

PSYCHOLOGICAL COPING WITH CANCER

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ABSTRACT

The process of psychological changes experienced by the cancer patient is equivalent to a life crisis. Subsequent stages of coping with the diagnosis and treatment of cancer can lead to psychological disturbance or offer a chance for development through cognitive and emotional readaptation to new life conditions.

One of the by-products of the advances in medical sciences and specialized treatment methods is an increasingly significant problem of specific psychological and social support for chronically and/ or incurably ill people who escape premature death but have to face the necessity of coping with numerous consequences of the disease and applied treatment.

A side effect of drastic medical interventions aimed at saving the patient's life and health is often his/her helplessness in light of extreme emotions experienced: happiness, relief, satisfaction because of positive response to treatment but at the same time fear, threat, loss and sorrow resulting from uncertain prognosis or necessary radical changes and limitations occurring in the lifestyle of the patient and his/her family.

The situation is additionally complicated by the fact that the health care system is not ready to provide effective professional assistance focusing not only on the physical but also on the psychological, social and spiritual aspects of experiencing /Leshan L. , 1984; Robinson D. 1987/.

The emotional connotations of being affected by invasive cancer and long-term, ever-increasing psychological difficulties resulting from the disease and its treatment account for the fact that the situation of the cancer patient can be discussed in terms of a critical event in life /life crisis/ /Kosewska A., 1983; Silver R.L., Wortman C.B., 1984; Taylor S.E. 1983/.

Contrary to psychologically difficult situations which can be 'survived' or 'endured' even at the expense of a considerable effort, critical life events require making major investments in adaptation aimed at thorough reorganization of current lifestyle and personal development and reconceptualization of one's own personality /Lazarus R.S., 1986; Sugarman L., 1986/.

The intensity and degree of intervening impact of invasive carcinoma on psychological processes and behavior of the patient are changing throughout the crisis situation. Statistical sum total of the amount of stress caused by cancer and resulting from the specialized system applied is an unreliable and insufficient method of predicting the severity and subjective significance of the crisis. More valuable information including accessibility and properties of coping can be collected using a dynamic representation of the disease process /Mattern H.J., 1979; Newman B.M., 1980/.

An analysis of critical experiences related to invasive cancer leads to the recognition of a few subsequent, separate stages of coping, starting from a diagnosis of cancer and ending with an adaptation to life in new reality or coming to terms with approaching death.

In the early stage of the disease as a result of experienced shock related to the recognition of cancer or as a result of being unaware of the threat, a mobilization of the whole organism occurs. At this time a commonly experienced feeling is disbelief in the facts combined with depression, inertia and psychological withdrawal.

After a period of time, different with different individuals, severe swings of mood occur and the initial fear of the disease is often transformed into despair combined with resistance and lack of internal acceptance for such a difficult life experience.

If the activated self-defense mechanisms turn out to be effective, patients minimize the predicted impact of the disease on future life using the strategy of displacement. The process of diminishing the significance of the disease leads to hopelessness and a breakdown. Frequently, this stage of emotional life is recognized as depression. Its main symptoms include: feeling low, irritation, apathy and withdrawal. Until this point patients more or

less effectively suppress the expression of their feelings. Gradual adaptation to changes in the lifestyle taking place as a result of the disease and its treatment is facilitated by disclosing the feelings. This act of disclosure marks the beginning of a gradual involvement of the patient into the struggle against cancer and helps to reevaluate the extent of experienced threat to his/her life and health.

The earlier experiences prepare the patient to look for a meaning of the disease in his/her own life and the life of the whole family. Attributing a meaning is a period of very special cognitive activity. This process is aimed at subjective rationalizing of the disease in such a manner and to such a degree as the patient needs it.

When the psychological changes the patient has gone through begin to integrate with his personality the patient is ready to look at his disease experience from a necessary distance. The adaptation cycle is characterized by oscillating between confrontation with cancer and withdrawal, a retreat which acts as a secure 'base' enabling the patient to look to the future and at the same time find support /Larkowa H., 1987; Silver R.L., Wortman C.B., 1984; Sugarman L., 1986/.

The ability of effective psychological coping with severe diseases is one of the most astonishing of human skills. The research by S. Taylor on spontaneous adaptation of cancer patients to new life circumstances identifies three types of cognitive activities which are especially helpful in coping with diseases: finding a meaning or rationale for the disease, regaining control over one's life and trying to restore the feeling of high self-esteem disturbed by the disease /1984/.

Looking for the meaning usually involves an attempt to find a rational and subjectively convincing reason for the disease and to understand its impact on the patient's and his family's lives. This is manifested as a process of causative attribution whose functionality is little related to the content and more to the process of attribution itself. Attributing at least a slightly positive meaning to the disease is highly valuable in terms of the adaptation process and greatly facilitates making plans for the future.

In a subjective perception of the patient, an attempt to regain control over his/her life should lead to a greater life satisfaction and higher quality of life. The confidence of the patient as to his/her ability to control the development of cancer is positively related to adaptation, even if the control is to a high degree illusory.

Negative social connotations of being a cancer patient make the affected feel humiliated, ashamed, embarrassed or even guilty. In order to have a higher self-esteem and self-confidence patients should continuously perform self-assuring social comparisons, unconsciously but willingly choosing subjects who enable the patient to have a better perception of himself/herself.

The final question is whether it is possible to regain a balance having gone through a psychological crisis related to being affected by cancer. It is difficult to predict how much time has to pass before readaptation of an individual patient occurs. This condition may never be achieved. If, however, the balance is gradually restored, one can expect effective coping with the difficulties caused by the disease. This of course cannot guarantee that the balance will not be disturbed in light of new difficulties.

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