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Perceived Social Support and Coping Among Indian Female Cancer Patients

[1]**Aisha Ahmed,** *M.A. Clinical Psychology, Amity Institute of Psychology and Allied Sciences, Amity University, Noida*
aisha.ahmed@s.amity.edu
[2]**Dr. Anjali Sahai Srivastava,** *Assistant Professor, Amity Institute of Psychology and Allied Sciences, Amity University, Noida*
Assrivastava@amity.edu

Abstract: The present study explores the relationship between perceived social support and coping strategies among Indian female cancer patients. Grounded in the Stress and Coping Theory and the Biopsychosocial Model, this research aimed to examine whether higher levels of perceived social support are associated with the use of adaptive coping mechanisms. A sample of 282 female patients diagnosed with breast, cervical or ovarian cancer was selected through purposive sampling. Participants completed the Multidimensional Scale of Perceived Social Support and the Cancer Coping Questionnaire. Pearson's correlation analysis revealed a very weak, non-significant negative relationship between perceived social support and coping strategies ($r = –0.012$, $p = .839$). These findings suggest that contrary to the initial hypothesis and prior literature, perceived social support did not significantly influence coping strategies within this sample. The results highlight the need to consider contextual and cultural factors that may shape how social support is experienced and utilized in coping with cancer. Potential explanations for these findings include the quality of support, cultural dynamics of caregiving, individual psychological resilience, and illness-related variables. This study underscores the importance of culturally sensitive approaches in psychosocial oncology and opens avenues for future research to explore deeper, qualitative dimensions of support and coping in Indian cancer care.

Keywords: *Cancer, Coping, Social Support, Psychosocial, CCQ, MSPSS*

1. Introduction

Cancer is often perceived as a life-altering diagnosis that significantly impacts not only physical health but also emotional and psychological well-being. Regardless of socioeconomic status, individuals diagnosed with cancer often experience a profound shift in how they view their lives. Historically, cancer has been observed for centuries. As early as 3000 BCE, Egyptian records described symptoms consistent with cancer, though the term itself was not yet in use. During the Renaissance, significant strides in anatomical understanding were made, notably by Giovanni Morgagni, whose autopsy-based studies laid the groundwork for modern oncology. Ancient references such as those in Exodus IX even suggest early recognition of cancer-like diseases.

In India, traditional texts like the Ramayana describe treatment methods for tumor-like growths, including surgical excision, the application of arsenic paste, and cauterization. These early interventions reflect an ongoing awareness of abnormal growths. Over time, cancer has evolved from a feared, mysterious illness to a focus of medical specialization and research. However, its psychological and emotional ramifications remain significant. Navigating the cancer journey demands not only medical care but also effective psychological coping and emotional resilience.

Social support has emerged as a vital factor in this context. It includes emotional support (e.g., empathy and encouragement), informational support (e.g., guidance and advice), and instrumental support (e.g., tangible assistance). Among these, perceived social support, an individual's subjective sense that support is available when needed—has consistently been shown to reduce psychological distress and enhance coping in cancer patients (Blanchard et al., 1995; Luo et al., 2023). It serves as a buffer against anxiety, depression, and stress, and significantly contributes to improved quality of life.

Coping mechanisms themselves can be broadly classified as problem-focused (actively addressing the stressor) and emotion-focused (managing emotional responses), with the effectiveness of each varying by context and individual differences. Importantly, cultural factors heavily influence both the perception of social support and coping strategies. In India, gender roles, family dynamics, religious beliefs, and collectivist norms shape how women seek, perceive, and receive support during illness (Dumrong Panapakorn & Liamputtong, 2015).

Indian female cancer patients often face additional challenges, including limited healthcare access, financial constraints, stigma, and restricted autonomy in decision-making. These barriers not only hinder access to care but also intensify the emotional burden of illness.

Consequently, understanding how perceived social support operates in the Indian cultural context is essential for developing effective psychosocial interventions.

Research indicates that strong social support systems promote adherence to treatment, foster positive emotional states, and encourage self-care behaviors (Durosini & Pravettoni, 2023; Janowski et al., 2019). Therapeutic environments that allow patients to openly express emotions such as fear, guilt, and anger are associated with better mental health outcomes and enhanced recovery (Zimmermann, 2015; Psycho-Oncology, 2006). Conversely, lack of support can lead to isolation, helplessness, and poor psychological outcomes.

This study aims to examine the relationship between perceived social support and coping strategies among Indian female cancer patients. By exploring how these variables interact within a specific cultural and social framework, this research seeks to contribute to a more nuanced understanding of psycho-oncology in the Indian context. Insights gained can help inform culturally sensitive interventions that address the complex psychosocial needs of Indian women living with cancer.

2. Methodology

2.1 *Aim*

To study the relationship between perceived social support and coping on female cancer patients.

2.2 *Data Collection Method*

The data for the study was collected using a structured questionnaire comprising the Demographic Information Sheet, ***the Multidimensional Scale of Perceived Social Support (MSPSS), and the Cancer Coping Questionnaire (CCQ).*** Participants were approached with informed consent prior to participation. Participants were assured of confidentiality and the voluntary nature of the study. Each respondent was given clear instructions for completing the questionnaire, which was available in both English and translated versions if required. On average, it took 15–20 minutes to complete the full set of questions. Responses were scored as per the standard scoring instructions of the respective tools. The data was then entered into SPSS for statistical analysis. The relationship between perceived social support and coping strategies was analyzed using descriptive statistics, Pearson's correlation, and regression analysis to examine predictive relationships.

2.3 *Variables*

Independent Variable (IV):

Perceived Social Support, measured using the Multidimensional Scale of Perceived Social Support (MSPSS). It includes three sub dimensions: support from family, friends, and significant others.

Dependent Variable (DV):

Coping Mechanisms, assessed through the Cancer Coping Questionnaire (CCQ - 21 item version). It evaluates various coping domains such as emotional regulation, cognitive coping, planning/problem-solving, and social support.

Control Variables:

Demographic and clinical characteristics that could affect the outcome, including:

- Age
- Marital status
- Educational level
- Type of cancer (breast, ovarian, cervical)
- Stage of cancer (early or advanced)
- Duration of illness

2.4 *Sample Size and Participants*

The final sample consisted of 282 Indian female cancer patients, recruited through purposive sampling. Participants were aged 18 and above and were either currently undergoing treatment or had received treatment for breast, ovarian, or cervical cancer. Statistical Analysis: Data from the Multidimensional Scale of Perceived Social Support and the Cancer Coping Questionnaire were analyzed using IBM SPSS to investigate the relationship between perceived social support and coping mechanisms in Indian women with cancer. Descriptive statistics (mean and standard deviation) were used to summarize the data. Pearson's correlation coefficient was calculated to determine the strength and direction of the relationship between perceived social support and coping strategies. Simple linear regression analysis was used to assess whether social support predicts coping strategies. Cronbach's alpha was used to assess the reliability of the MSPSS (ranges of 0.85 to 0.91) and the CCQ (0.799), confirming the consistency of the instruments.

2.5 *Hypothesis*

Null Hypothesis (H_0): There is no significant relationship between perceived social support and coping strategies among Indian female cancer patients.

Alternative Hypothesis (H_1): There is a significant relationship between perceived social support and coping strategies among Indian female cancer patients.

2.6 *Research Design*

The present study adopted a cross-sectional correlational research design to examine the relationship between perceived social support and coping strategies among Indian female cancer patients. This design allows for the assessment of variables at a single point in time and is well-suited for identifying associations between psychosocial constructs without manipulating any variables.

Guided by the Stress and Coping Theory (Lazarus & Folkman, 1984) and the Biopsychosocial Model, the study sought to explore how social support perceived by patients influences their coping mechanisms in the context of cancer-related stressors. The approach was non-experimental, relying on standardized psychometric tools to assess both perceived social support and coping. Data was collected via questionnaires from patients with breast, ovarian, or cervical cancer in India, without manipulating any variables and it uses standardized tools to assess social support and coping mechanisms. Ethical considerations were addressed, and demographic and illness-related variables were controlled for (Long et al., 2020). The goal is to provide a culturally relevant, statistically sound exploration of psychosocial resources in coping with cancer among Indian women.

3. Results

Table 4.1 *Shows the descriptive statistics; Mean, Standard Deviation for MSPSS and CCQ, computed for both variables.*

Variable	N	Mean	Standard Deviation
Perceived Social Support (MSPSS)	282	59.55	13.89
Coping Strategies (CCQ)	282	60.35	13.99

Descriptive statistics were computed for both variables. The mean score for coping, as measured by the Coping Checklist Questionnaire (CCQ), was M = 60.35, SD = 13.99, and the mean score for perceived social support, as measured by the Multidimensional Scale of Perceived Social Support (MSPSS), was M = 59.55, SD = 13.89.

Table 4.2 shows Correlation Analysis; Pearson's correlation to explore relationships.

Variables	r	p-value (2-tailed)	N	Significance
MSPSS and CCQ	–0.012	0.839	282	Not significant

Results Summary:

- Correlation coefficient (r) between MSPSS and CCQ = -0.012
- This is a very weak negative correlation (almost zero)
- p-value (Sig. 2-tailed) = 0.839
- This is greater than 0.05, meaning the result is not statistically significant.
- Sample size (N) = 282 participants

The results indicated that there was a very weak negative correlation between the MSPSS Total Score and the CCQ Total Score, r = –.012, p = .839. This correlation was not statistically significant, suggesting that perceived social support is not significantly associated with coping among the participants.

Table 4.3 *shows a simple linear regression was conducted to examine whether perceived social support significantly predicted coping*

a. Model Summary

Model	R	R^2	Adjusted R^2	Std. Error of Estimate
1	.012	.000	–.004	13.99

b. ANOVA

Model	Sum of Squares	df	Mean Square	F	p-value
Regression	8.166	1	8.166	0.041	.839
Residual	56020.311	280	200.072		
Total	56028.478	281			

c. Coefficients

Predictor	B	Std. Error	Beta (β)	t	p-value
(Constant)	61.080	3.065	–	19.929	< .001
Perceived Social Support (MSPSS)	–0.012	0.058	–.012	–0.202	.839

Table 4.3 shows a simple linear regression was conducted to examine whether perceived social support significantly predicted coping.

- The mean score for coping, as measured by the (CCQ), was M = 60.35, SD = 13.99, and the mean score for perceived social support, as measured by (MSPSS), was M = 59.55, SD = 13.89.

- Interpretation: The sample shows moderate levels of both perceived social support and coping.
- $R^2 = 0.000$, $F(1, 280) = 0.041$, $p = .839$ → Also not significant
- Interpretation: The model explains 0% of the variance in CCQ scores.
- ANOVA Table: $F(1, 280) = 0.041$, $p = .839$
- Interpretation: The regression model is not statistically significant, meaning that perceived social support (MSPSS) does not significantly predict coping (CCQ) scores.
- Coefficients Table: Constant ($B = 61.080$, $p < .001$): The average CCQ score when MSPSS is 0 is 61.080.
- MSPSS Total Score ($B = -0.012$, $\beta = -0.012$, $p = .839$)

The regression coefficient is negative but not significant, indicating no predictive relationship between MSPSS and CCQ.

- Collinearity Statistics (Tolerance = 1.000, VIF = 1.000): No multicollinearity issue.
- Collinearity Diagnostics: Condition Index values are below 30, and variance proportions are well distributed.
- Interpretation: There is no concern for multicollinearity affecting the regression results.

4. Summary and Conclusion

First, the nature of perceived social support may differ from the kind of support that actively contributes to coping. For instance, someone might perceive emotional support from friends or family but may still lack the practical or problem-focused support needed during stressful events. Second, cultural or contextual factors could play a role. It's possible that in the specific demographic or cultural setting of this sample, individuals rely more on internal coping mechanisms or alternative sources of support (e.g., spirituality, self-reliance) rather than interpersonal support systems. Third, measurement limitations should be considered. The MSPSS measures perceived support in a general sense, but it may not fully capture the nuances of support that are most effective for coping in specific situations. Likewise, the CCQ may focus on general coping styles rather than context-specific coping behaviors. Finally, it’s also worth considering the presence of moderating or mediating variables that were not included in the current model. Factors like personality traits (e.g., resilience, optimism), the severity of stressors faced, or mental health status could influence the relationship between social support and coping. In conclusion, while the study confirms that participants perceive a moderate amount of social support and report moderate coping ability, it does not support the hypothesis

that perceived social support significantly enhances coping. These findings suggest the need for a more nuanced understanding of how individuals draw upon support systems when coping with stress, and they highlight the importance of investigating other psychological or contextual variables that may influence coping effectiveness.

4.1 ***Limitations***

Self-report measures may be subject to social desirability bias, especially on sensitive topics like emotional resilience or support, the sample size, though adequate for correlational analysis, may not represent the larger population of Indian female cancer patients across regions and cultures and cross-sectional design limits the ability to infer causality between social support and coping.

Suggestions: Psycho-oncologists play a critical role in improving cancer patients' psychological well-being. Based on the study's findings, they should:

Assess not just the presence, but the quality and impact of social support, understanding whether it is helpful, neutral, or even distressing for the patient.

Use culturally informed psychoeducation to guide families on how to offer support that empowers rather than overwhelms the patient.

Integrate individualized coping enhancement interventions such as mindfulness, meaning-making therapy, or spiritual counseling tailored to the patient's background. Create safe therapeutic spaces where patients can express emotions without judgment especially when cultural norms inhibit open expression.

Collaborate with multidisciplinary teams to address both psychological and systemic barriers (e.g., stigma, gender roles, overinvolvement of caregivers).

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