

The Emotional Reality of Waiting in Cancer Care

It often begins quietly. You notice a symptom that feels abnormal. A doctor suggests tests, sometimes just to be sure. In that moment, something shifts. Your thoughts begin to move in directions you did not expect. You start asking questions that did not exist before. What if it is serious? What if it is cancer? If it is, what comes next?

From there, the process takes time. Tests are scheduled. Reports are prepared. Doctors review findings. Decisions are discussed. In between each step, there is a pause. And in those pauses, the mind rarely stays still.

People often describe this phase as emotionally intense in ways that are hard to explain. You may try to stay calm on the outside while feeling unsettled inside. At times, you want answers immediately. At other times, you are not sure if you are ready to hear them. Some people reach out to family and friends. Others sit quietly with their thoughts. Many look for something that brings even a small sense of steadiness.

This experience does not end once treatment begins. It returns at different points. Before a scan. After a scan. Before a follow-up appointment. While waiting for results. These are not empty gaps in care. There are moments where uncertainty feels very present.

Research across cancer care shows that these waiting periods are among the most emotionally difficult parts of the journey. As more people live longer with cancer, these moments repeat over time. Understanding how people experience them is an important part of understanding cancer care itself.

When Waiting Feels Overwhelming and How Support Helps

Waiting during cancer care tends to repeat, especially around scans and follow-ups. Many patients describe the time before and after a scan as particularly difficult. Researchers such as *Seibel and colleagues* have explored this experience, often referred to as scan-related anxiety, through qualitative studies. During this time, the mind moves ahead of available information and fills in what is not yet known.

This connects closely with fear of cancer recurrence. Work by *Lebel and colleagues* shows that this fear often becomes more noticeable around tests and medical appointments. Even when treatment has gone well, these moments can bring back a sense of uncertainty.

Support during this phase focuses on helping people manage these thoughts more steadily.

Approaches such as cognitive behavioral therapy and mindfulness-based stress reduction have shown that they can help reduce anxiety during these periods. Cognitive behavioral therapy helps people notice patterns in their thinking and respond to them differently. Instead of getting pulled into every anxious thought, people learn to pause, question it, and shift their response.

Mindfulness-based approaches help in another way. They bring attention back to the present moment. Patients practice simple techniques like focusing on their breathing or noticing physical sensations. This helps calm the body and reduces the intensity of anxious thoughts.

Research shows that these approaches work when people use small, practical tools regularly. Writing down worries, setting aside a short time in the day to think about concerns, or practicing slow breathing can help reduce how overwhelming these moments feel.

These tools do not take away uncertainty. But they help people stay steadier while going through it.

At the same time, access to this kind of support is not always consistent. Many people move through these phases without structured guidance, even though these moments are known to be difficult.

When Communication Is Unclear and How Clarity Helps

The experience of waiting depends not only on what people are waiting for, but also on how the process feels around them.

In a qualitative study, *Han and colleagues* found that uncertainty becomes harder to manage when people do not know what to expect next. When timelines are unclear or when there is limited information about the next step, the mind naturally tries to make sense of it on its own.

Simple clarity can make a meaningful difference. When people know what step they are in, what usually comes next, and roughly how long things may take, the experience begins to feel more contained.

One way this is supported in some settings is through patient navigation. Patient navigation involves trained individuals who guide patients through the care process. They help coordinate appointments, explain what each step involves, and stay available to answer questions along the way.

This kind of guidance helps people feel less lost in the process. It gives a sense of direction to an otherwise uncertain experience.

Digital tools are also beginning to support communication in similar ways. Systems that keep patients connected with their care teams can provide updates and reduce the sense of distance during waiting periods.

Uncertainty may still be present, but it feels clearer when people understand where they are in the process and what is likely to happen next.

Making Emotional Support Part of Cancer Care

Cancer care involves many clinical decisions, but it also involves ongoing emotional adjustment. During waiting periods, this emotional side often becomes more visible.

Many people experience anxiety, restlessness, or difficulty focusing during follow-up phases. These experiences often affect daily life, but routine care does not always address them openly.

Bringing emotional care into the overall treatment experience can help address this.

A large meta-analysis by *Mustian and colleagues* shows that simple practices can make a difference. Regular check-ins during consultations create space for patients to share how they are feeling. Even moderate physical activity improves mood and reduces fatigue. It also gives people a sense of routine and control.

Peer support adds another layer. Systematic reviews of peer-based interventions suggest that speaking with someone who has gone through a similar experience can reduce isolation. It allows people to hear how others have managed similar fears and uncertainties.

Community-based support can extend this further. When support is available closer to home, it becomes easier to access and sustain over time.

These forms of care do not replace medical treatment. They support patients alongside clinical care, improving the overall experience of living with cancer.

Supporting Caregivers as Part of Care

Cancer care often involves close family members or caregivers who take on an active role in daily life. They attend appointments, help manage routines, and stay involved in decisions.

Along with these responsibilities, they also process their own concerns. Many try to stay strong for the patient, often setting aside their own feelings in the process.

Over time, this can become emotionally tiring. Caregivers may not always have a space to express what they are experiencing, even though they are closely involved at every stage.

Supporting caregivers can improve the overall care environment. When they have access to information, emotional support, or peer connections, they are better able to manage their role.

Care approaches that include caregivers reflect the reality that cancer is experienced within relationships, not in isolation.

Where Support Is Still Missing

Several gaps remain in how waiting is experienced across cancer care. The time taken to receive results can vary across settings. Emotional distress during waiting periods is not

always identified early. Access to structured psychological support remains uneven in many regions.

In many cases, people manage these periods on their own or rely on personal support systems. This points to the need for more consistent support for patients and caregivers during these phases.

What Can Improve the Experience of Waiting

Improving the experience of waiting can begin with small but meaningful changes.

Clear communication around timelines can help people understand what to expect. Even general guidance about when results may be available can reduce uncertainty.

Routine emotional check-ins during key points, such as before and after scans, can help identify when someone may need additional support.

Health systems can strengthen access to psycho-oncology services and community-based care to make support more available, especially in resource-limited settings.

Training and guidance for healthcare teams on how to communicate uncertainty can also support more consistent patient experiences. When conversations are clear and supportive, people feel more prepared for what lies ahead.

Digital tools can further support this by keeping communication ongoing and accessible.

These steps strengthen existing systems while making care more responsive to the lived experiences of patients and families.

Why This Experience Matters

Waiting in cancer care is not only about time. It is about how people live through moments when answers are not yet available.

During these periods, people look for clarity, reassurance, and a sense of direction. When these are present, uncertainty becomes easier to manage. When they are not, the experience can feel isolating.

Access to timely information and support can differ across settings, which shapes how people experience care. Recognizing these differences is important in creating more balanced and supportive systems.

At its core, this is about how care is experienced in moments that are often quiet but deeply significant.

Sanjeevani: Supporting the Experience of Cancer Care

Moments of waiting and adjustment often make the need for additional support more visible. Alongside medical care, some organizations help patients and caregivers navigate the broader experience that unfolds during and after treatment. Sanjeevani...Life Beyond Cancer works in this space, extending support into the everyday realities of living with cancer and complementing clinical care.

The Srjan program reflects one way this takes shape. It brings together different aspects of well-being into a structured yet flexible format. The program introduces patients to nutrition, breathing practices, movement, and mental well-being, allowing them to engage with these elements at their own pace. The focus is on helping individuals build small, consistent practices that can support them through different phases of their journey.

Over time, participation in such structured interventions begins to shift how patients experience their symptoms and emotions. Observations from the program show that concerns related to pain, sleep, fatigue, and anxiety tend to reduce with sustained engagement. Feelings such as fear, sadness, and loneliness also ease to some extent. These changes do not suggest that challenges disappear, but they reflect a gradual movement toward greater steadiness in how individuals respond to them.

An important part of this process is the emphasis on self-reflection. When patients assess their experiences across physical and emotional dimensions, they begin to place value on how they feel, not just on clinical outcomes. This reflects a broader understanding that the experience of care includes both treatment results and how people live through the process.

At the same time, support often takes shape through shared experiences. Sanjeevani's monthly support group meetings bring patients and caregivers together in hospital and community settings, creating space for open conversation. These gatherings include interactions with healthcare professionals, sessions on lifestyle practices, and discussions around practical concerns. Alongside this, patients and caregivers share their journeys, bringing a deeper, more personal understanding into the space.

There is something meaningful about hearing from others who are walking similar paths. These conversations do not change the course of treatment, but they can influence how individuals experience it. Caregivers, who remain closely involved throughout, also find space to reflect, engage, and better understand their role within the care journey.

The experience of cancer also begins before diagnosis, often shaped by awareness and understanding at the community level. Initiatives such as CanChetna focus on building this awareness through conversations in schools, colleges, and local communities. These efforts create space for people to learn about symptoms, prevention, and the importance of early action in ways that feel accessible and easy to engage with.

In similar ways, the Community Cancer Leadership initiative works through individuals within communities, including survivors, caregivers, and frontline health workers. By sharing information and guiding conversations in familiar settings, these efforts make discussions

around cancer more open and approachable. Over time, this can influence how individuals respond to symptoms and seek care, supporting earlier engagement with health services.

Together, these efforts remain closely connected to how people experience cancer in everyday life. Medical care remains central to treatment, while these forms of support exist alongside it, addressing the physical, emotional, and social dimensions that unfold over time.

In this sense, care is not only about the steps of diagnosis and treatment but also about how individuals are supported as they move through moments of uncertainty, adjustment, and recovery. Within these moments, even small forms of guidance, connection, and understanding can shape the experience in meaningful ways.

Conclusion

Waiting will always be part of cancer care. There will always be moments where outcomes take time to become clear. What can change is how people experience these moments.

When people receive clear information, steady communication, and access to support, these periods feel more manageable. When these are missing, the same moments can feel much heavier. Looking at these spaces between treatment steps offers an opportunity to strengthen care in a meaningful way. Because for many patients and caregivers, this is where much of the emotional experience of cancer unfolds.

And supporting people through these moments is an essential part of care.

➤ **References**

- Seibel, K., et al. (Year).
Scan-related anxiety in cancer patients: A qualitative study of waiting periods.
- Lebel, S., et al. (2016).
Fear of cancer recurrence: A systematic review and meta-analysis of prevalence and predictors.
- Han, P. K. J., et al. (2011).
Conceptualizing and measuring patient uncertainty in healthcare. *Medical Decision Making*.
- Mustian, K. M., et al. (2017).
Exercise for the management of side effects and quality of life among cancer survivors. *JAMA Oncology*.
- Kabat-Zinn, J. (2003).
Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*.
- Hofmann, S. G., et al. (2012).
The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research*.

- Jean-Pierre, P., et al. (2011). Patient navigation in oncology: A review of the evidence. *Cancer*.
- Hoey, L. M., et al. (2008). Systematic review of peer-support programs for people with cancer. *Patient Education and Counseling*.
- Carlson, L. E., & Bultz, B. D. (2003). Cancer distress screening: Needs, models, and methods. *Journal of Psychosomatic Research*.
- Das, J., et al. (2016). Mental health delivery in low- and middle-income countries: The role of community-based care. *Annual Review of Economics*.
- Kirk, S., et al. (2013). The impact of cancer on caregivers: Emotional and practical challenges. *European Journal of Oncology Nursing*.