

Psychological effects of cancer

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Primary Disciplinary Field(s): Psycho-oncology, Clinical Psychology, Health Psychology

1. Core Definition

The **psychological effects of cancer** refer to the wide spectrum of emotional, cognitive, behavioral, and existential reactions experienced by individuals diagnosed with and undergoing treatment for malignant disease. While the physical symptoms of cancer--such as pain, nausea resulting from chemotherapy, and weight loss--are frequently observed and discussed, the accompanying mental health toll often profoundly disrupts the patient's quality of life. The diagnosis itself frequently initiates a cascade of psychological crises, fundamentally challenging the individual's sense of safety, control, and future trajectory. This area of study is central to Psycho-oncology, which recognizes cancer as a complex biopsychosocial illness requiring integrated care that addresses both somatic and emotional well-being.

The scope of psychological effects is vast, ranging from normative distress--expected sadness and worry following a life-altering diagnosis--to severe, diagnosable mental health conditions such as major depressive disorder, generalized anxiety disorder, and post-traumatic stress disorder (PTSD). Understanding these effects is critical because psychological distress can negatively impact adherence to treatment protocols, diminish immune function, and significantly impair overall recovery and survival rates. Therefore, psychological intervention is considered an essential component of comprehensive oncology care, rather than merely an ancillary support service.

2. Manifestations of Psychological Distress

The emotional landscape of a cancer patient is characterized by intense and often contradictory feelings that extend far beyond simple fatigue or malaise. Individuals frequently describe feeling "turned inside out emotionally," grappling with profound internal turmoil. Common manifestations include deep-seated sadness, feelings of overwhelming trauma associated with the clinical environment (e.g., the sounds of medical machines, the pain of procedures), and intense rage or frustration directed at the illness itself or the loss of their former life.

The daily reality of living in an oncology environment, characterized by constant vigilance regarding symptoms and recovery from aggressive treatments, imposes a significant emotional burden. This struggle to maintain everyday functioning while recuperating from a chemotherapy session, for instance, often leads to motivational deficits and a sense of hopelessness. Furthermore, the constant threat posed by the disease prevents emotional resolution, locking many patients into a perpetual state of vigilance where psychological resources are depleted by the demand for continuous coping.

3. Specific Mental Health Disorders

Several clinical mental health disorders are disproportionately prevalent among the cancer population, necessitating specialized therapeutic approaches integrated into medical treatment. The most common disorders include depression, anxiety, and post-traumatic stress disorder.

Depression is highly prevalent, affecting as many as 25 percent of people with cancer. This condition pulls patients into dark cognitive spaces, often leaving them feeling too exhausted and worn out to actively participate in their recovery or engage with social support systems. Clinically, this depression manifests as struggles to cope with everyday routines, anhedonia, and difficulty seeing the future point in activities, sometimes leading to profound withdrawal. While the situational stress of the illness contributes significantly, there is also evidence suggesting that certain chemotherapeutic agents and hormonal treatments (such as Lupron) can cause biological changes, including hormone depletion, which may chemically predispose patients to mental health disorders.

Anxiety is an almost universal initial reaction, driven by the profound fear inherent in the word "cancer." Patients of all demographics experience incessant worry regarding their mortality, the financial burden of treatment, the potential suffering involved, and the fate of their family members should they succumb to the disease. This fear of the unknown--"Will cancer be the last thing they do with their lives?"--results in chronic anxiety, where the fixation on ensuring future stability becomes difficult to manage and often requires pharmacological and behavioral interventions.

Post-Traumatic Stress Disorder (PTSD) is a real and severe concern, not only during active treatment but particularly in the survivorship phase. The intense physical and emotional trauma associated with life-threatening diagnoses, invasive procedures, and aggressive treatment regimens can meet the diagnostic criteria for PTSD. Symptoms include intrusive memories, hypervigilance, and avoidance behaviors related to the hospital or cancer reminders. The rates of PTSD often remain elevated even after successful remission, highlighting the need for continued psychological support. Successful treatments for cancer-related PTSD vary, with specialized modalities such as equine therapy showing promise for some individuals.

4. The Grief Process in Cancer

Individuals diagnosed with potentially terminal or life-altering illnesses frequently progress through the seven stages of grief, often beginning this process before receiving a definitive terminal prognosis. This psychological phenomenon is known as anticipatory grief or pre-mourning. Patients begin mourning the loss of the life they were accustomed to having, acknowledging that even if they survive, their identity, physical capabilities, and future plans have been irrevocably altered by the disease.

The stages of this grief involve intense denial, anger, bargaining, and eventually acceptance, though these stages rarely follow a linear progression. For some, this pre-mourning process also includes preparing themselves psychologically and practically for the possibility of death. This preparatory work can range from making final arrangements to reviewing life choices and focusing on spiritual or existential concerns. Clinicians must recognize that these reactions are not simply symptoms of depression but are normative responses to existential threat and profound personal loss.

5. Treatment and Recovery

While the majority of people diagnosed with cancer ultimately beat the disease, the psychological healing process often lags significantly behind the physical recovery. Therefore, treatment for these psychological conditions must be an integral, ongoing part of the survivorship plan. Treatment modalities are highly individualized and typically involve a combination of approaches.

Behavioral Therapies, such as cognitive-behavioral therapy (CBT), acceptance and commitment therapy (ACT), and mindfulness-based stress reduction (MBSR), are crucial for helping patients manage anxiety, restructure negative thought patterns surrounding the illness, and improve coping mechanisms. These therapies help survivors confront the fear of recurrence and manage the long-term emotional side effects of treatment. **Medication**, including antidepressants and anti-anxiety agents, may be required, particularly when symptoms of depression or anxiety are severe or biologically influenced by chemotherapy protocols.

The persistence of high rates of depression and post-traumatic stress among cancer survivors underscores the fact that recovery is a holistic process. Psychological intervention shifts the focus from merely fighting the disease to reintegrating the individual into a meaningful life post-diagnosis, acknowledging that the trauma of the experience remains a permanent part of their history.

Further Reading

[Psycho-oncology \(Wikipedia\)](#)

[Equine-Assisted Therapy \(Wikipedia\)](#)