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Psychological Aspects of Coping with Cancer

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A diagnosis of cancer often brings up one of people's worst health fears. Many cancer patients have the idea that it is the end of their life as they know it. In fact, many life changes do take place. These start from the time of diagnosis, throughout treatment and then later throughout life. *One does change.* It may be surprising to learn that most studies point to the fact that most adults and children are actually psychologically resilient in coping with cancer. While the struggles faced from the initial diagnosis of cancer, its treatments and after effects, do test that resilience, it is good to know most people do quite well psychologically.

Resilience does not mean that one is forced into thinking positively all of the time. For many years, having a positive attitude was strongly emphasized because it was believed that attitudes might affect survival. This assumption is not without controversy, but most studies show that feigning a positive attitude may actually become an added stressor.

Studies suggest it may be perfectly OK to be sad and angry, and not unusual to find patients (even for those who cope well) bargaining for survival with a higher Being. It's also normal to have great days in which people feel positive toward life, to pace themselves with what they can do when they are feeling well and commit to achievable goals. For many, a good coping strategy is to find out as much information as one can about the specific cancer. It is also a good idea to put together two support teams, the first a support and comfort team, and the other a medical and psychosocial team. A support comfort team may be family and close friends. A medical-psychosocial team might consist of oncologists, surgeons, nurse practitioners, bedside nurses, a psychologist, a psychiatrist, a social worker and clergy. A close working relationships between the medical-psychosocial team members will be extremely important for purposes of coordinating treatments and for communicating and addressing an adult's or a child's needs throughout treatment.

There are specialists who have a great deal of training and experience in helping children, adults and families coping with a diagnosis of cancer. Adjusting to cancer can be very difficult and possibly one of the most stressful times in life. There are specialists within the field of psychology and psychiatry who deal specifically with cancer patients and their families. This subspecialty is called psycho-oncology, psychosocial oncology or behavioral oncology. This field is concerned with the psychological, social and behavioral aspects of cancer. These professionals are able to provide individualized education and support related to the specific cancer, the cancer staging, as well as the effects of expected treatments. They usually work with families and caretakers. Therapy is best when it is coordinated between the multiple team members.

There are definitely times in which anxiety and even depression are part of the *cancer process*. For example, the initial adjustment to being diagnosed with cancer can be one of the most trying times in the cancer experience, in which a whirlwind of emotions and racing thoughts take over. During this time, it is often difficult to concentrate on much else. The first treatments received also appear to have a devastating effect on thought processes and feelings in terms of ability to withstand the entire course of a particular treatment, and then another and another. Individuals begin to wonder later on how they did it. The first relapse, the first series of clinical trials, and all of the ongoing changes made in their personal life can make people feel like they are chasing a moving target. The fact is that the cancer process is actually a series of challenges and obstacles that need to be surmounted in order to move on to, well, the next challenge.

Sometimes these adjustments become so overwhelming that it is difficult to see the light at the end of the tunnel. Adults and even children start realizing that it may not be a short-term adjustment after all, and that it was harder than they thought.

People often ask: What makes one person adjust relatively well and another not as well? How do you know when someone with cancer needs psychotherapy?

It is important to recognize that several factors contribute to how well one adjusts to anything in life, especially cancer. Studies have shown that one important factor is how well an individual has coped with other things in their life, and how well developed their coping strategies and stress management skills are. It is impossible to go back in time and try to fix how people have coped in the past. The good news, though, is that coping strategies and stress management skills can be learned. Learning these skills can prevent or help individuals do better at coping or managing stress.

Much of the above is what psychologists working with cancer patients do. Psychologists working with cancer patients and their families try to assess how well people have fared in the past. They consider not only weaknesses, but strengths. They try to work with those strengths to come up with good, compatible coping strategies, help patients develop stress management skills and help them and their families through these difficult times.

When someone is diagnosed with cancer, problems can be *acute on chronic*. One might be dealing with vomiting in the present due to recent chemotherapy, but can also be aware that they will be dealing with several courses of that same chemotherapy agent again next week and for the next few weeks. They may also be dealing with several other issues such as, work security, insurance coverage, child care for children, and financial pressures due to the high cost of treatment, to name a few. Other issues might have to do with problematic interpersonal relationships with a significant other, family members or friends. Depending on how well someone has dealt with stress in the past, psychologists may assist in organizing what needs to be done and work toward building those strategies and management skills. Remember, while fear and distress may be considered part of the cancer experience, a psychologist may be able to put important things into perspective and help in troubleshooting crises.

Children or adults with prior histories of emotional or mental health problems often face great challenges in coping with cancer and its treatments. People who have suffered from depression, anxiety or serious mental health issues are more prone to having adjustment difficulties when dealing with the rigorous intensity of the physical and psychological stressors associated with cancer.

Sometimes the person may feel so overwhelmed that they may feel suicidal. This warrants immediate medical and psychiatric attention. If someone has a history of emotional or mental health issues and is facing cancer, it is far better for them to preempt any problems by being open and honest with their health care team about their mental health history. This can help the team make an appropriate and timely referral to a psychologist or a psychiatrist. The team of physicians should be aware of any and all medications taken by the individual, including supplemental, alternative or complementary therapies in order for the team to be able to provide optimal care.

One of the biggest fears people have which relates to cancer is the fear of death. This is because in the past people thought cancer was synonymous with death. Although treatments have advanced tremendously since the 1960s rendering staggering amounts of survivors living happy and productive lives, people still fear they will die of cancer. This is especially true if someone from their family has died of cancer. Memories of those times in which a loved one underwent treatment and months or years later passed on, may bring about anguish and despair for the cancer patient. While it will not necessarily impact outcome, feeling this way certainly does not help while having to go through treatment.

In addition to a fear of death because of losing a relative to cancer, stress and fear may also come from a recent personal loss. Losses can be in the form of having someone very close die, or it may be related to a loss of functioning (i.e. being unable to walk straight after years of no treatment), loss of a role, or a loss of a breast or a limb. These are all important losses and they may need to be dealt with individually. Sometimes, psychotherapy and/or medication are indicated. This is especially true when someone becomes so depressed that they begin to contemplate suicide.

Previous experiences often play an important role in determining one's adjustment to cancer. For example, prior serious physical or emotional trauma might impact upon how one deals with other life stressors. Trauma can involve a history of early childhood abuse, combat experiences, a history of rape, or even emotional abuse. These fears, issues and experiences related to circumstances at times emerge as a result of the very vulnerability experienced in the cancer process.

Three other scenarios related to the effects of treatments are important to consider when looking at adjustment to cancer. One has to do with tolerance for the physical symptoms associated with treatments, such as pain, nausea and vomiting, and fatigue. These can be devastating as they seem to linger on and on. However, individuals often find that they may have a window in between treatments in which they actually feel well. It is recommended that individuals take advantage of those times to re-engage in normal life activities or bring some sense of normalcy back into life.

In addition to symptom tolerance, there are times in which a cancer patient can become conditioned to being anxious when going to receive treatments. Many patients have had the experience of what psychologists call *classically conditioned vomiting*. That is, vomiting even before they get to the cancer center because of the anticipation that they will vomit after treatment. There are helpful treatments that psychologists can recommend with respect to these issues.

Finally, there are times in which treatments can be associated with changes in mood or mental functioning. An example is when someone comes out of surgery and they are loopy, or they are talking gibberish. This does not happen all the time, but it may happen. Similar to this, is when some patients experience moodiness or are confused or unclear as to where they are. This may be the result of certain medications. These effects of treatments are called "iatrogenic effects" which is a fancy way of saying treatment-related effects. Many of these effects are temporary and eventually go away. They are not life threatening, but studies have shown that both patients and their family are often distressed with these effects. There are psychiatric medicines which are very effective in treating the effects of cancer medications and allow the cancer patient to "get back to themselves" faster, and therefore decreasing distress in the patient and their family.

Individuals recently diagnosed, undergoing treatment or those who had cancer in the past can benefit from talking to someone with psycho-oncology training. Some issues are often difficult to talk about with physicians. For example, one may feel uncomfortable talking about sexual problems experienced after treatments, or some people may feel that they have issues that are difficult to discuss with their family. Many children and adults with a cancer diagnosis feel they don't have enough information about their cancer because of all the medical jargon. Later they may feel they do not have enough information on how to deal with their frustrating limitations or challenges after successful cancer treatment.

While it may raise the worst of fears in adults and children, thanks to modern treatments, a diagnosis of cancer is not always fatal. But, there is plenty that can be done psychologically to cope with the medical or psychological aspects of cancer with humanity, understanding, courage and dignity.

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