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Terror in patients in the terminal stages of cancer

Abstract

The terminal stages or terminal periods are a period of transition, described by Van Gennep as "the autonomy of the borderline". The borderline between life and death is dying, when the game is performed on two stages simultaneously. One of these games is the struggle of the patient with themselves, while the other is a game between the patient and his or her environment (family, health care professionals). Unlike animals, which have an instinct that responds to the direct threat to life, people have the ability to think, imagine and anticipate death as a future event. However, such ideas are vague, and death constitutes an unverifiable signal. The accompanying emotions vary from anxiety, through fear to terror. Terror is a paralysing fear, resulting from the expectance of a coming disaster of an event with an unknown course.

Key words: terror, terminal stage, cancer, Terror Management Theory

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In the case of the terminal stage of cancer, fear originates from the perspective of having the examination of conscience, as well as the instinct of survival and self-preservation to which dread relates [1]. Patients are aware of their own impending death. The attacks of panic that come and go create the terror that prevents people from normal functioning. People try to control it, even if just to spend the rest of their lives with all the capacity they have left. Not all are able to take control of the situation and not everyone experiences it. This article concerns patients that do experience terror. It is to be remembered that the treatment of cancer is usually very aggressive, which results in accompanying and devastating side effects. Patients in the terminal stages deal with a situation when the goal of treatment is not to heal, but to alleviate the symptoms resulting from the treatment and progressing disease.

In the 1980s, Tom Pyszczynski, Jeff Greenberg and Sheldon Solomon defined the basic principles

of their common Terror Management Theory (TMT). It is the newest and most versatile concept that helps to explain the fear of death, both in the psychological and in the social level of functioning [2]. The three scientists were inspired by the work of Ernest Becker from the 70s, which concerned death and the paralysing fear/dread that underlies it. According to Ernest Becker, the fear of the finiteness is the foundation of human conscience and is translated into thinking about and anticipating death. It is a result of the development of the cognitive process, the effect of evolution. Uncontrollable terror may upset the proper functioning of the "I" structure, while the ability of taking control of the situation empowers the patient with the ability to fulfil real goals, prepare to meet their own end and participate, as much as possible, in a social life and develop and organise personal relations [3].

As I have already said, not all patients in the terminal stages of cancer experience terror. The Terror Management Theory may help in finding the

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answer to the question of the reasons for its occurrence and increase, and the way of overcoming/controlling it. On the one hand, one can adapt to the situation with the help of the cognitive abilities, self-awareness and the ability to anticipate future events, and self-reflection. On the other hand, though, the patient pays the cost of having those abilities, as they can become aware of their own mortality, which leads to the paralysing fear/dread. In order to make the patient function in such a complicated situation; a number of psychological mechanisms — “buffers” — come to their aid. Culture plays a major part in the process of creation, becoming a protective system composed of high self-esteem, confidence in the rightness of one's own view of life and the conviction that life went and still goes according to the principles and values established by this view of life. If the principles are not followed or broken, they become less protective, while strengthening the self-esteem and the confidence in the rightness of one's own view of life reduces the fear of death. However, it largely depends on the patient and their confidence in their rightness of their own principles [4].

Becoming aware of one's own mortality results in the polarisation of attitudes towards “own” and “alien” view of life, and affects the level of self-esteem. The process of facing terror requires both the view of life and self-esteem to be confirmed outside by the culture that the patient comes from, in which he or she lived and still lives, as well as the attitude of their relatives. Culture, according to the Terror Management Theory, is the source of safety, “being somebody” and “acting in a certain way”. It provides scenarios and recipes on how to behave when facing impending death. As Ernest Becker puts it, scenarios and recipes are found in “views of life and ideologies, moral systems, the Ten Commandments, religions and all cultural and mass explanations of human life [3]”.

The self-esteem in terminally ill patients is enhanced when the people dear to them share the same values. However, if they do not share the same values, patients are encouraged to defend their values in order to keep their self-esteem.

One cannot ignore religion in the Terror Management Theory, as religion is an important part of the view of life. The majority of religions promises their followers various ways to prolong life after death (individual dimension), provided that they act according to their recipes and commandments. Interestingly, it is not possible to check whether it is true and the support of other followers is a key element. Koenig states that the

elderly and terminally ill turn religion into a spiritual force. It is not, however, tantamount to solving the riddle of death and reducing the fear of it [5]. According to the studies carried out in Poland by J. Makselon (1988), the inner, personal religiousness has the reducing and cognitive function [6]. It helps the patient to restore balance, provides emotional support and creates a positive attitude towards death. “God becomes the ultimate value, which deprives life of being the absolute and sole value” [5].

Another important element, apart from faith, is religious rituals. What is beyond comprehension brings a threat that can be somehow controlled by religious rituals, helping to reduce uncertainty and look upon what is to come with growing peace.

What else, beside high self-esteem, a view of life and religion can help the patient? Adaptation and the process of holding out are greatly strengthened by the instinct of self-preservation, survival and “pre-emptive defence”. Pre-emptive defence is the protection of one's own view of life and self-esteem, in order to avoid the fear of death. [8]. People facing the fear of death go through two types of the adaptation process. The first one being “direct” processes, and the other “symbolic”, more distant. Direct processes are conscious ways of searching for comfort, denial, driving one's own helplessness out of focus and reacting in the “not me”, “not now” fashion. The process of this driving out is displayed by hyperactivity, forgetting the information that was presented, and making plans that cannot be fulfilled. Another mechanism is denial. A. Weisman divides the dynamics of denial of death that creates fear into four stages. The first stage is the acceptance of being terminally ill. The second is denying the fact that life is finite, and the third — the analysis of ideas and concepts that the disease can be cured, for example by miraculous medication or (other) circumstances. The fourth stage comprises of reorientation in the general concept of one's situation and its significance, and the revision of this concept in such a way that one can adapt to one's own conditions and abilities seen from the proper perspective.

Symbolic processes and the symbolic adaptation are the key subjects in the Terror Management Theory. Symbolic processes include three mechanisms of managing. The first mechanism is the confidence in the accepted view of life, while the next comprises of mechanisms based on keeping and enhancing one's self-esteem. The third mechanism is the making and strengthening of close relationships [9].

We cannot ignore the dread towards the quality of life in "socially rejected" patients, especially when their social position has been changed, and those patients who are undergoing the process of emphasizing the thought of death. Such people experience greater fear and dread, and become less identified with the norms and values that are largely held true. Consequently, they have less powerful tools for dealing with terror.

The situation of change in social position takes place when the patient sees norms fading away, relationships breaking up, and when the line between right and wrong becomes erased. This results in the building up of dread, which is translated into the degradation of their life quality.

Those patients who are undergoing the phase of "emphasizing" the thought of death cannot escape thinking about it; they succumb to the dread, and become unhappy. In such a situation, the quality of life cannot be discussed.

People overwhelmed by the terror of death tend to protect their values and self-esteem by judging others, employing stereotypes, and becoming more tolerant or more intolerant.

Those who cure, support, and accompany patients in the terminal stages of cancer must remem-

ber that these people may not only fear death, they might develop the terror of death.

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