

Coping with Cancer

For years, improved medical treatment for many cancers has contributed to increased survival rates and extended lifespans (Allemani et al., 2015). This trend has led to an increasing number of cancer patients who survive for an extended period. As a result, there is a need for psychosocial interventions designed to assist with the broader range of issues that emerge for an increasing number of cancer patients over a longer period.

There is no evidence that cancer is *caused* in any way by psychological issues, nor can psychotherapy or mind-body interventions make you more likely to be cured. However, a cancer diagnosis and its treatment are often extremely challenging, and there is evidence that mind-body interventions can help with quality of life and with managing anxiety, depression and even pain. That is, mind-body interventions can help you *cope* with cancer.

Note that sadness or fear associated with a cancer diagnosis is not necessarily a symptom of clinically significant depression or anxiety. During a cancer experience, it is normal to undergo a mourning process stemming from the loss of your previously known physical integrity. Fear is also a natural response to the perceived threat of cancer, and it is normal for your anxiety to fluctuate at critical points in the process, such as in advance of important appointments, scans, or procedures.

However, it is important to keep in mind that recent evidence suggests 31% of cancer patients do end up meeting criteria for the diagnosis of a psychiatric disorder. Adjustment disorders, which are less serious than a diagnosis of a depressive or anxiety disorder, tend to be the most commonly diagnosed, with a rate ranging from 11% to 35%. Rates for depression vary from 11% to 37%, and anxiety disorders exhibit rates from 2.6% to 19.4%. In addition to these psychiatric conditions, non-specific psychological distress is also prevalent in cancer patients. Depression in particular is more common in those with a cancer diagnosis as compared to the general population. The prevalence of depression in the general population is 7%, which is significantly lower than among cancer patients (Mehnert et al., 2014). Patients with an advanced stage cancer, a prior psychiatric history, poorly controlled pain, or other significant life stressors that coincide with their cancer diagnosis are most at risk for depression and other psychiatric issues.

There is strong empirical support for utilizing cognitive behavior therapy to address insomnia (Johnson et al., 2016), fatigue, and other symptoms related specifically to a cancer diagnosis. There is more modest evidence of empirical support for psychosocial interventions designed to address cancer patients' broader challenges, such as adjustment disorders, depression, anxiety, and distress. The psychosocial interventions with the most empirical support for treating cancer patients for these more general issues include cognitive behavior therapy, meaning-centered psychotherapy, and mindfulness-based interventions.

Cognitive behavior therapy (CBT) is a psychotherapeutic approach that emphasizes the significance of how thinking affects the way a person feels and behaves. A CBT therapist works

with the patient to develop skills to identify, challenge, and replace problematic thoughts and beliefs with more accurate ones that will help to more effectively navigate the cancer experience. CBT for cancer patients has been found to exhibit a modest impact on depression, anxiety, and quality of life (Ye et al., 2018).

Meaning-centered psychotherapy (MCP) is a structured psychotherapeutic approach designed to enhance patients' sense of meaning as a mechanism of change, particularly as they confront advanced stage cancer. MCP has produced modest support for its efficacy as a treatment for improvement in quality of life and reductions in depression (Rosenfeld et al., 2018). Meaning-centered group psychotherapy for cancer survivors (MCGP-CS) is an adaptation of MCP designed specifically for cancer survivors rather than those with advanced cancer. MCGP-CS has been shown to be a promising intervention to improve mental adjustment to cancer in the short term and to reduce psychological distress in the long run.

Mindfulness-based interventions (MBI) emphasize intentionally paying attention to yourself and the world while maintaining a nonjudgmental attitude. They are typically 8-week group programs that consist of weekly meetings and daily home practice of a variety of mindfulness and yoga exercises. MBI approaches such as mindfulness-based stress reduction (MBSR) have generated small but significant empirical support in terms of lowered depression, anxiety, and distress as well as improved quality of life (Haller et al., 2017). Mindfulness-based cancer recovery (MBCR) is another mindfulness-based intervention that appears to be promising in diminishing depression and anxiety.

Ultimately, a host of encouraging medical advances have ushered in an exciting new opportunity to navigate your cancer experience in a physically healthier way. It would be wise for you to be equally psychologically healthy during your cancer experience. A behavioral health specialist trained in at least one of the therapies listed above can help. If you would like compassionate, skilled support for coping with cancer, especially if you experience significant anxiety or depression, be sure to consult your medical treatment team for a psychotherapist recommendation.

Allemani, C., Weir, H.K., Carreira, H., et al. (2015). Global surveillance of cancer survival 1995–2009: analysis of individual data for 25 676 887 patients from 279 population-based registries in 67 countries (CONCORD-2). *Lancet*, 385(9972): 977-1010.

Mehnert, A., Brahler, E., Faller, H., et al. (2014). Four-week prevalence of mental disorders in patients with cancer across major tumor entities. *Journal of Clinical Oncology*, 32: 3540-3546.

Johnson, J.A., Rash, J.A., Campbell, T.S., Savard, J., Gehrman, P.R., Perlis, M., Carlson, L.E., Garland, S.N. (2016). A systematic review and meta-analysis of randomized controlled trials of cognitive behavior therapy for insomnia (CBT-I) in cancer survivors. *Sleep Medicine Reviews*, 27: 20-28.

Ye, M., Du, K., Zhou, Q., et al. (2018). A meta-analysis of the efficacy of cognitive behavior therapy on quality of life and psychological health of breast cancer survivors and patients. *Psycho-Oncology*, 27(7): 1695-1703.

Rosenfeld, B., Cham, H., Pessin, H., Breitbart, W. (2018). Why is Meaning-Centered Group Psychotherapy (MCGP) effective? Enhanced sense of meaning as the mechanism of change for advanced cancer patients. *Psycho-Oncology*, 27(2): 654–660.

Haller, H., Winkler, M.M., Klose, P., et al. (2017) Mindfulness-based interventions for women with breast cancer: An updated systematic review and meta-analysis. *Acta Oncologica*, 56: 1665-1676.

Post by Mark Francis, PhD

Private Practice

Formerly of the Abramson Cancer Center at the Hospital of the University of Pennsylvania