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Psychological Implications of Cancer Treatment in Pregnancy

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Abstract

This article involves some theoretical aspects of a very difficult topic. Emergence and treatment of cancer in pregnancy is a challenging task for specialists who are supposed to offer treatment, care and support therapy. Psychotherapy also has some distinct features due to the specific characteristics of a pregnant woman. Given these cases are rare, the importance of promoting this subject in the psychologist's and physician's world is very important. The idea of progress is based on this kind of work, related to very difficult and specific cases, which implies a collaboration in pluridisciplinary teams. General psychological aspects, the announcement of diagnosis, psychological phases in regaining balance during therapy, psychological effects during treatment, mobilization of the fighting spirit and a reduction in depression and anxiety are only some of the important aspects we propose here.

Keywords

cancer, pregnancy, psychology, multidisciplinary, depression;

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1. Introduction. General Psychological Aspects in Cancer

Adaptation to disease is a part of life, the emergence of a cancer takes one by surprise and it creates a particular psychological state. Through the mechanisms it mobilizes, the disease prompts changes connected to understanding emotions, attitudes and thoughts and it challenges a person to find the necessary resources for healing and improving their quality of life.

Emotional and mental states play a significant role in the stage of diagnosis and during the treatment intended to heal. The need for awareness, treatment acceptance, an active involvement in one's own healing and family support are mandatory stages towards regaining a state of equilibrium.

2000 years ago, Galen noticed that cheerful women were less prone to serious illness than depressed ones. (Simonton, Matthews-Simonton, Creighton, 2011)

The first study on the relationship between emotional states and cancer was conducted in 1893 by Snow (Snow, 2011), who showed that neurotic factors are the most powerful cause favouring the evolution of cancer.

The 4 typical elements found in psychological records of over 500 cancer patients described by LeShan are: (Simonton, Matthews-Simonton, Creighton, 2011)

- Feelings of isolation, abandonment, despair, difficult and dangerous interpersonal relationships;
- Identification with another person or with his/her work, thus externalizing the core of one's life;
- The traumatic experience of losing a loved one;
- Major difficulties in expressing emotions, the inability to convey to others that they feel hurt, angry, hostile etc.

In 1966, A. H. Schmale and H. Iker identified in female patients a certain type of giving-up, a sense of frustration and hopelessness surrounding a conflict that remained unsolved, prior to cancer diagnosis, and in the same year WA Greene confirmed the link between cancer and psychological and social history in patients diagnosed with leukaemia and lymphoma. (Simonton, Matthews-Simonton, Creighton, 2011) Loss of an important relationship is a significant distress present in patient records.

2. Psychological Effects of Maternity and Announcing a Cancer Diagnosis

Maternity is a special period in a woman's life, defined by a happy and optimistic mood, which is preparing her for a great survival lesson, birth. (Mitrofan, 2005) In pregnancy there may be doubt, anxiety, states of restlessness and helplessness, stress, manifestations that can be linked to a number of medical, psychological, social and economic difficulties. A pregnant woman is emotionally very sensitive, her feelings are stronger and they cause a vulnerability at all life levels. She manifests a pressing need to be understood, listened to and supported by her partner, by the whole family, thus ensuring the safety of her future child. (Mitrofan, 2005)

Switching easily from one state to another is a feature of the affective dimension in pregnant women. Neurovegetative changes, hormonal and metabolic changes during pregnancy influence the mood of a mother, making her vulnerable and sensitive.

In pregnancies with associated pathologies, psychological adjustment depends on multiple factors: cause of problems, length of the waiting period in a pregnancy, a woman's potential to adapt, the emotional support she enjoys, the nature of her relationship with the foetus, previous experiences related to loss or other difficult situations, current life circumstances, etc.

Learning that you have cancer is initially associated with the fear of death, followed by contradictory states - anguish, guilt, fear of death, denial, optimism, mustering up, fight etc.

Statistics show that with most women, a cancer diagnosis while pregnant triggers an amazing mobilization because their goal is to go further, to fight to the end, to protect the foetus and see it born healthy.

The patient searches for medical information, verifies them by consulting several doctors, undertakes any step that could direct her towards solving this health problem. She wants to understand the diagnosis in depth and to protect her foetus from potential effects of the treatment.

The literature describes 5 stages of a psychological process that often precedes the inception of cancer: (Simonton, Matthews-Simonton, Creighton, 2011)

- Significant childhood experiences shape adulthood. Whether they were positive or negative experiences, in adult life we shall find a

series of rational or irrational beliefs formed based on several events from childhood. Unfortunately, choices learned in childhood imprint on how we deal with problems and manage conflicts.

- Successive stressful events may shake and challenge a person down to one's deepest structures.
- Stress factors generate a problem that a person does not know how to solve, early mechanisms and beliefs are dysfunctional.
- Altering a problem solving pattern requires a conscious effort, introspection, time; the most common reaction is resistance to change. Patients diagnosed with cancer describe that before symptoms emerged they had experienced a deep feeling that they were "victims", unable to change their lives, solve problems and reduce stress.
- Faced with everyday life issues, a person remains static, immobile, rigid. Feelings of helplessness, lack of power do not lead to the occurrence of cancer but they do allow disease progression.

Identification of a pre-cancer psychological pattern can be, for most patients, the first step in their recovery. Although the relationship between death and loss of all hope is, for many, stronger than the relationship between healing and hope, the will to live triggers a fight for recovery. A positive attitude towards treatment, trust in the attending physician, an active and direct involvement in this process are significant contributors to restoring one's health.

3. Psychological Phases that Help to Regain Balance

Mitrofan identifies several psychological phases after finding out the diagnosis of a potentially fatal disease, which help to regain balance. (Mitrofan, 2005)

- Acquisition of a new perspective on how to relate to problems in life. This disease will allow the patient to say "No".
- Realization that the only healthy decision is to change one's behaviour, to become a different person. It is necessary to replace old rules with new ones, by discovering new resources and replacing irrational beliefs with rational ones.
- Feelings revolving around hope and the desire to live lead to a boost in physical processes inside the body.

- The recovered patient realizes the change in his life. Emotional health, an active involvement in the healing process, the sense of control over his/her own life, increased self-esteem are just few of the benefits that come with eliminating the disease from the body.

Patient response to a cancer diagnosis can also be negative: (Radu, 2014)

- Defence mechanisms trigger reactions of denial, non-recognition of diagnosis.
- Feelings of sadness, lack of motivation, anger, frustration, aggressiveness may prevail; the patient tends to isolate oneself, shy away from any physical or mental gratification.
- Along with the physical pain triggered by medical interventions (chemotherapy, surgery, radiotherapy), mental pain can also occur, expressed through a cumulus of feelings: disbelief, loss of bodily integrity (image of the maimed body, the hairless head), embarrassment and isolation from loved ones etc.
- There may be periods of regression, adoption of a child-like behaviour, refuse of medication. There appear states of unbearable tension, uncertainty and insecurity, panic attacks, generalized anxiety. Depression often occurs in patients diagnosed with cancer and it can manifest as: loss of appetite, insomnia, denial of privacy etc. Rarely, suicidal ideation also appears in conjunction with negative scenarios related to disease and relapses, especially when this traumatic event is felt as a sentence.

In clinical psychology, the traumatic reaction undergoes two phases after a patient is diagnosed: (Radu, 2014)

- 1. The shock phase, featuring from the beginning states of confusion, a feeling of surreal: "They must have made a mistake! Those are not my tests! It can't be true!" At this stage, perception of time incurs significant distortions (speeding up or slowing down), followed by denial, refuse of the diagnosis and seeking its invalidation by other specialists. Denial is actually a psychological defence mechanism that creates the time span needed to process the information.
- 2. The action phase, when the diagnosis can no longer be denied and it triggers the need to seek "urgent resolution". The patient

leaps abruptly from a peaceful state to a feeling of helplessness and lack of hope. What was important and vital up to diagnosis is now cancelled, rephrased and his/her entire being is searching for a solution to recover. An excess of attention in this direction leads to a decreased ability to focus, memory gaps, sleep disorders, lack of motivation for common duties.

In this emotional roller coaster, patients may tend to look for someone to blame, someone responsible for what is happening to them; they may turn on their close ones, but also on themselves; feelings of resentment and self-pity appear.

A person's rational and irrational beliefs, their personal history and personal histories of those they know, their social environment play a decisive role in interpreting a diagnosis. (Radu, 2014)

They look for a meaning, a reason for cancer in order to attribute it to external causes.

Self-analysis targeting personal responsibility can easily lead to self-blame, feelings of guilt, which most often are a herald of depression.

In the action phase, anxiety and depressive manifestations are present: fear, significant irritability, hypervigilance, panic attacks, nightmares, sleep disorders, countless fears related to a terrible death, dependency on others, body maiming, cancellation of professional status, abandonment and rejection by their loved ones.

Hope is an important element in the fight of one diagnosed with cancer and the healing process includes the need to redefine one's attitude towards the experience of a potentially fatal disease. (Radu, 2014)

In conclusion, the search for causes that triggered the disease is a normal response when facing a diagnosis like cancer. However, searching for a meaning may lead to drawing self-destructive conclusions – guilt and regret for the personal past. On the other hand, the purpose of questions such as “Why me?” is to regain control over their lives, and this process can sometimes lead to positive personal changes.

4. Psychological Effects During Cancer Treatment

4.1. The Role of Belief.

Studies show that features common to cancer survivors are: acceptance of disease and its treatment, confidence in a positive result, mobilization of an active mood to fight, the will to live, a positive mood,

setting new goals and plans for the future. Recovery can be helped by family and community support, as well as through self-help practices during treatment: prayer, meditation, exercise, mental suggestion, outdoor walks. (Hirschberg, Barasch, 1995) For some patients, beliefs about the moral or rational nature of existence play an important role. Patients describe a feeling of existential loneliness, the awareness of experiencing unforeseen events and the possibility or certainty of their death. Interpreting cancer as a catastrophic experience may cause a feeling of being lost in a spiritual world without points of reference – it may take a long time before one manages to create an inner profile enabling one's adaptation to a situation that is apparently unjust and meaningless. The loss of an existential meaning makes a person wonder: "Which is the meaning of my life?" The loss of a spiritual meaning and the existential despair can be heralds of depression that does nothing but cumber the healing process.

Healthcare professionals often underestimate the importance of having a relationship with the divine, which patients should have, without an assessment of existential values and without sending the ones in a spiritual crisis to a specialist. Addressing the spiritual needs of a patient does not mean finding answers for them, but rather allowing them to ask their questions, expose their conflicts and discover their own answers. Simply listening and recognizing these problems may be useful. It can be reassuring for patients to hear that others who find themselves in a situation similar to theirs are questioning faith or have existential problems as well. (Hirschberg, Barasch, 1995)

4.2. Mobilizing the Fighting Spirit and Depression Reduction.

In the mid 1980's, the psycho-oncologist Stephen Greer (Greer, 2000) talked about the importance of the attitude manifested by breast cancer patients during the first week after disease announcement. The fighting spirit was the key attitude for a successful treatment, the belief that chances of survival can be influenced directly by an active positioning against cancer. At the opposite pole, there were the patients who denied the diagnosis and manifested fatalism, a resignation to what was happening, feelings of helplessness and lack of hope for the future.

The study of Dr. Greer emphasized that the average 5-year survival rate for women that were confident, positive and had a fighting spirit was 60%.

Another objective in the fight for recovery is to reduce depressive manifestations and the clinical presentation of anxiety with feelings of helplessness and hopelessness.

In psychotherapy for pregnant women with cancer the following are considered (Roberts, Geppert, Bailey, 2002)

- The fundamental need of a pregnant woman with cancer is hope.
- Hope is more than a desire to heal. It implies having plans and objectives to preserve hope and a meaning of life and to keep depression and anxiety away.
- The process of reassessing priorities and life objectives is very difficult but it leads to a healthy personal development
- Patients should be encouraged to get involved in activities that would give them a sense of accomplishment and pleasure. These activities are strong motivations for gaining a state of well-being.
- Plans for the immediate or for a distant future are desirable for these patients.

5. Psychological Support Offered by a Multidisciplinary Team

In treating pregnant women with cancer, it is very important to inform them on aspects and phases of chemotherapy, on risks involving the foetus, and the psychological support offered by a pluridisciplinary team from cancer diagnosis to remission is crucial.

Varied authors give a series of recommendations, which are mandatory for the psychological comfort of a patient. (Surbone, Peccatori, Pavlidis, 2008)

- A cancer patient needs support from the very moment of deciding on medical procedures. The impression these procedures are imposed upon them by the doctor sometimes creates a feeling of unrest. Explanations and guidance for every step of a treatment suggested by the medical staff are important in order to give them the opportunity to control decisions as much as possible. Medical staff must not presume that a patient is already aware of the full implications a treatment has based

only on the severity of an intervention, patient age, professional background, gender and marital status.

- Specialists who work in oncology wards often forget how unfamiliar and discouraging medical techniques and procedures can be for ordinary people. Therefore, the main features of a treatment must be empathic communication and awareness of patient fears.
- Understanding a specific treatment, why is it necessary and what are the adverse reactions for the mother and for the fetus will result in a good feeling of control and will reduce the stress a pregnant woman with cancer is subjected to.

Conclusions:

This article is meant to emphasize the importance of informing and educating medical and auxiliary staff on the acquisition of skills to provide psychological support for pregnant patients diagnosed with cancer from the earliest moments of finding the diagnosis until remission. To achieve this goal with maximum benefits, a multidisciplinary team is necessary, having the purpose of discussing each case and to establish an appropriate holistic treatment strategy for each patient.

The quality of a provided psychological support is crucial in mobilizing resources and for the desire to live which, as we have shown in this article, have a significant influence on treatment effects, on the degree of an active involvement on behalf of the patient in every phase of a treatment and, finally, on the health and well-being of a pregnant patient diagnosed with cancer.

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