

Cancer



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The crisis of cancer precipitates psychological and spiritual crises, often of the most profound dimensions. A person diagnosed with cancer experiences an existential crisis as questions of meaning, purpose, and value surface with great urgency (Ogden, 2002). No amount of media highlight, discussion and coverage on cancer can prepare a person for the catastrophic effects that this disease produces when it is encountered at a personal level. A diagnosis of cancer shatters a person's foundations, bringing the entire flow of life to a sudden stop from where it seems almost impossible to restart again.

The feeling after diagnosis is one like a massive blow in the stomach, the loss of breath, the inability to comprehend, a pain permeating through body and the soul (Clantaon, 1998). Although there have been emphatic advances in medical sciences, and within the medical community cancer is considered increasingly treatable, a fact highlighted by increasing number of cancer survivors, the public recognition of the disease is still one causing suffering, dehumanization, and inevitable death.

Carrying forward the legacy of plague and smallpox, cancer has come to symbolize misfortune and death, but in more severe forms where suffering is much intense and longer than any other disease and yet the lifespan gets considerably short to prevent any attempts of re-orientation with life (Ogden, 2002; Clantaon, 1998). Cancer also signifies a situation of absolute hopelessness-the first reaction of after hearing their diagnosis is that ' I am going to die'. Cancer, in a sense, has become a synonym for death, destroying a person's feelings of invulnerability and healthy life (Clantaon, 1998).

Cancer: The Process of disease All of the cancers result from abnormal growth in cells. The normal growth of cells is necessary and vital for survival of body. Under normal circumstances cells grow in a controlled way, undergoing a constant process of division to repair damaged tissues, to replace old cells and for tissues to grow that helps to keep our body healthy (Ogden, 2002). The normal cell division and reproduction takes place only when there is a need of them.

In case of a crisis, such as a laceration, the cells around the injury reproduce in order to repair and replace the damaged tissue, and once they meet the objective of repairing the injured part and the wound is healed their division stops (Ogden, 2002). However, there are occasion when the cell control system stops functioning correctly: The internal 'switch-off' mechanism fails and the cells starts to behave abnormally- instead of stopping, the abnormal cell keeps on multiplying and dividing until a lump forms.

This lump is called as tumor and it is made of malignant cells that are multiplying and dividing at the cost of healthy cells (Ogden, 2002). One of the most debilitating forms of cancer as universally recognized is breast cancer. Often breast cancer is present from 6 to 10 years before it is identified by a mammogram or felt as a lump The lump can be detected in benign state, in the precancerous state (that may develop into invasive cancer if not treated), as a localized cancer, or in advanced state when it has spread to other organs (Ogden, 2002).

There is no predictable pattern of growth of breast caner. Lumps form in women of all age groups although in younger women they are usually non-malignant. In very rare cases, even men are affected by Breast Cancer

(Ogden, 2002). Breast cancer has two main types: non-invasive ('in situ') cancers that are confined to the ducts or lobules with local occurrence at tissue level and invasive cancers that have started to spread into surrounding tissue. Even after years of clinical and empirical research, medical science has been unable to point at the exact cause of Breast cancer (Ogden, 2002).

Like all the other form of cancer, there are clues that may increase or decrease the chances of getting breast cancer and in turn point out to steps that mitigate the risk associated it. From the statistics available it is apparent that breast cancer has reached epidemic levels. Almost everyone knows of someone in their peer group or family circle who has been affected by breast cancer. Data from around the world suggest increase in number of cases of breast cancer-in UK every year around approximately 39 000 women and between 200 and 300 men are diagnosed with breast cancer.

Government statistics for UK show that there has been increase of 70 per cent in number of women reporting breast cancer since 1971 (Ogden, 2002). The fact is that the disease is most common form of cancer in women and the most common cause of cancer death in women. Statistics for UK reveal that that in 2004 there were 186, 000 (approx) cases of breast cancer among women with around 41, 000 thousand deaths. In USA the chances of woman developing breast cancer is 1 in 8 or 12 percent with mortality rate standing as approximately 35 percent (ACS, 2008).

Although the widening gap between numbers of cases reported versus number of deaths reported for breast cancer indicates towards an increase in number of survivors, and the number of deaths has come down due to early

screening and increased awareness, yet the sheer number of women dying due to this disease is enough to struck horror in public conscience. Reaction Women diagnosed with breast suddenly face the trauma of a life-threatening illness and the possibility of mutilating surgery that could affect the most visible identification of their sex.

The psychological impact is deep and it fundamentally alters the entire approach of a person towards self, life, family, relatives and world. Like all the cancer patients, women find themselves vulnerable and helpless against the disease that is determined to take its course. In face of the trauma of cancer, the psychological will of a person to stand before the catastrophe can crumble and break apart (Clantaon, 1998). Disbelief is the first reaction experienced by women on being diagnosed with cancer.

– Women, who are feeling perfect and healthy are overwhelmed with grief, anger and disbelief on suddenly finding that the small innocuous looking lump is actually the dreadful cancer that signifies an irrevocable loss of security and order of the life they were living few hours ago. Almost simultaneously women are swept with thoughts of death and losing a breast. Not all the women die of breast cancer neither all have to loose their breast, yet those are two of the main fears (Graham, Ramirez, Love, Richard Burgess, 2002).

The psychological chain of reaction starts with denial that is common initial coping strategy for dealing with a cancer diagnosis. For a short duration, denial helps to mobilize hope and determination where people consciously repress the recognition of cancer. Denial occurs both in patient and family members (Clantaon, 1998). Although the patient and their family strongly

deny the acceptance of disease, it does not prevent feeling of panic. The reaction is not limited to the patient alone- the panic, shock and terror is shared by the entire family entire family panic.

The second stage is repression and suppression. Many women have given accounts that when their family members heard about the diagnosis, they never talked about it; although their care, support and help reflected the underlying acceptance of the disease. People consciously try minimization of the discussion related with the disease, as a form of a protective mechanism, reflecting the age old adage that if you don't talk about something bad, probably it will not happen (Clantaon, 1998). The third phase is marked by more intense grief, turmoil and depression.

As patients come to accept the result of diagnosis, they realize that their good health is an ephemeral state, and it would soon degenerate- denying them the vital energy and stamina to meaningfully approach life. People move into phase of acute distress, turmoil, and depression; they may also get preoccupied with thoughts of disease and death further aggravating their anxiety, and causing insomnia, distraction, and inability to carry out normal routines (Weiner, 1999). Psychologists have found that people diagnosed with cancer suffer through mental distress and score low on mental health parameters.

According to Jimmie C. Holland, a leading researcher in the field of psychosocial oncology around 47 percent of persons with cancer show distress equivalent to that seen in a psychiatric disorder (Graham, Ramirez, Love, Richard Burgess, 2002). The fourth phase is marked with rationalization of the disease(Ogden, 2002). As patients start to undergo

treatment processes, therapy and counseling, their distress usually reduces- although there are many who continue to undergo serious emotional complications.

The most devastating aspect of cancer is that there is hardly a stage that holds better prospect than previous one- presenting a progressively degenerating picture of the disease. Almost all of the treatment therapies cause some disfigurement or loss in patient health. Surgery may result in loss in limbs, body organs and even sexual functioning, prolonged chemotherapy and radiation treatments result in physical enervation and loss in scalp hair, making it impossible for many women to even gracefully come in terms with the disease (Weiner, 1999).

Further, women continue to live in the shadow of breast cancer even if the disease is arrested-many never feel complete if treatment involved breast surgery; many continue to fear the reappearance of cancer. Another traumatic aspect of coping with cancer for women is their change in family role. From the architect and fulcrum of the home, they find themselves reduced to the status of a patient-where their children and husband are forced to take the responsibilities of the household (Graham, Ramirez, Love, Richard Burgess, 2002; Clantaon, 1998).

With an uncertainty hanging over life, women feel that they are short on time for everything- there is not enough time for them to realize their dreams, expectations, and plans for future. Accompanying these feelings is also the deeper loss of sense of self, purpose, personal worth, and identity before a persistent and determined killer disease(Graham, Ramirez, Love, Richard Burgess, 2002). Many people frequently vacillate between moods of

grief, raging anger, frustration and depression, unable to cope with the loss of their life.

It is not uncommon to find many people turning atheist, because they are unable to identify themselves with any sin that is in proportion to the suffering and pain they are apparently suffering at the hands of God (Weiner, 1999). Their anger sweeps over other people who are still healthy, physicians for not diagnosing them soon enough, for not guaranteeing a cure, anger at their families and friends for not understanding, anger toward the world for allowing this misfortune that is causing so much disruption in their lives, and anger toward God for causing or not preventing this disease.

(Weiner, 1999; (Graham, Ramirez, Love, Richard Burgess, 2002) The trauma of cancer is borne equally by family members, especially the immediate blood relations of the patient. The situation is particularly complex when the patient is a parent. It is both the experience of children of cancer patients and patient-parent themselves that broaching the issue of cancer is an extremely painful process. Children find a sudden role reversal as a result of the diagnosis (Clantaon, 1998).

While coming to terms with the shock, grief and feeling of insecurity, they are also required to display maturity and undertake responsibility that may be at times far beyond the levels of their emotional development. My mother was diagnosed with breast cancer, the most dreaded form of cancer identified among women. The profound psychological impact of the diagnosis was grief and sense of loss among all the family members. The diagnosis of cancer in itself constituted the first blow- she was a healthy, robust person,

going about the life with full zeal and energy and not in the least showed any sign of illness or deteriorating health.

The sudden learning that she was seriously ill was shocking and our entire family felt numbness, raw fear, and paralysis. Mother was almost in a state of daze, unable to think or act coordinately in the face of this unexpected outburst of the most dreaded disease of modern times. The state of shock and grief lasted for several day, and the setback refused to subside for a couple of weeks. The shock and grief were particularly severe because there was no prior warning of the disease. In the few initial days we lived through a state of numbness, without any idea what to do next.

I loved her too much to even think of anything happening to her. I tried to avoid thinking about the consequence of the disease, and as a symbol of defiance towards its existence, I consciously tried to remain normal with mother, as if nothing really had happened to warrant any change in behavior. However, this self-induced delusion did not last for long. Internally we all felt the intense suffocation and grief and realized that by not talking on the disease we were alienating mother from ourselves-because she was herself completely living in the reality of suffering through the disease. It was an extremely painful and difficult process.

I felt that my attempts to be over-caring and over protective for mother hurt her equally as my conscious denial of the disease. She was inadvertently falling into a self-induced state of rejection of life, profound sadness and dejection that also affected our emotional state. However, once she started treatment process, her situation improved marginally, and her mental strength rejuvenated. The biggest improvement was caused through

counseling session where she met many women recovering through breast cancer, with their lives and hopes intact despite the being faced with most debilitating disease of past two centuries.