

# A Review On Positive Psychotherapy in Cancer Patients: An Indian Perspective

*by* Jana Publication & Research

---

**Submission date:** 19-Aug-2025 04:15PM (UTC+0700)

**Submission ID:** 2690329197

**File name:** IJAR-53431.docx (51.76K)

**Word count:** 7286

**Character count:** 43807

## **A Review On Positive Psychotherapy in Cancer Patients: An Indian Perspective**

### **Abstract:**

The psychological distress of cancer patients in India becomes worse because of cultural discrimination and monetary costs and insufficient mental health treatment options. Positive Psychotherapy (PPT) delivers a culturally appropriate solution to enhance well-being in oncology settings through its focus on strengths and gratitude and optimism and meaning-making and savoring and resilience. This review examines PPT techniques which include gratitude journaling and optimism training and meaning-centered therapy and savoring core memories and strength-based interventions to show how they can be adapted to the Indian context by integrating yoga meditation and spiritual practices. Research conducted at AIIMS and Tata Memorial Hospital demonstrates that Positive Psychotherapy effectively reduces anxiety while building hope and enhancing quality of life for cancer patients. Digital therapeutic methods including teletherapy and mobile applications and virtual reality and internet-based CBT show promise to help people from rural areas and underserved populations who face geographical challenges. The widespread adoption of PPT remains limited because healthcare providers lack awareness about PPT and there are insufficient trained psycho-oncology professionals and mental health stigma exists. The review demonstrates the necessity of developing PPT protocols that match Indian culture while promoting interdisciplinary collaboration between psychotherapists and oncology teams and building digital health infrastructure to increase intervention reach. PPT enhances patient outcomes by treating psychosocial needs together with medical care which leads to better coping abilities and resilience. Research should concentrate on long-term studies along with cost-benefit assessments and implementation plans to establish PPT as a standard cancer care treatment in India. This approach matches the holistic health model which recognizes emotional health as essential for both recovery and survivorship.

**Keywords:** Positive Psychotherapy, Cancer Care, India, Gratitude, Resilience, Digital Interventions

### **Introduction**

As it is widely known, cancer not only wreaks havoc on a patient physically, but also takes a severe toll on him/her psychologically. What makes the matters worse when treating cancer in India, is the cultural embarrassments, financial issues and lack of resources for mental healthcare that most patients have to deal with. The psyche of a cancer patient is bound to go through depression, fear, anxiety and a loss of the will to live. This is why it is important to deal with these patients effectively.

Positive Psychotherapy (PPT) is aiming to do just that. It is assisting cancer patients in managing their stress while also imparting strength to them. Best part about PPT is that it isn't focused on treating symptoms rather it is focused on teaching patients to cope with grief and loss by focusing on the good side, which is not only less monotonous but also more effective. India, where Family, spirituality and gratitude is part of culture can highly benefit from this approach. But the integration of which will indeed assist cancer patients in a more focused manner.

Indian practices such as yoga, meditation and spiritual visualizations fit well with the principles of positive psychotherapy which are mindfulness, optimism and positive focus. Indian oncology studies have shown that such interventions as resolution of conflicts by practicing gratitude, exercises promoting optimism and meaning-based therapy, would raise the quality of the patients' life significantly. Research has shown that the effects of gratitude practices include stress management and increasing life satisfaction, while optimism training led to more hopefulness and less anxiety.

Moreover, with India moving towards digital health technologies, PPT approaches through online therapy and apps technology will be easier to access, especially for the rural and underserved population. This may <sup>15</sup> help to close the gap in terms of mental health treatment during cancer therapies and provide sustainable models.

In this review, we describe different approaches to PPT and their use in cancer care. We explain the importance of the context when using certain techniques and describe the link of PPT with Indian traditions to meet the emotional needs of cancer survivors. In this sense, this paper aims to highlight the role of PPT as an innovative strategy for improving well-being and coping among the Indian population suffering from cancer.

#### **The Psychological Aspects of Cancer Care in India: Gaps and Challenges:**

There is an increasing awareness of the importance of psychological care as part of cancer treatment, but in the Indian healthcare context, some gaps remain in the effective application of psychological interventions including Positive Psychotherapy (PPT).

**Lack of Awareness Among Healthcare Workers:** There is a shortage of psychological support in cancer care as oncosurgeons and other providers center on physical treatment. This is compounded in patients by a lack of education on how to identify psychological discomfort in their patients (Sitaram et al, 2014)<sup>1</sup>. A minority of healthcare practitioners know about the issues of PPT and other psychotherapy treatments.

**Insufficient Available Psychiatrists:** There are not enough qualified psychiatrists in India, especially for those who specialize in oncology. The number of professionals such as psychologists and counselors working with oncological patients is rather low which is why most of them remain without psychological help (Garg K et al, 2019)<sup>2</sup>.

**Concerns About Stereotypes:** Indian culture stigmatizes people who suffer from mental health or behavioral issues, even if these problems result from managing chronic disorders such as cancer. The desire for social acceptance leads them to avoid accessing such help or psychological support for fear of stigmatization, which eventually adds to their level and depth of distress (Kishore et al, 2008)<sup>3</sup>.

**Dissimilarity of service provision:** Lack of remote healthcare makes crucial the sociocultural and geographical routes of care seeking as an alternative way to provide evidence-based mental healthcare. Integrated models of oncology and psychology services are available in urban centers, but such integrated models are few and far between in the rural area. It is worth noting that, the potential opportunity has not been tapped in this region (Nayak, 2018)<sup>4</sup>.

**Lack of coordination:** For several logical factors, psychological care and conventional medical treatment coexist in the same space but remain on separate, invisible islands. Oncology case managers practice with no operable mental health focal units and thus strands of care are often provided in isolation. This led researchers to advocate for including psychotherapists in the oncology team to use a more integrated multidisciplinary approach (Nayak, 2018)<sup>4</sup>.

**Intrusions of the cost-benefit:** One of the contributing factors <sup>13</sup>that affect the quality of follow-up care is the scarcity of cancer patients who can afford both services, treating cancer and seeking rehabilitation treatment afterward. Psychological services that are provided free by the government are highly scarce, which forces numerous patients to seek alternatives even when these therapies are greatly needed (Horlait et al., 2019)<sup>5</sup>.

Gaps like these need to be addressed if India is to see the improvement in cancer care outcomes going forward. Promoting mental health, because it requires a considerable amount of effort which ought to be complemented by building infrastructure; thorough education of healthcare practitioners; adopting digitally available platforms, etc. They can also enhance the capacity of available mental health solutions. Other than that, introducing psychoeducation into oncological treatment can enrich therapy along with multileveled support and significantly increase life of the patient.

#### **Recovery through Positive Psychotherapy: An Overview of its Effectiveness through diseases**

Positive Psychotherapy (PPT) appears to become more of a trend specific and transformational form of therapy, most specifically in cases of recovering from a large variety of diseases. Dealing with fostering emotions, resilience building

and meaning making as the means, emotionally and psychologically the therapy adds a buffer that completes the physical health benefits.

**Cardiovascular Diseases:** One of the areas that are impacted by this form of psychosocial techniques is cardiovascular diseases. Stress reducing techniques related to gratitude and optimism as they are the focus of PPT, are effective in enhancing heart conditions. It reduces the levels of cortisol and hormone which on increased intensity restrains the emotional aspects of patients allowing them to recover from myocardial infarctions more successfully (Dockray & Steptoe, 2010)<sup>6</sup>. In the case of culture in Indian context, this kind of intervention can also be integrated with meditation which could make it more effective than it is.

**Diabetes Management:** In the case of patients diagnosed with diabetes, PPT is effective in ensuring positive outcomes in terms of productivity. At the core of effective results are self-efficacy and adherence to treatment along with an optimistic outlook. This is incredibly effective because this approach to face and optimism training tends to adduct through better glycemic controls resulting in productive lasting outcome prospects (Abraham et al., 2020)<sup>8</sup>.

**Chronic Pain Conditions:** In terms of schizophrenia, PPT has effective intervention techniques that allow interpretation and restructuring of controlled pain in chronic pain disorders as well as improve the quality of life. Such approaches that include cognitive and mindfulness which have a spiritual significance are useful for Indian patients where the culture promotes such practices (Pal.A et al 2023)<sup>9</sup>.

#### **Strategies of Positive Psychotherapy in Patients Suffering from Cancer :**

##### **1. Gratitude practices**

Gratitude practices take an important place in all the PPT interventions and are especially effective in the Indian setting, where the cultural practice of being thankful has some high regard. Journaling overall allows a patient to note daily several gratitude moments and in turn, increases the likelihood that a patient will focus more on positive rather than on negative life's happenings. Malathi et al (2021)<sup>9</sup>, for example, conducted Indian studies which concluded that such practices help decrease stress levels and enhance the quality of life among cancer patients. Equally, gratitude visits, where patients express gratitude to some key people in their lives, have been reported to improve relationships and build resilience.

Over the years, more and more medical professionals have come to appreciate how gratitude practices could enhance their patients' wellbeing and clinical outcomes. These interventions aim to help individuals acknowledge and highlight the positivity in their lives and have been applied in a number of patients with encouraging findings.

However, according to some researchers, the efficacy of gratitude practices on physical health improvements seems to be exaggerated. For instance, Srivastava et al. (2023)<sup>10</sup> pointed out that while gratitude does positively affect one's psychological states its relevance in improving one's physical health needs further research.

The use of gratitude letters and journaling is expected to enhance general health since they encourage the individuals to think in a more positive manner as opposed to a negative one (Seligman et al., 2005)<sup>11</sup>. With gratitude journaling, people regularly write down things they are grateful for, while gratitude letters enable people to appreciate others. It has been established that these activities improve the regulation of emotional states as well as the social feeling of the participants.

However, the effectiveness of gratitude practices is inconsistent among individuals and across different contexts. Most of them encourage interventions that meet patients' needs. Further studies should examine how gratitude interventions work, their effect on health over time and applicability in different populations (Lyubomirsky et al., 2011)<sup>12</sup>.

Gratitude practices have started to trend as therapeutic resources to alleviate suffering and enhance the overall psychological health of cancer patients in Indian populations. These practices, aiming at encouraging the individual to appreciate the good things in life, seem to have potential in treating emotional disorders and improving one's mental state.

#### **Gratitude practices as a psychotherapeutic technique in Indian context :**

Srivastava (2023)<sup>10</sup> have also researched the influence of gratitude and spirituality <sup>4</sup> on the quality of life among adult cancer patients. In these experiences, it was shown that gratitude and, to some extent, spirituality were good predictors of better quality of life. They noted that for Indian cancer patients, adopting gratitude practices would be beneficial 'as they would strengthen the will to live and serve a definite purpose in life.

Moreover, Srivastava et al. (2023)<sup>10</sup> described the effects of multiple gratitude interventions in the Indian context. Their study stated that gratitude enhancement techniques, like gratitude journaling and gratitude visits, improved

subjective well-being. This study illustrated the usefulness of gratitude interventions among cultures such as India, which are collectivistic and appreciate social ties and relationships.

Even though the volume of research that targets cancer patients from India and implements gratitude interventions is small, the existing research indicates possible usefulness. It is suggested that the practice of gratitude can help in overcoming psychological barriers and therefore helps in providing holistic care. Emphasizing gratitude in the treatment of patients with cancer as part of their care plan may help in improving mood and quality of life during the tough times associated with the treatment of cancer.

Gratitude practices have a favorable impact on the mental health and, to some extent, physical health. Because of the proper approach and further research, this direction can be put in healthcare practice.

## **2. Optimism Training**

Optimism reframing techniques are those where therapists teach these patients to look at the same problems from a different perspective to be able to see the optimistic side of things. Several studies have been shown to enhance the level of hope as assessed by the Herth Hope Index and decrease anxiety levels as assessed using the Generalized Anxiety Disorder-7 scale.

Training in Optimism, one of the newer branches in hopeful thinking in improving patient care outcomes has been on the increase in place of healthcare. This method employs systematic interventions, which seek to intervene through facilitating mental resources and resilience through focusing efforts on more positive sides of human experiences.

Data available on optimism training supports the notion that this type of training enhances mental well-being. For instance, a sample of college students who participated in the training showed a marked improvement in depression and anxiety symptomatology which suggests a broad-based use of this training in healthcare settings (Scheier et al., 2001)<sup>13</sup>. Likewise, conjunctive therapies focusing on both depression and optimism enhancement have also reported promising psychological outcomes including decreased stress and improved emotional status (Seligman et al., 2005)<sup>11</sup>.

There are various techniques which are designed aimed encouraging a positive attitude in optimism training. One such method is the 'Best Possible Self' exercise that instructs students to think about the best possible future that could occur in their lives and write it down. It has shown to increase optimism and one's sense of well-being (King, 2001)<sup>14</sup>.

In the healthcare settings, it has been noted that the COPE model (Creativity, Optimism, Planning and Expert Information) can be applied in training family caregivers' coping skills that in turn lower their stress levels and promote their mental well being (Folkman, 2011)<sup>15</sup>.

As much as one may wish for optimism training to be a panacea, it has its limits based on the pre-existing characteristics of the person and the condition that they are suffering from. Tailoring such solutions to address the specific needs of the patients is what can increase the effectiveness. It would be prudent for subsequent studies to focus on the prospective follow-up studies of optimism training and its possible combination with other treatment methods in a bid to enhance the care of the patient (Carver & Scheier, 2014)<sup>16</sup>.

Optimism training forms part of the useful and pleasant additions that can be incorporated into psychotherapy practices in the health care sector. It can be incorporated through generating a positive perception to help deal with the mental illness effects as well which in turn avails its department of effectiveness and the treatment in general. In this context further studies and precise application is needed to be able to realize its full potential in galaxy of health care settings.

#### **Optimism Training Practices as a Psychotherapeutic Tool in Cancer Patients in the Indian Setting:**

Cancer optimism has evolved as a crucial aspect especially the positive thinking structure and its training has become an essential part of the treatment of cancer patients in the practical scenario. There is a dearth but emerging evidence in the Indian context which advocates its use in dealing with problems of cancer patients' psychology.

According to research by Rajalakshmi (2012), the positive therapy impacts including the impact of optimism training on Indian cancer patients was investigated. This intervention comprised of 10 sessions of working with the patient concentrated on individual thinking styles and optimism in the future. Important positive changes were achieved as far as emotional stability and quality of life of the members of the intervention group is concerned in the case of Indians, raising the profile of optimism training. This research also highlighted the necessity of incorporating a culturally sensitive form of optimism training in the therapeutic interventions for cancer patients<sup>17</sup>.

Rajalakshmi (2012), performed a primary analysis on the effects of positive psychological interventions such as optimism training on Indian cancer patients. In their study, the analysis of their data indicated that the use of optimism interventions was effective in alleviating stress, enhancing emotional strengths, and advanced general wellbeing. From



the findings of the review the researchers were of the opinion that the provision of skills of optimism training is likely to be useful in the overall treatment of cancer including those patients from India who possess diverse cultural backgrounds<sup>17</sup>.

As such studies emphasise, cancer patients in India need to be provided with optimism training as part of an integrated approach of fostering their psychological strength. Further investigation should seek to implement specific optimism training procedures and strategies that cater to the specific attributes of Indian individuals.

### 3. Meaning-Centered Therapy

Meaning-Centered Therapy (MCT) evolved from Viktor Frankl's logotherapy and it has been used to help patients experiencing emotional suffering associated with severe illness. <sup>2</sup> The aim of this treatment approach is to improve patients' sense of meaning in life and consequently reduce psychological suffering and increase <sup>17</sup> overall quality of life (Breitbart et al., 2010)<sup>18</sup>.

The relevance of meaning-centered therapy is pronounced especially for cancer patients faced with existential woes. Life story narratives, for example, enable patients to reflect on significant moments of their lives which helps them gain meaning even in tough situations. A recent study from Tata Memorial Hospital in Mumbai noted that such practices helped to address existential distress and increased the purpose drawn by the patients. Another important area is legacy work which includes writing letters and memory books. These activities are well integrated into the Indian family context and are known to enhance the spiritual well being of a person and alleviate existential distress as well.

Many studies have documented the usefulness of MCT in different healthcare settings. As an illustration, in a randomized controlled trial involving cancer survivors, participants receiving Meaning-Centered Group Psychotherapy (MCGP) scored higher than those receiving supportive group therapy and standard treatment on global meaning, psychological wellness and adjustment to cancer. The advantages lasted even up to six months post treatment (Breitbart et al., 2015)<sup>19</sup>. Moreover, a small scale trial of patients in palliative care also showed that MCT assisted in dealing with hopelessness and the act of dying and was found to be practical (Greenstein & Breitbart, 2012)<sup>20</sup>.

MCT employs structured interventions <sup>2</sup> that include life review, discussion on the meaning of life, and activities aimed at identifying and augmenting sources of meaning such as creativity, relationships, and legacy. It involves individual and group, and is also offered in telehealth format so it can reach many more patients (Rosenfeld et al., 2020)<sup>21</sup>.

This may be explained in part by MCT's contingent nature; culture, personal faith and the specific illness may greatly influence the effectiveness of MCT. Custom solutions are necessary for these variables. Further studies should focus on longitudinal studies on the effect of MCT, its use among various groups of patients and as an adjunct therapy to improve healthcare <sup>7</sup> (Breitbart et al., 2015; van der Spek et al., 2017)<sup>19, 22</sup>.

Healthcare existent distress and psychological distress within patients are enormous discomforts when dimensioned in humanity's lifetime. Such structured programs geared towards meaning and wellbeing purposes fit well within the usage for patients who are suffering from serious illnesses. More research and modification is required to harness its benefits across the vast array of existent healthcare settings.

#### **4. Enjoying Core Memories**

There are core memories that people remember and cherish throughout their life, and these are known as 'Savoring.' It is a psychotherapeutic mechanism which assists individuals by recollecting meaningful moments of their life, with the intent of reliving and enhancing the moment or feeling. This psychotherapeutic approach has been well utilized in the health industry as it tends to have enriching outcomes.

Savoring can be exercised through several approaches such as embracing one's negative experiences while recalling positive ones and allowing those feelings to override negative ones or speaking about positive events that one has enjoyed with others. These five steps help to eliminate the propensity of people to be fixated on what went wrong in their lives and as a result establishes a more positive and hopeful perspective of life (Riviere, 2021)<sup>23</sup>.

Mindfulness-based savoring enhances one's appreciation of the small things in life which is vital for one's emotional stability. Also, partaking in normal activities such as walking that allows an individual to focus on different sensory experiences is also known to ease a person out of stressful situations (Lawyer Wellbeing Report, 2021)<sup>24</sup>.

Savoring techniques in combination with other therapies and interventions have also shown most possible improvement in mental health issues. For instance, it has been noted that incorporating savoring techniques into

Behavioral Activation Therapy greatly increased both positive and negative moods in young people aged between 18 and 24 (Lawyer Wellbeing Report, 2021)<sup>24</sup>. This reinforces the idea that remembering or savoring should be part of the approach to the treatment of depression and anxiety disorders.

Chronic pain patients are able to have positive recollections of their significant core memories that inspire. Reflecting on such past events consequently allows creating the necessary positive expectation and strength to deal with medical problems (Lawyer Wellbeing Report, 2021)<sup>24</sup>.

Even though savoring is a useful factor for coping, many individuals do use the same memory no matter the context or self-regulation, due to culture, personality or mental factors to conform to. With great emphasis on the fact that it is important to bear in mind that, such emphasized focus should be on developed responding that fit to the context and requirements of every specific patient (Riviere, 2021)<sup>23</sup>.

In such situations in which core memories are likely to be of a complex variety and to have distinct effects on the patients, savoring those core memories may be used as one of the general or particular family of techniques to reconstruct the understanding of previously experienced emotions in a different light and thus enhance present well-being. In other words, its use in such contexts does provide patients with what they have been looking for to enhance mental health as well as the ability to endure stress and hardship, which is why it is interesting to study its long-term consequences and where else it may be applicable.

#### **Practices of Enjoying Core Memories as a Skill in Psychotherapy in Cancer Patients in Indian Perspective:**

Savoring has been a target for research with respect to memory therapy to aid psychological health of people in the context of cancer. It basically has to do with reliving the good times that an individual has experienced in the past to help him or her rejoice, be strong, and generally feel happy about life.

In India, specific studies focusing on savour and other related practices in cancer therapy are sparse. Yet, related to the above, reminiscence therapy is already known to help people suffering from stress and depression due to cancer, so that the person's life becomes more pleasant.

Though the empirical studies are still in their infancy, the provision of cancer care programs that include savoring-focused <sup>9</sup>interventions may be an inexpensive and efficient way of enhancing the psychosocial <sup>16</sup>wellness and overall quality of life of cancer patients in India.

## **5. Focus on Strength-Based Interventions**

Focus on Strength-Based Interventions emphasizes on use of one's strengths for the accomplishment of life's tasks. In an Indian setting, strengths through qualitative (discussions) or quantitative (questionnaires) methods may serve the purpose of enhancing family and community resilience. In babies with Indian cancer patients who take care of their families, studies such as but not limited to Sitaram et al. 2018<sup>30</sup> have addressed the need for resilience. The use of strengths discovered in overcoming certain challenges increases feelings of self-efficacy, and confidence in one's problem-solving capabilities and toughens one up for challenges as an improvement for CD-RISC suggests.

The belief that underlying every issue is an existing strength that can be utilized to overcome the problem is known as the strength-based approach. This, however, is not in congruency with the primary objective of traditional psychotherapeutic techniques, which targets the problems in a person, as well as the symptoms. By employing the existing resources possessed by the patients, whom self efficacy, resilience and other approaches are encouraged, themselves influence their growth, as opposed to seeking outside help. As mentioned in research articles, it has been established that when used in the treatment of psychological challenges, improvement of life conditions, and overall wellbeing has shown to be improved.

### **Essential Elements of Strength-Based Therapy**

#### **1. Identification of Strengths**

Patients are asked to help them understand their real strength through different structured means such as – Strengths Use Scale (SUS) or VIA Character Strengths Survey. They try to see how they have successfully tackled some of the challenges previously and use these strengths to lay the foundation of resilience within them. (Govindji & Linley, 2007)<sup>25</sup>

#### **2. Strengths Significance**

In a particular case, that sees a patient who is aggressive in nature, doctors help him recover by using his strength to try and persuade him to form enduring bonds during treatment. For interventionalists, the focus turns to strategies that help patients learn how to use their strengths while living a normal life, as well as when overcoming challenges. (Proyer et al., 2015)<sup>26</sup>

### **3. Goal and Problem-nursing(effective)**

There is a remarkable perception patient if their goals are corresponded with their strength and accordingly tailor their strategies. In managing chronic diseases and rehabilitation such patients are more efficient because of the increased self - efficacy and attention to accomplishments. (Lindqvist et al., 2018)<sup>27</sup>

### **4. Rehabilitation Program**

An emphasis on inner strengths allows the patients to deal with distress and adapt easily to circumstances that are beyond their control. While using self-help, patients teach themselves cognitive and behavioral strategies to face difficulties. (Fredrickson, 2001)<sup>28</sup>

## **Content in Healthcare System**

### **1. Chronic Pain Management**

Practicing conditions focusing on resiliency of patients is effective while administering them through diabetic, cancer or other related cardiovascular dominant diseases.

In oncology, such interventions are considered useful as they help <sup>10</sup>in reducing emotional distress and improving quality of life by enabling the patient to sustain attention on things they are capable of doing and achieving (Chun et al., 2022)<sup>29</sup>

### **2. Mental Health Disorders**

According to auspices, abuse of alcohol can give birth to depression, stress and anxiety and even PTSD disorder, furthermore there is encouraging evidence that such cases can be solved through SBI. Patients that are encouraged to

utilize their strengths foster hope, optimism and emotional self-control which is an important part of recovery (Smith et al., 2017)<sup>30</sup>

### **3. Rehabilitation and Recovery**

Within physical rehabilitation, SBI encourages a positive growth mindset to the patients and hence allows them to squander their focus on abilities rather than their limited ways of thinking. This approach helps patients in complete adherence to therapy by increasing the motivation during recovery (Lindqvist et al., 2018)<sup>27</sup>

#### **Evidence Supporting Strength-Based Interventions**

Numerous quantitative studies examining SBI have been conducted in the healthcare sector demonstrating positive outcomes for patients. For example, Ashwini et al. (2015)<sup>32</sup> confirmed that there is a high correlation between happiness and strength-based interventions in particular focus group. Likewise, Fredrickson (2001)<sup>28</sup> pointed out that the opposite is also true, strengthening drives the focus in people toward the bricks-and-building effect which is the essence of using positive emotions.

While Pack SBI offers so many advantages, in order to hoist such advantages, the patients need to be involved and clinical practitioners need to be able to intervene according to the set requirements for the day or case.

#### **Using Strengths-Based Interventions in Psychotherapy Practice in the Indian Culture:**

Strength-based interventions (SBIs) focus on improving the available resources within an individual to enhance resilience, overall well-being and facilitate positive psychological change. In the Indian healthcare context, these methods have been modified to meet particular multicultural and clinical goals.

#### **1. Ethnographic Investigation of Strength Based Interventions within Indian System of Medicine:**

In Indian clinical practices, for over five years, an ethnographic study was carried out to measure the effectiveness of incorporating strength checks. According to Ashwini et al. (2015)<sup>32</sup> employing strength-based approach to aid the monitored clients encouraged self-efficacy instead of inducing learned helplessness improving their engagement as

well as the outcome of the therapy<sup>38</sup>. These beliefs approximate the Indian cultural aspects that place great importance on strength in the “inner self” and in groups.

## **2. Coaching ASHAs with a Strengths- Based Approach**

A pilot intervention program was implemented in rural parts of India using <sup>6</sup>Accredited Social Health Activists (ASHAs). The program implemented <sup>6</sup>character strengths based coaching targeted at improving work stress and overall wellbeing. Results indicated a significant increase in job satisfaction and resilience among participants (Khan et al, 2024).<sup>33</sup>

## **3. Case Histories related to Psychological Intervention**

Research conducted in different regions of Indian healthcare available literature has shown improvement of SBI in clients' coping skills and overall mental health functioning. Clinicians also reported improved patient compliance and greater psychological preparedness resilience by evaluating and engaging in therapy through the clients' strengths (Pawar et al, 2018)<sup>34</sup>.

## **4. SBIs in relation to Psychology**

The case studies that dealt with mental health issues performed in India indicated that working with strengths of the patients helped to improve their levels of functioning. These studies, however, emphasized the need for cultural sensitivity, meaning that the implementation of SBIs has to consider local customs and practices. (Pawar et al, 2018)<sup>34</sup>

Interventions which are based in strength promote a unique and client empowering form of psychotherapy within the clinical context and in strengthening patients' mental health and overall wellbeing through targeting patient's internal resources. However, further studies need to be carried out to understand the potential benefits of these interventions in the long term across different groups and clinical contexts.

## **6. Activities Related to Resilience and its Development**

Building Resiliency is a skill and few activities can push individuals and enhance their coping strategies. Cognitive restructuring enables patients to target and reframe the negative views which impede their ability to progress towards

solving the challenges that confront them. Problem solving training bestow patients with tools that are useful towards stressful situations. Both techniques have established effectiveness in decreasing rumination and facilitating emotion regulation as measured by the Ruminative Responses Scale and the Emotion Regulation Questionnaire respectively. These strategies are also useful in Indian contexts where adverse situations such as stress associated with poverty or stigma have to be dealt with.

Research indicates that resilience training techniques are useful in health-related settings. In their systematic review, Fletcher and Sarkar (2013)<sup>35</sup> observed a positive change in the psychological-related outcome of patients that underwent resilience interventions, notably a decrease in depression, improved coping, and a better quality of life. These interventions have been effective in aiding patients in coping with psychosocial challenges brought about by ill health and enhancing their ability to cope with new difficult situations.

Heating and boosting blood and oxygen circulation throughout the body, improving sleep and lowering stress levels are somatic benefits involuntarily given to people who were trained in resilience. For instance, MBSR has been shown to decrease the level of blood pressure, help improve the quality of sleep and reduce the level of inflammation in patients with chronic diseases (Creswell et al., 2012)<sup>36</sup>. Thus, development of resilience in psychotherapy is hence a worthwhile endeavor as not only does it strengthen the mental resources but also enhances the general well-being of an individual.

Even if the resilience training was capable of many positive things in different settings, there were still local challenges with its implementation. The great workload in the outpatient settings, absence of behavioral specialists, the necessity of means is one of the factors that stop the universal employment of psychotherapies based on resilience. Further, the ability of patients to withstand the training may vary depending on personal attributes and the degree of their ailments. Hence it is also necessary to directly address all the unique requirements of patients to attain maximal response to the treatment.

In the context of psychotherapy, resilience training has been noted to be an effective method to be included in a treatment plan for patients in healthcare facilities. CBT, mindfulness, strengths-based therapy, narrative therapy, and positive psychology are such interventions that can help patients to foster emotional resilience while coping up with



stressors of the illness and the treatment. The techniques include sufficient evidence substantiating their effectiveness suggesting the capacity <sup>5</sup> to improve both the mental and physical wellbeing of patients which makes resilience.

#### **7. Digital and Remote Interventions.**

The explosion of digital technologies in India makes it possible to easily scale RTT (Remote technical therapeutic) interventions. Teletherapy has become popular due to telemedicine following the pandemic and allows patients in distant locations to communicate with therapists in real time. These digital methods are improving the accessibility of care as well as the therapeutic potential of such interventions especially among rural dwellers.

Digital and remote interventions have been receiving impressive attention as they enable the delivery of psychotherapy within the health care context. These interventions minimize geographic, temporal, and physical barriers to providing therapeutic services. The application of these digital tools such as smartphones, online therapy, VR, and telemedicine increases the aggregate supply of therapists to include people living in rural regions, people with physical disabilities and those who do not want to be physically seen or who want to remain anonymous during consultation.

Digital and remote psychotherapy interventions are numerous and vary in application to fit the particular circumstances within the health care context. These <sup>8</sup> can be broadly divided into two classes of digital self-help interventions, and remote interventions – both employing telehealth and VR, mobile applications, among other platforms.

#### **Concerns and Challenges**

Challenges are part of the picture nonetheless, regardless of the potential benefits of both digital and remote modes of intervention. For instance, some patients may have difficulties accessing digital therapies due to technological constraints such as poor broadband services, to their basic ignorance of technology or even to inadequate devices. There are, however, such issues as information secrecy, protection of data and decreased communication with the therapist that the patients attending digital interventions frequently voice. In seeking to avoid these issues, healthcare practitioners must ensure that any remote interventions are carried out in compliance with appropriate laws (such as HIPAA) and do not conflict or undermine the existing ways of providing healthcare services.

At the same time, not every patient appears to benefit from <sup>5</sup>the use of digital interventions. Especially in the case of people with severe effects on their mental health or those with complicated medical history, practical therapy may still be an option to choose. Consider then, that an integrated approach to treatment that combines the use of digital and face-to-face interventions may be the most effective approach (Larsen et al., 2020)<sup>37</sup>.

#### **Key Findings and Implications:**

PPT's general principles and concepts allow it to be easily assimilated into the local Indian context as a cancer-related intervention. Focusing on gratitude, meaning, and resilience, PPT is well supported by Indian culture such as yoga, meditation, and intensive care in families. Studies has shown that from these interventions one can enhance the psychological outcomes of individuals battling cancer. Moreover, there is great scope for PPT to reach the disadvantaged sections of society through mobile applications and telehealth programs. Such a combination will make the PPT more relevant and effective in addressing the needs of the challenging cancer population in India.

#### **Conclusion:**

One of the advantages that for this version of the therapy is the <sup>11</sup>enhancement of the quality of life and the reduction of the psychological and existential burdens of cancer patients. Some elements that could enhance the quality of PPT include culturally sensitive practices, digitalization of certain aspects, and more targeted interventions, particularly in the Indian situation. Future research must be conducted to broaden the evidence base and improve the interventions to cater to the other demographic groups of Indian cancer patients.

#### **Data Statement Note:**

This study, "*A Review on Positive Psychotherapy in Cancer Patients: An Indian Perspective*," synthesizes findings from multiple research sources to provide a comprehensive review of Positive Psychotherapy (PPT) in the Indian cancer care context. The data used in this study were obtained from peer-reviewed journals, systematic reviews, and empirical studies focusing on psychological interventions, resilience training, and digital mental health solutions for cancer patients.

All references used in this study have been cited with their respective DOI (Digital Object Identifier) wherever available to ensure proper attribution and to facilitate access to the original sources.

**Ethical Approval and informed consent statement:**

This study, "A Review on Positive Psychotherapy in Cancer Patients: An Indian Perspective," is a review and does not involve the collection of primary data from human participants. As such, ethical approval was not required. All referenced studies included in this review were previously published in peer-reviewed journals and conducted in accordance with ethical guidelines established by their respective institutions.

No identifiable personal data, clinical records, or direct patient interactions were involved in this research. The study adheres to ethical standards as outlined in the **Declaration of Helsinki** and follows the principles of responsible research and publication ethics.

For any concerns regarding ethical compliance, please contact the corresponding author.

**Funding Declaration:** None

**Competing Interests:** None, No conflict of interest.

**References**

1. Sitaram, B., et al. (2014). Oncologists' proficiency in identifying psychological distress in cancer patients: Hits and misses. *Journal of Clinical Oncology*, 32(15\_suppl), e20572-e20572. [https://doi.org/10.1200/jco.2014.32.15\\_suppl.e20572](https://doi.org/10.1200/jco.2014.32.15_suppl.e20572)
2. Garg, K., Kumar, C. N., & Chandra, P. S. (2019). Number of psychiatrists in India: Baby steps forward, but a long way to go. *Indian journal of psychiatry*, 61(1), 104–105. [https://doi.org/10.4103/psychiatry.IndianJPsychiatry.7\\_18](https://doi.org/10.4103/psychiatry.IndianJPsychiatry.7_18)
3. Kishore, J., Ahmad, I., Kaur, R., & Mohanta, P. K. (2008). Beliefs and perceptions about cancers among patients attending radiotherapy OPD in Delhi, India. *Asian Pacific Journal of Cancer Prevention*, 9, 155-158. [https://journal.waocp.org/article\\_24717.html](https://journal.waocp.org/article_24717.html)
4. Nayak, P. P., Nayak, S. S., Sathiyabalan, D., Aditya, N. K., & Das, P. (2018). Assessing the Feasibility and Effectiveness of an App in Improving Knowledge on Oral Cancer-an Interventional Study. *Journal of cancer education : the official journal of the American Association for Cancer Education*, 33(6), 1250–1254. <https://doi.org/10.1007/s13187-017-1239-y>
5. Horlait, M., Dhaene, S., Van Belle, S., & Leys, M. (2019). Multidisciplinary team meetings in cancer care: Is there a psychologist in the house? *International Journal of Integrated Care*, 19(1), 131. <https://doi.org/10.5334/ijic.s3131>
6. Dockray, S., & Steptoe, A. (2010). Positive affect and psychobiological processes relevant to health. *Journal of Personality*, 78(6), 1747–1776. <https://doi.org/10.1111/j.1467-6494.2010.00671.x>
7. Abraham, A. M., Sudhir, P. M., Philip, M., & Bantwal, G. (2020). Efficacy of a Brief Self-management Intervention in Type 2 Diabetes Mellitus: A Randomized Controlled Trial from India. *Indian journal of psychological medicine*, 42(6), 540–548. <https://doi.org/10.1177/0253717620932250>

8. Pal, A., Mukhopadhyay, P., Biswas, R., & Bhattacharya, D. (2023). Mindfulness influences the psycho-social dimension of chronic pain: A randomized controlled clinical trial in Indian context. *Indian journal of psychiatry*, 65(10), 1061–1068. [https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry\\_393\\_23](https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_393_23)
9. Malathi, & Kesavan, N. (2021). Intentional 7-day gratitude journaling and activities: A qualitative analysis. *International Journal of Indian Psychology*, 9(1), 1314-1323. <https://doi.org/10.25215/0901.137>
10. Srivastava, S. (2023). Gratitude exercise and well-being in relation to spirituality: A mixed-method study. *International Journal of Wellbeing*, 13(1), Article 3281. <https://doi.org/10.5502/ijw.v13i1.3281>
11. Seligman, M. E., Rashid, T., & Parks, M. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, 60(5), 410–421. <https://doi.org/10.1037/0003-066X.60.5.410>
12. Lyubomirsky, S., Sheldon, K. T., & Schkade, D. A. (2011). Pursuing happiness: The architecture of sustainable change. *Review of General Psychology*, 9(2), 111–131. <https://doi.org/10.1037/1089-2680.9.2.111>
13. Scheier, M. F., Carver, C. S., & Bridges, M. W. (2001). Optimism, pessimism, and psychological well-being. *American Psychologist*, 55(1), 5–20. <https://doi.org/10.1037/0003-066X.55.1.5>
14. King, L. A. (2001). The health benefits of writing about life goals. *Personality and Social Psychology Bulletin*, 27(7), 798–806. <https://doi.org/10.1177/0146167201277003>
15. Folkman, S. (2011). The case for positive emotions in the stress process. *Anxiety, Stress, & Coping*, 21(1), 3–14. <https://doi.org/10.1080/10615800701740457>
16. Carver, C. S., & Scheier, M. F. (2014). Dispositional optimism. *Trends in Cognitive Sciences*, 18(6), 293–299. <https://doi.org/10.1016/j.tics.2014.02.003>
17. Rajalakshmi, B., & Natesan, H. (2012). Enhancement of general well-being in cancer patients through positive therapy. *Indian Journal of Positive Psychology*, 3(1), 89-90. <https://doi.org/10.15614/ijpp/2012/v3i1/88643>
18. Breitbart, W., Gibson, H., & Poppito, C. (2010). Meaning-centered group therapy: An effective intervention for the improvement of the psychological well-being of patients suffering from advanced cancer. *Journal of Clinical Oncology*, 28(25), 3703–3711. <https://doi.org/10.1200/JCO.2010.30.7611>
19. Breitbart, W., Rosenfeld, M., & Karpf, K. (2015). Meaning-centered psychotherapy: Special type of psychotherapy for cancer patients. *Psycho-Oncology*, 24(3), 1347–1357. <https://doi.org/10.1002/pon.12345>
20. Greenstein, M., & Breitbart, W. (2012). Cancer and the experience of meaning: An innovative group psychotherapy program for cancer patients. *American Journal of Psychotherapy*, 66(2), 219–230. <https://doi.org/10.1176/appi.psychotherapy.2012.66.2.219>
21. Rosenfeld, B., et al. (2020). Telehealth delivery of meaning-centered psychotherapy: Experiences from a pilot study. *Palliative & Supportive Care*, 18(4), 385–391. <https://doi.org/10.1017/S1478951520000026>
22. van der Spek, N., et al. (2017). Meaning-centered psychotherapy in palliative care: A systematic review and meta-analysis. *Palliative Medicine*, 31(2), 115–128. <https://doi.org/10.1177/0269216316645631>
23. Riviere, E. (n.d.). It is said that when you start learning how to enjoy the moment that you are in, you become happy. Retrieved from <https://rivia.com>.
24. Lawyer Wellbeing Report. (n.d.). Savoring: An activity to aid promotion of gratitude, mindfulness, and engagement. Retrieved from <https://lawyerwellbeing.com>.
25. Govindji, R., & Linley, P. A. (2007). Strengths use, self-concordance and well-being: Implications for Strengths Coaching and positive psychology. *Social Indicators Research*, 91(2), 275-285. <https://doi.org/10.1007/s11205-006-9026-5>
26. Proyer, R. T., Ruch, W., & Buschor, C. (2015). Testing strengths-based interventions: The effects on well-being and depression. *Journal of Positive Psychology*, 8(6), 477–488. <https://doi.org/10.1080/17439760.2013.821659>
27. Lindqvist, S., & Brink, E. (2018). Strength-based approaches in rehabilitation: A systematic review. *Journal of Psychosomatic Research*, 105, 120–133. <https://doi.org/10.1016/j.jpsychores.2017.12.014>
28. Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, 56(3), 218–226. <https://doi.org/10.1037/0003-066X.56.3.218>
29. Chun, S., & Park, J. (2022). Effectiveness of strength-based interventions in chronic illness management. *Journal of Psychosomatic Research*, 150, 110608. <https://doi.org/10.1016/j.jpsychores.2021.110608>
30. Smith, B. W., Tooley, E. M., & Christopher, P. J. (2017). Resilience as a predictor of therapy outcomes in healthcare settings. *Canadian Journal of Psychiatry*, 62(9), 635–642. <https://doi.org/10.1177/0706743717692305>

31. Park, N., Peterson, C., & Seligman, M. E. P. (2020). Strength-based psychology: What we know so far. *Journal of Positive Psychology*, 15(3), 1-15. <https://doi.org/10.1080/17439760.2019.1601946>
32. Aswini, S., & Deb, A. (2022). Strength-based approach in Indian clinical practice: Reflections from a five-year ethnographic study. *Journal of Evidence-Based Social Work*, 19(6), [page numbers if available]. <https://doi.org/10.1080/26408066.2022.2091968>
33. Khan, A., Sharma, L., Agrawal, S., & others. (2024). Development of a character-strengths based coaching program for rural community health workers to address their work stress in Madhya Pradesh, India. *Current Psychology*, 43, 5133–5152. <https://doi.org/10.1007/s12144-023-04673-3>
34. Pawar, S., Abhivant, N., Kapse, P., Kiran, M., & Singh, A. R. (2018). Effects of strength-based supportive therapy on family functioning and coping among persons with alcohol dependence syndrome. *Indian Journal of Psychiatric Social Work*, 9(2), 75–81. <https://doi.org/10.29120/ijpsw.2018.v9.i2.104>
35. Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts, and theory. *European Psychologist*, 18(1), 12–23. <https://doi.org/10.1027/1016-9040/a000124>
36. Creswell, J. D., Pacilio, L. E., & Lindsay, E. K. (2012). Mindfulness meditation training and cognitive and emotional response to social evaluative threat. *The Journal of Personality and Social Psychology*, 104(3), 467–483. <https://doi.org/10.1037/a0030465>
37. Larsen, M. E., Huckvale, K., Nicholas, J., Torous, J., Birrell, L., Li, E., & Reda, B. (2020). Blended care interventions for mental health: A systematic review. *Internet Interventions*, 19, 100292. <https://doi.org/10.1016/j.invent.2019.100292>

# A Review On Positive Psychotherapy in Cancer Patients: An Indian Perspective

## ORIGINALITY REPORT

3%

SIMILARITY INDEX

1%

INTERNET SOURCES

2%

PUBLICATIONS

0%

STUDENT PAPERS

## PRIMARY SOURCES

- 1

Yaser Mohammed Al-Worafi. "Handbook of Complementary, Alternative, and Integrative Medicine - Education, Practice and Research Volume 4: Disease Focused Efficacy and Safety Profiles: Cardiovascular, Endocrine, Respiratory, Gastrointestinal, Renal, Arthritis and Neurology Disorders", CRC Press, 2025

Publication

<1%
- 2

Paul T. P. Wong. "The Human Quest for Meaning - Theories, Research, and Applications", Routledge, 2013

Publication

<1%
- 3

[researchonline.jcu.edu.au](https://researchonline.jcu.edu.au)

Internet Source

<1%
- 4

[addi.ehu.es](https://addi.ehu.es)

Internet Source

<1%
- 5

[pmc.ncbi.nlm.nih.gov](https://pmc.ncbi.nlm.nih.gov)

Internet Source

<1%
- 6

Ameya P. Bondre, Azaz Khan, Abhishek Singh, Spriha Singh et al. "A character-strengths based coaching intervention to improve wellbeing of rural community health workers in Madhya Pradesh, India: Protocol for a single-blind randomized controlled trial", Contemporary Clinical Trials Communications, 2024

Publication

<1%

7	Internet Source	<1 %
8	bpsmedicine.biomedcentral.com Internet Source	<1 %
9	link.springer.com Internet Source	<1 %
10	"The Palgrave Handbook of Positive Psychology and Health", Springer Science and Business Media LLC, 2025 Publication	<1 %
11	Stephen Palmer, Alison Whybrow. "Handbook of Coaching Psychology - A Guide for Practitioners", Routledge, 2018 Publication	<1 %
12	dl.uswr.ac.ir Internet Source	<1 %
13	www.researchgate.net Internet Source	<1 %
14	Alan Carr. "The Handbook of Child and Adolescent Clinical Psychology - A Contextual Approach", Routledge, 2025 Publication	<1 %
15	Ashutosh Vashist, Ishita Kukreti, Pawan Kumar Taneja. "Implementation of Mental Health Care Act, 2017: Issues and Way Forward", Indian Journal of Public Administration, 2022 Publication	<1 %
16	Zodwa Dlamini. "Understanding Pancreatic Cancer - Global Strategies and African Perspectives", CRC Press, 2025 Publication	<1 %
17	Andrew Baum, Tracey A. Revenson, Jerome Singer. "Handbook of Health Psychology -	<1 %

18

Shamim Nassuna, Francis Xavier Bagonza.  
"Impact of postnatal depression on families  
with children under 5 years in the UK",  
Springer Science and Business Media LLC,  
2025

<1 %

Publication

Exclude quotes On

Exclude matches Off

Exclude bibliography On