



## Psychosocial Oncology: Understanding the Emotional and Social Dimensions of Cancer Care

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### Abstract

Psychosocial oncology is a multidisciplinary field that addresses the psychological, social, emotional, and behavioral dimensions of cancer. This study explores the impact of cancer diagnosis and treatment on patients' mental health, quality of life, and coping strategies. Using a mixed-method approach combining quantitative assessments and qualitative interviews, the research evaluates the prevalence of depression, anxiety, and social isolation among oncology patients. The results highlight the need for integrated psychosocial interventions in cancer care. The discussion emphasizes tailored psychological support as a key factor in holistic treatment, pointing toward future models of patient-centered oncology.

**Keywords:** Psychosocial oncology, cancer care, mental health, quality of life, coping mechanisms, psycho-oncology, emotional support

### Introduction

Cancer is not only a physical disease but also a profound psychological experience. A diagnosis of cancer often leads to intense emotional responses including fear, anxiety, depression, and uncertainty about the future. The field of psychosocial oncology has emerged to address these non-biomedical aspects of the disease. Recognizing the emotional and social ramifications of cancer, psychosocial oncology integrates mental health care into oncological practice.

Previous studies have shown that untreated psychological distress can negatively affect treatment adherence, immune function, and overall quality of life. Despite this, mental health support remains underutilized in many cancer centers, especially in low- and middle-income countries. This study aims to explore the psychosocial challenges faced by cancer patients and assess the effectiveness of current support mechanisms.

## Materials and Methods

### Study Design

A cross-sectional, mixed-method study was conducted at three urban oncology centers over a period of 12 months.

### Participants

A total of 300 adult cancer patients (age 25–75) undergoing treatment were recruited through purposive sampling. Inclusion criteria included a confirmed cancer diagnosis, awareness of the diagnosis, and consent to participate.

### Data Collection

Quantitative data were collected using standardized psychological scales:

- Hospital Anxiety and Depression Scale (HADS)
- Functional Assessment of Cancer Therapy – General (FACT-G)

Qualitative data were collected via semi-structured interviews with 40 selected participants. The interview guide focused on emotional reactions to diagnosis, family support, treatment coping strategies, and perceived needs.

### Ethical Considerations

The study received approval from the Institutional Review Boards of all participating centers. Written informed consent was obtained from all participants.

## Results

Among the 300 participants, 62% exhibited moderate to severe levels of anxiety, while 47% showed signs of clinical depression. Patients under chemotherapy were more likely to report distress than those in remission or under radiation therapy.

Key themes from the qualitative interviews included:

- **Fear of Uncertainty:** Patients expressed existential concerns and fear of treatment failure.
- **Social Withdrawal:** A significant proportion described reduced social interactions and feelings of isolation.

- **Family Burden:** Many felt guilty for being a financial and emotional burden to their families.
- **Need for Psychological Support:** Participants highlighted the lack of mental health services in oncology departments.

Patients with strong familial or peer support systems reported better emotional adjustment and resilience.

## Discussion

This study underscores the psychological burden that accompanies cancer and the importance of addressing it as part of comprehensive care. High rates of anxiety and depression among patients align with existing literature, suggesting that psychosocial distress is an expected, yet often overlooked, consequence of cancer treatment.

The qualitative data further reinforce the need for holistic support that goes beyond pharmacological management. The findings reveal that emotional resilience is bolstered by social support, psychological counseling, and consistent communication from health professionals.

Despite growing awareness, psychosocial services are inconsistently offered in many healthcare systems. There is a need for policy interventions that mandate the integration of psychosocial care into oncology protocols. Training programs for oncologists and nurses in basic psychological first aid could also improve patient outcomes.

## Conclusion

Psychosocial oncology is essential for providing comprehensive and compassionate cancer care. Emotional well-being directly affects patients' ability to cope with disease and adhere to treatment. This study demonstrates the prevalence of psychological distress among cancer patients and calls for structured psychosocial interventions within oncology settings. Future research should focus on intervention models tailored to different cultural and resource contexts to ensure equitable care.

## Reference

1. Holland, J. C., & Weiss, T. R. (2010). *The Human Side of Cancer: Living with Hope, Coping with Uncertainty*. HarperCollins.
2. Spiegel, D., & Giese-Davis, J. (2003). Depression and cancer: Mechanisms and disease progression. *Biological Psychiatry*, 54(3), 269–282.
3. Fann, J. R., et al. (2008). Major depression after breast cancer: a review of epidemiology and treatment. *General Hospital Psychiatry*, 30(2), 112–126.
4. National Comprehensive Cancer Network (NCCN). (2023). *Distress Management Clinical Practice Guidelines in Oncology*.

5. Grassi, L., & Riba, M. (2014). *Clinical Psycho-Oncology: An International Perspective*. Wiley-Blackwell.
6. Bultz, B. D., & Carlson, L. E. (2006). Emotional distress: The sixth vital sign in cancer care. *Journal of Clinical Oncology*, 24(2), 101–106.
7. Kissane, D. W., & Bloch, S. (2002). *Family Focused Grief Therapy: A Model of Family-Centered Care during Palliative Care and Bereavement*. Open University Press.



