

THE PSYCHOLOGICAL IMPACT OF LUNG CANCER DIAGNOSIS

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Cancer is one of the most common cause of death, lung cancer being the most common malignancy worldwide and the most common cause of death in males as well as the third most common malignancy in women. Even though the incidence of lung cancer varies considerably among different ethnic groups, it seems that lung cancer risk is higher in males than in females. The psychological impact of the diagnosis is by itself a health issue that may be life threatening.

Key words: psychological impact, cancer, defense mechanisms, distress

INTRODUCTION

The struggle with such a life threatening diagnosis as in lung cancer, triggers a series of psychological issues, most of them adaptative in nature, regardless of their negative or positive impact upon the individual, this varying from person to person depending on gender, age, education, personal experience and other factors, these having a big impact on the patient's medical pursuit, is the main hypothesis of this study¹⁻³.

The term used in the literature for these reactions is „defense mechanisms”, and even though the theory of defense mechanisms has suffered numerous changes since it was first introduced by Sigmund Freud in 1894 (defensive psychoneurosis), it maintains the original general purpose to protect the individual from the distress generated by a dangerous situation, such as a life threatening disease as in lung cancer⁴.

The main defense mechanisms activated at the impact of cancer diagnosis are: regression, defensive denial, repression, projection, intellectualization/rationalization and sublimation. When these mechanisms are inefficient, anxiety and depression are the most frequent effects, therefore, the psychological intervention is mandatory^{5,6}.

The psychological impact of cancer starts long before the diagnosed illness and it's debut is somewhere along the first symptoms. The first symptoms such as fatigue, loss of appetite, loss of libido, pain, tumor growth, weight loss, cough, though significant for the patient's life, do not always determine the visit to the doctor may be due to various defensive mechanisms that have the role not to permit to a dangerous situation to enter the psychological system of the individual^{7,8}.

MATERIAL AND METHODS

Along with the defensive reactions listed above, there are a series of other factors that delay the patient's visit to the doctor, and need to be identified by the specialists, as in:

- Minimum symptoms or slow evolvement of those symptoms
- Fear (sometimes even phobic fear) of doctors, hospitals or medical procedures
- Personal or professional motives (no one to care about the other members of the family, no one that could replace the patient at work, etc)
- Financial motives (the lack of medical insurance, the lack of funds for certain investigations not covered by the insurance, or even of minimal funds for transportation to the doctor)
- Educational motives (poor health education)
- Poor relationship with the family doctor or the medical system itself
- Personality traits such as low impulsiveness, high independence.

The opposite of these factors, such as violent or rapid symptoms, high intellectual/educational level, a good relationship with the family doctor and medical system, an increased level of anxiety, are the main factors that will assure a quick and good response to the first symptoms and an early diagnose, very important in the economy of cancer treatment^{6,8}.

DISCUSSIONS

Defence Mechanisms Overcoming the stage of the first symptoms, the next one is the diagnosis stage. This stage is a real life crisis moment, because of all the changes that come along with the diagnosis, changes that affect most of the psychological needs of any human being, as in the need of security, identity, utility. The relativization of most important things that the patient had in life before the diagnosis, in personal, professional, social life, create a big sense of insecurity and despair. Most common, one of the psychological results of the impact of cancer diagnosis is an adaptation disorder that can be acute or chronic, lasting up to six months. The adaptation disorder include most of the adaptative efforts of the individual related to the stressful situation that triggered it, elements of depression, anxiety, panic, (rarely psychotic), and some of the symptoms are very important in the psychological status of the patients because they may be similar to the symptoms of their main illness, pulmonary cancer⁹. Fatigue and respiratory disorders like suffocation or shortness of breath, strangulation, signs of panic or anxiety, may be confused by the patients with symptoms of their main organic illness, fact that can cause even more anxiety and depression. Even in this stage, defensive mechanisms play a significant role in the patients behavior.

As listed above, the main defense mechanisms activated at the impact of cancer diagnosis are: regression, denial, repression, projection, intellectualization/rationalization and sublimation. Understanding this mechanisms may help both patients and doctors to pursuit an easier way towards treatment and healing.

Regression has as primary characteristic the childish behavior because regression is made to earlier stages of psycho-emotional development, when the stress was took over by the parental figure caring for the child. This defense makes the patient appear very egocentric, self-centered, that the only things that matter are his needs which he is not able to satisfy, making him look like he has no ability to take care of himself. The patient in regression is almost fully dependent on others.

Defensive denial, which includes also the avoidance mechanism, consists in denying in an unconscious manner a conscious part of the problem, up to denying the whole problem. Denying the diagnosis, denying the consequences of the illness may cause irresponsible behavior such as continuing the dangerous lifestyle that caused the illness (smoking, drinking, stressful activities, working in a toxic environment, etc).

Repression, considered the “master of all defences” is 100% unconscious, that is why both patients and doctors find it difficult to identify it. The repression mechanism has such a powerful defensive force that does not allow the conscious part of the psychic to come in contact with the destructive force of the dangerous diagnosis of the life threatening illness of pulmonary cancer. In this case, patients don’t have the awareness of

their illness and they often “forget” to mention to the doctors very important details about their medical status, like bloody coughing, which may have a big impact on their prognosis.

Projection works as a transfer; the patient looking to avoid the catastrophic reaction of a full conscious contact with the dangerous situation, will transfer certain parts of his psychological life to others. In this case it can be noticed how patients justify themselves by being poorly treated, or that the doctors made it worse by doing something on the patients, or that they didn’t have access to the best medication, up to paranoid delirium where they will say that the family or someone made them sick on purpose.

Intellectualization/Rationalization is easy to identify in patients that tend to talk about their diagnosis in high medical terms, are very scientifically documented and express very little emotion. Behind this behavior is hidden the incapacity of the patient to manage the emotional part of his situation.

Sublimation is a mature defense that is rarely seen. The mechanism of sublimation is using the intra-psychic conflicts regarding the illness in a superior manner and to a greater goal such as creative activities or humanitarian¹⁰.

CONCLUSIONS

1. Not understanding these mechanisms and the way they work attracts both patients and doctors into a trap.
2. The patients will trap themselves to not taking the right steps at the right time to overcome the illness, and the doctors may be trapped into the frustration that patients aren’t compliant to the treatment, in best case scenario.
3. Therefore, to all medical personal in oncology, psychology knowledge may come very useful because the primary contact of the patient is with the doctors, and secondary, but not less important, to have a psychologist on their team.

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