

# Supporting people with a cancer diagnosis

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*The Sara Lee Trust provides psychological and complementary therapies to people living with life-threatening conditions and those at the end of life.*

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## An overview of working with clients living with cancer

The cancer experience – silent onset, intrusion, loss, end of predictability, time, fear of death.

Our own fears as practitioners or co-workers. How might this affect the relationship/communication?

Key Components of the cancer experience:

- Fear and time
- Anxiety and depression
- Denial and hope

Communicating with people living with cancer.



Time...

slips through my hands



## Fear – our own perspective

Studies repeatedly find peoples' top fears as follows:

1. Fear of Flying
  2. Fear of Public Speaking
  3. Fear of Heights
  4. Fear of The Dark
  5. Fear of DYING
- What about our own fears? Our mortality? What might it be like to work with a client who is our age or younger? How do we cope with that?
  - How might our fears affect our interactions?
  - How can clients' fears be eased? What can we do as practitioners, co-workers, friends?



## Key components: Fear & Time

- With 'everyday' clients we have time – time to work through the difficulties that they're presenting with.
- A 45 year old is unlikely to say “I must resolve this difficulty immediately because I might not be here in six months time”. They, reasonably, assume they have 'time'.
- With cancer clients this assumption has gone. We all build our world on a set of assumptions (Piaget, 1955) and Murray Parkes coined the term 'assumptive world' (Parkes, 1971) for that aspect of our world that we assume to be true.
- Cancer clients haven't just had a temporary interruption of their assumptive world, they've had a permanent and irreversible one. This is part of the cancer experience and we will refer to it throughout our workshop.



## Key components: Anxiety & Depression

1. During active treatment, patients are in 'fight' mode and concentrate on overcoming their cancer. When treatment finishes, rather than feel euphoric, clients often feel abandoned and alone and are at risk of succumbing to low mood and depression.

- According to Floortje Mols, Assistant Professor of Medical Psychology and Neuropsychology at Tilburg University in the Netherlands, "Depression is the most commonly studied psychological variable with respect to cancer mortality"
- Mols and researchers found 19% higher mortality rate in depressed patients.
- British Journal of Medicine (BJM) published findings in January 2017 of 16 cohort studies conducted in England & Scotland over a 14 year period that examined the role of psychological distress as a predictor of mortality in cancer patients. Based on self-reports of 160,000 women and men, those with higher levels of distress had a 32% greater risk of total cancer mortality, especially those reporting symptoms of depression and anxiety.
- The Health & Social Care Act 2012 (UK) issued a 'Parity of esteem' principle which stated that mental health must be given equal priority to physical health. Sadly, in the UK at least, this has not been realised in terms of care and funding.
- According to Macmillan, one of the leading cancer care specialists in the UK – 10 years on from their cancer, survivors still suffer from at least one psychological issue.

## Key components: Depression & Anxiety

2. What happens when the client is facing anxiety and/or depression? How do we support them?
3. When working with cancer clients, it is important to view them as normal and healthy, rather than abnormal or pathological – and that their feelings are components of the cancer experience.
4. We can create a hope-enhancing environment (not to be confused with artificial or false hope) that is open to the opportunity for growth rather than focusing on past pain or experiences. We work with the client in a collaborative way.
5. Clients feel they 'should' feel relief and gratitude and are alarmed when they don't.





## Key components: Denial & Hope

- Denial is a part of the cancer experience. It can be an important part of coping for the person with cancer.
- Hope is equally important. The need to believe in a future can be the cornerstone of surviving cancer. Our project, I-KNOW-HOW, is about hope and encouragement. How we are supporting people to look at what they can do (in terms of work) and the support they need to maintain, or return to, fulfilling lives.
- Our role is more about re-establishing the client's sense of self and maintaining who they are; loss of identity is often part of their experience, so helping clients to accept their 'new normal' is empowering.





Hope is being able to see  
that there is light despite  
all of the darkness.

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# Communication



## Communication

How we communicate with people living with cancer is important. How do we respect what they're experiencing without dismissing them? How do we use the language they want to use?

**Metaphors:** war, battle, fight

**Adjectives:** brave, courageous, strong, fighter

**Dismissing:** "you'll be fine", "you're a fighter", "you need to stay strong"

**Supportive:** "how can I support you?" "would it be helpful if I...?" "would you like to talk about things?"