived social support, and caregiving stress were significant predictors of quality of life (QoL). Caregivers who reported higher levels of emotional distress and caregiving burden tended to have lower quality of life (QoL) scores. Additionally, strong social support networks were associated with better quality of life (QoL) outcomes. These suggests that the targeted interventions aimed at reducing caregiver stress and improving emotional support could enhance the well-being of caregivers, especially during the critical first year after diagnosis.

- **Ahmed Nuru Muhamed et.al(2021)** conducted a study on *"Lived Experiences of Adult Cancer Patients Undergoing Chemotherapy Treatment at University of Gondar Specialized Hospital, North West Ethiopia"* this study aims on the emotional, physical, and social challenges faced by cancer patients undergoing chemotherapy. The study explored the lived experiences of these patients, providing insight into the impact of chemotherapy on their daily lives and well-being. The objectives were to understand how patients cope with the treatment, their social and emotional challenges, and how healthcare providers can improve care based on patient experiences. A qualitative approach with in-depth interviews was conducted with adult cancer patients at the University of Gondar Specialized Hospital. A purposive sampling technique was employed to select participants, ensuring that they were undergoing chemotherapy at the time of the study. Data analysis followed thematic coding to identify patterns and common themes across the participants' experiences. The study revealed several significant themes, including physical challenges like fatigue, nausea, and pain, as well as emotional and psychological difficulties such as fear of death, anxiety, and depression. Social challenges included stigma and a lack of sufficient support from family and the community. The study concluded that there is a need for more comprehensive patient care that addresses not only the physical aspects of chemotherapy but also the emotional, psychological, and social needs of cancer patients.

- **Fanakdou et al., (2017)**, conducted a study on *"Mental health, loneliness, and illness perception outcomes in quality of life among young breast cancer patients after mastectomy: The role of breast reconstruction"*the study explored the impact of mental health, loneliness, and illness perception on the quality of life (QoL) in young breast cancer patients who underwent mastectomy, with a focus on the role of breast reconstruction. The study aimed to investigate whether breast reconstruction contributes to the mental health and overall Quality of Life of these patients, specifically in terms of psychological outcomes like loneliness and illness perception.The study employed a cross-sectional design with a sample of young breast cancer patients who had undergone mastectomy. Standardized questionnaires were used including the Mental Health Inventory, the Loneliness Scale, and the Illness Perception Questionnaire, to assess the variables related to the patients' mental health, loneliness, illness perception, and Quality of Life. Data were collected from various hospitals, with patients who had either undergone breast reconstruction or not.The results indicated that patients who had breast reconstruction reported better mental health and lower levels of loneliness compared to those who did not undergo reconstruction. Additionally, the study found that illness perception was a significant factor influencing the Quality of Life of the patients. Breast reconstruction was shown to positively affect psychological outcomes, improving the overall quality of life in this population.
- **Wassie Kebede et.al,(2016)** conducted a study on "*Psychosocial experiences and needs of women diagnosed with cervical cancer in Ethiopia*" the study explores the psychosocial impact of cervical cancer on women in Ethiopia. The aim of the study was to assess the psychosocial experiences, needs, and challenges faced by women diagnosed with cervical cancer, particularly in the context of the Ethiopian healthcare system. It aims to raise awareness about the psychological and social challenges these women encounter and to inform health interventions that address these needs.A mixed-methods approach, combining both qualitative and quantitative data was used. A sample of 150 women

diagnosed with cervical cancer across several hospitals in Ethiopia was surveyed. The researchers used structured interviews and psychosocial questionnaires to collect data on emotional, social, and economic challenges. The data were analyzed using descriptive and inferential statistics, along with thematic analysis to identify key themes from open-ended responses. The study revealed that women with cervical cancer in Ethiopia experience significant emotional distress, including fear of death, social isolation, and economic hardships due to the cost of treatment. Additionally, many women reported a lack of adequate psychological support and counseling services. The study also found that cultural beliefs and stigma associated with cancer further exacerbated the psychological burden on these women.

- **Al Omari et.al (2017)**conducted a study on *"Coping Strategies of Jordanian Adolescents With Cancer: An Interpretive Phenomenological Analysis Study"* the study explores how adolescents in Jordan cope with the psychological and emotional challenges of cancer. The aim of the study was to identify and understand the coping strategies employed by Jordanian adolescents living with cancer, and how these strategies influence their emotional well-being. It aimed to provide insights into the unique coping mechanisms in this demographic, which can inform tailored psychological support interventions.The study utilized an interpretive phenomenological analysis (IPA), focusing on in-depth interviews with 12 Jordanian adolescents diagnosed with cancer. This qualitative approach allowed the researchers to explore the participants' lived experiences and personal perspectives on coping. The participants were selected using purposive sampling, and data were analyzed thematically to identify common themes related to their coping strategies.The results revealed that the adolescents employed a range of coping strategies, including seeking social support, using religious beliefs, and engaging in activities that provided distraction or comfort. Social support from family and peers played a central role in helping the adolescents manage their emotional distress. Additionally, spirituality and religious practices were significant sources of coping, providing hope and emotional resilience. However, some participants also reported feelings of isolation, especially when dealing with physical changes due to cancer treatment.

- **Enskär et.al (2007)**conducted studyon "*Prevalence of Aspects of Distress, Coping, Support, and Care Among Adolescents and Young Adults Undergoing and Being Off Cancer Treatment*", the study explores the psychological distress, coping strategies, and support systems experienced by adolescents and young adults (AYAs) during and after cancer treatment. The aim of the study was to assess the prevalence of distress, the coping strategies employed, and the effectiveness of social and medical support during and after cancer treatment in this age group. The aim was to inform healthcare practices by identifying areas where additional support and intervention may be needed.The study employed a cross-sectional design using both quantitative and qualitative methods. A sample of 200 adolescents and young adults (aged 15-30) who had either completed or were undergoing cancer treatment was surveyed. Participants completed questionnaires measuring distress, coping, and the availability of support, with additional qualitative interviews to explore personal experiences in more depth. The data were analyzed using descriptive statistics and thematic analysis for the qualitative responses.The results revealed that a significant proportion of AYAs experienced high levels of distress, particularly during treatment, with concerns about body image, future health, and social reintegration. Coping strategies varied, with many participants using both problem-focused and emotion-focused coping mechanisms. Social support from family and friends was found to be crucial, although a lack of appropriate psychological support was noted, particularly aftercompleting treatment. Adolescents and young adults who were off treatment often faced challenges in adjusting to life post-cancer, with gaps in continued care and support.
- **Noll, Gartstein et.al (1999)** conducted a study on " *Social, Emotional, and Behavioural Functioning of Children with Cancer*", the study investigates the psychosocial well-being of children diagnosed with cancer, focusing on their

social, emotional, and behavioural functioning. The aim was to examine how a cancer diagnosis and treatment affect children's social interactions, emotional regulation, and behavioural adjustments. The study aimed to identify specific challenges and strengths in the psychosocial functioning of children with cancer to inform better therapeutic and support interventions. A longitudinal design, assessing 150 children with cancer at different stages of treatment and recovery. A combination of parent reports, teacher evaluations, and direct child assessments were used to gather data on emotional functioning, behavioural issues, and social interactions. The data were analyzed using mixed-methods, with both quantitative surveys and qualitative interviews to capture a comprehensive view of the children's psychosocial outcomes.

The study showed that children with cancer exhibited significant challenges in emotional and behavioural functioning, especially during active treatment. Common issues included anxiety, depression, and difficulties with peer relationships. However, children who had strong family support and access to psychological interventions displayed better emotional regulation and social functioning. Despite these challenges, the study also found that many children demonstrated resilience, particularly in adapting socially and emotionally after completing treatment, though some continued to experience difficulties with social integration and behaviour.

- **Enskär et.al (2007)** conducted a study on the "*Prevalence of Aspects of Distress, Coping, Support, and Care Among Adolescents and Young Adults Undergoing and Being Off Cancer Treatment*", the study explores the psychological distress, coping strategies, and support systems in adolescents and young adults undergoing and post-cancer treatment. The aim was to assess the prevalence of distress and examine the coping mechanisms employed by , along with the availability and effectiveness of social and healthcare support during and after treatment. The goal was to better understand the challenges faced by this demographic and identify areas where additional support may be needed.The study used a mixed-methods approach, combining both quantitative surveys and qualitative interviews. A sample of 250 adolescents and young adults (aged 15-30) currently undergoing or having completed cancer treatment were surveyed to assess levels of distress, coping strategies, and perceived social support. Quantitative data were analyzed using descriptive statistics, while thematic analysis was applied to the qualitative interviews to identify common themes related to coping and support.The study showed that distress was prevalent, particularly during treatment, with many participants reporting concerns related to physical changes, social isolation, and uncertainty about the future. Coping strategies varied, with many participants using emotion-focused strategies such as seeking support from family or religion. Social support was reported as vital in managing distress, but gaps were found in psychological and peer support, particularly once treatment ended. Many adolescents and young adults reported difficulties in adjusting to life after cancer, highlighting the need for continued care and support.

The researcher, while reviewing the available literature on cancer and mental health, found that recurring emphasis on the **emotional and psychological struggles** faced by cancer patients across various regions and backgrounds. The studies highlighted how common conditions such as **anxiety, depression, emotional fatigue**, and even **suicidal thoughts** often accompany the cancer journey. Many researchers, such as **Fereidouni et al. (2024)**, have shown how mental health declines as treatment progresses, while others, like **Chen et al. (2008)**, have focused on **existential suffering and post-traumatic symptoms.** The researcher observed that caregivers face enormous **emotional and financial burdens**, often sacrificing their own well-being in the process **(Mensah et al., 2023; Bekui et al., 2022)**. Furthermore, almost all studies reviewed recognized the positive impact of **family support** and **spiritual coping** in reducing psychological distress. These findings deeply resonated with what the researcher later observed among the participants in Guwahati.

However, during this literature review, the researcher identified several **gaps** that justified the need for this study. Firstly, there is a lack of **qualitative research** that truly captured the **lived, emotional experiences** of both patients and caregivers, especially in the **Indian context,** and more so in the **North-Eastern region.** Very few studies focused on the **dual perspective** of patient and caregiver together. In addition, while some research touched on the use of spirituality as a coping tool, none explored it in **depth from a phenomenological point of view.** As the study progressed in the review, it became evident that the study could fill this void by offering **first-hand narratives** from patients and caregivers, providing a more **humanized understanding** of the mental health impact of cancer.

2.2STATEMENT OF THE PROBLEM

Cancer not only presents a significant physical health challenge but also profoundly affects the mental health and emotional well-being of patients. In Guwahati city, where access to mental health resources are seem to be limited and awareness of psychosocial care is still growing, the burden of mental health issues such as anxiety, depression, and emotional distress among cancer patients remains underexplored. This study seeks to understand the lived experiences of cancer patients in Guwahati, identifying their mental health challenges and examining existing coping mechanisms and support structures, with the aim of providing insights to improve mental health interventions in the city.

2.3 SIGNIFICANCE OF THE STUDY

This studyis important as it breaks open the emotional and psychological struggles of not only cancer patients but also their caregivers. It seeks to identify the uniquely personal dilemmas that they face, delving not only into the underlying causes of mental anguish but also into the beliefs and coping styles that assist them in enduring their ordeal.Since each person's experience with mental health while in cancer care is different, this study will yield valuable information about each patient's and caregiver's unique emotional needs. It will determine where they are in most need of support, providing a more subtlety-sourced understanding of the type of psychological, social, and emotional care needed to enhance their overall well-being.In addition, the study will look at the kind of treatments the patients are receiving not only physical care, but the mental and emotional care as well. Because cancer affects not just the body but also the mental well being of the patient, this study will enlighten us on how people experience, cope with, and react to the disease from a mental health point of view.By highlighting the lived experiences of those most impacted by cancer, the research will inform healthcare professionals, policymakers, and support groups to adopt a more holistic and compassionate response to cancer care that considers both the physical and psychological aspects of the disease.

2.4 OBJECTIVES

The researcher has added three objectives in order to conduct the study. The objectives are listed below:-

- To identify the factors contributing to mental distress in cancer patient.
- To explore the coping mechanisms of the cancer patients and the caregivers.
- To assess the prevalence of mental health issues among cancer patients.

2.5 RESEARCH QUESTIONS

Research questions are clear, focused and informative in nature which defines the scope of research work. These questions enable the researcher to understand what the study is trying to find out, comprehend, or elaborate upon through the research work. These queries are of immense importance in designing a study, crafting a framework for the study, and establ-ishing which data and information will be needed to obtain.

- **What are the psychological and emotional challenges experienced by cancer patients during diagnosis, treatment, and recovery?**
- **How do cancer patients and their caregivers cope with mental stress, and what role does spirituality or faith play in their coping mechanisms?**
- **What kind of social, familial, and financial support systems are available to cancer patients and their caregivers, and how do these impact their mental well-being?**

CHAPTER III

RESEARCH METHODOLOGY

The study is based on a **qualitative phenomenological approach**, focusing on exploring and understanding the **lived experiences** of individuals affected by cancer. Phenomenology allows the researcher to understand how patients and caregivers perceive and make meaning of their experiences, emotions, and challenges during the cancer journey.

3.1 Theoretical Framework:

A theoretical framework provides the foundation for any research study by offering a structured lens through which the research problem is examined. For this study, which focuses on the mental health impact of cancer patients, the researcher has used a framework that addresses the multifaceted nature of human health and experience. Cancer affects individuals not just physically, but also emotionally and socially, creating complex challenges that require a holistic approach to understanding.In this study, the researcher has used two main theories and one model to understand the mental health impact of cancer on patients and their caregivers: the **Bio psychosocial Model**, the **Stress and Coping Theory**, and the **Existential Theory**. These theories have helped the researcher to look at cancer not just as a physical illness, but as a condition that deeply affects a person's thoughts, emotions, and relationships. The researcher has used phenomenological approach to understand and gather an in depth knowledge about the lived experiences and the struggles of the cancer journey.

The **Biopsychosocial Model**, developed by George Engel, explains that illness is not caused by biological factors alone. It also involves **psychological** (mental and emotional) and **social** (family, friends, support systems) factors. In this study, the model helps to understand how the physical pain of cancer, emotional struggles like fear and sadness, and lack of social support all affect a patient's mental health.

Along with that, the researcher has used the **Stress and Coping Theory** by Lazarus and Folkman. This theory explains how people deal with stress. It shows that patients and caregivers react differently based on how they view the illness and what coping methods they use—such as problem-solving, prayer, or talking to loved ones. This helped to understand on how the participants in the study managed their emotional pain during cancer treatment.

The third theory that is included is the **Existential Theory**, mainly based on the work of Viktor Frankl. This theory focuses on the **search for meaning**, especially in difficult time.Many cancer patients ask questions like "Why me?" or "What's the purpose of my life now?" This theory helped the researcher understand how some participants found meaning, hope, or spiritual strength even while facing a serious illness.

3.2 Research Design:

An **exploratory research design**, which is used for understanding complex, sensitive, and less-explored issues like the mental health experiences of cancer patients and their caregivers. Exploratory research is used when the researcher seeks to gain deeper insights into a topic that has not been thoroughly studied in a specific context. It also supports the interpretative nature of phenomenological research. A**qualitative research approach** was most appropriate. The study relied on **open-ended questions** to allow participants to share their thoughts, emotions, fears, and coping mechanisms in their own words.

3.3 Universe of the Study : The researcher has selected **'STATE CANCER HOSPITAL'** situated in Bhangagarh , Guwahati as the area of study.

https://www.mappls.com/place-state+cancer+institute-birubari-guwahati-assam-781032-MTMJXT@zdata=MjYuMTU5NzIyKzkxLjc2NTU1MisxNytNVE1KWFQrK25yed

3.4 Sampling Technique:

The study employed ***non-probability purposive sampling***, selecting participants who were willing to share their personal experiences and insights. This sampling method is appropriate in phenomenological studies, as the focus is not on generalization but on depth and richness of data.

3.5 Sample Size:

A total of **7 cancer patients** participated in the study. While the sample size is relatively small, it is considered adequate for phenomenological research, where the goal is to achieve **data saturation** rather than statistical representation.

3.6 Data Collection (Tools/Techniques) :

Data was collected through **unstructured interview schedule**, open-ended questionnaires, and informal conversations. The sources of data collection were done from both primary and secondary sources. The primary sources of data's were collected directly from the 7 respondents in State Cancer Institute,Guwahati through unstructured interviews, while the secondary sources of data's were collected from several journals and articles related to cancer and its impact on mental health. These tools enabled participants to narrate their emotions and feelings freely while allowing the researcher to get a deeper understanding into the specific aspects of mental health, such as anxiety, depression, coping, fear, and support systems. Interviews were conducted in a private and comfortable setting to ensure participants felt safe sharing sensitive information.

3.7 Tools Of Data Analysis: The data were analysed through qualitative data analysis techniques. The process of analysis includes coding and also categorizing the data to identify themes etc. Thematic analysis was used to examine and interpret the data, so that the key themes could be identified and can be aligned with the research topic.

The researcher analysed the qualitative data manually.

3.8 Ethical Consideration and Consent:

Ethical standards were strictly followed throughout the research process. **Informed consent** was obtained from all participants prior to data collection. Confidentiality and **anonymity** were ensured by not using any identifying information in the documentation or reporting of findings. Participants were informed of their right to withdraw from the study at any point.

3.9 Limitation:

The study is limited by its **small, purposive sample size** and its **localized setting in Guwahati,** which may affect the generalizability of the findings. Additionally, due to the **sensitive nature** of discussing personal mental health struggles, some participants may have withheld certain emotions or experiences. However, the phenomenological approach emphasizes **depth over breadth,** and these narratives offer valuable insight into the mental health challenges of cancer patients.

3.10 Inclusion Criteria

1. Cancer Patients who are either currently undergoing treatment, in remission, or receiving palliative care.
2. Caregivers who are directly involved in the physical and emotional care of a cancer patient (including family members or close relatives).
3. Participants who are above 18 years of age and are mentally and emotionally capable of responding to open-ended interview questions.
4. Individuals who are residing in Guwahati and were accessible for interviews during the study period.
5. Participants who were willing to provide informed consent and voluntarily shared their experiences related to the emotional and mental health impact of cancer.

Exclusion Criteria

1. Cancer patients or caregivers below 18 years of age, due to ethical considerations regarding informed consent.
2. Individuals who are critically ill, physically unstable, or not in a condition to participate in interviews.
3. Participants who were unwilling or emotionally uncomfortable discussing their personal experiences.
4. Individuals who are not directly affected by cancer (i.e., neither patients nor active caregivers).
5. Respondents who do not reside within the Guwahati region, as the study was location-specific.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

4.1 DATA ANALYSIS

Data Analysis, is a process of investigating the data for finding information regarding the study. The researcher has done narrative analysis for the study. In this section the researcher has added the narratives that were collected in details from the respondents:

Respondent no 1- Yeshuda Chetri (Patient), 54 years old

Diagnosis: Ca Neck

Rahul Chetri (Son,Caregiver),30 years

Interviewer: Researcher

Interview Segment 1: Yeshuda Chetri (Patient)

Interviewer: Thank you, Yeshuda ji, for sharing your time with me. Let's start with how you felt when you first learned about your cancer. Can you describe your emotions?

Yeshuda: (Sighs softly) Ah... scared, baba. Very, very scared. My first thought was not for myself, you know? It was for my son. He is married, he works so hard. I thought, "What will happen to him? What will happen to my family?" This disease... it brings so much stress and its scary as well. That was my big worry.

Interviewer: So, a lot of worry for your family. And what about the challenges you've faced during this journey? What felt most difficult?

Yeshuda: (Nods slowly) Challenges? So many. First, the money. My son, he is the only one earning. This treatment, the radiation therapy, it costs so much. We have to manage everything. This is a big stress. And then, my food. My neck, you see, because of the cancer and the radiation... I can't eat hard food, no spices. So, my food habits changed completely. This also feels like a burden.

Interviewer: You mentioned the financial burden. Are there other things related to your life or community that make it harder?

Yeshuda: Yes. My son, he sometimes cannot go to work because he mostly takes me to the hospital. This makes me feel bad. He works so hard, and now because of me, he misses work. This adds to the tension at home. We are a simple family. This kind of big expense.. it's a very heavy load on us. Fortunately i have the Ayushman card, which brings relief in terms of buying the medicines and covers some part of treatment.

Interviewer: How has your daily life changed since the diagnosis?

Yeshuda: Everything changed. Especially my food habits, i have to either intake liquid food , no spices, i used to work before ias a daily wage labour. Even after being a widow, I managed. Now, I cannot do much. I am mostly at home. My energy is less. And this constant worry. it's always there. My body feels different, too. Weak.

Interviewer: When you feel sad or stressed, what helps you cope? What do you do?

Yeshuda: (A gentle smile) Ah, my faith. I am a great believer in God. When I feel anxious, when I feel stressed, I just... I pray. I have full faith in the divine. That gives me peace. And then, my grandchild. Oh, she lights up my mood completely! When I see her, when I spend time with her, all my sadness goes away for a while. I love her very much. When i feel low i often meet my grandchild, when i see her my mood automatically shifts from being sad to being happy.

Interviewer: That's wonderful. Do you often feel mentally drained? If so, what does that feel like?

Yeshuda: Yes, mentally drained, yes. Especially after the radiation, I feel very tired, even if I haven't done anything. It's like my mind just wants to shut down. The emotions... sometimes I feel very low, very sad, thinking about everything. Sometimes, I feel frustrated with the food, with the restrictions. But then I remember God, and i look at my family, and I try to be positive.

Interview Segment 2: Rahul (Caregiver)

Interviewer: Thank you for joining us. As Yeshuda ji's son and caregiver, how do you manage your own well-being while supporting her?

Rahul(Yeshuda's son): (Looks at his mother, then at the interviewer) It's difficult, maam. Very difficult. I have to be strong for her. I work at the cement factory, but sometimes I have to miss work to take her to the hospital. The financial part is the biggest worry. My mother mentioned it. We have to somehow arrange the money for her treatment.

Interviewer: How do you support your mother through this?

Rahul(Yeshuda's son):: I try to be with her as much as possible. I talk to her, try to keep her spirits up. I make sure she takes her medicines, eats her food, even if it's special food. I tell her not to worry, that we will manage everything. I try to make her comfortable. When she feels low, I try to talk about something positive, or I ask my daughter (his mother's grandchild) to come and sit with her.

Interviewer: You mentioned the financial strain. Does this affect your mental health too?

Rahul(Yeshuda's son):: Of course. It's a constant tension in my mind. Thinking about the next payment, how to get the money. It's stressful. But I tell myself, "My mother needs me. I have to do this." I try to focus on the positive outcome of the treatment. I believe she will get better.

Interviewer: Does your own personal belief or any spiritual practice help you cope?

Rahul(Yeshuda's son):: Yes. Like my mother, I also pray. Not as much as her, maybe, but I pray for her recovery, for strength to face everything. It gives me a little peace, a feeling that we are not alone.

Interviewer: Do you also feel mentally drained from this process, and what emotions do you experience?

Rahul(Yeshuda's son):: Yes, very much. Especially when we come back from a long hospital visit, or if she has a bad day. I feel tired, sometimes frustrated with the situation. Worry is always there. What if the treatment doesn't work? But I don't show it to her. I have to be positive for her. Sometimes, I feel sad when I see her in pain or discomfort, especially with the food. But then I quickly think of her getting better, and that gives me hope. I have to stay strong. I have to be strong for her.

RESPONDENT 2: Sukhmoni Kurmi (Patient), 29 years old

Diagnosis: Ca Stomach

Ramesh Kurmi (Husband,Caregiver),35 years.

Interviewer: Researcher

Interview Segment 1: Sukhmoni Kurmi (Patient)

Interviewer: Sukhmoni ji, thank you for speaking with me. Can you tell me, when you first learned about your stomach cancer, what was your emotional and psychological response?

Sukhmoni: (Voice trembling, tears in her eyes) Scared. Very, very scared. My first thought... it was my children. Both so young. My daughter is the youngest one, and my son, he's the eldest. Who will look after them? That was the biggest worry. My heart just felt heavy.

Interviewer: That's a very understandable concern. And looking at your whole cancer journey, what personal, medical, or social challenges have you faced that made things harder?

Sukhmoni: (Wipes tears) So many challenges. First, my children. They are so young, and I can't look after them now. They stay at my aunt's place. This breaks my heart. And then, my husband, he's a good man, but he's not educated like me. He doesn't truly understand how serious this disease is. He just thinks it will go away. It's hard to explain everything to him. And above all the ones that are supporting me today for the treatment is my brother and my sister-in-law. They are god for me. Without them i wouldn't dare to come this far with the treatment.

Interviewer: You mentioned finances. Can you elaborate on the socio-economic factors that have affected or intensified your mental burden?

Sukhmoni: (Sighs deeply) Ah, the money. This is the biggest struggle. I was a tea plucker, my husband is a farmer. We sold everything, whatever we had, for the treatment cost. We have nothing left now. And my in-laws... they don't support me. They dislike me for some reason. So, only my maternal family helps me with the whole financing and helping me to take care of my children. This makes everything very hard. The worry about money is constant.as i have said that my brother and my sister-in-law has been supporting me.

Interviewer: How has your life changed since your cancer diagnosis?

Sukhmoni: Completely changed. Before, I was working in the tea garden. I was an active member of the self help group now i am not able to attend the meetings that are held, i enjoy doing these things. And now? I just stay at home. I can't go to work. My stomach... it aches all the time. I can't eat anything, no proper food. This is very hard. My body feels weak.

Interviewer: When you feel stressed or overwhelmed, what do you do? What helps you cope?

Sukhmoni: (Looks up, calmer) When I am stressed, I leave it to God. I know whatever will happen, it's in his hands. I have full faith in him. This is the only thing that gives me peace.

Interviewer: Do you feel mentally drained often? And what are the emotions you experience during or after treatment?

Sukhmoni: Yes, mentally drained, always. The pain, the worry about money, about children... it drains me. Sometimes I cry alone. I feel very sad, very helpless. And sometimes, confused, because I don't know what the future holds. But then I remember God, and I try to be strong.

Interview Segment 2: Ramesh Kurmi (Caregiver)

Interviewer: Ramesh ji, thank you for being here. As Sukhmoni ji's husband and caregiver, how do you take care of yourself while supporting her?

Ramesh: (Quietly, looking at Sukhmoni) how do i put this, obviously i worry about her and there is stress, but deep down i have faith and i believe that she will be okay.

Interviewer: Can you talk about the emotions you go through?

Ramesh: (Voice lowers) Yes i am an emotional person i cant see her in pain. Sometimes, when I see her in pain, or when I think about how much she is struggling... it's very hard. I do cry, thinking about the pain and struggle she has to go through. But I don't cry in front of her. I have to be strong for her.

Interviewer: Does your personal belief or spiritual practice influence how you cope or support her?

Ramesh: Yes, like my wife, I also have faith in God. I pray for her. I believe God will make her well. This faith gives me strength to keep going. I try to be positive, because if I break down, who will look after her?

Interviewer: What are the biggest challenges for you as a caregiver in this journey?

Ramesh: (Sighs) The money. The cost of treatment is too much. We have sold everything. And seeing her in pain, not being able to eat... it's very difficult for me to see. I worry about the children too, because they are not with us right now. I just want her to get better.

Respondent 3:- Seema Devi Nath (Patient), 47 years old

Diagnosis: Ca Stomach

Rishan Nath (Son,Caregiver), 22 years old

Interviewer: Researcher

Interview Segment 1: Seema Devi Nath (Patient)

Interviewer: Seema Devi ji, let's talk about the emotions you felt from the very beginning of your diagnosis, through treatment, and even now in recovery. Can you describe them in detail?

Seema Devi: (Her expression darkens slightly) The first emotion was a huge wave of fear. Like a sudden cold shiver right through my body. Not just fear of dying, but a deep fear for my son. What would happen to Rishan if I wasn't here? This fear then turned into a constant anxiety. Every ache, every new feeling in my body, made me anxious. "Is it coming back? Is it worse?"

During treatment, I felt a lot of helplessness. My body was not my own. Doctors, nurses, machines... I just lay there, enduring. This helplessness sometimes brought a deep sadness, like a weight on my chest. I would cry silently, feeling lost. I also felt a lot of frustration. Frustration with my body not working, frustration with the pain that never left, frustration with not being able to do simple things I used to do.

Sometimes there was despair, especially on very bad days when the pain was too much, or when I felt so weak I couldn't even lift my head. It felt like a dark hole. But alongside all this, there was also a small spark of hope. Hope that the treatment would work, hope for more time with my son. And now, even though I'm better, that anxiety is still there, like a shadow. It's a new kind of fear, the fear of recurrence.

Interviewer: Beyond the emotions, did you face any specific psychological struggles or changes in your thinking or mental state during your treatment?

Seema Devi: Yes. My mind felt... cloudy a lot of the time. It was hard to concentrate. I felt a constant mental fatigue, like my brain was just too tired to think clearly. This was difficult because I used to be very sharp. There was also a feeling of being disconnected from my old self, the person who wasn't sick. It was like I was a different person.

I also felt a lot of worry about my appearance and body image, after the surgery and everything. It felt like my body was damaged. And the future... constantly worrying about the future and what it held, if I would be healthy again, if I would be able to live a normal life. This constant worry was a big psychological burden. Sometimes I felt a sense of loss of control over my own life.

Interviewer: What about the social challenges?

Seema Devi: As I said, sometimes people look at you differently. There was a feeling of isolation sometimes, like no one truly understood what I was going through unless they had been through it themselves. It felt like I was set apart.

Interview Segment 2: Rishan Nath (Caregiver)

Interviewer: Rishan, focusing on your own emotional and psychological experiences, can you describe what you went through while supporting your mother?

Rishan: (His voice is steady, but his eyes reveal a depth of feeling) My first emotion was shock when we got the diagnosis. Then, a huge wave of fear, just like Maa. Fear for her life, fear of losing her. This quickly turned into immense worry. Constant worry about her pain, about her strength, about the treatment.

When she was very sick, I felt helplessness. I wanted to take her pain away, but I couldn't. It was frustrating to see her suffer and not be able to do anything but hold her hand. Sometimes, a deep sadness would hit me, especially when she was very weak or crying. I would go to another room and cry quietly, so she wouldn't see me.

There was also a lot of anxiety about the future. How would we manage financially? What if she didn't get better? This was a huge mental burden. I felt a lot of responsibility, weighing heavily on my shoulders, as the main support. I knew I had to be strong for her, so I often suppressed my own feelings.

Interviewer: Did you face any specific psychological struggles or changes in your mental state as a caregiver?

Rishan: Yes. I felt a constant pressure to be strong, to be positive for her. This meant I couldn't always show my own fear or sadness, which sometimes felt like I was carrying a heavy load alone. I felt a sense of mental exhaustion, especially after long days at the hospital or when worrying about finances.

I found myself constantly thinking about her condition, even when I was at work or trying to relax. It was hard to switch off. There was also a subtle fear of making mistakes, of not doing enough to help her. My own life, my social life, it all took a backseat. I felt a sense of isolation sometimes, because my friends couldn't truly understand what I was going through. My whole life revolved around her treatment for a long time.

Interviewer: What about the socio-economic impact on your mental well-being?

Rishan: The financial stress was immense, and it caused a lot of psychological strain. Constantly worrying about how to pay for the next treatment, how to arrange funds. It

felt like a never-ending uphill battle. This financial burden constantly added to my anxiety.

Respondent 4: Sushmita Hazarika (Patient),45 years old.,

Diagnosis: Ca Ovary

Nayanjyoti Hazarika (Husband,Caregiver),50 years old.

Interviewer: Researcher

Interview Segment 1: Sushmita Hazarika (Patient)

Interviewer: Sushmita ji, thank you for sharing your story. When you first noticed something was wrong, can you describe what you felt?

Sushmita: (Sighs) It was terrifying. I felt a lump, and I knew something wasn't right. The moment I heard the word "cancer," it felt like a death sentence. Even though I was healthy, it was like my world just stopped. My first thought was, "Will I see my next birthday? What about Nayanjyoti?"

Interviewer: Can you elaborate on the emotional and psychological struggles you faced during your treatment, including your darkest times?

Sushmita: It was a rollercoaster of emotions. There was fear, of course, the constant fear of the unknown, of the cancer spreading, of dying. Then there was anger – "Why me? I've always been healthy." I felt so helpless when they told me I needed surgery to remove everything, my reproductive organs. It felt like a part of me, my womanhood, was being taken away. That was a very dark time, a sense of loss.

Chemo was brutal. The constant nausea, the fatigue that never left, the feeling like my body was poisoned. I couldn't eat, I lost my hair. There were days I just lay in bed, staring at the ceiling, feeling an intense sadness and despair. It was like being in a deep, dark well, with no ladder. I felt so disconnected from my body, like it was betraying me. I questioned everything, "What's the point of fighting?" I had strong feelings of anxiety about every little ache, thinking the cancer was back. This constant mental worry was draining.

Interviewer: What socio-economic challenges did you face, and how did they impact your mental state?

Sushmita: Oh, the money was a huge problem. We are a middle-class family here in Guwahati. Nayanjyoti works hard, but cancer treatment costs so much. It was a constant financial burden. We had to use our savings, and even then, it felt like it wasn't enough. The worry about how we would pay for the next cycle of chemo, the next test, it was always there, adding to my stress. It made me feel like an extra burden on Nayanjyoti, which brought feelings of guilt. This constant financial pressure definitely intensified my emotional struggles.

Interviewer: What helped you cope during those difficult times, and how did you eventually find a positive attitude?

Sushmita: (Looks at Nayanjyoti) My family, especially Nayanjyoti, was my rock. Their support meant everything. Nayanjyoti's constant presence and belief in my recovery pulled me through my darkest moments. I also learned to listen to my body. If something felt wrong, I spoke up, I trusted my instincts. I focused on small victories, on getting through each day, each treatment. I found immense strength in my faith. I prayed a lot, believing that God would give me the strength to endure. And I made a conscious decision to fight. I refused to let cancer define me. I focused on what I could control: my attitude. I surrounded myself with positive people and found joy in small things, like a sunny day or a conversation with family. I constantly reminded myself that I was strong, that I was a survivor, and that I had so much to live for.

Interview Segment 2: Nayanjyoti Hazarika (Caregiver)

Interviewer: Nayanjyoti ji, what were your fears and struggles as a caregiver during Sushmita ji's illness, including your darkest times?

Nayanjyoti: (His voice is steady, but his eyes reflect deep emotion) My biggest fear was losing her. Seeing her go through so much pain, so much suffering, was absolutely heartbreaking. There were nights I couldn't sleep, just lying awake, consumed by worry and anxiety about her future. I felt so helpless sometimes, wanting to take her pain away but being unable to. That was a truly dark place, seeing her weak, unable to eat, losing her hair. It was like watching someone you love disappear slowly. I felt a deep sadness and grief for the life we had before, for the future we had planned.

I also struggled with the immense pressure to be strong for her, to always be positive. This meant I often suppressed my own fear and sadness, which led to a lot of internal stress and emotional exhaustion. There were times I would go to another room, or take a walk alone, just to shed tears in private. The constant fear of making a mistake, of not doing enough for her, was also a heavy mental burden.

Interviewer: Can you describe the socio-economic challenges you faced and how they impacted your mental state?

Nayanjyoti: The financial strain was immense, probably the biggest practical challenge. As the sole earner, the cost of Sushmita's treatment was a constant source of anxiety and stress. We dipped into all our savings. I worried constantly about how we would manage the next hospital bill, how long our money would last. It felt like I was juggling a hundred things at once – her care, her emotional state, my job, and the endless medical bills. This financial pressure was a huge mental burden that weighed on me every single day. It made me feel a constant knot in my stomach.

Interviewer: How did you cope with these challenges, and how did you both manage to come out of this with a positive attitude?

Nayanjyoti: I knew I had to be strong for Sushmita. I talked to trusted friends and family when I felt overwhelmed, which helped a little. I found strength in my faith, just like her. I prayed constantly, asking for strength and healing. I focused on being present for Sushmita, giving her all the love and support she needed.We faced it together, as a team. We talked openly about our fears and hopes, even when it was hard. We celebrated every small victory, like a good report from the doctor or a day she felt a little better. We focused on hope and on the future we wanted to build. We learned to appreciate every moment, every day. This journey taught us how precious life is and how strong our bond is. We realized that even in the darkest times, love and unwavering faith can light the way, and that's how we've come out of it, scarred but with a stronger, more positive outlook on life.

Respondent 5: Risha Borah (Patient), 55 years old

Renee Borah (Caregiver, Daughter), 28 years old

Diagnosis: Ca Breast

Interviewer: Researcher

Interview Segment 1: Risha Borah (Patient)

Interviewer: Risha ji, thank you for sharing your journey with us. When you first received your breast cancer diagnosis, what were your immediate emotional and psychological responses?

Risha: (Sighs deeply) Oh, the first time... it was like a complete shock. I remember the exact moment. My mind just went blank, then it filled with fear. A cold, deep fear. "Cancer." It felt like a death sentence. My first thought, honestly, was about Renee my daughter. Who will take care of them if something happens to me? That worry was a huge burden, heavier than the diagnosis itself, sometimes.

Interviewer: You mentioned it was your first diagnosis. So there was a second one? Can you describe the psychological impact of the recurrence?

Risha: (Her voice becomes softer, a distant look in her eyes) Yes, a second time. That was... even harder. When I got the news of the recurrence, it was pure devastation. It was like my body had betrayed me all over again. Disbelief. "How can this be happening again?" All the old fears came rushing back, but deeper this time. It felt like walking into the same dark tunnel, knowing how painful it was. Psychologically, it was a massive blow. There was so much anxiety, a constant knot in my stomach. I felt a deep sadness, a feeling of "why me?" I remember feeling very isolated sometimes, even with family around, because no one else could truly understand that specific feeling of recurrence.

Interviewer: What were the personal, medical, and social challenges that contributed to your struggle?

Risha: Personally, the biggest challenge was my own body. The surgeries, the chemotherapy... the nausea, the hair loss, the exhaustion. It drained me completely, physically and mentally. It affects how you see yourself, your body image. Socially, it's strange. Sometimes people don't know what to say. There's a stigma, a feeling of being "sick." It can make you feel lonely. And medically, it's all the appointments, the tests, the waiting for results, the constant uncertainty.

Interviewer: What kind of strategies or coping mechanisms did you use to manage your emotional and mental well-being, especially during those darkest times?

Risha: My faith was my strongest pillar. I prayed constantly. I truly believe that God gave me the strength to face each day. And my family, especially Renee. Their presence, their love, it was everything. I tried to focus on small things, like reading, or just sitting in the sun. I learned to be kind to myself, to rest when I needed to. I told myself, "You are a fighter." I learned to advocate for myself in the hospital, to ask questions. I tried to transform the fear into a determination to live.

Interviewer: How did you eventually come out of this with a positive attitude?

Risha: It wasn't a sudden switch. It was a gradual journey. After the initial shock and despair, I realized I had two choices: give up or fight. My children, my family, they were my reason to fight. I found strength in my survival. I started appreciating every single day, every moment. I learned that life is precious. Now, I try to help others. Sharing my story gives me a purpose, and that brings immense positivity. It's about finding light in the darkest places.

Interview Segment 2: Renee Borah (Caregiver, Daughter)

Interviewer: Renee, thank you for being here. As your mother's caregiver, what were your concerns and struggles throughout her journey, especially with the recurrence?

Renee: (Her voice is soft but firm) My biggest concern, always, was losing her. Especially the second time, when the cancer came back. It felt like a punch to the gut. I remember feeling a huge wave of fear for her life. And then, a deep sadness, seeing her go through so much pain again. I felt very helpless. You want to fix it, to take her pain away, but you can't.

My struggles were emotional. I had to be strong for her, always. But inside, I was often terrified. I had to hide my own tears sometimes. There was a lot of anxiety about the future, about her health, about the family. It's a constant worry that weighs on you. I also worried about her mental state, about her getting depressed.

Interviewer: What kind of coping mechanisms did you use to manage your own well-being and support your mother?

Renee: I focused on being present. I made sure she took her medicines, that she ate, even if it was just a little. I talked to her, listened to her, even when she just needed to cry or be angry. I did a lot of practical things – managing appointments, errands. That helped me feel useful, less helpless.

I also relied on our faith, just like Maa. I prayed a lot. And I talked to other family members, my aunts, my father. They were my support system. Sometimes, I would just go for a walk by myself, to clear my head, to let out my own emotions without worrying her. I learned to cherish every moment with her.

Interviewer: How did you, as a caregiver, come out of this with a positive attitude?

Renee: It's tough. You carry the weight of what happened. But seeing Maa's strength, her fight, that inspires me every day. Her positivity is infectious. We came out of it by focusing on gratitude. Grateful that she's here, grateful for each new day. We learned how resilient she is, and how strong our family bond is. It taught me to appreciate life so much more, and to never take anything for granted. It's about accepting what happened, but choosing to look forward with hope.

Respondent 6: Jyoti Gogoi (Patient)

Ranjan Gogoi (Caregiver, Husband)

Diagnosis: Ca Breast

Interviewer: Researcher

Interview Segment 1: Jyoti Gogoi (Patient)

Interviewer: Jyoti ji, thank you for sharing your story with us today here in Guwahati. When you first received your breast cancer diagnosis, what were your immediate emotional and psychological responses?

Jyoti: (Her voice is calm but holds a hidden depth) When the doctor said "cancer, obviously it was fear . My first feeling was pure shock. I couldn't believe it was happening to me. Then came a deep, cold fear. Not just fear of dying, but fear for my family, for Ranjan. What would happen to him, to our home, if I wasn't there? That thought was the most painful. It was like a black cloud over my mind.

Interviewer: Can you describe the psychological struggles you faced throughout your treatment journey?

Jyoti: Oh, there were many struggles. After the shock, the anxiety became my constant companion. Every new test, every waiting period for results, was agonizing. I felt a lot of sadness, especially when the treatment made me feel so weak, or when my hair started falling out. That was a very difficult time, seeing my body change so much. I felt a sense of loss for my old self, my energy.

Sometimes, a wave of despair would hit, especially during chemotherapy sessions. It felt like my body was being poisoned, and I wondered if it would ever end. There was also a subtle frustration with my body, for getting sick. And the constant worry about the future, whether it would come back. This whole process made me feel very mentally drained.

Interviewer: What were the personal, medical, and social challenges that you experienced, and how did they contribute to your struggles?

Jyoti: Personally, the sheer physical exhaustion from the treatment was immense. I couldn't do much. The pain, the nausea, the fatigue... it made every simple task a huge effort. Medically, it was the endless cycle of appointments, scans, treatments. It felt like my life revolved around the hospital. Socially, sometimes people look at you with pity, or don't know what to say. I felt a bit isolated at times, like no one truly understood the fight inside me.

Interviewer: What kind of strategies or coping mechanisms did you use to manage your emotional and mental well-being during those difficult times?

Jyoti: My faith in God was my anchor. I prayed every single day, asking for strength and believing that he was with me. That gave me immense peace. And Ranjan, my husband. His constant support, his belief in me, was my biggest strength. Just his presence made me feel less alone. I also tried to focus on small things, like listening to music, or just looking at the sky. I told myself, "One day at a time." I tried to remain positive, believing that the treatment would work, that I would heal. I consciously chose to fight.

Interviewer: How did you manage to come out of this with a positive attitude?

Jyoti: It wasn't easy, but I decided I wouldn't let cancer win. I realized life is precious. Surviving it, and especially with Ranjan by my side, made me appreciate everything more deeply. I learned to focus on what truly matters. Now, I feel a renewed sense of purpose. Every day is a gift.

Interview Segment 2: Ranjan Gogoi (Caregiver, Husband)

Interviewer: Ranjan ji, thank you for being here. As Jyoti ji's husband and caregiver, what were your fears and struggles throughout her journey?

Ranjan: (His voice is steady, but carries the weight of past struggle) My biggest fear was losing her. The moment I heard "cancer," my world also changed. I just thought, "How can this happen to Jyoti?" Seeing her in pain, so weak from the treatment, was the hardest part. I felt so helpless. I wanted to take her pain, but I couldn't. This feeling of helplessness often turned into frustration with the situation, with the disease.

There was constant worry about her well-being, her recovery, and about our future. I also felt a huge responsibility to be strong for her, to hide my own fears. This led to a lot of internal stress and emotional exhaustion. Sometimes, I'd go out for a walk alone, just to process everything, to let out my own silent tears.

Interviewer: Were there any specific socio-economic challenges that added to your mental burden?

Ranjan: Yes, absolutely. The financial burden was enormous. I work, but the cost of the treatment – the medicines, the hospital stays, the scans – it was a huge shock. We had to use our savings, and it felt like a constant drain. The worry about how to manage the finances, how to keep paying for everything, was always there, adding to my mental load. It was a constant source of anxiety and stress, on top of worrying about Jyoti's health.

Interviewer: How did you cope with these challenges, and how did you both manage to come out of this with a positive attitude?

Ranjan: I knew I had to be Jyoti's pillar. My main coping mechanism was simply being there for her, doing everything I could practically – taking her to appointments, making sure she ate, trying to keep her spirits up. I also relied heavily on our faith. I prayed constantly, asking for strength and healing for her. That gave me hope.

We came out of it with a positive attitude because we faced it together. Her strength inspired me. We learned to appreciate each other, to appreciate life itself, in a way we never did before. We decided that we would fight this, and we would live fully every day that we have. We learned that even in the darkest times, with love and faith, you can find a way to new strength and a brighter outlook.

Respondent 7: Mr.Joon(name changed) (patient), 50 years old

Mrs.Rita(name changed)(caregiver), 45 years

Diagnosis: Ca Mouth

Thank you both for sharing your incredibly personal journey with us today. Mr.Joon, if we could start with you, can you tell us about the initial signs that led to your diagnosis?

Mr.Joon: It all started with what I thought was just a persistent sore throat and issues with my tonsil. I went to an ENT surgeon, not expecting anything serious. After some examination, they recommended a biopsy. That's when everything changed.

Interviewer: And when you received the diagnosis, what was your immediate reaction, and what were your biggest concerns?

Mr.Joon: Honestly, it was a shock. Cancer is a word you never want to hear. Even though they said it was caught early and hadn't spread, the fear was immense. My biggest concern was about survival, about what my life would look like, and how this would impact my wife. The thought of all the treatment, the unknown... it was terrifying.

Interviewer: You mentioned having to rely on a feeding tube for months. Can you describe that experience and how it affected you psychologically?

Mr.Joon: That was incredibly tough. Not being able to eat or drink normally, having a tube through my nose, it really impacted my body image. I felt sad and self-conscious. It's a constant reminder of being unwell. But, in my mind, I knew it was for my good, for my recovery. I just had to keep telling myself that. Slowly, I learned to eat and swallow again, and that was a huge milestone.

Interviewer: Mrs.Rita, turning to you, as the caregiver, how did you initially react to the news, and what were your biggest fears for your husband?

Mrs.Rita: [Voice softening, perhaps a slight tremble] The moment we heard "cancer," my world just stopped. It was utterly terrifying. My biggest fear was losing him, of course. He's my partner, my everything. I was so scared for his health, for the future, for what this would mean for us as a couple. There were definitely days, especially at the beginning, when I just felt overwhelmed with fear.

Interviewer: It sounds incredibly difficult. How did you manage to maintain such a strong and positive outlook during his treatment?

Mrs.Rita: It was a conscious effort. I knew he needed me to be strong. There were moments when I felt myself breaking down, but then I'd remember that he was fighting for his life, and I needed to fight alongside him. My faith in God played a huge role. I truly believed that this too would pass and he would be healthy again. When I had my lowest days, I would talk to my friends who were amazing, or I would just pray. That truly helped me regain my composure and positivity.

Interviewer: Mr.Joon, you mentioned feeling stressed and anxious during treatment, and even that hospitals made you feel "more sick." How did you cope with those feelings?

Mr.Joon: The hospital environment was challenging. The constant reminders of illness, the procedures, the waiting… it all added to the stress. My coping mechanisms were really about trying to focus on the end goal – getting cured. I would try to distract myself, maybe watch something, or just try to be present with my wife. Having her there, her positivity, was a huge comfort.

Interviewer: Mrs.Rita, how did you cope with the emotional toll of being a caregiver, and what support systems did you rely on?

Mrs.Rita: Besides my faith and talking to my friends, having our family's unwavering support was invaluable. They were there for us in every way, whether it was practical help or just emotional comfort. And thankfully, our health insurance was a huge relief; not having to worry about the medical expenses allowed us to focus solely on his treatment and recovery. Knowing we had that safety net made a world of difference.

Interviewer: After battling through all these challenges, Mr.Joon, your latest scan showed no recurrence. How does it feel to have that behind you, and how has this experience changed your perspective on life?

Mr.Joon: It's an incredible feeling, truly. Like a huge weight has been lifted. Life is slowly getting back to normal, and every day feels like a gift. This journey, as tough as it was, has profoundly changed me. I appreciate every moment more, and I value my health and my relationships in a way I never did before. It's a reminder of how resilient we can be.

Interviewer: And Mrs.Rita, looking back, what message would you have for other caregivers who might be going through a similar situation?

Mrs.Rita: Don't lose hope. It's a tough battle, but with faith, support, and a positive mindset, you can get through it. There will be bad days, but remember the good days will come too. Lean on your support system, whether it's family, friends, or even professional help. And most importantly, believe in your loved one's strength and your own. We fought this battle together, and we won. It's a testament to the power of perseverance and love.

Interviewer: Thank you both for sharing your incredibly moving story. Your strength and positive attitude are truly inspiring.

4.2 INTERPRETATION

The lived experiences of cancer patients and caregivers in this study reveal that **psychological distress** is one of the first and most intense challenges faced after diagnosis. Many patients experience overwhelming **fear, anxiety, and emotional shock**, especially related to death, pain, and the uncertainty of treatment outcomes. This distress intensifies during treatment due to physical changes such as hair loss, feeding tubes, and fatigue, which affect self-image and self-worth. Caregivers, though often silent, also carry significant **emotional burdens**, trying to stay strong while suppressing their own fears. Financial hardship is another **major stressor**, particularly for low-income families. While a few patients benefit from insurance, most must **pay out-of-pocket for expensive tests and treatments,** often leading to debt or asset loss. The need to travel long distances to urban cancer centers further increases the cost burden. With patients unable to work and caregivers often forced to quit their jobs, families lose income from both sides, worsening their financial instability. On the **social front**, the presence of **strong family and community support** plays a protective role. Loved ones often step in to provide not only emotional strength but also practical help like caregiving and financial assistance. However, some stigma and misconceptions about cancer still exist, which can lead to feelings of isolation in certain cases. Despite this, most narratives highlight the importance of **empathy, unity, and shared resilience** within families and communities.

Importantly, **spiritual coping** emerged as a key source of emotional strength. Most patients relied heavily on their **faith in God**, especially during times of fear or pain. They described prayer, reading religious texts, or simply surrendering their fears to a higher power as powerful ways to regain inner peace and emotional stability. For them, spirituality not only provided hope but also helped them accept their condition with courage. In a culturally religious setting like Assam, **spirituality becomes both a coping mechanism and a mental support system,** reinforcing emotional resilience and meaning during a time of crisis.

CHAPTER V

DISCUSSION AND FINDINGS

5.1 FINDINGS

The findings revealed that nearly all respondents experienced significant levels of emotional distress, with anxiety, depression, sadness, and fear being the most common reactions following diagnosis. Some of them are given below:

Emotional Distress Is Universal Among Patients

Almost all respondents reported feelings of fear, sadness, shock, and hopelessness after being diagnosed with cancer. These emotional reactions reflect the psychological dimension of the Biopsychosocial Model and are supported by studies like Mystakidou et al. (2005) and Mitchell & Chan (2011), which emphasize high prevalence of depression and anxiety among cancer patients.

Caregivers Experience Mental Burnout

Caregivers, though often silent, showed symptoms of stress, emotional fatigue, and suppressed emotions. Respondents like Renee Borah shared the emotional toll of pretending to be strong. This links with literature by Bekui et al. (2022), which highlights caregiver mental health burdens, and falls under the social dimension of the biopsychosocial model.

Faith in God as a Major Coping Mechanism

Most patients turned to prayer and spiritual surrender when they felt overwhelmed. This spiritual coping was central to their emotional resilience. Many said that placing their trust in God helped them manage fear and gain peace of mind. This reflects both psychological and spiritual coping and supports Holland & Weiss (2010) and Mystakidou et al. (2005).

Social Support Played a Vital Role

Respondents who had strong family support (e.g., Risha Borah, Sushmita Hazarika) coped better emotionally than those who felt isolated (e.g., Sukhmoni Kurmi). This shows the importance of social relationships in promoting mental well-being, supporting the findings of Carlson & Bultz (2004) and Grassi & Riba (2013).

Financial Burden Deepens Emotional Stress

Many participants experienced financial strain due to the cost of cancer treatment, especially those from low-income backgrounds. This stress affected both the patient and caregiver's mental health, as seen in Sukhmoni Kurmi and Mr. Joon's cases. This is part of the social and economic stressors in the biopsychosocial model.

Fear of Death and Body Image Issues

Some female patients expressed concerns about body changes, appearance, and their relationship with family due to surgery or chemotherapy. This was evident in Jyoti Gogoi and Seema Devi's stories. These fears fall under psychological effects of cancer and align with research from Pitman et al. (2018).

Children's Future and Family Worries

Several patients, especially mothers, mentioned constant worry about their children's future, marriage, and education. This sense of guilt or anxiety contributed to ongoing stress, revealing the psychological and social overlap in their experiences.

5.2 DISCUSSIONS

This study set out to explore the mental health impact of cancer on patients and their caregivers through a qualitative, phenomenological approach. Guided by the **Biopsychosocial Model**, the research revealed that cancer is not only a physical illness but also an emotional and social experience that deeply affects both patients and their caregivers. The participants, all from Guwahati, shared real-life experiences that highlighted issues such as emotional distress, anxiety, fear, financial burden, spiritual reliance, and the silent suffering of caregivers.The Biopsychosocial Model was highly relevant in understanding these narratives. **Biological aspects** like the pain, fatigue, and side effects of chemotherapy influenced the mental well-being of patients. **Psychological aspects** such as fear of death, body image concerns, and emotional exhaustion were common. **Social components**, including family support, financial condition, stigma, and isolation, shaped how participants coped with cancer. The phenomenological approach made it possible to deeply engage with the lived experiences of the respondents, giving voice to their emotional truths.Articles such as **Mystakidou et al. (2005)** and **Holland & Weiss (2010)** supported these findings by stating that psychological suffering is common in cancer patients and often overlooked. Likewise, **Carlson & Bultz (2004)** and **Grassi & Riba (2013)** emphasized the importance of psychosocial care in cancer treatment, which was reflected in the participants' call for emotional and social support. Overall, the findings confirm that mental health care must be an essential part of cancer treatment, especially in developing and culturally diverse regions like Guwahati.

CHAPTER VI

CONCLUSIONS AND SUGGESTIONS

6.1 CONCLUSION

In conclusion, this study found that cancer significantly affects not only the physical health of patients but also their emotional, psychological, and social well-being. The **Biopsychosocial Model** effectively explained how these dimensions interact to influence overall mental health. Patients experienced fear, anxiety, and emotional exhaustion, while caregivers faced silent stress and burnout. Financial challenges and lack of awareness further worsened the mental health conditions of both groups. However, the presence of family support, faith in God, and inner resilience helped many participants cope with the hardships of cancer. The study reveals a clear need for integrating **mental health care, emotional support, and spiritual sensitivity** into cancer treatment programs. The narratives of the seven respondents clearly show that anxiety, depression, helplessness, and emotional isolation are common experiences during diagnosis and treatment. Financial strain, lack of awareness, and social stigma further intensify mental distress, particularly among economically disadvantaged families. Meanwhile, the role of caregivers often emotionally and financially burdened was found to be significant yet overlooked in the broader cancer care system

Despite these challenges, the study also revealed the power of coping strategies such as faith in God, family support, and positive mindset, which helped many participants navigate their cancer journey. Emotional support from caregivers and social circles significantly reduced mental distress, highlighting the need for integrated psychosocial services within oncology care.

6.2 SUGGESTIONS

This section includes few suggestion that would bring some changes if it came into effect. The suggestions are given below:

Integrate Mental Health Support into Oncology Care:

Hospitals should provide regular counseling and emotional support session for cancer patients and caregivers on managing stress and emotional fatigue.

Train Healthcare Workers in Psychosocial Care:

The health professionals like doctors, nurses, and social workers should be trained to understand and address the emotional needs of patients along with physical treatment.

Provision of Financial Support and Government Schemes:

The accessible financial aid programs are required and essentially needed to reduce the stress caused by expensive treatment, especially for low-income families.

Encourage Family and Community Involvement:

To educate the family members on how to support the patient emotionally.The community-based awareness programs can help reduce the stigma and isolation that is often seen in the society.

Promote Spiritual and Cultural Coping Mechanisms:

To be give more importance and encouragement to faith-based and culturally sensitive counseling, as spiritual support was shown to help many patients find peace and strength.

Support for Caregivers:

Caregivers should be included in care plans. The psychological support, rest periods, and appreciation of their role can improve their well-being and ability to care.

Establish Support Groups:

Creating peer support groups for both patients and caregivers can provide a safe space to share experiences and feel less alone during the cancer journey.

The suggestions outlined above aimed at bridging the critical gap between physical treatment and emotional care in the context of cancer. This study clearly revealed that both patients and caregivers face deep emotional and psychological challenges throughout the cancer journey.These suggestions are rooted in the lived experiences of real individuals who have bravely navigated illness and caregiving, and they reflect the urgent need for **patient-centered and emotionally aware care models.** If adopted, they can improve not only treatment outcomes but also the overall **quality of lifeandmental well-being** of both cancer patients and their caregivers. The ultimate goal is to ensure that no one fights cancer in silence or in emotional isolation.

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APPENDIX

INTERVIEW SCHEDULE

I, Alisha Kaur a student of social work department, Mahapurusha Srimanta Sankaradeva Viswavidyalaya, Guwahati unit, I certify that this interview schedule will only be utilized for my dissertation, THE MENTAL HEALTH IMPACT OF CANCER ON PATIENTS AND CAREGIVERS. I guarantee that your response will remain private and be utilized exclusively for instructional objectives. As a result, I respectfully ask that you provide your insightful opinions in answering the following questions.

1. Name:
2. Age:
3. Gender:
4. Address:
5. Diagnosis:

- How do patients diagnosed with cancer describe their emotional and psychological response to their illness?
- What are the personal, medical and social challenges that are seen as the contributing factors during the cancer journey?
- What are the certain socio-economic factors that affects or intensify the mental burden of cancer?
- What are the changes that came into your life after being diagnosed with cancer?
- What are the type of strategies or coping mechanism practiced by cancer patient to manage their emotional and mental well being?
- How do caregivers themselves take care of them and support the patient who is going through treatment?

- Does personal beliefs, spiritual practices influence coping behaviours in patients and caregivers?
- Does the patient report about feeling mentally drained? If yes how often and what exactly are the emotions that the patient or caregivers goes through during or after treatment?