

Cancer and Survival: a Qualitative Study of Coping Strategies and Social Conditioning

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Abstract

Objective

This study aims to identify coping strategies in patients with colorectal cancer, in particular the differences between coping strategies during the disease and throughout survival. It also aims to investigate the impact of social determinants on coping strategies and critically reflect on the influence of *positive psychology*.

Methods

Qualitative study with in-depth interviews of a purposive sample of 21 colorectal cancer survivors in Majorca (Spain), developed between 2017-2019. Data was analysed using interpretive thematic analysis.

Results

We observed different coping strategies during the stages of disease and survival. However, striving toward acceptance and adaptation when facing difficulties and uncertainty, predominate in both stages. Confrontational attitudes are also considered important, as well as encouraging positive rather than negative feelings, which are considered unhelpful and to be avoided.

Conclusions

Although coping during illness and survival can be classified into common categories (problem and emotion-centred strategies), the challenges of these stages are faced differently. Age, gender and the cultural influence of positive psychology strongly influence both stages and strategies.

Introduction

Cancer is a leading cause of death globally. In 2020, cancer was responsible for 10,000,000 deaths [1], with colorectal cancer ranking second after lung cancer. In Spain, colorectal cancer is the first cause of death in women and the second leading cause of death in men [2]. In the last decades, cancer survival in Spain has increased and trends indicate that it will continue to increase. Specifically colorectal cancer survival has improved significantly [3].

Paradoxically, while many people have experienced the challenges of cancer diagnosis and treatment, our knowledge of their distress and the impact of the illness remain insufficient. Common issues in cancer survivors include sequelae of medical treatments, fears and concerns related to the whole management process, difficulties at work and in social relationships and changes in lifestyle and daily life [4].

In order to plan healthcare resources and to provide more empathetic assistance in accordance with their experience, it is crucial to understand how cancer patients cope with their disease. Psycho-oncology is the branch of oncology dedicated to shedding light on these experiences. Scientific literature is mostly quantitative and follows the Lazarus and Folkman model [5], which aims at classifying different profiles based on how patients evaluate the situation after the diagnosis, what strategies they deploy to face the problem and, finally, what are the results obtained throughout the process [6]. The Lazarus and Folkman model categorises coping strategies based on whether they focus on facing the problem or on managing emotions, and also on whether they use cognitive or behavioural strategies when looking for effective coping methods [7–8].

Research on coping mechanisms of cancer survivors originates from the improved prognosis of many cancers [9] and most importantly, from the narrative of survivors revealing intense feelings of helplessness and uncertainty even when the disease is in remission [10]. It has been reported that these patients' perception of their own health is similar to that of patients with severe chronic diseases [11]. In addition, it appears that the physical challenges, experiences and coping strategies change from the illness to the survival stages.

There has been little research focused specifically on positive changes of this magnitude among cancer patients focused on cancer survival and coping strategies [12]. Our study, while inspired by the coping models used in quantitative research, uses qualitative methodology to further understanding and to deepen the role of social determinants in these experiences.

This study aims to identify coping strategies in patients with colorectal cancer, in particular the differences between coping strategies during the disease and throughout survival. It also aims to investigate the impact of social determinants on coping strategies and critically reflect on the influence of positive psychology.

Methods

Design, participants and sampling

Descriptive, qualitative study conducted in the island of Majorca (Spain) between 2017 and 2019. We included patients diagnosed with colorectal cancer between 2011 and 2012 in the public hospitals in Majorca and identified through the Majorca cancer registry. Definition of survivor, met by all participants, was staying cancer-free 5 years after diagnosis and treatment. Patients with metastatic cancer, patients under active treatment and patients treated exclusively in private hospitals and those with cognitive impairment were excluded.

A sample of 21 survivors were included, after purposive selection using theoretical sampling aiming at discursive variability regarding age, sex, cancer location (colon/rectum), cancer stage and type of treatment received. Saturation was considered reached; later interviews did not indicate any significant new

concerns. Table 1 shows participants' characteristics.

Information gathering technique

The information was obtained through in-depth interviews. In accordance with the literature and the objectives of the study (relationship with the health system, experience of the process and coping strategies), we formulated a semi-structured interview guide which was tested and adapted during fieldwork. The interviewers were experienced interviewers (females) who had received specific training in qualitative methodology and interview techniques. After identifying potential participants, one of the researchers contacted general practitioners in order to confirm the patient's eligibility. The same researcher phoned participants to schedule the interviews, which were conducted according to patient preferences (at private home or in their health centre), in the native language of the participants (Spanish or Catalan) and lasted approximately one hour. The participants were provided with oral and written information about the study and they signed informed consent prior to the interview. In some cases relatives were present. The interviews were recorded in digital audio format and were transcribed verbatim. Transcripts were not returned to the participants.

Analysis

Three researchers conducted an interpretive thematic content analysis [13]. Firstly, a code tree based on the general objectives of the study and the fieldwork data was created. This code tree was tested, agreed among analysts and modified in accordance with the new findings during analysis. The interviews were coded with the support of the Atlas.ti software. To verify the usefulness of the code tree and the validity of the process, two independent analysts double coded 8 interviews. Table 2, inspired by the model proposed by Lazarus and Folkman [5], provides an overall representation of the coping strategies obtained. Strategies are categorized as problem or emotion-centred, with emphasis on coping differences between the periods of illness and survival.

This study obtained the approval of the Majorca Primary Care Research Committee (n° PI11/12) and of the Balearic Islands Ethical Committee (IB3367).

Results

Participants included 10 women and 11 men, the majority over 60 years of age, with half working in manual jobs. Many participants had only reached education at primary school level. The disease (colon and rectal cancer) and its most common treatments (especially chemotherapy and colostomy) are homogeneously represented (Table 1).

The results are presented in two blocks: coping modes used (1) during the disease and (2) during survival. Following the Lazarus and Folkman model (5), we divide each block into two sections: problem-centred and emotion-centred strategies (Table 2).

Pure coping strategies are not observed in this series. Instead, strategies are generally combined and even contradictory. Furthermore, although coping patterns are sometimes identified, they vary within each person interviewed. Tables 3 and 4 show quotations selected based on clarity and relevance to illustrate the results.

Coping during illness

The coping strategies during the disease originate from stressful experiences at the time of diagnosis or of treatments such as surgery or chemotherapy. Table 3 shows the quotations for this section.

Problem-centred coping strategies

We differentiate between three approaches when challenged with cancer: (1) direct (confrontation); (2) detached (distancing); and (3) intermediate (acceptance). Strategies with a central cognitive component are categorised as attitudes and strategies with a central behavioural element as actions.

Attitudes. Regardless of age or gender, the most common strategy during illness is acceptance. Most participants explain that it is important to let time go by and to be patient because, eventually, they will adapt to the situation. They also frequently endorse confrontational positions such as willpower, strength and fighting spirit, which *they consider* beneficial to face these situations.

At the opposing end, some attitudes that involve detachment from the problem imply a certain passivity in coping with the illness. Here, patients minimise their own role during these moments and stress the importance of letting professionals do their job. Placing hope in health professionals, generally in physicians, is another common theme that emerges when assessing what has helped in braving the disease.

Denial, i.e., refusing to acknowledge having experienced any type of distress, is considered an extreme example of distancing. Feedback with coping strategies close to self-sufficiency also emerged in the discourses, even a certain self-perception of invulnerability. It is essential to underscore reasonings that promote these attitudes, such as the cancer requiring a single surgery or having suffered from other cancers. Extreme coping modes are not common, although men provided shorter answers aiming to belittle any suggestions of vulnerability. Women were more inclined to explore these experiences and their coping strategies.

Actions. Coping can also involve a behavioural response represented through the confrontation-acceptance-distancing axis. Participants explained that leisure activities, work-related activities and daily routines helped coping with difficult moments of the disease. Keeping the usual routines and responsibilities after

diagnosis facilitates adaptation. Leading a normal life, avoiding giving in to fear, getting out of the house and staying active was positively evaluated.

Connected to the need to continue the previous life or start new activities, participants stress a purpose of these actions closer to distancing: these activities allow us to disconnect, to avoid thinking and to put aside fears related to the illness and its possible consequences. Another common premise not linked to specific actions was avoiding obsessing over the problem.

Trying to understand the disease from a medical point of view constitutes another type of confrontation. In this case, patients acknowledge their need to read about cancer, its possible causes or how to prevent it. This coping mode has been observed in younger people; it is usually followed by doubts and might result in greater discomfort.

Emotion-centred coping strategies

Emotions are pivotal in the discourses of the people interviewed, who believe that they can play a favourable role in coping and communicate the need to control them. There is a prevailing belief that "you have to stay positive" when facing cancer, that it is important to think that everything will be alright and even to have (religious) faith. Numerous quotations convey the need for optimism and the positivity imperative with minimal variations.

The ubiquity of this type of quotation contrasts with the scarce reference to opposing discourses. The main examples of negative attitudes, generally considered unhelpful, include pessimism, sadness, desire to be alone, anger and feelings of unfairness, fragility and vulnerability. Perhaps to help ease the impact on them, participants sometimes explain that these feelings may be important and necessary to other people. None of the interviewees reported that expressing anger helped them cope with the disease, and there is advice on avoiding negativity. Notably, negativity predominantly appears in women's discourses.

Coping during survival

Survival in cancer begins when the person is medically considered disease free with minimal chances of recurrence. The people interviewed do not talk so much about facing survival, a positive event that mitigates anxiety, but about how they cope with medical follow-ups, *sequelae* and, mainly, *uncertainty* and worry about a possible relapse. See Table 4 for quotations.

Problem-centred coping strategies

During survival we can also classify the results observed in attitudes and actions along the axis confrontation-acceptance-distancing.

Attitudes. Among the different ways of coping with uncertainty during survival, the most common attitude alternates between acceptance and distancing, forgetting and moving on, reiterating the need to turn the page, leaving the disease behind and not looking back.

As an example of confrontation, some people cope with survival through some life-transforming changes. They explain that cancer has changed them, that it has been an opportunity to see life anew, that they now enjoy everyday things and appreciate what is really important. This idea of the good side of cancer is observed in younger people and does not exclude disorientation or feeling lost because of the uncertainty about a possible relapse and how to prevent it.

Most participants were overjoyed with the news of having defeated cancer and accepted that they were starting a new stage in their lives. We found some exceptions, indicating the extreme distancing of denial among participants who refused to acknowledge any impact of the disease and that survival is the beginning of a new phase. Another exception is found among the younger participants, who either because of their longer life expectancy they feel more at risk of a new cancer or for generational reasons, do not so conclusively express joy or carelessness at having overcome the disease.

Actions. This section features daily routines and new activities with the purpose not only of mitigating survival anxiety, but also of confronting or distancing in the face of uncertainty. The relevance of lifestyles and, in younger participants, alternative therapies or psychotherapy, emerges at this stage.

Regarding helpful activities after surviving cancer, the most common coping strategy is improving lifestyles, mainly in relation to diet and physical activity. Advised by health professionals or found through self-education, participants might refer to these recommendations with frustration and even guilt due to compliance difficulties. Lack of compliance-willpower and the imprecision-multiplicity of recommendations were the main hindrances to success. The discomfort is sometimes explained as conflicting social imperatives, since daily obligations do not facilitate these behaviours.

Although many people interviewed talk about these activities and their preventive role regardless of their age, older interviewees do not show active interest in inquiring about these issues and relativize compliance.

Emotion-centred coping strategies

In illness and survival, positive feelings are considered helpful. Negative feelings are either deemed unhelpful or outright censored.

A positive feeling is feeling proud. Some patients underscore their ability to overcome adversity and their own worth as strengths that allow them to better face the concerns of this stage. This attitude is only observed in men. Feelings of gratitude are also common. Many participants acknowledge feeling lucky to have

defeated the disease, since other patients have succumbed to it. On the other hand, feeling lucky is also perceived as an obligation, since not showing enough appreciation can be considered ungrateful.

The uncertainty that accompanies survival is rarely verbalized as fear; that is fear of relapse and of not managing to keep up with regular life, which is considered negative feelings to be avoided.

Discussion

The results show differences in coping strategies during the stages of (1) cancer diagnosis and treatment and (2) survival. However, a common framework unites both stages: emotion and problem-centred strategies. With regard to the latter, during illness the most frequent coping strategies are acceptance and keeping daily routines, while denial and escape-avoidance behaviours are virtually absent. Here, interviewees particularly value willpower, a fighting spirit and avoiding thinking about the problem. During survival, acceptance and forgetting about the disease predominate, as well as activities aimed at improving lifestyles. Both strategies are considered very important once the cancer has been defeated. Regarding emotions, positive feelings, which are considered very useful, predominate in both stages. In contrast, negative feelings, generally considered unhelpful when facing cancer, are scarcely reported.

Relationships between strategies and analysis of social conditioning

Coping models are not used in isolation and opposing attitudes coexist [14]. Paradoxical examples include participants who stress a fighting spirit and then explain that they resigned themselves, and men who emphasize their self-sufficiency when facing challenges, while explaining the care received from people around them. These contradictions encompass human vulnerability and interdependence as the universal framework of life experience, particularly during severe illness [15].

The links between different strategies point to coping patterns. For instance, during illness and survival some people use confrontational strategies, accessing their willpower and attempting to understand the disease. These interviewees describe survival by means of life-transforming changes, stressing lifestyle improvements. In contrast, other participants report more avoiding or accommodative strategies.

Sociocultural determinants such as gender, age and the social pressure of positive thinking might help explain certain coping mechanisms. Considering gender as a determinant of coping, women and men use similar strategies when facing cancer and the challenges of survival. However, only men's discourses were associated with denial of discomfort, self-sufficiency, and pride in having defeated the disease and presenting themselves as *cancer experts* who help other sufferers. In contrast, while emphasizing positive feelings such as optimism, women tend to acknowledge and address negative feelings such as anger, wish to give up, need for solitude and the pain derived from loneliness. This is consistent with other studies, which indicate higher levels of anxiety in women, possibly because they express distress more freely than men [16]. These results show that the discourses reproduce gender stereotypes typical of patriarchal societies: male gender, associated with denial of interdependence and showing self-sufficiency; and female gender, in touch with their own emotions and open to acknowledge vulnerabilities and limitations [15].

Another finding is generational differences in coping. Older participants lean toward acceptance, the importance of daily routines and trying to keep going and improving lifestyles. Although only 4 interviewees were under 60 years of age, we identified common elements in their discourse, for instance more confrontational strategies, such as understanding the disease or finding a *good side* to cancer that has changed their perspective on life [17]. In this transformation, diet, exercise, psychotherapy and alternative therapies play a very important role. Younger people with cancer are more anxious and they develop less *effective* coping strategies than older people [18]. These differences might be explained by the severity of the disease, the treatment received or the longer life expectancy under the risk of a new cancer. We hypothesise that socio-historical conditioning factors (transition towards neoliberal economic models and their effects on work, lifestyles and subjectivity) might explain the differences in their discourses [19].

Regarding emotion-centred strategies, we should underscore the scarce mention and low value attributed to negative feelings. In contrast, the insistence on staying positive is ubiquitous [20]. During survival, the attempts to feel lucky prevail, clouding negative feelings such as fear of relapse, which is not commonly directly addressed at this stage. Notably, the scientific literature also views this *positivity* favourably in relation to successful coping [21-22]. However, censorship of negative feelings can be problematic, because they might promote adaptation to the new situation and seeking support from others. In addition, being overly optimistic and systematically dismissing the painful reality can be as harmful as negative feelings and pessimism. We consider more appropriate understanding that negative and positive feelings are contingent and dependent on the context. However, the literature hardly contains works that acknowledge the role of *negativity* [23]. Contesting the hegemony of positive thinking is crucial, since generally its historical and cultural conditioning factors are not taken into account. The encouragement of this type of *mindset* is relatively recent and probably stems from the business world of the 80s [19] and then percolated into what is now known as *positive psychology* [24-26], recognizable in many of the referenced studies and interviewees' discourses. This could partly explain the absence or rejection of negative feelings and the low presence of material determinants of coping, such as working conditions and financial situation. However, the participants did not systematically and passively reproduce this positive mindset, critical perspectives also emerged, as reported in relation to gender coping differences and when some participants rejected qualifying themselves as *survivors* [27].

Limitations and relevance

It should be noted that the interviews were conducted with survivors, which naturally influences and transforms the discourse on coping with cancer. The *survivor bias* might cause the interviewee to overestimate certain strategies. On the other hand, this same limitation provides richness when exploring the experiences of cancer survivors, the main objective of this study.

Most participants of this study are older than 60 years, which could suggest that the results are only transferable to this age group. However, we have detected common patterns in younger participants, which indicates that saturation has been reached in the coping modes typical of these ages. Furthermore, we have formulated the hypothesis of a possible generational divergence.

Another limitation of this study is the selection of one type (colorectal) of cancer and the possibility that the results would only relate to experiences with this disease. However, the analysis has not focused on strategies that singularly address the particularities of this cancer and its treatment [28].

Conclusions

Although coping during illness and survival can be classified into common categories (problem and emotion-centred strategies), the challenges of these stages are faced differently. Age, gender and the cultural influence of positive psychology strongly influence both stages and strategies. These findings should guide further research and also encourage respectful and therapeutic treatment in all spaces of care of people who experience cancer treatment and survival.

Declarations

Data availability

Not applicable.

Code availability

Not applicable.

Authors' contributions

ME and SM conceived the study, wrote the protocol, and conducted the study. ME coordinated data collection. SM, LR and AG analysed the data and EP validated the analysis. AG wrote the manuscript. All the team members were involved in commenting on further revisions of the manuscript. All authors read and approved the final manuscript.

Ethics declarations

Ethics approval

This study obtained the approval of the Majorca Primary Care Research Committee (n° PI11/12) and of the Balearic Islands Ethical Committee (IB3367).

Consent to participate

All the participants received study information during the interview and signed informed consent

Consent for publication

Not applicable

Availability of data and materials

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Competing interests

The authors declare no competing interests.

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Tables

TABLE 1

Characteristics of persons interviewed.

TABLE 2

Overall representation of coping strategies during ILLNESS and SURVIVAL.

CODE	SEX	AGE	CIVIL STATUS	LAST OCCUPATION	OCCUPATION TYPE	EDUCATION	CANCER LOCATION	STAGE	COLOSTOMY	CHEMO	RA
E02_M46	MAN	46	SINGLE	SALESMAN	NON MANUAL	UNIVERSITY	COLON	4	NO	YES	NC
E03_M54	MAN	54	MARRIED	DRIVER	MANUAL	SECONDARY SCHOOL	COLON	1	NO	NO	NC
E05_M61	MAN	61	MARRIED	BUILDER	MANUAL	PRIMARY SCHOOL (NOT FINISHED)	RECTUM	3	NO	YES	YE
E06_M61	MAN	61	MARRIED	DRIVER	MANUAL	PRIMARY SCHOOL	COLON	2	NO	YES	NC
E08_M65	MAN	65	MARRIED	WAITER	MANUAL	PRIMARY SCHOOL	RECTUM	2	YES	YES	YE
E10_M68	MAN	68	MARRIED	TAXI DRIVER	MANUAL	PRIMARY SCHOOL (NOT FINISHED)	RECTUM	2	YES	YES	NC
E11_M68	MAN	68	MARRIED	SECONDARY SCHOOL TEACHER	NON MANUAL	UNIVERSITY	COLON	2	NO	NO	NC
E13_M71	MAN	71	MARRIED	ADMINISTRATIVE OFFICER	NON MANUAL	UNIVERSITY	COLON	2	NO	NO	NC
E15_M73	MAN	73	MARRIED	CONSTRUCTION BUSINESS OWNER	NON MANUAL	PRIMARY SCHOOL	COLON	1	NO	YES	NC
E20_M80	MAN	80	MARRIED	RESTORATION-BUILDER	MANUAL	PRIMARY SCHOOL (NOT FINISHED)	RECTUM	2	YES	YES	YE
E21_M86	MAN	86	WIDOWER	COMPANY MAINTENANCE MANAGER	NON MANUAL	SECONDARY SCHOOL	COLON	1	NO	NO	NC
E01_W41	WOMAN	41	DIVORCED	ADMINISTRATIVE OFFICER	NON MANUAL	SECONDARY SCHOOL	COLON	3	NO	YES	NC
E04_W58	WOMAN	58	MARRIED	HOUSEWIFE	MANUAL	NA	COLON	1	NO	NO	NC
E07_W61	WOMAN	61	MARRIED	DIRECTOR'S PA	NON MANUAL	SECONDARY SCHOOL	COLON	3	NO	YES	NC
E09_W67	WOMAN	67	MARRIED	HOUSEWIFE	MANUAL	PRIMARY SCHOOL (NOT FINISHED)	RECTUM	2	YES	YES	NC
E12_W68	WOMAN	68	MARRIED	SECRETARY	NON MANUAL	SECONDARY SCHOOL	COLON	3	NO	YES	NC
E14_W72	WOMAN	72	WIDOW	PEDDLER	MANUAL	PRIMARY SCHOOL	COLON	3	NO	YES	NC
E16_W74	WOMAN	74	WIDOW	HOUSEWIFE	MANUAL	NA	COLON	2	NO	NO	NC
E17_W75	WOMAN	75	MARRIED	SECRETARY	NON MANUAL	SECONDARY SCHOOL	RECTUM	3	NO	YES	YE
E18_W76	WOMAN	76	WIDOW	COOK	MANUAL	PRIMARY SCHOOL	COLON	3	NO	YES	NC
E19_W78	WOMAN	78	WIDOW	HOUSEWIFE	MANUAL	PRIMARY SCHOOL (NOT FINISHED)	RECTUM	1	NO	NO	NC

		Problem-centred strategies			Emotion-centred strategies	
		<u>Confrontation</u>	<u>Acceptance</u>	<u>Distancing</u>	<u>Positive feelings</u>	<u>Negative feelings</u>
ILLNESS	Attitudes	Willpower, fighting spirit	Resignation and patience	Passivity, hope in health professionals	Optimism, staying positive	Pessimism, sadness, anger...
				Denial, self-sufficiency		
	Actions	Understanding the disease	Daily routines (minimise impact)	No thinking Daily routines or new activities (escape-avoidance)		
SURVIVAL	Attitudes	Life-transforming changes	Keep going	Forget	Feeling proud	Fear
		Disorientation, feeling lost		Denial	Feeling lucky	
	Actions	Lifestyles				
		Psychotherapy, alternative therapies				

TABLE 3

Quotations* on problem- and emotion-centred strategies during ILLNESS.

STRATEGIES		QUOTATIONS
ATTITUDES	Resignation	E07_W61: I spent the night crying, all night, all night ... but then I thought: "I am mortal, we are all mortal, if now it's my time well ... it's my time."
	Willpower, fighting spirit	E13_M71: "I can, I can and I will" and I could and I did, that's it (laughs). And that also helped me to assert myself, right? To say: "This is the way."
	Passivity	E09_W67: "[What did it mean for you the cancer diagnosis?] ... Well, truth is that I barely took it in, I focused on getting it sorted, I trusted in the doctors and no, I didn't even try."
	Hope in health professionals	E01_W41: [What strategies did you use to deal with it?] Strategies ... when the doctors told me: "We are going to do this, it's not pleasant", "Now we are going to put a camera inside you", I told them: "I just don't care". My phrase ... from the moment I was diagnosed, anything they asked I said: "Whatever it takes."
	Denial	E20_M80: No, I've never felt [I have defeated cancer]. No, I've always felt I was okay, that what I had had was not real.
	Self-sufficiency	E13_M71: [what has helped me most has been] trusting my body, my strength, both physical and mental ... right? My ability to analyse and face situations, that helped a lot.
ACTIONS	Daily routines	E20_M80: [Did you go for coffee every day ... even when you knew that you had cancer?] Yes, every day, every morning ... It helped because I met with friends and was not locked up ... I switched off, switched off.
	No thinking	E11_M68: I didn't think about it too much, eh? I didn't think about it too much because the more you think about it the worse, right? I continued to go to work and worked until shortly before my surgery.
	Understanding the disease	E02_M46:[What other things helped you cope with the disease during treatment?] Reading, I guess we all do it, I wanted information ... of the disease, from prominent foreign oncologists, that explain the possible causes or origin of cancer to try and correct habits, to improve the situation.
POSITIVE / NEGATIVE FEELINGS	Optimism, staying positive	E09_W67: It has a huge impact, some people are negative and other positive. And this has given me lots of strength, staying positive with all this.
	Negativity (pessimism, sadness, anger...)	E12_W68: Some people need to cry, some need to understand, some need to be angry, and some don't quite understand.
* The codes of the quotations refer to the interview number (ex. E01), followed by a letter that indicates the sex (W=woman, M=man) and a double digit that indicates the age (ex. M41).		

TABLE 4

Quotations* on problem- and emotion-centred strategies during SURVIVAL.

STRATEGIES		QUOTATIONS
ATTITUDES	Forget, keep going	E10_M68: [Do you have any fears?] No, no, I say: "What will be will be" and I'm fine going [to the medical check-ups]. If they find something, then I'll get knocked down again, but ... I don't go with the fear of: "What if they find something", No. [A person who has defeated cancer has to resume their previous life, forget all about it.]
	Life-transforming changes	E02_M46: Consequences of having survived cancer? What I just told you, a perspective on life a little ... knowing to only sweat the really big stuff and this is good. This consequence is good, it teaches you to live better in some aspects.
	Denial	E01_W41: [How did you feel when they told you: "It's over ... you have defeated cancer"?] Well, I don't know if there is a "it's over" ... even if they tell you: "it's over", you don't quite believe it. I mean, I've been ... for almost 9 years and you can't quite believe that you're healthy, that you're fine. And you're grateful and it doesn't matter how you say it, but it's like your mind can't stop the fear of "what if ..." and the "what if" is what prevails above all else.
ACTIONS	Lifestyles	<p>E01_W41: [What about physical activity or work?] Physical activity ... for a while I even run, although I never saw myself as a runner. In addition, I have to say that I have taken supplements with lots of natural things, things that are now fashionable ... And that I would recommend ... reiki, all the combination of natural things with traditional medicine.</p> <p>E10_M68: Well, before, I don't know, you thought more about your life, to fight ... and now you say: "What will be will be", and if I want to eat something, then I eat it, and if I feel like doing something, I do. Before I used to overthink things.</p>
POSITIVE / NEGATIVE FEELINGS	Feeling proud	E13_M71: [Do you need to talk about cancer sometimes?] If I do it, it's for self-esteem: "shhh! you don't know who you're talking to, I've survived the bug" (laughs) ... I'm delighted, delighted, it has given me lots of confidence, yes, yes, yes. Not that I am immortal or invincible, but I'm strong, I'm strong, my body is ready and I can face almost anything.
	Feeling lucky	E03_M54: I feel lucky, really. In spite of everything, I feel very lucky because, I was just saying, I thought people died of cancer ... there are still people, unfortunately, but not everyone, and I feel lucky.
	Fear	E01_W41: With all that happened this year I have to be super happy, but now I have my gyn check-up again ... I live in constant fear, now I almost even laugh a little, but ... I live scared, living scared after you know you don't have it anymore. But, my mind doesn't want to know, it's like my mind refuses to know that I'm okay.
* The codes of the quotations refer to the interview number (ex. E01), followed by a letter that indicates the sex (W=woman, M=man) and a double digit that indicates the age (ex. M41).		