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Research Paper

The Role of Positive Psychology in Cancer Treatment

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ABSTRACT

Cancer diagnosis and treatment can have profound physical, psychological, and social impacts on patients. Conventional biomedical approaches, while crucial for survival, often neglect the emotional and existential aspects of patient experience. This chapter explores the integration of positive psychology into cancer care, highlighting the potential of hope, resilience, optimism, meaning-making, and post-traumatic growth to improve patients' quality of life. We discuss key frameworks, including Seligman's PERMA model and Fredrickson's Broaden-and-Build Theory, which emphasize the importance of positive emotions, relationships, and meaning in promoting well-being. Positive psychology interventions (PPIs) such as mindfulness, gratitude journals, and hope therapy have been shown to enhance emotional control, immune function, and treatment adherence. The chapter highlights the importance of culturally adjusted PPIs, incorporating spirituality and community, particularly in developing nations. However, obstacles such as limited resources, insufficient mental health facilities, and trained specialists remain. The authors caution against toxic positivity and emphasize the need for authentic validation of emotional pain and genuine hope. The integration of positive psychology into cancer care can shift the focus from survival to holistic treatment, improving patient outcomes and clinical culture. By empowering patients to find meaning and purpose, positive psychology can transform cancer care, enabling survivors to redefine life with renewed force and appreciation. This chapter advocates for the incorporation of positive psychology into routine cancer care, combining scientific rigor with humanistic care to create a more compassionate and effective treatment approach.

Keywords: *Positive psychology, cancer management, resilience, hope, mindfulness, post-traumatic development, well-being, biopsychosocial model*

Overview of Cancer as a Global Health Burden

Cancer is considered as one of the most important issues in the world that is related to the problem of public health. The World Health Organization (2024) revealed that cancer is a leading cause of death in the world, with over 20 million cases being diagnosed every year. In spite of medical advances, cancer still poses significant physical, mental, social, and financial impact on patients, families, and health care systems (Bray et al., 2021). Although there are many improvements in survival rates through biomedical interventions, such as surgery, chemotherapy, radiotherapy, immunotherapy, and specific targeted molecular therapies, the psychosocial and emotional costs of cancer still exist (Carlson et al., 2022).

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Emergence of Positive Psychology in Health Care

Positive psychology was developed in the late 1990s as a reaction to the pathology-centered nature of traditional psychology, in pursuit of instead the study of strengths, virtues, and optimal functioning in humans (Seligman and Csikszentmihalyi, 2000). This movement suggested that a lack of disease was not equal to health, but instead, flourishing was the development of well-being, resilience and meaning (Seligman, 2011).

The use of positive psychology in health care has gained more and more relevance, particularly in chronic and life-threatening diseases, including cancer (Otto et al., 2022). The interventions of positive psychology that are referred to as the positive psychology interventions (PPIs) involve such practices as gratitude exercises, identification of strengths, enhancement of hope, and meaning-focused therapy aim to enhance psychological well-being, alleviate distress, and enhance the quality of life (Donaldson et al., 2019). These interventions do not refute the notion of pain but focus more on adaptive coping and possibility of posttraumatic growth (PTG) after adversity (Calhoun and Tedeschi, 2014).

PPIs in oncology have been linked with better emotional adjustment, optimism, resilience, and decreased levels of anxiety and depression symptoms (Fu et al., 2022; Shohreh Shahangian and Papeli Meibodi, 2024). The results of such outcomes imply that patient-centered and holistic cancer treatment may be achieved through the application of both positive psychology principles and biomedical treatment.

Defining Key Constructs: Hope, Resilience, Optimism, and Well-Being

Hope

Snyder (2002) has defined hope as a cognitive-motivational construct which has two elements namely; agency (goal directed energy) and pathways (the perceived ability to locate routes to goals). When applied to cancer, hope is not a wishful thinking, but it is a dynamic process of coping and treatment adherence (Herth, 2000). The research shows that hope is related to emotional well-being and negatively to psychological distress (Al-Zubaidi et al., 2022). Interventions that are based on hope also showed a great enhancement in the meaning and purpose of life among patients (Shen et al., 2019).

Resilience

The term resilience is used to refer to the ability of an individual to continue their psychological balance despite suffering (American Psychological Association [APA], 2014). Also, resilience is one of the critical factors that mediate the correlation between disease-related stress and emotional outcome in cancer patients (Ristevska-Dimitrovska et al., 2015). Resilient people are more likely to employ adaptive coping approaches and have a positive effect, reduced anxiety and depression (Lee et al., 2020). There is longitudinal evidence indicating that resilience is associated with posttraumatic growth, improved social functioning, and increased treatment adherence (Fu et al., 2022).

Optimism

Another essential construct applied in positive psychology is optimism which is defined as a general belief that good things will occur in future (Scheier and Carver, 1985). Cancer patients with optimism tend to show more engagement with the treatment and reduced distress (Allison et al., 2003). Nonetheless, Aspinwall and Tedeschi (2010) warned that overly optimistic or unrealistic optimism will cause disappointment or even guilt in the event things do not go as expected. Thus, balanced optimism, which is pegged on realistic hope, can be the most useful in psychological adaptation.

Well-Being

The concept of well-being is multidimensional that includes hedonic (pleasure, happiness) and eudaimonic (meaning, personal growth) components (Ryff and Sanger, 2008). Well-being among cancer patients encompasses emotional stability, sense of control, purpose, and positive relationships with the surrounding people. Well-being-focused interventions have demonstrated moderate benefits on enhancing psychological functioning and decreasing fatigue and distress in survivors including mindfulness, gratitude, and strengths-based exercises (Piet et al., 2024).

These constructs are dynamically interacting. Hope may support resilience, optimism may strengthen hope and resilience, and both of them may help to enhance overall well-being (Donaldson et al., 2019). These relationships are important to understand in order to design integrative cancer care models.

Purpose and Scope

Examines the need of positive psychology to be used in conjunction with biomedical in the treatment of cancer. In particular, it reviews the theoretical basis and evidence of the positive psychology interventions in cancer care. The following constructs are key hope, resilience, optimism, and well-being, which are defined and put into context based on the cancer experience. The chapter also discusses the weaknesses of the purely biomedical care, empirical evidence of systematic reviews and clinical trials and implications of the findings on clinical practice, research and policy formulation.

The general objective is to promote knowledge about the role of developing positive psychological resources in improving the quality of life and adaptive functioning of cancer patients receiving treatment related to the recent trends in providing holistic and person-centered health care (Greer et al., 2018).

CANCER TREATMENT: BEYOND THE MEDICAL MODEL

Psychological Effects of Diagnosis and Treatment of cancer.

Cancer diagnosis is a significant multidimensional psychological problem. Although the biomedical paradigm is based on the tumour biology, treatment and survival outcomes, the lived experience of patients can be shock, the feeling of existential threat, identity disturbance and the disrupted life-trajectories. It has been found that soon after diagnosis, a significant number of people may feel strong emotions, such as a lack of belief, fear of dying, fear of side-effects of treatment, and fear of the future (Amir et al., 2025; Shafi et al., 2019). As an example, in a prospective study of a tertiary oncology in India, the mean distress score measured before treatment was high (59% had an anxiety disorder and 29% depression).

These are psychological complications, which do not stop at the time of diagnosis. Physical side-effects (fatigue, pain, cognitive changes), role disruptions (work, family, social relationships), body-image changes, existential questions (why me? what now?), and uncertainty about recurrence are some of the many stressors that people are faced with during treatment and into survivorship. The systematic review of mothers having cancer revealed that identity and family role changes played a critical role in psychological distress (Niedzwiedz et al., 2018). Further, oncology patients are often brought to say that their life priorities, sense of normalcy and sense of self change in ways which are often unpredictable and psychologically demanding.

Besides, the family situation is profoundly influenced. The diagnosis of a patient will also affect spouses, children and caregivers; they can develop anxiety, depression and role strain (Walker et al., 2004). A research conducted by one study revealed that the level of anxiety and depression experienced by adult relatives of newly-diagnosed cancer patients was similar to that of patients, especially where there was a breakdown of family functioning (Walker et al., 2004). In such a way, cancer has a psychological consequence that is personal and interpersonal.

On a theoretical level, the stress of diagnosis and treatment can be explained through the biopsychosocial model: the biological risk of the disease is combined with the psychological (coping, appraisal, sense of control) and the social (poor access to services, socioeconomic status, access to health services) factors. The psychological aspect can be overlooked when the medical approach ceases with the ablation of a tumour or remission. However, these psychological reactions do not, as the literature demonstrates, amount to comorbidities, but are part and parcel of how the disease is experienced and dealt with.

Distress, Anxiety, Depression, and Quality of Life Issues

Distress, Anxiety and Depression

Oncology psychosocial distress is a broad concept, coming in at both ends of the spectrum, mild adjustment reactions up to full-fledged psychiatric illnesses. Psychosocial oncology commonly refers to the term of distress to describe the multifactorial emotional, social, spiritual and practical issues of cancer (National Comprehensive Cancer Network [NCCN], 2003). The distress in the case of big cohorts is the highest in the period of diagnosis and up to several years after treatment. As an example, severe distress was present in more than 30% of survivors ten years after diagnosis, and approximately a fifth of patients with low or moderate distress at the outset showed increasing distress (Jacobsen et al., 2022).

There are a widespread anxiety and depression. A systematic review found out that depression and anxiety are a high clinical priority in cancer populations (Niedzwiedz et al., 2019). Anxiety, sadness or nervousness, and depression were reported by 83, 51, and 34 of the ambulatory chemotherapy patients in one study in Greece, and both anxiety and depression were significantly linked to poorer quality of life (Koutras et al., 2023). A different study on patients who had advanced cancer and were receiving palliative care reported that depression was prevalent among 44.3, and both depression and anxiety were present in 52.9 (Silva et al., 2023). These numbers serve to highlight that psychological distress is extensive and clinically serious in oncology.

The Interplay of Treatment and Psychological Outcomes

Treatment itself contributes to psychological burden. Treatments like chemotherapy and radiotherapy can lead to loss of hair and neuropathy that impose severe physical strain on an individual. Such side issues can also affect the way we view our body and personality. For example, in a study done in the Bundelkhand region, 55.3 % of chemotherapy patients had depression (Gour et al. 2021). The way you feel can interfere with your treatment and how you choose to respond. How you feel can also affect your medical outcomes (Jacobsen et al. 2022). In light of this fact, some writers affirm that emotional distress is not just an "added extra" supplement but the very essence integrated into the experience of treatment for cancer (Balducci & Extermann, 2000).

Thus, addressing anxiety, depression and QoL is not optional in oncology — it is central to comprehensive care. The medical model, when narrowly conceptualised, is insufficient: it

treats tumour biology but often neglects the person living with the tumour. By contrast, a more holistic model recognises that psychological distress is intimately connected with physical outcomes, treatment adherence, quality of survival and meaning in life.

Why Psychosocial Care Is Essential in Oncology

From the Biomedical Model to Integrated Care

The biomedical model of cancer care prioritises disease eradication, tumour staging, surgical margins, drug regimens and survival statistics. While this model has delivered unprecedented advances in survival, it historically gives less attention to psychological and social dimensions (Holland & Weiss, 2010). As a result, patients may survive cancer but live with significant unaddressed psychological morbidity, impaired quality of life, and reduced functioning.

Psychosocial care in oncology emerges as a necessary counterpart: it is care aimed at addressing psychological (thoughts, emotions, behaviours), social (family, work, relationships), cultural and existential dimensions of cancer. Psychosocial oncology, therefore, advocates that treatment teams consider not only “Will you survive?” but also “How will you live?” (Carlson & Bultz, 2003). In this light, psychosocial care is not an optional extra but a standard of quality cancer care.

Evidence and Rationale

There are several compelling reasons for integrating psychosocial care:

- **Prevalence of distress and psychiatric morbidity**: As noted above, a large proportion of cancer patients experience clinically significant psychological distress, anxiety and depression that often go unrecognised and untreated (Mitchell et al., 2011).
- **Impact on clinical outcomes and adherence**: Psychological distress has been shown to interfere with treatment adherence, decision-making, rehabilitation and follow-up. For example, poorly managed anxiety may lead to avoidance of medical care, decreased treatment compliance, and deteriorated outcomes (Niedzwiedz et al., 2019).
- **Quality of life and survivorship**: As cancer becomes a chronic condition for many, survivorship issues—fatigue, late effects, psychological sequelae—are increasingly dominant. Psychosocial care intervenes in these areas, enhancing long-term functioning and well-being (Wong et al., 2018).
- **Cost-effectiveness and system value**: While less frequently studied in low-resource settings, interventions for psychosocial care (such as cognitive-behavioural therapy, mindful-based stress reduction) have been shown to reduce distress, enhance QoL and may indirectly reduce healthcare utilisation. A review found that early psychological interventions improved stress and QoL (Yağlı & Yazılmış, 2018).
- **Holistic person-centred care**: Oncology patients are persons first—complete human lives with identities, relationships, fears, hopes, losses and growth potential. Psychosocial care aligns with the contemporary ethics of person-centred medicine and integrated care (Epstein & Street, 2011).

Implementation Considerations

Despite its importance, psychosocial care is still inconsistently integrated in many oncology settings. Barriers include limited resources, insufficient training of oncology teams in psychosocial issues, lack of routine screening for distress, and fragmentation between medical and psychological services (Holland & Weiss, 2010). A systematic review of

general practitioner (GP) roles in survivorship found that survivors prefer "talking therapy only" for psychosocial problems and often revert to primary care because oncology services may not comprehensively address these issues (Skolarus et al., 2021).

Effective models of psychosocial care therefore include:

- Routine screening for distress and psychosocial needs at defined time-points (diagnosis, end of active treatment, recurrence, survivorship) (Jacobsen et al., 2022).
- Multidisciplinary teams comprising oncologists, psycho-oncologists, social workers, rehabilitation specialists and spiritual care, with clear referral pathways.
- Tailored interventions that address specific psychological problems (anxiety, depression), adjustment issues (body image, role change), existential concerns (meaning, legacy) and relational dynamics (caregiver support).
- Integration of psychosocial metrics (quality of life, distress levels) into routine oncology care, not only as research outcomes but as part of clinical decision-making.
- Cultural sensitivity and adaptation: Psychological burden and coping responses vary by cultural, socioeconomic, and health-system context—care models must reflect this diversity, especially in low- and middle-income countries where psychosocial needs may be higher but resources fewer (Wong et al., 2018).

The Imperative for a Complementary Model

Ultimately, the argument for psychosocial care in oncology is not that it replaces biomedical treatment, but that it complements it. When psychological distress is untreated, the best tumour-directed therapy may yield sub-optimal functional, emotional or social outcomes. Patients may survive but not thrive. Conversely, when psychosocial care is integrated, the full potential of cancer treatment is realised—not only extending life, but improving its quality, restoring functioning, preserving meaning and supporting growth in the aftermath of trauma.

In this respect, the emphasis of the chapter on positive psychology (hope, resilience, optimism, well-being) is especially timely: these constructs are based on the underlying psychosocial care need and go one step further -, managing suffering to the flourishing. However, that is possible only after the laying of the foundations of psychosocial care. The change beyond the medical model is not only desirable, but necessary.

POSITIVE PSYCHOLOGY: THEORETICAL FOUNDATIONS

Seligman's PERMA Model

Positive psychology developed as an alternative and counter-pole to psychopathology and dysfunction as the main focus of traditional psychology (Seligman and Csikszentmihalyi, 2000). One of the main works by Martin E. P. Seligman was his theory of well-being, which he expressed in his book Flourish (2011) and suggested the PERMA model as a descriptive and prescriptive model of human flourishing. PERMA is the abbreviation of Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment (Seligman, 2011).

The elements of PERMA are defined as domains of well-being that must be pursued intrinsically and that is, each of them measures well-being in its own right and is not dependent on the rest (Seligman, 2011; Butler and Kern, 2016).

- **Positive Emotion** can be defined as the feeling of pleasure, gratitude, hope, joy or satisfaction. It summarizes the hedonic aspect of wellbeing.

- **Engagement** means being immersed in something; similar to the concept of flow introduced by Csikszentmihalyi, where one can use his/her strengths and the time may seem to fly by.
- **Relationships** promote the significance of genuine, nurturing social levels and sense of belonging- the social aspect of wellbeing.
- **Meaning** is the sense of being and being of service to something bigger than self, hence accessing to eudaimonic well-being.
- **Accomplishment** encompasses mastery, achievement pursuit and goal accomplishment- even when it is accompanied by difficulty.

Seligman proposed that flourishing does not simply mean being sick, but positive mental health that is characterised by strong functioning on the domains of PERMA (Seligman, 2011). The review of the research proves that greater scores on the measures obtained with the help of PERMA are related to improved psychological functioning, life satisfaction, and resilience (Butler and Kern, 2016; Rusk and Waters, 2015).

The PERMA model can help to gain insights in the framework of treating cancer: a patient can experience difficulties in any or all of these areas (such as meaning or accomplishment) because of the disruptions of illness and treatment. Examples of interventions that support and augment positive emotion, engagement (via purposeful activity) meaningful relationships (with caregivers, with peers), renewed meaning (in life with subsequent diagnosis) and achievements (adapted goals) correspond to PERMA and may help improve psychosocial adjustment. The model has potential therefore as a theoretical basis in the integration of positive psychology in the care of the oncology.

Broaden-and-Build Theory of Positive Emotions

Although the framework of PERMA is rather general, the process through which positive psychology can get its impact is clarified by the Broaden-and-Build theory of experience of positive emotions developed by Barbara L. Fredrickson (Fredrickson, 2001, 2004). The main assumption is that positive emotions (joy, interest, contentment, love) expand an individual temporary thought-action repertoire, thus providing new opportunities of thinking and acting; the expanded repertoire, in its turn, develops long-lasting personal capital (physical, intellectual, social, psychological) leading to resilience and coping in the long run. In particular, Fredrichson (2004) juxtaposed positive emotions with negative emotions in that the former widen the horizon of a person, making him or her more creative, exploratory, socially connected, and resource endowed, as opposed to the latter, which make a person narrow focus and react in immediate survival-oriented ways (fight or flight). The accumulation of these resources forms a wellbeing upward spiral (Fredrickson, 2001).

The Broaden-and-Build theory applies to psycho-oncology since cancer diagnosis and therapy tend to narrow the world of a person: threat, tiredness, social alienation, upheaval of roles all decrease repertoires of action. Positive emotional cultivation has the potential to reverse this shrinking and allow patients to find new coping reactions, social supports, opportunities to make meanings, and cognitive flexibility. Such resource-build can over time help in adaptive adjustment, enhanced emotion regulation, and quality of life. In fact, meta-analyses of positive psychology interventions underline the importance of the positive affect as a resource that is not only symptoms reduction but flourishing as well.

Post-Traumatic Growth and the Resilience Theory

The focus of positive psychology on how to respond to adversity is on the resilience theory and the post-traumatic growth (PTG). The term resilience is widely understood as the ability to endure or recover psychological healthy state during a negative event (American Psychological Association [APA], 2014). Resilience in cancer care is the way people cope with disruption - to the illness, side effects of treatment, losses (body image, roles), and uncertainty - and are able to proceed, or even prosper. Resilience does not just mean the ability to bounce back; in most cases it entails change.

Positive psychological change is accounted by PTG, which is a construct developed by Lawrence G. Calhoun and Richard G. Tedeschi (2004), and which is the outcome of the struggle against the very difficult circumstances in life. Some of these transformations might be enhanced life appreciation, better relationships, new opportunities, personal power, and spiritual growth (Tadeschi and Calhoun, 2004).

In the theory of positive psychology, resilience focuses on the enrichment of resources, adaptive coping, flexibility, and growth (Lade et al., 2019). Oncologically speaking, the diagnosis of cancer is a significant disruption; resilience theories indicate that with the right psychosocial support and internal resources (hope, optimism, meaning), the person is able to overcome the crisis and come out with an improved functioning. PTG models propose that not only can one recover normal functioning, but patients can grow, reorganize priorities, seek new significance, and redefine themselves (Tadeschi and Calhoun, 2004).

The introduction of resilience theory and PTG into cancer treatment implies a change in emphasis: instead of survival rates, it is important to focus on psychosocial paths: how patients continue to function and how others change trauma into progress. The overlap with positive psychology is also obvious: resources accumulated through the use of positive feelings (Broaden-and-Build) and mediated by domains of PERMA contribute to resilience and pave the way to development.

Meaning-Making and Spirituality in Chronic Illness

Existential questions, including the ones about why me, what is the point of this experience, how will I live now, are frequently provoked by life-threatening diseases and illnesses like cancer. Meaning-making and spirituality hence constitute essential theoretical pillars of positive psychology in healthcare. Meaning-making can be defined as an attempt by people to make sense and reconcile arousal that is a result of stress or trauma into their global meaning systems (Park and Folkman, 1997). Spirituality is broadly defined as the manner in which people are looking to find and express meaning and purpose and how they are related to the self, others, the natural world or the transcendent (Puchalski et al., 2009).

Empirical studies within the context of chronic illnesses have shown that patients practice meaning-making coping, which is the re-evaluation of illness experience, the reformulation of life assumptions and narrative coherence organization, and that spirituality is an important component (Ahmadi, 2006; Park et al., 2009). As an illustration, in a comparative study, both secular and religious meaning making strategies among cancer patients were identified in Sweden and South Korea, which had been associated with better well-being (Ahmadi, 2006; Lee et al., 2004).

Evidence is also found that spiritual beliefs and practices are linked to psychological resilience and adaptation among cancer patients. For example, in a recent cross-sectional

study, there was found a positive correlation between resilience in patients receiving oncological treatment and spirituality (meaning spiritual beliefs); the stronger the spirituality, the stronger the emotional regulation and meaning-based coping skills (BMC Palliative Care study, 2025).

Theoretically speaking, such mechanisms as meaning-making and spirituality are able to serve as supplements to the larger models of PERMA, Broaden-and-Build, and resilience. With the openness to positive feelings and involvement making cognitive flexibility one possible, meaning-making can take place; relationships and achievement can shift back to purpose and service; spirituality provides existential framing and identification with something larger than the self. Facilitating meaning-making and spiritual wellbeing in cancer treatment can assist patients in overcoming the narrow biomedical identity (a patient) to a larger self-story that validates life, relation, contribution and growth in spite of illness.

Integration of Theoretical Foundations

Collectively these four theoretical strands present a powerful model of positive psychology interventions in oncology:

- **PERMA** provides a framework of thriving.
- **Broaden-and-Build** describes the process of acquiring resources of coping and adaptation by positive emotions.
- The focus of **resilience and PTG** is on the path of adversity to adaptation and growth.
- **Meaning-making and spirituality** provide existential orientation required during cancer.

To clinicians and researchers in the field of psycho-oncology, this has the implication that supporting patients does not just mean reducing symptoms but also means encouraging positive emotions, assisting patients to engage in activities they value, supporting relationships, helping patients to articulate or rediscover their meaning, facilitating goals (accomplishment) and encouraging adaptive coping and growth. This in theory, changes the traditional pathology-based oncology care model of the past into one which develops strengths, resources and prosperity.

INTERSECTION OF POSITIVE PSYCHOLOGY AND CANCER CARE

Strength-Based Approaches in Oncology

Positive as an addition to oncology can be considered a paradigm shift where, instead of dealing with symptoms and deficits, doctors emphasize the capabilities of patients, their virtues, and coping resources (Rosenberg et al., 2018). According to Baumann et al (2021), the strength-based care enables clinicians to identify and develop personal strengths like hope, optimism, gratitude, perseverance, meaning to enhance resilience and wellbeing during cancer journey.

Finding joy in the little things or dictating a journal can help improve the quality of life of patients going through chemotherapy or radiotherapy (Cerezo et al., 2014). Strength-based models help patients to redefine illness as a growth challenge rather than merely a loss. This redefinition promotes adaptive coping (Hart and Steger, 2010). This re-framing helps one become psychologically flexible and experience post-traumatic development where one finds new strengths and new priorities after facing adversity.

The Role of Positive Affect in the Immune Functioning and Recovery.
Newer developments in psychoneuroimmunology have shown that positive affect has the ability to affect biological processes that have a bearing on the outcome of cancer. Positive affects like hope, joy, and contentment stimulate the response of the parasympathetic nervous system, lower cortisol levels, and boost immune markers, including natural killer (NK) cells activity and the generation of antibodies (Creswell and Miller, 2019). It is possible that these mechanisms help to improve the recovery, decrease inflammation and increase the tolerance to the treatment.

The Broaden-and-Build Theory created by Fredrickson (2001) is a useful tool to understand these effects: the positive emotions are known to widen the thought and behavioural focus to develop adaptive health behaviour and the physiological strength. Longitudinal studies found that cancer patients who reported higher levels of positive affect had superior immune response and reduced levels of fatigue following treatment (Bower et al., 2015). On the same note, interventions that encouraged optimism and gratitude were linked with a lower level of inflammatory cytokines, and better sleep quality, which are major mediators of immune competence (Howell et al., 2019).

Effect on Adherence and Decision-Making to Treatment
Good psychological states are significant in compliance with treatment and decision-making in health. Patients who have an increased optimism and self-efficacy have a better chance to comply with medication regimens, follow-ups, and actively undergo shared decisions (Carver et al., 2010). Positive affect helps in making the mind clear and resilient in problem solving so that patients are in a better position to consider the treatment options more critically and to also undertake a collaborative approach with the clinicians.

On the other hand, depression and helplessness tend to predetermine the lesser adherence and passive decision styles. One adherence predictor review of oncology showed that interventions that boost positive emotions (gratitude or meaning-focused therapy) indirectly boosted adherence by augmenting perceived control and motivation (Nekolaichuk et al., 2018). Therefore, positive affect is not merely an emotional objective but a behavioural trigger that increases the level of interest in treatment regimens.

Improving Patients-Clinician relationships
The patient-clinician relationship is also an important determinant of treatment outcomes and satisfaction, which positively psychology can add to. The availability of empathy, compassion, and active listening as the main elements of the positive relation psychology increases trust and communication, decreases patient distress and increases the therapeutic alliance (Epstein and Street, 2011). Patients who experience hope, support, and strengths-focused clinicians as more positive feel more satisfied and less emotionally distressed (Zimmermann et al., 2017).

As positive communication tactics, e.g. affirming patient agency and concentrating on the attainable goals reinforce relationships bonds and encourage collaborative care. Systemically, the nurturing of positivity in oncology teams fosters emotional resilience by clinicians, which alleviates burnout and improves the quality of care (Sibinga et al., 2022).

Overall, positive psychology and cancer care overlap because one can note that positive emotions, strengths, and relationships can become a valuable addition to biomedical

therapies. With these principles combined, oncology will be set on a path to a truly holistic model, the one that not only helps to survive but also thrive during and after the illness.

INTERVENTIONS AND APPLICATIONS

Oncology positive psychology intervention (PPIs) is a growing area of study that seeks to improve the psychological well-being, resilience, and quality of life of patients and caregivers. These treatments are aimed at the development of strengths, meaning and adaptive coping as opposed to distress alleviation. Subsections that follow identify key modalities that have been used in treating cancer, their theoretical foundation, and evidence-based results.

Mindfulness-Based Interventions

Some of the most commonly used approaches to positive psychotherapy in managing cancer are mindfulness-based interventions (MBIs) such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT). Basing on the conceptualization by Kabat-Zinn (1990), mindfulness involves a deliberate act of awareness of the current state of affairs where we are without judging and accepting. MBSR has proven to be a reliable intervention in lowering anxiety, fatigue, and rumination and improving emotional regulation and well-being in the field of oncology (Carlson et al., 2013).

The meta-analyses indicate that MBIs enhance neurobiological and psychological regulation through the reduction of stress-related cortisol secretion and the regulation of cytokines (Creswell, 2017). Participants of organized mindfulness programs had higher rates of sleep quality, less depressive symptoms, and higher levels of meaning and peace in their lives (Johns et al., 2016). Notably, mindfulness is not about avoidance but acceptance which enables patients to live with uncertainty and fear in adaptive fashions that enable emotional balance and post-traumatic development.

Cognitive-Behavioral Positive Therapy

Cognitive-behavioral positive therapy (CBPT) represents the combination of the concepts of traditional cognitive-behavioral therapy (CBT) with the development of positive thoughts, emotions, and behaviors. CBPT, in contrast to traditional CBT that mostly focuses on the maladaptive forms of thinking, also involves the strength-based restructuring and goal-setting (Padesky and Mooney, 2012).

CBPT tools, including the identification of core strengths, nurturing of optimism, and telling of illness stories, in oncology have been found to decrease depressive symptoms and enhance hope and sense of control (Antoni et al., 2006). As an example, a meta-analysis of cognitive-behavioral stress management in breast cancer patients showed that immune functioning was improved and that the levels of distress were decreased (Antoni, 2013). CBPT provides psychological flexibility and resilience through balancing cognitive restructuring exercises with positivity-building exercises.

Gratitude Practices and Expressive Writing

Expressive writing interventions Expressive writing (e.g., gratitude letters, gratitude journals) and gratitude practices (e.g., gratitude journaling) are very basic and effective PPIs popular in psycho-oncology. Gratitude interventions create appreciation of positive aspects of life, social support and blessings in everyday life situations and they counter the attentional bias to loss and threat that prevails in illness situations (Emmons and McCullough, 2003).

Pioneered by Pennebaker (1997), the concept of expression writing is based on journaling on emotional experiences in a structured manner. Combined with gratitude reflection, it helps to promote emotional discharge, cognitive restructuring, and sense making (Low et al., 2016). Randomized trials on cancer survivors demonstrate that gratitude-based writing positively influences the quality of sleep, mood, and post-traumatic development and negatively impacts intrusive thoughts (Otto et al., 2021). These interventions are affordable, readily administerable, and telehealthable, and thus are useful in complementary cancer care.

Hope Therapy and Goal-Setting Interventions.

Based on the Hope Theory (2002) by Snyder, hope therapy focuses on agency (goal-directed determination) and pathways (planning to meet goals). Hope is not a mere optimism in terms of treatment of cancer because hope is a dynamical motivational system that can maintain engagement and healing. Formatted hope therapy sessions assist the patient to be realistic with meaningful goals, obstacles and create alternative pathways (Cheavens et al., 2006).
According to empirical studies, hope-based interventions have a significant positive impact on patient coping efficacy, optimism, and life satisfaction in patients with chronic or terminal cancer (Schrank et al., 2016). Through strengthening accomplishable objectives, including sustaining independence or developing relationships, the patients will have a renewed sense of meaning and control despite the restrictions of illness.

Benefit Finding and Post-Traumatic Growth Facilitation

Benefit finding is the ability to see good things that have come as a result of misfortune such as improved relationships or better understanding of life. The post-traumatic growth facilitation (PTGF) interventions assist the patients to recognize such benefits (Tadeschi and Calhoun, 2004). The PTGF programs in groups stimulate the narration of illnesses, introspection of personal strengths, and reformulation of suffering as a growth opportunity (Danhauer et al., 2013).

Research indicates that facilitated benefit finding practices are associated with fewer depressive symptoms and increased strength in breast and prostate cancer survivors (Lechner et al., 2006). These treatments facilitate existential and long-term adaptation through incorporation of trauma into a coherent life narrative as opposed to erasing it.

Positive Intervention on Family and Caregiver-Centered

There are also applications of positive psychology in the oncology field to families and caregivers since they are likely to encounter secondary trauma and caregiver burden. The interventions that will target this group focus on the expression of gratitude, meaning-making, and communication of strengths (Northouse et al., 2012).

Interventions involving patients, as well as caregivers, have been demonstrated to help increase mutual empathy, relationships satisfaction, and resilience (Mosher et al., 2016). Mindfulness or compassion training based on family-centered principles also lessen the exhaustion of emotions in caregivers and enhance the sense of support by patients. These programs go hand in hand with the holistic models of cancer care, which reinforces the social and relational aspect of healing.

Well-Being Programs that are Technology-Assisted

Because of the digital revolution in health promotion technology-based psychological intervention, or PPI, such as mobile apps, tele-coaching and web-based interventions, had been on a larger scale offering cancer patients a psychological resource. Interventions based

on mindfulness, gratitude journals and digital cognitive-behavioral interventions have shown good efficacy in promoting well-being and reducing anxiety among survivors (Penedo et al., 2020).

Mobile positive psychology programs allow for frequent conversation, customized responses, and freedom of action. These features are most suitable for users who may have difficulty moving about or are at risk for infections. A 2021 systematic review found that technology-assisted PPIs substantially increased the resilience, positive affect and social connectedness of cancer survivors (Linardon et al., 2021). When put into practice ethically, the interventions can act as bridges to the gaps of accessibility and be included in contemporary oncology treatment.

EMPIRICAL EVIDENCE AND CLINICAL OUTCOMES

The inclusion of positive psychology in cancer care has shifted its focus from theory to empirics. In reference to patient outcomes, a large number of randomized controlled trials (RCTs) and meta-analyses on mindfulness-related, gratitude-related, hope-related and other constructs of positive psychology have been done in the last twenty years. The existing evidence base is synthesized in this part, showing a positive change in quality of life, biological markers and the cross-cultural implications and methodological issues will be discussed.

Meta-Analyses and RCT Results of Quality of Life Improvement.

The evidence on the efficacy of positive psychology interventions (PPIs) in enhancing the psychological well-being and quality of life (QoL) of cancer patients is always supported by meta-analytic evidence. A systematic review of 42 studies by Casellas-Grau et al. (2014) identified the following results: Interventions that addressed meaning, optimism, and mindfulness produced significant beneficial emotional adjustment and a lower depressive symptom level among cancer survivors. Likewise, Chakhssi et al. (2018) performed a meta-analysis of RCTs and obtained moderate-to-large effect sizes of PPIs in enhancing life satisfaction and distress.

MBSR and cognitive-behavioral positive therapy (CBPT) showed the most impressive results. According to an analysis of several types of cancer by Johns et al., (2016), MBSR significantly enhanced psychological QoL, emotional regulation, and fatigue related to cancer. The long-term effects of these interventions outweigh the treatment duration as they allow resilience and adaptive coping, which lead to long-term well-being gains.

Impact on Pain, Fatigue and Immune Markers

Besides affecting your psychology, researchers found that PPIs also have a positive effect on pain perception and immune functioning. Research on psychoneuroimmunology suggests that a positive mood influences reactions to stress. Antoni et al. (2006) showed that stress management helps boost the NK cell cytotoxicity and lower the cortisol levels in breast cancer patients. According to Bower et al, having a more positive affect are associated with lesser inflammatory cytokine (IL-6, TNF-a) and lesser fatigue.

These studies on pain management provide similar results. Mindfulness and positive reappraisal interventions reduce pain interference and opioid use in oncology patients (Garland et al. 2019). The findings show the importance of the notion that, in addition to facilitating psychological adjustment, PPIs also have observable physiological effects which are possibly due to their effect on the sympathetic or inflammatory system.

Survivor Population Studies

Cancer survivorship has also been assessed using positive psychology frameworks, where it is based on long-term well-being, which is reconstruction, and post-traumatic growth (PTG). In a longitudinal study of breast cancer survivors, Stanton et al. (2019) reported that gratitude and benefit-finding were linked to higher emotional adjustment and lower distress 5 years after diagnosis. The survivors who had positive emotion regulation and meaning-making also reported an increase in social support and life satisfaction (Park et al., 2016).

Expressive writing, gratitude journals, and online well-being programs are some of the interventions that have been effectively implemented to sustain post-treatment flourishing (Otto et al., 2021). These data reveal the fact that positive psychology constructs still have renovating effects on recovery and adaptations in survivorship, which leads to long-lasting improvement in the QoL.

Cross-Cultural Evidence, in particular, in India and Developing Countries

The applicability of positive psychology in cancer care is becoming more and more accepted in developing countries, such as India. PPIs tailored to the culture with emphasis on spiritual well-being, hope, and using the family as a central meaning maker have shown good outcomes. To illustrate, a recent study in Mumbai with patients having breast cancer reported that gratitude and mindfulness practices resulted in a better psychological state, as well as reduced the perceived stress (Sharma and Kaur, 2020).

Peace, acceptance, and purpose in terminally ill patients were more likely to increase in an Indian palliative care setting when founded on spirituality-based hope interventions (Kumar and George, 2019). These results are consistent with collectivism orientation which is common to most developing societies where family, faith and community are significant in coping and resilience. Nevertheless, the lack of infrastructure, socio-economic differences, and stigma on psychological care are some of the obstacles to mass usage.

Restrictions in the existing research and measurement difficulties

Although the results are encouraging, there are a number of methodological and conceptual constraints to the field. Small sample sizes, the absence of active control groups, and heterogeneous protocols of interventions are used in many studies and limit their generalizability (Donaldson et al., 2019). Moreover, the effects of positive psychology are unpredictable to be sustainable, as follow-up measures are usually short-term.

There are also issues of measurement. The majority of the instruments have been created in Western settings and might not be capable of reflecting cultural differences in such constructs as hope, meaning, or spirituality (Rao and Devi, 2022). Additionally, there exists overlap of positive outcomes of psychology and traditional indicators of well-being, which makes it hard to interpret the results. The prospects of the research are to apply longitudinal designs, culturally sensitive instruments, and incorporate biological indicators in the context of psychosocial measures.

To sum up, positive results are observed in the efficacy of the positive psychology interventions that improve emotional and physical well-being in cancer patients. Nonetheless, further perfecting the methods and making these findings culturally contextual is necessary to translate these findings into sustainable, globally applicable oncology practices.

Challenges and Ethical Considerations

Although positive psychology has demonstrated a lot of potential in cancer care, its application in cancer care also presents some of the ethical, cultural, and practical issues. The problems are not only associated with the design and implementation of the intervention but also with wider systemic, professional, and socio-economic systems. These challenges have a subtle nature that improves the application of positive psychology in a clinical and cultural setting in a responsible, inclusive, and effective way.

Cultural Sensitivity in Encouraging Positivity

The culture values play a significant role in how people view illness, emotion, and well-being. There is a notable difference between the emotional expression, spirituality, and collective coping in non-Western settings (India, Southeast Asia, and certain areas in Africa) and Western individualistic models (Rao & Devi, 2022). This positive psychology focus on optimism and self-efficacy might not be appealing to patients with a more familial, religious, or fatalistic worldview of coping.

Therefore, the adaptation should be culturally sensitive. The indigenous constructs used to be incorporated in the interventions include seva (service), santosh (contentment), or spiritual surrender, which resonates with the beliefs of the area regarding acceptance and connectedness (Kumar & George, 2019). Besides, cultural humility is the key, clinicians should not treat positivity as some universal prescription but as an adaptable framework to incorporate the local sensations of suffering, hope, and resilience. Cross-cultural studies should then confirm the validity of the current measurement instruments to make sure that they measure culturally appropriate aspects of well-being (Rao et al., 2021).

Danger of Rejecting Negative Emotions (Toxic Positivity)

Among the most urgent ethical issues of the application of positive psychology to cancer care, the danger of toxic positivity, the excessive focus on optimism and happiness at the expense of distressing events, is identified. Cancer patients tend to feel extreme fear, grief, and anger; putting them under pressure to remain positive will nullify their feelings and make them feel more shame or self-blame when they fail to remain positive (Coyne and Tennen, 2010).

Psychological studies stress the fact that adaptive coping entails emotional genuineness, rather than an insurmountable optimism. A negative affect is part of the process of meaning-making and post-traumatic development (Tadeschi and Calhoun, 2004). The art of ethics then is concerned with the realization of a balance between hope and realism, justifying suffering and promoting resilience. It is important to note that vulnerability recognition is not mutually exclusive with positivity as it makes the therapeutic process more human and helps the client to make an authentic psychological adjustment.

Training Needs for Oncologists and Mental Health Professionals

The introduction of positive psychology into oncology requires specialized training of medical workers. A large proportion of oncologists and nurses are given minimal training in psychosocial care, which puts them in bad positions to provide or even talk about the positive psychology methods (Shanafelt et al., 2019). In addition to this, it risks being misused without the training of how to apply it properly by not knowing the depth of the language as therapeutic.

The topics of communication skills, emotional intelligence, strength-based assessment, and mindfulness should thus be incorporated in professional development programs. Training of oncologists, psychologists, and people specializing in palliative care interdisciplinary may promote a common language of well-being. Also, self-care and reflection among clinicians are required to demonstrate resilience and avoid burnout (Sibinga et al., 2022). Healthcare teams with the values of positive psychology reflect a productive therapeutic culture useful to both providers and patients.

Conventional Care Pathway Integration.

In the systems perspective, the introduction of positive psychology should be in line with traditional medical care pathways. Disjointed healthcare systems tend to isolate psychosocial care of mainstream oncology where the psychosocial is given intermittently. In an effort to make positive psychology interventions sustainable, the interventions must be integrated into the current clinical models, which include survivorship programs, palliative, and rehabilitation (Bultz and Carlson, 2006). Integration can be made possible through collaboration care models.

Oncology centres have constraints on resources including staff shortages and time pressures that inhibit implementation. Most clinicians find it difficult to find a time to hold psychological conversations within the walls of stressful treatment plans (Donaldson et al., 2019). Breaking these obstacles will need policy-level efforts by viewing psychosocial care as a part of cancer treatment. To scale delivery effectively, investments in digital health platforms, community-based interventions, and cross-sector partnerships can be used. Also, the empirical evidence that indicates the correlation between PPIs and an increase in the rate of treatment adherence and a decrease in the hospital readmission may enhance the argument of cost-effectiveness and systemic support.

CONCLUSION

Summary of Key Findings

Positive psychology provides a radical model of humanizing cancer care. Its theoretical frameworks, such as hope, resilience, mindfulness, and meaning, are biomedical supplements as they enhance holistic healing. Employing empirical studies can prove the enhancement of the quality of life, immune functioning, and the long-term well-being, but the methodological constraints are also present.

Future Prospects of Integrated Oncology Care

Integrated biopsychosocial models should be incorporated into future oncology care, where positive psychology is incorporated into the treatment pathways. Individualized interventions based on individual strength, culture and disease stage will be effective and inclusive. An increase in digital delivery systems will also promote access and continuity to care.

Request Multidisciplinary Cooperation

Positive oncology can only be developed through multidisciplinary efforts by oncologists, psychologists, nurses, social workers, and spiritual care providers. This kind of collaboration guarantees the use of comprehensive evaluation, personal intervention, and holistic care during the cancer experience. Research designs and structures of implementation could be achieved through academic collaborations between psychology and medicine.

Possible Impact on Survivorship Interventions and Population Health.
Positive psychology must not be limited to treatment and survivorship programs but also public health programs. The survivors enjoy continuous support that creates a sense of meaning, social connectedness, and self-development. At the population level, the inclusion of well-being education in cancer awareness and prevention programs may help alleviate stigma and enhance coping and resiliency in communities.

To conclude, despite the current difficulties, the wise, culturally prepared, and morally balanced use of positive psychology may transform the treatment of cancer patients, placing the emphasis on the survival, rather than the prosperity of the individual in health, and after disease.

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Conflict of Interest
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