

Despite the resources devoted to finding a cure for cancer, many forms of cancer remain difficult to treat with confidence, often leaving both patient and physician with limited options in knowing how to respond in a hopeful and meaningful way. I wondered if a disease based approach to health and ill health tended to treat aspects of a person's experience rather than the whole person. One consequence of this bias for people with cancer, is that the emotional effects of cancer are seen as irrelevant in terms of treatment focus. For people with cancer this response may create a sense of alienation and separation from their own experience and relationships with others. People came into the groups at Hope House often in a state of intense fear, believing that they had only a specific time to live and feeling powerless to do anything to change the absolute certainty of that prognosis.

Frequently, the fearful belief was based upon a mistaken understanding of the meaning of statistical probabilities connected with their particular cancer, an understanding that can be stated with some mathematical degree of probability for large numbers but cannot be stated with the same degree of certainty for any one individual within the group. Unfortunately this distinction had never been clarified and seemed to relieve some of the fear once it was made.

Cancer brings change. It can change the way a person lives in the world. It can change personal identity and ways of relating to others. It can change the ways that a person thinks and feels. Cancer is more than just a physical disease. Cancer is an illness that can affect every part of a person's experience including the emotional, mental, social and spiritual dimensions of being. Sometimes the experience of having cancer may create deeper awareness of life but often, particularly in the initial moments following diagnosis or learning of a recurrence, it more frequently brings an emotional suffering that is not fully recognized or understood by others. Cancer, perhaps more than any other illness, can leave an individual feeling powerless to change a fearful situation in which they feel alienated and isolated from others. The individual with a cardiac disease is encouraged to believe that they can positively influence his or her physical health through exercise, diet and stress reduction. However, the current forms of cancer treatment (chemo-therapy, radiation therapy and surgery) leave the cancer patient with a basic lack of control in contributing toward a positive outcome. The research literature on stress notes that loss of control and feeling isolated are the two most significant factors in creating and maintaining psychological stress. The work of the early pioneers in the psychological treatment of cancer patients has now evolved into a significant and growing awareness of the need for effective empirically validated intervention strategies that will help people with cancer cope with the emotional aspects of their illness, enhance the effectiveness of other treatment modalities and prolong their living. Research is now showing that providing a safe and supportive environment, where individuals with cancer can share their experience with others and learn how to cope more effectively with stress can change the quality of their experience and may ultimately prolong their living.

During the past five years a growing body of literature and research, centered on two main themes, has emerged to validate the need for psychological treatment being made available to people who have been diagnosed with cancer. The first concerns

the prevalence of PTSD arising from a diagnosis of cancer. The second concerns the physiological effects of stress on immune system functioning and response to medical treatment.

When psychologists suggest that stress levels and immune system functioning are correlated and that individuals can positively influence this relationship and the course of their illness by changing personal behaviours, critics of this approach claim that it suggests people have somehow caused their own cancer. This is like criticizing the advice given to a man that he should come in out of the rain when he discovers that he has a cold, on the grounds that such advice is guilt inducing because it suggests that he caused his cold by going into the rain in the first place; the advice to step out of the rain is simply practical advice intended to optimize the conditions to relieve his cold symptoms and does not imply that rain causes colds.

Over time, I have learned to help people cope with the emotional distress of cancer. I have had many teachers but the most significant and influential have been the people who have been able to share with me their personal experience of cancer. What I have learned is that, for some people a diagnosis of cancer or a recurrence of the illness can create levels of stress that are both psychologically and physically harmful and often go unrecognized and untreated. When the stress symptoms are present they are frequently taken as normal responses and ignored. Alternatively, the distress is avoided because the treatment response is not known or understood. However, I now believe that this situation is slowly changing. With empirical validation of the psychological factors associated with a cancer diagnosis, research funding and treatment resources are being made available. In keeping with these changes, The American Psychological Association Practice Directorate, using the term "Mind-Body Health", initiated a public education campaign in 2005 to emphasize the connection between mental and physical processes and the significance of that connection to physical health, and not just to convince consumers that there is a connection - we find that's already established - but to position psychologists, with their unique skills as the best and most logical providers of these mental health services, whether alone or in collaboration with other health professionals"

about the author



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