

## The Role of Joint Family Systems in Cancer Coping in India: A Review

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### ABSTRACT

Cancer is a major public health concern associated with substantial physical, emotional, psychosocial, and financial burden worldwide (World Health Organization [WHO], 2024). In India, collectivistic cultural values and family-centered caregiving practices strongly influence the experience of illness and coping among cancer patients. The present narrative review examines the role of joint family systems as cultural resilience mechanisms in Indian cancer care. The review synthesizes psycho-oncology literature related to caregiving, psychosocial adjustment, family resilience, emotional coping, caregiver burden, and culturally embedded support systems. The paper integrates Bowen's Family Systems Theory, Engel's Biopsychosocial Model, and Lazarus and Folkman's Stress and Coping Theory to understand how family structures influence adaptation to cancer. Existing literature indicates that joint family systems may improve emotional adjustment, treatment adherence, caregiving continuity, social connectedness, and resilience among patients with cancer. Simultaneously, caregiving burden, interpersonal conflict, emotional exhaustion, and financial strain may negatively affect family functioning and caregiver well-being. The review also discusses cross-cultural differences between collectivistic and individualistic caregiving systems and highlights implications for culturally informed psycho-oncology interventions. The findings emphasize the need for family-centered psychosocial oncology services within Indian healthcare settings.

**Keywords:** *Psycho-Oncology, Joint Family System, Cancer Caregiving, Family Resilience, India, Psychosocial Adjustment*

Cancer remains one of the leading causes of mortality worldwide and contributes significantly to global healthcare burden (WHO, 2024). Advances in oncology treatment have improved survival outcomes; however, cancer continues to affect emotional functioning, social relationships, occupational functioning, and quality of life among patients and caregivers (Northouse et al., 2012). The diagnosis of cancer frequently produces fear, uncertainty, psychological distress, financial burden, and disruption of family roles (Pitceathly & Maguire, 2003).

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India currently experiences a rapidly increasing cancer burden due to population aging, urbanization, environmental exposure, sedentary lifestyle, and tobacco-related risk factors (Mathur et al., 2020; Sung et al., 2021). Long-term treatment procedures, repeated hospitalization, chronic pain, and high healthcare costs often create emotional and financial strain for families. Unlike Western individualistic societies, Indian caregiving systems are strongly influenced by collectivistic family values emphasizing interdependence, emotional connectedness, kinship obligations, and shared caregiving responsibilities (Kakar, 2012).

Within the Indian sociocultural context, cancer is frequently experienced as a family-centered condition rather than solely an individual illness. Family members often participate actively in treatment decision-making, emotional support, caregiving, transportation, symptom management, financial planning, and communication with healthcare professionals. Among Indian family structures, joint families represent important caregiving systems characterized by multigenerational living, collective responsibility, and emotional interdependence.

Although psycho-oncology literature has increasingly explored caregiver burden and psychosocial adaptation among cancer patients, limited research has critically examined joint family systems as culturally embedded resilience structures in Indian oncology care. Therefore, the present narrative review examines the role of joint family systems in emotional adjustment, caregiving, psychosocial resilience, and coping among Indian cancer patients and caregivers.

### **THEORETICAL FRAMEWORKS**

#### ***Bowen's Family Systems Theory***

Bowen's Family Systems Theory conceptualizes the family as an interconnected emotional unit in which psychological stress affecting one member influences the entire family system (Bowen, 1978). Chronic illnesses such as cancer therefore influence family functioning, communication patterns, caregiving roles, emotional regulation, and relational dynamics.

Within joint family structures, caregiving responsibilities are often distributed across multiple family members. Emotional interconnectedness may strengthen resilience and adaptive coping among patients and caregivers. However, emotional overinvolvement, unresolved relational conflict, and poor communication may contribute to psychological distress and caregiver strain.

#### ***Engel's Biopsychosocial Model***

Engel's Biopsychosocial Model emphasizes that illness should be understood through biological, psychological, and social dimensions rather than biomedical mechanisms alone (Engel, 1977). Cancer affects not only physical health but also emotional well-being, interpersonal relationships, social identity, and occupational functioning.

Social support has consistently been associated with improved emotional adjustment and quality of life among cancer patients (Helgeson & Cohen, 1996). Joint family systems may therefore function as psychosocial support structures that facilitate coping and adaptation during prolonged illness.

#### ***Stress and Coping Theory***

Lazarus and Folkman's Stress and Coping Theory explains coping as cognitive and behavioral efforts used to manage stressful situations perceived as exceeding available

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resources (Lazarus & Folkman, 1984). Cancer diagnosis and treatment often involve uncertainty, fear of mortality, financial burden, and emotional exhaustion.

Collectivistic caregiving systems may facilitate shared coping through collaborative decision-making, emotional reassurance, practical caregiving, and financial support. Such collective coping mechanisms may reduce isolation and strengthen resilience among patients and caregivers.

### ***Joint Family Systems as Cultural Resilience Structures***

Joint family systems may function as culturally embedded resilience structures in Indian oncology care. Within collectivistic societies, caregiving is frequently conceptualized as a shared moral and familial responsibility rather than an individual obligation. Multiple family members may participate in caregiving routines, financial management, symptom monitoring, transportation, medication administration, and emotional support.

Shared caregiving responsibilities may reduce burden on individual caregivers and improve continuity of care. Family members may rotate caregiving roles depending on occupational responsibilities, financial capacity, and emotional availability. Such collective caregiving patterns may strengthen treatment adherence and emotional adjustment among patients.

Emotional support provided within family systems may buffer distress associated with cancer diagnosis and treatment. Patients frequently experience anxiety, fear of recurrence, body image concerns, uncertainty regarding prognosis, and social withdrawal during treatment (Pitceathly & Maguire, 2003). Emotional reassurance, companionship, and collective coping within joint family systems may strengthen psychological resilience and reduce feelings of helplessness.

Social connectedness has consistently been associated with better emotional adjustment among individuals with chronic illness (Helgeson & Cohen, 1996). Emotional availability within family systems may therefore improve coping outcomes and quality of life among oncology patients.

### ***Emotional Adjustment and Psychosocial Coping***

Cancer-related distress often includes depression, anxiety, uncertainty, hopelessness, and existential concerns regarding mortality and loss of control (Vehling & Mehnert, 2014). Emotional adaptation to cancer is influenced significantly by family relationships, social support, communication patterns, and caregiving quality.

Joint family systems may facilitate adaptive coping through emotional reassurance, collaborative problem-solving, shared religious practices, and practical caregiving support. Indian families frequently integrate spirituality and religious coping into illness adjustment processes. Collective prayer, spiritual discussions, religious rituals, and culturally meaningful interpretations of suffering may provide emotional comfort and hope during treatment (Kakar, 2012).

Psycho-oncology literature suggests that emotional support from caregivers contributes significantly to resilience, treatment adherence, and psychological adjustment among cancer patients (Northouse et al., 2012). Family systems therefore play an important role in psychosocial adaptation during prolonged illness.

### *Caregiver Burden and Relational Strain*

Despite their protective role, joint family systems may also experience significant psychosocial strain during prolonged cancer caregiving. Caregivers commonly report anxiety, depression, emotional exhaustion, sleep disturbance, occupational disruption, financial burden, and reduced quality of life (Northouse et al., 2010).

Women frequently assume primary caregiving responsibilities within Indian households and may experience disproportionate emotional and physical burden. Financial stress associated with treatment costs, repeated hospitalization, and reduced occupational functioning may further intensify caregiver distress.

Interpersonal conflict may emerge regarding treatment decisions, financial management, caregiving responsibilities, and communication of prognosis. Emotional suppression within collectivistic systems may occasionally prevent open discussion of distress and contribute to unresolved relational tension.

These findings indicate that family systems may function simultaneously as resilience structures and sources of psychosocial strain. Therefore, psycho-oncology interventions should address the needs of both patients and caregivers.

### *Comparison with Western Caregiving Models*

Western psycho-oncology literature frequently emphasizes autonomy, independence, and patient-centered decision-making (Hofstede, 2001). In contrast, Indian caregiving systems are often relationally organized and family-centered. Treatment decisions may involve collective consultation among family members rather than exclusive individual autonomy.

Collectivistic caregiving structures may strengthen emotional connectedness, practical support, and continuity of care while simultaneously increasing emotional dependence and reducing personal autonomy. Conversely, individualistic caregiving systems may promote autonomy but increase social isolation among patients.

Cross-cultural psycho-oncology research therefore suggests that caregiving experiences are strongly shaped by sociocultural values, illness beliefs, and family structures. Integrating culturally informed family systems perspectives into psycho-oncology practice may improve culturally responsive cancer care.

## **NARRATIVE REVIEW METHODOLOGY**

This narrative review synthesized literature related to psycho-oncology, caregiving, family systems, and psychosocial adaptation among cancer patients within the Indian sociocultural context. Electronic databases including PubMed, Scopus, PsycINFO, Web of Science, and Google Scholar were searched for literature published between 1990 and 2025. Search terms included “joint family system and cancer,” “psycho-oncology in India,” “caregiver burden in cancer,” “family resilience in chronic illness,” “collectivistic caregiving,” “social support and oncology,” and “cancer coping in India.” Peer-reviewed empirical studies, systematic reviews, psycho-oncology literature, caregiver studies, palliative care research, and culturally relevant psychosocial oncology literature published in English were included. Literature was narratively synthesized according to recurring thematic domains including emotional support, caregiving adaptation, family resilience, caregiver burden, and cultural coping mechanisms.

### ***Clinical Implications for Psycho-Oncology***

The findings of this review have important implications for psycho-oncology practice in India. Healthcare professionals should recognize that emotional adjustment to cancer occurs within broader relational and sociocultural contexts rather than solely at the individual level. Routine psychosocial screening of both patients and caregivers may help identify caregiver burden, depression, anxiety, emotional exhaustion, and coping difficulties. Family-centered counseling interventions, caregiver support groups, psychoeducation programs, communication training, and culturally sensitive psychosocial interventions may improve emotional adaptation and resilience among families dealing with cancer.

Multidisciplinary oncology teams should ideally include psychologists, psychiatrists, counselors, palliative care specialists, and social workers to address psychosocial and relational dimensions of cancer care. Integrating family systems perspectives into oncology services may improve holistic patient care and strengthen psychosocial outcomes.

### ***Future Directions***

Future psycho-oncology research should further examine culturally grounded caregiving models and family resilience mechanisms within Indian oncology settings. Longitudinal research examining caregiver adaptation, gendered caregiving burden, emotional communication patterns, and culturally adapted family-centered interventions would strengthen understanding of psychosocial oncology care in collectivistic societies.

Further empirical research comparing collectivistic and individualistic caregiving systems may also contribute to culturally responsive psycho-oncology frameworks globally.

### ***Limitations***

The present narrative review relied primarily on English-language literature and narrative synthesis methodology. Limited Indian empirical studies specifically examining joint family systems in oncology settings restricted broader generalization. Some regional and unpublished literature may not have been included.

## **CONCLUSION**

Cancer significantly affects emotional functioning, caregiving relationships, financial stability, and psychosocial well-being among patients and families. Within the Indian sociocultural context, joint family systems continue to function as important cultural resilience structures that facilitate emotional support, caregiving continuity, financial assistance, and collective coping during illness.

Although caregiving burden, emotional exhaustion, and interpersonal conflict may emerge within family systems, collectivistic caregiving structures may strengthen psychosocial adaptation and resilience among patients and caregivers. Integrating culturally informed family systems perspectives into psycho-oncology practice may improve holistic cancer care and strengthen psychosocial oncology services within India.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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