

## Situational Forgiveness in Cancer Patients

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**Abstract.** *Introduction* Cancer causes not only physical symptoms but also psychological distress. Situational forgiveness may help patients cope with emotional burdens, yet little is known about this process among Indonesian cancer patients.

*Aim* This study explored the process and influencing factors of situational forgiveness among cancer patients using a photovoice approach. A qualitative Participatory Action Research design with photovoice was conducted among cancer patients.

*Result* Thematic analysis identified four themes: causes of suffering, denial, coping strategies (social support and religiosity), and forgiveness through reconstruction, gratitude, spiritual beliefs, and healthy lifestyle changes.

*Conclusion* Forgiveness developed gradually from denial toward acceptance, supported by family, community, and faith. Situational forgiveness is a dynamic psychological process shaped by emotional, social, spiritual, and cultural factors. Strengthening family, community, and spiritual support may promote psychological well-being among cancer patients.

### Introduction

Cancer is a noncommunicable disease with incidence and mortality rates that continue to rise both globally and nationally. Globocan 2022 data indicate that there were 20 million new cases of cancer and 9.7 million cancer-related deaths worldwide (Bray et al., 2024). In East Nusa Tenggara (NTT) Province, the prevalence of cancer reached 1.7%, while inpatient data from Prof. Dr. W. Z. Johannes Kupang Regional General Hospital showed 518 patients in 2022, rising to 747 in 2023 and 649 in 2024. The high number of patients indicates that cancer remains a health issue requiring attention not only from a medical perspective but also a psychological one. In addition to causing physical effects, cancer can trigger anxiety, depression, anger, spiritual conflict, and interpersonal relationship issues that have the potential to

worsen patients' quality of life and their adaptation process to the disease (Li et al., 2025); Oyedele et al., (2024); Wang et al., (2024). In the face of these conditions, some patients adopt forgiveness as a coping strategy to reduce emotional burden and improve psychological well-being (Anjainah & Muhid, 2023).

Research in positive psychology shows that forgiveness plays a crucial role in helping individuals cope with chronic conditions. However, recent studies indicate that forgiveness among cancer patients occurs gradually and is influenced by physical, emotional, social, and spiritual factors a process known as situational forgiveness (Utami & Yani, 2023); Surjoseto & Sofyanty, 2023). Nevertheless, research on situational forgiveness in cancer patients remains very limited, particularly in Indonesia. Furthermore, few studies have explored patients' subjective experiences in interpreting and undergoing the forgiveness process while coping with cancer (Boleková & Chlebcová, 2024); Hapsari & Suryanto, (2025).

To address this gap, this study employs the photovoice method, which enables participants to express their experiences, meanings, and the process of forgiveness through photography and personal narratives (Wong et al., 2024) The novelty of this study lies in its examination of situational forgiveness among cancer patients in the Indonesian context using the photovoice approach. Theoretically, this study is expected to enrich positive psychology research on forgiveness among individuals with chronic illnesses, while practically, it can serve as a foundation for developing psychological, social, and spiritual support that better aligns with the needs of cancer patients. Therefore, this study aims to explore the nature of situational forgiveness among cancer patients, identify the forgiveness process, and determine the factors that influence its development.

## **Method**

This study employs a qualitative approach using a Participatory Action Research (PAR) design and the photovoice method to explore experiences of situational forgiveness among cancer patients (Wong et al., 2024). Participants were

selected using purposive sampling with the following inclusion criteria: patients with stage I–II cancer aged 25–65 years, able to communicate well, willing to participate in the entire research process, and willing to sign an informed consent form. The number of participants ranged from 5–10 until data saturation was reached (Creswell & Plano Clark, 2023).

Data collection was conducted through photographs taken by participants, photo-based semi-structured interviews, and focused group discussions using the SHOWED approach (Wang & Burris, 1997). The data, consisting of photographs, interview results, and discussion transcripts, were transcribed verbatim and then analyzed using thematic analysis, which includes data familiarization, coding, theme identification, theme review, theme definition, and report writing (Braun & Clarke, 2006). Data credibility was ensured through member checking and source triangulation (Anney, 2014), while the research report followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines (Tong et al., 2007).

## **Result**

The research data were collected through the photovoice method, in-depth interviews, and focus group discussions with cancer patients. The collected data were then analyzed using thematic analysis. The results of the analysis revealed four main themes describing situational forgiveness among cancer patients, namely: (a) causes of suffering: Internal and External, (b) denial: negative emotions, low self-esteem, anxiety about death, withdrawal, and negative perceptions of society, (c) coping strategies: social support and religious activities related to forgiveness, and (d) forgiveness: the process of reconstruction, gratitude, spiritual beliefs, and healthy lifestyle behaviors.

### **Causes Of Suffering**

This theme describes the factors that participants perceive as causes of cancer. Based on the interview results, the causes of illness are understood as the result of an interaction between internal and external factors.

1) Internal causes of pain

Internal causes of illness refer to factors originating within the individual, such as prolonged stress, a tendency to bottle up problems, physical exhaustion, a lack of attention to health, and excessive worrying. Participants believe that these psychological and behavioral factors contribute to the development of the cancer they are experiencing.

*“Hmm, well, before, when I got angry, it was like I’d been bottling it up for too long—like my anger made me focus more on work, so at home I just swallowed it all.” (Participant L P1-05) “...maybe it’s more about my mental state than just food.” (Participant L P1-114)*

*“So when I was taking a shower, I was scrubbing my body. When I rubbed that area, I felt something hard inside—it didn’t protrude outward, but it was there inside. I felt it, so I thought that since I was doing housework at the time, it was probably just fatigue causing fluid to build up. That’s what I thought, so I just left it alone. But I’m active every day. So if I’m too tired, it throbs a bit, then it goes away. That went on for about a year.” (Participant YE P4-002)*

2) External causes of pain

External causes of illness refer to factors originating outside the individual, such as an unhealthy diet, work demands, the environment, genetic factors, limited access to health information, and social and cultural conditions. Participants perceived these factors as triggers that contribute to the development of cancer.

*“...besides, this illness isn’t just about food but also the mind; I feel that a calm heart is what matters. “Yeah, they’re family members who have passed away, but they’re truly gone. They told me to say this to the father, but it might be different from the medical approach—though I think this is the process. Yet he runs off to other places, especially since there’s no breast milk. Maybe it’s more about the mental aspect for me, not just the food.” (Participant L P1-082, 114)*

*“...And the amazing thing, sister, is that at that time, Mom was chosen to be a presbyter in the church. I asked God, ‘God, why did You choose me to serve, yet You gave me this? You gave me such a heavy trial.’” (Participant IRL P2-003)*

## Denial

This theme describes participants' initial reactions upon receiving a cancer diagnosis. Denial manifests as negative emotions, feelings of low self-worth, anxiety about death, a tendency to withdraw, and negative perceptions of their social environment. These reactions reflect the participants' difficulty in accepting the physical, psychological, and social changes resulting from their illness.

### 1) Negative Emotions

Negative emotions refer to the various emotional responses that arise after participants receive a cancer diagnosis, such as feelings of shock, sadness, and fear. These reactions stem from the uncertainty surrounding the disease, concerns for family members, and the perception that cancer is a life-threatening illness.

*"Naturally, I was shocked at first, and then I felt what do you call it? shock, anger, stress. How could this happen to me? In my daily life, I'm the type of person who doesn't like to eat junk food." (Participant MM P5-007)*



Figure 1. Photo taken by participant IRL

*"This is a photo of torn paper, sister. It represents Mom's feelings the very first time she was completely shattered, sister. Shattered just like this paper. It's as if this paper has been torn to pieces, meaning that no matter how you try to put it back together, it will still be shattered, sister separated. It will never return to its original state."*



Figure 2. Photo taken by participant NB

*"I still have this referral form from when the doctor referred me to a specialist, but because I was afraid of dying, I've just kept it all this time. I've taken good care of it. I was afraid of dying, so I didn't dare to go for further tests back then; that's why I just kept this."*

## 2) Low Self-Esteem

Low self-esteem describes feelings of inferiority, worthlessness, and a loss of self-confidence resulting from physical changes or limitations in daily activities following a cancer diagnosis. Participants feel different from others and struggle to maintain a positive self-image.

*"Well, now that I have to set limits, I feel insecure inside, and most of all, I feel like, 'Ah, I'm useless.' That's definitely how it is..." (Participant MM P5-014). "There's disappointment in my heart and a sense of insecurity, but when I look at it, I realize, 'Oh, I can do it after all; even if it's in a different way, I can still be useful.'" (Participant MM P5-014).*

*"Because we're so sensitive, we sometimes get down on ourselves... we have to stop thinking, 'Oh no, I'm sick, I have to stay quiet, don't be like that.'" (FGD-046). "Cancer is an experience that brings about emotional changes such as feelings of inferiority, sensitivity, and limitations on activities..." (FGD-046).*

## 3) Anxiety about Death

Anxiety about death arises because participants view cancer as a life-threatening disease. This fear is linked to the possibility of leaving their families behind, the grueling treatment process, and the experience of witnessing other cancer patients pass away.

*"...I'm scared. Because... my aunt just came back. She had breast cancer surgery and died. They brought her body back from Bandung. I'm scared. Scared of what? Scared of dying, right? Yes. If I die just once, that's fine. It's painful. I find it hard to bear. But now I have to find a doctor to help me get ready." (Participant NB P3-006, 018)*

*"...Mom was immediately diagnosed with this, and I was already struggling like this; she automatically felt a new sense of loss. Basically, she felt like she wasn't herself anymore. Oh God, I feel like I'm going to die right there. I only have my husband and my child. If I were to die suddenly, people from the cooperative would come and take my husband away; he'd end up in prison, of course. Well, it's like that." (Participant YE P4-016)*

#### 4) Withdrawal

Withdrawal refers to participants' tendency to suppress their feelings, limit social interactions, and be reluctant to discuss their condition. This behavior serves as a form of self-protection against the sadness, fear, and stigma associated with cancer.

*"Mom can talk to anyone now; she no longer feels, oh, that sense of inferiority like, 'I have cancer,' as if she were a stranger. No, no, but once she was able to, that was already amazing, just being able to..." (IRL Participant P2-020).*



Figure 3. Photo taken by participant SL

*"Here are photos of my sister's medications. I took this photo of my new medication so my sister could see it. There are so many of them, so when they told me all this was medication, I threw it all away. I felt it was unfair they didn't explain anything clearly, and it wasn't until later that I found out I had cancer."*

#### 5) Negative perceptions of society

Negative perceptions of society reflect participants' views of a social environment that is perceived as lacking understanding of the circumstances of cancer patients. These perceptions arise from stigma, negative comments, inaccurate information, and concerns about how others might judge them.

*"The smart people there? They told me, but they said it's because my father had passed away since he didn't pay attention to the village, and they said I didn't call, but it was so rare, so they kept telling me to put 20 ringgit in whatever it was, but I made it disappear and reappear." (Participant L P1-113).*

*“It’s undeniable that as we struggle, there are also voices for and against us. It’s true that in a cancer community there are many pros and cons, many ups and downs, but especially with us, I feel grateful that now we’re often invited to events, so we’re becoming more recognized, and we’re getting more support and attention so sometimes I’m like a mom here; when I’m not sick, I just sit at home lost in thought” (FGD-047).*

### **Coping Strategies**

This theme describes the various efforts made by participants to cope with the psychological stress resulting from a cancer diagnosis. Based on the interview findings, the coping strategies employed by participants fall into two main subthemes: social support and religious activities. These two strategies help participants maintain hope, build resilience, and provide strength as they undergo treatment and recovery.

#### **1) Social Support**

Social support refers to the emotional, instrumental, informational, and spiritual assistance that participants receive from family, friends, the community, healthcare providers, and fellow cancer survivors. This support helps participants feel that they are not alone in facing their illness, boosts their motivation to undergo treatment, and provides a sense of acceptance and understanding. Most participants identified family, particularly their spouses, children, and parents, as their primary source of strength during the treatment process. Additionally, support from cancer support groups, churches, patient housing facilities, and healthcare providers provided encouragement, education, and a space to share experiences, helping participants become stronger in their fight against cancer.



Figure 4. Photo taken by participant SL

*“My husband is an angel sent by God. When I was diagnosed and started to be more diligent, a voice told me, ‘This is an angel,’ and it was true even the nurses said, ‘Your son can come, and even your father.’ I’m ready to accept that during my treatment, I’m treated like a queen. So, when I happened to be in the Dankal community and gave my testimony, I always said that my husband is an angel sent by God to be by my side, because he’s always there for me in every way. When we talk about family, meaning both the nuclear family and the extended family, there are those who say that some family members only show up when we’re sick. But that doesn’t mean they don’t care or don’t want to see us; it’s just that, from afar, they can’t bear to watch us suffer, so they come to offer support through prayer. And those prayers are what give us hope to recover and stand on our own again.”*



Figure 5. Photo taken by participant L

*“Thank you, ma’am, for helping us so much; we’ve come from far away. May the patients at this shelter recover quickly. We’re from out of town, so we’re grateful to have this shelter here in our community.”*



Figure 6. Photo taken by participant L

*“These are Mom’s siblings. They’re a huge source of support. Her brother is a pastor; even though he isn’t with Mom all the time, he always supports her in prayer. And Mom’s two daughters also always support her and ask how she’s doing every day. They’re the reason Mom is fighting this illness.”*

## 2) Religious Activities

Religious activities represent the participants’ efforts to cope with their illness through prayer, worship, spiritual reflection, and surrender to God. These activities serve as a source of peace, hope, and meaning when facing a cancer diagnosis. Some participants admitted to questioning their condition at the time of diagnosis, but over time they came to view the illness as part of God’s plan and used it as a means to draw closer to Him. Spiritual faith helps participants accept their situation, reduces anxiety about the future, and provides the strength to persevere throughout the treatment process.

*“God gave me this, but God has a plan for me that my children can be independent; they can- well, they’re different from other children in that way. And one thing I want to say is, when we’re in a comfortable situation, we sometimes forget to use our knees, but when we’re in this situation, God wants to say that’s what God wants to say that’s the meaning for me. And praise God, I’ve continued to carry out all my ministry work until now. God, why me? I want to serve. I attend worship services, I go to church, I participate in everything.” (IRL Participant P2-016, 019).*

*“It turns out I’ve been preparing myself for a long time; that’s how I feel, no matter when God calls me.” (Participant MM P5-017). “The important thing is that God gives us opportunities, and my hope is to see both of my children become shining stars.” (Participant MM P5-042).*

## Forgiveness

This theme explores the psychological process participants undergo in accepting a cancer diagnosis, interpreting their illness in a more positive light, and rebuilding their lives after experiencing adversity. Based on the interview findings, forgiveness develops through four main subthemes: the process of reconstruction, gratitude, spiritual faith, and healthy lifestyle behaviors.

### 1) The Process of Reconstruction

The reconstruction process refers to participants' efforts to rebuild their perspectives on themselves, their illness, and life following a cancer diagnosis. Initially, most participants experienced denial, but as treatment progressed, they began to accept their condition, find new meaning, and adapt to daily life. This process is supported by self-reflection, observing the struggles of other patients, engaging in meaningful activities, and the emergence of hope for the future.



Figure 7. Photo taken by participant IRL

*"This is your mom, sis. When Mom was in Bandung undergoing radiation treatment. At first, Mom refused to accept this illness. But once Mom was in the midst of the treatment, she reconsidered. There are people out there who are struggling, trying to get better, trying to accept themselves fully again. Why can't I do the same, sister? To be honest, physically, I'm still considered very strong compared to others who are struggling to recover."*



Figure 8. Photo taken by participant YE

*"Mom loves to cook. She used to work as a chef, but she had to quit because of knee pain. But after she quit, she couldn't go back to her old job, so when she was diagnosed with cancer, she looked for ways to keep her mind off the illness and find joy in life. So my kids suggested I try making small batches of food to sell at church. That's how I started making simple, small portions of home-cooked meals."*



Figure 9. Photo taken by participant MM

*"This is the 'Tree of Hope' that we cancer patients put up in one corner of the radiation therapy room at Darmais Hospital. There are many hopes written on this tree, including mine. This Tree of Hope symbolizes my journey toward acceptance."*

## 2) Gratitude

Gratitude reflects the participants' ability to appreciate life, social support, and the opportunity to undergo treatment despite facing cancer. After experiencing various negative emotions, the participants began to view the illness as an experience that could be accepted and appreciated. Gratitude emerged through acceptance of their condition, the ability to share experiences with fellow patients, and the hope of continuing to support their families in the future.



Figure 10. Photo taken by participant L

*"This is a photo of a keychain from the shelter. It means a lot to us. Here, I met people who are in a similar situation to mine. By sharing our stories and hearing about their experiences, I feel I've come to accept my own condition, because there are people who've been dealing with this longer than I have, yet they're still able to gather here."*

*"That was at the very beginning, like Mom said earlier, at first, Mom couldn't forgive, but as time went on, after she started treatment, once she was able to accept everything, Mom finally started to enjoy it. Mom can talk to anyone now; she no longer feels, oh, that sense of inferiority like, 'I have cancer,' as if she were close to someone, no, no—but once she was able to, that was already amazing; she was able to. Mom can talk to anyone, share with anyone; she shares at the hospital too. Sometimes the doctors even give Mom their numbers so friends can reach out and share with her, so that's already..." (P2-020).*

*"...God, I want to become a star so that when I become a star, I can be part of the family. The important thing is that God gives me the chance, and Mom's hope is to see both of her children become shining stars. "Yeah, I've said before that when people recover from an illness, it's not because of them but because of the chance God gives them. So, sometimes people say, 'Wow, they're amazing, they're strong,' but you have no idea what kind of struggle they've been through; it hasn't been easy. But everyone in the community has been so supportive and encouraging, hehehehe" (P5-005, 042).*

### 3) Spiritual Beliefs

Spiritual beliefs are a primary source of strength that helps participants cope with a cancer diagnosis and the treatment process. Participants view the illness as part of God's plan, which holds specific meaning and purpose in their lives. These beliefs help them find peace, hope, and the strength to persevere in the face of various challenges. Some participants interpret cancer as a "cross" that must be borne with faith and fortitude, while others see the experience of illness as an expression of God's love and presence, and an opportunity for growth.



Figure 11. Photo taken by participant L

*“Every burden is a cross of life that must be borne; I believe there is happiness that God has prepared for me. That cross is a source of hope for me.”*



Figure 12. Photo taken by participant YE

*“The cross is a symbol of victory for us Christians—a symbol of victory. And for me personally, it’s what gives me even more enthusiasm, hope, and support, especially.”*



Figure 13. Photo taken by participant MM

*“All we can do in the face of what we’ve been through is hope for the greatness of God’s love to sustain our lives.”*

#### 4) Healthy Lifestyle Behaviors.

Healthy lifestyle behaviors reflect the lifestyle changes participants made after being diagnosed with cancer. Their experience with illness motivated them to pay closer attention to their physical and psychological health through dietary adjustments, sleep patterns, stress management, adherence to treatment, and increased health literacy. Participants also recognized the importance of maintaining their mental well-being as part of the recovery process.

*"Watch what you eat, get enough sleep, and keep a positive mindset —because your mindset is the key to overcoming all illnesses." (P5-024).*

*"With a doctor who knows how to provide care. He has nurses who know how to care for Mom. Mom feels that... Mom is happy. That's why a healthy mind and a calm heart are medicine. It's like that. So Mom feels that, well, Mom isn't sick after all." (Participant YE P4-036)*

*"...I often join Zoom meetings about health where there are specialist doctors, so I ask them questions too." (Participant SL P6-012)*

### **Discussion**

This study shows that situational forgiveness in cancer patients is a psychological process that occurs in stages, beginning with negative emotional reactions and denial, followed by the development of coping strategies, and culminating in acceptance and forgiveness of the illness. These findings support Enright's forgiveness process model, which explains that individuals move from the uncovering phase to the deepening phase through cognitive, emotional, and spiritual changes (Enright & Fitzgibbons, 2015).

In the early phase, participants experienced shock, fear, sadness, and anxiety about the future, as previously found in studies indicating that a cancer diagnosis often leads to psychological distress and a sense of helplessness Lawani, (2022). However, this study indicates that negative emotions also drive the process of reflection and the search for meaning regarding the illness experienced.

Social support from family, the community, and fellow survivors is a crucial factor in helping participants accept their condition. These findings align with the research by Liang et al., (2024), which states that social support improves adaptation and quality of life for cancer patients. Furthermore, spirituality serves as a primary source of strength that helps participants view cancer as part of God's plan, thereby facilitating the process of acceptance and forgiveness regarding the situation they are experiencing (Balboni et al., 2022).

After reaching the acceptance stage, participants demonstrated the development of a sense of gratitude, inner peace, and behavioral changes toward a

healthier lifestyle. These findings support the research by Toussaint et al.,(2016), which indicates that forgiveness and gratitude are associated with improved psychological well-being, mental health, and more adaptive health behaviors. In this study, acceptance of illness is not passive but is manifested through concrete actions such as maintaining a healthy diet, adhering to regular medical treatment, managing stress, and improving the quality of social relationships. (Greer et al., 2020)

The primary contribution of this study is to demonstrate that, within the Kupang cultural context, situational forgiveness is influenced not only by individual psychological factors but is also shaped by religiosity, social support, and collectivist culture (Majda et al., 2022). Another relatively new finding is the role of photovoice as a medium for self-reflection that helps participants construct new meanings regarding their experiences of illness. Practically, the results of this study highlight the importance of interventions based on family, community, and spiritual support to help cancer patients achieve greater acceptance and psychological well-being.

### **Conclusion**

This study aims to describe situational forgiveness in cancer patients. The results indicate that situational forgiveness is a psychological process that unfolds gradually, beginning with the emergence of negative emotions and denial of the diagnosis, then progressing through the reconstruction of meaning, until acceptance of the illness is achieved. This process is supported by the interaction of various factors, emotional, cognitive, social, and spiritual, that help individuals come to terms with unchangeable life circumstances.

The findings indicate that religiosity plays a significant role in shaping situational forgiveness. Religiosity functions not only as a coping strategy but also as a meaning-making mechanism that helps cancer patients accept the disease as part of God's plan and a life journey with a purpose. Furthermore, this study found that the cultural context of Kupang City, characterized by strong family support, religious communities, and moral values, further reinforces the process of acceptance and forgiveness regarding the situation experienced. These findings contribute to the

development of psychology, particularly by expanding the understanding that situational forgiveness in individuals with chronic illnesses is influenced not only by intrapersonal factors but also by religiosity and the sociocultural context.

*Suggestion*

Cancer patients are encouraged to continue developing self-acceptance, finding positive meaning in their illness, and strengthening their spirituality and social support as sources of strength in coping with the disease. Families, communities, religious leaders, and healthcare providers are encouraged to create a supportive, empathetic, and stigma-free environment through emotional and spiritual support, as well as communication that helps patients adapt to their condition.

Meanwhile, healthcare services need to integrate psychological and spiritual aspects into the care of cancer patients to improve their well-being and quality of life. For future research, it is recommended to examine situational forgiveness among various groups with chronic illnesses or different life experiences, as well as to develop the use of the photovoice method and psychological intervention approaches to deepen understanding of the process of acceptance and forgiveness regarding uncontrollable situations.

### Reference

- Anjainah, N. L., & Muhid, A. (2023). Efektivitas Forgiveness Therapy untuk Memperbaiki Tingkat Self-Acceptance pada Wanita Penderita Kanker Payudara: Literature Review. *As-Syar'i: Jurnal Bimbingan & Konseling Keluarga*, 5(1), 80–88.
- Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies (Jeteraps)*, 5(2), 272–281.
- Balboni, T. A., VanderWeele, T. J., Doan-Soares, S. D., Long, K. N. G., Ferrell, B. R., Fitchett, G., Koenig, H. G., Bain, P. A., Puchalski, C., & Steinhauser, K. E. (2022). Spirituality in serious illness and health. *Jama*, 328(2), 184–197.
- Boleková, V., & Chlebcová, V. (2024). Predictors of forgiveness in cancer patients after treatment. *Health Psychology Report*, 12(3), 219.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Creswell, J. W., & Plano Clark, V. L. (2023). Revisiting mixed methods research designs twenty years later. *Handbook of Mixed Methods Research Designs*, 1(1), 21–36.
- Enright, R. D., & Fitzgibbons, R. (2015). Forgiveness therapy. *Washington, DC*.
- Greer, J. A., Applebaum, A. J., Jacobsen, J. C., Temel, J. S., & Jackson, V. A. (2020). Understanding and addressing the role of coping in palliative care for patients with advanced cancer. *Journal of Clinical Oncology*, 38(9), 915–925.
- Hapsari, S., & Suryanto, S. (2025). Self-acceptance in fatherless early adult women due to parental divorce. *Jurnal Psikologi Tabularasa*, 20(2).
- Lawani, A. O. (2022). *Transitions in Palliative Care: Referral Time and Healthcare Utilization in Advanced Stage Colon, Rectal and Lung Cancer Patients*. University of San Diego.
- Li, K., Wu, S., Zhang, Y., Zhu, B., Qi, Z., Hou, S., & Wang, W. (2025). The Usability and Experience of Artificial Intelligence-Based Conversational Agents in Health Education for Cancer Patients: A Scoping Review. *Journal of Clinical Nursing*.
- Liang, Y., Li, Y., & Zhou, M. (2024). Effects of positive psychological interventions on psychological outcomes, quality of life, and inflammation biomarkers in inflammatory bowel disease patients: a meta-analysis of randomized controlled trials. *Gastroenterology Nursing*, 47(6), 455–466.

- Majda, A., Szul, N., Kołodziej, K., Wojcieszek, A., Pucko, Z., & Bakun, K. (2022). Influence of spirituality and religiosity of cancer patients on their quality of life. *International Journal of Environmental Research and Public Health*, 19(9), 4952.
- Oyedele, O. O., Phillips, C., & Robb, S. L. (2024). Spirituality in adolescents and young adults with cancer: an evolutionary concept analysis. *Journal of Pediatric Hematology/Oncology Nursing*, 41(1), 16–31.
- Surjoseto, R., & Sofyanty, D. (2023). Pengaruh Penerimaan Diri dan Religiusitas Terhadap Resiliensi Pada Pasien Kanker. *Education: Jurnal Sosial Humaniora Dan Pendidikan*, 3(2), 54–65.
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357.
- Toussaint, L., Shields, G. S., Dorn, G., & Slavich, G. M. (2016). Effects of lifetime stress exposure on mental and physical health in young adulthood: How stress degrades and forgiveness protects health. *Journal of Health Psychology*, 21(6), 1004–1014.
- Utami, R., & Yani, S. (2023). Studi Fenomenologi: Eksplorasi Penerimaan Diri Pada Survivor Kanker Payudara Yang Mengalami Metastase. *Jurnal Riset Media Keperawatan*, 6(2), 125–134.
- Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior*, 24(3), 369–387.
- Wang, C., Qiu, X., Yang, X., Mao, J., & Li, Q. (2024). Factors influencing social isolation among Cancer patients: a systematic review. *Healthcare*, 12(10), 1042.
- Wong, C. L., Li, H., Leung, A. W. K., Chan, C. W. H., & Cheung, Y. T. (2024). Understanding the experience of cancer survivorship among pediatric and adolescent cancer survivors and their parents through camera lenses: a photovoice study. *Psycho-Oncology*, 33(9), e9306.