



### EDITORIAL

## CANCER: FROM TREATMENT TO PREVENTION OF RISK

Cancer today feels omnipresent. It appears in clinical practice, public discourse, family conversations, and policy agendas. This creates a natural unease: Was cancer always this common, or has something changed in the way we live, age, and expose ourselves to risk?

**Evidence from ancient medical writings confirms that malignancies existed centuries ago.** Cancer is not new: what has changed is its visibility and frequency in diagnosis and not its existence.

**The World Health Organization (WHO) states 'as infectious diseases declined and life expectancy improved, non-communicable diseases such as cancer moved into the foreground.'**

Improved diagnostics, detection, imaging, histopathology, and screening programs now identify cancers early on. **We cannot blame modern medicine for creating cancer—rather it has only revealed it.**

Global Cancer Observatory (**GLOBOCAN**) consistently shows variation by geography, environment, and stage of economic development. Certain cancers occur more frequently in **industrialised regions**, while others are linked to **infections, occupational exposures, or dietary patterns**. These differences point toward **environmental and lifestyle influences** interacting with biology, rather than genetics alone.

The International Agency for Research on Cancer (**IARC**) has identified multiple established **carcinogenic exposures**—tobacco smoke, air pollution, ultraviolet radiation, certain chemicals, and occupational hazards due to industrialisation. Urban air quality, chemical residues, and workplace exposures have become relevant factors in cancer risk, particularly in rapidly developing economies.

**Biologically**, cancer is now understood as a multistep process. Genetic mutations, epigenetic changes, chronic inflammation, immune dysregulation, and metabolic stress accumulate silently over years. The 'sudden' diagnosis is **actually the endpoint of a long, invisible process**. This understanding has reframed prevention which can start early.

Increasingly, **mental health is recognised as both a contributor to vulnerability and a determinant**. Chronic psychological stress does not create cancer in isolation, but can influence biological pathways already involved in carcinogenesis—such as inflammation, immune surveillance, hormonal regulation, and metabolic stress. Depression, anxiety, and prolonged stress have been associated with delayed diagnosis, poorer treatment adherence, and reduced quality of life, while psychological support has been shown to improve coping, engagement with care, and overall wellbeing during treatment. **The relationship is hence bidirectional**.

Public health strategies now focus on risk reduction rather than absolute avoidance. **Tobacco control** has reduced certain cancer rates. **Screening programs** have improved early detection and outcomes. **Vaccination** has altered the trajectory of virus-associated cancers, offering one of the strongest examples of **primary prevention in oncology (WHO)**.

**Nutrition and gut health** have also gained attention. Large cohort studies have linked dietary patterns—particularly low fiber intake, high ultra-processed food consumption, and metabolic dysfunction—to increased cancer risk (European Prospective Investigation into cancer and Nutrition - EPIC study). The gut microbiome, once overlooked, is now recognised as influencing inflammation, immune regulation, and carcinogen metabolism. While no diet can prevent cancer outright, dietary patterns shape biological vulnerability over time.

The medical community's response to cancer has been steady and cumulative. From surgery to multimodal therapy, from late detection to prevention, progress has been incremental and evidence-led. Vaccines targeting cancer-causing viruses represent a critical conceptual shift, from treating disease to interrupting causation itself.

Cancer may never disappear from human biology. But medicine is no longer waiting at the end of the story. It is learning to intervene earlier to reduce exposure, reshaping risk, and quietly preventing what never needed to begin.

Understanding cancer today means looking beyond treatment to the interconnected patterns of nutrition, behaviour, and biology that shape risk over time.



Dr Sripriya Shaji Ph.D  
Co-Editor

## ONE YEAR OF 'CHAITANYA': BUILDING HOPE, HEALING MINDS

In today's world, stress, loneliness and other mental health concerns are quietly becoming a part of everyday life. The need for accessible mental health care is immense— and with this vision, under the leadership of Immediate Past President Rtn. Neerja Shukul and guidance of Rtn. Rita Aggarwal, Global Chair- RAGMHI, The Rotary Club of Nagpur launched 'Chaitanya Counselling Centre'— a centre for counselling and positive mental health, on 12th January 2025, inaugurated at the hands of Rtn. PDG Dr. Larry Kubiak, a neuropsychologist from Tallahassee, Florida. Chaitanya Counselling Centre completed one impactful year on 12th January 2026, it emerged as a strong reflection of the RCN's commitment to community service.

The project consists of three main components:

1. In-person counselling
2. Community outreach
3. Wellness programs

In its first year, Chaitanya provided counselling support to **81** individuals, with an impressive **378 follow-up sessions**, including **270 in-person and 108 online sessions**, reflecting both continuity of care and a growing demand for accessible mental health services. The centre's reach has extended beyond Nagpur, supporting clients from **Hyderabad, Pune, Delhi, Bhubaneswar, Kolkata, and Batala (Punjab)**.

Community outreach remained a key pillar of the initiative. Through free counselling services in educational institutions, **185** students were supported across two schools and one college. Additionally, **12** wellness and awareness workshops were conducted independently or in collaboration with Interact and Rotaract Clubs and the Ladies Committee of the club.

A proud milestone was when Chaitanya Counselling Centre was featured in **The Rotary News** (November 2025 issue). As the project enters its next phase, plans include expanding to a full-day centre and initiating monthly listening circles and support groups. We remain committed to expanding access to mental health support— those seeking free counselling may reach out to psychologist Devika Gokhale at [devikagokhale01@gmail.com](mailto:devikagokhale01@gmail.com), for online/in-person sessions.

-Rtr Devika Gokhale  
Psychologist, Chaitanya  
Counselling Centre

## CANCER: THE ESSENTIAL JOURNEY OF MENTAL HEALTH

**Cancer** is one such word that instantly changes the emotional climate of a room. Cancer is not merely a biological illness; it is a **biopsychosocial phenomenon** that reshapes the lived experience of the individual and their support system. The word - whether as a diagnosis, a possibility, or in relation to a loved one - triggers immediate psychological and emotional reactions - responses that can be just as debilitating as the physical symptoms themselves. For many, cancer is still synonymous with suffering and death, even though medical science has made remarkable progress in early detection, treatment, and cure. What often remains less visible, however, is the **psychological journey** that unfolds alongside the physical one.

Besides the sufferer, families and caregivers routinely undergo intense emotional strain, financial pressures, and existential distress. The **trauma can be especially deep when** the illness involves the loss of a body part or a drastic change in physical functioning. In breast cancer, the removal of a breast may affect body image, identity, and self-esteem. Head and neck cancers may require removal of the vocal cords, leaving individuals—particularly those whose profession depends on speaking—struggling with the loss of voice, livelihood, and a core sense of self. Such changes demand both emotional mourning and psychological adjustment.

Importantly, **cancer does not discriminate by age**. Children, adolescents, adults, and the elderly all face **unique psychological challenges** shaped by their stage of life, responsibilities, and understanding of illness.

The psychological impact of cancer is further compounded by **socio-cultural stigma**, which remains highly relevant in the Indian context. **Cancer, much like mental illness, is often surrounded by silence, fear, and misconceptions**. It may be perceived as a punishment, a fate worse than death, or a condition that diminishes personal and familial worth. **Disclosure is frequently avoided** due to fears of social exclusion, marital implications, or being treated with pity. Simultaneously, **emotional distress—manifesting as sadness, anxiety, or fear—is often dismissed as a “natural” response** that does not warrant professional mental health intervention. This **dual stigma of cancer and mental health** results in delayed help-seeking, emotional suppression, and the normalization of suffering for both patients and caregivers.

**Another prevalent yet often unspoken response is anger.** Patients and caregivers may experience anger arising from helplessness, perceived injustice, disrupted life plans, or prolonged uncertainty. When recognized and addressed this emotion can be processed constructively, strengthening coping, emotional regulation, and engagement with treatment rather than becoming a source of internalized distress.

While cancer is undeniably difficult, it is also important to hold space for **hope**. **Many cancers today are treatable, manageable, and even curable**. With adequate medical care, psychological support, strong coping strategies, and a compassionate support system, individuals can navigate this journey with greater strength and dignity.

Over the past decade, there has been a gradual shift toward recognizing the value of **integrated mental health support within cancer care**, including distress screening, multidisciplinary teams, and the involvement of mental health professionals and social health workers. **Support groups and community-based interventions** offer a sense of belonging, reminding individuals that they are not alone in their experience, reducing isolation. These platforms help normalize emotional reactions, reinforce hope, and promote help-seeking behaviors.

In this issue, we hope to challenge stigma, replace fear with understanding, and advocate for holistic cancer care—where **mental health is not an afterthought, but an essential part of healing**.

**Dr. Aabha Pimprikar**  
Co-Editor

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## PSYCHO-ONCOLOGY: TREATING THE MIND

A diagnosis of 'cancer' often brings fear, uncertainty, emotional exhaustion, identity crisis and relationship complications. Psycho-oncology has emerged to address this reality by placing mental health at the core of comprehensive cancer care.

**Psycho-oncology is an interdisciplinary speciality** concerned with the psychological, emotional, social, and behavioural aspects of cancer. It supports not only patients who are diagnosed with cancer but also caregivers, families, and healthcare professionals working within oncology settings.

In the late 1970s and early 1980s, when cancer treatment was advancing and significantly improving, more people began living longer with cancer, clinicians realised that the periods of diagnosis, treatment, and survival were associated with high levels of anxiety, depression, and emotional distress. **The work of psychiatrist Dr Jimmie C. Holland** helped establish psycho-oncology as a structural discipline, asserting that emotional distress in cancer patients was common, measurable, and treatable (Holland et al., 2015). These findings have spurred the development of psycho-oncology units at cancer centres around the world and the recognition of distress as an important marker of patient well-being.

The experience of cancer can challenge a person's sense of safety, control, and self. Mental health support helps individuals address fear, grief, anger, and uncertainty, enabling them to be more actively involved in their own treatment and life (Carlson et al., 2012).

**Mental health interventions used in psycho-oncology include counselling and psychoeducation** which have been successful in reducing symptoms of anxiety, depression and in enhancing quality of life (Greer et al., 2016). Caregivers are also benefitted as they experience burnout and anticipatory grief while caring for loved ones diagnosed with cancer.

**Cancer patients struggle to cope with their emotions**. However, it is uncommon for them to discuss their feelings with their doctor. They may say, "I do not want to worry my family," or "Everyone expects me to stay positive." Others may say, "I feel like I have lost control over my body." After treatment, some cancer patients may also feel isolated. They may say, "The treatment is over, but the fear has not left me." They may experience anxiety and a sense of loss of control, yet not talk openly about these feelings. Research has also established that the personal experiences of cancer patients, such as **fear and loss of power, represent universal psychological themes in cancer** (Holland et al., 2015; Greer et al., 2016).

In these days of rapid developments in oncology, **incorporating mental health is not an option but an integral part of humane care for cancer patients**.

**-Akansha Hirraani**  
**Founder & Head Psychologist**  
**Calmfit Counselling**  
[\(https://calmfitcounselling.com/\)](https://calmfitcounselling.com/)

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## COPING WITH CANCER: A PSYCHO-ONCOLOGICAL PERSPECTIVE

When someone is diagnosed with cancer, the mind doesn't respond logically or calmly. There is shock, fear, and a sudden awareness of mortality that most people never have to sit with so closely. From a psychological perspective, **coping begins with permission-permission to feel afraid, angry, tired, or broken without being told to stay strong**. One of the first coping skills is emotional honesty: letting emotions come up instead of pushing them down. Talking openly with a therapist, a trusted person, or even writing feelings down helps reduce the emotional weight that builds when everything is kept inside.

Another important coping skill is grounding in the present moment. **Cancer creates constant anxiety about the future test results, treatment outcomes, survival**. Psychology helps individuals learn to gently bring their attention back to what is happening right now. Simple grounding skills like focusing on breath, noticing physical sensations, or naming what can be seen and felt in the moment help calm the nervous system. These skills don't remove fear, but they stop the mind from being completely overwhelmed by it.

Cognitive coping also plays a role. Many people find themselves trapped in worst-case thinking or self-blame. **Psychological coping involves learning to notice these thoughts without believing every single one of them**. This may mean reminding oneself, "I don't have to solve my entire future today" or "This thought is fear speaking, not fact." The skill here is not positive thinking, but mental flexibility allowing thoughts to pass without letting them control emotions and behavior.

Cancer often takes away a sense of control, which can lead to helplessness. A powerful coping skill is **reclaiming small choices-deciding daily routines, choosing rest without guilt, setting boundaries around energy and conversations**. Even small decisions restore a sense of agency and dignity. Psychology recognizes that feeling even a little in control helps reduce depression and emotional shutdown.

Another deeply human coping skill is **seeking connection without pressure**. Not every conversation has to be hopeful or meaningful. Sometimes sitting quietly with someone, being listened to without advice, or simply not being alone is enough. For many, support groups or therapy provide a space where they don't have to explain or protect others from their pain. Feeling understood reduces isolation and emotional exhaustion.

Finally, coping in psycho-oncology often involves **self-compassion**. Many patients judge themselves for being tired, irritable, or emotionally fragile. Psychology teaches that kindness toward oneself is not indulgent, it is necessary. Allowing rest, acknowledging limits, and treating oneself with the same care offered to others helps the mind survive prolonged stress.

**Coping, in this sense, is not about fighting cancer every day-it is about finding ways to stay emotionally intact while living through it. That is psycho-oncological coping: quiet, imperfect, deeply human.**

**-Aditi Sethi**  
**(Counseling Psychologist & Trauma Informed therapist)**

## CANCER- THE PSYCHOSOCIAL BATTLE

When people hear the word *cancer*, their first thoughts usually go to scans, medicines, and hospital visits. But for those living with cancer, the struggle is not limited to the body. There is a parallel journey—quiet, exhausting, and often unseen—happening in the mind.

One of the earliest challenges is **emotional shock**. Diagnosis often brings fear, disbelief, and confusion. Many patients describe feeling as if the ground has shifted under their feet. Even before treatment begins, the mind races with questions: *Will I survive? What will happen to my family? Will life ever feel normal again?*

As treatment starts, patients often experience a **loss of control**. Their daily routine begins to revolve around appointments, side effects, and medical instructions. Decisions that once felt simple—what to eat, when to rest, whether to go out—become complicated. This can lead to frustration, helplessness, and anger, emotions that patients may hide to avoid worrying others.

Changes in the body bring another layer of distress. Hair loss, scars, weight changes, fatigue, or changes in sexual functioning can affect **self-image and confidence**. A person may feel they no longer recognise themselves. This is not vanity—it is grief for a body and identity that once felt familiar.

Cancer also affects **relationships**. Friends may not know what to say. Conversations become awkward or overly focused on illness. Some patients withdraw to avoid pity, while others feel lonely even in company. Younger patients may worry about dating or marriage, while married patients may struggle with changes in intimacy and roles within the family. Emotionally, many patients experience **persistent distress**. Sadness, anxiety, irritability, guilt, or numbness may come and go. Some feel like a burden on their family. Others blame themselves for the illness. While emotional ups and downs are common, ongoing distress should never be ignored or dismissed as "normal."

Practical life problems add further strain. Financial worries, work disruptions, travel for treatment, and dependence on others can feel overwhelming. Life outside the hospital does not pause, even when the body and mind are struggling to cope.

What helps cancer patients most is **being understood as whole human beings, not just patients**. Clear and compassionate communication, emotional support, and the freedom to express fears without judgement make a real difference. Counselling, support groups, and small choices that restore a sense of control can greatly improve psychological well-being.

Cancer treatment may focus on curing disease, but healing also requires caring for the mind. When psychosocial challenges are acknowledged, patients find not only strength—but dignity, resilience, and hope.



**-Dr. Varsha Singh**  
**Assistant Professor**  
**Department of Psychology Christ University, Bengaluru.**

## CAREGIVERS: THE INVISIBLE STRESS

Most people don't set out to become caregivers. It often begins without anyone naming it. One day you're helping with daily chores, and the next, you're juggling appointments, medications, meals, questions, calendars; all while trying to keep life from slipping through the cracks. When cancer enters a family, caregiving doesn't feel like a role you chose. It feels like responsibility wrapped in love.

No one warned me that caregiving would feel like being tuned to someone else's frequency; **constantly listening, always alert, even in quiet moments.**

It isn't the kind of stress that bursts out loud. It's the kind that settles into your shoulders first thing in the morning and doesn't leave until you fall asleep at night. It's being physically present while your mind is half-elsewhere; wondering, imagining, hoping. This kind of stress often goes unnoticed, even by the person carrying it.

No one warned me that I could love someone deeply and **still feel exhausted by their illness.** I didn't know I could feel joy in small wins and still carry a tiredness that sleep doesn't erase because caring doesn't cancel out exhaustion, it often lives right beside it.

No one warned me how much time would be spent **waiting.** Waiting for test results. Waiting for side effects to ease. Waiting for strength or appetite to return. Waiting for things you can't name. Waiting becomes a background rhythm you can't silence, it becomes a part of the day.

And then there's the **guilt.** Not always dramatic, but sneaky. Guilt for wanting rest. Guilt for feeling tired and irritated. Guilt for moments when patience runs thin. Guilt for wishing life could feel normal again. Guilt for wanting space, just a little, without feeling disloyal.

No one warned me how caregiving stress would slowly build up in my body, not sudden but a steady accumulation. Feelings are set aside day after day, in order to cope with what needs to be done. Over time, this quiet emotional load has affected sleep, mood, focus, and overall mental well-being, until one day you realize you've been pushing your own needs aside for so long that you barely notice.

No one warned me how **unspoken fear could shape family stress.** Instead of arguments, there's careful, practical conversations and guarded tones. People trying not to frighten one another. Feelings that wait their turn and often remain unspoken.

No one warned me how lonely caregiving could feel, even in a full room. Offers of support are kind and well-meaning, but **caregiving needs concrete help:** an extra set of hands, an understanding ear, a meal that arrives without asking.

If these experiences feel familiar, you are not alone. You are responding to something genuinely difficult. Naming that stress is not selfish, it is a necessary step toward compassion, for yourself and for the work you are quietly doing every day.

**Anjali Anil Salani**  
**Psycho-Therapist**



P.C.: Studiolaut

## A CONVERSATION WITH A CANCER SURVIVOR

**In conversation with:** Poonam K., 47

**Cancer Type:** Breast cancer

**Years Cancer-Free:** 7

**Nivedita:** Thank you Poonam for sparing your time and speaking with me. Can you tell when you were first diagnosed?

**Poonam:** I was diagnosed in August 2019. I found a lump during a self-exam and almost ignored it because I felt fine. Thankfully, I didn't. A few weeks later, I heard the words no one expects: "You have cancer." It blew me...

**N:** What was your initial reaction when you received the diagnosis?

**P:** Shock, mostly. It felt unreal, like I was watching someone else's life fall apart. After that came fear—fear of dying, fear of treatment, fear for my children. I cried a lot that first week.

**N:** What did your treatment journey look like?

**P:** I had surgery followed by chemotherapy and radiation. The chemo was the hardest part. I lost my hair, my energy, and sometimes my sense of who I was. But I gained something too—a deeper appreciation for life and for the people who showed up for me. I did a photoshoot also with my baldness to help me hold for the future ...

**N:** What helped you cope during treatment?

**P:** Support, without a doubt. My family, friends, and a local cancer support group carried me through. Also, allowing myself to be vulnerable. I learned that asking for help isn't weakness—it's survival.

**N:** How did cancer change you as a person?

**P:** It changed my priorities completely. I stopped worrying about things that don't matter. I say "I love you" more often. I rest when I'm tired. Cancer taught me that time is precious and not guaranteed. Now I have started enjoying each and every moment of my life for need fun till my last breadth.

**N:** What was it like hearing you were cancer-free?

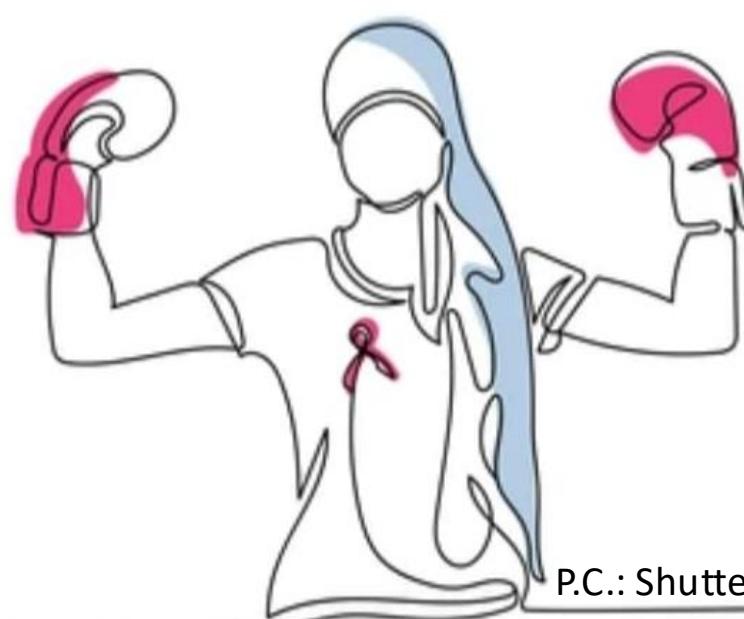
**P:** Relief mixed with fear. People think it's pure joy, but there's also anxiety—wondering if it will come back. Over time, though, I learned to live in the present instead of in the "what ifs."

**N:** What message would you give to someone currently battling cancer?

**P:** You are stronger than you think, even on days when you feel completely broken. Take it one day at a time. Accept help. And remember—you are more than your diagnosis.

**Thanks a lot Poonam for giving me your bite of life which can act as inspiration for others.....LIVE LIFE TO THE FULLEST**

**Ar. Nivedita Singh**



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