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Posttraumatic Growth, Resilience, and Coping in AYA Cancer Survivors:

A Qualitative Analysis

By

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Abstract

The psychosocial outcomes of cancer have been understudied in adolescent and young adult (AYA) cancer survivors, an important group to focus on because of this unique developmental time. Distress is commonly experienced post-treatment due to physical and emotional changes, yet some individuals display a positive mentality showing their resilience or acquired growth, termed post-traumatic growth (PTG). Finding ways to cope, helps AYAs process their cancer experience and navigate life after cancer treatment. This qualitative study aimed to describe the ways in which AYA cancer survivors reported PTG, resilience, and the methods used for coping. Additionally, identified coping methods were analyzed for any possible gender differences. The data from 26 participants was collected for a larger qualitative study at a large urban cancer center using semi-structured one-on-one interviews. With the use of specific codes, the data was analyzed for the three themes of PTG, resilience, and coping methods along with their respective subthemes. The study findings indicate that AYA cancer survivors cope with their cancer experience in various ways, both positive and negative, while also displaying their ability to remain positive and hopeful despite their cancer experience. No significant differences in the ways that participants reported coping between males and females was found. The responses of AYA cancer survivors indicate that individuals want to maintain a positive mentality and move on from the negative emotions associated with their cancer experience, some individuals may need more guidance and resources once cancer treatment ends.

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Introduction

Cancer is deemed one of the top causes of death in individuals, and is especially so in adolescent and young adults (seer.cancer.gov). In 2021, new cancer cases were estimated to reach approximately 88,260 with an estimated 9,130 cancer-related deaths among adolescents and young adults (AYAs) in the United States (cancer.gov, 2021). According to data from the Survey, Epidemiology, and End Results (SEER) Program, between 2011 and 2017, there was an 85% chance that individuals in this age bracket would survive 5 years or more after a cancer diagnosis, which is relatively high compared to older adults (seer.cancer.gov). In the U.S., adolescent and young adult (AYA) cancer patients and survivors have been defined as those between the ages of 15 and 39. Previous research has shown that there is a steady increase in the number of AYA cancer cases, usually in the 15 to 29-year-old age bracket, compared to a decrease in older adult cancer cases (Barr et al., 2016; Kumar & Schapira, 2013). Overall, the outcomes of AYA cancers have not improved compared to that of other age groups, which could be due to lack of monitoring and preventative care (Lewis et al., 2014).

It is known that AYAs have experienced delays in diagnosis, increased toxicity, and difficulties accessing medical care leading to lower survival rates and poorer health outcomes post-cancer (Kumar & Schapira, 2013). Research has suggested that the biological makeup of tumors in AYAs is different than that of children and older adults (Tricoli et al., 2011). This difference could be why the survival rates and treatment effectiveness are worse compared to those for pediatric and older adult patients. For example, young adults with breast cancer are more likely to have a cancer recurrence in addition to higher mortality rates compared to older women. It is suggested that specific biomarkers affect estrogen receptors in AYAs, lead to early-onset breast cancer (Tricoli et al., 2011).

Adolescents and young adults are diagnosed with different cancers. Lymphomas and thyroid cancer are the most common cancers among 15-24 year olds and breast cancer and thyroid cancers are the most common among 25 to 29 year olds (SEER.cancer.gov). Treatments may involve chemotherapy, radiation, surgery or a combination of these (multimodal treatment). The side effects of cancer treatment may occur immediately or appear after some time post-treatment, depending on the severity and type of treatment. Side effects that appear months or years after treatment, have been referred to as late effects (Stein et al., 2008). Commonly experienced late effects of cancer and treatment include fatigue, pain, and emotional distress (American Cancer Society, 2019). Despite all this, AYA cancer survivors have been understudied in research, especially with regard to psychosocial outcomes.

AYAs and Cancer

Cancer and its treatment can be emotionally and physically difficult for patients, survivors and their families. Over recent years there has been an increase in research focusing on the impact of cancer on adolescent and young adult (AYA) survivors. This group is unique and particularly important with which to focus because of the personal growth and developmental milestones that occur during this period. Adolescence and young adulthood are developmental times when establishing independence from parents and forming identity is prominent (Wheat Dawson et al., 2018). Kumar and Schapira (2013) found that there is a strong desire to be in control and attain individualism in AYAs in order to restore their feeling of normalcy. Previously, cancer research has grouped AYAs with pediatric or older adult cancer survivors, leading to minimal understanding of the particular challenges that this group might face after cancer diagnosis and into survivorship (Husson et al., 2017). More recent literature has started to examine the specific needs and outcomes for AYA patients and survivors.

Changes in appearance and physical abilities after treatment may influence how survivors view themselves and their ability to grow from their experience while having a constant reminder of their cancer experience (Kumar & Schapira, 2013). Apart from the health issues experienced, there are mental hardships and identity crises that may occur during this time of one's life. Forming an identity is essential and adolescents are particularly at risk for experiencing an identity crisis, because of this developmental period of exploration that they're in at the time that they're navigating cancer (Cameron et al., 2021).

Individuals may choose to cling onto their cancer identity as a means of coping post-treatment (Park et al., 2009). Although the term "survivor" is used to describe an individual who lives any amount of time after diagnosis, it can be used in a multitude of contexts and depending on individual preference. Some individuals may choose to identify as survivors while others may dwell on the possibility of cancer coming back and therefore believe they are not survivors, but rather a victim or a person with cancer (Park et al., 2009). This group may also face obstacles because of cancer, such as weakened relationships, cancer related health anxiety, and/or diminished quality of life (Darabos & Ford, 2020). Cancer influences one's life in general, but adolescents and young adults are experiencing important life events ranging from going to college, choosing a career path, finding a partner, buying a home, and starting a family, causing a greater impact on this group. AYA survivors' inability to reach their individual milestones due to cancer, may cause them to be more at risk for distress and loss of control (Kumar & Schapira, 2013). During adolescence and young adulthood, the ability to manage stressful situations that typically occur is already difficult because of the underdeveloped stress managing skills, and cancer may amplify this inability to manage stress for survivors (Benedict et al., 2017). It has

also been suggested that young adult survivors are less likely to seek and ask for help than other groups, adding to distress experienced (Wheat Dawson et al., 2018).

Distress & Trauma

AYA cancer patients/survivors experience high levels of distress not only at the time of diagnosis and throughout treatment but also when transitioning into survivorship (Kwak et al., 2013). Distress post-treatment occurs for a multitude of reasons, including physical effects such as hair loss and fatigue, the decrease in intense medical care leading to loss of support, decrease in social support from family and friends, and being able to reflect on cancer-related fears about the future (Costanzo et al., 2007). According to the social-cognitive processing model, those who experience trauma and do not have the positive support in response to their trauma may experience avoidance and increased distress (Cordova et al., 2007).

The traumatic experience of cancer may lead to an overall increase in psychological distress, including health anxiety and symptoms of posttraumatic stress. Costanzo and colleagues (2007), found that adult breast cancer survivors reported fears of recurrence and concerns with physical abilities. This finding may be heightened in the AYA population because of higher levels of distress being reported by this group compared to older adults (Wheat Dawson et al., 2018). Lang and colleagues (2017), found evidence that AYA cancer survivors experience more overall distress post-treatment than older adults or healthy AYA individuals. On the other hand, Turner-Sack and colleagues (2012), found that adolescents who were younger at diagnosis or younger in comparison to the rest of the sample, were more likely to report less psychological distress. This finding may be because younger adolescents are less likely to focus on their long-term future and also do not have as many milestones occurring in this developmental period, as compared to older adolescents and young adults (Stam et al., 2005). It has also been suggested

that there may be sex differences in terms of which sources of distress are the most distressing; females reported high distress in physical appearance and fear of medical procedures whereas males reported high distress in substance use and recent weight changes (Wheat Dawson et al., 2018). Only a significant minority of cancer survivors will develop post-traumatic stress disorder or PTSD (Kangas, 2013). According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), traumatic experiences may lead to either PTSD or to Adjustment Disorders (AD), both are categorized under the “Trauma and Stress-Related Disorders” (5th Ed.; DSM-5; American Psychiatric Association, 2013; Kangas, 2013). This experience of PTSD may be influenced by the individual’s previous mental state before diagnosis (Kangas et al., 2005). The DSM-5 criteria for PTSD diagnosis has changed from previous versions suggesting that individuals who have trauma-related symptoms may experience Adjustment Disorders, Illness Anxiety Disorder, Generalized Anxiety Disorder, or Somatic Symptom Disorder instead of PTSD, especially if symptoms are future-oriented (Kangas, 2013).

Post-Traumatic Growth (PTG) and Benefit Finding

Stress, experienced as a result of cancer, does not always result in negative outcomes. For some it allows for more growth and benefit finding after their experience. Focusing on creating a positive outlook is important to understand how AYAs are able to overcome the distress experienced during treatment. Some young cancer survivors have shown more growth and long-term happiness than young individuals who have no history of chronic health issues (Anholt et al., 1993). The psychosocial growth after a traumatic event, such as cancer, is termed post-traumatic growth (PTG). PTG is described as the ability to adapt in a positive psychological way to an event that was traumatic, meaning highly challenging and distressing (Tedeschi & Calhoun, 2004). It is not just changing for the better and being more positive, but rather being aware of the

value of one's life and their relationships (Cordova et al., 2007). Another term for posttraumatic growth is benefit finding, and in the literature these terms are often used interchangeably.

Tedeschi and Calhoun (2004) suggested that trauma and stress are necessary for post-traumatic growth, since the individual is psychologically improving after trauma. A study done by Cordova and colleagues (2007) found that adult women with breast cancer reported greater PTG when their experience was viewed as a traumatic stressor, but that PTG was not associated with symptoms of PTSD. The authors also found that stage of cancer and type of treatment was not associated with PTG or symptoms of PTSD. The experienced trauma allows for a positive shift in one's perspective of themselves, their future, and the world around them (Zebrack et al., 2015). Age may also play a factor in the experience of PTG, individuals who were younger and had higher education levels displayed greater levels of PTG (Cordova et al., 2007). Even though in most studies PTG and posttraumatic stress symptoms are not associated, it is suggested that some magnitude of stress must be experienced in order to experience PTG (Zebrack et al., 2015). Longitudinal studies have also suggested that PTG increases over time (Husson et al., 2017; Lelorain et al., 2010). More time may allow for more growth and happiness which may also be tied to a decrease in health anxiety, for instance when there has been no sign of cancer recurring over the years. On the other hand, if there is constant distress then over time one's benefit finding may decrease, displaying a curvilinear relationship, typically occurring in cancer cases with a higher chance of recurrence (Lechner et al., 2006). This concept of PTG, or benefit finding, has been reported as an increase in appreciating the value of one's life, handling difficult situations, being appreciative of each day, acknowledging personal strength, and identifying priorities (Husson et al., 2017).

Resilience

Not every cancer survivor views their experience as traumatizing. In a previous study of a sample of adult women with breast cancer, one-third of the sample reported that they perceived their cancer experience as non-life threatening (Cordova et al., 2007). Bonanno (2008), describes events that have different levels of psychological responses as being “potentially traumatic events.” Being able to cope with the distress of cancer while maintaining a positive outlook is related to one’s level of resilience. Resilience is described as the ability to maintain, relatively stable levels of physical or psychological functioning after experiencing an event that is viewed as highly disruptive and possibly life-threatening (Bonanno et al., 2010). When assessing AYA cancer survivors, it is important to look at their self-efficacy in relation to their experience. Self-efficacy can be defined as one’s confidence in their ability to cope with and take proper actions in difficult situations or tough circumstances (Bandura, 1993; Aydogdu et al., 2017). Levels of resilience may be related to one’s emotional self-efficacy, meaning that an individual believes that they have the ability to change negative emotions from negative situations into positive emotions (Aydogdu et al., 2017; Dacre Pool & Qualter, 2011). A study by Aydogdu and colleagues (2017), focused on a healthy young adult sample, showed that there was a positive relationship between psychological resilience and emotional self-efficacy. This suggests that one’s emotions may enhance resilience, for instance if an individual changes their negative emotions about a negative situation, into positive emotions. In one qualitative study focusing on AYA cancer patients, the way individuals defined resilience differed, but common views included, “how I bounce back,” “the ability to get through things,” “being able to find a way to deal with things,” and “there’s always good with the bad. It’s kind of all a balance”, and so forth (Rosenberg et al., 2014). These findings suggest that learning how to cope and recover from a

stressful and challenging experience is a view of resilience. Like PTG, the concept of resilience can be viewed as dynamic, meaning it changes over time based on one's environment, circumstances, and situations in life (Mancini & Bonanno, 2009). Even if an individual reports feelings of resilience, transitional periods that feel highly stressful and anxiety inducing can lower resilience (Rosenberg et al., 2014). Those that display high levels of resilience typically display better physical, emotional, and social functioning while also reporting a higher quality of life (Schumacher et al., 2014).

There are differing views as to whether resilience and posttraumatic growth can be viewed as similar. As mentioned previously, it is suggested that PTG is the result of experiencing an event that is perceived as traumatic and those who are resilient refrain from developing symptoms of posttraumatic stress (Levine et al., 2009). Levine and colleagues (2009), found that in samples of adolescents and adults exposed to war terror, PTG and resilience were negatively correlated. On the other hand, it has been suggested that in order for one to experience PTG, they must show signs of resilience (Greup et al., 2017). Many studies done comparing PTG and resilience, focus on other traumatic events apart from cancer. Cancer related PTG is viewed by many as different because of the positive outcomes that may come from psychological distress, for example benefit finding, unlike other events that may cause poor outcomes. According to Seiler and Jenewein (2019), the concepts of growth may be indirect pathways of resilience due to their psychological processes causing psychological adjustment. Therefore, PTG and resilience will be viewed as similar concepts in relation to this study. And given that we hope to describe the positive outcomes among cancer survivors, and are engaged in qualitative work to do so, whether it is a result of PTG or resilience, may not be critical to understand at this point and in fact, premature to do so.

Coping

Whether an individual will display resilience or PTG, both concepts are suggested to be associated with one's ability to cope with their cancer experience. The use of positive coping strategies is associated with high levels of resilience and reduced stress, such as social support and spirituality (Carver et al., 1993). Tedeschi and Calhoun (2004) also suggested that coping strategies are key to the development of PTG. In order to cope with distress, individuals must have access to coping resources, for example social support (Lee & Kim, 2018). According to Boehmer and colleagues (2007), coping is considered a mediating process between stress and the outcome. In this case, the ability to cope can also fluctuate over time based on circumstances, such as perspectives and experiences. It is also suggested that the ways in which some individuals cope is affected by their self-efficacy levels (Boehmer et al., 2007). In order to cope with the stressors of cancer diagnosis and treatment, AYA cancer participants mentioned different ways of coping such as being mindful, relying on personal strength, passing of time, talking to family or friends and so forth (Rosenberg et al., 2014). These types of coping methods are adaptive coping strategies unlike avoidant strategies that include denial and substance abuse which can result in anxiety and depression. Previous studies have suggested that adolescent cancer survivors, both male and female, report using adaptive coping strategies, with the reported differences of male cancer survivors with their same age healthy adolescent males (Turner-Sack et al., 2012). As previously mentioned, the social-cognitive processing model emphasizes the importance of positive social support and that one's self-disclosure is important for overall well-being (Cordova et al., 2017) Disclosing cancer-related feelings to others is a type of coping mechanism. Additionally, Barnett and colleagues (2014), focused their study on cancer-related disclosure among AYA cancer survivors and found that majority of the participants stated that

cancer-related disclosure was primarily initiated by someone else rather than the individual themselves. Although the differences were not significant, females reported disclosing in more detail and depth. With varying coping strategies, we cannot assume that every AYA cancer survivor copes the same. There is limited research on coping strategies of AYA cancer survivors which leads to the basis of the current study.

Purpose of the Present Study

Studies looking at PTG and resilience can help us understand the changes that AYA cancer survivors go through and the impact that cancer has on them. A focus on PTG and resilience, can allow a look at the various coping strategies that AYA individuals tend to use and how they might differ from one another based on reports of resilience or PTG. This group is important to focus on because of the developmental milestones that may be influenced by cancer. The previous studies mentioned show promising growth and coping mechanisms in the cancer community. However, there is still limited research on AYA cancer survivors and their levels of PTG and resilience. Given the gaps in literature, a qualitative examination will allow us to more fully understand AYA survivors and ways they make meaning, cope positively and find benefit after cancer. The current study aims to describe the coping strategies used by adolescents and young adult cancer survivors post-treatment and their post-traumatic growth and resilience, and ways in which they characterize post-traumatic growth and positive outcomes. Using qualitative data, we will look for in-depth expressions of coping strategies, post-traumatic growth, and resilience among AYA cancer survivors.

In addition to analyzing the data for the themes mentioned, we will examine whether there are any sex differences in coping methods described. It has been previously suggested that coping strategies between healthy males and females differ, whereas between cancer survivors

the coping strategies were acceptance strategies for both females and males (Turner-Sack et al., 2012). Therefore, gender and coping strategies will be analyzed as well. This will help us better understand whether there are significant differences in how gender affects an individual's cancer experience.

Methods

Participants

The sample of 26 participants was collected for a larger qualitative study examining experiences and attitudes of AYA cancer survivors in relation to cancer-peer interactions from a previous study. Eligibility included being between the ages of 15-25 at the time of consent, between the ages of 14 and 21 during the time of cancer diagnosis, and completing cancer treatment at least 6 months before participation in the study. Participants had been treated at a large urban cancer center and spoke English. Each participant provided written informed consent or assent (for those under 18) to participate in the study.

Data Collection

Following Institutional Review Board approval at Memorial Sloan Kettering Cancer Center, data was collected by conducting 90-minute one-on-one interviews which were administered by a trained member of the research team in order to explore psychosocial adaptation and identity development in AYA cancer survivors. The interviews were semi-structured and used a guide that was designed using themes identified in identity development and psychosocial adaptation literature. The interviews were initially pilot tested with five AYA cancer survivors and refined for use. Data collection occurred until thematic saturation was attained.

Data Analysis

The interviews were audio-recorded and transcribed, and then analyzed using ATLAS.ti software. Four trained coders individually analyzed the transcribed transcripts in order to develop a codebook. Several transcripts were then coded and reviewed within group meetings to resolve differences, reach consensus, and finalize the study codebook. Code names and definitions were established and then coders engaged in coding by dyad pairs. Excellent interrater reliability was demonstrated (>80%).

There were a total of 88 codes identified in the foundational codebook. Of these codes, the present study analyzed the text captured by five codes that will encapsulate AYA resilience and post-traumatic growth related to post-treatment and survivorship: ‘survivorship changes in self-concept: general’, ‘response to survivorship: gain positive outlook’, ‘response to survivorship: change in drive/motivation’, ‘survivorship coping mechanism: moving beyond the cancer experience’, and ‘survivorship coping mechanism: avoidance or denial of cancer’. Thematic analysis was used to summarize the findings for this study.

Results

Semi-structured interviews were administered and completed by 26 AYA cancer survivors. More than half of the sample were female (61.5%) and white (65.4%). The mean age of the participants at the time the study was administered was 19.6 years (SD=2.8, range 16-24). The mean age at the time of diagnosis was 15.6 years (SD=1.3, range 14-18). Time since cancer treatment ended prior to study participation was between 2-5 years for around half of the sample. The cancer type that was most frequently reported was lymphoma (30.8%), followed by sarcoma (19.2%), and leukemia (11.5%). Refer to Table 1 for complete demographic information.

Participants were asked semi-structured questions that lead to the discussion of themes prevalent to the purpose of this study. There were three major themes identified: (1) post-traumatic growth and benefit finding post-treatment; (2) displaying resilience in reaction to the cancer experience; and (3) finding ways to cope. The major themes each contained three or four subthemes reported by participants, discussed and described below.

Post-traumatic Growth & Benefit Finding

The theme of posttraumatic growth (PTG) was chosen in order to analyze the ways in which AYA cancer survivors change over time after their last treatment ended. PTG applies to participants who viewed their cancer experience as a life changing event, in a way that may have been stressful at the time of diagnosis and treatment. The subthemes that emerged when analyzing data for feelings and attitudes of one's cancer experience are (1) positive outlook of oneself and/or their life posttreatment; (2) life appreciation; (3) explanation that it takes time to move on; and (4) report of an increase of personal strength.

Positive outlook of oneself/life

Participants mentioned the positive ways in which they view themselves or their lives once cancer treatment had ended. This view of oneself was reported by some as a viewing themselves as a "better person". The positive change on the outlook of life or oneself displays PTG because of the cancer experience having a negative connotation to it and illustrated the very definition of PTG. Participants spoke about the positive changes that occurred in one's outlook or life after experiencing cancer. One participant stated:

“I mean I’ve come in so many situations where like having cancer and like having my life basically taken away from me has been such a motivation to do other things, and to be such a better person. And so, yeah, that was like one of like the big things for me. And like the more like I would talk to people, the more I would tell people, like made me reflect more on like my experience and like who I’ve really become since before having cancer and after... It’s definitely been like a transformation.”

There was a change in perspective with how participants viewed their lives as a result of cancer. Some participants stated that their experience changed their view on life in a positive way. One example includes a participant who stated overcoming obstacles had become easier because of an optimistic view:

“If something comes my way in life, whether it’s anything—whether it’s school or whether it’s work, I just kind of look at it as a goal. And I overcome it. I don’t let it get to me as much. I would associate that with being a cancer survivor because that was a huge obstacle and I overcame that—didn’t let that affect me as much as it could have. So, I feel like I overcome things easier and I have, like, a bit of optimism towards everything, instead of being negative.”

Life Appreciation

Participants stated that their cancer experience made them realize the value of their life. The idea that cancer could have taken their life away allowed them to appreciate their life more once treatment was over. This new appreciation for the potential mortality they faced, led to a new perspective and a renewed sense of personal growth and gratitude. One male participant

mentioned: *“I think my life got better, because now I see things a way different perspective...I actually value my life...my life is valuable, you know, I have to be here, there’s certain things I have to do, and stuff like that.”* Another participant mentioned appreciating things more as a general statement in relation to going through life threatening events twice in her life, the second time being cancer:

“...I do what I’m supposed to do, but at the same time I know how to appreciate certain things. I know how to connect with certain things. It’s—it’s a little bit, it’s like seeing through different eyes almost...I just feel like I’ve—I mean not that I was ever bad, a bad person to begin with before all of it happened, but maybe wiser, or more mature, or just more appreciative.”

Takes Time to Move On

PTG has been associated with the passing of time after an event that was perceived as traumatic. Participants in this study mentioned that they needed this time in order feel like they could move past the negative feelings associated with their cancer experience. One participant mentioned that other cancer survivors should realize that getting through the negative feelings comes with time and everyone’s time is different:

“I think it just takes time...I really do. And I think you can talk to people and you can do whatever you want, but in reality I think it just comes with, you know, your own time, and who you are. And, you know, it took me a few years to finally understand who I was and to be happy with myself. And, you know, I think just people have to do it on their own time.”

Another participant spoke about how the passage of time helped him with talking about his experience, and that despite it being hard, with time, he became more comfortable:

“I think that in college was one of the first times that I actually had to like sit down and like tell someone what happened to me, and like going through that the first couple of times was really like upsetting for me. But the more that time passed on and when I realized that ‘...like not everyone knows this about you,’ it’s become a lot easier...”

Increased Personal Strength

Personal strength was often spoken about alongside participants expressing how they had grown from their cancer experience. For some, strength was displayed as something that was necessary in order to overcome negative feelings from their experience. One participant stated:

“I cover the person that I was so I can make myself stronger, because if I put myself back in that [crying] I will never get stronger...[Interviewer] It sounds like you’re a much stronger person now. You think so? [Participant] Yes...Much stronger. I get stronger but—right, but like I said, I try to cover that up.”

Another participant mentioned strength resulting from going through a life threatening event, now feeling that anything can be done with no fear: *“How it changed me, it made me have a different outlook on life...That just made me stronger...okay I could deal with cancer. I can go into treatment for three months, I can do the stuff that some people die from.”*

Resilience

The theme of resilience helps illustrate the ways in which AYA cancer survivors were able to change their cancer-related emotions from negative to positive and view their cancer

experience in a way that was not life-threatening. Common subthemes that emerged in the interviews that were signs of resilience included: (1) perception of one's cancer experience; (2) wanting to go back to 'normal'; and (3) the lack of a cancer identity.

Perception of Cancer Experience

Not every participant viewed their experience as something that was negative. Whether it was referring to their cancer experience as an experience that had little affect or finding the good within the situation, this ability to perceive one's cancer experience as minimally impactful, displays resilience. A participant stated:

“Because it didn't really affect me. It changed my perspective on cancer entirely because it was like oh cancer doesn't always have to be like this horrible, life changing, soul draining thing. Sometimes it can just be a cluster of mutated cells that you remove and that's the end of it.”

Going Back to Normal

Participants reported the urge to return to a sense of normalcy to make up for lost time and to feel like they could move on from their cancer experience. Going back to normal was mentioned frequently, nearly half of the sample mentioning the need for returning to normal. This sense of normalcy was reported by some as wanting others to treat the individual as normal and not a person with cancer, one participant stated:

“...everyone was like, just like hugging me and like, “How are you,” and like, “Do you need this, do you need that,” like so welcoming, so nice. But it was like I didn't want the attention. I was kind of like, “I just want to be normal again.” And like, I mean like I love

attention, like normally, but I didn't want that attention. I just wanted to be normal again, because I felt like I was so far from normal."

Other participants talked about participating in activities that made them feel normal because they wanted their lives to return to normal. A female participant stated that she wanted to do normal activities for someone her age because she was now independent: "*...first semester freshman year, I was just partying it up. I was getting drunk all the time...I was back to normal. I was, you know, I was a kid again. I was at college...and I was totally independent."*

Lack of Cancer Identity

Cancer survivors may choose to label themselves as survivors or choose not to view themselves as survivors. Those that identify as survivors have not been found to be any less resilient than those that do not; however, some participants mentioned their lack of a cancer identity as a way to move forward from their experience. Those participants felt they did not truly experience cancer in a way that makes them feel as though they survived something but rather as something that just happened. A female participant talked about how she viewed herself and her cancer experience:

"People will say that, like, 'Oh, you're a survivor,' and I'm like, 'No,' like it just happened, and like I had to deal with it. That's like how I think about it...when it was happening it was kind of like a whirlwind, like I didn't really think about like how like big of a deal it was until afterward, because it was something that just like came up and happened in two weeks. It was like they found it like right away, got it out, and it was—it was just weird, because I didn't think of it as like cancer. I just thought of it as just like something that had to be done."

Another participant talks about how the identity of a cancer survivor is not a significant part of who she is:

“[Interviewer] You didn’t mention that you are a cancer survivor...Is that a term that you identify with at all...? [Participant] I mean I don’t really think about it too much. I mean of course when I was going through it I was thinking about it...Now it’s just like, okay, I went through it, it’s part of the past...It’s just like, yeah, I have it, I don’t have it. I coped with it. It took me like about a year and some change to cope with it, but I coped with it and now it’s just like, I’m cool now. I don’t even think about it or trip about it too much.”

Coping Mechanisms

There are various ways that individuals reported coping with their cancer experience and life after treatment. There were various coping mechanisms that were employed and participants reported using multiple methods to cope. There were four subthemes that reoccurred throughout the data that encompassed coping mechanisms that participants reported (1) coping by using humor; (2) seeking social support; (3) writing or talking about their experience; and (4) avoidance coping.

Coping by Using Humor

Some participants reported making light of their situation or making fun of themselves by joking, in other words they used humor as a means of coping. One participant described the cancer experience as so serious that the way she deals with serious situations is to make light of them. She stated: *“I try to make light of it because it’s so serious. It’s just the way that I do*

things...You know it's like be serious for one minute [refers to self]. I can't sometimes. It was so serious itself."

Social Support

There were multiple participants that found social support to be helpful when coping with the effects of their cancer experience. Social support included disclosing worry or talking about their experience with family members and friends. Some participants found it helpful to just talk to family or friends, while others confided in both:

"I mean I still sometimes cry when I talk about it, just because, like, it brings back like all those memories...I was explaining it to like a group of my friends, like in depth, like, what I like talked to my mom about, and like how like our talks got really emotional...with my mom. Like, at night I'd always go into her room and she'd be like watching TV and we'd just start talking, and I would just be like, I was just like, 'Mom, like I'm so scared,' and she was like—and then like she would start crying and I would start crying."

Another participant recalled making a new friend in college and talking about her experience:

"I think when I told the first person that didn't know who I was, like, in college, it made me think like about like, wow, like when I would tell people stories, you know, people would like do like follow up questions, like, 'Well, how'd you deal with this? How'd you deal with that?' And I was like, 'I just dealt with it like this, I deal with it like that'...and it made me reflect more on like what I went through and like who I was at that time."

Writing/Talking About Experience

Participants talked about how they wrote about their cancer experience for a college essay and the ways in which it allowed them to reflect on the experience. Although they mentioned that they did not remember exactly what was written, one participant recalls the feeling that came with writing the essay:

“My college essay was about it...It was kind of a gamble because like ordinarily, the ordinary angle on a college essay about cancer was just like it was so difficult for me, I learned how to persevere and stuff. But the title of my essay was ‘How Cancer (Barely) Changed My Life.’ ...I wrote about it from that angle and my English teacher...I gave it to him and he’s read it and he was just like I love it, this is a really great angle on the cancer story.”

There was one participant that mentioned she talked about her cancer experience by giving a speech for the American Cancer Society:

“I’ve never really done a lot of, I’ve never been a public speaker but after this the American Cancer Society, the [place] chapter contacted me and said as a teen survivor we’re doing some stuff at [local] College, we’re having a relay for life there, would you give a speech? So I did. And then they asked me to do it for [local college] and then [local] High School also did it. So I think as far as I’ve gone, I’ve been more willing to volunteer and get other people involved. I got my school involved to do—they did relay for life while I was sick and did a whole thing for me.”

Avoidance Coping

Many participants displayed a form of coping in which they avoided their cancer experience by not speaking about it because any time they did it would evoke negative memories. This form of coping can be viewed by some as maladaptive, but for cancer survivors, avoiding the feelings attached to cancer may help with feeling a sense of normalcy again. Participants reported avoidance coping by trying not to think about or speak about their cancer experience. One participant stated:

“It’s a little shocking because I had forgotten a lot of it. I’d forced myself to forget a lot of stuff that I went through...I try not to think about it. I try to think of it as, you know, as an optimist. Like, I did it, I beat it, it’s over with, go on and help others...I just try to, like I said, I mean I don’t really like to think about it, only because I don’t want to get myself in that area again.”

Another way a participant spoke about coping in an avoidant way was by engaging in pain inducing activities such as getting a tattoo or piercing, stating that she likes pain: *“...I like pain. So I like—like say one day I’m real sad, I will go out and get a tattoo, I’ll go get a piercing...I really don’t know how to deal with it...I try just to forget.”*

There were also reports of avoidance coping by engaging in risky behaviors that are considered detrimental to one’s well-being. One participant stating he used substances and resorted to cutting in order to cope with his experience:

“With the alcohol and the pills it was more of a way to numb myself so I wouldn’t feel anything, because I had all these emotions bottled up, because I never spoke to anyone...To me it felt like no one understood me, so why should I explain myself and have feelings to others if they’re never gonna understand...I used to just drink and pop the pills, and it’s

like, 'Okay, I don't feel anything.' And then it would wear off, and then I'll go back to feeling the same thing. And with the cutting it was more of, because I never cried, I bottled it all up, cutting myself gave me a reason to cry."

Gender/Age Differences

Although previous literature has mentioned insignificant gender differences in regards to coping, potential response differences in gender were also assessed. In this study, coping mechanisms slightly differed between male and female participants. The subtheme, writing or talking about one's cancer experience, differed between both groups, only female participants mentioned they wrote about or talked to a large group about their cancer experience. When looking at the subtheme, humor to cope, there were two participants that mentioned approaching their experience in a humorous way, one was female and the other male. Social support was also reported by almost half male and half female. As for the subtheme of avoidance coping, majority of the participants that reported "trying to forget" were female. The difference that stood out the most within avoidance coping was that of substance use and self-harm, only one participant, who was male, mentioned engaging in both of these actions.

Discussion

Psychosocial outcomes of AYA cancer have been understudied. Emotional distress has been found to be a common side effect experienced post-treatment and understanding the ways in which AYAs cope with their experience and their ability to maintain a positive outlook is important (American Cancer Society, 2019). Therefore, allowing cancer survivors to talk about their experience using semi-structured interviews, gave us a better understanding of the

challenges this group experiences, common emotions and attitudes associated with these challenges, and the coping mechanisms AYAs find helpful. Although some participants reported positive outcomes, others had a hard time feeling as if they could get back to how life once was yet most participants displayed growth and hopefulness within their responses. There was also some overlap between the subthemes associated with PTG and resilience, showing that individual's may experience both PTG and resilience post-treatment suggesting that in terms of cancer, these concepts are similar (Greup et al., 2017).

The most common ways PTG was displayed was by having a positive outlook and an increased appreciation for life, with about half of the sample mentioning one or both subthemes. This finding corresponds with previous literature that suggests PTG is reported as life appreciation and having a positive outlook despite one's past (Cordova et al., 2007; Zebrack et al., 2015). Husson and colleagues (2017) found that AYA cancer survivors reported PTG as acknowledging personal strength. This was also a common response in the present study to the question "have you learned anything about yourself", suggesting that individuals were not aware of their personal strength prior to cancer. Only a few participants mentioned that they felt it takes time to move on. The idea that it takes individuals time to move on fits within PTG because one's growth occurs over time instead of immediately after treatment ends as a response to their experience. The time elapsed since treatment ended did not have an effect on reports of PTG, rather this factor varied, suggesting that PTG can occur at any point in time after an individual's cancer treatment has ended. Those that ended treatment more than five years from the time of the study did not express a decrease in keeping a positive and hopeful mentality post-treatment suggesting that on average individuals did not view recurrence as a current worry (Lechner et al., 2006).

Perceiving cancer as non-life threatening is thought to display one's resilience (Cordova et al., 2007). Although most participants perceived their cancer experience as stressful and distressing, there were some participants that reported cancer's minimal mental impact and others that recalled positive memories. Type of treatment or cancer type did not seem to play a role in how cancer was perceived, participants varied based on demographic and medical characteristics. On the other hand, approximately one-third of the sample reported the need to return to normalcy. Being able to move on and 'go back to normal' is a way in which AYA cancer survivors regain their identity prior to cancer, doing so by engaging in pre-cancer activities and by not focusing their life around their experience (Kumar & Schapira, 2013). One participant mentioned going away to college and partying because she was now independent and she felt that was the normal thing to do for her age. The lack of a cancer identity also shows signs of resiliency. This does not imply that those who have embraced a cancer identity are not resilient, but rather some participants who reported not associating their identity with being a cancer survivor felt that cancer had a minimal long lasting impact and did not feel the need to label themselves as cancer survivors (Darabos & Ford, 2020). Although cancer is viewed as a potential threat to life, it is the case that not every cancer survivor views their experience as a traumatic stressor (Cordova et al., 2007).

For those who experience cancer as adolescents or young adults, it may be difficult to find effective ways to deal with distress because of underdeveloped coping skills (Benedict et al., 2017). Avoidance coping is linked to experiencing distress (Carver et al., 1993), this method was reported by nearly half the sample, participants typically responded saying that they wanted to forget about their experience so that they would not be reminded of it in order to move on. For some, this was tied to wanting to return to normal to avoid negative emotions, such as

depression. There was only one participant that reported using drinking and taking pills to deal with negative emotions in order not to look weak in front of his father. This corresponds with previous literature stating that individuals who experience trauma but do not have social support from those around them are more at risk of avoidant behavior, since social support is tied to psychological well-being (Cordova et al., 2007; Boehmer et al., 2007). However, positive coping methods were also highly prevalent among this sample. Social support was reported by participants, primarily the support of a parent or a friend. Carver and colleagues (1993), found that the use of humor as a coping method was associated with low distress at a 6-month follow up. A few participants in the current study used humor to cope, stating that making light of the situation helps them process their experience better. Writing or talking about one's experience as a form of disclosure was reported by a few participants, typically as writing a college essay or talking in front of a group. Cancer-related disclosure in the form of writing or talking can be viewed as a way cancer survivors learn about themselves and gain social support (Barnett et al., 2014).

Gender differences were an a priori investigation in which we looked at the subthemes of coping and also gender, finding no major differences. When we examined differences by gender, we did not find any differences in the ways that individuals coped and their willingness to disclose cancer-related thoughts and emotions. The length of time since treatment ended did not seem to affect the presence of PTG or resilience, rather every participant had a different and unique experience, with certain commonalities, as highlighted in the themes and subthemes presented here. Some participants that displayed PTG also showed signs of negative effects associated with cancer, such as low self-esteem. There was overlap within each of the themes and subthemes, suggesting that these concepts within the AYA cancer community are fluid

concepts that can change depending on one's situation or current state of mind. Overall, individuals seemed to display some level of optimism regarding their current situation and hopes for the future. This shows that qualitative data is important for understanding the individual experiences of AYA cancer survivors and their needs.

Strengths and Limitations

Study strengths include a range of ages within the AYA age group, varying cancer diagnoses, and a range of time since treatment ended. The sample size is also considered fairly sizeable for a qualitative study. A limitation of the present study includes a limited geographic location of the sample, as interviews were conducted in person. Performing interviews virtually would increase generalizability outside a northeast urban setting. The sample was also predominately white, therefore there was a lack of racial and ethnic diversity, however reflective of the cancer center with which they received their treatment. A more diverse sample would allow for a better understanding of how these factors play a role in coping and one's PTG and resilience. The data used was from a larger study therefore, creating a study that specifically examined PTG and resilience would allow for greater, more in depth exploration of these concepts. Future studies should also consider a longitudinal component to examine change over time and when resilience and PTG present themselves for survivors (along with contributing factors), as well as a survey portion of the study that could be conducted in a larger study sample to examine generalizability for these findings.

Future Implications

The results can be applied to future qualitative research that focuses on AYA cancer survivors post-treatment. It also allows for understanding the unique psychosocial outcomes associated with surviving cancer and how to provide sufficient care for a developmentally

distinctive group. Even though many survivors seek returning to normal, results show that offering various resources and methods for coping may be beneficial for this age group because of their underdeveloped stress managing skills and external factors such as parental influence. PTG or benefit finding and resilience are concepts that are highly prevalent within this age group and may be expressed in various ways, helping individuals navigate their life after cancer can aid in creating an identity and life post-cancer.

Clinical Implications

Understanding the ways in which AYA cancer survivors cope with their experience and the distress that may occur as a result of their cancer experience is important for providing future care post-treatment. Since there is overlap between each of the concepts discussed, we can conclude that the impact of cancer on AYA cancer survivors may be far more complex than we previously expected. When AYA cancer survivors go through a distressing life event during an important developmental time, the ways in which they respond differ greatly from individual to individual. For some individuals, living life with cancer in the past was easier than for others who had a difficult time disclosing their emotions to close others. Therefore, screening patients post-treatment by asking more detailed questions relating to depression or distress may be beneficial in determining specific needs of each individual patient. Providing sufficient care post-treatment to patients as well as informing family members of the psychological impact of cancer may minimize the number of AYA cancer survivors that resort to maladaptive coping methods. Offering age related/professional resources in order for AYA cancer survivors to cope in a healthy way is also important, since a few participants reported feeling lost after constant medical care was over and others reported the lack of resources for preferred methods of psychological help. Applying these implications would allow for a decrease in individuals

resorting to avoidant coping strategies and for increasing PTG and resilience in AYA cancer survivors.

Conclusion

In this qualitative study on AYA cancer survivors, we get an in-depth perspective of just how different every individual's cancer experience is. Displaying both resilience and PTG at the same time or within a short frame of time is very likely in this age group because of this unique developmental time. Participants differed in how they perceived their cancer experience and whether they felt that it has made a lasting impact on their lives and their identity. Most participants remained positive in their views of life and themselves, while others struggled to cope. The ability to cope with the after effects of cancer may be difficult for some and adopting an avoidance coping style may cause poor psychosocial outcomes in the future. Since cancer has the ability to impact one's life for years to come, developing healthy and positive coping methods as an adolescent or young adult is important for growth and acceptance into adulthood. Many participants displayed healthy coping mechanisms such as social support and disclosure through writing or talking about their experience. There were no major differences in coping based on gender. Providing age-appropriate resources for post-treatment care and coping will allow for more survivors to develop healthy coping methods to grow and increase individual strength. Clinicians can provide proper care by acknowledging the different ways AYAs process emotions and trauma compared to older adults. This information may also provide an insight to AYA cancer survivors that are trying to understand how their experience impacts them psychosocially.

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Table 1. *Demographic and Medical Characteristics*

Variable	n	%
Age (years)		
15-19	15	57.7
20-24	11	42.3
Sex		
Female	16	61.5
Male	10	38.5
Ethnicity		
White	17	65.4
Hispanic	2	7.7
African American	5	19.2
Asian/Pacific Islander	2	7.7
Level of Education		
Partial High School	7	26.9
Partial College	12	46.2
Completed College	1	3.8
Not Specified	6	23.1
Currently a Student	22	84.6
Currently Employed		
Part-time	5	19.2
Full-time	4	15.4
Age at Diagnosis (years)		

14-15	12	46.2
16-18	14	53.8
Cancer Diagnosis		
Lymphomas	8	30.8
Sarcomas	5	19.2
Leukemias	3	11.5
Neuroblastoma	2	7.7
Thyroid	2	7.7
Treatment Type		
Chemotherapy	18	68.2
Radiation	11	42.3
Surgery	17	65.4
Multimodal Treatment	17	65.4
Time Since Treatment Ended (years)		
<2	8	30.8
2-5	13	50.0
>5	5	19.2

n: number of participants

Table 2. *Theme and Subtheme Representative Participant Quotations*

Theme and Subtheme	Quotation
Post-traumatic Growth/	
Benefit Finding	
Positive Outlook of Oneself/Life	<p>“I mean I’ve come in so many situations where like having cancer and like having my life basically taken away from me has been such a motivation to do other things, and to be such a better person. And so, yeah, that was like one of like the big things for me. And like the more like I would talk to people, the more I would tell people, like made me reflect more on like my experience and like who I’ve really become since before having cancer and after... It’s definitely been like a transformation.”</p> <p>“If something comes my way in life, whether it’s anything—whether it’s school or whether it’s work, I just kind of look at it as a goal. And I overcome it. I don’t let it get to me as much. I would associate that with being a cancer survivor because that was a huge obstacle and I overcame that—didn’t let that affect me as much as it could have. So, I feel like I overcome things easier and I have, like, a bit of optimism towards everything, instead of being negative.”</p>

Life Appreciation

“I think my life got better, because now I see things a way different perspective...I actually value my life...my life is valuable, you know, I have to be here, there’s certain things I have to do, and stuff like that.”

“...I do what I’m supposed to do, but at the same time I know how to appreciate certain things. I know how to connect with certain things. It’s—it’s a little bit, it’s like seeing through different eyes almost...I just feel like I’ve—I mean not that I was ever bad, a bad person to begin with before all of it happened, but maybe wiser, or more mature, or just more appreciative.”

“I think I definitely don’t take things for granted anymore. I really try to live every day to the fullest, and, you know, really love life and realize how amazing it is.”

Takes Time to Move On

“I think it just takes time...I really do. And I think you can talk to people and you can do whatever you want, but in reality I think it just comes with, you know, your own time, and who you are. And, you know, it took me a few years to finally understand who I was and to be happy with myself. And, you know, I think just people have to do it on their own time.”

“I think that in college was one of the first times that I actually had to like sit down and like tell someone what happened to me, and like going through that the first couple of times was really like upsetting for me. But the more that time passed on and when I realized that ‘...like not everyone knows this about you,’ it’s become a lot easier...”

Increased Personal
Strength

“I cover the person that I was so I can make myself stronger, because if I put myself back in that [crying] I will never get stronger...[Interviewer] It sounds like you’re a much stronger person now. You think so? [Participant] Yes...Much stronger. I get stronger but—right, but like I said, I try to cover that up.”

“How it changed me, it made me have a different outlook on life...That just made me stronger...okay I could deal with cancer. I can go into treatment for three months, I can do the stuff that some people die from.”

“I think—I think it made me a lot stronger and kind of like more mature.”

Resilience

Perception of Cancer Experience “Because it didn’t really affect me. It changed my perspective on cancer entirely because it was like oh cancer doesn’t always have to be like this horrible, life changing, soul draining thing. Sometimes it can just be a cluster of mutated cells that you remove and that’s the end of it.”

“I would say more positive than negative I think. I mean I know I have a lot of bad memories from it, but my mind is like at ease knowing that there are like a lot of good memories along with it, and a lot of good came from it, even though I didn’t see it at the time. Just like looking back like a lot of good things happened during that, or like after it.”

Going Back to Normal “...everyone was like, just like hugging me and like, “How are you,” and like, “Do you need this, do you need that,” like so welcoming, so nice. But it was like I didn’t want the attention. I was kind of like, “I just want to be normal again.” And like, I mean like I love attention, like normally, but I didn’t want that attention. I just wanted to be normal again, because I felt like I was so far from normal.”

“...first semester freshman year, I was just partying it up. I was getting drunk all the time...I was back to normal. I was, you

know, I was a kid again. I was at college...and I was totally independent.”

“...really not much has changed. Like I said—or, like I keep saying, I wanted to get back to as normal as possible.”

“I just wanted to go on with my life. I like wanted to start—I went to the gym every single day. I—I automatically like put in applications for jobs. I just wanted to be normal again...I just wanted to be 18. You know, I just had turned 18 when I had finished. I wanted to be 18 years old, I wanted to be a kid.”

Lack of Cancer Identity

“People will say that, like, ‘Oh, you’re a survivor,’ and I’m like, ‘No,’ like it just happened, and like I had to deal with it. That’s like how I think about it...when it was happening it was kind of like a whirlwind, like I didn’t really think about like how like big of a deal it was until afterward, because it was something that just like came up and happened in two weeks. It was like they found it like right away, got it out, and it was—it was just weird, because I didn’t think of it as like cancer. I just thought of it as just like something that had to be done.”

“[Interviewer] You didn’t mention that you are a cancer survivor...Is that a term that you identify with at all...?”

[Participant] I mean I don't really think about it too much. I mean of course when I was going through it I was thinking about it...Now it's just like, okay, I went through it, it's part of the past. Of course it's still part of me, because I still, you know, go for the regular checkups and stuff like that...Other than that, I don't let it like define my life, like how I live my life. It's just like, yeah, I have it, I don't have it. I coped with it. It took me like about a year and some change to cope with it, but I coped with it and now it's just like, I'm cool now. I don't even think about it or trip about it too much."

But I try not to define myself as a cancer survivor. I try not to say, well, I'm a cancer survivor and that defines who I am. It's something that happened to me but it's not necessarily who I am.

Coping Mechanisms

Coping by Using Humor "I try to make light of it because it's so serious. It's just the way that I do things...You know it's like be serious for one minute [refers to self]. I can't sometimes. It was so serious itself."

"[referring to cancer] I feel like I'm more like humorous because of it, because I can like make fun of myself because of it."

Social Support

“I mean I still sometimes cry when I talk about it, just because, like, it brings back like all those memories...I was explaining it to like a group of my friends, like in depth, like, what I like talked to my mom about, and like how like our talks got really emotional...with my mom. Like, at night I’d always go into her room and she’d be like watching TV and we’d just start talking, and I would just be like, I was just like, ‘Mom, like I’m so scared,’ and she was like—and then like she would start crying and I would start crying.”

“I think when I told the first person that didn’t know who I was, like, in college, it made me think like about like, wow, like when I would tell people stories, you know, people would like do like follow up questions, like, ‘Well, how’d you deal with this? How’d you deal with that?’ And I was like, ‘I just dealt with it like this, I deal with it like that’...and it made me reflect more on like what I went through and like who I was at that time.”

Writing/Talking About
Experience

“My college essay was about it...It was kind of a gamble because like ordinarily, the ordinary angle on a college essay about cancer was just like it was so difficult for me, I learned how to persevere and stuff. But the title of my essay was ‘How Cancer (Barely)

Changed My Life.’...I wrote about it from that angle and my English teacher...I gave it to him and he’s read it and he was just like I love it, this is a really great angle on the cancer story.”

“I’ve never really done a lot of, I’ve never been a public speaker but after this the American Cancer Society, the [place] chapter contacted me and said as a teen survivor we’re doing some stuff at [local] College, we’re having a relay for life there, would you give a speech? So I did. And then they asked me to do it for [local college] and then [local] High School also did it. So I think as far as I’ve gone, I’ve been more willing to volunteer and get other people involved. I got my school involved to do—they did relay for life while I was sick and did a whole thing for me.”

Avoidance Coping

“It’s a little shocking because I had forgotten a lot of it. I’d forced myself to forget a lot of stuff that I went through...I try not to think about it. I try to think of it as, you know, as an optimist. Like, I did it, I beat it, it’s over with, go on and help others...I just try to, like I said, I mean I don’t really like to think about it, only because I don’t want to get myself in that area again.”

“My mom was saying that I should go—maybe I should’ve gone to see somebody to talk about it, because she did notice that I

never spoke about it. I never said anything about it to anybody...So she was just like, you know, she just thought that it was kind of weird—not saying that it was weird that I wasn't saying anything about it. She was like, "She act like it didn't"—she said I would act like it never happened."

"...I like pain. So I like—like say one day I'm real sad, I will go out and get a tattoo, I'll go get a piercing...I really don't know how to deal with it...I try just to forget."

"With the alcohol and the pills it was more of a way to numb myself so I wouldn't feel anything, because I had all these emotions bottled up, because I never spoke to anyone...To me it felt like no one understood me, so why should I explain myself and have feelings to others if they're never gonna understand...I used to just drink and pop the pills, and it's like, 'Okay, I don't feel anything.' And then it would wear off, and then I'll go back to feeling the same thing. And with the cutting it was more of, because I never cried, I bottled it all up, cutting myself gave me a reason to cry.
