Emotional Conflicts of Cancer: Reconciling Our Internal and External Worlds

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Overview

Provide Background on Modern Therapies: Study of Oral Chemotherapy

Review of Case Example

Discussion of Emotional Conflicts of Cancer
Introduction

- Over the last decade, numerous orally administered medications, including targeted therapies, have become available for treatment of a wide range of cancers.
- Patients on these regimens are often in less frequent contact with their oncology care team and may lack close monitoring with regard to symptoms, side effects, and adherence to treatment.
- Little is known about the types of distressing physical and psychological symptoms patients may experience or the factors associated with patients’ quality of life during treatment.
Study of Oral Chemotherapy

From 2014-2016, 174 patients prescribed oral chemotherapy completed assessments of their physical symptoms, mood, social support, treatment satisfaction, and quality of life.
Factors associated with lower patient-reported quality of life included:

- Physical symptoms, such as fatigue
- Depression and anxiety
- Lack of social support
- Less satisfaction with doctors and treatment

**Question:** How can we help to support patients and families better in this era of modern therapeutics?
Case Example: “Ruth”

Demographics
72-year-old, Caucasian woman
Divorced, two adult daughters, three grandchildren
Retired nurse

Medical Diagnosis & Treatment
Advanced non-small cell lung cancer
Prescribed oral EGFR-inhibitor

Reasons for Referral
Distress about illness and family, anticipatory anxiety about medical scans, significant fatigue and breathlessness impairing quality of life
Core Cancer-Related Conflicts

- **Physical:** Treatment vs. Toxicity
- **Emotional:** Shutdown vs. Overwhelm
- **Existential:** Bucket list vs. Grocery list
- **Functional:** Overwork vs. Under-exert
- **Social:** Breadwinner vs. Burden

**Self**
Physical

Treatment

Minimize or ignore symptoms and side effects
Feel like failure for reducing chemotherapy or needing to stop clinical trial
Don’t disclose side effects to care team

Toxicity

Perceive all side effects as harmful
Misinterpret symptoms as cancer progression
Avoid treatment or seek a lot of reassurance from care team, internet, loved ones
“Middle Space”

When possible, try to perceive side effects as evidence of chemotherapy working to stop cancer.

Work with care team to clarify concerns about symptoms and side effects to optimize adherence.

Negotiate plans for communicating with care team and consider credible resources for gathering information.
“Everything is fine; I am one of the lucky ones.”

Always have to stay positive to ‘fight’ the cancer

Avoid triggers of thoughts and feelings about cancer

“I have lost all hope.”

Become consumed with negative thoughts and feelings about cancer

Disengage from meaningful life activities and relationships
“Middle Space”

Acknowledge the vacillation between moments of sadness and grief along with gratitude and hope

Use of “opening/closing the box” metaphor

Consider ways that life goals may have changed and continue to engage in activities and relationships that matter to you
Social

Breadwinner

Shield loved ones from the effects of cancer
Feel responsible to maintain same roles with family and friends as before diagnosis
Put on ‘strong’ face for others

Burden

Consider oneself as a “burden” to family and friends
Perceive that one’s identity has been reduced to being only a “cancer patient”
Feel distressed by seeking support from others
Consider perspective of how you would respond if roles were reversed

Acknowledge and affirm one’s value and identify across all life domains

Judiciously call upon people based on who best meets different support needs (informational, emotional, practical)
Functional

Overwork

Under-exert

Ignore changes in functioning or fluctuations in energy

Try to achieve too much in one day

Prioritize responsibilities and life tasks over self-care

Become overwhelmed by changes in functioning and fatigue

Withdraw from physical activity and decondition

Fall behind on responsibilities and life tasks
Proactively monitor fluctuations in energy within and across days
Incorporate self-care activities in every day, not just attend to demands
Modify and pace activities to help conserve energy and to accomplish more over time
Have a heightened sense of urgency and meaning because of cancer diagnosis with uncertain expectations about prognosis and future

Must still attend to life’s day-to-day (and sometimes mundane) needs in which family, work, and other priorities have not changed
Recognize false dichotomy of life events as being either meaningful or mundane
Take time to be reflective about the existential questions that matter most to you
Affirm lifelong values while incorporating new goals
Thank You!

Patients & Families

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