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Psychological Distress and Coping Strategies among Women Undergoing Chemotherapy For Cancer: A Narrative Review

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ABSTRACT
This narrative review is based on secondary data. The purpose is to understand what existing studies say about psychological distress and coping among women undergoing chemotherapy. Literature from 2000 to 2024 was taken from PubMed, Science Direct, Cochrane Library, PsycINFO and Google Scholar. The review shows that 60-63% of women experience moderate to high distress during chemotherapy. Younger women below 45 years face more distress due to childcare, job, financial issues and fertility concerns. Adaptive coping like seeking support from family, acceptance, positive reframing and faith-based coping reduces distress, while avoidant coping like denial and self-blame increases anxiety and depression. In Indian context, family and faith are central but also create guilt and pressure. Interventions like MBSR, CBSM and yoga show benefit. This review identifies gaps related to loneliness, sexuality, gynecological problems and mother-child relationship, especially among young Indian women.

Keywords: Psychological Distress, Coping Strategies, Chemotherapy, Breast Cancer, Women, Narrative Review

1. Introduction

This review focuses on two main variables - psychological distress and coping strategies.
The first variable is psychological distress. It is not just anxiety and depression. For women undergoing chemotherapy, distress is multidimensional. It includes worry about recurrence, fear of death, sadness, irritability, sleep disturbance, fatigue, loneliness, body image issues after hair loss or mastectomy, and gynecological concerns like early menopause, vaginal dryness and pain during intercourse. Many women also feel guilty that they are unable to perform their roles as mother, wife or employee. In Indian families, this guilt is more visible because women are expected to manage household work even during treatment.
The second variable is coping strategies. Coping is how a person manages stress. Researchers divide it into adaptive and maladaptive coping. Adaptive coping includes seeking emotional support from partner, parents and friends, acceptance of the illness, positive reframing, praying, faith in God, and continuing daily activities, yoga and relaxation. Maladaptive coping includes denial, self-blame, behavioral disengagement, avoiding people and substance use. Coping is important because it is modifiable. If we understand which coping helps, we can teach it through interventions.

2. Research Questions

Based on the literature, the following research questions were formed:

1. What do existing studies say about the level and nature of psychological distress among women undergoing chemotherapy?
2. What coping strategies are used by women undergoing chemotherapy as reported in literature?
3. How is psychological distress related to coping strategies - if a woman is having high psychological distress, how is it related to the type of coping she uses?
4. What are the socio-demographic and clinical factors associated with distress and coping among women?
5. What are the gaps in literature that need further research?

3. Research Methodology

This study is a narrative review and is completely based on secondary data. No primary data collection was done and no human participants were involved directly. Literature was collected from PubMed, ScienceDirect, PsycINFO, Cochrane Library and Google Scholar for the period 2000 to 2024. Inclusion criteria were: studies in English, full text available, focusing on psychological distress and coping among women with breast and gynecological cancers undergoing chemotherapy. Special attention was given to Indian studies from Kerala, Chennai, Delhi and North India. The collected studies were analyzed thematically to understand what each study has done and what it found.

4. Narrative Synthesis - Review of Literature

4.1 Studies on Psychological Distress

Veeraiah et al. (2022) conducted a large study in Chennai among 2019 cancer patients. They used psychosocial assessment tools to measure distress. They found that 60% of patients reported moderate to high distress. The study highlighted that distress was not only due to disease but also due to financial burden, lack of awareness about treatment, and lack of family support. The study is important because it shows distress is very common in South Indian setting and it needs routine screening.

Scaria et al. (2024) studied breast and gynecological cancer patients in Kerala. They found that 66.9% had mild to moderate distress and 25.4% had severe distress. Major stressors were work-related issues, housing problems, difficulty in managing caregiving roles, and isolation. The study also showed that many women felt lonely because family members were focusing only on medicines and food, not on emotional pain. This study brings out the social and familial implications of cancer in Kerala context.

Shrivastava et al. (2022) assessed psychological distress among adolescents and young adults with solid cancer in India using NCCN Distress Thermometer. They found that distress was highest at the time of diagnosis and then it gradually reduced over three months. This study is useful because it shows that the initial period of diagnosis and first chemotherapy cycle is the most vulnerable period where intervention is needed. It also focused on young patients, which is a less studied group in India.

Baider et al. (2003) compared younger and older women with breast cancer. They found that younger women below 45 years experienced more emotional upset, more marital and family problems, and more financial difficulties. They also reported that younger women were more worried about their children and future. This study helps to understand why age is an important factor in distress.

Borstelmann et al. (2015) studied young women with breast cancer and partner support. They found that women with unsupportive partners had significantly higher anxiety. Financial insecurity was also a major

factor. About 40% of young women reported that cancer affected their job and income. This study is important because it shows that relationship quality and financial stability directly affect psychological health during chemotherapy.

Nikita et al. - Body image study found that body image distress was substantial, especially among women and younger patients. Hair loss, weight gain or loss, and surgery like mastectomy affected their sense of femininity and self-esteem. Women avoided looking at themselves in mirror and avoided social gatherings. This dimension is often missed when we only measure anxiety and depression.

Falk and Dizon (2013) reviewed sexual dysfunction in women with cancer. They noted that issues like vaginal dryness, hot flushes, pain during intercourse, and loss of sexual desire can persist even after five years of treatment. But less than half of oncologists take sexual history. In Indian clinics, women never raise these issues unless specifically asked due to shame and cultural silence. This study shows a major neglected area in psycho-oncology.

4.2 Studies on Coping Strategies

Krasne et al. (2022) conducted a study with 833 young breast cancer survivors. They found that 90% leaned on their partner, 78% on parents, 79% on family and 88% on friends for support. Women who used adaptive coping like acceptance, emotional support and positive reframing had lower anxiety at 2 years follow-up. In contrast, women who used avoidant coping like denial, self-blame and behavioral disengagement had almost double the risk of anxiety. This study clearly shows how coping type decides long-term mental health.

Lauver et al. (2007) studied stressors and coping strategies among female cancer survivors after treatment. They found that the most helpful coping strategies were acceptance, religion, distraction and seeking emotional support. Women said that prayer gave them comfort and hope, and maintaining daily routines helped them feel normal. This study is important because it shows that simple day-to-day coping is more helpful than complicated strategies.

Lutgendorf et al. (2000) studied quality of life and mood in women receiving extensive chemotherapy for gynecologic cancer. They found that women who used avoidant coping had poorer well-being, higher anxiety and more depressive symptoms. On the other hand, women who used active coping like planning, seeking information and positive reinterpretation had better social well-being. This study is one of the early studies to link coping directly to quality of life during chemotherapy.

Antoni et al. (2009) tested Cognitive Behavioral Stress Management (CBSM) intervention among women undergoing treatment for breast cancer. They conducted a 10-week intervention that included relaxation, cognitive restructuring and interpersonal skills. They found that CBSM reduced cortisol levels, improved immune response and reduced distress. This study shows that coping can be taught and it has physiological benefits also, not just psychological.

Carlson (2017) reviewed mind-body therapies in oncology. She found that 8-week Mindfulness-Based Stress Reduction (MBSR) program, which includes meditation, breathing and gentle yoga, significantly reduced distress and improved sleep and quality of life. The study suggests that these interventions can be culturally adapted in India with yoga and pranayama which are already familiar to women.

In Indian context, several studies noted that prayer, temple visits, reading religious books and faith in God were repeatedly mentioned as major coping resources. Yoga and relaxation were also seen as acceptable. However, family support was described as a double-edged sword. While family gives practical help, many women also felt guilty of being a burden when they could not do cooking or childcare. This guilt was more in younger mothers.

5. Summary of Review

From all these studies, it is clear that 60-63% of women report moderate to high distress during chemotherapy. The distress is multidimensional - not only anxiety and depression but also loneliness, body image concerns, sexual problems and guilt about family roles. Younger women below 45 years are more vulnerable because their life is at a peak stage with small children, active job, loans and fertility concerns. Regarding the relationship between distress and coping - this is the core finding. Studies consistently show that when a woman uses adaptive coping like seeking emotional support, acceptance, positive reframing and faith, her distress and anxiety are lower and her quality of life is better. When she uses maladaptive or avoidant coping like denial, self-blame, behavioral disengagement and substance use, her risk for anxiety and depression almost doubles. So, if a person is having high psychological distress, it is often linked to avoidant coping. Coping is a modifiable factor.

Family and faith play a central protective role in India. But family can also add pressure when emotional listening is missing.

6. Research Gap

From initial reading and detailed review, the following gaps were identified. Most Western studies focus on anxiety and depression among breast cancer patients. Indian studies are fewer, and they mostly report prevalence of distress. There is less focus on young women below 40 years. Issues like loneliness, sexuality, vaginal dryness, early menopause, pain during intercourse, and mother-child relationship are rarely discussed openly in Indian clinics. Also, the dual role of family - both as support and as source of guilt - is not clearly explained. Coping is often mentioned, but how distress and coping are related to each other in Indian cultural context is still underexplored.

After reviewing all studies in detail, the final gaps are: First, there is lack of Indian studies focusing specifically on young women below 40 years. Second, underexplored areas are loneliness, gynecological issues like vaginal dryness and pain during intercourse, mood swings due to chemo-induced menopause, and mother-child relationship issues. Third, the exact point when family support shifts from buffer to burden is unclear. Fourth, long-term effectiveness of MBSR and yoga beyond 2 years is not well documented in Indian setting.

7. Conclusion

To conclude, psychological distress during chemotherapy is common and multidimensional. While anxiety and depression are well documented, loneliness, body image, sexuality and family burden remain neglected, especially in India. Adaptive coping reduces distress, while avoidant coping increases risk. Since coping is modifiable, routine distress screening using Distress Thermometer at each chemotherapy cycle, open discussion about gynecological and sexual health by nurses, and family-centered psychosocial care with culturally adapted interventions like yoga, breathing exercises and faith-based coping should be integrated into chemotherapy services.

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