COPING AND SOCIAL SUPPORT AFTER MYOCARDIAL INFARCTION

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Abstract

Background: Recovery after myocardial infarction extends beyond physical stabilization and involves psychological, behavioral, and social adjustment. Coping strategies and social support may influence how patients manage emotional distress, adapt to changes in everyday life, and engage in cardiac rehabilitation.
Aim: This narrative review examines the role of coping and social support in psychological adjustment and recovery following myocardial infarction, with particular attention to their interaction and relevance for cardiac rehabilitation.
Methods: Literature was identified through PubMed/MEDLINE, Scopus, Web of Science, and Google Scholar. Particular attention was given to studies published between 2021 and 2026, while earlier studies and theoretical papers were included when they provided relevant conceptual foundations. The literature was organized thematically around psychological adjustment, coping processes, social support, their interaction, cardiac rehabilitation, and psychological and supportive interventions.
Results: The reviewed literature indicates that coping and social support are interconnected components of adjustment following myocardial infarction. Adaptive coping may facilitate management of emotional and behavioral demands, while family, peer, professional, and broader social support may provide emotional, informational, and practical resources during recovery. Their contribution appears to depend on individual needs, the quality and availability of support, and the broader context of recovery. Psychological distress and difficulties in coping may create barriers to rehabilitation, whereas supportive relationships and targeted psychological and supportive interventions may facilitate adjustment and participation.
Conclusion: Coping and social support represent relevant and interacting psychosocial factors in recovery following myocardial infarction. Their integration into cardiac rehabilitation may contribute to more individualized and patient-centred care. Further longitudinal research is needed to clarify how coping and social support interact and change over time and how these processes relate to psychological adjustment and rehabilitation outcomes.

Keywords: psychological adjustment; cardiac rehabilitation; emotional well-being; psychosocial recovery; patient-centred care

Introduction

Myocardial infarction (MI) is a major cardiovascular event whose consequences may extend beyond physical recovery. Following myocardial infarction, patients often face changes in everyday activities, health-related behaviors, and perceptions of their future health. Emotional distress and uncertainty may accompany this period, making psychological and psychosocial adjustment an important component of recovery (Al-Faraj et al., 2025; Zhou et al., 2024).
Coping represents an important part of the adjustment process following myocardial infarction. Patients may use different cognitive, emotional, and behavioral strategies to manage the demands associated with the cardiac event and subsequent recovery. At the same time, social support from family members, partners, peers, and healthcare professionals may provide emotional, practical, and informational resources that facilitate adaptation. Coping and social support have therefore long been considered closely related psychosocial factors in recovery after myocardial infarction (Kristofferzon et al., 2003).
Rather than functioning independently, coping and social support may interact throughout the recovery process. Social support can provide resources that facilitate coping with stressful circumstances, while coping processes may influence how individuals seek, perceive, and use

available support (Schwarzer & Knoll, 2007). Examining these factors together may therefore contribute to a broader understanding of psychological adjustment following myocardial infarction and their relevance within cardiac rehabilitation.

Aim

The aim of this narrative review is to examine the role of coping and social support in psychological adjustment and recovery following myocardial infarction, with particular attention to their relevance for emotional well-being and participation in cardiac rehabilitation.

Methodology

This paper was conducted as a narrative review of the literature on coping and social support following myocardial infarction. Relevant literature was identified through searches of PubMed/MEDLINE, Scopus, Web of Science, and Google Scholar. The search focused primarily on publications from 2021 to 2026, while earlier studies and theoretical papers were included when they provided relevant conceptual foundations for understanding coping and social support.

Search terms included combinations of myocardial infarction, coping, coping strategies, social support, psychological adjustment, emotional distress, and cardiac rehabilitation. Priority was given to peer-reviewed studies, systematic and integrative reviews, qualitative research, and theoretical papers directly relevant to psychological and psychosocial recovery following myocardial infarction.

The selected literature was reviewed and organized thematically, with particular attention to coping processes, sources and functions of social support, their interaction during recovery, and their relevance to psychological adjustment and participation in cardiac rehabilitation.

Psychological Adjustment Following Myocardial Infarction

Recovery following myocardial infarction involves a process of psychological adjustment to changes in health, everyday functioning, and perceptions of personal vulnerability. Although emotional reactions may differ considerably between individuals, anxiety, depressive symptoms, uncertainty, and concerns about recurrence may occur during the post-myocardial infarction period. These responses can influence patients' ability to resume everyday activities and adapt to the demands of recovery (Liljeroos et al., 2023; Al-Faraj et al., 2025).

Psychological adjustment is not necessarily a stable or uniform process. Longitudinal evidence suggests that patterns of psychosocial adjustment may change during recovery and may be influenced by individual and contextual factors (Zhou et al., 2024). Research has also identified different psychosocial adaptation profiles among younger and middle-aged patients following acute MI, indicating that patients may experience substantially different adjustment trajectories and support needs (Xiong et al., 2024).

From a psychosocial perspective, adjustment following MI can therefore be understood as a dynamic process in which patients attempt to manage emotional reactions, changes in everyday roles, and the behavioral demands associated with recovery. Within this process, the strategies individuals use to cope with these demands and the social resources available to them become particularly important. This provides the basis for considering coping as a central component of post-myocardial infarction recovery.

Coping in Post-Myocardial Infarction Recovery

Coping plays an important role in the way patients respond to the psychological and practical demands that follow myocardial infarction. After the acute cardiac event, individuals may need to manage uncertainty about their health, emotional reactions, changes in everyday activities, and the demands of treatment and rehabilitation. Coping therefore involves cognitive, emotional, and behavioral efforts through which patients attempt to manage these challenges and adapt to their changed circumstances (Son et al., 2016).

Coping responses may differ considerably between patients and may also change during the course of recovery. Some strategies may support adaptation by helping patients actively address health-related demands, regulate emotional reactions, and gradually resume everyday activities. In contrast, avoidance or difficulties in managing distress may interfere with psychological adjustment and engagement in recovery. Recent research has demonstrated variability in coping patterns among patients following myocardial infarction and has emphasized the importance of considering coping within the broader psychosocial context of recovery (Ul Haq et al., 2025; Zhou et al., 2024).

Coping is also relevant within cardiac rehabilitation, where patients are expected to adopt and maintain behavioral changes while managing concerns related to their health and future functioning. Evidence from qualitative research suggests that adaptation to rehabilitation involves multiple personal and contextual demands and that patients may differ in the resources they use to manage them (Wang et al., 2024). Interventions combining psychological or supportive approaches with rehabilitation have likewise shown that coping styles can be responsive to targeted psychosocial support (Liu et al., 2024).

Importantly, coping does not occur in isolation. The availability and quality of interpersonal resources may influence how patients respond to stress and manage the demands of recovery. Theoretical perspectives on stress and coping emphasize that social support can function as an important resource within the coping process (Schwarzer & Knoll, 2007). This relationship is particularly relevant following myocardial infarction, where patients often rely on family members, partners, peers, and healthcare professionals while adapting to life after the cardiac event.

Social Support as a Psychosocial Resource

Social support represents an important psychosocial resource during recovery following myocardial infarction. Support may be provided by family members, partners, friends, peers, and healthcare professionals and may take emotional, informational, and practical forms. Its importance extends beyond the immediate period following the cardiac event, as patients may continue to require reassurance, guidance, and assistance while adapting to changes in everyday life and participating in rehabilitation (Kristofferzon et al., 2003).

Family involvement may be particularly relevant during cardiac recovery. Family members can encourage adherence to treatment recommendations, support lifestyle changes, and facilitate participation in rehabilitation activities. However, the effectiveness of family involvement depends not simply on the presence of support but also on whether it corresponds to the individual needs of the patient. Recent literature emphasizes the potential contribution of family involvement to cardiac rehabilitation while also recognizing the complexity of family roles during recovery (Birtwistle et al., 2021; Popescu et al., 2025).

Support from individuals with similar experiences may provide another valuable resource. Peer-support interventions can offer opportunities to exchange experiences, receive emotional reassurance, and obtain practical information about recovery after myocardial infarction. A systematic review by Heydari et al. (2024) identified several outcomes associated with peer-

support interventions among patients with myocardial infarction, while more recent evidence has continued to examine nurse-led peer support in relation to psychological status and quality of life following acute myocardial infarction (Yi et al., 2026).

The significance of social support may also extend to longer-term recovery. Betesh-Abay et al. (2025) examined social support in relation to long-term mortality following acute myocardial infarction, illustrating the continuing relevance of patients' social environment beyond the early recovery period. Taken together, the literature suggests that social support should be considered not merely as the availability of other people, but in terms of its source, quality, and responsiveness to patients' changing needs during recovery.

Interaction between Coping and Social Support

Coping and social support are closely interconnected during recovery following myocardial infarction. Social support may provide emotional reassurance, practical assistance, and information that can help patients manage the demands associated with recovery. At the same time, the ways in which individuals cope with stress may influence whether and how they seek, perceive, and use available support. From this perspective, social support can be understood as a resource operating within the broader coping process rather than as an entirely separate factor (Schwarzer & Knoll, 2007).

Evidence from cardiac populations also supports the importance of considering these factors together. Earlier research following myocardial infarction demonstrated relationships between coping and social support and indicated that these processes may differ across patients (Kristofferzon et al., 2003). More recent research has continued to show that coping responses and perceived social support may jointly contribute to psychosocial functioning during cardiac recovery (Zhang et al., 2025).

The interaction between coping and social support is therefore particularly relevant for rehabilitation. Patients who face difficulties in coping may benefit from supportive resources, while the effectiveness of available support may depend on how well it corresponds to their individual needs and circumstances. Considering both factors together may provide a more comprehensive understanding of psychological adjustment following myocardial infarction and help identify areas in which additional psychosocial support may be needed.

Table 1. Selected Studies on Coping and Social Support Following Myocardial Infarction

Study	Design / Sample	Main focus	Key findings
Kristofferzon et al. (2003)	Review	Coping and social support after MI	Highlights the relevance of coping and social support in recovery following MI, with particular attention to gender differences.
Darsin Singh et al. (2022)	Systematic review of qualitative studies	Social support and cardiac rehabilitation among women after ACS	Social support was identified as important for coping with and participating in cardiac rehabilitation.
Heydari et al. (2024)	Systematic review; 12 clinical trials, 1,060 patients with MI	Peer-support interventions	Peer support was associated with beneficial psychological and behavioral outcomes, including anxiety, depression, quality of life, self-care, and medication adherence.

Study	Design / Sample	Main focus	Key findings
Zhou et al. (2024)	Longitudinal study; 233 patients with first AMI	Psychosocial adjustment	Psychosocial adjustment changed during the first six months after discharge; social support and coping were among the factors related to adjustment patterns.
Betesh-Abay et al. (2025)	Retrospective cohort; 2,652 patients with AMI	Social support and long-term outcomes	The type and availability of social support were associated with long-term mortality, highlighting the relevance of the social environment beyond early recovery.
Niu et al. (2026)	Qualitative evidence synthesis; 9 studies	Engagement in cardiac rehabilitation after first MI	Engagement in cardiac rehabilitation was shaped by personal experiences, barriers and facilitators, and available support systems, including family and peer support.

Psychosocial Barriers and Facilitators of Cardiac Rehabilitation

Cardiac rehabilitation represents an important component of recovery following myocardial infarction, yet participation and continued engagement may be influenced by a range of psychological and social factors. Emotional distress, uncertainty about physical capabilities, fear related to exercise, and difficulties in adjusting to lifestyle changes may create additional challenges during rehabilitation. At the same time, motivation, confidence, supportive relationships, and appropriate professional guidance may facilitate patients' engagement in the recovery process (Wang et al., 2024).

Coping may influence how patients respond to the demands of cardiac rehabilitation. Patients are often required to make changes in physical activity, diet, medication routines, and other health-related behaviors while simultaneously managing the emotional consequences of myocardial infarction. A recent qualitative evidence synthesis highlighted that engagement in cardiac rehabilitation is shaped by patients' experiences, perceptions, and the circumstances in which recovery takes place (Niu et al., 2026). Similarly, barriers and facilitators related to exercise rehabilitation may operate at both individual and broader contextual levels (Y. Wang et al., 2025).

Social support can also facilitate participation in rehabilitation. Family members may provide encouragement and practical assistance, while peers and healthcare professionals can offer information, reassurance, and opportunities to discuss concerns related to recovery. Evidence concerning family involvement and peer support suggests that supportive interpersonal relationships may contribute to patients' rehabilitation experiences and help them manage some of the challenges associated with recovery (Heydari et al., 2024; Popescu et al., 2025).

These findings indicate that participation in cardiac rehabilitation should not be viewed solely as a matter of individual motivation or adherence. Psychological adjustment, coping resources, and the social environment may all shape how patients experience and respond to rehabilitation. Recognizing these factors may help support a more patient-centred approach to post-myocardial recovery.

Psychological and Supportive Interventions

Psychological and supportive interventions may complement medical treatment and cardiac rehabilitation by addressing the emotional and psychosocial challenges that can accompany recovery after myocardial infarction. Such approaches may help patients manage distress, develop more adaptive ways of coping, and strengthen the resources needed to adjust to changes following the cardiac event. Evidence from a systematic review and meta-analysis suggests that psychological interventions can contribute to reducing post-traumatic stress symptoms among patients following MI (Chew et al., 2025). Evidence from a multicenter randomized controlled study has also indicated that cognitive-behavioral stress management may contribute to improvements in anxiety, depression, and quality of life following acute MI and percutaneous coronary intervention (Chen et al., 2024).

Interventions that specifically address coping may also be relevant. Liu et al. (2024) examined a rehabilitation nursing approach combined with mindfulness training and reported improvements in psychological distress and coping styles among patients with acute myocardial infarction following percutaneous coronary intervention. These findings suggest that coping is not only an individual response to illness but may also represent a modifiable aspect of psychological recovery.

Supportive interventions provide another important approach. Peer support can create opportunities for patients to share experiences, receive reassurance, and obtain practical information from others who have faced similar challenges. Evidence reviewed by Heydari et al. (2024) indicates that peer-support interventions have been applied to a range of outcomes following myocardial infarction. More recent research has also examined nurse-led peer support in relation to psychological status and quality of life after acute myocardial infarction (Yi et al., 2026).

Taken together, these findings support the inclusion of psychological and supportive components within post-myocardial infarction care. Rather than applying a single approach to all patients, interventions may be more useful when they respond to individual coping difficulties, emotional needs, and available sources of social support. Integrating these elements into cardiac rehabilitation may contribute to a more comprehensive approach to recovery.

Discussion and Critical Synthesis

The literature reviewed indicates that recovery following myocardial infarction is shaped by a combination of psychological, interpersonal, and behavioral processes. Coping strategies may help patients manage the emotional and practical consequences of the cardiac event, while supportive relationships can provide resources that facilitate adaptation. Importantly, qualitative evidence also demonstrates that patients may draw on different forms of coping, including spiritual coping, when attempting to manage psychosocial difficulties following myocardial infarction (Demir Çam et al., 2026).

The broader social environment appears to have particular relevance throughout recovery. Support may be provided through family relationships, healthcare professionals, peers, and wider social networks, but these sources may not be equally accessible or useful for every patient. Qualitative evidence concerning support networks during acute cardiac care illustrates that patients' experiences of comfort and support are influenced by the way supportive resources are organized and delivered (Hojjatoleslami et al., 2024). At the rehabilitation level, evidence concerning social network interventions further suggests that recovery should be understood within patients' interpersonal environments rather than exclusively as an individual process (Purcell et al., 2023).

Another important issue emerging from the literature is that coping and support may operate within close relationships rather than solely at the individual level. Interventions incorporating dyadic coping illustrate the potential relevance of shared coping processes for psychosocial adaptation and relationship well-being following myocardial infarction (C. Wang et al., 2025). At the same time, positive psychosocial resources may be relevant to subsequent emotional outcomes, including symptoms of depression and post-traumatic stress, further emphasizing the importance of considering protective psychosocial factors during recovery (Zuccarella-Hackl et al., 2023).

Taken together, these findings support a broader view of post-myocardial infarction adjustment in which coping, interpersonal support, and psychological well-being are interconnected. However, the diversity of study designs, populations, and psychosocial outcomes makes it difficult to determine how these processes develop over time or which forms of support are most beneficial for particular patients. Future research should therefore examine coping and social support longitudinally and consider not only their independent contributions but also how individual, relational, and contextual resources interact throughout recovery.

Implications for Clinical and Health Psychology

The evidence reviewed highlights the importance of considering psychological and social factors as part of recovery following myocardial infarction. Assessment of emotional distress, coping difficulties, and available sources of social support may help identify patients who require additional psychological or psychosocial assistance during recovery. Such assessment may be particularly relevant when patients experience difficulties adapting to lifestyle changes or engaging in cardiac rehabilitation.

Clinical and health psychologists may contribute to cardiac care by helping patients develop adaptive coping strategies, manage emotional responses, and strengthen the effective use of available social support. Collaboration with cardiologists, nurses, rehabilitation professionals, and family members may facilitate a more integrated approach in which psychological needs are considered alongside physical recovery (Chew et al., 2025; Popescu et al., 2025).

A patient-centred approach is particularly important because coping needs and perceptions of support may differ between individuals and may change throughout recovery. Psychosocial care following MI should therefore be responsive to the patient's current difficulties, personal resources, and social context rather than relying on a uniform approach. Integrating these considerations into cardiac rehabilitation may support a more comprehensive model of post-myocardial infarction care.

Limitations

This narrative review has several limitations. First, as a narrative rather than a systematic review, it does not provide an exhaustive assessment of all available evidence on coping and social support following myocardial infarction. Although the review focused primarily on recent literature, earlier studies were included when they provided relevant theoretical or conceptual foundations.

Second, the reviewed studies differ in their designs, patient populations, measures, and periods of follow-up, which limits direct comparison of findings across studies. Coping and social support are also complex constructs that have been assessed in different ways, and their role may vary according to individual, interpersonal, and clinical circumstances.

Finally, much of the available evidence examines coping, social support, psychological adjustment, or rehabilitation separately.

Conclusion

Recovery following myocardial infarction is not limited to physical stabilization but also involves psychological and social adjustment. This narrative review highlights coping and social support as important and interconnected psychosocial factors that may shape how patients respond to emotional distress, adapt to changes in everyday life, and engage in cardiac rehabilitation.

Adaptive coping strategies may facilitate adjustment to the demands of recovery, while supportive relationships can provide emotional, informational, and practical resources. Conversely, difficulties in coping and insufficient or poorly matched support may complicate the recovery process. The reviewed literature also indicates that patients differ in their coping responses and support needs, emphasizing the importance of individualized psychosocial care. Integrating attention to coping and social support within cardiac rehabilitation may contribute to a more comprehensive and patient-centred approach to post-myocardial infarction recovery. Psychological assessment, appropriate supportive interventions, and collaboration between healthcare professionals, patients, and their social networks may help address the broader psychosocial needs that accompany recovery. Future longitudinal research should further examine how coping and social support interact and change over time and how these processes relate to psychological adjustment and rehabilitation outcomes.

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