

The Trauma of Cancer Caring for the mind and the body

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I have worked with oncology patients in some capacity for 25 years, but hearing “posttraumatic stress disorder” (PTSD) and “cancer” in the same sentence is a relatively new concept for most. A recent study in the journal *Cancer* found that 20 percent of patients who felt significant psychological distress following their cancer diagnosis felt the same way six months after diagnosis.¹ As a practicing oncology psychotherapist, I am glad that the trauma of cancer has received more attention in recent years.

PTSD and Cancer Patients

We often attribute PTSD to someone who has been in a horrible accident, served in a war, or suffered some other physical trauma, but I see many of my oncology patients present with the anxiety, fear, and hopelessness triggered by a traumatic event. Hearing the words “you have cancer,” not to mention going through cancer treatment and the feeling of loss surrounding it, is traumatic, and when patients hear their diagnosis called a “trauma,” they can feel validated. Some of the more common symptoms of cancer patients with PTSD include:

- Reliving their diagnosis in flashbacks or nightmares.
- Avoiding conversations that may bring up their diagnosis.
- Feeling guilty, shameful, or emotionally numb.
- Feeling restless, jittery, or hypervigilant.

Hypervigilance, a state of increased awareness accompanied by behavior aimed at preventing perceived danger, is one of the most common symptoms of PTSD that cancer patients can present with. People who are hypervigilant are very sensitive to changes in their environment and sometimes have difficulty regulating their emotions. As members of the cancer care team encourage patients to constantly monitor their bodies for any potential side effects of treatment and ask about new symptoms with each new appointment, it becomes difficult for patients to maintain their perspective, triggering additional anxiety and worry. Patients may assume that even a very small change is cancer related. It is not uncommon for patients to become very anxious about recurrence even *before* the initial occurrence is completely treated.

What Providers Can Do

When working with oncology patients, it is important to monitor for PTSD symptoms that present after active treatment has completed. Losing the structure of treatment and the safety net of their medical team allows patients more time to reflect on the reality of what has transpired. With this in mind, providers should ask patients regularly how they feel, assess their sleep routine, and consider whether anti-anxiety medication is appropriate. All cancer program staff who interact with patients

have the ability to recognize struggling patients, but members of the cancer care team who deliver patient care directly should be trained to recognize symptoms of PTSD. Practices and cancer programs with survivorship care may be best equipped to identify symptoms of ill mental health.


One of the best actions that we as providers can take for both cancer patients and their caregivers is to educate them about the mental health implications of a cancer diagnosis and ask them to self-assess for the symptoms described above. Patients may feel ashamed for having a strong reaction to their diagnosis, but they should *feel what they feel*. We should encourage cancer patients to be gentle and patient with themselves and allow others to help; remember, it’s our job to meet patients where they are and connect them to supportive services.

To bring my private practice to a larger audience, with a team of consultants including nurses, physicians, spiritual care providers, and marketing professionals, I developed “Conversations with Kelly,” a public space for cancer patients to gather and discuss their diagnosis and healing process, as well as for anyone dealing with grief or trauma. Though we are headquartered in Minneapolis, we travel across the country to discuss a wide variety of topics, including hope, gratitude, grief, purpose, and death. When I write about cancer and trauma on our Facebook page, the engage-



ment we get from readers is tremendous. To feel like you belong somewhere can help to diminish anxiety.

If your cancer patient is exhibiting symptoms of PTSD, be sure to refer them to appropriate resources for psychosocial support for patients with cancer. If you are treating a patient with these symptoms and he or she is already seeing a therapist, ask for a release to be signed so that treatment can be approached collaboratively and address the mind as well as the body.

People tend to worry about the future when it comes to cancer, but in counseling, it's important to remind people that the now is what can be influenced. Remember, even if a patient cannot be cured of his or her cancer, together we can help him or her heal. 

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Photo courtesy of George Byron Griffiths Photography.

Reference

1. Chan CMH, Ng CG, Taib NA, et al. Course and predictors of post-traumatic stress disorder in a cohort of psychologically distressed patients with cancer: a 4-year follow-up study. *Cancer*. 2018;124:406-416.