Available on: https://jsshrs.ep-journals.org/ E-ISSN: 3051-3561, P-ISSN: 3051-3553

Journal of Social Science and Human Research Studies

Volume : 02 Issue : 09 September-2026

Psychological Distress Among People Living With Cancer : A Study Based on an Idiographic Clinical Case Approach

Florentin Jandarme
Teaching Assistant, Higher Institute of Medical Techniques, Bukavu; PhD Candidate in Clinical Psychology and Psychopathology, Faculty of Psychology and Educational Sciences, University of Lubumbashi, Democratic Republic of the Congo.

Ozowa Latem Josue
Professor at the University of Kinshasa and Founder of the Congolese School of Integrationist Clinical Psychologists.

Esenge Omekanda Clarisse
Clinical Psychologist and Congolese Researcher.

Blaise-Pascal Zirimwabagabo Muhindo
PhD student in Philosophy, Faculty of Humanities and Social Sciences, Official University of Bukavu, Democratic Republic of the Congo.

Published Date: September 10, 2026 **Article DOI: 10.65150/EP-jsshrs/V2E9/2026-08**

ABSTRACT : This qualitative study examined the psychological distress experienced by people living with cancer. It was conducted with four participants treated at the University Clinics of Kinshasa. Its objective was to describe the psychological distress experienced by people with cancer and to examine the coping strategies they use to deal with their problematic situation.
To this end, we used the clinical method, together with the Edmonton Symptom Assessment Scale, the Kessler Psychological Distress Scale, the Hospital Anxiety and Depression Scale, and clinical interviews. The findings indicate that people living with cancer may experience high levels of psychological distress, characterized by feelings of vulnerability, uncertainty, and anxiety. To cope with their situation, they mainly resort to problem-focused coping strategies.

KEYWORDS : Psychological distress, People living with cancer, Coping.

INTRODUCTION

Human history shows that cancer is one of the leading causes of death among adults. Indeed, one out of every six deaths worldwide is attributable to cancer. Long regarded as a disease of developed countries, cancer has now become a public-health problem in developing countries, compounded by the additional difficulty of much later diagnosis (Ndahindwa, Nyendahayo, & Vyankondondera, 2012).

Cancer is among the most common diseases worldwide and represents the second leading cause of mortality, according to the International Agency for Research on Cancer (IARC, 2020). The World Health Organization (WHO, 2014) states that more than 10 million deaths occur each year and that nearly one in six deaths globally is due to cancer. Approximately 70% of cancer deaths occur in low- and middle-income countries. Cancer is widely associated with psychological suffering, and the need for psychological support or psychotherapeutic follow-up is substantial among this patient population, which is exposed to numerous stressful events. These events have a direct impact not only on patients' quality of life, but also on their ability to participate in decision-making and adhere to treatment (Nordmann-Dolbeaut, 2009).

Certainly, a diagnosis of cancer remains a source of intense emotional distress for patients. Living with cancer may generate a state of existential distress (Jolly, 2018). It is this psychological suffering caused by the lived experience of cancer that lies at the heart of this study. Cancer patients therefore require psychological care, especially because cancer is a disease that may threaten life in the short or longer term, entails difficult treatments, and carries a deeply negative image in the collective imagination. Such care must be provided throughout the course of the illness by the healthcare team. It is within this context that psycho-oncology emerged: a field that incorporates concern for the emotional well-being of people living with cancer and the quality of their relationships as an integral part of cancer care (Annales Médico-Psychologiques, 2017).

From a psycho-oncological perspective, psychological adaptation seeks to preserve or restore the physical and psychological integrity altered by illness and its many consequences. At every stage of the disease, psychological reactions involve a complex integration of memories of the past, perceptions of future threats, and the various resources available to the individual. This process may lead either to psychological adjustment or to its failure. Lelo and Saka (2014) confirm that in Africa generally, and in the Democratic Republic of the Congo in particular, many people still believe that cancer is a disease affecting White people. Yet, according to WHO data reported by Mélissa (2019), more than 30,700 people worldwide—across Africa and other continents—die each year from different forms of cancer. Among men, prostate cancer is the most common type (24.1%); among women, cervical cancer predominates (27%), followed by breast cancer (16%).

In view of these statistics, it can be inferred that cancer is a frightening disease. It kills in an insidious and formidable way and, despite substantial progress in research and therapeutic advances, it continues to challenge medical science. According to Fischer (2014), the numerous technological and conceptual developments have neither significantly improved the understanding of carcinogenesis nor changed the long-term survival rate of patients with cancer. In many respects, cancer remains a disease that defies our usual modes of understanding. For this reason, Zorn (1976), before his death at the age of 32, declared: "Doctors know a great deal about cancer, but what it really is, they do not know." In the same vein, Roy (2013) argues that cancer is a disease that frightens at least as much as it kills. Cells that ordinarily sustain life become carriers of death, and the entire psyche is shaken. Yet few authors have dared to explain the psychological dimensions of this affliction.

As Fischer (2013) stated, psychology approaches cancer not by suggesting that the disease is merely a matter of psychology, but by showing that cancer has inherent psychological aspects. Thus, although cancer is a biological phenomenon, it is also a psychological event. Upon hearing the diagnosis, the patient must take on the mantle of a person with cancer and accept a new identity. Moulin, cited by Bézy (2007), considers that a patient confronted with a cancer diagnosis experiences social death. In other words, before biological death occurs, the patient must first relinquish or reconstruct their usual family, social, and occupational roles. In the collective imagination, such a diagnosis evokes a bad death: slow, inevitable, degrading, mutilating, disabling, painful, and lonely. It therefore profoundly disrupts patients' psychological functioning.

It is this psychological experience of individuals confronted with a medical diagnosis of cancer that constitutes the focus of the present study.

METHODOLOGY

Study Design and Setting

A cross-sectional study was conducted in Kinshasa, the capital of the Democratic Republic of the Congo, specifically at the University Clinics of Kinshasa. This healthcare institution provides care for patients living with cancer.

Study Population and Participant Selection

The study population consisted of people living with cancer and receiving treatment in the internal medicine department of the University Clinics of Kinshasa. According to the managers of these services, the population was estimated at 15 patients. From this group, a sample of four patients was selected. Participants were approached one after another until saturation was reached.

The sample size was determined using the following criteria: being a patient living with cancer and receiving medical care at the University Clinics of Kinshasa; being aware of one's diagnosis; experiencing severe pain related to the illness; and freely agreeing to participate in the study. Only patients meeting these criteria were included in the sample.

In order to safeguard the freedom of people living with cancer, the consent of each targeted patient was added as an inclusion criterion. However, patients displaying unbearable pain were excluded from the sample. Since this study adopted a qualitative case-study approach, the sample was limited to four patients in order to allow an in-depth examination of each case.

Data Collection Tools

To obtain the data needed to examine the psychological distress of the patients targeted by this study, we selected the following tools: the clinical interview, the Kessler Psychological Distress Scale, the Hospital Anxiety and Depression Scale, and the Edmonton Symptom Assessment Scale.

The clinical interview enabled us to understand the patients' psycho-affective experience by exploring the disclosure of the diagnosis, the experience of pain, and future perspectives. The Edmonton Symptom Assessment Scale (ESAS), which includes 14 items, helped assess the intensity of symptoms experienced by each patient with cancer. The Kessler Psychological Distress Scale assessed the psychological state of the targeted patients, while the Hospital Anxiety and Depression Scale evaluated the degree of anxiety and depression in each participant confronted with the reality of their illness.

Data Collection Procedure

With our research authorization in hand, we presented ourselves to the administrative office of the University Clinics of Kinshasa. We were asked to report to the nursing supervisor and to pay the research fee. With the approval of those responsible, we held two sessions with patients living with cancer—both those hospitalized and those coming from home to receive chemotherapy treatment in the internal medicine wards.

Only patients who gave their consent took part in the clinical interviews and completed the scales. The clinical interview took place at each patient's bedside in a calm setting, with only the patient and researcher present. Each participant was first reassured, and throughout the interview we adopted attitudes encouraging them to express themselves freely.

We conducted the interviews in the languages most familiar to the participants, namely French and Lingala, the local language. Our task consisted, on the one hand, of asking questions drawn from the interview guide and, at times, allowing the patients to speak freely about their illness; on the other hand, we recorded their reactions. Immediately after the interview, the various selected scales were administered on subsequent days, allowing the patients time to rest before returning on the date agreed upon.

Data Analysis

Data obtained from the Edmonton Symptom Assessment Scale, the Kessler Psychological Distress Scale (K6), the Hospital Anxiety and Depression Scale (HADS), and clinical interviews were analyzed through content analysis and in-depth case study. The content analysis of the interviews was conducted along two dimensions: horizontal thematic analysis and longitudinal analysis.

The horizontal thematic analysis of each interview examined the confrontation with the cancer diagnosis and the patient's lived experience. The analysis followed the themes outlined in the interview guide. It sought thematic consistency across interviews after identifying meaningful expressions, keywords, salient terms, and thematic groupings. By considering all interviews together, it allowed us to describe both the main themes predefined in the interview guide and new, relevant themes that recurred across participants' accounts.

The longitudinal analysis for each patient made it possible to describe the circumstances surrounding the diagnosis and the current experience of illness. In addition, it seemed useful to synthesize the experience of illness through a figure for each patient with cancer. This figure provided an overall view of the impact of cancer on the individual's current experience. It was developed using data from the participants' assessment with psychological scales.

Case Studies

The findings of this study are qualitative in nature and are presented as clinical cases. These cases bring together all elements relating to the data collected from people living with cancer through the research instruments. For ethical and confidentiality reasons, participants are identified by pseudonyms. There were four participants: three women and one man. Some of them passed away after our interviews—may their souls rest in peace.

January: Cancer Shattered His Dreams of Life

January was 30 years old, engaged, and had no children. He was the eldest of seven children, including two boys and five girls. His father was alive, while his mother had died in 2004. January attended one of Kinshasa's revival churches.

Excerpt From His Autobiographical Account

"I felt a lump in my neck, but it did not hurt. So I came to the hospital. They admitted me because I needed examinations. When the results came out, the doctor told me that I had a tumor in my neck and that I needed to go to Europe for proper treatment.

"While we were making arrangements for my evacuation, the borders were closed because of COVID-19, but the illness had already begun to worsen. Since I was born, this is only the second time I have been hospitalized, and it is because of this illness. This time, I have fevers, the mass is growing, and it is beginning to bother me. The doctors also found that my blood level had decreased—anemia—and that I needed a transfusion and chemotherapy as soon as possible.

"To be completely honest, the day the doctor told me I had a tumor in my neck, I received the news in despair. It frightened me; I cried for a week. I often heard people say that it was a very serious illness. That day, I realized just how serious it was.

"What I remember about that day is that I came to the hospital with my fiancée; I was in a good mood and felt at ease. When I entered the consultation room, the doctor announced that the results showed I had a tumor. I tell you, I left feeling very sad and hopeless. When I got home, I searched the internet and read people's testimonies. I felt somewhat relieved because there were people who had been cured of this tumor, but they were all White. I did not see Africans giving testimonies of recovery.

"No one in my family has had cancer, and I feel very fragile and vulnerable, especially when I go to work. Making arrangements for my trip, particularly while having fevers, is difficult for me. Sometimes I am very afraid and ask myself questions such as: with this illness, how will I build my life? I blame myself and I feel disgusted with life, because I no longer see its meaning. What should I do? Must I continue to suffer? Must I leave this world? I want to take medication—even the medicine I take here—to end my life, because I do not accept suffering.

"I am afraid of dying; in any case, I have lost hope. My life no longer has any meaning or shape. My fiancée is here, I am receiving treatment, and I will recover. What concerns me is that I must work in life in order to honor my partner. I have many ambitions and projects—first of all marriage, helping my parents and my wife in every moment and situation. I need to remain with my wife and honor her, because we have been together for six years.

"Since I am not Congolese, people say that I have many relationships and should not marry her. Everything I had planned for my wedding since 2019 has been spent on medical care. All my plans have been disrupted by illness. I want to go somewhere to study, but I need vocational training because I have many gaps; I need to train in domestic and industrial refrigeration. I used to rent a house despite the difficulties. But because of the illness, I returned to my host family, since I am from the Central African Republic. I am here because of the war in my country. As for the time needed to fulfill my projects, I cannot say; first, I must be treated."

Assessment Findings

- On the HADS, January scored 19 for anxiety and 15 for depression, out of a maximum of 21 points. These scores indicate clinically significant anxiety and depression.
- On the Kessler Psychological Distress Scale (K6), January obtained a score of 14, equivalent to 58.3%, indicating a state of psychological distress.
- On the Edmonton Symptom Assessment Scale, January reported no nausea, appetite loss, insomnia, or shortness of breath. He reported moderate fatigue, depression, and anxiety, as well as extremely poor overall well-being.

Partial Analysis

Very shy and deeply concerned about his neck cancer, January is a foreign national from the Central African Republic who came to the DRC because of war. He fled death in his own country to seek refuge elsewhere. Yet, tragically, the cancer from which he suffers has taken away all hope of living, as reflected in his depressive attitude. It is as though he fled death in the Central African Republic only to embrace death in the Democratic Republic of the Congo.

A young man full of ambitions and initiatives, January was confronted with the diagnosis of neck cancer—a piece of news that profoundly shook him. He has difficulty forgetting the circumstances surrounding this diagnosis. Although he is supported and accompanied by his fiancée, the news of the diagnosis plunged him into depression accompanied by existential anxiety. Psychologically, January is living in a state of distress, manifested through depression and anxiety. Although he experiences moderate fatigue, he reports extremely poor well-being.

February: Cancer as a Source of Existential Anxiety

February was 45 years old. She was the second of six children, one of whom had already died. She was single and the mother of one daughter. Both of her parents were alive. She attended one of the revival churches in Kinshasa.

Excerpt From Her Autobiographical Account

"At first, I was not expecting an illness like cancer. I thought it was just a small abscess and that it would disappear in a few days or weeks. I had this mass for a year, and at first it was only a small lump. After some time, one day while bathing, my hand touched my breast and I felt a lump that had grown a little.

"This was during the second year, and I asked myself: how can this abscess persist and not go away? I asked myself other questions, such as: if I tell my father, even though he does not work, will he have the means to pay for my treatment? What am I suffering from? While I was asking myself these questions, the mass started growing very quickly.

"One day, I touched it and really felt that the mass had become hard, like a little stone. It began to sting and caused a sharp sensation. One day, I went to prayer, and our pastor asked all those who were ill or in pain to stand up and come forward for prayer. I stood up, and curiously, my younger sister asked me: 'You are standing up—are you sick?' I told her that I was in pain. She asked where the pain was, and I told her I had pain in one of my breasts.

"My younger sister asked why I was in pain and had not told anyone. I did not know what to say. When we returned home, she asked me to show her the breast in question. When she touched it, she spoke to my mother, and everyone began scolding me. Since I had no justification, I could not defend myself.

"My cousin, who is a doctor, referred me to one of his friends. This doctor asked me to have an ultrasound before referring me to the University Clinics, where I would see gynecologists. The ultrasound showed a 3-cm mass and the beginning of breast cancer. We took the result to my cousin, the doctor, and he sent me to see the gynecologists at the University Clinics of Kinshasa.

"When I arrived there, the doctor examined me again and told me that the disease was at the first stage and not the third. He immediately asked us to begin treatment as quickly as possible to prevent the disease from spreading throughout the body. We began the procedures, carried out further tests, and did everything he asked.

"I have just completed my final examination and I am receiving treatment to eliminate the root of the disease. If it does not work, then they will remove the mass surgically. I also underwent examinations at ANAPATHE, where they removed part of my breast for analysis. I still have stitches. It is not cancer, but the beginning of cancer.

"When I was told that I had the beginning of cancer, I was somewhat afraid because a friend of my mother had lost her daughter suddenly in this way. Her breast had been removed. When I began to think about it, I said to myself: 'This cancer!' I was really afraid. But people encouraged me not to be afraid. They said that if God decided that my breast should be removed, then it would be done, because many people have had it removed and are not unrecognizable. They told me I needed courage, and from that point on, I was no longer afraid.

"I told myself that I would simply go to the hospital and that if it was God's will, then His will be done. I did not speak directly with the doctor. The person in contact with the doctor was my younger sister and my mother. My younger sister knew about my situation and often gave me information indirectly in small hints because she thought I would be afraid. I had a tumor, not cancer.

"I keep painful memories. I am hurt because I think: you have two breasts, and they may remove one? It is a blow to me, a shock. Since I know about my illness, I ask myself many questions, such as: where does this illness come from? There are hereditary diseases, but no one in my family has suffered from it. I know that diabetes exists in our family.

"These thoughts often come when I am alone and rest my hand against my cheek. I do not feel vulnerable because I am naturally courageous. But the anesthetic injection I received before the biopsy hurt me so much that I am lying in bed; otherwise, you would see how strong I am. As I am now, I am undergoing chemotherapy, and if it does not work, I know that in the future they may still remove my breast, and that may frighten me.

"The meaning I give to my life is very complicated; it is difficult to answer. I know the illness will end and that I will be cured. I am also a teacher, but this year I did not teach because of this illness. I also refuse to teach because our profession involves many risks and very low pay, from the first to the thirtieth of the month, without transportation money. Often, we have to walk.

"I worry when I see my friends in good health while I am ill. At my age, I should have been married and had more children, and perhaps even bought a car. I have plans to travel abroad for business, to help my family and my parents. If I had the opportunity to travel, I would first need to make sure I had accommodation—a place where I could stay—and family there to ensure that I would be well received."

Assessment Findings

- On the Hospital Anxiety and Depression Scale, February scored 7 for anxiety and 7 for depression. These scores indicate no clinically significant symptoms of anxiety or depression.
- On the K6 scale, February scored 3, equivalent to 12.5%, indicating that she was not in a state of psychological distress.
- On the Edmonton Symptom Assessment Scale, February reported no pain, fatigue, drowsiness, appetite loss, shortness of breath, anxiety, or sleep difficulties. However, she sometimes reported a slight decrease in well-being and low-level depressive feelings.

Partial Analysis

Despite the side effects of chemotherapy, February appeared strong and open in sharing her experience of breast cancer. Having insufficient knowledge about breast cancer, she initially observed a small mass in her breast without being concerned about her health. It was only after a year that she became worried about the development of the mass: "What am I suffering from?" "If I tell my father, even though he does not work?" These questions show how deeply she was troubled by the changes she noticed in her body.

Wishing to place herself in God's hands, she stood up to request prayer from her pastor. This act of faith aroused her sister's curiosity and, subsequently, involved the whole family. With their support, she eventually went to the hospital to receive appropriate care. At the University Clinics of Kinshasa, February was confronted with the diagnosis of cancer—a diagnosis that unsettled her and disrupted all her usual points of reference.

Although she appears to accept her problematic situation, she nevertheless asks many questions about her future, often using conditional language—"if." This reveals how deeply affected and anxious she remains about the future. By nature courageous and strong, February makes an effort to appear well externally. Even the results of the various scales may reflect what could be described as a neurotic attitude: convincing everyone that everything is fine. Implicitly, however, this attitude suggests that, in reality, not everything is going well for her.

March: Cancer as an Unknown Disease

Identification Details

March was 51 years old, widowed, and the mother of three daughters. She was the third of nine children, including two boys and seven girls. Her father had died, while her mother was still alive. March attended the Catholic Church.

Excerpt From Her Autobiographical Account

"I was ill; I felt that my body was not well. I quickly went to see a doctor. He examined me and found a mass in my breast. He sent me to Kinshasa—I was in the village—so that I could have a mammogram. I had the mammogram and returned to the village.

"I showed the results to the doctor, and he told me: 'You must have surgery to remove this mass. But I cannot operate on you because I do not have the equipment. I will send you to another doctor.' He insisted, because the village is not a developed area. He gave me a container and formalin to preserve the mass properly once it had been removed.

"He referred me to a center in our provincial capital, where I was operated on. Once the wound had healed, we sent someone to Kinshasa with the removed tissue in the container for more thorough tests. A year later, the results arrived. The doctor opened the envelope and asked me: 'Do you have someone in Kinshasa who can help you receive care?'

"I said: 'It is the Lord. I am here in the village, and now you are sending me to Kinshasa? I do not know; only God knows.' The doctor convinced me to go to Kinshasa quickly. I only had 50,000 Congolese francs in my pocket for transport, but some people committed themselves to giving me money, and I came to Kinshasa for treatment.

"I spent a year in Kinshasa receiving chemotherapy, and when I was operated on, I left the hospital. But complications began; the complications began from there. When I returned to the village, things did not hold up. I came back here again, because the wound kept causing complications. The surgical wound itself had healed, but all the places where the doctor had stitched became swollen and extremely painful.

"Below the scar, I saw a small wound, and I went to see the doctor. He prescribed medication, but after two days, the wound was worsening, with pain and swelling. Before I was admitted to the hospital, I spent a month at home because the doctors were on strike. My illness began in 2009.

"Truly, when I was told the news about my illness, I did not sleep well that night. I had terrible thoughts: 'Oh Lord, why have You allowed this? When I struggle alone in life? When I pay for my children's education by myself?' While I was asking myself these questions, my sister, who is a nun, made me understand that this happens and that I should not believe that everyone with cancer dies. She told me to live my life as I always had, as if I were not suffering from the illness.

"That is why I began to live as I did before; I live normally, as usual. The doctor? [Silence.] The doctor, poor man, called me and showed me the reality of my illness. He advised me a great deal. He told me that I was not the first person to suffer from this disease.

"I believed I was the first person to suffer from this illness; I had that idea while I was in the village. When I came to Kinshasa and found other people living with cancer, I said to myself: 'Oh! So there are also people suffering from this illness?' Yes, I still ask myself questions that have no answers, such as: 'Why only me?' Especially when I am in severe pain, I can no longer control myself. This thought always comes to me when I pray."

Assessment Findings

- On the HADS, March scored 8 for anxiety, suggesting possible anxiety symptoms, and 13 for depression, indicating definite depressive symptoms.
- On the Kessler Psychological Distress Scale, March scored 15, equivalent to 62.5%, indicating a state of psychological distress.
- On the Edmonton Symptom Assessment Scale, March reported mild shortness of breath, nausea, and anxiety.
- She reported moderate drowsiness, pain, fatigue, appetite loss, and insomnia.
- She reported very poor overall well-being.

Partial Analysis

Very sad, weakened, and exhausted by breast cancer, March was receiving palliative care. Despite her physical suffering and anemia, she agreed and made herself available for the interview. A widow and mother of three daughters, March presented herself as a woman of strong character. Although she lived alone, she made every effort to meet all of her parental responsibilities toward her children.

It was within this context that she received a diagnosis of breast cancer. In the village where she lived, there were no hospitals equipped to provide appropriate care. She had to travel to the provincial capital and then to Kinshasa in order to obtain adequate medical treatment. This situation disrupted her parental and family dynamics.

Confronted with this unknown disease called "cancer," March quickly fell into existential anxiety. She questioned God about what was happening to her and questioned herself about her future. Unable to find answers, she sank into a state of psychological distress. The support provided by her religious sister, her treating physician, and her identification with other women with breast cancer encouraged her to begin chemotherapy.

Although she was currently in the palliative-care phase, March did not seem to understand what had happened to her and continued to question herself.

April: Cancer as a Disease That Raises Existential Questions

Identification Details

April was 43 years old, married, and the mother of one son. She was the third of seven children. She attended a revival church in Kinshasa. Both of her parents were alive.

Excerpt From Her Autobiographical Account

"During my periods, I began to bleed heavily for several days. Eventually, I decided to go to a neighborhood hospital, where I was asked to have an ultrasound. The result showed that I had fibroids and needed surgery. I did not want to undergo surgery, so I changed hospitals.

"I showed the results to another doctor, who told me that surgery was indeed necessary, but that I first needed a general examination. After a month, I noticed a lump in my breast and returned to the hospital. The doctor prescribed an ointment, which I used for one week, but there was no change.

"I went to see a neighborhood nurse, who prescribed painkillers, but they did not help either. I then went to another hospital in Bandal, had an X-ray, and the doctor told me I had a cyst. I underwent surgery, and after a week, the stitches were removed. But two weeks later, I began to feel enormous pain in my stomach, especially when I hiccupped.

"I returned to the hospital, where they said I had gastritis and prescribed medication for it. These medications caused severe pain, and the situation worsened. I was then taken to the general hospital emergency department because I no longer even had the strength to speak.

"The doctor sent me for a mammogram. The results showed that I still had a mass and that I needed a biopsy at ANAPATHE, because the results indicated breast cancer. When the doctor told me this, I did not feel well. I was in a great deal of pain; I could not think for the whole day. I was no longer myself.

"I still remember that day. I cried. I was unhappy. I even locked myself in the house for the entire day. When I look at my family, no one has suffered from this illness, and I wondered why this illness had come only to me. What did I do to deserve all this?

"You know that this treatment is very expensive. Questions of this kind come to me when the chemotherapy days are approaching and I have not yet found the money, and also when I feel nauseated. Am I afraid of the unknown? Yes, that is normal. Like everyone else, I ask myself whether I will be cured or what will happen in the long term.

"Do I feel disgusted with life? Sometimes I do, because, as you see, I need a great deal of money for treatment. At every session, there are tests to be done. I need twelve chemotherapy sessions. The hospital bed and medication are very expensive. I do not blame myself, however.

"The meaning I give to my life is connected to my faith. I pray that God will help me live, give me hope, and allow me to help my only son. I have only one child, and my concern is to complete the chemotherapy sessions so that I can recover my health. I want to have many children, like our parents did, because for now I have only one child, as I already told you.

"I have plans to open a shop because, for now, I sell clothes and second-hand items in front of our family compound."

Assessment Findings

- On the HADS, April scored 8 for anxiety, suggesting possible anxiety symptoms. She also scored 8 for depression, suggesting possible depressive symptoms.
- On the Kessler Psychological Distress Scale, April scored 13, equivalent to 54.1%, indicating a state of psychological distress.
- On the Edmonton Symptom Assessment Scale, April reported moderate feelings of well-being.
- She reported severe depression, anxiety, and nausea.

Partial Analysis

Living with breast cancer, April shared the course of her illness and her personal experience. Married and the mother of one son, April was described as an entrepreneurial woman. Indeed, in order to contribute financially alongside her husband, she carried out small commercial activities in front of the family compound, with the aspiration of one day owning a shop.

Suddenly, however, she found herself confronted with disturbing health problems: first irregular and heavy menstrual bleeding, followed by fibroids, and finally breast cancer. This series of illnesses placed substantial financial demands on her. Unable to understand everything that had happened to her, April raised existential questions, thereby expressing the extent of her anxiety regarding her current illness—breast cancer.

Her anxiety was oriented both toward the disease itself and toward the future: "I wonder whether I will be cured." This anxiety was accompanied by depression and a sense of disgust with life. In other words, why live when life is marked by illnesses that demand money? Although she appeared calm on the surface, April was experiencing psychological distress.

DISCUSSION OF FINDINGS

The qualitative findings from the four cases show that disclosure of a cancer diagnosis constitutes a potentially traumatic event that profoundly disrupts patients' psychological, existential, and social functioning. Although emotional manifestations differed from one participant to another, several recurring themes emerged: the shock of diagnosis, existential anxiety, questioning the meaning of life, concerns related to future plans, social and religious support, and psychological distress.

Within this context, being confronted with a cancer diagnosis is a moment of intense anxiety. As the National Cancer Institute in Paris (2007) attests, the announcement of a cancer diagnosis is a major psychological shock. Emotions arise all at once. This is precisely what we identified in the various cases presented.

For January, the disclosure of the diagnosis was experienced as a genuine biographical rupture. His account reveals profound psychological disorganization characterized by intense despair, loss of meaning in life, suicidal thoughts, and fear of death. These observations are consistent with the work of Frank (1995), according to whom serious illness produces a rupture in the life narrative and forces the person to reconstruct their identity. They also align with Yalom's (1980) analysis that confronting a potentially life-threatening illness activates major existential concerns, particularly death, freedom, isolation, and loss of meaning. The high scores obtained on the HADS and K6 scales support the narrative data, showing convergence between qualitative and quantitative findings.

February's case illustrates a different reality. Despite a discourse marked by concerns about her future, the possible removal of her breast, and her life plans, the psychometric scales did not reveal clinically significant anxiety or depression. This apparent contradiction may be interpreted as the expression of an emotional-regulation strategy or a defense mechanism intended to preserve a sense of control in the face of illness.

Lazarus and Folkman (1984) emphasize that individuals mobilize various coping strategies to deal with stressful events, some focused on emotions and others on problem-solving. In February's case, religious faith, family support, and confidence in healthcare appear to constitute protective resources that facilitate her psychological adjustment.

For March, cancer appears as an unknown disease that creates incomprehension and distress. Her repeated questions—"Why me?"—express a search for meaning frequently observed among people confronted with serious illness. According to Park (2010), when experienced events challenge an individual's core beliefs, the person undertakes a process of meaning reconstruction in order to reduce psychological distress.

In this case, the support received from her religious sister, her treating physician, and her identification with other women with cancer appear to have facilitated better acceptance of the illness, without eliminating her existential questioning. The K6 results nevertheless show the persistence of substantial psychological distress.

April's case also confirms that cancer leads to profound questioning of one's life plans. Financial concerns, uncertainty about recovery, parental responsibility, and difficulties accessing treatment all contribute to her anxiety. This observation is consistent with the work of Holland and Breitbart (2015), who show that the psychological consequences of cancer extend far beyond physical symptoms and also involve the family, economic, and social dimensions of illness.

For April, faith is an important resource for maintaining hope despite the difficulties she faces. This is in line with studies showing the protective role of spirituality in adapting to cancer (Puchalski et al., 2014).

Across the four cases, several common elements emerge:

- The announcement of the diagnosis is a critical moment, producing fear, uncertainty, and emotional collapse.
- Patients develop significant existential anxiety, expressed through questions about death, suffering, the future, and the meaning of life.
- The illness disrupts personal, marital, professional, and financial plans, thereby increasing psychological vulnerability.
- Support from family, healthcare professionals, and religion appears to be an important factor in adaptation, even though it does not always prevent psychological distress.

These findings support psycho-oncology recommendations emphasizing the need for comprehensive care that incorporates the psychological, social, spiritual, and existential dimensions of people living with cancer (Holland & Breitbart, 2015). They also show that the intensity of psychological suffering cannot be assessed solely through psychometric scores. Qualitative analysis highlights important nuances in the subjective experience of illness, usefully complementing quantitative measurements and allowing a more comprehensive understanding of patients' lived experience.

CONCLUSION

At the end of this study, we conclude that people living with cancer are aware of their health condition. Some accept their illness, whereas others struggle to acknowledge the reality of their health status. Confronting a diagnosis of cancer is therefore a moment of intense anxiety.

The psychological distress experienced by people living with cancer manifests physically through severe pain, physical fatigue, insomnia, and nausea, as revealed by their scores on the Edmonton Symptom Assessment Scale. At the psychological level, it is expressed through feelings of vulnerability, existential anxiety, depression, and uncertainty.

REFERENCES

1) Annales Médico-Psychologiques. (2017). *Prise en charge psychologique de patient cancéreux*. Revue Psychiatrique, 175(3), 241–246.
2) Bézy, O., & Jalenques, L. (2007). De la spécificité du cancer et de ses effets. *Annales Médico-Psychologiques*, 165, 132–135.
3) Fischer, G. N. (2013). *Psychologie de la santé : un autre regard sur la maladie et guérison*. Paris: Odile Jacob.
4) Frank, A. W. (1995). *The wounded storyteller: Body, illness, and ethics*. University of Chicago Press.
5) Holland, J. C., & Breitbart, W. S. (Eds.). (2015). *Psycho-oncology* (3rd ed.). Oxford University Press.
6) Jolly, C. (2018). *Impact du cancer sur la psychologie et l'identité féminine des patientes* [Master's thesis in Psychology, Catholic University of Louvain]. https://dial.uclouvain.be/memoire/ucl/fr/object/thesis%3A15791
7) Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.
8) Lelo, C., & Saka, L. (2019). *À quand un programme national de lutte contre le cancer en RDC ?* https://habarirdc.netquand-programmenational
9) Mawisa, E. (2020). *Traumatisme psychique chez les enfants de la rue* [Master's thesis in Clinical Psychology, Faculty of Psychology and Educational Sciences, University of Kinshasa].
10) Ndahindwa, V., Ngendahayo, L., & Vyankandondera, J. (2012). Aspects épidémiologiques et anatomopathologiques des cancers dans les centres hospitaliers universitaires du Rwanda. *Revue Médicale Rwandaise*, 5, 44–49.
11) Nordmann-Dolbeaut, S. (2009). *La détresse des patients atteints de cancer : prévalences, facteurs prédictifs, modalités de repérage et de prise en charge* [Doctoral dissertation in Neuroscience, University of Paris].
12) World Health Organization. (2014). *Principaux faits sur le cancer dans le monde, ses causes*. https://www.who.int/fr/news-room/fact-sheets/detail/cancer
13) Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning-making and its effects on adjustment to stressful life events. *Psychological Bulletin, 136*(2), 257–301. https://doi.org/10.1037/a0018301
14) Puchalski, C. M., Vitillo, R., Hull, S. K., & Reller, N. (2014). Improving the spiritual dimension of whole-person care: Reaching national and international consensus. *Journal of Palliative Medicine, 17*(6), 642–656. https://doi.org/10.1089/jpm.2014.9427
15) Roy, S. (2013). Le psychologue et le cancéreux. *Le Figaro*.
16) Tribolet, S., & Shahidi, M. (2005). *Nouveau précis de sémiologie des troubles psychiques*. Paris: Éditions Heures de France.
17) Yalom, I. D. (1980). *Existential psychotherapy*. Basic Books.

APPENDIX 5. PARTICIPANT INFORMATION SHEET AND INFORMED CONSENT FORM

PART I: INFORMATION SHEET

Psychological Distress Among People Living With Cancer : A Study Based on an Idiographic Clinical Case Approach

Principal Investigator / Researcher

Name: Esenge Omekanda Clarisse

Institution: University of Kinshasa, Faculty of Psychology and Educational Sciences

Supervisor: Professor Josué Ozowa Latem

Invitation to Participate

You are being invited to participate in a research study involving patients with cancer who are receiving medical care at the University Clinics of Kinshasa (CUK).

Before you decide whether or not to participate, it is important that you understand why the research is being conducted and what your participation will involve. Please take the time to read the following information carefully. You may ask the researcher any questions you may have before deciding whether to participate.

Purpose of the Study

The purpose of this study is to This study, situated within the field of psycho-oncology, seeks to examine the psychological aspects of the cancer experience.

The study has been developed as part of academic research at the University of Kinshasa, Faculty of Psychology and Educational Sciences, and has been submitted for ethical and academic review in accordance with the applicable institutional requirements.

Why Have I Been Invited to Participate ?

You have been invited because you are a patient with cancer receiving medical care at the University Clinics of Kinshasa and meet the eligibility criteria established for this study. Your participation is entirely voluntary.

What Will Happen If I Participate ?

If you agree to participate, you will be asked to **participate in an interview**. The procedures involved in the study will be explained to you before they begin. Your participation is expected to take approximately **(1h)**.

Risks or Discomforts

There are **no anticipated risks** associated with participation in this study.

Some questions may cause emotional discomfort or may make you feel uncomfortable when discussing personal experiences. You may decline to answer any question that you do not wish to answer. If you experience any difficulty or distress related to your participation, you may inform the researcher at any time.

Potential Benefits

You may not receive any direct personal benefit from participating in this study. However, the information obtained from this research may contribute to a better understanding of « Psychological Distress Among People Living With Cancer: A Study Based on an Idiographic Clinical Case Approach » and may potentially contribute to improving the care and support provided to people living with cancer in the future.

Confidentiality and Protection of Personal Information

All information collected during this study will be treated as confidential. Your name and other directly identifying information will not be included in reports, publications, presentations, or other research outputs. Where possible, a study identification code will be used instead of your name. Research records will be stored securely and will only be accessible to authorized members of the research team. The results of the study may be published or presented for academic or scientific purposes, but you will not be personally identified.

Voluntary Participation

Your participation in this study is completely voluntary. You are free to decide whether or not to participate. Refusing to participate will not affect your medical care, your relationship with your healthcare providers, or any benefits to which you are otherwise entitled.

Right to Withdraw

You may withdraw from the study at any time and for any reason, without penalty or loss of benefits to which you are otherwise entitled.You may also refuse to answer any particular question without having to provide a reason.

Costs and Compensation

There is **no cost** to you for participating in this study. You will **not receive any payment** for your participation.

Questions or Additional Information

If you have questions about the study, your participation, your rights as a research participant, or any aspect of the research, you may contact:

Principal Investigator / Researcher:

Name: Clarisse esengo

Telephone: 0906636329

Email: josueozowa@gmail.com

Academic Supervisor:

Professor Josué Ozowa Latem

University of Kinshasa, Faculty of Psychology and Educational Sciences

Contact: 0810557337

Ethics Review

This research project has been submitted to and/or approved by the appropriate academic and research ethics authorities of the University of Kinshasa, Faculty of Psychology and Educational Sciences, in accordance with applicable ethical requirements.

The purpose of ethical review is to help protect the rights, safety, dignity, and well-being of research participants.

PART II: CERTIFICATE OF INFORMED CONSENT

Consent to Participate in Research

I have read and understood the information provided to me concerning this research study.

I have had the opportunity to ask questions about the study, and all my questions have been answered to my satisfaction.

I understand :

- The purpose of the study and what my participation will involve ;
- The expected duration of my participation ;
- The possible risks and discomforts associated with participation ;
- The potential benefits of the study ;
- How my personal information and research data will be kept confidential ;
- That my participation is voluntary ;
- That I may refuse to participate or withdraw from the study at any time without penalty or loss of benefits to which I am otherwise entitled ;
- That refusing to participate or withdrawing from the study will not affect the medical care I receive.

I understand that the information collected during this study may be used for academic and scientific purposes, including research reports, academic dissertations, scientific publications, and presentations, provided that my identity remains confidential.

Having received sufficient information about the study and having had the opportunity to ask questions, **I voluntarily agree to participate in this research study.**

I understand that signing this consent form does not waive any of my legal rights as a research participant and does not relieve the researcher or the research institution of their responsibilities.

I will receive a copy of this informed consent form.

Participant

Full name of participant : _____

Signature / Thumbprint : _____

Date : _____ / _____ / _____

Researcher / Person Obtaining Consent

I confirm that I have explained the nature, purpose, procedures, potential risks and benefits of this study to the participant and have answered all questions raised by the participant to the best of my ability.

Full name of researcher : _____

Signature : _____

Date : _____ / _____ / _____

Witness (if applicable)

Full name of witness : _____

Signature : _____

Date : _____ / _____ / _____

Corresponding Author: Florentin Jandarme