



Hope as a Catalyst for Adaptive Emotions: A Psychological Exploration of Emotional Responses in the Cancer Journey

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Abstract

The emotional journey of a cancer diagnosis is marked by a nonlinear interplay of emotions such as fear, hope, anger, and sorrow, challenging the linear model proposed by Kübler-Ross’s stages of grief. This study explores the role of hope as a catalyst for emotional resilience and adaptive coping during cancer treatment. Using a narrative inquiry methodology grounded in personal experience and thematic analysis, recurring themes of resilience, faith, and social support were identified. Snyder’s Hope Theory, Religious Coping Theory, and the Health Belief Model frame the analysis, emphasizing the influence of cultural and spiritual beliefs on emotional adaptation. Findings reveal that hope and social support mitigate distress, while access to healthcare and systemic barriers significantly shape emotional responses. The study advocates for holistic, patient-centered care integrating psychological and spiritual support to enhance resilience and quality of life, empowering patients to navigate their journey with strength and optimism.

Keywords: Cancer Diagnosis; Emotional Resilience; Hope; “Willpower”; “Waypower”; Religious Coping; Psychological Adaptation; Snyder’s Hope Theory; Emotional Well-Being; Holistic Cancer Care; Narrative Inquiry; Coping Strategies

Abbreviations

HBM: Health Belief Model; DABDA: Denial, Anger, Bargaining, Depression, and Acceptance.

Introduction

A cancer diagnosis is a life-altering event, deeply affecting an individual’s physical health, emotional well-being, and social relationships. Cancer patients frequently face long diagnostic journeys filled with ambiguity, involving numerous tests and prolonged waiting periods, which exacerbate feelings of helplessness and anxiety [1]. The

diagnosis often triggers a cascade of emotions—shock, denial, anger, fear, hope, and acceptance—interwoven with the uncertainty of the disease’s trajectory and its impact on life. These emotions can be adaptive, that is spurring them on to take action to remediating the situation eg, fear of hearing of cancer diagnosis will make the person adhere to directives of oncologist including treatments such as surgery and chemotherapy irrespective of effects to get to remission quickly to avoid death. However the emotions can be maladaptive, and in this case fear of symptoms of chemotherapy will make patients decide not to go through with it which may likely impact on the prognosis negatively. These experiences are not confined to the patient alone; they



ripple outward, impacting family, friends, and caregivers, creating a shared emotional burden [2].

Despite these challenges, hope emerges as a pivotal and adaptive psychological resource that sustains individuals through their darkest moments. Snyder's theory of hope offers a valuable framework for understanding this phenomenon. Unlike passive forms of hope, such as wishful thinking or blind faith, Snyder's model defines hope as an active, goal-directed process involving the identification of goals, strategic planning to overcome obstacles, and the motivation to pursue those goals [3,4]. This dual emphasis on "willpower" and "waypower" not only provides a roadmap for navigating life's uncertainties but also distinguishes hope from related constructs like optimism and resilience.

For cancer patients, the integration of hope into their emotional landscape is often critical. It provides the mental fortitude to endure rigorous treatments, accept the uncertainties of prognosis, and reimagine a future beyond the diagnosis. Hope is not merely an emotional response but a cognitive mechanism that motivates individuals to set meaningful goals, such as completing treatment or regaining a semblance of normalcy, and to develop actionable plans to achieve them. These characteristics make hope a uniquely empowering force amid the uncertainty and emotional complexity of a cancer diagnosis [4].

This study examines the intricate interplay of emotions experienced during the cancer journey through the lens of my own narrative. Retrospective journaling and autobiographical writing were employed to explore key emotional themes, including shock, anger, fear, hope, acceptance, and sorrow. Using narrative analysis, these themes were contextualized within established psychological frameworks, such as Snyder's Hope Theory and Religious Coping Theory, and further enriched by the active components of hope articulated in Snyder's theory. By anchoring the analysis in a lived experience, this research seeks to provide a nuanced understanding of the emotional and psychological dynamics at play during a cancer journey, offering valuable insights for psychologists, healthcare professionals, and patients alike.

The results aim to contribute to a growing body of literature that underscores the role of emotional resilience and adaptive coping strategies in chronic illness management. By highlighting hope as both an emotional anchor and a cognitive tool, this study aspires to inform therapeutic practices and social support interventions, particularly for those navigating the turbulent waters of a cancer diagnosis.

The following sections will delve into the methodologies employed, the rich tapestry of emotions uncovered through the narrative, and the broader implications of these findings

for cancer care and psychological support systems. Through this inquiry, the transformative power of hope amid uncertainty becomes evident—a beacon for those who face one of life's greatest challenges.

Problem Statement

Cancer patients often face overwhelming emotions, confusion, and difficulty articulating their experiences, leaving caregivers unsure of how to provide adequate support. Cultural taboos surrounding cancer further complicate the issue, as discussing the disease is often viewed as "inviting" it. Consequently, discussions about the emotional and psychological states of cancer patients—especially how they navigate the various stages of diagnosis and treatment—are scarce. There remains a significant gap in understanding what helps cancer patients manage their emotions, accept their diagnosis, endure treatment, and adapt to a new normal without succumbing to sadness or depression [5], both of which are common and have been linked to poor prognosis [6]. This gap leaves psychologists, caregivers, and healthcare providers without the necessary tools to effectively address the mental and emotional needs of cancer patients. Therefore, there is an urgent need for a deeper exploration of how hope, as a psychological resource, can shape emotions, foster resilience, and enhance adherence to treatment. By focusing on the role of hope, this research aims to provide actionable insights that can empower caregivers and healthcare providers to support cancer patients in finding meaning and purpose, enabling them to endure the pain of treatment and embrace the future with optimism [7]. Ultimately, this approach aims to improve prognosis and overall well-being.

Research Objective

The primary objective of this study is to explore the role of the mind and emotions in the context of cancer. Specifically, it aims to examine how negative emotions can be consciously reversed by harnessing active hope—through goal-directed thinking and strategic planning. The study seeks to explore how this active hope can help cultivate a sense of purpose, foster resilience, and support cancer patients in managing their emotional journey. Additionally, the research aims to equip caregivers and healthcare providers with actionable strategies to help patients build and sustain hope, thereby enhancing emotional well-being and improving health outcomes. By providing caregivers and psychologists with insights from the lived experiences of someone who has navigated the cancer diagnosis and remission journey, this study will offer valuable perspectives on how active hope can address depressive states, encourage deliberate emotional management, and serve as a therapeutic tool for fostering hope.

Significance of the Research

This research is significant for its potential to reshape how caregivers, psychologists, and healthcare professionals understand and address the emotional and psychological needs of cancer patients. The study's findings will highlight the importance of recognizing that while negative emotions are a natural part of the cancer diagnosis, treatment, and post-treatment or end-of-life care journey, these emotions—if left unaddressed—can evolve into depression. Such negative emotions should not be regarded as an inevitable aspect of the cancer experience but as an area requiring active intervention. With deliberate and conscious effort, it is possible to reverse these negative emotions before they progress into entrenched states, such as depression, which can significantly impact a patient's will to live, leading to discontinuation of treatment and negatively affecting prognosis.

By exploring the lived experience of cancer patients through the lens of Snyder's Theory of Hope, this study will empower caregivers to help patients transform persistent negative emotions like despair or depression into actionable goals based on hope. In doing so, it aims to enhance emotional resilience and improve health outcomes. Furthermore, this research contributes to the broader discourse on the psychological dimensions of chronic illness, advocating for the intentional cultivation of hope as a pathway to better quality of life and prognosis.

The study will also emphasize the role of willpower in cultivating hope, demonstrating that hope is not a passive state but an active, cognitive-emotional process. It involves setting achievable goals, planning for obstacles, and taking deliberate action toward those goals. By empowering both caregivers and cancer patients to actively work toward hope, this research provides a valuable framework for improving cancer care, incorporating mental and emotional dimensions, and ultimately fostering a more holistic approach to patient well-being.

Literature Review

Introduction

This literature review examines the psychological and emotional experiences of cancer patients, with a particular focus on hope as a significant factor in fostering resilience and improving prognosis. It addresses gaps in existing research, integrating lived experiences with theoretical frameworks to provide a foundation for understanding how hope influences emotional resilience and supports cancer patients in navigating their journey.

Cancer is a multifaceted disease that affects individuals physically, psychologically, emotionally, and spiritually. The

interplay between emotional well-being and physical health is profound, influencing treatment adherence, prognosis, and quality of life [2]. Emotions, as responses to significant life events, play a crucial role in shaping how individuals perceive and respond to cancer [5,8]. The journey from diagnosis to treatment and beyond involves a spectrum of emotions, including fear, anxiety, and hope.

Studies indicate that emotions if not well managed not only diminishes quality of life but also negatively impacts prognosis, reducing survival rates and treatment efficacy [5]. This highlights the critical need for psychological support to address the emotional challenges faced by cancer patients.

Emotions and Their Role in the Cancer Experience

Emotions are intricate psychological states characterized by subjective experiences, physiological responses, and behavioral expressions, serving as crucial adaptive mechanisms for navigating significant life events. Over time, emotions have evolved to enhance survival by facilitating responses to critical environmental challenges. For instance, fear triggers cognitive, behavioral, and physiological changes that equip individuals to confront threatening situations [5,8]. However, the complexity of emotions is heightened in the context of a cancer diagnosis, where adaptive and maladaptive responses intertwine, profoundly influencing patients and their caregivers.

The multifaceted impact of a cancer diagnosis can be overwhelming, affecting an individual's physical, mental, and spiritual well-being [2]. Emotions such as fear, anxiety, sorrow, worry, and distress frequently emerge, reflecting the uncertainty and challenges posed by the disease and its treatment. The emotional toll of cancer extends beyond the patient, affecting family members and caregivers, whose mental health is often strained as they grapple with the burden of support [2,9].

Adaptive and Maladaptive Emotional Responses

Emotions play a dual role in oncology, with the potential to be either adaptive or maladaptive. Adaptive emotional responses help patients process their diagnosis and treatment by motivating them to take necessary actions, such as adhering to medical advice or seeking social support [5].

For example, fear, when functioning adaptively, prompts patients to confront their illness and make informed decisions about their care. Anxiety, when appropriately managed, can enhance vigilance and problem-solving, directing attention to potential threats and eliciting self-protective behaviors [10].

However, emotions can become maladaptive when they are excessively intense, persistent, or disruptive. In these cases, they hinder effective coping and impair overall functioning. Severe anxiety might lead to avoidance of treatment, while depression can result in a lack of motivation and unrealistic negative outlooks. Overwhelming fear of death may foster unrealistic optimism or denial, further complicating treatment adherence. Worry, often described as “a chain of thoughts and images, negatively affect-laden and relatively uncontrollable,” can become maladaptive when it becomes excessive and chronic, leading to constant discomfort and impairing emotional resilience [10].

Fear, Anxiety, and Emotional Overlap

Fear and anxiety are among the predominant emotions experienced by cancer patients. Fear is both a physiological arousal and a subjective experience arising from the presence of a threat. It is often linked to specific dangers, such as the potential loss of life or the consequences of treatment. Anxiety, on the other hand, is characterized by a diffuse sense of unease about uncertain future events. While both emotions share overlapping features, they are distinct in their triggers and effects. Fear is inversely related to pain perception, while anxiety is positively correlated, amplifying the sensation of pain. The boundaries between these emotions, however, are often blurred. Studies demonstrate that anxiety, fear, and related emotions like horror and disgust share gradients rather than discrete categories, shaping the unique emotional experiences of individuals [10].

In oncology, fear and anxiety are often elicited simultaneously. Patients may fear the immediate pain of treatments like chemotherapy or the long-term implications of their illness, while anxiety revolves around the uncertainty of outcomes. Worry, closely related to these emotions, serves an adaptive function by directing attention to threats and eliciting problem-solving behaviors. However, when excessive, it contributes to heightened distress and impairs coping mechanisms [10].

The Emotional Complexity of Cancer

Cancer amplifies the complexity of emotions. Physical pain from the disease and its treatment often becomes an unrelenting trigger for fear, anxiety, and sorrow. Patients may find themselves in a cycle of emotional and physical suffering, where procedures intended to alleviate pain instead cause further discomfort. This can lead to frustration, helplessness, and profound sorrow, leaving patients vulnerable and emotionally drained. Such experiences highlight the adaptive and maladaptive dimensions of emotional responses. While emotions like fear and worry aim to prepare the individual for action, their excessive intensity can create barriers to

effective coping.

Navigating Emotional Responses

Emotions are fundamentally reactions to events or situations, with their type and intensity shaped by the circumstances that trigger them [8]. They influence not only psychological well-being but also physical health, relationships, and spiritual resilience. For cancer patients, fostering adaptive emotional responses is essential to navigating the journey of diagnosis and treatment. Psychological interventions, social support, and targeted therapies can help patients regulate their emotions, improving overall well-being and resilience [5].

Understanding the dual role of emotions in cancer is crucial for healthcare providers. By addressing both adaptive and maladaptive responses, they can better support patients in managing the complex interplay of fear, anxiety, sorrow, and worry, enhancing their capacity to cope with the challenges of illness.

The Role of Hope as a Catalyst for adaptive emotions in the Cancer Journey

Hope plays a pivotal role in fostering adaptive emotional responses during the cancer journey, serving as a powerful counterbalance to the emotional distress and physical pain often associated with a diagnosis [7]. Emotional distress, if unaddressed, can exacerbate the perception of physical pain, creating a cycle that undermines a patient’s ability to cope with treatment. Unlike physical pain, which can often be treated with medication, emotional pain requires comprehensive psychological and spiritual interventions. In this context, hope emerges as a dynamic force that enables patients to navigate their challenges with resilience, determination, and clarity.

The Active Nature of Hope

Snyder’s theory of hope provides a framework for understanding its role in the cancer journey. This theory defines hope as a motivational state characterized by setting goals, developing strategies to achieve them, and finding motivation to pursue them [3]. At its core, hope consists of two components: “willpower,” or goal-directed thinking, and “waypower,” which involves identifying obstacles and developing pathways to overcome them. These elements highlight the transformative potential of hope in fostering resilience and adaptive behavior during treatment.

The importance of hope is vividly illustrated by Behar D [11], a cancer patient who has undergone over fifty-five rounds of chemotherapy. Despite the physical and

emotional toll, her unwavering faith in God and inner voice of hope enable her to endure the overwhelming challenges of treatment. She describes how her “truest self” reassures her that her struggles are temporary, inspiring her to persevere [11]. Her story demonstrates how hope and faith can act as a lifeline, providing strength and clarity during moments of despair.

Faith as a Complementary Force to Hope

Faith often serves as a complementary force to hope, nurturing and sustaining it. While distinct, faith inspires individuals to take action based on a belief in positive outcomes. Religious practices, scriptures, and spiritual beliefs provide pathways for alleviating emotional distress, instilling purpose, and enhancing resilience [12,13]. For instance, Ecclesiastes 9:3-5 expresses the idea that “where there is hope there is life,” reflecting the spiritual embodiment of hope in many Christian patients [14].

This dynamic relationship between faith and hope is further illustrated in the reflections of Diane Behar an individual undergoing long-term chemotherapy treatment:

“I have been treated with chemotherapy for more than six years and am now on my fifty-fifth course. My current treatment is an experimental infusion that lasts fifteen days each month. Almost immediately, I experience a nearly imperceptible ebbing away of my physical stamina and soon I prefer to walk rather than run, take an escalator instead of the stairs, and sit down rather than stand. My life moves into slow motion. I gradually witness a change in my personality and the way I react to people and situations. What makes this experience so difficult and frightening is the loss of control that takes place—a transformation from a fully active and vital person into someone who can barely sit up and function effectively, which is overwhelming and disheartening. Somewhere inside the deepest part of me, my truest self hides out under cover, and tells me that all of this is temporary and that I must just wait out these drug-induced episodes. This kind voice, along with my unwavering faith in God, enables me to conquer and think that somehow I will be able to see my way into the clearing. And so I go on” [11].

This testimony underscores how faith in God not only serves as a reservoir of strength but also supports the implementation of coping strategies. By fostering a sense of purpose and providing inner reassurance, faith enables individuals to endure even the most disheartening circumstances. The patient identifies several coping mechanisms that help navigate the challenges of treatment: “I try to live day to day. I focus my thoughts in the present tense and try to deal with matters close at hand.” Faith complements this focus by offering a spiritual anchor during

moments of physical and emotional distress. The belief that “all of this is temporary” and the presence of a “kind voice” within reflects the integration of faith into coping strategies, enabling resilience and perseverance.

Ultimately, faith in God strengthens hope and empowers individuals to endure adversity with the conviction that their efforts and trust in a higher power will lead to better outcomes. As seen through both scriptural teachings and personal accounts, faith acts as a critical component in the journey toward healing and resilience.

Hope and Mental Health in Cancer

The absence of hope can have devastating consequences, particularly when compounded by depression. Chronic illnesses like cancer are often complicated by depression, which exacerbates emotional and physical suffering. Depression in cancer patients is multifactorial—biological, psychosocial, or treatment-induced—and significantly impacts prognosis and mortality rates [6,15]. Untreated depression can lead to increased mortality and reduced treatment efficacy, underscoring the need for regular assessment and proactive management of depressive disorders [6].

Cancer patients often experience depression simply because having cancer can be a deeply distressing experience. However, depression in these individuals is rarely a one-dimensional phenomenon [14]. Most cancer patients are frightened and upset, but not clinically depressed [14]. Depression, when it occurs, typically arises from psychological, biological, or treatment-induced causes, which are both understandable and treatable [14]. The experience of cancer interacts with a patient’s personal life circumstances, magnifying its emotional impact and shaping the meaning and tone of the illness in unique ways.

For instance, younger cancer patients may feel an acute sense of incompleteness about their lives, perceiving cancer as a threat to future aspirations and goals [14]. Conversely, older patients might experience cancer with a sense of life completion, often finding it more acceptable within the context of a long-lived life [14]. The psychological context of the individual, shaped by personal history and unresolved emotional issues, also plays a pivotal role in depression. For some, a cancer diagnosis may feel like the culmination of a sorrowful life history, reactivating old traumas and magnifying feelings of despair. Additionally, depression may arise from the physical toll of cancer treatments, such as surgeries, radiation, and chemotherapy. These treatments often affect a patient’s self-esteem, identity, and physical abilities, potentially leading to a profound sense of loss. Cultural factors also contribute, as societal assumptions about deservingness or self-blame can

exacerbate emotional distress [14].

The biological underpinnings of depression in cancer patients are equally significant. The emotional consequences of cancer can induce biochemical changes in the brain, further aggravated by treatment regimens, including chemotherapy, hormonal therapies, and pain medications [14].

Depression's Effects on Treatment and Well-being

Depression significantly affects cancer patients' ability to cope with their illness and adhere to treatment plans. Patients with untreated depression often exhibit diminished motivation, reduced energy, and a lack of engagement in their recovery. This can compromise treatment outcomes by reducing adherence to therapy, increasing the likelihood of missed appointments, and exacerbating side effects [14].

Furthermore, depression may diminish the immune system's function, potentially impacting the body's ability to fight the disease.

In contrast, addressing depression proactively can improve both physical and emotional outcomes. Patients who receive psychological and social support are more likely to maintain hope, engage in their treatment, and report better quality of life. Emotional well-being is directly linked to the efficacy of cancer treatment, highlighting the importance of recognizing and managing depression in cancer care.

Steps to Alleviate Depression

Protecting oneself from depression while dealing with cancer involves a multifaceted approach:

Acknowledging and Expressing Emotions: Suppressing painful emotions can lead to depression. Patients who openly share their feelings with trusted individuals often experience relief and emotional clarity.

Seeking Support: Maintaining close connections with loved ones provides a strong buffer against feelings of isolation. Interpersonal support fosters resilience and alleviates emotional distress.

Active Participation in Care: Being informed and involved in treatment decisions empowers patients and counters feelings of helplessness. Exploring complementary therapies, such as acupuncture or guided imagery, can also enhance emotional well-being.

Regular Exercise: Physical activity has proven physiological and mental benefits, including the release of endorphins, which elevate mood and counteract depression.

By addressing depression and fostering hope, healthcare providers and patients can work together to improve overall well-being, treatment adherence, and quality of life [14]. Recognizing that depression is both a common and treatable aspect of the cancer journey enables a compassionate, holistic approach to care that prioritizes emotional health alongside physical healing.

Hope as a Catalyst for Adaptive Emotions

Hope transcends passive aspirations or wishful thinking. It involves the intentional pursuit of achievable goals, even amid uncertainty, transforming despair into a sense of purpose and resilience [4]. For cancer patients, hope may take the form of small, practical objectives, such as continuing hobbies, maintaining social connections, or adjusting routines to accommodate treatment-related fatigue. These active engagements enable individuals to balance uncertainty with determination, fostering a sense of control and optimism during their journey.

Healthcare professionals play an integral role in fostering hope. Dr. Karl Menninger emphasized humanizing medicine by using hope as a therapeutic tool to enhance compassionate care [13]. Research supports the link between hope and improved coping skills, enhanced resilience, reduced helplessness, and better quality of life. Furthermore, hope has been shown to alleviate pain and anxiety, making it a critical component in cancer care and end-of-life support [16].

Viktor Frankl, a Holocaust survivor and psychiatrist, exemplified the power of hope in adversity. He observed that prisoners in concentration camps who maintained hope and purpose were more resilient than those who succumbed to despair [13]. Frankl recounted how some prisoners, including physicians, nurtured hope by preparing and presenting medical papers or building an X-ray machine despite their dire circumstances. They demonstrated that hope could sustain life and provide strength even in the face of unimaginable suffering.

This relationship between hope and survival is evident in cancer care. Studies have shown that hopelessness is associated with poorer survival rates among breast cancer patients [13]. By fostering hope, healthcare professionals can help patients harness adaptive emotions, enabling them to transform distress into purposeful action.

Hope functions as a catalyst for adaptive emotions, allowing patients to face their diagnosis with resilience and courage. Setting realistic goals, problem-solving, and maintaining faith and family support are key strategies for nurturing hope. These elements not only sustain life but also

inspire meaningful action and emotional healing (“When facing cancer, feed your faith, not your fears,” [14]). Hope, when cultivated, becomes a foundation for strength, enabling individuals to navigate the complexities of cancer with grace and determination.

Theoretical Framework

The Theoretical Framework offers a structured approach to understanding how emotions influence the cancer journey by integrating Elisabeth Kübler-Ross’s Theory of Grief, Snyder’s Hope Theory, Religious Coping Theory, and the Health Belief Model (HBM). This synthesis highlights the importance of fostering hope to promote adaptive emotions and improve prognosis, aligning directly with the literature review themes—Emotions and Their Role in the Cancer Experience and Hope as a Catalyst for Adaptive Emotions in the Cancer Journey. The framework provides a holistic perspective on managing cancer-related emotions, emphasizing the interplay between grief, hope, religious coping, and health beliefs in navigating the challenges of cancer.

Elisabeth Kübler-Ross’s Theory of Grief

Elisabeth Kübler-Ross’s model identifies five stages of grief—Denial, Anger, Bargaining, Depression, and Acceptance (DABDA)—which commonly manifest in response to terminal illness, including cancer [17].

These stages capture the emotional aspect of the cancer journey, especially as patients cope with the shock of diagnosis and the emotional turbulence that follows. Although not all patients experience these stages in a linear fashion, they often encounter several, if not all, of these emotional responses [17].

Snyder’s Hope Theory

Snyder’s Hope Theory posits that hope is composed of two key elements:

Willpower: The motivation to achieve goals.

Waypower: The capacity to identify and navigate pathways around obstacles.

This theory emphasizes the significance of adaptive emotions such as optimism, resilience, and determination in fostering goal-directed behavior during the cancer journey. Hope acts as the emotional foundation that underpins optimism, resilience, and determination. Hope inspires individuals to view their circumstances positively (optimism), bounce back from difficulties (resilience), and stay focused on achieving their goals (determination). Together, these

qualities create a cycle where hope enhances the ability to cope with and overcome challenges, while optimism, resilience, and determination reinforce and sustain hope throughout the cancer journey. Active hope, characterized by problem-solving and strategic planning, equips patients to engage meaningfully in their treatment, thereby enhancing their prognosis.

Conversely, maladaptive emotions such as despair, frustration, and helplessness emerge when patients lack perceived pathways to overcome barriers, leading to stagnation and emotional withdrawal. By cultivating sources of willpower and waypower, hope serves as a psychological and emotional anchor, enabling patients to approach their treatment journey with confidence and persistence.

This theory highlights how hope catalyzes adaptive emotions, fostering positive health behaviors, including adherence to treatment and effective emotional regulation, which are essential for improved mental and physical outcomes.

Religious Coping Theory

Religious Coping Theory, introduced by Kenneth Pargament, examines how individuals rely on their religious beliefs and practices to navigate stressful life events [18]. It highlights the pursuit of meaning, comfort, and support from a higher power, which can take either positive (constructive) or negative (punitive) forms based on their interpretation of the situation and their connection to their. This theory explores the active role religion plays in shaping coping strategies during difficult times. Religious Coping Theory examines how spiritual practices and beliefs influence individuals’ responses to stress, particularly in the context of cancer [19]. It differentiates between adaptive (positive) and maladaptive (negative) coping mechanisms:

The adaptive Religious Coping: Relies on spiritual resources such as prayer, motivational scripture, sermons, and community support.

Reinforces hope by reframing the illness in a positive, meaningful context [20]. For instance, a cancer patient who believes in divine healing (“By His stripes, you are healed”) is likely to pursue treatment with confidence, supported by a strong sense of hope and emotional resilience.

Encourages emotional regulation and stress management, reducing anxiety and depression.

The maladaptive Religious Coping: Involves beliefs such as feeling punished by God or abandoned by a higher power, which amplify negative emotions like guilt, fear, and despair.

Associated with poorer mental health outcomes and decreased treatment adherence [20].

By integrating adaptive religious coping into cancer care, patients can find emotional and spiritual support that fosters hope, enhancing their ability to face challenges with courage and optimism.

Health Belief Model (HBM)

The Health Belief Model (HBM) posits that individuals are more inclined to take preventive measures against an illness if they recognize their vulnerability to it, understand its serious consequences, perceive clear benefits in taking action, and encounter minimal obstacles to doing so [21]. Essentially, the model emphasizes that a person's perceptions of a health risk, combined with their views on the advantages and challenges of prevention, play a crucial role in shaping their health-related behaviors. The HBM provides a framework for understanding how individuals' perceptions of health risks and benefits influence their decision-making. It highlights the role of emotions—primarily adaptive—in motivating behavior and underscores hope as a critical outcome of effective decision-making processes [22]. Kübler-Ross's Stages of Grief, Snyder's Hope Theory, Religious Coping Theory, and the Health Belief Model (HBM) collectively illuminate the progression of emotions such as denial, anger, hope, fear, and acceptance, as identified in the themes. The framework underscores how these emotions influence patient outcomes and how hope serves as a transformative force in fostering adaptive emotional responses.

Theoretical Perspectives on Emotional Interactions During Cancer Journey

The cancer journey is a complex interplay of emotions that evolve over time. Kübler-Ross's stages of grief provide an emotional baseline, while Snyder's Hope Theory highlights the cognitive mechanisms that foster resilience and optimism. Religious Coping Theory introduces a spiritual lens, showing how faith influences emotional regulation, and the HBM contextualizes how emotional responses drive health-related decisions.

This integrated framework positions hope as the cornerstone of emotional resilience in the cancer journey. Hope acts as a unifying thread, catalyzing adaptive emotions and mitigating maladaptive ones. It bridges the cognitive (Snyder's theory), spiritual (Religious Coping Theory), and behavioral (HBM) dimensions of emotional evolution, enabling patients to:

Reframe their experience positively, as seen in adaptive religious coping.

Persist through challenges by fostering willpower and waypower.

Make informed health decisions that align with their emotional and spiritual needs. By fostering hope through cognitive, spiritual, and behavioral approaches, healthcare providers can significantly enhance cancer patients' emotional resilience, treatment adherence, and overall quality of life. This comprehensive framework positions hope as a pivotal factor in managing emotions and achieving positive outcomes in the cancer journey.

Methodology

This study employs a personal narrative methodology to explore the emotional experiences of a cancer patient, spanning from diagnosis through treatment to remission or end-of-life care. The focus is on the role of hope in influencing treatment outcomes, coping with depression, and adjusting to life changes post-treatment. As both the sole participant and author, I adopt a dual role, integrating my lived experience into an academic framework to provide insights into the multifaceted nature of the cancer journey.

Narrative inquiry, as articulated by Sztukowski-Crowley, et al. [23] focuses on the interpretation of stories as they are told and retold. This approach is particularly suited to this research as it enables a rich and comprehensive exploration of a single individual's lived experience. By situating my personal narrative within sociocultural and psychological frameworks, this study provides a nuanced understanding of how individual experiences intersect with broader cultural, religious, and social contexts [24]. This method allows for a detailed and nuanced understanding of the participant's perspective, thoughts, and emotions through storytelling, which is especially valuable when studying unique or complex situations where a single case can offer significant insights [25].

Personal narrative methodology is particularly relevant for psychological research aimed at developing narratives that help individuals understand their experiences, form their identity, and cope with challenges, especially in the context of therapeutic interventions [26]. This alignment with the research objectives underscores the relevance of using personal narrative methodology to explore emotional adaptation during a cancer journey.

Data Collection

The primary data source is my personal narrative, reflecting on the emotional stages experienced during my cancer journey. Data were collected retrospectively through reflective journaling and autobiographical writing. The

narrative was organized around key emotional themes such as fear, anxiety, worry, depression, and hope, as well as their interplay with religious faith and social support.

Data Analysis

The data were analyzed using narrative and thematic analysis. Narrative analysis focused on understanding the story as a unit of meaning. Thematic analysis was incorporated to identify recurring themes across the narrative. Themes such as fear, hope, resilience, the influence of religious coping, and the impact of social support were systematically examined and interpreted within the context of established psychological frameworks, such as Snyder's Hope Theory and Religious Coping Theory.

Identifying recurring themes was crucial to this research as it provided a structured way to uncover patterns that illuminate the emotional and psychological dimensions of the cancer journey. Thematic analysis allowed for a deeper understanding of how emotions evolved and interacted over time, offering insights into the mechanisms of emotional resilience and adaptation. These insights are essential for developing tailored interventions to address the psychological and emotional needs of cancer patients.

The integration of thematic analysis with narrative inquiry ensured that the narrative remained an integrated whole, capturing the emotional depth and complexity of the journey. This dual approach allowed for the preservation of the lived experience's integrity while extracting meaningful insights to contribute to psychological research and cancer care practices.

Addressing Bias and Ensuring Reliability

Recognizing my Christian faith as a potential source of bias, I transparently acknowledge its influence on my perception of hope as a coping mechanism. However, the reliability of this study is bolstered by several factors:

- **Inclusion of Existing Literature:** My narrative is corroborated by peer-reviewed studies and theoretical frameworks, which validate the emotions and coping mechanisms described.
- **Reflexivity:** I maintained a reflexive journal throughout the research process to document and critically evaluate my interpretations.
- **Triangulation:** The study incorporates secondary data from published narratives and case studies, providing external perspectives to complement my personal account.

As a lived experience, my narrative is inherently authentic and unchangeable. The historical and cultural contexts that

shaped my story contribute to its reliability, as they provide a unique lens through which the cancer journey is understood.

Ethical Considerations: The study adheres to ethical guidelines by situating my personal narrative within a broader academic context and ensuring that all secondary data used are properly cited. Reflecting on the potential impact of sharing my story, I have sought to balance personal vulnerability with academic rigor.

Contribution to Knowledge: This research contributes to the understanding of the emotional dimensions of the cancer journey, emphasizing the transformative role of hope. By situating a deeply personal narrative within an academic framework, it bridges the gap between individual experience and broader psychological and sociocultural insights.

Personal Reflection 1: Exploring My Encounter with Emotions During the Cancer Diagnosis and Treatment Journey

The journey to discovering my cancer diagnosis was marked by a whirlwind of emotions, unexpected revelations, and profound realizations. It began at the pathology unit when I went to pick up my histopathology report. The attendant, whose demeanor I had observed as strict and impatient with others, suddenly transformed into a figure of gentleness and courtesy when handling me. His sympathetic expression and extra kindness, though intended to comfort, only deepened my curiosity and unease.

As I peeked at the report, its length immediately caught my attention. I have a personal theory: when something is benign, the report is brief—phrases like “no bacteria found” or “dormant” suffice. But when the issue is serious, the grammar grows elaborate, often introducing daunting, unfamiliar terms. This time, the word “Carcinoma” leapt out at me, and its resemblance to “cancer” was undeniable.

Sitting in a queue, surrounded by people, I quickly Googled the term. The confirmation struck me like a thunderbolt: it was cancer. My hands trembled as I called my husband to break the news. His immediate response was a proclamation of faith: “We reject it in Jesus’ name.” While his words were meant to encourage, I struggled to internalize them.

Tears rolled down my cheeks as I said OK, but within me, I knew that irrespective of how I rejected it, the reality of cancer was staring me in the face. Having lost my mother-in-law to cancer just a year before that day, the thought running through my head was, “How long do I have to live?” My mother-in-law was told she had three months to live but managed to make it to the sixth month before dying. I wiped my tears and calmly returned to the queue.

When I presented the first of the two histopathology reports (yes, I received two reports, which I will explain later) to the doctor, about six house officers and three residents were present in the large consulting room at the largest referral hospital in the capital of Ghana. When the house officer read it, she looked at me with a worried expression, excused herself to speak to the residents, and then shared the information with the maxillofacial specialist who walked in as the discussion was happening. I was later invited into a different room to ensure privacy as the information in the report was discussed with me. Although I had already prepared myself for bad news and had positioned myself in a way that suggested “hit me,” the delivery of the news was different from what I expected, and it was quite refreshing.

The specialist informed me that the report suggested that my right submandibular salivary gland, which had been excised, showed traces of a type of cancer called ductal carcinoma. He quickly added that I should not worry because the early identification was a good thing. The doctor then shared his personal experience of his mother being diagnosed with cancer and being in remission for 10 years. His mother’s story gave me hope, which was different from the many cancer stories I had heard that ended in death. It made me see the doctor not just as an expert in his field but as someone who had personally guided his mother through cancer, fighting and defeating it. This made me feel a compelling desire to follow the treatment journey his mother had gone through, under his guidance.

At that moment, when the news of my cancer diagnosis was broken to me, I did not cry. I think the tears I shed earlier while speaking to my husband had satisfied me, or perhaps I wanted to appear brave before the doctor. The doctor’s professional and skillful way of delivering the news, especially with the part about his mother’s recovery, kept my tears locked. Some people describe the initial emotion felt as pain or anger, questioning why cancer chose them out of billions of people or why the God they serve allowed it. For many, denial or unbelief dominates until symptoms, even if unrelated, make them believe the diagnosis is real. I cannot express the emotion I felt in just one word. There was fear, then relief and hope when I heard the doctor’s mother’s story, but then the fear crept back in—what if my story doesn’t end as beautifully as his mother’s? Then came the anger—why had previous check-ups not detected this condition, especially since the histopathology indicated that the cancer had developed three years ago? During that period, I had visited my primary health facility twice for medical check-ups, including ear, nose, and throat, and dental exams. I had assumed that issues with my salivary gland would have been picked up.

The doctor explained that ultrasound is the best tool to detect such conditions early, not an X-ray, which had

been used in my case. However, because this is a new area, many people are unaware of this. The doctor reassured me that the stage was early, so I would be fine, which brought me some relief. But when he explained that the next step would be a second, complex surgery—a wide local excision, lymphadenectomy, and mandibulectomy—I was worried. Even though the doctor assured me he would assemble two other top specialists for the procedure, the complexity of the surgery troubled me. The hospital, though the largest referral and teaching hospital in Ghana, is not known as one of the best in Africa. On top of that, there had been lingering myths about people who visited the hospital not making it out alive, and my mother-in-law’s death was still fresh in my mind. What helped me, however, was the fact that I trusted the doctor. He seemed to be ticking all the right boxes.

One of the two specialists he recruited for the surgery was a dental surgeon I had come to know and like during my visits to the referral center. I particularly liked his ability to blend expressions of religious faith and science, which appealed to patients who desired it. My first encounter with him made me feel as though I had two options—where science may fail, perhaps God will rise to the occasion, or God will guide the doctor to ensure no mistakes are made. This combination of dynamics, including the fact that the doctor had successfully performed the initial surgery to remove my right submandibular salivary gland without significant challenges, made me feel confident that my life was in good hands.

Despite the major challenges I faced, which I will share in another project, I survived to tell the story. I was so hopeful that these trusted physicians would be able to remove every trace of cancer from my body. So, when I received the histopathology report, I was ready to open it without worrying about the doctor needing to break the bad news. Unfortunately, this time, I did not pick up the report myself to observe the demeanor of the person releasing it at the pathology unit. My husband picked it up and handed it to me. When I opened it, I went straight to the last statement, which usually summarizes all the findings. This time, the statement was short but still bad: “Excision not complete.” It also indicated that the cancer might have spread to the floor of my mouth.

We were on the street heading to the maxillofacial unit of the hospital when I broke down, weeping uncontrollably. The disappointment of cancer still being in my body was overwhelming, and the pain was immense. Luckily, my husband was with me, and he comforted me, helping me pull myself together to see the doctor. I did not meet my original doctor who had shared his mother’s story but met the doctor who expressed his religious faith. He mentioned that they had removed all visible cancer but that there might be some

remnants that radiotherapy could clear. He encouraged me by sharing that one of his patients, with similar symptoms, had recently gone into remission after radiotherapy. While his words relieved me somewhat, it was not complete relief. Radiotherapy was a different challenge altogether.

The last week of radiation felt as though it was shutting down my throat—I could not speak or swallow, and I experienced severe muscle stiffness, muscle spasms, and an inability to open my mouth wide. I had also lost significant weight. My emotions were unstable during this time. I alternated between feelings close to depression and moments of hope.

Personal Reflection 2 - Hope: An Ingredient for the Reversal of Maladaptive Emotions for Good Health Outcomes

Having my family close by, constantly reminding me of God's ability to heal, and listening to the word of God provided immense comfort during my journey. The messages I heard did not condemn me as a sinner being punished by sickness. Instead, they emphasized that God desires to heal and does not promise to keep trouble away, but to be with me during troubled times, delivering me and satisfying me with long life. These assurances helped me cope with the pain, giving me hope for healing.

I particularly found comfort in the teachings of biblical scholars like Dr. Mensa Otabil and Dr. Charles Stanley, as well as motivational speakers like Joel Osteen. A particular scripture from Psalm 91:14-16, which reads, "Because he loves me," says the LORD, "I will rescue him; I will protect him, for he acknowledges my name. He will call on me, and I will answer him; I will be with him in trouble, I will deliver him and honor him. With long life I will satisfy him and show him my salvation," deeply encouraged me.

While the preaching was uplifting, it was a song that truly worked wonders in soothing my soul. It's often said that music is food for the soul, and the song "God on the Mountain," written by Bill and Gloria Gaither and sung by Lynda Randell, became my companion during the toughest days and nights when even crying felt like a luxury. As I played the song repeatedly, it lifted my spirit and gave me the assurance that everything would be okay. At one point, I became curious about what made this song so powerful for me, so I researched the singer. I learned that Lynda Randell had been diagnosed with breast cancer in 2019, and I thought, "Perhaps the version of this song I'm listening to carries the emotional depth of her personal experience, which resonates with me on a deeper level."

Throughout this journey, I managed my emotions with the encouragement of my family, the preaching, the music,

and by doing what I love best—writing. I looked forward to completing radiotherapy, hoping it would bring an end to my challenges. However, I soon realized that recovery from radiotherapy symptoms was a long process, and some things would never return to how they were. But the journey has now spanned over a year, filled with both pain and growth. Looking at photos of how I once looked—swollen face, imperfect sutures, struggles with feeding and breathing—made me realize just how far I had come. Though the physical pain remains, I refuse to dwell on negative emotions.

There was a time when I experienced "aspirations"—when liquids accidentally entered my airway instead of my esophagus. At one point, I couldn't move food from my tongue to my throat, and I had to rely on a straw for feeding. I was dependent on a nasogastric tube for nutrition for many weeks, and for a long time, I couldn't taste anything. Opening my mouth was painful due to a condition called trismus, and yawning was excruciating. Today, however, all those challenges are behind me. I have learned to celebrate each small victory, as if I had won a million dollars. My family celebrated these milestones with me, as I made each achievement a big deal, marking the dates on the calendar and thanking God for each improvement.

Though the physical pain lingers, my experience has transformed me, filling me with gratitude, joy, and a deep sense of appreciation for the gift of life. It would be a waste to dwell on the challenges, which have become my new normal. I believe that no one who undergoes the extensive journey of cancer diagnosis and treatment comes out unchanged. When you face the risks associated with treatment and still choose to proceed, often because you don't have many options, you start to see the light at the end of the tunnel. What once seemed like a dark void now shines with peace and joy, knowing that you survived and have been given a second chance to fulfill what might have been neglected in the first part of your life.

Does the gratitude for a "second chance" remove the fear of recurrence? Not at all. The fear of recurrence, constantly reminded to patients as a major risk, stays with you, even years after treatment. Every small bump, lump, or pain—often unrelated to cancer—sends shivers down my spine. I remind myself to manage my fear, as constant reminders of recurrence can lead to post-traumatic stress. The emotional roller-coaster of cancer diagnosis, treatment, and post-treatment management is only bearable if one makes conscious, deliberate efforts to develop resilience. We must resist letting maladaptive emotions take hold for too long and instead fill our lives with positivity, hope, and determination.

I had to work on my thoughts, telling myself daily that each day is an opportunity to make a difference in someone's

life. I also share my story to guide or motivate others who may be beginning their painful journey, offering them hope. The light in their eyes reflects my own, and by helping them, I continue to surround myself with brightness and positivity.

Data Analysis

The narrative analysis of my personal experience with cancer diagnosis and treatment reveals an emotionally complex and multifaceted journey. Throughout the process, emotions such as fear, relief, hope, anger, denial, bargaining, depression, and sorrow surfaced at different stages, often overlapping and intensifying one another. These emotions shaped how I navigated the experience, engaging with medical professionals, my family, religion, and my own internal coping mechanisms. The narrative is examined through the lenses of Snyder's Hope Theory, Kübler-Ross's stages of grief, and Religious Coping Theory, revealing insights into the interplay of hope, faith, and emotional resilience.

Identified Themes

Fear and Anxiety: Fear was the dominant emotion when I first discovered my diagnosis, and it persisted throughout the treatment process. My fear was both cognitive and physiological, rooted in the uncertainty of the situation and the looming possibility of death. Even when reassured by hopeful stories, fear lingered, especially in light of potential complications. Snyder's Hope Theory aligns with this experience, as my willpower was initially shaken by fear, but over time, hope began to counterbalance this fear, fostering a determination to move forward despite my anxieties.

Hope and Relief: Hope, according to Snyder's Hope Theory, played a crucial role in maintaining my emotional resilience. My doctor's personal story of remission became a source of hope, motivating me to persist in my treatment despite challenges. This hope became a driving force, providing a sense of relief, especially when I learned that the cancer had been detected early, suggesting the possibility of remission. Hope fueled my coping strategies, enabling me to face the difficult parts of treatment with renewed strength.

Anger and Regret: Anger emerged when I realized that earlier check-ups had not detected the cancer, leading to feelings of regret. I questioned why my condition wasn't identified sooner, despite regular visits to the clinic. This aligns with Kübler-Ross's stages of grief, where anger often manifests as patients struggle with the perceived unfairness of their diagnosis. Although intense, my anger ultimately became part of my emotional processing, allowing me to move toward acceptance.

Denial and Bargaining: Early in my diagnosis, I experienced a sense of denial, supported by my husband's comforting declaration, "We reject it in Jesus' name." Despite efforts to accept the diagnosis, I found myself bargaining—hoping for a miracle or a change in outcome. This stage of bargaining was deeply influenced by my faith and the religious practices of my family, providing emotional solace as I navigated the harsh reality of my condition.

Depression and Sorrow: After learning that the excision of the cancer was incomplete, feelings of depression overwhelmed me. The emotional toll was immense as the cancer remained in my body, resulting in sorrow and disappointment. However, these moments of sorrow allowed me to process the grief associated with my diagnosis, aligning with the emotional complexity that cancer patients often experience.

Religious Coping and Spirituality: Throughout the journey, religious coping played a pivotal role in shaping my emotional responses. My belief in divine healing, coupled with the faith of my family and doctors, provided a sense of comfort and purpose. Religious Coping Theory explains this, as I leaned on my faith to reconcile my medical reality with my belief in divine intervention. Faith provided an emotional anchor during times of distress, allowing me to endure challenges with a sense of peace.

Thematic Analysis of Emotions

Using thematic analysis, I identify emotions from my reflections and analyze the evolution and interaction of these emotions. I will examine key themes consistent with the emotions described in the theoretical framework and literature review. Below is the analysis:"

Fear

- **Emergence:** Fear appeared immediately upon encountering the word "carcinoma" in the histopathology report. It escalated with thoughts of a shortened life span, reflecting existential anxiety.
- **Evolution:** The initial fear transformed into situational anxiety—worrying about surgical complexity, treatment adequacy, and potential recurrence.
- **Interaction:** Fear was often counterbalanced by hope and faith, showcasing a dynamic tension between apprehension and optimism.

Shock and Disbelief

- **Emergence:** The discovery of cancer initiated a stage of shock, evident in your trembling hands and emotional

paralysis when attempting to internalize the diagnosis.

- **Evolution:** Disbelief gave way to acceptance as physical and medical realities reinforced the diagnosis.
- **Interaction:** Shock and disbelief were tempered by the professional demeanor of doctors, providing a bridge to resilience.
- Hope
- **Emergence:** Hope was instilled by the specialist's personal story of his mother's remission and assurances of early detection.
- **Evolution:** It strengthened during religious reflections, comforting scripture, and motivational music. Hope acted as a restorative force.
- **Interaction:** Hope mitigated fear; alleviated despair; and became a sustaining emotion even amid physical suffering.

Relief

- **Emergence:** Relief accompanied the assurance of early detection and the professionalism of your healthcare team.
- **Evolution:** Moments of relief were transient, often interrupted by setbacks such as incomplete excision or radiotherapy challenges.
- **Interaction:** Relief and fear coexisted, creating an emotional oscillation influenced by external events and internal reassurances.
- Anger and Frustration
- **Emergence:** Anger arose upon realizing that earlier medical check-ups failed to detect the condition, reflecting frustration at systemic inefficiencies.
- **Evolution:** These emotions were acknowledged but managed through faith, trust in the medical team, and personal coping strategies.
- **Interaction:** Anger fueled a critical reflection on healthcare systems but was softened by gratitude and resilience.

Gratitude and Joy

- **Emergence:** Gratitude surfaced as small victories (e.g., completing radiotherapy) marked milestones of survival

and recovery.

- **Evolution:** Over time, gratitude became a dominant emotional theme, overshadowing lingering fear and pain.
- **Interaction:** Gratitude interacted with hope to construct a positive emotional outlook and a commitment to helping others.

Resilience

Emergence: Resilience was evident in your determination to confront physical pain, adapt to new realities, and seek meaning in adversity.

Evolution: It grew stronger as faith, family support, and personal milestones reinforced your ability to endure and thrive.

Interaction: Resilience underpinned all other emotions, integrating fear, hope, and gratitude into a cohesive narrative of survival.

Evolution and Interaction of Emotions

The emotions evolved non-linearly, often fluctuating based on new developments in diagnosis and treatment. For instance, fear would intensify with setbacks like incomplete excision but was alleviated by hopeful messages and supportive family interactions. Similarly, gratitude and joy became prominent over time, reflecting a shift from reactive emotions (e.g., shock, fear) to adaptive emotions (e.g., hope, resilience).

The interplay between emotions was complex. Fear and hope often coexisted, with one moderating the other. Gratitude emerged as a transformative force, enabling you to frame the experience positively despite ongoing challenges. Ultimately, resilience acted as a stabilizing emotion, helping you navigate the emotional turbulence and maintain psychological well-being.

This analysis highlights the dynamic and multifaceted nature of your emotional journey, aligning with themes from your theoretical framework and the literature on cancer diagnosis and coping mechanisms. The interplay of emotions underscores the critical role of hope, faith, and support systems in fostering resilience and adaptive coping strategies.

Results and Interpretation

The integration of the narrative analysis with the theoretical frameworks underscores the multifaceted and nonlinear nature of emotional experiences during cancer

diagnosis and treatment. My emotions reflected a continuous oscillation between fear, hope, anger, denial, and sorrow, with moments of relief offering brief reprieves. While Kübler-Ross's stages of grief were evident in my journey, they did not unfold in a linear fashion. Instead, my emotions interacted dynamically, shifting with the information I received and my evolving understanding of my health.

Snyder's Hope Theory provided critical insight into my emotional resilience. Hope served as the cornerstone that helped me remain engaged with treatment, despite setbacks. However, this hope was not constant; it was sometimes overshadowed by fear and anger. The role of religious coping added complexity to my emotional responses, offering comfort but also internal conflict, as I reconciled my faith with the reality of my medical circumstances.

The findings suggest that cancer patients experience a wide range of emotions that are fluid and overlapping. Hope, faith, and the grief process combine to create a complex emotional experience. The narrative highlights the need for tailored emotional support that recognizes both the psychological and spiritual dimensions of the cancer experience.

The Role of Hope and Faith in Emotional Resilience

My personal journey aligns closely with Snyder's Hope Theory, particularly the concepts of "willpower" and "waypower." Hope became a critical factor in maintaining emotional perseverance, especially during difficult moments in treatment. The combination of family support, religious faith, and hope created a powerful foundation for my resilience. This finding is consistent with Pargament's work on religious coping, which emphasizes the emotional relief and psychological pathways to manage distress through faith. My reliance on scriptures, motivational speakers, and my family's faith served as tools to sustain hope and emotional strength during times of despair.

The Reversal of Maladaptive Emotions

Maladaptive emotions, such as fear and despair, were prevalent during my journey, particularly with the ongoing fear of cancer recurrence. However, these emotions were actively countered through adaptive coping strategies, particularly through hope. By embracing Snyder's Hope Theory, I celebrated small victories and focused on long-term goals, like resuming a normal life and sharing my story with others. This approach helped transform negative emotions into opportunities for emotional growth and reflection, ultimately contributing to my emotional adaptation. Emotional distress in cancer patients can often

amplify physical pain, creating a vicious cycle. By consciously choosing to manage my emotions with a positive outlook, I was able to break this cycle, demonstrating how hope catalyzes emotional and physical healing.

Influence of Kübler-Ross's Grief Stages

While Kübler-Ross's model of grief was evident, it was not strictly linear. The stages of Denial, Anger, and Depression were prominent, but the presence of hope and faith enabled me to move toward Acceptance, reflecting the adaptive nature of hope. This transition illustrates how hope fosters resilience, allowing patients to accept their diagnosis while still striving for health improvements and contributing to others' well-being [17].

Resilience and Emotional Transformation

Hope, faith, and family support were integral to my emotional resilience, aligning with the theoretical frameworks linking hope, faith, and resilience to improved mental and physical health outcomes [16]. The combination of these elements allowed for emotional transformation, which ultimately contributed to better health outcomes, both mentally and physically.

Discussion

Cancer elicits a profound emotional journey characterized by dynamic and interwoven feelings such as shock, sorrow, fear, anger, and hope. These emotions, influenced by individual beliefs, social contexts, and treatment experiences—such as challenges in the diagnostic process, including waiting for biopsy results and the uncertainty surrounding subsequent steps—highlight the emotional strain cancer patients endure. These experiences play a pivotal role in shaping patients' responses to their diagnosis and treatment outcomes. Understanding and supporting these emotional processes are crucial for fostering resilience and promoting overall well-being during the cancer journey.

Emotions evolve nonlinearly in response to cancer, reflecting the complexity of the human experience. Kübler-Ross's stages of grief—shock, denial, anger, bargaining, depression, and acceptance—offer an initial framework for understanding this progression [17]. However, the emotional landscape in cancer often deviates from a linear trajectory, marked instead by overlapping and recurring emotions. For instance, while fear may dominate the initial diagnosis phase, hope and acceptance can emerge as adaptive coping mechanisms over time. These transitions underscore the importance of a nuanced understanding of emotional evolution, as further elucidated by the Health Belief Model (HBM). The HBM highlights how patients' perceptions of

illness, coupled with perceived barriers and motivators, influence health behaviors [21]. When patients perceive their illness as manageable and identify pathways to recovery, they are more likely to engage in adaptive behaviors, such as adhering to treatment regimens. Conversely, unchecked emotions such as despair may lead to avoidance or denial, complicating recovery efforts [13].

Adaptive emotional responses, particularly hope, are critical in promoting resilience and fostering engagement. Hope empowers patients to face challenges while shifting their focus toward actionable goals. A poignant narrative captures this dynamic: *“When I read from the histopathology report that the cancer was not completely excised (removed), I felt profound sorrow. Yet, hope from Gospel songs and preachings of hope helped me regain a sense of control”*. This transformation illustrates the catalytic role of hope in counteracting negative emotions and fostering a proactive mindset. Conversely, maladaptive responses, such as depression, significantly hinder recovery. Depression, common among cancer patients, exacerbates physical and emotional distress, diminishes motivation, and impairs treatment adherence. Evidence suggests that untreated depression worsens health outcomes, while interventions like social support, counseling, and complementary therapies enhance emotional recovery. Regular physical activity and practices such as guided imagery have been shown to alleviate depressive symptoms, promoting a sense of well-being.

Religious coping offers an additional dimension to emotional adaptation. As highlighted by Pargament’s Religious Coping Theory, faith can serve as a profound source of resilience and hope. Patients frequently draw strength from their spiritual beliefs, finding solace in the idea of a higher purpose. One patient shared, *“My faith tells me this is temporary. That inner voice, paired with prayer, allows me to endure and believe in better days”* [13]. Such reflections underscore the therapeutic potential of faith, which not only alleviates distress but also reinforces adaptive coping strategies. However, the dual nature of religious coping warrants caution; maladaptive expressions, such as guilt-driven interpretations, may amplify despair. Incorporating practices like mindfulness and reflective journaling into care plans can mitigate these risks, enabling patients to process their experiences meaningfully.

Hope, as conceptualized by Snyder’s Hope Theory, embodies a dynamic interplay of willpower and waypower—the drive to achieve goals and the ability to identify pathways to those goals [2]. For cancer patients, this dual framework is transformative. Hope inspires behaviors such as seeking timely treatment, maintaining daily routines, and pursuing personal aspirations despite uncertainty. Empirical studies

corroborate the positive impact of hope on emotional resilience, noting reductions in anxiety, enhanced coping skills, and improved quality of life among hopeful patients. Furthermore, hope imbues patients with a sense of purpose, countering feelings of helplessness and despair. Dr. Karl Menninger aptly described hope as a vital element in medical practice, advocating its integration to humanize and empower patient care [13].

The absence of hope, often linked to depression, significantly impedes emotional recovery. Depression saps motivation, weakens immune function, and complicates treatment adherence. Proactive interventions, including support groups, cognitive-behavioral strategies, and personalized counseling, help patients reframe negative thought patterns, fostering resilience and enhancing engagement. Healthcare providers play a pivotal role in nurturing hope by setting achievable goals, celebrating small victories, and addressing fears. This patient-centered approach restores a sense of agency, reinforcing hope as a foundation for holistic care.

Historical insights further underscore the transformative power of hope. Viktor Frankl’s observations during the Holocaust revealed that individuals who found meaning and maintained hope exhibited remarkable resilience even under extreme adversity. Similarly, cancer patients who cultivate hope through faith, goal-setting, or familial support navigate their journeys with greater determination and optimism [13]. By integrating hope into clinical practice, healthcare professionals can enhance resilience, mitigate depression, and promote comprehensive well-being.

Hope stands as a cornerstone of emotional adaptation in cancer, converting despair into determination and fostering resilience. By embracing theoretical frameworks such as Snyder’s Hope Theory, Religious Coping Theory, and the HBM, healthcare providers can unravel the intricate interplay of emotions in cancer journeys. Prioritizing hope and addressing emotional distress enables holistic care, empowering patients to navigate their challenges with strength and optimism.

In light of these insights, the findings of this study suggest that cancer care should prioritize the emotional well-being of patients alongside their physical treatment. Emotional resilience, fostered through hope, faith, and support systems, plays a pivotal role in improving mental health outcomes and enhancing the overall cancer experience. As such, healthcare providers should consider adopting a holistic approach that integrates psychological, spiritual, and emotional support into cancer treatment protocols, ensuring that patients are not only treated physically but are also supported emotionally as they navigate their cancer journey [27-31].

Limitations

While this study offers valuable insights into the emotional complexities of cancer patients, there are several limitations that must be considered. First, the findings are based on a single narrative experience, which may not fully capture the diversity of emotional responses across different individuals, cultures, or stages of cancer. This limitation suggests that the results may not be fully generalizable to all cancer patients, particularly those who may experience emotions differently due to their unique circumstances.

Second, the study is retrospective in nature, relying on personal recollections of emotional responses, which may be influenced by memory bias or changes in perspective over time. Emotions related to cancer diagnosis and treatment can evolve significantly, and a more longitudinal approach could provide a richer understanding of how emotional responses change throughout the entire cancer journey.

Furthermore, this study did not extensively examine the influence of external factors like access to healthcare, socioeconomic status, and social support networks, although these factors are likely to have a considerable impact on emotional responses. Future research could explore these external factors more thoroughly, looking into how they interact with emotional resilience and coping mechanisms.

Lastly, while hope and faith emerged as key elements in the emotional resilience highlighted in this study, other psychological factors, including coping strategies, personality traits, and mental health conditions, may also significantly influence emotional adaptation. Future research could further investigate these factors to offer a more thorough understanding of emotional responses to cancer diagnosis and treatment.

Conclusion

The emotional journey of cancer diagnosis and treatment is inherently complex, marked by a dynamic interplay of emotions that challenge the linear progression proposed by Kübler-Ross's stages of grief. Emotions such as shock, fear, sorrow, anger, hope, and acceptance often overlap and recur, reflecting the unpredictable and evolving nature of this experience. The findings of this study reveal key themes in the emotional landscape of cancer patients, emphasizing the importance of understanding how these emotions interact and adapt over time. Emotional resilience, anchored in hope, faith, and adaptive coping mechanisms, emerges as a pivotal element in navigating the challenges of cancer.

Faith and spiritual practices, when employed positively, serve as powerful tools to bolster emotional resilience

by providing solace, purpose, and strength. Conversely, maladaptive responses, such as depression or guilt-driven religious interpretations, can hinder recovery and highlight the need for tailored support systems. Hope, as a cornerstone of emotional adaptation, empowers patients to face challenges and maintain a proactive mindset. Celebrating small successes, as highlighted in the shared stories of Diane Behar and the participants of this study, further reinforces this resilience. Encouraging patients to take one day at a time prevents the pitfalls of excessive optimism while fostering morale and perseverance. This approach underscores the role of healthcare providers and caregivers in embracing these insights to enhance patient care.

A quote by Eleanor Roosevelt, reechoed by Master Oogway in *Kung Fu Panda*, reflects this philosophy of embracing the present and celebrating incremental progress: *"Yesterday is history, tomorrow is a mystery, but today is a gift—that's why it's called 'the present.'"* This sentiment captures the essence of hope and resilience amidst adversity, inspiring patients to focus on the present moment with courage and determination.

The integration of theoretical frameworks such as Snyder's Hope Theory, Religious Coping Theory, and the Health Belief Model (HBM) enriches our understanding of emotional adaptation in cancer care. Snyder's Hope Theory highlights the role of willpower and waypower in fostering emotional perseverance and goal-directed behavior. Religious Coping Theory underscores the transformative power of faith as a source of meaning and strength. The HBM provides insight into how patients' perceptions of illness and barriers to care shape their emotional responses and treatment decisions. These frameworks collectively offer a comprehensive lens through which to understand the interplay of emotions, resilience, and care strategies.

Future research should explore the diverse emotional responses across various populations, stages of cancer, and cultural contexts to develop more inclusive and effective care approaches. Understanding the multifaceted nature of emotional adaptation requires ongoing exploration of psychological, social, and systemic factors that contribute to patients' resilience.

Ultimately, fostering emotional resilience through the integration of hope, faith, and personalized support strategies can empower cancer patients to better manage the emotional upheaval of their journey. This holistic approach not only enhances the cancer experience but also aligns with the broader goal of improving the quality of life for patients, enabling them to navigate their path with strength, dignity, and optimism.

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