Adultspan Journal

Volume 23
Issue 1 *Spring Issue*

Article 5

2024

A Qualitative Exploration of Well-being in Cancer Survivorship: Implications for Counselors

Hallie M. Sylvestro
Northern Kentucky University, sylvestroh1@nku.edu

Lindsey K. Umstead
University of North Carolina at Greensboro, lindsey@threebirdscounseling.com

Heather Delgado
Auburn University, hnm0030@auburn.edu

Christopher Lawrence
Northern Kentucky University, lawrencec7@nku.edu

Keith Mobley
Counseling@Northwestern, akmobley@gmail.com

See next page for additional authors

Recommended Citation
Sylvestro, Hallie M.; Umstead, Lindsey K.; Delgado, Heather; Lawrence, Christopher; Mobley, Keith; Wester, Kelly L.; and Wood, Andrew (2024) "A Qualitative Exploration of Well-being in Cancer Survivorship: Implications for Counselors," *Adultspan Journal*: Vol. 23: Iss. 1, Article 5.
DOI: https://doi.org/10.33470/2161-0029.1164
Available at: https://mds.marshall.edu/adsp/vol23/iss1/5

A Qualitative Exploration of Well-being in Cancer Survivorship: Implications for Counselors

Abstract

Adult cancer survivors represent an important–and growing–population that could benefit from counseling services. This study employed consensual qualitative research to examine the well-being experiences of eight cancer survivors. Findings suggest a broad range of changes to individual well-being following cancer diagnosis and treatment, and indicate counseling can provide an ideal setting for processing such changes. Recommendations for counseling practice and future research are provided.

Keywords

cancer survivors, well-being, qualitative research, counseling

Authors

Hallie M. Sylvestro, Lindsey K. Umstead, Heather Delgado, Christopher Lawrence, Keith Mobley, Kelly L. Wester, and Andrew Wood

Received Aug 3, 2023 | Revised Jan 11, 2024 | Accepted Feb 27, 2024

A Qualitative Exploration of Well-Being in Cancer Survivorship: Implications for Counselors

Hallie Sylvestro[1] | Lindsey K. Umstead | Heather Delgado[2] | Christopher Lawrence[1] | Keith Mobley[3] | Kelly Wester[4] | Andrew Wood[5]

[1] School of Kinesiology, Counseling, and Rehabilitative Sciences, Northern Kentucky University
[2] Department of Special Education, Rehabilitation, and Counseling, Auburn University
[3] Counseling@Northwestern, Northwestern University
[4] Department of Counseling and Educational Development, University of North Carolina at Greensboro
[5] School of Human Services, University of Cincinnati

Author Note
Hallie Sylvestro
https://orcid.org/0000-0002-6208-7282
Heather Delgado
https://orcid.org/0000-000l-5864-3744
Keith Mobley
https://orcird.org/0000-0001-8929-2473
Kelly Wester
https://orcid.org/0000-0003-3701-3609
Andrew Wood
https://orcid.org/0000-0002-7677-2790

Correspondence concerning this article should be addressed to Hallie Sylvestro, Northern Kentucky University, 1 Nunn DR, Highland Heights, KY, 41099.
Email: sylvestroh1@nku.edu

Abstract

Adult cancer survivors represent an important and growing population that could benefit from counseling services. This study employed consensual qualitative research to examine the well-being experiences of eight cancer survivors. Findings suggest a broad range of changes to individual well-being following cancer diagnosis and treatment and indicate counseling can provide an ideal setting for processing such changes. Recommendations for counseling practice and future research are provided.

KEYWORDS:
cancer survivors, well-being, qualitative research, counseling, integrated care

A Qualitative Exploration of Well-Being in Cancer Survivorship: Implications for Counselors

In 2024, counselors gained the right to see clients insured by Medicare (National Board for Certified Counselors, 2022). This affords them the ability to provide services to large swaths of the population, including 18 million adult cancer survivors alive as of 2022 (American Cancer Society [ACS], 2024). Two million new cancer cases are expected in 2024, and roughly 40% of people can expect a cancer diagnosis in their lifetime (ACS, 2024). Given a 5-year survival rate of approximately 68% over all cancers (ACS, 2024), it is incumbent on professional counselors to better understand how to help those with cancer, or those who have survived cancer, to live well.

Cancer and Aging

Cancer can be considered a disease of aging. Aging is the primary risk factor for developing cancer (Braithwaite et al., 2022). The ACS (2024) reported 88% of US cancer survivors are age 50 or older and 57% are age 65 or older. There exists a significant uptick in cancer diagnosis at or after age 65 the threshold age for Medicare eligibility (Patel et al., 2021). Estapé (2018) associated aging with delayed diagnosis and more severe prognosis, as cancer in older adults often exhibits slower growth due to age-related decrease in cell development.

The cancer experience can significantly affect adult development, both physically and psychosocially. Cancer can accelerate the biological aging process, resulting in increased incidence of chronic health conditions and greater risk of developing frailty, a phenomenon Bhatia et al. (2022) dubbed "a state of reduced physiologic reserve" (p. 1405). Accelerated aging in cancer survivors appears multi-pronged; disease progression, cancer-related psychosocial distress, and cancer treatments (e.g., radiation, surgery, chemotherapy, etc.) have all been linked to biological mechanisms associated with age acceleration (Bhatia et al., 2022). Older adults experience unique challenges in cancer treatment, including decreased efficacy or viability of cancer treatments (e.g., immunotherapy) depending on age, health, and the presence of other chronic conditions (Braithwaite et al., 2022). In some cases, people with cancer develop long-term disabilities and might meet criteria for coverage under the Americans with Disabilities Act, a circumstance that seems particularly true for older adults (ACS, 2023).

Cancer survivors of all age groups are more likely to experience depression and anxiety than adults without cancer; however, older adult cancer survivors are more difficult to screen and less likely to seek treatment for mental health (Silva et al., 2022). In contrast to younger adults, older adults are more likely to experience somatic complaints (e.g., body pain, sleep disturbances) than affective complaints (e.g., guilt, sadness), and their somatic complaints are often obscured by side effects of cancer treatments (Silva et al., 2022). Health experts have noted a particular need for research focused on enhancing quality of life and meaning making for older cancer survivors (Braithwaite et al., 2022).

Cancer and Counseling

Cancer survivors might experience myriad psychosocial concerns, including changes to mental health, social well-being, and cognitive functioning (Braithwaite et al., 2022; Kreitler, 2019). Research suggests up to 50% of cancer survivors experience impairing mental health disorders, with depression being most common (Brandenbarg et al., 2019; Niedzweidz et al., 2019). Despite high levels of psychological distress throughout the cancer experience, approximately 60–75% of survivors report a lack of discussion with or referral from health providers for their emotional and social needs (Chawla et al., 2016; Forsythe et al., 2013). And while some cancer survivors report preferring individual counseling to mental health medication (Wu et al., 2014), only 25% report receiving counseling (Trevino, 2020). A recent study (Gentile et al., 2022) revealed that while most oncologists identify mental health distress as a significant issue, most oncology providers the researchers surveyed only *occasionally* (51%) or *rarely/never* (15%) referred patients to mental health services. In the same study, approximately half of oncologists indicated the mental health needs of cancer survivors exceeded currently available resources. The inclusion of counselors as Medicare providers can help address gaps in mental health care among the growing number of cancer survivors.

Cancer and Well-Being Research

Holistic well-being of cancer survivors constitutes a major focus of oncological research (Kreitler, 2019). Increased attention to psychosocial needs of cancer survivors over the last 2 decades has elucidated the far-reaching effects of cancer on nearly every facet of well-being. Now considered a traumatic event (Gieseler et al., 2018), multitudes of studies, reviews, and meta-analyses link the experience of cancer to changes in spiritual (e.g., Aman & Akhtar, 2020), social (e.g., Leow et al., 2021), and mental well-being (e.g., Niedzwiedz et al., 2019).

Given cancer's wide-ranging effects on well-being, oncological care relies on biopsychosocial research emphasizing the interconnectedness of physical and psychosocial health to identify and address the care needs of survivors. However, medically based biopsychosocial research and intervention face criticism for overly emphasizing biomedical functioning over psychosocial well-being, treating the latter as mere sequelae (Alonso, 2004; Connell et al., 2014). Fundamentally, the current body of oncological biopsychosocial literature might be limited in its conceptualization of mental and emotional well-being.

Although nascent in their participation of cancer-related research (e.g., Maniscalco et al., 2022; Regal et al., 2020; Wood et al., 2020), counselors have a rich history of practice embedded in holistic well-being, often using wellness paradigms that affirm the total person (Myers, 1992). As mental and emotional health practitioners, those in the counseling field are well-positioned to provide vital contributions to the research and practice of well-being promotion among cancer survivors. The aim of our study was to further understand significant well-being experiences of cancer survivors in their own words, and to consider how counselors can best support this population.

Methods

We used Consensual Qualitative Research (Hill et al., 2005) to understand the unique experiences of cancer survivorship, and how they affected individual well-being. The university institutional review board approved this study, and data were collected as a follow-up study to a quantitative examination of well-being in cancer survivorship (Sylvestro et al., 2021). In the previous quantitative study, 147 cancer survivors were recruited using convenience-sampling from social media cancer support groups and paid sampling through an online survey organization. Participants met the following inclusion criteria: (a) recent entry into remission of cancer; (b) were within 5 years of their cancer diagnosis; (c) underwent surgery, radiation, and/or chemotherapy treatment; and (d) were 18 years or older. Upon completion of well-being surveys, participants were asked if they would be interested in a follow-up semi-structured interview to further detail their experiences during their cancer journey. Eight participants volunteered, consistent with sample sizes used in Consensual Qualitative Research analysis (Hill et al., 2005). Participants were provided a brief description of "general well-being" as involving many facets of biological, mental, emotional, and relational health, and supplied the semi-structured interview questions. Participants were asked to describe: (a) length of time and nature of their remission status; (b) their cancer diagnosis and received cancer treatments; (c) their current well-being; (d) observed differences in their well-being during cancer treatment; (e) observed differences in their well-being before receiving their diagnosis; (f) salient effects to their well-being as a result of having gone through their cancer journey, including physical, mental, social, and spiritual dimensions of wellness; (g) supportive resources used during their cancer journey; and (h) their perception of how caregivers and health professionals supported their psychosocial well-being. Although the questions were designed to encourage description of psychosocial needs during the cancer experience, we did not emphasize the importance of different facets of well-being, allowing participants to identify those most important to their experience. The recorded interviews lasted 45-90 minutes and were transcribed verbatim. Participants who completed the interview received a $10 gift card.

Participants

Eight cancer survivors participated in this qualitative study. Three participants identified as male, five as female. Seven identified their race/ethnicity as White, and one identified as Hispanic. Ages ranged from 43 to 70 ($M = 54.9$; $SD = 9.8$). Four reported having breast cancer, one bile duct cancer, one rectal cancer, one prostate cancer, and one participant reported uterine cancer. Participants reported a variety of cancer treatments, including surgery ($n = 7$), chemotherapy ($n = 2$), radiation ($n = 4$), and adjuvant therapies (herceptin; $n = 1$).

Positionality and Trustworthiness

Scholars who engage in qualitative analysis should approach their research with self-awareness and be transparent about potential biases (Hays & Singh, 2012). All involved authors in this study have experience as counselors and counselor educators and approached the study through a counseling-centric perspective. All the authors are White. Author experiences with cancer vary. The primary author has experience working in a cancer treatment center supporting adult cancer survivors and family members but has no experience with cancer in their personal life. The second author has personally experienced losing a family member to metastatic melanoma. The third author has experience caregiving for an elderly family member during treatment for breast cancer. The fourth author has lost multiple family members to cancer and counts multiple friends and family members as cancer survivors. The fifth author shared having no notable experiences with cancer, personally or professionally. The sixth author has had multiple friends and family who survived and were lost to various forms of cancer and has minimal experience counseling individuals with cancer. The seventh author has experienced cancer in their family, with one family member in survivorship for breast cancer and another lost from lung cancer, and has experience researching cancer survivorship.

Consensual Qualitative Research includes multiple components that support trustworthiness of the methodological process, including the use of bracketing, the emphasis on consensus in the creation of domains and categories, and frequent checks with an external auditor (Hill, 2012). In this study, three team members conducted the analysis, with a fourth serving as auditor. Before data collection, the research team recorded biases and expectations for the study (bracketing exercise), including acknowledgment of personal and professional cancer experiences.

Procedures and Data Analysis

We used the steps and components of Consensual Qualitative Research laid out by Hill (2012), gaining consensus through the interpretation and classification of data across three analytical steps. First, we reviewed the data and identified a list of domains. Second, we analyzed each domain to capture core ideas and then cross-analyzed the data to reach consensus on the categories comprising each domain. The auditor (fourth author) reviewed these efforts to ensure the process' accuracy and integrity. Finally, we assigned each category a frequency label, denoting 7–8 cases as *general*, 5–6 cases as *typical*, 2–4 cases as *variant*, and 1 case as *rare*.

Findings

Qualitative analysis resulted in five primary domains capturing the well-being experiences of cancer survivors: *Effects of Cancer on Psychosocial Well-Being, Psychosocial Coping Strategies, Effects of Cancer on Physical and Functional Well-Being, Experience With Healthcare Professionals and Settings,* and *External Supports and Resources*. Further analysis identified categories within the domains, with 10 categories designated as general, five typical, eight variant, and eight rare. General and typical categories are discussed in Table 1.

Table 1

Domains List and General/Typical Categories

Domain	Category	Frequency	n
Effects of cancer on psychosocial well-being	Negative emotional reactions to diagnosis and treatment	General	7
	Health anxiety and fears of recurrence	Typical	6
	Relational effects	General	7
	Changes in beliefs and attitudes	General	7
Psychosocial coping strategies	Problem focused coping	General	7
	Meaning focused coping	General	8
	Emotion focused coping	General	7
	Cognitive adaptation	Typical	5
Effects of cancer on physical and functional well-being	Lasting negative effects on physical functioning	Typical	5
	Increase in positive health behaviors	Typical	5
Experience with healthcare professionals and settings	Positive care experiences	General	8
	Negative care experiences	Typical	5
External supports and resources	Social support	General	8
	Instrumental support	General	8
	Obstacles and unmet needs	General	7

Effects of Cancer on Psychosocial Well-Being

Almost all participants reported a negative change to their emotional well-being following the diagnosis and/or treatment of their cancer. Themes include hopelessness, shock, sadness, and anxiety. Upon finding out they had cancer, participants described strong reactions to the fatal potential of their diagnosis. One participant shared feeling immediately depressed and fearful, while another described feeling "like someone had punched [me] in the gut." Four participants described negative reactions during treatment: "I would go in and be very emotional and weepy in these times. There is some shock, you know."

Six participants described chronic anxiety about their general health and ongoing fears of recurrence. Medical appointments led to particularly intense feelings: "I am always very fearful of what the doctor might say, almost to the point where I don't want to deal with it. Sometimes I feel like I want to just dig my head in the sand." Four participants shared specific fears of recurrence (e.g., "It scares the hell out of me"). Another participant with a more aggressive cancer type stated: "I kind of just walk around every day waiting for the [other] shoe to drop."

Most participants described both positive and negative changes to personal relationships because of their cancer journeys. Many described stronger bonds with loved ones. One spoke of growing closer to her mother: "That was actually really a positive because we weren't always particularly close. But I think that my mom kind of…it was a wakeup call for her…'Wow my daughter might die before I do.'" Most participants shared a feeling that cancer had negatively affected their social lives in some way. Five participants felt they received unsupportive or unhelpful responses from loved ones, noting they were underwhelmed by the outreach they received. Participants felt wounded when friends avoided them or did not acknowledge their cancer. One participant said, "These people that I thought were my friends, but they weren't…I kind of saw their true colors." Participants felt isolated in their cancer journey and discussed navigating difficult changes in personal relationships. One participant described the toll of cancer on her marriage:

And I was thinking that I was presenting as well as I could, so my husband should be doing fine, right? And I found out that that wasn't true. He actually had a nervous breakdown right around the time that I had finished my treatment…We were separated for about 3 months…We also stayed in contact and did a lot of different therapy and things to kind of get back to a good place, which we have.

Almost all participants noted how living through a cancer diagnosis resulted in meaningful changes to their personal beliefs and attitudes. Many expressed a sense of gratitude for making it through their cancer diagnosis, such as feeling happy to make it to another birthday. Several noted that cancer allowed them to recognize new possibilities and opportunities, such as going into early retirement or moving closer to family. Participants felt their experience with cancer promoted their spiritual and existential development (e.g., feeling a deeper relationship with their god); a heightened appreciation for life in general; and changes to their personal philosophies or priorities. One participant shared: "I don't take myself so seriously anymore…No matter what it is, I know that I can get through it."

Psychosocial Coping Strategies

Participants identified several coping strategies they used to bolster their well-being, with all or nearly all endorsing three emergent categories: *problem-focused coping, meaning-focused coping,* and *emotion-focused coping*. In terms of problem-focused coping, participants framed their cancer experience as a challenge to be understood, navigated, and overcome. For example, six participants described the importance of seeking out information about various options related to treatment and effects of a cancer diagnosis. They positioned the need for information as pre-eminent to their need for emotional support during the diagnosis and treatment stage, with one participant sharing: "I need to know what to expect, what is going to go on. Pending those answers, information about what is going to happen, the need for more emotional support may come." Participants linked a desire to be well-informed to their need for control and self-determination following the chaos of a cancer diagnosis. Proactive behaviors and self-advocacy themes also emerged, with participants sharing the importance of being active in their efforts to seek and stick with treatment regimes, self-advocating while navigating treatment decisions, and seeking external resources without prompting from medical professionals. Half of participants described a strategy of restorative coping, a determined focus on returning to their life as it was before cancer, or adjusting to their new normal, as expediently as possible. As one participant stated, "I wasn't going to let anything stop me from doing…from living my life. I was going to get through it and be fine and live out my life to a ripe old age."

All participants used meaning-focused coping strategies. Six described using spiritual or existential beliefs to cope with and make sense of their cancer experiences. One stated, "As long as I continue to place my faith, spiritually speaking, in something beyond myself, in someone beyond myself…I'm really doing just fine." Several others highlighted the importance of believing in a larger design for their lives, with one stating: "I do believe in God, I believe there is a reason for everything. There is a plan mapped out." Participants also described finding meaning in helping others as supporting their well-being. One participant shared it was important for her to give back to others in treatment: "I baked cupcakes for everybody in the chemo room. I was making bracelets and handing them out to all the other ladies."

Seven participants described using emotion-focused strategies to manage their affective responses and cope with the cancer experience. The most prominent theme in this category involved avoiding and compartmentalizing negative emotions, particularly during the early stages of treatment. These behaviors manifested in several ways, including hiding their diagnosis, avoiding conversations about their experiences, and attempting to maintain the image of life as usual. One participant shared: "I couldn't deal with it. I couldn't talk about it. I didn't want to sit here and cry all of the time. I just wanted to go from day to day until it was finally taken care of." Several participants expressed apprehension that others would not know how to support them. One participant noted: "If somebody approaches me with this…sympathy, pity…I'm not going to talk to you, because that is not what I'm looking for."

Five participants described coping through cognitive adaptation, which can be understood as attempts to reframe thinking in a positive manner. Three participants described the importance of finding humor in their experiences, with one sharing: "[the nurses] helped me kind of laugh at the situation, so to speak. They had a booby party; they had cupcakes made [laughter]. It was kind of a fun way to end the situation." Four participants described the importance of optimism, with one stating: "I had a 15% chance of it reoccurring. And I said, 'Well I've got an 85% chance that it won't.' So, I'll take those odds at my age."

Effect of Cancer on Physical and Functional Well-Being

Cancer survivors described aspects of their physical and functional well-being as meaningful parts of their holistic well-being. Five participants highlighted long-term or permanent changes to their physical and functional well-being because of undergoing cancer treatments, such as permanent changes in bowel functioning, permanent or semi-permanent loss of hair, loss of stamina, impairment in memory due to "chemo brain," and general experiences of chronic pain at various treatment sites. Participants shared feeling altered by their time in treatment, resulting in losses of physical functioning that contributed to changes in daily routines and activities. Participants articulated feelings of grief or loss due to changes in abilities both during and after treatment. Several described having an increase of positive health behaviors because of their cancer experience, including increased attention to regular medical check-ups, increase in exercise habits, and more thoughtful eating habits.

Experience With Healthcare Professionals and Settings

Participants described their experiences with healthcare professionals and settings as important to their overall well-being. All participants described having some positive care experiences, with most expressing satisfaction with the cancer treatment and resources offered by at least one of their healthcare professionals. A recurring theme involved having a wide range of services offered. One participant shared his providers made sure to offer him: "Anything, in terms of accommodating a change in treatment time, or any sort of I guess holistic things that they could do, such as changes in diet, that sort of thing. So, they were marvelous in that." Several other participants highlighted their appreciation for nutritional consultation, massage therapy, psychiatric services, and genetic counseling. Participants highlighted situations in which their non-biomedical needs were addressed, with several noting how meaningful it was when providers asked about their feelings. One participant described her appreciation for nurses asking whether she needed to talk. Another shared: "All the doctors…were amazing. They were so compassionate…I was all freaking out because I had never had an MRI before. And you know [they] just talked me through everything."

Five participants noted negative care experiences that affected their general well-being. A major theme in this category involved feeling unsupported by medical providers, who might have dismissed participants' pre-diagnosis concerns about having cancer. One participant described feeling frustrated with the lack of discussion of medical procedures, sharing "it would have been nice to be told!" before providers gave her larger doses of painkillers than she felt she needed. Two participants indicated a noticeable lack of psychosocial support from healthcare providers. One participant, who highlighted feelings of anxiety and depression during his cancer experience, discussed receiving no support or information concerning his emotional well-being during treatment: "They talked about the physical stuff…That I might experience this pain, or this pulling. But…nothing about my mental state."

External Supports and Resources

Participants highlighted many valuable external supports and resources. All described social support from multiple sources as a significant factor in their well-being. Almost all participants received meaningful support from family and friends, which included having people to talk to about their experiences going through cancer treatment. One participant shared: "It was good for me to share with people about my side effects of the chemo… So I could talk to my parents about that, I had some kind of vocal outlet to tell somebody." Two participants addressed support from their spiritual communities, with one sharing, "My church makes it really clear that they are there for us, that they pray for us, and they keep an eye on us." Two participants described the importance of encouragement from other cancer survivors and online cancer support groups.

All participants discussed the importance of instrumental resources and supports, which includes any type of tangible aid, goods, or services. Most stated instrumental supports from family and friends were critical during their treatment phase, listing help with home tasks and transportation to medical appointments as examples. Notably, some participants highlighted friends and family members taking over new roles or taking care of tasks previously done by the participant, "My husband had to cook dinner…and I would tell him what to do. Or he would have to do the food shopping. I mean he knew how to do it, but he was doing it all of the time." Financial aspects of the cancer journey were another major theme in this category. Half of the participants felt they had the financial stability to navigate cancer treatment while two noted the importance of outside financial resources (e.g., charities to cover bills). All participants expressed gratitude for financial resources and highlighted the tremendous expense of oncological care. One participant highlighted the importance of personal savings: "Financially, you know, I was lucky. I have a real job. It whacked us… It took a lot of money." Two others highlighted the importance of health insurance, with one stating: "I was dumbstruck when I saw the cost of the treatment…$3,500 per treatment. And I had 44 of them."

Most participants noted how additional resources might have been helpful in addressing external obstacles to their well-being. The most common obstacles cited included access to care and significant financial burden associated with having cancer and undergoing treatment. Several participants admitted to struggling to pay hospital bills. Four participants living in rural areas indicated distance to specialized or holistic oncological services negatively affected their well-being, because they had to drive long distances for treatment or lacked access to services like cancer support groups in their hospitals.

Discussion

The experience of having cancer invariably shapes an individual's well-being, whether in terms of their social relationships, daily activities, or perceived sense of purpose and life meaning. Given the recent decision to approve mental health counselors as Medicare providers (National Board for Certified Counselors, 2022), a sizeable population of cancer survivors will have increased access to counseling services. The foundational wellness paradigm of the counseling profession provides a vehicle for conceptualizing and addressing the many psychosocial needs of this population; nevertheless, there is great opportunity and need for the counseling profession to deepen its understanding of well-being in cancer survivorship.

Professional counselors should be well-versed in changes to psychosocial well-being associated with the cancer experience. We found the most frequently identified changes to psychosocial well-being among participants in our study included significant emotional distress following diagnosis and treatment, chronic health anxiety, fear of recurrence, changes in personal relationships (positive and negative), and meaningful changes to beliefs and attitudes. Counselors should recognize that receiving a cancer diagnosis is a traumatic event that can create immense stress for individuals and their families (Mehta & Hamel, 2015). The initial shock of diagnosis might include emotional volatility, sudden changes in family roles, and immediate practical changes in daily routines to meet the functional and financial demands of pursuing cancer treatment (Rolland, 2005). As such, counselors should consider routinely screening for emotional distress when working with cancer survivors and their family members (Mehta & Hamel, 2015).

In addition to examining the many challenges of surviving a cancer diagnosis, counselors should explore personal growth and meaning making with this client population. Study participants highlighted several positive cancer-related changes to their psychosocial well-being, such as increased feelings of gratitude and increased clarity around their personal, spiritual, and existential values—experiences that align with the concept of posttraumatic growth (Tedeschi & Calhoun, 2004). Often identified in cancer survivors, posttraumatic growth can provide a buffering effect to the negative outcomes of the condition (e.g., Menger et al., 2021). Catalyzing posttraumatic growth requires more than just experiencing a traumatic event; it entails reflecting on trauma experiences to find meaning and growth (Tedeschi & Calhoun, 2004). Counselors can help promote posttraumatic growth among cancer survivors by providing space to process their cancer journey, a unique advantage of counseling practice over the more time-limited conversations survivors have with other health providers.

Individual coping strategies are a significant resource for cancer survivors during and after active treatment (Kreitler, 2019). Our findings highlight the salience of personal coping strategies: participants commonly endorsed information seeking, spiritual coping, and emotional compartmentalization as useful coping approaches. Counselors can further bolster survivors' well-being by exploring and reinforcing their existing coping strategies.

As illustrated in this study, changes to or loss of physical functioning (e.g., significant difficulties using the restroom) can result in dynamic changes to holistic well-being (e.g., limiting social outings). The loss of hair from chemo can result in an identity crisis for cancer survivors; likewise, the changes to sexual functioning after prostate cancer can result in relational frustrations. Concerningly, counselors might be underprepared to engage clients about these physiological and functional changes. As Barden et al. (2015) discussed, the counseling profession has lagged in the conceptualization, training, and engagement of clients' physical health needs within the context of holistic wellness. Although counseling wellness models and interventions often include the examination of physical health via nutrition and exercise habits, these are woefully simplified and potentially inappropriate lines of inquiry with cancer survivors (Sylvestro et al., 2021).

Implications

Crucially, practicing counselors must discuss relationships between physical changes and psychosocial well-being with cancer survivors. The progression of and treatment for cancer is linked to a host of challenging physical changes, including appetite changes, fatigue, sleep disturbance, changes in sexual health, memory or concentration problems, bodily inflammation, pain, and delirium (National Cancer Institute, n.d.). Notably, many somatic side-effects from cancer treatments overlap with mental health symptomology, particularly in older adults (Silva et al. 2022). As previously discussed, cancer is also linked to accelerated aging and increased risk of developing other chronic illnesses (Bhatia et al., 2022). As such, to effectively support client well-being, counselors must make efforts to understand the general treatment trajectory and common side effects following a cancer diagnosis.

Additionally, disease progression and treatment might lead to health changes in cancer survivors that could result in long-term disabilities, particularly in older adults. In such cases, counselors should be mindful to adopt non-stigmatizing, person-first language with survivors, supporting clients as they identify barriers and adjust to their new normal (Stuntzner & Hartley, 2014). Some clients could qualify for protection under the Americans with Disabilities Act; accordingly, counselors should encourage them to seek out related protections and resources (ACS, 2023).

Counselors working with cancer survivors could benefit from exploring clients' health anxieties and cancer fears (Wood et al., 2020), because chronic health anxiety and fears of recurrence affect a considerable number of cancer survivors and are a common unmet need (Deimling et al., 2017). Cognitive Behavioral Therapy has been found effective in helping cancer survivors manage fears of cancer recurrence (Park & Lim, 2022). Mindfulness-based interventions have also been found to promote improved psychological well-being in adult cancer survivors (Forti et al., 2016; Lengacher et al., 2021).

Counselors must also discuss cancer survivors' experiences with healthcare providers and treatment settings, because these are important predictors of well-being. As highlighted by the participants in our study, and consistent with previous research findings (Chawla et al., 2016; Forsythe et al., 2013), medical health professionals rarely discuss how survivors' experiences might affect them emotionally, socially, or spiritually—a role counselors can readily address. Such discussions provide opportunities for counselors to acknowledge previously unaddressed psychosocial concerns, or to simply validate cancer survivors' emotional experiences. Counselors might also be important advocates for survivors with medical health professionals and should be prepared to consult with health providers when necessary.

Counselors working with cancer survivors will best serve their clients by providing a wide range of referral sources, including cancer support groups, religious leaders, and community mutual aid groups. Various external resources contribute to cancer survivor well-being, including instrumental supports (e.g., financial assistance, help with home tasks during treatment); social supports (e.g., spiritual communities, support groups); and informational supports (e.g., cancer informational web pages). Issues related to financial burden are especially notable; regardless of cancer type, a diagnosis brings significant financial burden to patients and families (Richard et al., 2021). Some clients might benefit from family sessions aimed at exploring finance-related changes and developing family coping strategies (Johnson & Ross, 2023). Medical debt is an important social determinant of health (Mendes de Leon & Griggs, 2021), and individuals who struggle to pay medical bills experience more days with stress, anxiety, and depression (Wiltshire et al., 2020). While counselors cannot fix the financial burden of cancer, they should be aware of the associated stressors and validate clients' emotional experiences. Referrals to local mutual aid might also be a significant boon to this population.

Study Limitations and Future Research

Our study had several limitations. Data collection preceded the COVID-19 pandemic, which likely affected multiple facets of the cancer journey, including delays in diagnosis, decreased treatment access, and increased susceptibility to COVID-19 complications (ACS, 2021, 2024). Additionally, our findings have limited generalizability to individuals from minority populations. Only one participant was non-White, and we did not ask participants to share their sexual orientation. Individuals identifying as Black/African American, Asian, Hispanic/Latino/Latinx, or indigenous to North America experience greater negative effects to their well-being during cancer, including increased mortality rates, mental health symptoms, and poorer treatment outcomes (ACS, 2024; Best et al., 2022; Wood et al., 2021). Likewise, LGBTQ+ individuals experience disparate outcomes during cancer treatment but have been understudied and under-reported (ACS, 2024). Individuals who identify with more than one marginalized group, including non-Whites, LGBTQ+ individuals, and those with lower socioeconomic status, experience multiple intersecting systems of oppression that can negatively affect every facet of their cancer journey (ACS, 2024). Given these challenges, members of marginalized groups might be less likely to participate in health research. Nevertheless, it is crucial for future health research to better address links between structural racism and cancer disparities (Best et al., 2022).

In general, cancer-related counseling research provides abundant opportunities. Outcome studies on specific counseling interventions with cancer survivors could be especially beneficial to furthering counselors' roles in cancer care. Building on the limitations of this study, future researchers should consider enhanced study of well-being for individuals from marginalized groups during and after cancer treatment and opportunities for counselors to advocate for this population. Finally, future research should aim to better understand counselors' roles in integrated cancer care, as both embedded practitioners and secondary referral sources.

Conclusion

With the inclusion of mental health counselors as approved Medicare providers in 2024 (National Board for Certified Counselors, 2022), counselors are presented an important opportunity to bolster the well-being of cancer survivors. We sought to enhance understanding of cancer survivors' well-being experiences, and to highlight opportunities for counselors to better serve this population. Although not all cancer survivors require mental health services, counseling can provide an ideal place to process the many changes to well-being associated with living through a cancer diagnosis. Through increased research, education, and advocacy, counselors might prove critical to reducing psychosocial health disparities among the growing population of adult cancer survivors.

References

Alonso, Y. (2004). The biopsychosocial model in medical research: The evolution of the health concept over the last two decades. *Patient Education and Counseling, 53*(2), 239–244. https://doi.org/10.1016/S0738-3991(03)00146-0

Aman, F., & Akhtar, N. (2020). Religious coping, resilience and spiritual well-being among women with breast cancer; Comparison of different age groups and different stages of cancer. *Journal of Postgraduate Medical Institute, 34*(3), 149–153. https://jpmi.org.pk/index.php/jpmi/article/view/2633

American Cancer Society. (2021). *Cancer facts & figures 2021: COVID-19 and cancer*. https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/special-section-covid19-and-cancer-2021.pdf

American Cancer Society. (2023). *Americans with Disabilities Act: Information for people facing cancer*. https://www.cancer.org/cancer/financial-insurance-matters/health-insurance-laws/americans-with-disabilities-act.html

American Cancer Society. (2024). *Cancer facts & figures 2024*. https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2024/2024-cancer-facts-and-figures-acs.pdf

Barden, S. M., Conley, A. H., & Young, M. E. (2015). Integrating health and wellness in mental health counseling: Clinical, educational, and policy implications. *Journal of Mental Health Counseling, 37*(2), 152–163. https://doi.org/10.17744/mehc.37.2.1868134772854247

Best, A. L., Roberson, M. L., Plascak, J. J., Peterson, C. E., Rogers, C. R., Hastert, T. A., & Molina, Y. (2022). Structural racism and cancer: Calls to action for cancer researchers to address racial/ethnic cancer inequity in the United States. *Cancer Epidemiology, Biomarkers & Prevention, 31*(6), 1243–1246. https://doi.org/10.1158/1055-9965.EPI-21-1179

Bhatia, R., Holtan, S., Jurdi, N. E., Prizment, A., & Blaes, A. (2022). Do cancer and cancer treatments accelerate aging? *Current Oncology Reports, 24*(11), 1401–1412. https://doi.org/10.1007/s11912-022-01311-2

Braithwaite, D., Anton, S., Mohile, S., DeGregori, J., Gillis, N., Zhou, D., Bloodworth, S., Pahor, M., & Licht, J. (2022). Cancer and aging: A call to action. *Aging and Cancer, 3*(2), 87–94. https://doi.org/10.1002/aac2.12055

Brandenbarg, D., Maass, S., Geerse, O. P., Stegmann, M. E., Handberg, C., Schroevers, M. J., & Duijts, S. (2019). A systematic review on the prevalence of symptoms of depression, anxiety and distress in long-term cancer survivors: Implications for primary care. *European Journal of Cancer Care, 28*(3), 1-14. https://doi.org/10.1111/ecc.13086

Chawla, N., Blanch-Hartigan, D., Virgo, K. S., Ekwueme, D. U., Xuesong Han, Forsythe, L., Rodriguez, J., McNeel, T. S., & Yabroff, K. R. (2016). Quality of patient-provider communication among cancer survivors: Findings from a nationally representative sample. *Journal of Oncology Practice, 12*(12), e964–e973. https://doi.org/10.1200/JOP.2015.006999

Connell, J., O'Cathain, A., & Brazier, J. (2014). Measuring quality of life in mental health: Are we asking the right questions? *Social Science & Medicine (1982),120*,12–20. http://doi.org/10.1016/j.socscimed.2014.08.026

Deimling, G. T., Brown, S. P., Albitz, C., Burant, C. J., & Mallick, N. (2017). The relative importance of cancer-related and general health worries and distress among older adult, long-term cancer survivors. *Psycho-Oncology, 26*(2), 182–190. https://doi.org/10.1002/pon.4015

Estapé, T. (2018). Cancer in the elderly: Challenges and barriers. *Asia-Pacific Journal of Oncology Nursing, 5*(1), 40–42. https://doi.org/10.4103/apjon.apjon_52_17

Forti, A. M., Cashwell, C. S., & Henson, R. (2016). Mindfulness and quality of life in cancer survivors: The mediating role of self-kindness and alexithymia. *Journal of Mental Health Counseling, 38*(4), 346–359. https://doi.org/10.17744/mehc.38.4.05

Forsythe, L. P., Kent, E. E., Weaver, K. E., Buchanan, N., Hawkins, N. A., Rodriguez, J. L., Ryerson, A. B., & Rowland, J. H. (2013). Receipt of psychosocial care among cancer survivors in the United States. *Journal of Clinical Oncology, 31*(16), 1961–1969. https://doi.org/10.1200/JCO.2012.46.2101

Gentile, D., Klink, A.J., Jeune-Smith, Y., Gajra, A., & Feinberg, B. S. (2022). Mental health care for oncology patients in community settings. *Journal of Clinical Oncology, 40*(16), Article e18525. https://doi.org/10.1200/JCO.2022.40.16_suppl.e18525

Gieseler, F., Gaertner, L., Thaden, E., & Theobald, W. (2018). Cancer diagnosis: A trauma for patients and doctors alike. *The Oncologist, 23*(7), 752–754. https://doi.org/10.1634/theoncologist.2017-0478

Hays, D. G. & Singh, A. A. (2012). *Qualitative inquiry in clinical and education settings.* Guilford Press.

Hill, C. E. (2012). *Consensual qualitative research: A practical resource for investigating social science phenomena.* American Psychological Association.

Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology, 52*(2), 196-205. http://doi.org/10.1037/0022-0167.52.2.196

Johnson, E. M., & Ross, D. B. (2023). The cost of cancer: The association of financial and cancer-related stress on maladaptive coping styles in families with a cancer diagnosis. *Contemporary Family Therapy, 45*(3), 323-332. https://doi.org/10.1007/s10591-021-09595-5

Kreitler, S. (2019). Psycho-oncology for the clinician: *The patient behind the disease*. Springer International Publishing.

Lengacher, C. A., Gruss, L. F., Kip, K. E., Reich, R. R., Chauca, K. G., Moscoso, M. S., Joshi, A., Tinsley, S., Shani, B., Cousin, L., Khan, C. P., Goodman, M., & Park, J. Y. (2021). Mindfulness-based stress reduction for breast cancer survivors (MBSR(BC)): Evaluating mediators of psychological and physical outcomes in a large randomized controlled trial.*Journal of Behavioral Medicine, 44*(5), 591–604. https://doi.org/10.1007/s10865-021-00214-0

Leow, K., Lynch, M. F., & Lee, J. (2021). Social support, basic psychological needs, and social well-being among older cancer survivors. *The International Journal of Aging & Human Development, 92*(1), 100–114. https://doi.org/10.1177/0091415019887688

Maniscalco, E., La Marca, L., Faldetta, N., Fabbiano, F., Verderame, F., & Schimmenti, A. (2022). Maladaptive personality features, alexithymia, and traumatic events as risk factors for patients with cancer diagnosis. *Journal of Mental Health Counseling, 44*(2),153–172. https://doi.org/10.17744/mehc.44.2.04

Mehta, A., & Hamel, M. (2015). Comprehensive psychosocial care of cancer patients: Screening for distress in family members. *Canadian Oncology Nursing Journal, 25*(3), 357–360.

Mendes de Leon, C.F., & Griggs, J.J. (2021). Medical debt as a social determinant of health.*JAMA: Journal of the American Medical Association, 326*(3), 228-229. https://doi.org/10.1001/jama.2021.9011

Menger, F., Mohammed Halim, N. A., Rimmer, B., & Sharp, L. (2021). Post-traumatic growth after cancer: A scoping review of qualitative research. *Supportive Care in Cancer, 29*(11), 7013–7027. https://doi.org/10.1007/s00520-021-06253-2

Myers, J. E. (1992). Wellness, prevention, development: The cornerstone of the profession. *Journal Of Counseling & Development, 71*(2), 136-139. https://doi.org/10.1002/j.1556-6676.1992.tb02188.x

National Cancer Institute. (n.d.). *Side effects of cancer treatment*. https://www.cancer.gov/about-cancer/treatment/side-effects

National Board for Certified Counselors. (2022, December).*Medicare and professional counselors*. https://www.nbcc.org/govtaffairs/medicare

Niedzwiedz, C. L., Knifton, L., Robb, K. A., Katikireddi, S. V., & Smith, D. J. (2019). Depression and anxiety among people living with and beyond cancer: A growing clinical and research priority. *BMC Cancer, 19*(1), Article 943. https://doi.org/10.1186/s12885-019-6181-4

Park, S-Y., & Lim, J-W. (2022). Cognitive behavioral therapy for reducing fear of cancer recurrence (FCR) among breast cancer survivors: A systematic review of the literature. *BMC Cancer, 22*(1), Article 217. https://doi.org/10.1186/s12885-021-08909-y

Patel, D. C., He, H., Berry, M. F., Yang, C. J., Trope, W. L., Wang, Y., Lui, N. S., Liou, D. Z., Backhus, L. M., & Shrager, J. B. (2021). Cancer diagnoses and survival rise as 65-year-olds become Medicare-eligible. *Cancer, 127*(13), 2301-2310. https://doi.org/10.1002/cncr.33498

Regal, R. A., Wheeler, N. J., Daire, A. P., & Spears, N. (2020). Childhood sexual abuse survivors undergoing cancer treatment: A case for trauma-informed integrated care. *Journal of Mental Health Counseling, 42*(1), 15–31. https://doi.org/10.17744/mehc.42.1.02

Richard, P., Patel, N., Lu, Y., Walker, R., Younis, M. (2021). The financial burden of cancer on families in the United States. *International Journal of Environmental Research and Public Health, 18*(7), Article 3790. https://doi.org/10.3390/ijerph18073790

Rolland, J. S. (2005). Cancer and the family: An integrative model. *Cancer, 104* (Suppl. 11), 2584–2595. https://doi.org/10.1002/cncr.21489

Silva, S., Bártolo, A., Santos, I. M., Pereira, A., & Monteiro, S. (2022). Towards a better understanding of the factors associated with distress in elderly cancer patients: A systematic review. *International Journal of Environmental Research and Public Health, 19*(6), Article 3424. https://doi.org/10.3390/ijerph19063424

Stuntzner, S., & Hartley, M.T. (2014).*Disability and the counseling relationship: What counselors need to know*. Vistas Online. https://scholarworks.utrgv.edu/cgi/viewcontent.cgi?article=1024&context=coun_fac

Sylvestro, H.M., Mobley, K., & Wester, K. (2021). Biopsychosocial models in cancer care: Application of a counseling model of wellness. *Journal of Counselor Leadership and Advocacy, 8*(2), 116–129. https://doi.org/10.1080/2326716X.2021.1946665

Trevino, K. M., Iyengar, N., Li, Q., & Mao, J. J. (2020). Receipt of psychological counseling and integrative medicine services among breast cancer survivors with anxiety. *Breast Cancer Research and Treatment, 184*(2), 301–310. https://doi.org/10.1007/s10549-020-05859-0

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15*(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01

Wood, A. W., Martin, J. L., & Bruns, K. (2021). An integrative counseling approach for African American couples with prostate cancer. *Adultspan Journal, 20*(2), 97–110. https://doi.org/10.1002/adsp.12113

Wood, A.W., Zeligman, M., Collins, B., Foulk, M., & Gonzalez-Voller, J. (2020). Health orientation and fear of cancer: Implications for counseling and integrated care.*Journal of Mental Health Counseling, 42*(3), 265–279. https://doi.org/10.17744/mehc.42.3.06

Wiltshire, J. C., Enard, K. R., Colato, E. G., & Orban, B. L. (2020). Problems paying medical bills and mental health symptoms post-Affordable Care Act. *AIMS Public Health, 7*(2), 274–286. https://doi.org/10.3934/publichealth.2020023

Wu, S. M., Brothers, B. M., Farrar, W., & Andersen, B. L. (2014). Individual counseling is the preferred treatment for depression in breast cancer survivors. *Journal of Psychosocial Oncology, 32*(6), 637–646. https://doi.org/10.1080/07347332.2014.955239