Why People Living with Cancer Feel the Pressure to Stay Strong

We often tell people with cancer to stay strong and stay positive. We say it with care, and we say it because we want to offer hope in a moment that feels uncertain. But only the person going through cancer understands what that request can feel like in real life.

They understand what it means to sit through chemotherapy while the body weakens even as treatment works. They know what it feels like when immunity drops so low that even simple actions like getting dressed or combing their hair feel exhausting. There are days when standing feels like effort, when light feels too harsh, and when the body no longer feels familiar.

There are also moments when everything pauses internally. Questions come in without warning. Why is this happening? Why now? There is still so much life left to live. But even as these thoughts surface, the world around them continues. Treatment schedules move forward. Decisions cannot wait. Time does not pause for emotional processing.

So, people try to stay positive. Not because it is easy, but because hope becomes something they actively hold on to. Over time, however, this effort can begin to feel less like a choice and more like an expectation.

This is where the pressure begins to take shape.

It is not always spoken directly. It shows up in how conversations unfold, in how others respond to vulnerability, and in how individuals begin to regulate what they share. Research across cancer populations consistently shows that emotional distress is common, with studies such as those conducted in oncology centers in the United Kingdom indicating that a significant proportion of patients experience clinically meaningful levels of anxiety and depression during treatment. Yet much of this distress remains unexpressed or under-recognized in routine care.

The challenge is not only what people go through. It is also how much of that experience feels safe to share.

When Strength Protects Identity but Limits Expression

As people move through cancer, they become aware of how others respond to them. Some people become overly careful. Some withdraw. Some do not know what to say. These reactions are often unintentional, but they shape how safe it feels to speak openly.

Research on *cancer-related stigma* across different cultural settings shows that many patients experience subtle shifts in social interactions after diagnosis. Studies conducted in both European and middle-income country contexts highlight how perceived stigma can affect self-image, social participation, and willingness to disclose emotional concerns. These experiences are not always visible, but they influence behavior over time.

In response, many patients begin to adjust how they present themselves. They choose their words carefully. They minimize distress. They present a version of themselves that feels easier for others to receive.

In this way, appearing strong becomes a form of protection. It helps maintain dignity and reduces uncomfortable reactions from others.

But it also creates limits.

When someone with cancer tries to speak honestly about what they are feeling, what they often need is not reassurance or immediate solutions. They need someone to stay, to listen, and to allow the moment to exist without trying to change it. Research on patient communication experiences shows that perceived emotional support is strongly associated with better psychological outcomes, even when no direct solutions are provided.

When this kind of listening is absent, people learn to hold things back again. Over time, expression becomes filtered, and distress becomes something that is managed privately rather than shared.

When Emotional Control Becomes a Way to Cope

People living with cancer do not simply experience emotions. They actively manage them.

Research on *emotional regulation* in cancer survivorship gives an important insight into this process. When people keep their emotions inside again and again, their stress, anxiety, and emotional strain often build up over time. In contrast, those who are able to process and express emotions in adaptive ways report better overall well-being and adjustment.

At the same time, emotional control is often intentional.

Many patients describe wanting to keep things stable for themselves and for those around them. They avoid expressing distress because they do not want to worry their families. They try to maintain a sense of normalcy in conversations. In this context, holding emotions in can feel like a way of creating stability rather than avoidance.

Research exploring coping strategies in cancer patients supports this complexity. Studies show that individuals often use a combination of coping mechanisms, including both emotional suppression and cognitive reframing, depending on the situation they are in.

There is also a cultural dimension to how emotions are expressed. Research among Chinese American breast cancer survivors, for example, suggests that emotional restraint can align with cultural values related to harmony and self-control. In these contexts, people may see holding back emotions as natural and appropriate.

However, across most populations, when emotional expression remains consistently limited, it reduces opportunities for support. Interventions that focus on emotional awareness and supportive communication have been shown to improve psychological outcomes, reinforcing the importance of creating spaces where expression is possible.

When Resilience Starts to Feel Like a Requirement

Resilience is often described as a positive outcome in cancer care. It reflects the ability to adapt, to continue, and to find ways to cope despite uncertainty.

Research across multiple studies shows that higher levels of resilience are associated with better psychological adjustment, lower distress, and improved quality of life among cancer patients and survivors. This has led to resilience being widely encouraged in both clinical settings and public narratives.

But the way resilience is framed matters.

When resilience is consistently highlighted, it can begin to feel like something that should always be present. Patients may feel that they need to remain positive, adjust quickly, and demonstrate strength even on difficult days.

Resilience is not constant strength. It is the ability to move through different emotional states without judging oneself for them. It includes moments of fear, frustration, and exhaustion, alongside moments of hope and acceptance.

Qualitative studies exploring survivorship experiences show that many patients struggle with this expectation. They describe feeling pressure to align with the idea of being strong, even when their internal experience is far more complex.

When we understand resilience more flexibly, we allow people to experience vulnerability without making them feel like they are failing. This shift is important in reducing the pressure to always appear strong.

When Relationships Create Quiet Gaps

Cancer unfolds within relationships. Patients, families, and caregivers go through this experience together, and each person tries to respond in a way that feels supportive.

Research on patient and caregiver communication shows that many patients actively try to protect their loved ones from distress. They may reduce how much they share, soften difficult information, or avoid certain conversations altogether.

Families often do the same in return. They hold back their own fears and try to remain composed, believing that this will help the patient cope better.

This mutual protection is well documented in qualitative meta-syntheses of cancer experiences. Studies show that while these intentions come from care and concern, they can lead to reduced emotional openness over time.

Conversations remain at a surface level. Important concerns remain unspoken. Even in supportive relationships, there can be a sense of emotional distance.

When individuals feel safe to express vulnerability, even in small ways, these gaps begin to close. Research suggests that open communication within families is associated with better psychological outcomes for both patients and caregivers.

When Care Focuses on Treatment More Than Experience

Modern cancer care is structured around treatment. Clinical protocols, diagnostic pathways, and therapeutic decisions are carefully designed to improve outcomes.

However, emotional experience does not always receive the same level of structured attention.

Research on patient experiences in oncology settings shows that while many patients report satisfaction with medical care, psychosocial needs are not always addressed consistently. Distress screening tools exist and are recommended in clinical guidelines, but their implementation varies across settings.

When care teams do not explore emotional concerns in depth, patients begin to see these struggles as secondary. They may feel that discussing emotions is less important than focusing on treatment.

Over time, this reinforces the idea that emotional management is an individual responsibility rather than a shared aspect of care.

Studies examining integrated psychosocial care models show that when emotional support is embedded into routine care, patient outcomes improve. This includes better emotional well-being, improved communication, and greater satisfaction with care.

What We Are Still Missing

Despite growing research in this area, important gaps remain.

Many studies identify patterns of distress, coping, and communication, but fewer explore how these experiences evolve. Longitudinal research remains limited.

There is also a gap between evidence and practice. While psychosocial care is widely recommended, access remains uneven, particularly in low- and middle-income settings.

Research conducted in diverse populations highlights the importance of cultural context, but this is not always fully integrated into care models.

These gaps suggest that while understanding has improved, implementation is still catching up.

What Needs to Change

Addressing the pressure to appear strong requires changes at multiple levels.

Care systems can integrate routine emotional check-ins into standard practice. Research shows that structured distress screening, when combined with follow-up support, improves identification and management of psychological needs.

Healthcare systems can train providers to communicate more openly and comfortably about emotional experiences. Studies indicate that even brief empathetic interactions can significantly improve patient experience.

Families can be encouraged to engage in open communication. Interventions that involve both patients and caregivers have shown improvements in emotional well-being and relationship quality.

Public narratives around cancer can also evolve. Moving away from narrow definitions of strength allows for a broader understanding of what it means to cope.

What This Means for Patients and Families

For patients, this means recognizing that strength does not require constant composure. Experiencing difficulty does not take away from resilience.

For families, it means understanding that presence matters more than perfect responses. Listening without trying to fix the situation can provide meaningful support.

Research consistently shows that emotional support, even in simple forms, plays a critical role in how people experience illness.

Sanjeevani: Supporting People Through and Beyond Cancer

Within the larger conversation on why survivors often feel the need to appear strong, the work of Sanjeevani…Life Beyond Cancer brings the focus back to something deeply human. It centres the experience of people who are moving through and beyond cancer, where strength is not always visible and where what is needed most is not constant reassurance but the ability to process honestly. Much of the pressure to appear strong comes from the lack of such spaces. When emotions remain unspoken, strength quietly becomes something that is performed rather than felt.

Sanjeevani's approach reflects an understanding that life with and after cancer is layered and complex. Even during treatment and beyond it, individuals continue to navigate physical side effects, uncertainty, and the quiet fear of what lies ahead, often alongside an expectation to remain composed. In response, their work helps people move away from managing how they are seen and reconnect with what they are actually experiencing.

Satori, its holistic healing initiative, responds to this need with care that goes beyond symptom management. It creates a structured yet gentle space where individuals can reconnect with their bodies and emotions without the need to appear composed all the time. Through a series of focused sessions, Satori brings together nutrition, breathing practices, and mental

health support in a way that feels integrated rather than overwhelming. The intention is not to push people toward a version of strength, but to help them build a more stable relationship with their well-being.

Participants are guided to manage the side effects of treatment, strengthen their immunity, and gradually regain a sense of control over their health. What makes this meaningful is the shift it enables. Instead of feeling like they must hold everything together, people begin to understand that caring for themselves can include rest, expression, and uncertainty. Assessments show improvements in physical, cognitive, emotional, and social well-being. Participants often report feeling more at ease with their own pace and more in control of how they relate to their experience.

Alongside structured healing programs, in-hospital counseling offers another important layer of care. In clinical settings, where decisions, treatments, and information can feel overwhelming, there is often little room to pause and acknowledge what one is feeling. Counselling creates that pause. It allows patients and families to speak about fear, confusion, or exhaustion in a way that feels natural and accepted. These conversations do not take away from treatment. They sit alongside it, helping individuals feel heard and understood at a time when they may otherwise feel the need to hold everything in.

Sanjeevani's monthly support group meetings extend this into everyday settings. Held regularly in hospitals and community centres, these gatherings bring patients and caregivers together in a way that allows conversations to unfold more naturally. Across different cities, these meetings have brought together individuals navigating treatment, recovery, and caregiving, creating opportunities to discuss concerns around nutrition, side effects, emotional stress, financial support, and daily living. What often stands out is not just the information shared, but the moment when someone speaks about their experience, and others recognise themselves in it. Over time, this shared understanding begins to reduce isolation, making it easier for people to express what they may have been holding back.

Spaces for shared learning and dialogue further deepened this approach. Through the State Conference on Integrative Cancer Care held in Jaipur and Chandigarh, conversations opened up around what it means to care for the whole person. Sessions on nutrition, movement, stress management, sound-based practices, and emotional well-being sat alongside discussions on communication and lived experiences. They brought together patients, caregivers, and professionals in a way that allowed knowledge and experience to exist side by side. As people listened, shared, and reflected, it became easier to acknowledge that the cancer journey includes moments of vulnerability as much as resilience.

Programs like Srjan continue this work in a more sustained way. By bringing together multiple aspects of care over time, they support individuals as they gradually rebuild routines and confidence. The continuity of engagement allows people to reflect, adapt, and find ways of coping that feel realistic to their everyday lives. This reduces the sense of isolation that many experience and creates a shared environment where individuals can learn from each other without feeling the need to present themselves in a certain way.

At a community level, initiatives like CanChetna address the broader silence and hesitation that often surround conversations about cancer. By reaching schools, workplaces, and local communities, they encourage more open and informed discussions around cancer, its prevention, and early detection. As awareness grows, so does the ability of communities to respond with understanding rather than assumption, making conversations around illness more natural and less burdened by expectation.

A significant part of this work is also reflected in Aham Sanjeevani, a community leadership initiative that builds on the idea that those who have lived through cancer carry a form of understanding. Individuals who have navigated the cancer journey are supported to become community leaders, extending emotional, informational, and practical support to others. Through structured training and continued engagement, they develop the confidence and skills to guide conversations, share knowledge, and create local networks of support.

What makes this meaningful is the shift it represents. Instead of remaining recipients of care, individuals begin to take on roles where their experiences contribute to others. Over time, this creates a growing network of peer-led support that strengthens communities from within. It also allows people to move from holding their experiences privately to using them in ways that create connection, awareness, and support for others who may be at earlier stages of the journey.

What connects all these efforts is a consistent focus on emotional experience. Support is not limited to a particular stage. It moves with the individual, adapting to what they need at different points in their journey. In doing so, it creates an environment where people do not have to constantly prove their strength. Instead, they are given the space to understand their own pace, express what they feel, and find steadiness in ways that are personal to them.

When efforts like these exist, the pressure to appear strong begins to soften. It is no longer defined by silence or endurance alone. It becomes something quieter and more grounded, shaped by honesty, support, and the ability to simply be as one is.

Conclusion

The pressure to appear strong in cancer care develops gradually. It is shaped by social expectations, cultural norms, healthcare systems, and relationships.

Research shows that emotional distress is common, but not always expressed. It also shows that when people are able to share their experiences openly, their well-being improves.

Reducing this pressure does not mean removing the idea of strength. It means expanding it.

Strength can include uncertainty. It can include asking for support. It can include moments of vulnerability alongside moments of resilience.

When care systems, families, and communities create space for this broader understanding, patients no longer have to manage how they appear alongside what they are going through.

They can simply be.

And that, in many ways, is where real strength begins.

- **References:**

- Gross, J. J., & John, O. P. (2003).
  Emotion regulation and its impact on well-being and relationships.
- Moorey, S., et al. (2011).
  Prevalence of anxiety and depression in cancer patients in UK oncology settings.
- Linden, W., et al. (2012).
  Anxiety and depression after cancer diagnosis across different populations.
- Lebel, S., et al. (2013).
  Fear of cancer recurrence and its psychological impact on survivors.
- Goffman, E. (1963).
  Stigma and its influence on identity and social interactions.
- Cho, J., et al. (2013).
  Public attitudes toward cancer and their effect on patients.
- Yoo, G. J., et al. (2010).
  Social support experiences among breast cancer survivors.
- Bonanno, G. A. (2004).
  Understanding resilience in the face of trauma and illness.
- Min, J. A., et al. (2013).
  Role of psychological resilience in reducing distress among cancer patients.
- Manne, S., & Badr, H. (2008).
  Communication and emotional dynamics in couples coping with cancer.
- Northouse, L., et al. (2012).
  Psychosocial impact of cancer on caregivers and families.
- Epstein, R. M., & Street, R. L. (2007).
  Patient-centered communication in cancer care.
- Carlson, L. E., & Bultz, B. D. (2003).
  Benefits of integrating psychosocial care in oncology.
- Holland, J. C., et al. (2013).
  Distress management guidelines in cancer care.
- Ussher, J. M., et al. (2012).
  Cancer-related stigma and its social and emotional consequences.