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When Empathy Falls Short

Psychotherapist and psycho-oncologist **Justyna Pronobis-Szczylik** talks about the need for tenderness and the insensitivities of the healthcare system.

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Does the psyche change when the body falls ill?

JUSTYNA PRONOBIS-SZCZYLIK: Of course, because a human being is a psychophysical whole. When our body falls ill, we go to see a doctor. At the same time, however, our mental state changes completely, too. Falling ill is a form of endangerment, especially in the case of a disease that poses a threat to life, like cancer. Patients experience it as the loss of their health, as saying goodbye to their physical fitness. This reminds them of similar experiences of loss from their past, traumas and grievances that were apparently forgotten, situations in which they were hurt by their loved ones.

Disease is a real threat, one that first appears in our thoughts and then enters the level of emotions, causing anxiety. Since people automatically try to avoid painful emotions and thoughts, danger immediately triggers various defense mechanisms. The problem is that they are temporary and may prove counterproductive. This leads to internal conflicts that block the capacity to develop, disrupt relations with others, and may trigger somatic symptoms. This, in turn, causes the patient to suffer even more. As a psychotherapist and psycho-oncologist, I help patients cope with such conflicts.

What other psychological and emotional mechanisms are triggered when people find out that they are seriously ill?

Disease affects people's sensitivity, they become more vulnerable. They subconsciously revisit their experiences from the past and childhood fragility. This

is when they more than ever need tenderness, both from other people in their surroundings and from themselves.

People who find out that they are ill often react by avoiding the subject. In therapy, I often hear such comments: "I knew I had a lump in my breast, but I didn't go to a doctor, because I was afraid to hear that I had cancer." This is not a kind, respectful way to treat ourselves. Rather, it's self-destructive. Knowing how to treat oneself with tender sensitivity is not easy, especially for those who are in the habit of being strict and critical. Such people blame and attack themselves, unconsciously treating themselves cruelly.

During psychotherapy sessions, patients can identify the mechanisms by which they treat themselves not as a friend but as a target for sadistic attacks. Through learning and emotional experience, they can bring constructive experiences into their everyday life. I often see how patients change their attitudes in therapy, stop hurting themselves, and

start treating themselves with kindness and respect. My patients' experiences are confirmed by scientific evidence showing that psychotherapy does help patients, including oncological patients, because it improves their quality of life to a significant degree by lowering anxiety and helping them better cope with their illness.

What are the psychological stages of adaptation to cancer?

There are certain rules governing the trajectory of this disease. First, patients receive a diagnosis and find out that their life is in danger. They react with shock, stress, and disbelief. They go into denial, being certain there's been a mistake. How long patients stay in this state ranges from hours to days until they reach the stage of adaptation, which allows them to adjust to the new situation. After that, they start cooperating, decide together with doctors what tests they need, and start initial treatment. Then their anxiety may drop, but it doesn't disappear.

It won't disappear even if the symptoms of the disease subside and the treatment ends. In such situations, it turns into anxiety that the cancer will resurge. Even if it never does, this anxiety may stay with them forever. If the disease returns, this is indeed a very difficult moment, one in which patients suffer an existential crisis. They may have panic attacks and feel angry that they've done everything they could to get better, but still the disease has come back. But a resurgence of cancer doesn't necessarily prove that the treatment was a failure. It is a sign that this person's body functions in this particular way, that this is how it reacts to treatment. The precise causes of cancer are unknown. Many scientists are studying the question but they have, as yet, failed to provide definitive answers.

> Psychotherapy does help patients, because it significantly improves their quality of life by lowering anxiety.

What motivates people to seek the help of a psycho-oncologist?

What prompts patients to seek help is the suffering that results from different symptoms, such as chronic anxiety. Cancer and its treatment are a long and traumatic process that is coupled with a constant sense of uncertainty. Such a high level of anxiety hampers the functioning of the immune system to a substantial extent. This is why I apply intensive short-term dynamic psychotherapy, or ISTDP, an approach which focuses largely on treating anxiety. The International Psycho-oncology Society recommends psychodynamic therapy, in addition to existential therapy.

Many of my patients who come to therapy had parents who never told them in a constructive way that emotions were important, never explained to them, in a way that was easy to understand for a child, how to interpret anxiety. In childhood, people form certain styles of attachment, which determine their functioning in adult life. There are four such styles, but only one of them is good, unlike the remaining three. These styles are: secure attachment, anxious-avoidant attachment, anxious-ambivalent attachment, and disorganized attachment, when a child for example never knows what will happen when he or she returns home. These styles become permanent parts of the biology of our nervous systems. Regardless of the style of attachment that we have, in stress-free situations we function in a standard, optimum way. In situations of danger, such as illness, these problematic styles of attachment can become activated. This means that we revert to our old, ineffective behaviors.

How would you characterize the relationship between a doctor and a seriously ill patient?

The patient–doctor relationship is particularly important from the patient's perspective. The patient sees the doctor as someone extremely important, even a kind of demi-god on whom their very life depends. For the patient, this dependency bears the traits of an intimate relationship, they expect attention and time. The doctor, on the other hand, has to meet many requirements – for instance, to do the required yet highly bureaucratic paperwork in a strictly defined time, while simultaneously thinking about the strategy of the treatment and the potential side effects and taking responsible treatment-related decisions. All this under great time pressure, because the number of cancer patients is disproportionately high in relation to the number of doctors. There's no time for compassion, for asking patients about their mental state or their sex life, or even for a simple look in the eye. Patients see this as disrespectful, whereas doctors feel frustrated, because they haven't done their job well enough.

Does stress affect the progression of cancer? Can psycho-oncological therapy actually aid the treatment process itself?

It is commonly believed that stress affects the progression of cancer, or may even cause it. So far, however, there are no scientific studies to confirm this. For sure, stress may cause health complications, because it weakens the immune system. And illness-related stress affects coping mechanisms.

As for the benefits from therapy, it has been shown that psychological intervention may reduce anxiety, prevent its symptoms from intensifying, and improve how the patient copes with the disease. That said, we must remember that such a serious disease as cancer is difficult not only for patients but also for their loved ones and carers, as well as for the medical professionals involved in their treatment. For this reason, both patients and their families as well as doctors go to therapy.

Do you mean to say that psycho-oncological therapy helps not only patients, but also doctors?
Yes. Doctors are people, too. They have their own attachment styles and resilience to absorbing the suffering that surrounds them. The patient's experience is mirrored in doctors' feelings and fears related to the passing of time and the inevitability of death. In addition, doctors have a sense of losing control and trust in their own role in the treatment process, when it turns out to fail to bring the expected results. But what poses the main problem is not doctors' own feelings but the oppressive nature of the system in which they have to function. Poland's healthcare system has not really been reformed, it dates back to the post-Soviet era, and there's no way it can work in the new reality. The number of oncological patients in Poland is now comparable to the number of cardiological patients. But we have several thousand cardiologists and only several hundred oncologists. Oncological as well as psychiatric patients are discriminated against in the healthcare system, which manifests itself for example in the closing down of psychiatric hospitals for children. Also, the system fails to account for the fact that a seriously ill patient may have psychological problems that impact negatively on the treatment that he or she undergoes.

The system doesn't account for the psychological problems of patients, let alone those of doctors. Young doctors are not taught such basic skills as how to give patients bad news about their health or respond to their reactions. Doctors leave medical school without any psychological tools, and they don't even know that such tools exist. How are they supposed to function without ever making a mistake, as specialists and also as human beings? Medical students are taught only basic psychology, and the number of classes is symbolic.

Are you saying that the healthcare system, which is insensitive to people's needs, takes its toll on doctors, whereas the pressure they are under in turn affects the health and wellbeing of patients?
This is exactly what occupational exhaustion caused by excessive requirements and work-related stress can do to oncologists. During the recent Congress of the European Society for Medical Oncology, it was reported that the problem of occupational burnout in Central Europe affects as many as 84% of doctors below the age of 40.

Occupational burnout syndrome is caused by overloading and a lack of job satisfaction, among other factors. No one can do a good job handling a volume of work that should be done by a much greater number of people. Doctors are sometimes accused of becoming dehumanized, which is in fact a sign of work-related stress. It's like complaining that a person who has a cold exhibits a fever. Oncologists in Poland are constantly overburdened, so they simply can't do their jobs better. In addition, every person's nervous system has a different degree of resilience. All these factors are interrelated. In this situation, I must stress that it is worth showing more tender kindness not only to patients, but also to doctors.

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