

Coping with Cancer

Emotional, Practical and Financial Issues

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Coping:

According to Webster's definition – "Coping is to deal with something successfully"

- Coping does not mean just living with a problem, whether you like it or not.
- Coping actually means managing a problem and finding ways to take control of it.
- You can't control the fact that you or a loved one has cancer. What you can control is how you react to and live with cancer.

Coping is:

- Managing and understanding what you need to improve your situation
- Making efforts to bring your problems under control – doing what you can.
- Maintain a healthy balance between realism, cautious optimism & HOPE.

Everyone has unique coping skills and strategies

These can be influenced by:

- Your personality
- Point in life when cancer occurs
- Values
- Previous personal experiences with cancer
- Religious and Spiritual beliefs
- Social Supports available to help you
- Duration and intensity of cancer treatment
- Financial status - employed, retired, unemployed, no income, ample savings/insurance or none or inadequate
- Other life issues and crisis

These are just a few examples of the factors that influence a cancer patients coping with their illness. Real life's complicated and it doesn't stop when you are diagnosed with cancer.

Everyone has their own individual way of coping with cancer

- The emotional impact of cancer diagnosis can produce raw and powerful responses. Common responses are shock, disbelief, fear, anxiety, guilt, sadness, depression, uncertain, powerless. All or all of these emotions can great a feeling of DISTRESS
- Each person and loved one may have all or some of these feelings
- Some days will seem like a roller coaster ride – feelings fluctuating day by day, hour by hour
- And each person will handle them in different ways
- Some people find it easier for them to face the reality of something new or scary if they learn more about it.
- Some utilize a denial state to give them time to absorb the diagnosis.
- Some accept help and comfort from others – some will try to cope alone
- The question comes up of to “tell others” or the diagnoses or “not to tell”
This is of course a personal choice. - But *Isolation* is not going to help

Distress may occur when your emotions and feelings create problems for you as you cope with cancer and its treatments.

Distress is also common in family member and loved ones of people with cancer. It can make it harder to deal with all the changes in everyone's lives due to the cancer

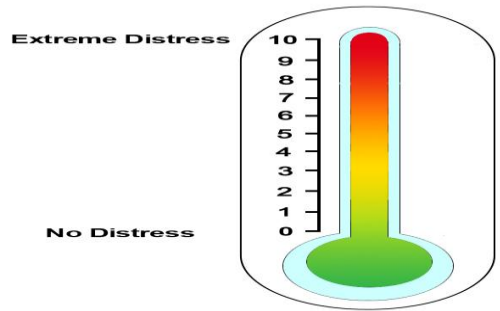
Some Distress is normal.

But certain signs and symptoms can warn you that your distress level is too high and is becoming serious.

In recent years, your cancer care team may screen you level of distress.

DISTRESS SCREENING

It is normal to feel some distress when you have cancer.
On a scale of 0-10, please Circle the number below that best describes how much distress you felt overall during the past week including today.



Please *check* the items which concern you.

Practical Concerns

- Housing
- Financial/Insurance
- Work
- Transportation
- Living Will/Medical Power of Attorney
- Getting around/Self Care Tasks
- Other Practical Concerns: _____

Family Concerns

- How to Talk with your spouse/family/children about your illness
- Coping Strategies
- Other Family Concerns: _____

Physical Concerns

- Sleep
- Fatigue
- Smoking cessation
- Nausea
- Body Image/Appearance
- Sexuality
- Memory/Concentration

Emotional Concerns

- Difficulty concentrating
- Worry
- Frustration
- Sadness
- Fear
- Anxiety/nervousness
- Suicidal thoughts
- Depression

Religious/Spiritual Concerns

Describe _____

- Loss of interest in things
- Other Emotional Concerns: _____

• Other Problems: _____

Emotional states that need professional help include:

- Feeling panic
- Intense anxiety
- Constantly crying
- Feeling sad all the time
- Trouble Sleeping
- Thinking about ending your life or harming others
- Loss of appetite

Consult your medical team and let them assess how to best help you. Your Medical Oncologist, Radiation Oncologist, Specialized Oncology Nurses, Oncology Social Work, Nutritionist, Chaplain, Psychologist, Psychiatrist, are all staff that can help you.

Major Distress may be evaluated and can require referral to Psychiatry or Psychologists and prescription medications may be recommended.

Don't be embarrassed or resist seeking counseling from a mental health professional or antidepressant medication to help you manage your struggles. It is a sign of strength, not weakness, and it may help you tolerate your symptoms and treatment better

- **Some people have a high risk of serious distress:
for example, if they**

Have had depression or other major mental health problems in the past.

Have made a suicide attempt in the past.

Suffer from other serious medical problems beside cancer.

Have communication problems such as a different language, trouble reading or hearing problems.

Have some type of social or family problems

Have every been physically or sexually abused

Are younger

Are female

Live alone

Have limited access to medical care

Have young children in the home

Lived with very high stress levels before their diagnoses

Have ever abused alcohol or drugs

Have financial problems

Have spiritual or religious concerns

Have uncontrolled symptoms

There are also times during the course of illness and treatment when distress is more likely to become problematic

Finding a suspicious new symptom.

During work-up and diagnosis.

Waiting to start treatment.

Changing treatment.

Going home from the hospital.

Finishing treatment.

Going back to your cancer doctor for follow-up visits.

Going back to a “normal” life after treatment.

Cancer reoccurs.

Treatment is unsuccessful

Cancer gets worse and becomes advanced

Nearing the End of Life

Going into Hospice Care

If your distress reached moderate to severe levels at these times, you may need extra help.

The kind of problems you have and your level of distress will help decide what services can best help you.

When your cancer care team wants to refer you to someone for your distress, it is likely an Oncology Social Worker will meet with you to find out whether your distress falls into the area of psychosocial or practical problems.

Some Psychosocial problems are:

- Trouble adjusting to illness
- Family and social isolation
- Family Conflict
- Problems with treatment decisions
- Concern about the quality of life
- Problems adjusting to changes in care
- Making decisions for future medical care – advanced directives
- Abuse or neglect in the home
- Trouble problems communicating your need feelings
- Changes in how you think and feel about your body and your sexual self
- Grief problems
- End-of-life issues
- Cultural concerns
- Caregiver issues or the need to prepare the caregiving and set up caregiver support

Oncology Social Workers work with patients and families with psychosocial problems by:

- Teaching patients and families
- Offering support and educational group sessions for patients and families
- Linkage to local support groups and supportive programs.
- Giving you Resource Lists/Information and finding community resources where you can get needed help. And linking them to these services.
- Oncology Social Workers are aware of private and public programs in your area that might help with those needed practical and financial supports. They are familiar with financial foundations and assistance that you might apply for aid. This not only includes financial support but help with practical problems such as transportation, cleaning help, medical equipment, meal delivery,
- Providing Supportive Counseling to patients and families.

The following is an excerpt from
The Human Side of Cancer – Living with Hope, Coping with Uncertainty
by Jimmie C. Holland, MD and Sheldon Lewis 2001, Quill Publishing
Dr. Holland is a Psychiatrist at Memorial Sloan Kettering Hospital in New York City. Dr. Holland
is often referred to as the mother of Psycho-Oncology.

- **Don't** believe the old adage the “cancer equals death.” Nearly 14.5 million children and adults with a history of cancer were alive on January 1, 2014, in the United States.
- **Don't** blame yourself for causing your cancer. There is no scientific proof linking specific personalities, emotional states, or painful life events to the development of cancer. Even if you may have raised your cancer risk through smoking or some other habit, there is no benefit to blaming yourself .
- **Do** rely on ways of coping that have helped you solve problems and handle crises in the past. If you've been a talker, find someone with whom you feel comfortable talking about your illness. If you're an inveterate nontalker, you may find relaxation; meditation or similar approaches are helpful. The secret however is this: Use whatever has worked for you before, but if what you're doing isn't working, seek help to find other ways to cope.
- **Do** cope with cancer “one day at a time.” The task of dealing with cancer seems less overwhelming when you break it up this way, and it also allows you to focus better on getting the most out of each day, despite illness.

- **DON'T** suffer in silence. Do use support and self -help groups if they make you feel better, Leave a group that makes you feel worse, but don't try to go it all alone. Get support from your best resources: your family, friends, doctor, clergy or those you meet at support groups who understand what you are going through.
- **DON'T** be embarrassed to seek counseling with a mental health professional for anxiety or depression that interferes with your sleep, eating, ability to concentrate, or ability to function normally if you feel your distress is getting out of hand.
- **DO** use any methods that aid you in getting control over your fear or upset feelings, such as relaxation, meditation, and spiritual approaches.
- **DO** find a doctor who lets you ask all your questions and for whom you feel mutual respect and trust. Insist on being a partner with him or her in your treatment. Ask what side effects that you may expect and be prepared for them. Anticipating problems often makes it easier to handle them if they occur.
- **DON'T** keep your worries or symptoms (physical or psychological) secret from the person closest to you. Ask this person to accompany you to visits to the doctor when treatments are to be discussed. Research shows that people often don't hear or absorb information when anxious. A second person will help you interpret what was said.

DO re explore spiritual and religious beliefs and practices such as prayer that may have helped you in the past. (If you don't consider yourself a religious or spiritual person, garner support from any belief system or philosophy that you value. These beliefs may comfort you and may even help you find meaning in the experience of your illness.

DON'T abandon your regular treatment in favor of an alternative or complementary treatment. Be sure to tell your doctor which complementary therapies you are using or want to use, since some should not be used during chemotherapy or radiation treatments.

DO keep a personal notebook with all your dates for treatment, laboratory values, x-ray reports, symptoms, and general status. Information is critical in cancer treatment and no one can keep it better than you.

Don't feel guilty if you cannot keep a positive attitude all the time, especially when you don't feel good. Low periods will occur, no matter how good you are at coping. There is no evidence that those periods have a negative effect on your health. If they become frequent or severe, though, seek help.

The following suggestions are just a few strategies that have allowed many people to live quality lives despite the fact that uncertainty prevails

- Share your feeling honestly with family friends, spiritual adviser or counselor
- Allow other to support you– friends, family, co-workers
- Remain involved with work and leisure activities as much as you can
- Practice relaxation techniques: restore inner harmony so your mind and body function together as one.
- Keep a journal to help organize your feelings
- Find ways to express your feelings – talking with other, journal, blog, update personal web pages

- Try to make personal time and space – calming, reflective, meditative, prayer and affirmations – all healing, fortifying.
- Daily walks and exercise
- Adequate rest, good nutrition, self-care
- Make decisions to change unhealthy life styles, quit smoking ,eating healthy
- Prioritize “what matters most”
- Find your support community – try new experiences i.e., the gathering place, your care staff at treatment, your church family, your neighbors, your family, you spouse.
- Try to accept uncertainty as part of life because it is

- Identify something to live for.
- Remember that being afraid is normal
- Set realistic expectations – pace yourself
- Divide major events into step by step tasks
- Set realistic short term goals unrelated to cancer – adjust them when needed
- Do something for someone else – gratitude can be healing
- Be kind to yourself
- Learn to be flexible
- Forgive yourself and other

There has been evidence that those who cope best are not always those with the most favorable physical prognosis but those that have the following characteristic in common:

Optimism
Practicality
Flexibility
Resourcefulness

Patients coping with cancer often have remarkable resilience.

Just believe in yourself and

Let people love and support you



