

A LINE ON LIFE

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Coping with Cancer *

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Although heart disease kills more people, the mention of cancer seems to evoke a much more fearful response. Some people still mistakenly view the diagnosis of cancer as a slow, painful "death sentence." Some people do die of cancer. On the other hand, some survive to live out their lives cancer-free. Over 8 million cancer survivors currently live in the United States. The success in treating cancer is linked to early detection. The earlier the cancer can be detected, the more likely it can be successfully treated and the less extreme the treatment is likely to be.

Women – whose family backgrounds indicate they are at *high risk* for cancer – often have high levels of distress. Some high-risk women are too distressed to get mammograms, while others are too careful and overuse medical facilities. Negative mammograms indicate that the women are cancer-free. Even with these results, high-risk women still have higher rates of distress, avoidance, and intrusive thoughts about breast cancer.



With new genetic tests for some types of cancer, it is easier to identify women who are at high risk. Specifically, a test can detect a **gene mutation (BRCA1)** linked to occurrence of breast or ovarian cancer. Now women can be genetically tested to see if they are at high risk. Previous studies indicated 80% of people would like to find out if they had the high-risk mutation. However, this estimate may be high. Psychologist Caryn Lerman had lengthy interviews with 279 members (men and women) of families in which one member had a BRCA1-linked cancer. After educating and counseling these subjects, only 43% wanted to know their genetic status. Lerman believes that this difference is related to her subjects learning about the "limitations and the risks of the information."

If they chose to learn about their risk, those who found that they did not have the BRCA1 gene significantly reduced their feelings of depression and other problems. In contrast, those who had the BRCA1 gene indicated no increases in depression or other impairments. According to Lerman, this indicates "*that worrying about having a mutation may be as stressful as actually learning that you have it.*" This might be generalized to those who did not want to be tested. These unwilling subjects will continue to worry about being at high risk. Even if they find out that they are at high risk for cancer, their distress is not likely to increase.

What if you do get cancer? Even if it can be cured, both having cancer and treating it provoke a great deal of psychological stress. Unfortunately, most research studies deal with middle-class, white women who have breast cancer. It is hard to know if these findings can be accurately applied to other groups with other types of cancer.

When diagnosed with cancer, patients typically experience anxiety, fear, anger and depression. According to a psychologist and cancer researcher, Beth Meyerowitz (USC), after successful treatment, survivors indicate that their distress declines. Within two years, most view their lives as "*back to normal.*" Many indicate their view of life has improved. Trivial frustrations don't bother them as much as they did before the cancer diagnosis. Patients spend more time nurturing their relationships with significant others – relatives and friends.

About 10-25% of patients are severely depressed and anxious during treatment. These survivors still feel anxiety and fear several years later. Meyerowitz concludes that these patients have "*an ongoing sense of increased vulnerability and decreased control over life.*"

**Social support can help us to
live happier, more productive lives.
It can also help us to live longer.**

According to several studies, the factor that seems to make the difference between these two groups is **social support**. A better mood and quality of life are fostered by family cohesion, marital support and social contacts. (These factors lead to a happier life whether you are sick or not.) Social support also includes practical assistance with the disorder – having information and getting professional counseling. Physicians can give adequate information and allow their patients to make decisions about treatment. In this case, patients feel better and more in control, even if they allow the physician to make treatment decisions.

However, not all social support is positive. Some friends or support groups may dwell on the pessimistic aspects of the disease. This would tend to increase the patient's anxiety. Once treatment is over, family and friends may not be empathetic to the survivor's lingering anxieties.

To provide emotional support, fears and anxieties about the disease need to be discussed. Information about the disease and treatment needs to be available. Survivors need to learn coping strategies to adapt their thinking and behavior. Relaxation techniques are also helpful.

Easing the emotional stress of cancer brings about another positive result. It seems that reducing stress boosts immune system functioning. This helps patients to fight their cancer. Essentially, patients who receive social support tend to *live longer*.

* Adapted from Beth Azar's "Scientists examine cancer patients' fears," and "Studies investigate the link between stress and immunity," and Rebecca Clay's "Should patients be told of their risks for cancer?," [*APA Monitor*](#), September, 1996, pages 32-33.