Into the Light of Mortality: Exploring Cancer Survivors' Perception of Life and Death Positivity

Maria Rowena B. Plando., Mary Shayne B. Caminade., Michellin L. Cabico., Marie Feb T. Rosales

Psychology and Behavioral Sciences Department, College of Arts and Sciences / Cebu Technological University - Argao Campus

DOI: https://dx.doi.org/10.47772/IJRISS.2026.100300029

Received: 03 March 2026; Accepted: 12 March 2026; Published: 24 March 2026

ABSTRACT

This study explores the lived experiences of cancer survivors in Cebu, Philippines, focusing on how their perceptions of life across different phases of survivorship influence the development of death positivity. Specifically, it examines survivors' reflections prior to diagnosis, during active treatment, and in the post-treatment phase, highlighting physical, social, and psychological transformations. Anchored in Post-Traumatic Growth Theory by Tedeschi and Calhoun, and supported by Terror Management Theory (Greenberg, Solomon, & Pyszczynski) and the Meaning-Making Model (Park & Folkman), the study seeks to understand how confronting a life-threatening illness reshapes survivors' worldviews and attitudes toward mortality. This research utilized a qualitative narrative inquiry design, as conceptualized by Connelly and Clandinin (1990), which emphasizes understanding lived experiences through personal storytelling and chronological reconstruction of life events. Eight cancer survivors from Cebu, Philippines aged 20–45 who had been in remission for 5–8 years participated in semi-structured, in-depth interviews. Data were analyzed using Braun and Clarke's six-phase thematic analysis framework. Findings revealed that prior to diagnosis, participants perceived life as stable and routine, often taking health for granted. The active treatment phase disrupted this normalcy, marked by physical limitations, emotional distress, shifting identities, and heightened mortality awareness. In contrast, the post-treatment phase emerged as transformative, characterized by renewed purpose, strengthened relationships, lifestyle changes, and deeper gratitude for everyday experiences. Survivors developed greater acceptance of death, reframing mortality as a natural and meaningful aspect of life rather than solely a source of fear. The study concludes that the confrontation with cancer can catalyze existential growth, fostering resilience, meaning making, and death positivity. These insights informed the development of Project BIDLISIW, a community-based psychosocial intervention aimed at sustaining survivors' positive life perspectives and promoting open conversations about mortality in the Philippine context.

Keywords: cancer survivors, prior to diagnosis, active treatment, post-treatment, death positivity.

INTRODUCTION

Life and mortality are universal aspects of the human experience, yet how individuals perceive these phenomena varies greatly based on their personal journeys.

One of the most transformative experiences that can reshape these perceptions is surviving a life-threatening illness such as cancer. Globally, cancer remains a leading cause of death, with the World Health Organization (WHO) reporting nearly 10 million cancer-related deaths in 2020, accounting for 1 in 6 deaths worldwide. In the Philippines, a Southeast Asian country with a population exceeding 110 million, cancer is also a major public health concern, accounting for over 150,000 new diagnoses and over 90,000 deaths in the same year (Dee et al. 2022). Moreover, a nationwide survey conducted by IQVIA and commissioned by MSD found that 2 out of 5 Filipinos have been directly affected by cancer, either through their own diagnosis or through family and social connections (Niitsu, 2021). As such, cancer diagnosis presents additional challenges during an already vulnerable period of development (Hughes et al., 2024). Given the widespread impact of cancer, understanding the lived experiences of survivors becomes crucial in addressing the multifaceted challenges they faced.

Among those most acquainted with questions of life and death are cancer survivors, whose experiences often prompt profound psychological and existential shifts. For many cancer survivors, the confrontation with life-threatening illness often serves as a catalyst for profound psychological and existential transformation (Seiler & Jenewein, 2019). To elucidate this shift, Granstorm et al. (2023) define perception of life as the way survivors interpret their experiences across physical, social, and psychological dimensions. Their perception of life before and after diagnosis may differ significantly. Before diagnosis, cancer survivors often view life as a time of normalcy, largely unaware of potential health issues, taking their well-being for granted, with a focus on daily routines and mundane concerns (Wang & Chung, 2012). However, after diagnosis and active treatment, cancer survivors' perception of life is frequently reshaped. Survivors often prioritize engaging in meaningful activities that bring them a sense of control, foster social connections, and cultivate joy and purpose (Allison et al., 2022). This shift in perspective underscores the survivors' resilience, but it also raises questions about how they balance their renewed appreciation for life with the inevitability of death.

Meanwhile, mortality remains a natural phenomenon. While some perceive death as a source of fear or threat due to its unknown nature and uncertainty - often termed as “death anxiety” (Rezapour, 2022) - others, particularly cancer survivors, view it more positively as a normal and natural part of life (Philipp et al., 2019). For them, accepting death can be an adaptive response, reducing existential distress and anxiety. This acceptance also supports the exploration of death-related concerns, fostering a healthier and more balanced perspective on mortality. This cognitive shift, termed “death positivity” encourages open conversations about death and frames it as a natural part of life rather than something to be feared or avoided. This concept is often applied to end-stage cancer patients (Wu et al., 2024), who confront their mortality with acceptance and resilience (Wilson et al., 2022). While death positivity has been explored to these patients, its relevance to cancer survivors - those who have completed active treatment - remains underexplored.

Existing research on cancer survivors’ perceptions of life and death remains limited in scope. De Guzman et al. (2013) illustrated Filipino survivors’ transformation through the Ribbon of Cancer Survivorship model but did not explicitly address attitudes toward death. Burke et al. (2011) and Quiquiles and Mendez (2022) examined survivorship and well-being, yet their focus remained on coping and quality of life rather than death acceptance. Similarly, Chan et al. (2016) explored survivors’ struggles and meaning making but not how life perceptions evolve into death positivity. To bridge this gap, the present study employs narrative inquiry and thematic analysis to explore how Filipino cancer survivors make sense of life and death after treatment.

This study seeks to address that gap by exploring how Filipino cancer survivors in Cebu construct meaning from their experiences with illness, survival, and mortality. Specifically, it examines how survivors reflect on three key phases of their journey: prior to diagnosis, during active treatment, and in the post-treatment period. It considers the physical, social, and psychological transformations they undergo, and how these contribute to a more accepting and life-affirming view of death. Employing a qualitative design, the study utilized open-ended interviews and analyzed the narratives through a thematic lens. Psychologically, this research aims to contribute to the growing field of psycho-oncology by informing interventions that promote emotional resilience and well-being. Socially, it sheds light on the often-overlooked inner world of survivors, enhancing how communities and support systems can respond to their evolving needs. Scientifically, it adds to the limited body of local qualitative research on survivorship, offering valuable insights for future studies on coping, meaning making, and life after cancer.

METHODS

Research Design

This study utilized a qualitative research approach employing a narrative inquiry design to explore the lived experiences of cancer survivors across the phases of pre-diagnosis, active treatment, and post-treatment. The study focused on how participants construct meaning from their illness journey, particularly in relation to life, death, and survivorship. Purposive sampling was used to select participants based on specific criteria, including sex, age, type of cancer, and time since completion of active treatment. A target sample of seven to ten participants was established, with data collection continuing until saturation was reached, ensuring depth, relevance, and trustworthiness of the findings.

Participants

A total of eight cancer survivors (Southern Cebu, n = 2; Northern Cebu, n = 1; Cebu City, n = 5) participated in the study through in-depth interviews. Participants were selected based on the following criteria: (a) diagnosed with any type of cancer and completed active treatment (e.g., surgery, chemotherapy, or radiation), and currently in the post-treatment phase; (b) considered a cancer survivor for at least 5–8 years to allow exploration of long-term physical, social, and psychological effects and perspectives on mortality; (c) aged between 20 and 45 years; (d) male or female; (e) residing in Cebu, Philippines; and (f) capable of providing informed consent and willing to share their experiences. Individuals who did not meet these inclusion criteria were excluded to ensure alignment with the study's objectives.

Research Setting

The study focused on cancer survivors residing in Cebu, Philippines, to provide a localized understanding of survivorship within its specific cultural and healthcare context. Cebu was selected due to its diverse population, varying access to healthcare resources, and the limited existing research on cancer survivorship in the region.

Research Instrument

Data were collected through semi-structured interviews focusing on four key areas: (a) life prior to diagnosis, (b) experiences during the active-treatment phase, (c) post-treatment experiences across physical, social, and psychological domains, and (d) perspectives on death in the context of having experienced cancer. The interview guide was developed by the researchers and reviewed by three qualitative research experts to ensure clarity, relevance, and sensitivity. A Bisaya translation of the study materials was also reviewed by a language expert to ensure cultural appropriateness and accessibility.

Data Gathering

The data collection procedure followed three phases: pre-gathering, actual gathering, and post-gathering. The pre-gathering phase included securing ethical approval, validating research instruments, and recruiting participants through purposive sampling. Eligible cancer survivors were contacted through hospitals, support groups, and community networks, provided with informed consent forms, and oriented regarding their rights, including voluntary participation and the option to withdraw at any time. The actual gathering phase involved one-on-one semi-structured interviews conducted either in person or online, guided by open-ended questions and audio-recorded with permission. Interviews were held in private settings to ensure comfort, followed by a debriefing session to safeguard participants' emotional well-being.

In the post-gathering phase, interviews were transcribed verbatim and analyzed using the six phases of thematic analysis. Emerging themes were organized through a narrative inquiry framework to capture the depth of participants' lived experiences. Findings were interpreted using relevant theoretical models and synthesized into a research report, with the intention of contributing to psycho-oncology research and informing patient-centered care initiatives.

Data Analysis

To examine cancer survivors' perceptions of life and orientation toward death positivity, the study employed Braun and Clarke's (2006) six-phase thematic analysis framework. The process began with data familiarization through repeated reading of transcripts and listening to audio recordings, followed by systematic generation of initial codes using both inductive and deductive approaches guided by relevant theoretical frameworks. Codes were then organized into potential themes, which were reviewed, refined, and evaluated to ensure coherence, consistency, and alignment with the entire dataset. Final themes were clearly defined and named to capture the core meanings of participants' experiences. In the final phase, themes were synthesized into a coherent narrative supported by verbatim excerpts, providing a rich and nuanced account of how cancer survivors understand life, survivorship, and death within their physical, social, and psychological contexts.

Ethical Considerations

This study was conducted in accordance with key ethical principles of Respect for Persons, Beneficence, and Justice, as outlined by Amdur and Bankert (2010) and the Belmont Report (1979). Respect for Persons was ensured by treating participants as autonomous agents, obtaining informed consent, protecting privacy and confidentiality, and allowing withdrawal from the study at any time without penalty. Beneficence was upheld by minimizing potential harm, maximizing positive outcomes, and designing the study to be feasible and ethically responsible. Justice was maintained through fair and equitable participant selection, ensuring no individual or group was unfairly burdened or excluded, and that the benefits and responsibilities of the research were evenly distributed. Additionally, debriefing sessions were conducted after interviews to address any emotional distress and demonstrate care for participants' well-being.

Trustworthiness of Data

To ensure the trustworthiness of this qualitative study, the researchers adhered to the four criteria established by Lincoln and Guba (1985): credibility, transferability, dependability, and confirmability. Credibility was ensured through data triangulation, investigator triangulation, member checking, and the use of semi-structured interviews to capture accurate and detailed participant experiences. Transferability was enhanced by providing thick descriptions of the research context, participant demographics, and findings, allowing readers to evaluate the applicability of the results to similar settings. Dependability was maintained through careful documentation of procedures, data analysis, and decision-making processes, supported by external audits and structured coding to ensure consistency and replicability. Confirmability was achieved by minimizing researcher bias through bracketing, practicing reflexivity through reflective journals, and maintaining a transparent audit trail that enables external reviewers to verify the findings. By adhering to these criteria, the study ensures the trustworthiness of its findings and provides a robust and reliable exploration of cancer survivors' perceptions of life and death positivity.

RESULTS AND DISCUSSION

This chapter presents the findings from qualitative data collected from eight cancer survivors in Cebu, Philippines, through in-depth interviews exploring their perceptions of life and death. Employing Connelly and Clandinin's (1990) narrative inquiry, the study presents individual narratives across three phases of survivorship - pre-diagnosis, active treatment, and post-treatment - focusing on physical, social, and psychological experiences, as well as perspectives on death. The evolving meaning of life across these phases is captured chronologically. Additionally, thematic analysis following Braun and Clarke (2006) identifies emergent themes and subthemes within each aspect of experience, informing a tailored intervention program. Findings are organized according to the research questions to ensure coherence and clarity.

This chapter presents the findings from qualitative data collected from eight cancer survivors in Cebu, Philippines, through in-depth interviews exploring their perceptions of life and death. Employing Connelly and Clandinin's (1990) narrative inquiry, the study presents individual narratives across three phases of survivorship—pre-diagnosis, active treatment, and post-treatment-focusing on physical, social, and psychological experiences, as well as perspectives on death. The evolving meaning of life across these phases is captured chronologically. Additionally, thematic analysis following Braun and Clarke (2006) identifies emergent themes and subthemes within each aspect of experience, informing a tailored intervention program. Findings are organized according to the research questions to ensure coherence and clarity.

Cancer Survivors' Perception of Life Prior to Diagnosis

Physically, before their diagnosis, many participants-maintained lifestyles that were sedentary or unbalanced, yet they did not perceive themselves as unwell. Minor discomforts were interpreted as ordinary fatigue, stress, or temporary conditions. As Wang and Chung (2012) suggest, individuals who perceive themselves as healthy often underestimate the need for preventive care and physical awareness. This pattern was evident in the participants' reflections, as they rarely paused to interpret early bodily changes as serious warnings.

Table 1. Cancer Survivors' Life Perception Prior to Diagnosis

Aspect	Themes	Subthemes
Physical	Limited Understanding and Perception of Health Before Diagnosis	Early Bodily Cues or Subtle Signs
Social	Social connections and interpersonal relationships	Connecting through friendships and shared activities Family bond and emotional closeness
	Sources of Strength and motivation	Family as primary support system
Psychological	Aspirations, goals, and ambitions	Academic and professional aspirations Childhood Indecision and Simple Life Goals
	Perceived Importance of Emotional Support	Family and Friends as Primary Source of Assistance
	Fears and Worries Before Diagnosis	Academic and Achievement-Related
	Ways of Managing Stress Before Diagnosis	Leisure and Entertainment

Table 1 presents the emerging themes and subthemes that capture the participants' perceptions of life prior to diagnosis. These themes reflect not only their physical conditions but also the social and psychological aspects intertwined in their experiences. Their narratives illustrate their life prior to cancer diagnosis and describe their daily routines, social engagement, and introduced emotional aspects.

Theme 1A. Limited Understanding and Perception of Health Before Diagnosis

Early Bodily Cues or Subtle Signs. Participants 3, 6, 7, and 8 described themselves as energetic and physically capable. They could run, swim, play, and fulfill daily responsibilities without limitation. Strength was measured by endurance and activity level. Illness had not yet tested their resilience, and thus the body was viewed as reliable and unquestioned. However, beneath this surface of normalcy, subtle bodily cues had already begun to emerge.

Several participants recalled experiencing mild yet significant physical changes before their diagnosis. These manifestations were quiet and gradual, often dismissed as harmless or routine, as illustrated in their statements:

(P1) "So, the pain at first, if I were to rate it, was about 2 out of 10. In the beginning, it was just that there were some restrictions in my mobility, but you wouldn't really know that it was already there."

(P2) "Before I was diagnosed, nothing at all. I was asymptomatic. I would say I was asymptomatic except for the fact that when I slept on my right side, I felt like there was a stone, like I was lying on a stone."

These accounts illustrate how early symptoms such as mobility restrictions, unexplained bruises, paleness, fevers, headaches, fatigue, and appetite changes were present but not immediately recognized as indicators of a serious condition. Participants 1 and 2 reported mobility limitations but did not perceive them as alarming. Similarly, participants 3, 5, and 6 frequently experienced childhood illnesses, which were normalized as ordinary fevers or minor ailments.

In hindsight, participants recognized that their bodies had been signaling distress long before the formal diagnosis. Feelings of fatigue, weakness, and unexplained exhaustion reflected a quiet physiological struggle. Yet, because these signs appeared mild, intermittent, or tolerable, they were dismissed. This aligns with Stebbing (2024), who emphasized that cancer often progresses silently without recognizable symptoms. The Cancer Council NSW (2024) similarly notes that cancer-related pain can manifest prior to diagnosis, often appearing intermittently and easily overlooked. Thus, while most participants described living in physical normalcy, their narratives reveal that early disruptions were already present but unacknowledged.

Socially, participants described their lives before diagnosis as socially active, emotionally secure, and relationally grounded. Their narratives portray a period marked by ease in communication, vibrant interpersonal engagement, and strong family bonds. Social connection was experienced as natural and uncomplicated, embedded within everyday routines rather than consciously valued as something fragile.

Most participants recalled freely engaging with friends, classmates, neighbors, and family members without restrictions. Socialization was spontaneous and joyful, as illustrated in their statements:

(P1) “We would really bond through basketball.”

(P3) “Socialize with my classmates, friends.”

(P4) “I was the kind of child who really liked to socialize, go out of the house, and make friends.”

These accounts demonstrate that physical health facilitated social confidence and participation. Being able-bodied and mobile enabled participants to travel, interact, and engage without fear of limitation. As Participant 1 noted, social connection was manageable if one had physical strength and mobility. Thus, physical well-being functioned as an unspoken foundation for social ease.

Beyond friendships, family relationships emerged as central to participants’ emotional stability. Homes were described as spaces of warmth, security, and belonging. Participants consistently emphasized emotional closeness with parents and extended family members:

(P3) “Everything felt normal, and I didn’t have any problems, especially with my family.”

(P6) “Before, socially, in terms of how I spent time with my friends and family, there were no limits, we were very close.”

For many, particularly Participants 3, 4, 5, and 6, mothers played a significant nurturing role. Even Participant 1, who initially reported distance within the family, later recognized them as a source of motivation and strength. Participant 2 emphasized emotional closeness through communication, while Participant 7 highlighted the supportive presence of extended family members. Collectively, these narratives position family as the primary anchor of identity and emotional grounding.

This relational stability extended to perceptions of support. Participants 3, 4, and 8 expressed that they did not feel a lack of support before diagnosis, describing their lives as “complete.” Emotional and medical assistance were not actively contemplated, as life felt manageable and within control. Support systems were present but not consciously relied upon for survival; rather, they functioned as background assurance. With that, two interconnected themes emerged:

Theme 2A: Social Connections and Interpersonal Relationships

Participants recalled living in a world shaped by vibrant relationships and meaningful social bonds. Their days were filled with laughter, shared experiences, and the comforting presence of family, friends, and peers. These early connections served as pillars of emotional strength and belonging, defining a period of life grounded in warmth and companionship - one that would later stand in stark contrast to the feelings of solitude and reliance that accompanied their declining health.

Connecting through friendships and shared activities. Participants 3 and 5 shared a common experience of living normally and engaging openly with others before their diagnosis. They recalled being sociable, spending time with friends, classmates, neighbors, and family without any restrictions or concerns about illness. Their lives were marked by play, daily interactions, and a sense of comfort within their surroundings, reflecting a period where health was not a barrier to enjoying relationships and routines as illustrated in their statements:

(P1) “We would really bond through basketball.”

(P4) “I was the kind of child who really liked to socialize, go out of the house, and make friends.”

(P6) “I was also very friendly, so basically, I had no restrictions.”

Family bond and emotional closeness. Many of them naturally leaned on their family and close friends for everyday support and companionship. These relationships formed the foundation of their daily lives, offering comfort, guidance, and a sense of belonging. The people around them influenced their routines and emotional well-being in simple yet meaningful ways - through shared responsibilities, encouragement, and the quiet assurance that they were never alone:

(P2) “Before I was diagnosed, I was actually close to my family.”

(P3) “Everything felt normal, and I didn’t have any problems, especially with my family.”

(P6) “Before, socially, in terms of how I spent time with my friends and family, there were no limits, we were very close.”

Strong family bonds played in nurturing the participants’ sense of well-being and inner strength. Their families served as steady sources of love, guidance, and security. This deep connection not only fostered emotional balance and resilience but also shaped their sense of identity, grounding them in a network of care that defined their early lives.

Theme 2B: Sources of Strength and Motivation

Family as the primary support system. Family consistently emerged as the primary source of strength. Participants described their loved ones as providers of reassurance, encouragement, and emotional security:

(P2) “I’ve always been a family-oriented person. I became closer to my family.”

(P5) “When it comes to my support system, my family is truly my number one.”

These early relational foundations cultivated resilience and optimism, even before illness required them to draw upon such strengths more consciously. In retrospect, participants recognized that the emotional security established prior to diagnosis unknowingly prepared them for future adversity.

The findings indicate that prior to diagnosis, participants’ social worlds were characterized by stability, ease, and emotional completeness. Physical health supported confidence in social engagement, while family bonds provided a secure relational base. Social support was present but largely unexamined, as participants did not anticipate needing deeper medical or emotional assistance. Importantly, participants reported no major communication barriers or social withdrawal during this phase. Their accounts suggest that social connection is shaped not only by relational opportunity but also by physical vitality and emotional assurance. Health functioned as an enabling condition for social participation. In hindsight, survivors recognized that connection extended beyond mere presence; it involved emotional strength, adaptability, and mutual care. While cancer would later alter the way they engaged socially, their pre-diagnosis experiences reveal that belonging, family closeness, and everyday companionship formed the core of their early well-being. Collectively, the narratives emphasize that healing and resilience are rooted not solely in medical intervention but in enduring networks of compassion and relational support. Even before illness disrupted their lives, these social foundations quietly shaped their capacity to endure future challenges.

Psychologically, participants described their psychological state as stable, hopeful, and largely untouched by deep uncertainty prior to diagnosis. Their identities were shaped by ordinary routines, academic responsibilities, friendships, and family relationships rather than concerns about illness or mortality. Meaning emerged naturally from daily life, and their sense of purpose was grounded in personal goals and relational stability. Life felt manageable, predictable, and secure.

Theme 3A. Aspirations, goals, and ambitions

Academic and professional aspirations. Participants envisioned futures filled with opportunity and achievement. Some articulated strong professional dreams:

(P5) "I would say I wanted to be a flight attendant."

(P6) "I envisioned myself to be rich. I wanted to be rich, I wanted to do a business. And, I had so many ambitions in life. I wanted to be an engineer. Mainly, I wanted to be a doctor. I was very ambitious before."

Childhood Indecision and Simple Life Goals. Participants described having modest and uncomplicated goals that reflected the innocence of their earlier years. Their happiness often came from small, meaningful moments, playing with friends, discovering new interests, and celebrating simple achievements. This stage of life was marked by spontaneity and contentment, where joy was found in ordinary experiences rather than grand ambitions.

(P3) "Before cancer, I only envisioned myself playing with other kids. I didn't really have thoughts about a professional career yet, but I did have a goal of finishing school."

(P5) "During my childhood, nothing. I did not really have any interests growing up. I just thought, whatever, anything is fine."

Theme 2B. Perceived Importance of Emotional Support

Family and Friends as Primary Source of Assistance. Although participants did not feel an urgent need for deep emotional dependence, family and friends served as steady sources of reassurance and comfort. As reflected in their narratives:

(P1) "For emotional support you'd just have fun, hang out with your friends, and everything seemed to go away."

(P2) "Emotional support already mattered to me. In my family, yes - it was very important."

(P6) "My parents were very hands-on with me. Every time I cried, every need I had, they were always there. They were very supportive."

Emotional security was present as an assumed foundation rather than a consciously sought necessity.

Theme 3C. Fears and Worries Before Diagnosis

Academic and Achievement-Related. Their concerns were primarily academic and achievement-related rather than existential:

(P1) "You have to be successful; you have to be competitive. That was the only thing that pressured me before."

(P3) "Before, my biggest fear was not being able to finish my studies."

Illness and mortality were distant thoughts, overshadowed by common developmental pressures.

Theme 4D. Ways of Managing Stress Before Diagnosis

Leisure and Entertainment. In managing stress, participants relied on simple, familiar coping strategies such as leisure, distraction, and social engagement.

(P2) "Before, when I was stressed, I would stress eat. Also, my stress relievers were K-dramas and binge-watching."

(P3) "So before cancer, playing was my main way of coping."

(P7) “I just played on the computer.”

(P3) “Before, my biggest fear was not being able to finish my studies.”

Overall, the pre-diagnostic psychological phase was characterized by optimism, relational grounding, and emotional steadiness. Participants had not yet engaged in deeper self-reflection about vulnerability, long-term priorities, or mortality. This aligns with Tov and Lee’s (2016) assertion that individuals often prioritize short-term achievements and social validation until a major life event prompts introspection. For these survivors, cancer became that turning point, reshaping their awareness of meaning, resilience, and psychological depth.

Cancer Survivors’ Perception of Life During Active Treatment

This section presents the emerging themes and subthemes reflecting the participants’ perceptions of life during active treatment. These themes encompass not only the physical challenges experienced during cancer but also the social and psychological dimensions of their journey.

Table 2. Cancer Survivors’ Life Perception During Active Treatment

Aspect	**Themes**	**Subthemes**
Physical	Deterioration of Physical Functioning	Declining mobility Treatment fatigue Activity limitations
	Reconstructing Strength Amid Physical Vulnerability	Awareness of bodily limits Endurance with acceptance Adaptive adjustments
Social	Restricted Social Interaction	Limited physical socialization Health-related isolation
	Social Challenges	Negative treatment Feelings of exclusion
	Support Systems and Reliance on Key Figures	Family support Spiritual grounding Organizational help
Psychological	Reconstructing Identity through Faith and Acceptance	Meaning through surrender Embracing uncertainty Redefining purpose
	Shifting Visions of the Future	Changing priorities Gratitude-based outlook

	Anchoring Strength in Support	Emotional lifeline Family-driven motivation Coping through openness
	Emotional Resilience and Self-Realization	Self-worth strengthened Maturity through adversity

Theme 1A. Deterioration of Physical Functioning

Declining mobility. Participants' narratives reveal cancer as an embodied rupture that destabilizes daily life while simultaneously reshaping their understanding of strength, limitation, and survival. The deterioration of physical functioning was abrupt and disorienting. Once-active routines, walking, playing, attending school, became sites of exhaustion and pain:

(P1) "I couldn't walk anymore. I was bedridden for several months because the pain was unbearable."

(P3) "After I was diagnosed, I started to notice changes - like not being able to play as before."

These accounts situate physical decline not only as medical consequence but as existential disruption.

Treatment fatigue. Treatment intensified this vulnerability. Chemotherapy produced profound weakness, dependence, and confusion about bodily changes:

(P4) "When you reach the stage of chemo, it makes you weak, so you really need assistance."

(P6) "I became weaker. I had a lot of restrictions; I didn't really know what was happening to my body."

Activity limitations. Participants spoke of seizures, dietary restrictions, immune suppression, and constant fatigue:

(P5) "When I got sick, my mother would always carry me. I wasn't allowed to run or play sports because it was too exhausting and unsafe for me."

(P6) "I wasn't allowed to lift very heavy things; I wasn't allowed certain foods and drinks… I was very limited in doing everything."

Theme 1B. Reconstructing Strength Amid Physical Vulnerability

Awareness of bodily limits. Pain deepened bodily awareness. Several participants described becoming hyper-attentive to symptoms, interpreting fatigue or discomfort as signals requiring caution:

(P7) "As a child, I couldn't walk properly. I wanted to play, but I was limited in daily activities. I was in denial about having a disease."

(P8) "In your mind you think you can do it, but your body, your body gets tired so easily."

This heightened consciousness reflects how illness reorganized their relationship with the body, aligning with literature noting that cancer-related fatigue and pain significantly affect identity, daily functioning, and self-esteem (Lee & Ramaswamy, 2020; Wiley & Stanton, 2016). Physical suffering thus extended beyond symptomatology, reshaping self-perception and existential orientation.

Endurance with acceptance. Yet alongside decline emerged reconstruction. Participants gradually redefined strength, shifting from physical capability to endurance, patience, and emotional resilience:

(P4) “I realized that I’m actually strong, not just physically, but also emotionally, because I never cried or broke down about having cancer.”

(P5) “During high school, those experiences made me feel insecure… but now, it seems that experience has become a source of strength.”

Adaptive adjustments. Participants actively negotiated limitations, asserting independence and finding ways to engage in meaningful activities despite constraints.

(P6) “During treatment, I had many restrictions, but I found ways to manage daily life and assert myself despite limitations.”

(P7) “I wanted to prove to my parents that I didn’t want to be perceived as weak.”

Across accounts, vulnerability and resilience were not oppositional but intertwined. Physical deterioration compelled participants to confront fragility, yet this confrontation fostered deeper bodily awareness, gratitude for incremental recovery, and renewed appreciation for life. Cancer diminished physical strength, but it simultaneously cultivated reflective strength, an integrated understanding of endurance grounded in acceptance. The narratives demonstrate that survivorship is not merely recovery of function but a reconstitution of meaning, where the body becomes both a site of suffering and a source of insight.

Socially, cancer significantly affected participants’ ability to engage with others, reshaping their interpersonal interactions, support networks, and coping strategies. The illness and its treatment-imposed limitations that reduced socialization, altered peer relationships, and increased reliance on family, faith, and community support. These social experiences contributed to how participants perceived life, highlighting the value of meaningful relationships, connection, and support in fostering resilience and hope.

Theme 2A. Restricted Social Interaction

Participants experienced reduced social engagement due to illness, treatment, and health-related precautions. This limitation affected both casual interactions and deeper social connections, reinforcing feelings of isolation while prompting reflection on the importance of social bonds.

Limited Physical Socialization. Cancer profoundly reconfigured participants’ social worlds, constricting peer engagement while intensifying dependence on intimate bonds. Illness and treatment imposed strict physical and infection-related limitations, confining many indoors and reducing interaction to immediate family:

(P3) “The people who could interact with me were very limited.”

(P6) “I couldn’t see my friends, relatives, or attend occasions, I was very limited in seeing them socially.”

Health-related isolation. For several, particularly those with leukemia, immune suppression and hospital protocols required sustained isolation. P4 described this separation vividly: “During chemo, my socialization was really limited, you were kept away from many people.”

Theme 2B. Social Challenges

Negative Treatment. This restriction disrupted developmental rhythms. Participants 1, 3, and 7 paused schooling; others withdrew from play and peer activities. The result was a sense of being “out of sync” with age-mates, intensifying loneliness and awareness of difference. Physical changes such as hair loss and weight fluctuations further undermined confidence, discouraging social participation. As reflected in their narratives:

(P6) “One of my biggest struggles, I was really bullied.”

(P7) “I was really bullied. That was one of my hardships in life: people treated me differently.”

(P8) “I got bullied in school because I would just sit down, they’d tease me, saying, ‘Oh, you’re sick.”

Feelings of Exclusion. Participants often felt overlooked or excluded due to physical limitations. Such experiences, while difficult, cultivated self-awareness and an appreciation for genuine relationships that provided attention and care:

(P6) “Since you’re different from others, you would get less attention.”

(P5) “I could sense from my surroundings that they were like “walking on thin ice” around me, as if I was fragile. I felt like I had no belonging.”

These experiences highlight how illness reshaped peer dynamics, sometimes producing marginalization and emotional vulnerability.

Theme 2C. Support Systems and Reliance on Key Figures

Support systems were essential for participants’ social and emotional well-being. Family, faith, and community organizations provided stability, motivation, and a sense of belonging, which shaped participants’ life perception by reinforcing the value of relational support.

Family support. Yet amid social contraction, family emerged as an unwavering anchor. Across narratives, participants 1, 2, 3, 4, 6, and 7 emphasized that emotional support from parents and relatives was foundational to coping.

(P1) “When I was diagnosed, that’s when I truly saw how caring my family was.”

(P3) “During cancer, my main support system was my grandparents, my mother, and other family members who took turns staying with me in the hospital.”

(P5) “My family was truly my number one support system, if I saw my mother, I wouldn’t cry.”

Family presence provided not only practical assistance but identity continuity, reinforcing belonging during isolation. This deepened reliance aligns with Marin-Chollom et al. (2024), who observed that illness disclosure can strengthen relational bonds, and with Fitch (2021), who noted the centrality, yet occasional inconsistency, of social support during treatment.

Spiritual grounding. Faith served as a critical anchor, offering strength, hope, and purpose. Participants leaned on their spiritual beliefs to find meaning in suffering, interpret challenges positively, and maintain hope for recovery. Spiritual reliance functioned as both emotional sustenance and a coping mechanism, shaping a life perception centered on trust, gratitude, and resilience:

(P1) “I kept praying, “Lord, you placed me in this situation, please give me a sign, or something, so that I can continue my life with one leg.”

(P6) “My main source of strength, first, God.”

Organizational help. External groups, such as the Kapwa Ko, Mahal Ko Foundation, supplemented familial care:

(P4) “During my chemotherapy, it was my mom and dad who were there, and also the Kapwa Ko, Mahal Ko Foundation, plus my family.”

(P8) “During the time I had cancer, like in groups, it was with the Kapwa team.”

Such networks mitigated isolation, validated experience, and reinforced resilience beyond the nuclear family.

Importantly, participants also articulated unmet needs. Participants 1, 3, and 8 described financial strain, limited psychological services, or the absence of certain relatives during recovery, reminding that support, though vital, was not uniformly sufficient. These gaps occasionally compounded feelings of abandonment or fragility.

Collectively, participants' social narratives reveal a paradox: cancer restricted freedom and peer belonging, yet it simultaneously clarified relational priorities. Isolation heightened appreciation for authentic connection; bullying sharpened awareness of empathy and difference; family and faith became enduring pillars of strength. Social suffering, therefore, functioned not only as loss but as reorientation - cultivating relational mindfulness, gratitude, and a resilient identity grounded in love, care, and intentional connection.

Beyond physical and social disruption, cancer profoundly reshaped participants' inner worlds. Across narratives, diagnosis marked a psychological rupture, interrupting identity, destabilizing future, and confronting mortality, yet also catalyzing reflection, faith, and meaning making.

Theme 3A. Reconstructing Identity through Faith and Acceptance

This theme captures how participants redefined themselves through spiritual and existential frameworks. Cancer prompted them to reflect on identity, values, and purpose, leading to meaning-making that strengthened their psychological well-being.

Meaning in Surrender. Surrendering to God enabled participants to move beyond physical limitations and discover purpose beyond mere survival. Faith provided emotional stability, reduced anxiety about mortality, and fostered hope. Through prayer and reflection, they reframed suffering, maintained psychological balance, and embraced purposeful living oriented toward serving others and honoring a higher calling.

(P2) “I knelt before God, asked for forgiveness, and said, “Before You take me, I want my life to be used for Your glory.”

(P5) “The two most important things in my life are myself and my faith in God. I believe that it was the Lord who healed me—through people, medicine, doctors, and my family who truly supported us.”

Embracing Uncertainty. Acceptance of uncertainty reduced fear and anxiety, strengthening adaptability and resilience. Participants focused on controllable aspects such as daily habits, self-care, and emotional regulation rather than prognosis. Recognizing life's unpredictability fostered patience, emotional flexibility, and a constructive mindset for navigating the treatment journey.

(P6) “When I dealt with uncertainties before, I was hopeful because I believed things would be fine and solved with God's help.”

(P8) “During my cancer, it was like, we just accepted, we just really accepted everything that was happening. And to always be positive.”

Redefining Purpose. Purpose was redefined. Material ambition receded; meaningful engagement advanced, as illustrated in their statements:

(P5) “I get to enjoy serving children, when you get the chance to help, why not help? I'm not rich, but I serve, because service itself is a blessing.”

(P2) “I teach Science, but I only used to teach what was written in the book. But when I was diagnosed with cancer, that's when everything changed. My perspective shifted; my view of life also changed.”

Across stories, surrender emerged not as passivity but as psychological recalibration. Spiritual meaning mitigated anxiety about mortality and reduced the dominance of fear. This aligns with Marin-Chollom et al. 's (2024) notion of “engulfment,” wherein illness can overtake identity; participants resisted this by embedding cancer within broader spiritual narratives. Acceptance allowed them to focus on controllable domains, daily habits, prayer, service, rather than prognosis.

Theme 3B. Shifting Visions of the Future

Changing priorities. Cancer destabilized long-term dreams. Some hesitated to imagine distant futures; others recalibrated aspirations toward presence, health, and relational closeness. Survival became the new baseline. Yet this contraction paradoxically expanded appreciation for life's ordinary joys:

(P3) "During treatment, those earlier visions faded. I wasn't sure if I would survive."

(P8) "Everything really changed because I felt like I might not be able to handle things anymore since I already had cancer."

Gratitude-based outlook. Participants described valuing patience, discipline, and intentional living over external validation:

(P4) "I realized that I have a calling. I enjoy serving children. Before, people helped me, and now I can give back through service."

(P5) "After surviving, I often think that I'm truly blessed. Now, I get to interact with patients who are sick during my duties."

Theme 3C: Anchoring Strength in Support

Emotional Lifeline. Emotional journeys were complex, oscillating between despair, anxiety, composure, and hope:

(P1) "That's when I realized how important emotional support is. I kept crying and feeling hopeless, but God gave me a second life."

(P3) "Emotional support is really important, and from my friends, I think the most meaningful emotional support they can give is through prayers. They would message me from time to time, either online or through calls, encouraging me to keep getting better. It's really important. Because of that, I don't easily feel tired or exhausted."

Family-driven motivation. Family motivation reinforced self-worth:

(P5) "It's really my family because without them and their support system, you can't survive. Family is truly the number one thing that keeps you going."

(P7) "There are many. My family supported me emotionally, especially when I was first diagnosed—that's when it really mattered."

Coping through openness. Coping evolved through prayer, worship music, open emotional release, and reliance on family:

(P4) "I just let it out, I cried during chemotherapy."

(P2) "When I feel frightened or discouraged, I put on my earphones and listen to worship songs. That calms me down and strengthens my faith."

Such openness prevented emotional suppression and reinforced adaptive resilience.

Theme 3D: Emotional Resilience and Self-Realization

Psychologically, active treatment was marked by questioning, vulnerability, and confrontation with mortality. Yet resilience emerged as the endurance of hope rather than the absence of fear. Faith and familial bonds functioned as emotional scaffolds, stabilizing identity during uncertainty. Participants developed heightened awareness of life’s fragility, deeper relational gratitude, and a purposeful orientation toward service and authenticity.

Self-worth strengthened. Adversity prompted reflection on personal significance. Recognition of value fostered self-esteem and motivation, supporting a positive life perception. Awareness of impact on others’ lives encouraged purpose-driven engagement with life, beyond individual survival:

(P5) “I consider myself very precious; my parents have made so many sacrifices for me, so I shouldn’t disregard myself.

(P3) “It gives you strength to realize that you matter, that you’re important to them.”

Maturity through adversity. Early maturity contributed to better coping skills and emotional regulation, helping participants navigate challenges with resilience. Life perception was shaped by enhanced insight, gratitude, and acknowledgment of personal growth resulting from adversity. Their experiences accelerated emotional growth.

(P7) “I feel like, for my age, I matured really early, I’m very thankful for everything that happened in my life, even those times when I almost died, because you really learn - it’s like you become wiser earlier than expected.”

(P3) “It’s meaningful because that’s when I learned how to handle challenges.”

During active treatment, participants’ life perception was shaped by a dynamic interplay of faith, acceptance, emotional support, and resilience. The psychological challenges of cancer prompted reflection on purpose, values, and priorities, leading to an intentional and appreciative approach to living. Survivors developed a heightened awareness of the fragility and value of life, finding meaning through relationships, service, and spiritual surrender. This phase demonstrates that, despite uncertainty and adversity, cancer survivors can cultivate a positive, purposeful, and resilient life perception that extends beyond mere survival.

Cancer Survivors’ Perception of Life in the Post-Treatment Phase

Table 3. Life Perceptions of Cancer Survivors in the Post-Treatment Phase

Aspect	**Themes**	**Subthemes**
Physical	Strength, Recovery, and Resilience	Regaining Vitality and Functional Independence Gratitude in healing
	Health Discipline and Vigilance	Mindful living and continuous monitoring Pain as motivation
	Adjustment to Body Changes	Self-Acceptance and Confidence Adapting to physical changes
Social	Reconnection and Support	Deepened family bonds and appreciation Emotional and physical support
	Restored Social Confidence	Return to social activities and connections
	Emotional Growth in Relationships	Preference for fewer connections Maturity and personal focus

Psychological	Finding Meaning in Adversity	Viewing cancer as transformative Gratitude, Faith, and Spiritual Reconnection
	Creating New Purpose and Identity	Redefining goals and priorities Service and advocacy as self-growth
	Perspective Shift and Emotional Growth	Acceptance and Positive Outlook

The post-treatment phase marked neither a simple return to normalcy nor the end of struggle. Rather, survivors described it as a period of recalibration, physically rebuilding, psychologically integrating, and redefining what it means to live beyond cancer. Having endured diagnosis and treatment, participants entered survivorship with heightened bodily awareness, cautious hope, and a transformed perception of life.

Theme 1A. Strength, Recovery, and Resilience

During post-treatment, participants demonstrated the process of regaining both physical vitality and emotional strength. This theme emphasizes recovery not merely as a return to pre-illness functioning but as a deeper transformation that fosters endurance, hope, and appreciation of life’s renewed opportunities.

Regaining Vitality and Functional Independence. For many, regaining physical vitality symbolized triumph. Participants 2, 8, 1, 6, and 7 described lingering bodily effects, muscle tightening, fatigue, restricted movement, yet also gradual restoration of strength:

(P2) “There’s no more pain, but I can still feel the tendon tightening. The surgeon told me to stretch.”

Recovery required patience:

(P1) “It was difficult to walk before, but I got used to it.”

Others expressed renewed capacity with relief and enthusiasm:

(P8) “There are many things I want to do - and now I can. I’m cancer-free.”

Gratitude in healing. Regained energy often paralleled increased confidence. Survivorship became evidence of endurance. For some, recovery extended into purposeful action. Healing was interpreted not merely as biological remission but as meaningful restoration:

(P5) “Once I was declared free from cancer, my confidence also seemed to increase.”

(P4) “Maybe I really am strong as a person, not just physically, but emotionally.”

(P1) “When I became cancer-free, I started joining competitive sports, now I’m a motivational speaker.”

(P6) “I interpreted it as a blessing from God, an opportunity to do better in life.”

Thus, strength after treatment was not a return to a pre-illness body, but a redefined embodiment - integrating vulnerability, gratitude, and agency.

Theme 1B. Health Discipline and Vigilance

Mindful Living and Continuous Monitoring. Survivorship introduced disciplined intentionality. Participants adopted structured routines - daily walking, healthier diets, moderated stress, and consistent monitoring:

(P2) “Only 5% to 10% of cancer is genetic, so I started walking every day.”

(P6) “I avoid soft drinks, always eat vegetables.”

These lifestyle adjustments reflect what Maddocks (2022) identifies as essential health behaviors supporting long-term recovery.

Yet discipline coexisted with vigilance. Ordinary aches triggered concern:

(P3) “Whenever I had a migraine, I would immediately think it was leukemia returning.”

(P4) “When I feel something unusual, I think, ‘Oh no, maybe Saint Peter is about to take me.’”

(P8) “I can’t really say I’m completely free, I still go to my doctor for monitoring.”

This persistent alertness aligns with Simonelli et al. (2017), who documented heightened fear of recurrence among survivors.

Pain as Motivation. Importantly, participants gradually balanced caution with calm. Over time, they learned to distinguish anxiety from legitimate symptoms. Pain itself shifted meaning. Rather than paralyzing them, discomfort became a reminder to live carefully and intentionally. Vigilance evolved from fear-driven reaction to sustainable self-preservation:

(P2) “Pain and discomfort became my motivation, I’m afraid the cancer might recur.”

Theme 1C. Adjustment to Body Changes

Self-Acceptance and Confidence. Post-treatment embodiment required acceptance. Scars, altered strength, and subtle physical differences demanded psychological integration. Some described full confidence:

(P7) “Now, I don’t have a problem with myself anymore, there are no more limits.”

Adapting to Physical Changes. Others navigated gradual adaptation: “

(P2) “I still feel tightness, I need to stretch.”

For a few, appearance changes temporarily reduced social confidence, yet over time normalization occurred:

(P4) “It feels normal already.”

Acceptance became a daily act of resilience. Survivors learned to honor their bodies not for invulnerability but for endurance. They listened more closely to bodily cues, recognizing health as both a gift and responsibility. Physical awareness, once associated with fear, became integrated into mindful living.

Collectively, participants’ post-treatment narratives reveal survivorship as transformation rather than closure. Recovery involved gratitude, disciplined health practices, vigilance balanced with trust, and renewed purpose. While anxiety about recurrence persisted, it no longer dominated identity. Instead, survivors reconstructed strength through faith, self-care, and intentional living.

Cancer left lasting bodily traces, yet these traces became symbols of resilience. Survivors embodied a paradox: cautious yet hopeful, disciplined yet grateful, vulnerable yet empowered. In this phase, life was no longer assumed, it was consciously valued. Recovery thus emerged not simply as restored health, but as an integrated awareness that survival itself is a responsibility and a blessing.

Socially, life after cancer was described as a gradual reawakening of connection, belonging, and interpersonal confidence. Survivors shared that time with family, friends, and colleagues took on deeper meaning; ordinary interactions once taken for granted became sources of comfort, gratitude, and emotional grounding in their healing journey. Across narratives, three interrelated processes emerged: (1) reconnection and support, (2) restored social confidence, and (3) emotional growth in relationships.

Theme 2A. Reconnection and Support

Deepened Family Bonds and Appreciation. Participants 2, 6, 8, 5, and 4 described renewed appreciation for relationships after cancer. Everyday moments, conversations, gatherings, shared routines, were reframed as meaningful and fragile:

(P2) “You have to communicate well with your loved ones, always say ‘I love you’ because we never know what will happen.”

(P8) “It makes you happy because now you can join them wherever they go, bond, talk, and enjoy time together again.”

(P4) “Right now, I get to see them almost every day.”

Emotional and Physical Support. Illness functioned as a bridge toward emotional intimacy. Family members became central sources of strength, not only through caregiving but through reassurance and stability:

(P1) “Don’t worry about money; it can be earned, but you can’t be replaced.”

Such affirmations reinforced survivors’ sense of worth and belonging, motivating independence and renewed purpose.

Participants 2, 7, 5, and 6 emphasized how family support shaped daily routines and emotional resilience. Love, financial help, encouragement, and physical presence formed a foundation for recovery. These findings affirm that healing extended beyond medical intervention; it was sustained through consistent relational support, echoing literature that identifies social connectedness as central to survivorship adjustment.

Theme 2B. Restored Social Confidence

Return to Social Activities and Connections. Reintegration into social life was gradual. Participants 5, 1, and 6 described early hesitation—shyness, insecurity, physical self-consciousness, and fear of judgment:

(P1) “At first, I was really shy to go out because it felt like people would degrade me.”

Yet over time, therapy, maturity, and supportive environments enabled survivors to rebuild confidence:

(P3) “I was able to interact again with people my age.”

(P4) “After chemo, everything went back to how it was before - I was able to go out again and do the things I couldn’t do while I was undergoing treatment.”

These narratives illustrate reintegration as both behavioral and psychological: survivors did not merely resume activities; they redefined their identity beyond illness. Consistent with prior findings (Ussher et al., 2020), renewed social engagement fostered validation, purpose, and strengthened social identity.

Theme 2C. Emotional Growth in Relationships

Preference for Fewer Connections. Post-cancer social life was also characterized by emotional maturity and intentionality. Some participants became more selective in their relationships, preferring depth over breadth.

(P3) “My social circle was small, and I often felt shy to join activities with many people.”

(P7) “Now, I’ve become more introverted - I don’t really go out much.”

Rather than isolation, this selectivity reflected discernment and prioritization of emotionally safe spaces.

Maturity and Personal Focus. Others reported heightened empathy and patience.

(P2) “I became more understanding, maybe she’s going through something.”

(P7) “Now I’ve become very sensitive. Since that experience, I have been more careful with my words. I can easily understand people’s feelings now.”

Overall, social rebuilding after cancer was neither linear nor uniform. Survivors navigated insecurity, gratitude, faith, and growth simultaneously. Yet across accounts, relationships remained central serving as anchors of resilience, catalysts for identity reconstruction, and pathways toward living fully after illness. The findings demonstrate that post-treatment recovery is profoundly relational: healing unfolds not only within the body but within renewed, redefined connections with others.

Psychologically, survivors described an inward turn following treatment—a reflective process of reassessing meaning, identity, and future direction. As they evaluated the support received from others, they also examined the internal sources of strength that sustained them amid uncertainty about health, mortality, and life beyond illness. Their narratives converged around three interrelated processes: (1) finding meaning in adversity, (2) creating new purpose and identity, and (3) perspective shift and emotional resilience.

Theme 3A. Finding Meaning in Adversity

Cancer survivors transformed their painful experiences into opportunities for gratitude, faith, and rediscovery of purpose. Through struggle, they learned to view illness not as an end, but as a meaningful turning point that deepened their appreciation for life, faith, and relationships.

Viewing cancer as transformative. Several participants reframed cancer as transformative rather than purely tragic.

(P1) “It’s like a blessing in disguise that I was diagnosed with cancer, because if I hadn’t been diagnosed back then, I feel like I wouldn’t have achieved what I have now.”

(P6) “I interpreted it as a blessing from God. I am very thankful. I see it as an opportunity to do good and give back to other patients.”

These accounts demonstrate cognitive reframing - transforming suffering into a catalyst for gratitude and growth.

Gratitude, Faith, and Spiritual Reconnection. Gratitude and spiritual reconnection were central to this process. P3 found meaning in “filling the gaps” left by treatment, particularly in studies and relationships.

(P3) “After chemotherapy, what became meaningful for me was looking forward to not experiencing cancer again and trying to fill in the gaps of what I missed - especially in my studies and interactions with friends and siblings. That became the most meaningful stage of my life.”

(P6) “Without family, you can’t survive.”

This integration of relational and spiritual grounding reflects how survivors converted fear into existential awareness. Consistent with Bilodeau et al. (2022), participants described heightened spiritual mindfulness and appreciation for everyday life as outcomes of recovery.

Theme 3B. Creating New Purpose and Identity

Redefining goals and priorities. Survivors restructured their ambitions and reimagined their identity after recovery. Illness prompted them to live with greater intention and self-determination:

(P1) “After the surgery, my perspectives changed. I wanted to give back to my family and be known as a PWD who would make history for myself.”

(P7) “I still pursued nursing because I really wanted it. Before, I wanted to be a doctor, but now I realized nursing is really my path.”

Service and advocacy as self-growth. Beyond reinterpretation of the past, survivors reimagined their futures. Participants 5, 4, and 2 envisioned lives centered on service, supporting others with physical or emotional struggles, sharing testimonies, or pursuing advocacy. Recovery became motivation for contribution.

(P2) “After the operation, I envisioned myself as a mouthpiece to share my journey and educate others through my experience and healthy lifestyle.”

(P4) “I found joy in serving children. I realized that if you have the chance to help, why not help?”

Service functioned as both altruism and identity reconstruction.

Across narratives, survivors negotiated identity between vulnerability and empowerment. The future was imagined through service, meaningful careers, personal development, and intentional living—each vision reflecting resilience shaped by adversity.

Theme 3C. Perspective Shift and Emotional Growth

The survivors’ emotional maturity and outlook transformation after cancer. Through acceptance, gratitude, and resilience, they learned to live with deeper appreciation and emotional stability.

Acceptance and Positive Outlook. Survivors embraced acceptance and optimism as central to their healing. They learned to appreciate life’s blessings and focus on what truly matters.

(P5) “You don’t have to worry much anymore. I now look forward to life.”

(P6) “You have to be satisfied and appreciate things - even if you don’t have everything yet, it’s already a blessing.”

Such statements reflect a psychological transition from hypervigilance to intentional gratitude. Woodward (2021) notes that optimism and perceived health strongly influence well-being, patterns echoed in survivors’ narratives.

Emotional support played a critical buffering role. Participants 5, 2, 3, and 4 described the presence of family and community as a “lifeline,” compensating for limited formal counseling and sustaining them through post-treatment adjustment. Emotional reassurance fostered belonging and stability, reinforcing findings that perceived social support strengthens long-term coping.

Fear of recurrence (FCR) remained a persistent undercurrent. Participants 3 and 2 managed relapse anxieties through perspective shifts and spiritual grounding; Participants 5 and 1 confronted uncertainty through purposeful career choices and reflection on past endurance; Participants 4 and 7 feared losing aging parents, underscoring relational vulnerability. These findings align with Luigjes-Huizer et al. (2022), who reported moderate-to-severe FCR in a substantial proportion of survivors. Yet participants counterbalanced fear with acceptance, faith, and present-focused living.

The post-treatment psychological journey reflects a dynamic coexistence of renewal and vigilance. Survivors did not eliminate fear; rather, they integrated it into a broader framework of faith, gratitude, relational grounding, and purposeful action. Meaning making transformed diagnosis into a turning point; identity reconstruction aligned ambition with service and authenticity; emotional resilience emerged through adaptive coping and spiritual anchoring.

Thus, survivorship is not merely recovery from illness but reconstruction of the self. Participants emerged with recalibrated priorities, deeper relational bonds, and a conscious embrace of life's fragility. Their psychological evolution illustrates how adversity can catalyze gratitude, empathy, and intentional living - revealing resilience not as denial of uncertainty, but as the capacity to live fully alongside it.

Cancer Survivors Views on Death

Table 4. Cancer Survivors Views on Death

Themes	Subthemes
Confronting the Reality of Mortality	Fear and Awareness of Death
Views on Accepting Mortality	Both frightening and empowering Fear due to uncertainty or Unfulfilled Life Death fosters peace
Gratitude to Life	Appreciating the present
Attitudes towards one's own death	Acceptance through faith Fear due to unfulfilled purpose Shifting fear to calmness

Table 4 presents the theme and subthemes derived from the participants' responses to the second interview question.

Death emerged as a central existential theme in survivors' narratives. While death is universally inevitable, participants' confrontation with cancer intensified their awareness of mortality and reshaped how they interpreted life's fragility. Across accounts, perceptions of death evolved from immediate fear during treatment to a more complex integration of gratitude, faith, urgency, and acceptance in survivorship. Five interrelated themes illuminate this transformation: (1) confronting mortality, (2) emotional duality in acceptance, (3) peace through faith, (4) gratitude and present-centeredness, and (5) evolving attitudes toward one's own death.

Theme 1A. Confronting the Reality of Mortality

The first emerging theme is confronting the reality of mortality which encompasses a subtheme of fear and awareness of death. This denotes that fear is the first emotion that arises among participants upon becoming aware that their life may be nearing its end. Participants are often struck by the realization through their own experiences especially during the peak of their cancer or by witnessing other patients who did not survive the treatment. Hence, this fear also leads to awareness that can foster reflection, appreciation for life, and a deeper understanding of what truly matters.

Encounters during hospitalization, witnessing other patients die, facing surgery, experiencing seizures, or enduring chemotherapy, brought mortality into sharp focus. Participants 4, 2, 3, 8, and 1 described moment when survival felt uncertain, and death seemed imminent:

(P1) "The patient next to me died, it crossed my mind that maybe I would be next."

(P4) "I suddenly had a seizure and thought, "This might be it.". Every day I realize that life is too short and uncertain, whether you're sick or not, only He truly knows."

These experiences produced what Terror Management Theory (TMT) terms mortality salience, a heightened awareness of death that triggers existential anxiety. Yet fear also prompted reflection. For many, awareness of finitude catalyzed appreciation for life and deeper recognition of what truly matters. Thus, confronting mortality functioned both as psychological disruption and as awakening.

Theme 2A: View on Accepting Mortality

Both frightening and empowering. In this subtheme, participants stated that they consider death as both frightening and empowering. They expressed fear because they still want to live the life that they desire, such as achieving their career goals and being with family members; however, this fear becomes a way for them to appreciate and live a meaningful life.

Participants 1, 2, 8, 3, 6, and 5 described death as both frightening and empowering:

(P3) "I feel both frightened and empowered."

Fear stemmed from unfinished goals, attachment to loved ones, and unfulfilled dreams. However, this same fear motivated purposeful living.

(P6) "If you live your whole life frightened, you're just wasting it."

This duality reflects a dialectical process rather than linear acceptance. Survivors did not simply move from fear to peace; instead, fear and empowerment coexisted. The persistent anxiety about unfinished responsibilities aligns with Rezapour's (2022) observation that death anxiety is intensified by uncertainty and lack of closure. Surviving cancer did not eliminate fear; it reframed it as motivation for intentional living.

Uncertainty or unfulfilled life. In this subtheme, participants described a profound sense of fear toward death stemming from the realization that one still has significant personal goals, ambitions, and life experiences yet to achieve.

(P3) "Sometimes I'm scared that death might come before I finish what I want to do."

(P8) "I'm not yet fully at peace when talking about death. It is still hard for me to accept."

(P5) "I still get scared sometimes but I just accept it because that is the reality of life."

Death fosters peace. In contrast to the second subtheme, this theme showed a more open acceptance of death. Participants discerned that death is an inevitable aspect of human life, and only the divine spirit can take one's life. This awareness that life may come to an end made them realize they should do the things they want and cherish every single aspect of it.

(P1) "Now, when I hear about dying, it doesn't scare me as much anymore because I feel like I've already achieved what I wanted, and even more."

(P4) "I'm very positive about it. We know we will all die. I'm not afraid that God can take me anytime — He has the right to do so. I have no fear of mortality or death."

(P6) "I am at peace now that whenever God decides to end my life, it would not frighten me."

Faith functioned as a stabilizing force. Acceptance was not resignation but trust in divine timing. This mirrors Incorvaia's (2022) concept of death positivity, which frames mortality as a natural part of human existence rather than a taboo endpoint. Participants' surrender to God's plan replaced fear with spiritual confidence, transforming existential anxiety into serenity.

Theme 3A. Gratitude to Life

Appreciating the present moment. Gratitude emerged as a powerful protective factor. Participants 6, 2, 5, 4, and 7 described heightened appreciation for life, relationships, and daily experiences. For many, mortality awareness intensified commitment to living meaningfully in the present.

(P5) "I feel blessed and grateful to be alive."

This orientation aligns with Post-Traumatic Growth Theory (PTG), which posits that trauma can deepen appreciation for life and strengthen spirituality. Survivors' reflections demonstrate how gratitude mediates mortality anxiety by shifting focus from anticipated loss to present fulfillment. Rather than denying death, they normalized it within a life enriched by purpose.

Theme 4A. Attitudes towards one's own death

Accepting through faith. participants shared and believed that God will be the one to decide when their life will be taken, implying that if it is not, one's time yet, God still has a plan for them. Other participants also stated that death is inherently peaceful and acceptable, provided it occurs naturally. The most common response among participants was believing in God's plan and not questioning it. This complete surrender to divine will allows them to replace personal fear with a deep spiritual confidence.

(P6) "Even death is peaceful itself, I'm at peace. I did not question God's decision for me. My purpose isn't done yet since I'm still breathing."

(P4) "If I die now, it's fine, as long as it's natural, not by accident. It would be peaceful to leave the world."

Fear due to unfulfilled purpose. Like other subthemes, participants showed fear and hesitance toward the thought of their own death at the moment, with the primary reason being unfinished goals to achieve. Additionally, other participants cannot bear the thought of leaving their family behind. This emotional resistance highlights a deep attachment to current life and a profound sense of responsibility toward loved ones.

(P8) "I can't accept it because there are still many things I want to see and achieve; I can't bear not seeing my family."

(P7) "If I died now, I'd be like, 'Why was I taken already? I have not achieved anything yet! I want to be successful, travel the world."

Shifting fear to calmness. In this subtheme, it shows participants' shift in view toward death, from fearing it to considering it as a form of eternal rest for everybody. Participants also added that their current life experiences made them change their views toward death. This positive reframe suggests that having achieved a sense of purpose and fulfillment has neutralized the existential threat of mortality.

(P3) "I still fear death, but my feelings have shifted. I now think of death less negatively and see it as a form of rest that comes to everyone."

(P6) "Maybe it changed, maybe it just so happened right now that I have a new adventure in life. I'm still finding my way back to peace."

These responses reveal that death positivity among survivors is dynamic and negotiated. Unlike terminal patients, survivors inhabit a psychological space where mortality is real but not imminent (Kyota et al., 2023). Fear of recurrence (Luigjes-Huizer et al. (2022) and future-oriented concerns coexist with gratitude and acceptance. Thus, death positivity does not signify the absence of fear but the integration of fear within meaning-making processes.

From these interpretations, a survivor-specific definition and framework of death positivity were developed. Here, death positivity is defined as a dynamic orientation toward mortality characterized by awareness of finitude, an emotional duality of fear and empowerment, meaning-making experiences such as gratitude, and faith-based surrender that promotes acceptance. The proposed framework encompasses four interconnected components: (1) mortality salience as the initial trigger; (2) emotional duality as the central psychological process; (3) meaning making and gratitude as transformative mechanisms; and (4) faith or surrender as the stabilizing force supporting ongoing acceptance.

Furthermore, the studies themes make it evident how death positivity is either fostered or hindered among survivors. Themes related to confronting the reality of mortality can simultaneously provoke fear and stimulate meaningful reflection, thus hindering and fostering positivity at different stages. Acceptance of mortality is similarly ambivalent, constrained by fear yet strengthened through spiritual surrender. Themes centered on uncertainty and unfulfilled responsibilities primarily hinder death positivity, as they intensify future-oriented anxieties. In contrast, themes emphasizing peace, gratitude, and faith powerfully foster death positivity by grounding survivors in the present and helping them reinterpret their experiences with renewed meaning. Notably, gratitude emerges as a key protective factor, one that not only normalizes mortality but also stabilizes emotional responses by reducing ruminative fears.

Henceforth, this study reveals that cancer survivors’ perceptions of life and death shifts closely correspond with the principles of Post-Traumatic Growth Theory (PTG), Terror Management Theory (TMT), and the Meaning-Making Model (MMM).

Before cancer, survivors described a life marked by normalcy, limited physical awareness, and minimal self-reflection. Their tendency to take health for granted and focus solely on daily routines reflects the absence of mortality awareness described in TMT, which posits that individual rarely confront existential concerns until a life-threatening event forces them to do so.

During the active treatment phase, findings showed profound disruptions across physical, social, and psychological dimensions. Participants experienced fear, uncertainty, social withdrawal, and diminished self-esteem, experiences that align with TMT’s concept of mortality salience, wherein facing the possibility of death triggers significant anxiety and compels individuals to reexamine their beliefs and personal identity. The emotional engulfment participants described directly mirrors TMT’s assertion that mortality awareness generates intense existential distress.

Simultaneously, participants exhibited early signs of meaning reconstruction, particularly through strengthened faith and deeper family support. This corresponds with the Meaning-Making Model (MMM), which explains that when traumatic events challenge or disrupt one’s global beliefs (e.g., “Why me?” or “Why did this happen?”), individuals naturally attempt to restore psychological balance by seeking new meaning, purpose, and coherence. Evidence of this process was seen in participants’ spiritual surrender, reevaluation of priorities, and their emerging belief that suffering could hold a greater purpose.

In the post-treatment phase, survivors demonstrated profound transformations across physical, social, and psychological aspects. Their efforts to adopt healthier lifestyles, rebuild social confidence, strengthen family ties, and practice gratitude and faith-based coping reflect the core propositions of Post-Traumatic Growth Theory (PTG). According to PTG, trauma can foster positive psychological changes, such as renewed appreciation of life, enriched relationships, heightened spirituality, and greater personal strength all of which were evident in participants’ narratives. Their accounts of rediscovering inner strength, redefining goals, and embracing emotional growth directly correspond to PTG’s five domains of growth.

Survivors’ attitudes toward death marked by both fear and acceptance, further illustrate a dual psychological process consistent with both TMT and MMM. Their heightened awareness of mortality supports TMT’s view that confronting death reshapes one’s worldview and behavior. At the same time, their expressions of gratitude, emotional peace, and reinterpretation of suffering align with MMM’s premise that individuals construct new meaning in the aftermath of life-threatening events.

Statements such as “everything happens for a reason” or describing cancer as a “blessing in disguise” exemplify the core mechanism of Meaning-Making Theory, demonstrating how individuals reinterpret trauma to regain coherence and emotional stability. Expressions of strength, renewed purpose, and identity reconstruction mirror PTG's emphasis on growth through adversity. Meanwhile, their persistent fear of recurrence, even amid recovery, reflects TMT's assertion that mortality awareness never fully disappears but continues to influence emotions and behavior throughout survivorship.

Overall, after experiencing cancer, participants went through major transformations that reshaped their outlook on life and mortality. Their journey through illness, recovery, and survivorship led to a profound shift in how they valued time, relationships, and personal growth. Many realized that life is fleeting and unpredictable, which inspired them to live more intentionally and meaningfully. They reported becoming more appreciative of everyday experiences, finding joy in simple moments, and prioritizing genuine connections with family and friends. The challenges brought by cancer also heightened their self-awareness and spiritual grounding, prompting them to reflect on their purpose and the legacy they want to leave behind. Ultimately, surviving cancer became a turning point that redefined their understanding of strength, gratitude, and the true essence of living.

Implications

The findings of this study highlight the profound social, spiritual, and psychological transformation experienced by cancer survivors beyond physical recovery. Survivorship emerges as a journey of meaning-making, acceptance, and spiritual awakening where individuals reconstruct life's purpose, deepen family relationships, and embrace death positivity as part of personal growth. These insights underscore the importance of approaching cancer survivorship holistically, integrating emotional, social, and existential dimensions into healthcare and support systems.

Theoretical Implications

This study enriches the discourse on Post-Traumatic Growth Theory, Meaning-Making Theory, and Terror Management Theory. It demonstrates that the awareness of mortality, when guided by reflection, faith, and supportive relationships, can lead to resilience, gratitude, and renewed life purpose. The findings affirm that positive transformation can arise from adversity, validating theoretical claims on growth through suffering and broadening understanding through the Filipino cultural lens of spirituality, family interconnectedness, and kapwa (shared humanity).

Practical Implications

For psychological and clinical practice, this study supports the integration of meaning-centered and trauma-informed interventions within survivorship care. Mental health professionals are encouraged to apply approaches such as narrative therapy, mindfulness, expressive arts, and gratitude-based reflection to help survivors reframe their experiences from suffering to strength. Programs like Project BIDLISIW, which utilize storytelling, spiritual reflection, and peer support, can serve as models for promoting emotional regulation, faith-driven healing, and acceptance of mortality among survivors.

Social and Community Implications

The study emphasizes the critical role of family, peers, and community in reinforcing resilience and emotional well-being. Strengthened communication, empathy, and social connectedness are key to successful reintegration after illness. Community-based initiatives, such as the Virtual BIDLISIW Circle, may serve as sustainable platforms for psychosocial care, encouraging mutual encouragement, hope, and compassion. Social workers, guidance counselors, and community leaders are thus encouraged to foster inclusive spaces that promote openness, faith, and shared recovery.

Institutional and Policy Implications

For institutions such as the Department of Social Welfare and Development (DSWD), hospitals, universities, and local government health units, the study highlights the necessity of embedding structured psychosocial and meaning-centered interventions within survivorship programs. Training healthcare providers, psychology interns, and guidance professionals in empathetic communication and reflective facilitation strengthens holistic care delivery. This aligns with the Mental Health Act (RA 11036) and the MHPSS (Mental Health and Psychosocial Support Services) framework, ensuring that cancer survivors receive continuous emotional and spiritual care beyond treatment.

Future Research Implications

For future research, this study suggests exploring the long-term effects of meaning-making, spirituality, and social connection on survivors' psychological well-being. Further studies may evaluate the long-term effectiveness of interventions like Project BIDLISIW, as well as conduct comparative research across cancer types, age groups, and cultural backgrounds. Mixed-method and longitudinal designs may also deepen understanding of how survivors maintain death positivity, purpose, and emotional stability over time. Such research can strengthen national guidelines and contribute to developing comprehensive, culturally grounded psychosocial oncology programs in the Philippines.

LIMITATIONS AND RECOMMENDATIONS

The limitations of this study mainly stem from its small sample size, limited demographic scope, reliance on self-reported data, age and treatment stage restrictions, and potential selection bias. The study's small sample size of 7–10 participants limit generalizability and may have reduced the diversity of survivor perspectives, which suggests that including a larger and more diverse sample in future research could strengthen validity and applicability. In addition, focusing only on cancer survivors in Cebu, Philippines, further restricts transferability, as variations in healthcare access, cultural beliefs, spirituality, and social support may influence experiences differently in other regions; therefore, future studies should involve participants from diverse locations and cultural backgrounds to capture broader perspectives.

Moreover, the exclusive use of self-reported interviews introduces the risk of recall bias, since participants may unintentionally reshape past experiences based on current emotions, highlighting the need for multiple data sources, such as journals, observations, or input from family and healthcare providers, to enhance accuracy and validity. The study's limitation to survivors aged 20–45 who completed treatment 5–8 years ago also narrows the range of perspectives, excluding older adults and those in active treatment; thus, future research should include a wider age range and different treatment stages to better reflect the evolving nature of survivorship experiences. Finally, the voluntary nature of participation may have introduced selection bias, as those who joined could have more positive or resilient perspectives while underrepresenting experiences of distress or trauma, emphasizing the importance of diverse recruitment strategies and stratified sampling in future studies to ensure a more balanced and comprehensive representation of survivor experiences.

Intervention Plan

Title: "Project BIDLISIW: A Community-Based Psychosocial Intervention for Cancer Survivors"

Rationale

Cancer survivorship involves complex physical, emotional, social, and existential transitions. The study Into the Light of Mortality: Exploring Cancer Survivors' Perception of Life and Death Positivity found that survivors experience profound changes across three phases - pre-diagnosis, active treatment, and post-treatment. Although cancer brings physical disruption, social withdrawal, and psychological distress, it also fosters strengthened faith, renewed appreciation of life, gratitude, and meaning making.

A key outcome is the development of **death positivity** - an evolving acceptance of mortality marked by awareness of life's finitude, emotional duality (fear and gratitude), redefined life purpose, and faith-based surrender. However, this perspective can be destabilized by fears of recurrence, uncertainty, and existential anxiety.

In response, **Project BIDLISIW** (Cebuano for "ray of light") is a two-day, community-based psychosocial intervention designed to sustain and strengthen survivors' positive life perspectives. Grounded in trauma-informed care, Filipino cultural values, and theories such as Post-Traumatic Growth, Meaning-Making, and Terror Management, the program provides structured opportunities for reflection, emotional processing, and spiritual reinforcement. Aligned with contemporary psychosocial oncology practices and the DSWD MHPSS Framework, it offers a culturally responsive model that empowers survivors to move forward with resilience, clarity, and renewed purpose.

Objectives

To maintain, reinforce, and strengthen death positivity among cancer survivors by supporting meaning-making, gratitude, acceptance, and emotional resilience. Specifically, to:

1. Strengthen survivors renewed sense of purpose and identity.

2. Reduce fear of recurrences, uncertainty, and emotional distress about mortality.

3. Encourage gratitude and appreciation of relationships.

4. Encourage open discussions about life and death.

5. Build long-term peer support and community connection.

Theoretical Anchors

1. Post-Traumatic Growth Theory (1996): Trauma can lead to growth; supports gratitude, resilience, and renewed purpose.
2. Meaning-Making Theory (2010): Well-being improves by redefining meaning after adversity; applied through reflection activities.
3. Terror Management Theory (1986): Mortality awareness promotes authentic living; used in death acceptance and legacy sessions.
4. Psychosocial Oncology & DSWD MHPSS: Ensures culturally sensitive, community-based, and sustainable mental health support.

Persons Responsible and Their Roles

Project BIDLISIW is facilitated by a multidisciplinary team to ensure ethical and effective implementation. A licensed psychologist leads the first day, guiding participants through storytelling and meaning making while ensuring emotional safety through grounding exercises and one-on-one debriefings. A registered psychometrician or psychologist oversees the second day, facilitating reflection, closure activities, discussions on gratitude and post-traumatic growth, and administering evaluation tools such as the PTGI. The social worker coordinates with DSWD and community offices to manage logistics, participant welfare, referrals, and ensure cultural sensitivity in line with the MHPSS framework. Psychology interns assist under professional supervision, supporting activities, documentation, and participant engagement, fostering peer connection and experiential learning. Together, this team ensures the program is safe, holistic, and sustainable within the community setting.

Implementation Plan

Phase 1 – Rekindling Light: Consolidating Meaning & Awareness

Session 1: Establishing Comfort/Safety

This session establishes psychological safety, helping survivors manage emotional duality, vulnerability, and lingering fear. Activities begin with a guided grounding exercise, including breathing techniques and body scan mindfulness to center participants and release tension. This is followed by a brief icebreaker where participants share "Who I Was Before Cancer," fostering connection and trust. These practices create emotional stability, prepare survivors for open dialogue about mortality, and prevent emotional overwhelm, forming a foundation for reinforcing death positivity.

Session 2: Sharing Life Narrative

Survivors reconstruct their life narratives to consolidate their identity and meaning making. They reflect on the stages of their journey - pre-diagnosis normalcy, illness disruption, and post-treatment growth - through a combination of guided journaling and paired or small-group storytelling. Participants share key moments of challenge and resilience, exploring how these experiences shaped their current perspectives. This narrative reconstruction strengthens survivor identity, stabilizes meaning making, and prevents fear or uncertainty from overshadowing personal growth.

Session 3: Developing Life Meaning

This session focuses on deepening gratitude, purpose, and meaning in life. Activities include reflective exercises where participants identify lessons learned, positive transformations, and aspects of life they now value more. They also engage in guided group discussions and creative expression, such as drawing or writing about "My Life Now," to reinforce their renewed life perspective. These activities anchor death positivity in stable life meaning, reinforce protective factors, and maintain emotional resilience.

Phase 2 – Embracing Light: Death Positivity Maintenance

Session 4: Settling Fear

This session directly addresses fear of recurrence and uncertainty. Participants begin with a guided visualization in which they identify their fears and imagine transforming them into symbols of strength and reflection. They then write a legacy letter, expressing values, lessons, and hopes for loved ones, which encourages acceptance of mortality. A facilitated dialogue follows, where participants discuss "What strengthens my peace?" and share coping strategies. These activities normalize emotional duality, reduce anxiety, and transform fear into reflection and acceptance, reinforcing death positivity.

Session 5: Carrying on the Light

Gratitude, a key stabilizer of death positivity, is reinforced through interactive activities. Participants join a gratitude circle, verbally expressing appreciation for people, experiences, and personal achievements. They create affirmation art collages titled "My Life Now," visually representing gratitude, growth, and life meaning. Guided mindfulness meditation concludes the session, focusing on present-moment awareness and recognition of daily blessings. Together, these activities strengthen gratitude, reinforce positive relationships, and preserve meaning-making as a protective factor.

Session 6: Ray of Hope

The final session ensures long-term sustainability of death positivity. Participants compile their stories, reflections, and artwork into a Story Compilation Booklet, serving as a tangible reminder of growth and resilience. During the Stone-of-Hope ritual, each survivor selects a stone and writes a personal message of hope or affirmation, which is then placed in a shared container to symbolize collective strength and continuity. The session concludes with the launch of the Bidlisiw Online Support Circle, an ongoing virtual community where survivors can maintain connections, share experiences, and continue meaning-making practices. These activities reinforce emotional resilience, faith-based acceptance, and the sustainability of death positivity beyond the session.

CONCLUSION

This study provides a comprehensive examination of how cancer survivors cultivate and sustain death positivity, highlighting the complex relationship between emotional vulnerability, psychological resilience, and existential reflection. Survivors navigate a delicate emotional duality, simultaneously managing fear, uncertainty, and grief while fostering gratitude, faith-based acceptance, and a renewed sense of purpose. Across the trajectory of illness, from pre-diagnosis normalcy, through treatment-related disruption, to post-treatment reconstruction of life narratives, participants demonstrate the capacity to reinterpret their experiences, integrate challenges, and derive meaning, fostering profound psychological resilience and heightened existential awareness.

The findings highlight the central role of meaning-making, gratitude, and engagement with supportive relational and spiritual networks in sustaining a positive worldview. Through reflective practices, narrative reconstruction, and ongoing communal and faith-based support, survivors actively maintain death positivity, illustrating that it is a cultivated and dynamic process rather than a static state. These insights carry significant implications for psycho-oncological care, emphasizing interventions that empower survivors to confront uncertainty, embrace mortality with openness, and anchor their lives in purpose and gratitude.

Beyond its practical contributions, this study advances theoretical understanding by framing death positivity as a multidimensional construct shaped by lived experience, personal reflection, and relational engagement. It challenges deficit-focused models of survivorship, revealing the transformative potential of life-threatening illness to foster personal growth, meaning-making, and existential resilience. Ultimately, the journey of survivorship emerges not merely as survival after illness but as an active, reflective, and courageous engagement with life’s fragility. In this way, cancer survivors exemplify the profound human capacity to confront mortality, reclaim meaning, and live with intentionality, affirming that even in the shadow of death, life can be experienced with depth, gratitude, and enduring hope.

REFERENCES

1. Allison J. L'Hotta, A. J., Shivakumar, N., Lyons, K. D., Trebelhorn, A., Manohar, A., & King, A. A. (2022). Perspectives of participation in daily life from cancer survivors: A qualitative analysis. Archives of Rehabilitation Research and Clinical Translation, 4(3), 100212. https://doi.org/10.1016/j.arrct.2022.100212
2. Amdur, R. J., & Bankert, E. A. (2010). Institutional review board member handbook. Jones & Bartlett Publishers.
3. Bilodeau, K., Henriksen, C., Lee, V., Vachon, M. F., Charpentier, D., Folch, N., Pepin, J., Pomey, M. P., Piché, L., & Fernandez, N. (2022). The Experiential Learning Pathway of Cancer Survivors as They Recover Their Lives Post-Treatment: A Qualitative Study. Global qualitative nursing research, 9, 23333936221083026. https://doi.org/10.1177/23333936221083026
4. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa
5. Burke, N. J., Villero, O., & Guerra, C. (2011). Passing through. Qualitative Health Research, 22(2), 189–198. https://doi.org/10.1177/1049732311420577
6. Cancer Council NSW. (2024, August). What is cancer pain? What causes cancer pain. Cancer Council NSW. https://www.cancercouncil.com.au/cancer-information/managing-cancer-side-effects/overcoming-cancer-pain/causes/
7. Chan, C. T., Cheng, A. T., & Claros, A. C. (2016). Life after cancer: struggles, coping and perception of young cancer survivors. Retrieved from https://animorepository.dlsu.edu.ph/etd_bachelors/5709
8. Clandinin, D. J., & Connelly, F. M. (2000). Narrative inquiry: Experience and story in qualitative research. San Francisco: Jossey-Bass.
9. Dee, E. C., Ang, C. D. U., Ting, F. I. L., Tangco, E. D., & Eala, M. A. B. (2022). Improving cancer care in the Philippines: The need for deliberate and careful implementation of the National Integrated Cancer Control Act. The Lancet Regional Health - Western Pacific, 28, 100615. https://doi.org/10.1016/j.lanwpc.2022.1006
10. De Guzman, A. B., Jimenez, B. C. B., Jocson, K. P., Junio, A. R., Junio, D. E., Jurado, J. B. N., & Justiniano, A. B. F. (2012). This too shall pass. Journal of Holistic Nursing, 31(1), 35–46. https://doi.org/10.1177/0898010112462066
11. Department of Health, Education, and Welfare, & National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (2014). The Belmont Report. Ethical principles and

guidelines for the protection of human subjects of research. The Journal of the American College of Dentists, 81(3), 4–13.

12. Fitch M. I. (2021). Perspectives of survivors: Coping with lifestyle adjustments following cancer diagnosis and treatment. Canadian oncology nursing journal = Revue canadienne de nursing oncologique, 31(2), 235–238.
13. Granström, B., Isaksson, J., Westöö, N., Holmlund, T., Tano, K., Laurell, G., & Tiblom Ehrsson, Y. (2023). Perceptions of life and experiences of health care support among individuals one year after head and neck cancer treatment – An interview study. European Journal of Oncology Nursing, 66, 102383. https://doi.org/10.1016/j.ejon.2023.102383
14. Greenberg, J., Pyszczynski, T., Solomon, S. (1986). The Causes and Consequences of a Need for Self-Esteem: A Terror Management Theory. In: Baumeister, R.F. (eds) Public Self and Private Self. Springer Series in Social Psychology. Springer, New York, NY. https://doi.org/10.1007/978-1-4613-9564-5_10
15. Hughes, L., Taylor, R. M., Beckett, A. E., Lindner, O. C., Martin, A., McCulloch, J., Morgan, S., Soanes, L., Uddin, R., & Stark, D. P. (2024). The Emotional Impact of a Cancer Diagnosis: A Qualitative Study of Adolescent and Young Adult Experience. Cancers, 16(7), 1332. https://doi.org/10.3390/cancers1607133
16. Incorvaia, A. D. (2022). Death positivity in America: The movement—Its history and literature. The Phi Delta Kappan, 89(3), 24–28. https://doi.org/10.1177/00302228221085176
17. Kyota, A., Kanda, K., Senuma, M., Tsukagoshi, N., Futawatari, T., & Kondo, Y. (2023). The perception of life and death in patients with end-of-life stage cancer: A systematic review of qualitative research. European Journal of Oncology Nursing, 66, 102354. https://doi.org/10.1016/j.ejon.2023.102354
18. Lee, G. L., & Ramaswamy, A. (2020). Physical, psychological, social, and spiritual aspects of end-of-life trajectory among patients with advanced cancer: A phenomenological inquiry. Death Studies, 44(5), 292–302. https://doi.org/10.1080/07481187.2018.1541944
19. Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. SAGE Publications.
20. Luigjes-Huizer, Y. L., Tauber, N. M., Humphris, G., Kasparian, N. A., Lam, W. W. T., Lebel, S., Simard, S., Smith, A. B., Zachariae, R., Afiyanti, Y., Bell, K. J. L., Custers, J. A. E., de Wit, N. J., Fisher, P. L., Galica, J., Garland, S. N., Helsper, C. W., Jeppesen, M. M., Liu, J., Mititelu, R., … van der Lee, M. L. (2022). What is the prevalence of fear of cancer recurrence in cancer survivors and patients? A systematic review and individual participant data meta-analysis. Psycho-oncology, 31(6), 879–892. https://doi.org/10.1002/pon.5921
21. Maddocks, M. (2020). Physical activity and exercise training in cancer patients. Clinical Nutrition ESPEN, 40, 1–6. https://doi.org/10.1016/j.clnesp.2020.09.027
22. Marin-Chollom, A. M., Beaucant, P., King, C., Pervil, I., Rubin, L. R., & Revenson, T. A. (2024). The integration of the cancer experience into identity: Perspectives from young adults. Journal of Health Psychology, 13591053241240932. https://doi.org/10.1177/13591053241240932
23. Niitsu, H. (2021, June 16). Voice of the people: Cancer survey reveals new insights into public perception of cancer. Lifestyle.INQ. https://surl.lu/ygxcpj
24. Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. Review of General Psychology, 1(2), 115–144. https://doi.org/10.1037/1089-2680.1.2.115
25. Philipp, R., Mehnert, A., Lo, C., Müller, V., Reck, M., & Vehling, S. (2019). Characterizing death acceptance among patients with cancer. Psycho-oncology, 28(4), 854–862. http://doi.org/10.1002/pon.5030
26. Quiquiles, Carina & Medez, Sharon. (2022). Psychological Well-Being and Quality of Life of Breast Cancer Survivors in Negros Occidental. Technium Social Sciences Journal. 36. 396-410. 10.47577/tssj.v36i1.7447.
27. Rezapour M. (2022). The Interactive Factors Contributing to Fear of Death. Frontiers in psychology, 13, 905594. https://doi.org/10.3389/fpsyg.2022.905594
28. Seiler, A., & Jenewein, J. (2019). Resilience in Cancer Patients. Frontiers in psychiatry, 10, 208. https://doi.org/10.3389/fpsyt.2019.00208
29. Stebbing, J. (2024, April 5). Certain types of cancer can sometimes be silent: Why many receive a diagnosis despite having no obvious symptoms. Anglia Ruskin University. https://www.aru.ac.uk/news/why-certain-cancers-can-sometimes-be-silent

30. Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. Psychological Inquiry, 15(1), 1-18.https://doi.org/10.1207/s15327965pli1501_01
31. Tov, W., & Lee, H. W. (2016). A closer look at the hedonics of everyday meaning and satisfaction. Journal of Personality and Social Psychology, 111(4), 585–609. https://doi.org/10.1037/pspp0000081
32. Wang, H., & Chung, U. (2012). Healthy lifestyle changes during the period before and after cancer diagnosis among breast cancer survivors. Asian Pacific Journal of Cancer Prevention, 13(9), 4769–4772. https://doi.org/10.7314/apjcp.2012.13.9.4769
33. Wiley, J. F., & Stanton, A. L. (2016). Cancer and Mental Health (pp. 228–232). Academic Press. https://doi.org/10.1016/B978-0-12-397045-9.00150-6
34. Wilson, E., Caswell, G., Turner, N., & Pollock, K. (2022). Talking about death and dying: Findings from deliberative discussion groups with members of the public. Mortality (Abingdon, England), 29(1), 176–192. https://doi.org/10.1080/13576275.2022.2136515
35. Woodward, N. D. (2021). The Relationship between optimism and Perceived Health in Generation-Z An explanatory investigation. Georgia Southern Commons. https://digitalcommons.georgiasouthern.edu/honors-theses/613/
36. Wu, W.-d., Wang, Y., Fu, X.-y., & Zhang, J.-h. (2024). Qualitative study on the perception of good death in patients with end-stage cancer in oncology nurses. BMC Nursing, 23(1). https://doi.org/10.1186/s12912-024-02081-x