

Understanding Psychological Distressing Symptoms and Adult Cancer Survivors

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Abstract

Aim: The objective of this research was to assess mental disorders that frequently coexist with typical cancer diseases in what is referred to as comorbidity, which is crucial for addressing the mental well-being of cancer survivors. The research aims to determine the underlying factors for the failure of mental health-related quality of life and well-being among cancer survivors.

Material and Method: The present qualitative study aims to understand the factors contributing to the prevailing mental health challenges among adult (16-68 years) cancer survivors through questionnaires and semi-structured interviews. The Patient Health Questionnaire depression scale and the 7-item Generalized Anxiety Disorder questionnaire were used to gauge the severity of mental health symptoms. The Data from the National Cancer Registry and Regional Cancer Centers were all sources of information and reports used in the current study.

Results: The research indicates that Indian cancer patients and survivors faced challenges in accessing mental health services due to the stigma surrounding mental illness, the scarcity of mental health professionals, obstacles related to affordability and awareness, and lower incomes. This resulted in individuals being unable to afford necessary mental health evaluations: psychosocial issues – 53% to 70%, psychological discomfort – 45% to 73%, accessed mental health assessment – 9.1%, not able to access mental health assessment – 33.4%, not aware of mental health assessment – 19%.

Conclusion: There is no universally accepted set of coping mechanisms or cognitive and behavioral techniques that people may use to control their emotions and deal with stressful events. Given that people's reactions to stress are frequently complicated and multifaceted, several recent studies involving cancer patients and survivors have questioned the psychometric validity of the classification of coping techniques. Both cancer patients and survivors who adopted problem-focused strategies or maladaptive coping were reported with higher levels of symptom burden, anxiety, and depression. Acceptance, religion, and emotional support are the most common effective and implemented coping strategies among adult cancer survivors.

Keywords: Cancer Survivors, Mental Health, mental Health Disorder, Stress, Depression, and Anxiety.

Introduction

Due to the progress of modern medical technology and pharmaceutical drugs, the survival rates of cancer patients have consistently risen over four decades. An increasing number of cancer survivors deal with long-term challenges including maintaining a healthy lifestyle, family dynamics, and physical and emotional health. The two main things impeding cancer therapy and recovery, as well as survival and quality of life, are depression and anxiety.[1] Psychosocial requirements—

such as anxiety about a cancer recurrence, uncertainty about the future, support in managing stress, and changes in one's sexual orientation—remain the most mentioned unmet needs among cancer survivors. Poor mental health is the current leading cause of patient disability during and after treatment. Physical symptoms are typically more readily identified and assessed clinically, while psychosocial symptoms in end-of-life care are often overlooked. Lack of awareness, education, lower income, and early cancer

diagnosis in young patients are key risk factors for poor mental health-related quality of life and well-being in cancer survivors. [2] Modern scientific research study demonstrates that prevalent oncological illnesses frequently coexist with cognitive problems, a phenomenon known as comorbidity. Anxiety and depression are often mental health problems that are closely associated with a patient's disability, the progression of their disease, the presence of pain, and the adverse effects of certain chemotherapy drugs. Despite the differences in course, stage, and outlook of oncological diseases and mental disorders, it is still true that oncological illnesses are more closely linked to depression and anxiety than any other type of illness.[3] In addition to mental illnesses, oncological conditions can exacerbate the condition by impairing adherence to recommended treatment plans.

Prevailing Mental Health Challenges Among Adult Cancer Survivors

Looking at the present cancer diagnosis scenario in India, the survival rates of cancer patients are visible at a minimal rate compared to developed countries. Although various studies have looked at the trajectories of mental health following therapy from 8 to 55 months after diagnosis, the first three years after treatment are a crucial time to track the mental health of cancer survivors. Numerous significant stresses related to the body, mind, social life, job, and finances accompany it, exacerbating symptoms of depression and anxiety [1, 2].

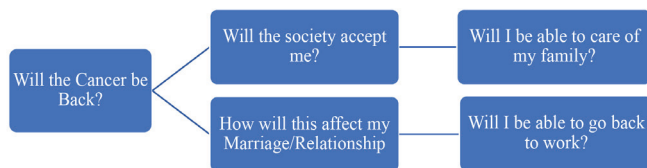


Figure 1 – Common Distressing Symptoms among Cancer Survivors
Source: [3].

In the early post-treatment period, cancer survivors face a change in the focus of medical care from curing the disease to monitoring, healing, or wellness; they also face the dread of recurrence and the long-term, late consequences of therapy, which can include psychological and physical side effects [1, 4]. Population-based cancer survival is the core indicator for assessing the effectiveness of cancer control by a healthcare system in a specific geographic area. At present 70% of cancer survivors experience psychosocial distressing symptoms that decrease the patient's quality of life and wellbeing. Symptoms like Anxiety (45%), depression (54%), and mood disorder (37.5%) are common factors leading to mental health issues among cancer survivors [5, 6]. The heightened psychological distressing symptoms are due to a lack of clinical consultations and support follow-up treatment. Fear of Cancer Recurrence (FCR) and the potential risk of cancer relapse become the source of distressing symptoms that reduce patient Quality of Life (QoL) [3].

Stomach Cancer	Colon Cancer	Breast And Prostate Cancers	Liver Cancer	Cervical Cancer
19%	37%	60%	4%	51.7%

Figure 2 – Cancer Survivor Statistics. Adapted from Population-Based Cancer Registries (PBCRs) in India
Source: [2, 6].

The study found depressive symptoms are more common and at a higher level (with more than 50%) among younger and more socially disadvantaged individuals. At present, 73% of cancer patients in India having depressive symptoms fail to undergo mental health treatment. Anxiety and depression in cancer survivors are associated with diagnostic and treatment delay, non-adherence to therapy, diminished efficacy of chemotherapy, increased symptom burden and diminished function, rising rates of suicide among survivors, greater burden on families, increased cost of care, and shortened survivor rates. [7] It is also visible that psychological depressive symptoms and anxiety disorders are at higher rates among those experiencing breast cancer, cervical cancer, ovarian cancer, endometrial cancer, and testicular cancer survivors. Leaving these psychosocial depressive symptoms resulted in patients associating with risky behaviors and complicated psycho-emotional issues [6].

Risky Drinking Behaviors	Demoralization	Loneliness	Meaninglessness	Death Anxiety
33.8%	48.2%	37%	19.7%	67%

Figure 3 – Complicating Psychosocial Concerns and Emotional Issues
Source: [7,8].

Across the cancer types, younger age is a risk factor for higher levels of poorer mental health outcomes and challenges compared to those receiving terminal ill diagnoses at older ages (50 and above). Risky drinking behaviors in cancer survivors are associated with a higher risk of cancer recurrence, development of new primary tumors, and increased mortality. Demoralization is the most common syndrome experienced by both cancer patients and survivors.[8] The prevalence of demoralization syndrome like feelings of hopelessness, helplessness, and loss of purpose ranges from 19.7% to 48.2%, including poor management of physical pain symptoms in Indian clinical practices. Higher levels of loneliness and meaninglessness were reported as common experiences among cancer survivors and had higher mortality risks.[3] Death anxiety is another common phenomenon and a natural, normal experience among cancer patients and survivors. 67% of patients with advanced cancer and survivors reported death anxiety experiences. Women cancer survivors have higher levels of death anxiety compared to male cancer survivors. Type of cancer, gender, and marital and financial status are identified as the contributing factors to death anxiety. Individual beliefs, attitudes, and sociocultural context are also visible as the significant contributor to death anxiety. [7] Fear of death results in a decreased awareness of intense neurotic fears related to losing oneself, and is accompanied by emotions of powerlessness, lack of autonomy, and absence of significance. Religious and cultural beliefs and confidence in oneself can help alleviate feelings of loneliness, insignificance, and mortality. Terror management theory (TMT) is the primary and most impactful theoretical perspective on fear of death. Dealing with one's mortality has also increased a personal sense of purpose and living in alignment with authentic personal aspirations and values [8].

Coping Strategies Towards Psychological Distressing Symptoms

The existing evidence for treating psychologically distressing symptoms among cancer patients and survivors is limited and of varying quality. The most significant tool in assessing psychological distressing syndrome among cancer patients and survivors is to identify the symptoms. Addressing

social stigma and clinical barriers has been reported as an effective symptom management technique.[9] Approach-focused and problem-solving coping strategies are found to be significantly effective in dealing with patients' anxiety and depression-like self-blame, negative body image, social stigma fatalism, and lower positive reframing. Positive psychological attributes, adjudgment, and adaptive coping strategies like the optimistic aspects of cancer are also visible in enhancing the individual quality of life and positive aspects of cancer.[6] Religion and spiritual coping mechanisms not only reduce depression but also significantly influence post-treatment outcomes and survival rates. Integrating emotional focus against self-destruction among cancer survivors had higher levels of pain symptom management, building relationships, and functional status of quality of life.[7]

Self-management and self-administered stress management techniques instilled the ability to manage physical symptoms, psychosocial consequences, and lifestyle changes along the cancer continuum. Self-management and self-administered intervention were evidence of improving patient outcomes during and after treatment, even in end-of-life assessment. However, these interventions required facilitation and resources for delivery.[10] Psychosocial adjustment/adaptation acquires mastery and control over occurrences in life connected to cancer, resolves specific cancer-related difficulties, and regulates emotional suffering. Non-pharmacological interventions, which include a range of common elements like cognitive and behavioral coping strategies, cancer education/information sessions, relaxation techniques, existential therapy, and group social support in both individual and group settings, are not the same as psychosocial interventions [11]. Individuals with cancer have a unique need, as the effect of cancer during and after the treatment interrupted lives with rapid emotional and psychological growth. Over thirty percent of cancer patients and survivors recognize the benefits of mindfulness-based stress management and acceptance and commitment therapy (ACT), a more recent type of cognitive behavioral therapy, in coping with stressful situations.

The efficacy of the coping strategies differs from individual to individual, yet the underlying focus is to deliver the quality of life, which is threatened and disrupted by terminal illness. Coping strategies are being adopted to pursue life goals, and deal with personal challenges that promote total recovery, and are emotionally intact. The existing challenges are mainly medical, physical, emotional, interpersonal, and spiritual components [9].

Effective Coping Strategies for Emotional Well-being

Confronting the Reality of Your Illness	Positive Outlook and Confidence
Emotions Expression	Seeking Assistance
Finding a Positive Meaning	Spirituality, Faith, and Prayer
Proportion and Balance	Adopting a Participatory Stance
Upholding Self-Esteem	Coming To Terms with Death and Dying

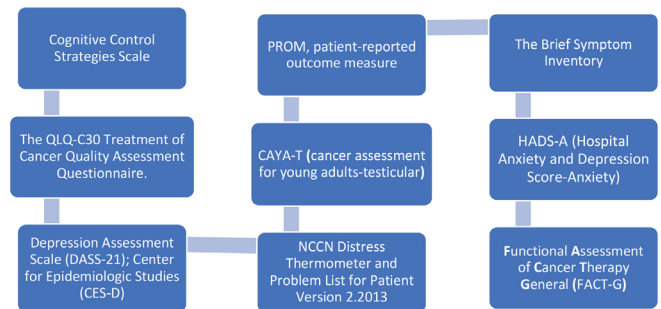
Figure 4 – Coping Skills and Strategies

Source: [10, 11].

Problem- and emotion-focused coping techniques, such as accepting reality, self-esteem, and social-spiritual and emotional support, have been proven to be strongly linked to improving physical and mental health as well as quality of life in cancer survivors. Two-thirds of cancer patients experience psychologically uncomfortable symptoms, primarily anxiety and sadness. The patient's psychological distress hugely contributed to the impairment of individual physical capacity, and ability to adhere to therapy, decreasing quality of life and

leading to mortality rates [12]. The arousals interfere with the daily of the patient by limiting their social activities, developing negative feelings and self-image, and minimizing the patient's self-esteem. On the other hand, due to the lack of awareness and education among terminally ill patients in rural India, they are mostly unaware of the common warning signs leading to worsening the terminal condition. Another problem in the nation's healthcare procedures that significantly lowers patient quality of life and raises death rates is misdiagnosis of symptoms [10].

Measuring Instruments/Tools for Psychological Distressing Symptoms [5,6,8]



Psychological distressing symptoms require proper assessment as they can affect individual thought processes and make it harder to cope with the terminal ill diagnosis, its symptoms, and the aftermath treatment process among cancer survivors. A useful tool for measuring unpleasant experiences of a mental, physical, social, or spiritual nature is the National Comprehensive Cancer Network. Cancer patients' health-related quality of life is evaluated using the European Organization for Research and Treatment for Cancer Quality Assessment Questionnaire (EORTC QLQ-C30).[13] The EORTC QLQ-C305 includes three symptom scales (pain, fatigue, and nausea/vomiting), five functional scales (physical, social, emotional, cognitive, and role functioning), and an overall health and quality of life scale. It includes six single-item scales measuring dyspnea, insomnia, appetite, constipation, diarrhea, and financial difficulties, along with thirty 30-question questionnaires. Numerous international studies, each concentrating on a particular tumor site, have validated the EORTC QLQ-C30.[12] A self-report tool called the COPE (Coping Orientation to Problems Experienced) Inventory was created to evaluate a wide range of coping strategies. The fourteen subscales that make up the COPE include behavioral disengagement, denial, self-distraction, self-blaming, substance use, humor, positive reframing, religion, acceptance, emotional support, planning, active coping, instrumental support, and venting to let unpleasant feelings escape/expressing negative feelings [13].

Cancer patients' quality of life about their health is evaluated using the Functional Assessment of Cancer Therapy General (FACT-G) questionnaire. The 27-item survey measures the burden of symptoms and physical well-being of patients using a five-point answer scale, evaluated by the questionnaire containing: functional, emotional, social/family, and physical well-being. The ninety-odd-item CAYA-T (Cancer Assessment for Young Adults-Testicular) questionnaire covers the seven biopsychosocial domains: emotional functioning (fear, obsession with illness, anxiety, and depressive symptoms), social functioning, education and work, memory and concentration, and sexual relationships. The Epidemiologic Studies Center A 20-item self-report questionnaire on depressed symptoms is called the Depression Scale (CES-D) [14]. The Depression

Anxiety Stress Scales 21, which measures psychological discomfort in three multi-item domains—anxiety, depression, and stress/tension—is a condensed version of the 42-item Depression Anxiety Stress Scales (DASS) questionnaire. Self-reported despair, self-deprecation, interest, anhedonia, inertia, and dysphoria were evaluated in the depression domain. The experience of anxiety and any associated bodily consequences were assessed in the anxiety domain. Measurements of agitation, irritation, impatience, and difficulties relaxing were made in the stress/tension domain [15, 14].

Both recently created and well-known distress screening instruments that have been verified in cancer patients are included in the current investigation. According to the study, distress is characterized as a depressive condition that may be indicative of adjustment, anxiety, or affective disorders. The unique type of adaptation that normal people experience in response to exceptionally stressful situations is called coping. Coping is the dynamic process by which an individual adjusts their cognitive and behavioral strategies to meet demands that are particularly difficult and likely beyond their current abilities and resources.[16] The three primary components of the coping process are the stressor, or the source of the stress, cognitive assessment, and coping methods. Many conventional coping techniques have been divided into primary and secondary control coping, problem-versus-emotion-focused, functional-versus-dysfunctional, approach-versus-avoidance, and engagement-versus-disengagement. The most well-known and often applied technique in the research of coping is the division of coping actions into problem- and emotion-focused categories [17].

The secondary Control Coping technique involves increasing an individual's coping based on the current situation and the use of adaptive coping strategies is a significant predictor of decreased emotional distress. In post-cancer diagnosis, secondary control strategies techniques of acceptance and cognitive appraisal help in minimizing anxiety and depressive symptoms. Mostly among adult cancer survivors the use of secondary control coping strategies helped to mediate negative thoughts about cancer treatment, promoted a higher concordance to medical regimens, and assisted in the management of stress. In common experiences, cancer survivors felt that their diagnosis had a greater impact on their psychological distress than did their demographic or clinical characteristics [14]. Coping strategies explained 38% of the variance in psychological distress, whereas demographic factors, such as gender, relationship status, and late medical effects, accounted for only 12%. Similarly, using a multiple regression analysis, social support and coping strategies explained about 30% of the psychosocial distress outcome model [8, 9]. The study shows that cancer patients from rural backgrounds had higher coping scores than urban patients, which was statistically significant. On the other hand, the male cancer population has a higher level of coping strategies compared with females. The finding also shows that patients of joined-family age have higher coping abilities compared to single or nuclear families [15].

Discussion

As more and more modern scientific medical success stories transform cancer into a treatable illness that can be effectively managed, the number of cancer survivors rises, and by 2030, that number is expected to reach roughly 75 million. In developing nations, between 30% and 65% of all cancer patients are long-term survivors due to cancer screening and early detection. Nonetheless, the survivorship experience also influences the survivor's experiences as family members, friends,

and caregivers while they are coping with and beyond cancer [6]. The present models of terminal ill assessment in India have failed to acknowledge the existing psychologically distressing symptoms as the treatment focus is largely on cure, disease failure, and survival rates. The majority of the clinicians (oncologists and nurses) have little formal training in the survivorship care plan and addressing the psychological non-pain symptoms. The patients on the other hand are not comfortable sharing their psychosocial-emotional distressing symptoms to their clinicians [9]. Poor identification of psychologically distressing symptoms both by patients and clinicians becomes the underlying barrier to not engaging with psychological assessment in Indian clinical practices.

Socio-cultural stigma is another significant barrier for patients to avoid psychological support or refuse referral if offered, and preference for managing their emotional and psychological difficulties on their own. The results of the current study indicate that cancer survivors generally had higher hospitalization rates, poor self-rated health, depressive symptoms, functional limitations, and sleep issues. Because urban residents have better access to healthcare, including cancer screening and treatment, which increases survival rates, cancers linked to lifestyle factors are more common in higher socioeconomic groups and urban areas. A person's experience of psychosocial distress among cancer survivors varies based on their culture and how they view their illness. In addition to anxiety and depression, there is a higher chance of suicidal behavior, which can cause intense emotional suffering and mental discord that can hurt an individual's quality of life in several ways. Only 9.1% of the long-term cancer survivors accessed proper mental health support, while 33.4% reported being unable to afford professional mental health services due to socio-economic conditions [17]. Sadly, 19% of the cancer survivors were not aware of the existing mental services, mainly in rural India. Indigenous tribal communities experience poor access to both health care systems and mental health services. Sleep disturbance, fatigue, loss of appetite, and fear of cancer recurrence (45.5%) were also seen as contributing factors for mental health issues among cancer survivors. Social anxiety, change in personal and social relationships after cancer diagnosis, and its treatment procedure were also observed as the common contributing factors mainly in rural India. Another 19.2% of the cancer survivors were seen experiencing Post-Traumatic Stress Disorder (PTSD) [16].

The cognitive and social functioning are significantly different between the general population and cancer-affected survivors. Apart from its physical and mental negative health outcomes, individuals have experienced limited social functioning resulting in relying less on their social network for support. Compared with the general population, adult cancer survivors reported greater severity of anxiety and depression symptoms than those without a history of cancer. Cancer survivorship can live a normal life for 50 to 60 years, in which one-third of the population failed to access regular follow-up cancer care and regular symptom screening with validated tools resulting in living with high prevailing depressive symptoms [10, 11]. Individuals who had financial difficulties and stigmatization were more likely to have higher levels of worry, stress, and sadness. Patients who used problem-focused or maladaptive coping methods were shown to have greater levels of symptoms in most cases. Conversely, patients who utilized emotion-focused coping strategies showed lower levels of anxiety, sadness, hazardous undesired behaviors, and fear of cancer recurrence. To deal with stress and uncomfortable symptoms,

cancer survivors who use unhealthy coping mechanisms are strongly linked to receiving direct psychological help as well as encouragement to utilize alternative, approach- or emotion-focused coping mechanisms.

Limitations and Strengths of the Study

The present study results have certain limitations and strengths.

- Since the study was a cross-sectional study, the temporal relationship between cause and effect could not be ascertained.
- Some measurement tools used were self-rating questionnaires. This may have led to some bias.
- It provides insights for healthcare professionals and policymakers to better understand and cater to the mental health needs of this population.
- Long-term survivors often experience depression, anxiety, stress, and body image concerns. Follow-up management strategies for cancer survivors should involve assessing and treating psychological distress, as well as addressing body image issues and social prejudice in patients having mastectomies.

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writing – review and editing, S.D.V. and F.S; visualization, S.D.V; supervision, S.D.V; project administration, S.D.V.

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