

**What is the impact of psychotherapy on cancer patient's survival?**

**By**

**Milena Sobesto**

**The thesis is submitted to the Higher Education and Training Awards Council (HETAC) for the award of Higher Diploma in Counselling and Psychotherapy from Dublin Business School, School of Arts.**

**9th of May 2014**

**Research Supervisor: Mary Bartley**

## **Table of contents**

<b>Acknowledgements</b>	<b>3</b>
<b>Abstract</b>	<b>4</b>
<b>Introduction</b>	<b>5</b>
<b>Chapter 1</b>	
1.1 Cancer and Psycho-oncology	<b>9</b>
1.2 The role of Psychotherapy in Psycho-oncology	<b>12</b>
<b>Chapter 2</b>	
2.1 Psychotherapy and cancer patient survival	<b>15</b>
<b>Conclusion</b>	<b>20</b>
<b>References</b>	<b>23</b>

## **Acknowledgements**

*I would like to thank the people who are always there for me with their kind words and never-ending support.*

*Also I would like to dedicate this dissertation to the whole team at Barretstown Camp, you really inspire me and always will.*

## **Abstract**

Cancer is considered as one of the top causes of deaths around the world with 8.2 million deaths in 2012, its global burden has more than doubled during the last 30 years. The WHO predicts that cancer deaths will increase from 14 million to 22 million in the next 20 years.

It is a fact that cancer diagnosis is a life changing experience for the patient as well as their families with huge involvement of the doctors and health professionals. There are over 200 different types of diseases which come under the term 'cancer' and involve growth and division of body cells in an uncontrolled way. This shocking news usually is accompanied by huge devastation to a person on psychological, spiritual and physical levels. It was proven that most people diagnosed with cancer need the best support they can receive.

Psychotherapy became one of the best recognisable sources as it offers the cancer patient a place to express their worries and a help to regain hope to live as some people start to separate themselves from society after the diagnosis. The newly established field of psycho-oncology unites different disciplines such as doctors, nurses, psychotherapists etc. who work with people with cancer helping them deal with their illness.

This research was set to find out if psychotherapy prolongs life of cancer patients. It included evaluation of the important role of psychotherapy in psycho-oncology and examined the studies as Spiegel, et al (1989) and Goodwin, et al, (2001) who looked at the survival rates of cancer patient who underwent psychotherapy. Interestingly many studies set to investigate whether psychotherapy increases survival proved it negatively, however a positive endpoint was the fact that the quality of life has been improved in several cases.

## **Introduction**

*'Dying is inevitable. Living is not. Death is not the most powerful thing in life because life is the most powerful thing in life.'* (Earl, 2012 [video]).

The aim of this chapter is to outline the topic of research and its objectives. The research was set to find out what is the impact of psychotherapy on cancer patient's survival, how the supportive psychotherapy help people deal with the diagnosis and treatment, and what is the role of psychotherapy in the whole psycho-oncology.

The research also will show the relevance of psychotherapy and its use in the psycho-oncology. It will explain what exactly psycho-oncology is and its role in cancer trajectory: from diagnosis to the palliative and end of life care of cancer patients.

The rationale for this research is a personal interest and experience of working with cancer patients. Working for one of the summer camps (Barretstown) with children diagnosed with different types of cancer is a life changing experience it really makes people appreciate how precious and valuable good health and life is.

However, it is a fact that it is crucial for the patient newly diagnosed to have a support. It is the people who work with cancer patients that change the experience of the person's situation by giving them the support of how to cope, and as in relation to the quote in the beginning of this section 'living is a choice' those supporters are giving people with cancer hope to live. It is a fact that some people after diagnosis just give up on what's ahead of them, as the diagnosis of cancer is a devastating news. Therefore choosing life over cancer should be one of the crucial decisions for every one of those who are diagnosed with this type of chronic illness. As according to Block (2009, p.1) one 'must purposely embrace life and reject the disease every single day', to do so it is important for the person to seek information about the cancer therapies as well as strong sophisticated form of support (Block, 2009).

It is important to mention that no medical diagnosis is more fearful than the diagnosis of cancer (Sessions, 2012). It is very difficult for most people to imagine the experience of being diagnosed with cancer.

Cancer is considered as one of the top causes of deaths around the world with 8.2 million deaths in 2012 (WHO, 2014). Its global burden has more than doubled during the last 30

years (Saxton and Daley, 2010). As it is expected by World Health Organisation cancer cases will rise from around 14 million to 22 million within the next two decades (WHO, 2014). The statistics are shocking and it really brings back the question of whether those deaths could have been prevented?

Centres for Disease Control and Prevention (2013) underlines the fact that many of cancer deaths could have been prevented if there was more information provided for the patients on the treatment and psychological support.

It is important to mention that a huge number of people diagnosed with cancer know very limited information about it (Eakin and Strycker, 2001). It is the diagnosis that quickly shatters a person's feelings of invulnerability and immortality. As Aldredge-Clanton (1998, p.12) stated 'the physical crisis of cancer precipitates psychological and spiritual crises, often of the most profound dimensions.' How people deal with this shocking news depends on one's coping skills and personality, but most importantly it depends on the quality of support people get when going through this difficult time (Watson and Kissane, 2011). Dealing with emotions that accompany cancer can help people deal more successfully with the diagnosis, treatment and life after cancer (Deprez, et al, 2012). Not every patient reacts to life with cancer in the same way but the best method that has helped every person involved with this illness is talking about it (Cefrey, 2004). Expressing feelings, unpleasant thoughts, emotions that accompany this is a good way to relieve the stress and suffering that they cause. Getting difficult issues out into the open is a positive experience because it releases the built up tension and anxiety that is caused by not talking about difficult issues. It also allows the patient, patient's family and the others involved to be on the same level of understanding and sensitivity about the situation (Cefrey, 2004).

However, it is also interesting to mention that the intensity of the feelings elicited by the diagnosis of cancer sets in motion strong forces, both intrapsychic and interpersonal against the expression of these feelings (Spiegel and Classen, 2000, Moyer, et al, 2012).

It is crucial to underline that cancer induces a special kind of fear, people can see the body's self attack when the normal cells become enemies and attack others. It is a disease fraught with uncertainty and helplessness (Spiegel and Classen, 2000). For many it's a death sentence and there are other ramifications as dealing with medical treatment, coping with the changed self-image and managing the impact of the illness on family and other relationships (Cefrey, 2004).

Thus, one of the most important factors is the use of psychotherapy in helping cancer patients to deal with their illness. It is believed by many oncology professionals that psychological factors affect the progression of cancer (Lemon and Edelman, 2003). In addition to this belief, that the improvement of the psychological functioning of the patient can prolong the survival after the diagnosis, is the notion that psychotherapy in a huge manner can not only improve mood or quality of life but also increase life expectancy of cancer patients (Coyne, et al, 2007).

The research purpose of this dissertation is set to find out what is the impact of psychotherapy on cancer patient's survival. The following chapters will look at a relatively new established concept of psycho-oncology and how it contributes to patient's journey from diagnosis onwards. It will look at the research done around the role of supportive psychotherapy along with different types of psychotherapy in dealing with cancer patients. Also while looking at different studies over the years converted with different types of cancer this research will try to establish whether psychotherapy contributes to survival rates of cancer patients and if not what are other effects of its influence on cancer patients.

# Chapter 1

## **1.1 Cancer and Psycho-oncology**

Cancer is a general term used to describe uncontrolled, abnormal cell growth. Defined by American Cancer Society (2014, [online]) as 'large group of diseases characterised by uncontrolled growth and spread of abnormal cells'.

Sometimes in the process cells may ignore their typical boundaries inside the body, destroy their neighbour cells, and ultimately spread (or metastasize) to other organs and tissues (Murkhajee, 2010). As cancer cells grow, they demand more and more of the body's nutrition. Such growth occurs when cell's genetic instruction allows proliferation of cells without normal control mechanisms (Carpentier and Mullins, 2008). It is a fact that cancer is a complicated disease and it can affect almost any part of the human body (Carpentier and Mullins, 2008).

Therefore as cancerous cells grow in different parts of the body the treatment and chances of surviving differ. For example leukaemia or skin cancer may not pose as severe threat to life as liver cancer.

It is important to mention that there has been a huge change in understanding of the term cancer from being an illness considered as fatal to that of a variety of diseases from which a number of them are curable. There are more than a hundred types of cancer which are grouped into broader categories: Carcinoma (cancer that begins in the skin or in tissues), Sarcoma (cancer that begins in bone, cartilage, fat, muscle or blood vessels), Leukaemia (cancer originated in blood-forming tissue for example bone marrow), Lymphoma and myeloma (cancers that begin in the immune), Central nervous system cancers (cancers which begin in the brain or spinal cord) (Nee, 2013).

It is important to underline that cancer does represent both acute life-threatening illnesses and serious chronic conditions, therefore the treatment maybe very challenging (Adler and Page, 2008).

The treatment for cancer usually involves combination of surgeries, chemotherapy or radiation which causes the person many side effects and impacts their well being as well as their self esteem (York Hospital Oncology and Infusion Care Team, n.d.). Other examples of cancer treatment include targeted therapy, immunotherapy, hormone therapy, and bone marrow/stem cell transplantation. (Gaze, et al, 2003).

The treatment has become a vital component of modern health provision, as cancer became an increasingly common problem in the global population (Price, et al, 2008).

It is significant to mention that oncology crosses the traditional boundaries in which 'medicine is thought, researched and practiced, thereby providing a great challenge for those involved in its treatment.' (cited in Price, et al, 2008, p.3).

Many researchers agree that psychotherapy with genuine and appropriate medical care can to a huge extent help patients cope with pain and suffering (Goldie and Desmarais, 2005).

It is proven that dealing with emotions that come along with cancer can help patients deal and cope significantly with the diagnosis, treatment and life after the illness (Cefrey, 2004).

It is a fact that cancer takes one's strength, destroys organs and bones, and weakens the body's defences against other illnesses as well as has impact on many other areas such as psychological, emotional and spiritual (Pynn, 2012). It is not surprising that people diagnosed with cancer are marginalised and feel isolated as they are removed from healthy world, this is the effect of such shock and devastation the diagnosis brings to the system (Goldie and Desmarais, 2005).

Therefore, it is true to state that treatment of cancer is truly multidisciplinary subject. In other words there is the importance of integration and teamwork between those involved in the cancer care: surgeons, oncologists, nurses, organ specialists as well as the psychotherapists and other psychological support workers (Price, et al, 2008).

It is important to mention that many cancer patients are able to manage their coping and find the way that best works for them. On the other hand there are those who struggle to achieve satisfactory emotional adjustment. Those people develop maladaptive reactions which affect their relationships and 'prevent them gaining optimum benefit from anticancer treatments' (Barraclough, 1999, p.51).

Not surprisingly mental health problems such as depression and anxiety disorders are common among chronically ill patients (Hegel, et al, 2006). Oncologists have seen those problems and underlined the importance of encouraging more attention to and research into care of the total patient looking at their physical, psychological, social and spiritual aspects of care (Dolbeault, et al, 1999). The late 1970s are seen as the time the beginnings of the psycho-oncology appeared, and since became subspecialty of oncology with its own knowledge contributing to cancer care (Holland, et al, 2010). This field today contributes to the clinical care of patients, their families, 'to the training of staff in psychological management and to collaborative research that ranges from the behavioural issues in

cancer prevention and to the management of psychiatric disorders and the psychological problems during the continuum of the cancer illness' (Holland, 2002, p. 206)

In other words concept of psycho-oncology aims at helping cancer patients dealing with the disease looking at the psychological problems, negative attitudes as well providing support to the family. Psycho-oncology is a specialist service involving clinical, teaching and research remit to the hospital services (St. Vincent's Health Care, n.d.). Psycho-oncology has been defined as very useful in the field of working with cancer patients, because of its development of services, programmes and hospital departments with the mission to provide education, research and also specific activities of clinical care (Grassi and Riba, 2012).

It is interesting to state that in the past cancer diagnosis was very much compared to mental illness as there was no cure or known cause (Holland, et al, 2010). Some people weren't told about their diagnosis because it was thought that it may be better for the person, because if they knew they would lose their hope and their coping would be affected. Only the family knew about the diagnosis and they would never reveal that to the patient affected by cancer, because as with the mentally ill they would get stigmatised by the society at the time (Holland, et al, 2010). Thankfully today that situation has definitely improved and more emphasis is drawn towards psychosocial care of cancer patients.

## **1.2 The role of psychotherapy in Psycho-oncology**

According to Razazi and Delvaux (1988, cited in Wise, et al, 2013) the impact of cancer on one's life can be related to four factors: 'the existential threat of the disease, psychosocial consequences (this relates to changes in social life, loss of employment), consequences of the morbid disease process (for example physical pain, tiredness etc.), and the treatment and its effects (nausea, loss of hair, surgical mutilation etc.)' (cited in Wise, et al, 2013, p.5).

As it was mentioned before cancer is a threat to physical existence and this has disruptive effects on a patient's psychology and maybe compared to physical trauma (Wise, et al, 2013). In that case the support from cognitive and social perspective is needed for the person diagnosed with cancer to help them cope. Guex (1994) mentions that there are different forms of psychotherapeutic support used with cancer patients they include 'selective intervention (dealing with a crisis situation), individual psychotherapy and group therapy' (Guex, 1994, p. 105).

It is true to state that psychotherapy plays an important role in the psycho-oncology, with numbers of therapist working in the field. One of the most commonly used therapies while working with chronically ill patients is the supportive psychotherapy which involves integration of behavioural therapy, client-centred, CBT, family therapy, group therapy and psychodynamic therapy (American Cancer Society, 2014). It is important to mention that supportive psychotherapy works around the supportive-expressive model which allows the therapist to provide emotional support for the patient, it encourages the person to express their 'feelings and thoughts and assists with strengthening and developing coping skills' (Thomas and Weiss, 2000, cited in O'Donohue, et al, 2005, p.248). The goal of supportive psychotherapy is to help the person manage and cope with limitations which come along with cancer as well as help them to view their life in more meaningful way (Thomas and Weiss, 2000, cited in O'Donohue, et al, 2005). The most important quality of supportive psychotherapy is the establishment of highly positive relationships with the use of supportive, empathic and non-threatening approach (Winston, 2012).

People with chronic illness undergoing supportive psychotherapy have a better chance to be able to release the built-up tension and anxiety. The psychotherapeutic relationship gives the patient a feeling of comfort, certainty of being respected and valued which helps them view life differently apart of being ill (Guex, 1994).

The role of psychotherapy in psycho-oncology today is huge as there was a significant need over the years to address the psychological needs of those who struggle with cancer. It is important to underline that this relatively new development of psycho-oncology highlighted the crucial need for supporting chronically ill people and it is almost like they provided more attention to the 'human' side of patient care (Dolbeault, et al, 1999).

## Chapter 2

The aim of this chapter is to outline the relevance of the existing literature to the topic of the research. In other words the purpose of this simplified literature review is to provide background to and justification for the research taken (Murray, 2006).

## **2.1 Psychotherapy and cancer patient survival**

Many studies examined the use of supportive psychotherapy on cancer patients and how that impacted them. Number of those studies were set to find out if psychotherapy increases survival rates and overall this area is recognised as controversial.

It is important to mention one of the earliest studies which results and method were always compared to recent research. Spiegel, et al, (1989) studied 86 metastatic breast cancer patients who received supportive expressive group therapy and lived 18 months longer than the control group. Interestingly this study showed that the continued psychotherapy had better effects rather than brief intervention (Lazar, 2010). Interestingly, the results were criticised by many for being misleading and having some methodological problems. Fox (1998) for instance compared findings of Spiegel, et al, (1989) with National Cancer Institute's Surveillance, Epidemiology and End Results Program (SEER) which stated that women with metastatic breast cancer would be expected to be alive between 5-10 years after diagnosis. In Spiegel, et al, (1989) case the patients experienced only 4-year survival.

It is a fact that Spiegel, et al, (1989) study has received huge attention as well as some criticisms. The strong sides of the study definitely included 'adequate details of the intervention, a complete description of the statistical methods used, detailing of the flow of participants through the study and their baseline characteristics' (Coyne, et al, 2007, p.374) as well as adequate interpretation of results which fitted the criteria of other research evidence at that time.

Fawzy, et al, (1993, 2003) inspired by Spiegel, et al, (1989) studied patients with malignant melanoma who after diagnosis underwent a short term 90 min structured group intervention which included stress management enhancement of coping skills and psychological support. The results from that study reported positive effects on the mood, coping with the illness and surprisingly on survival. In 1993, Fawzy, et al, examined the survival at 5-6 years and then in 2003 at 10 years post treatment. The findings showed that the psycho-social intervention at 5-6 years participation decreased the risk of death

approximately by 7-fold and 10 years later the risk of death was 3-fold lower. Both studies by Fawzy, et al, (1993) and (2003) included adequate reporting and eligibility. However the marked weakness is the fact that they never specified the primary outcome and hypothesis because it could be seen from this that the survival wasn't the priori finding of the study.

It is also significant to mention that psycho-social interventions help cancer patients with coping and in reducing distress which has benefits on survival but it is not proposed that those interventions are used as an alternative or the only way of treatment for cancer (Fawzy, et al, 2003).

In contrast to Spiegel, et al, (1989) study, Goodwin, et al, (2001) presented the study of the same type of cancer as Spiegel, et al, (1989) but with more participants. The intervention involved use of supportive-expressive group therapy for women with metastatic breast cancer. Results showed no survival benefit, although it showed that the quality of life of these women improved (DeAngelis, 2002). It is also interesting to see that Goodwin, et al, (2001) study compared to Cunningham, et al, (1998) and Edelman, et al, (1999) who also studied similar cancer groups, indicated that psychosocial interventions do not prolong survival in women with metastatic breast cancer (Goodwin, et al, 2001). In Goodwin, et al, (2001) trial, the survival was the priori endpoint unlike in Fawzy, et al, (2003) and its report provided very well detailed information regarding the interventions, again unlike Fawzy, et al, (2003) who labelled the method as 'interventions' not exactly specifying if it involved actual supportive-psychotherapy.

In 2007, Kuchler, et al, devised a study on the impact of psychotherapeutic support on patients with gastrointestinal cancer. This study might be considered as positive in relation to impact of psychotherapy on cancer patient survival. Kuchler, et al, (2007) randomised patients diagnosed with gastrointestinal cancer (e.g. liver, pancreas etc.) to either routine care or inpatient individual psychotherapy and stratified them by gender (Coyne, et al, 2007). The results suggest that statistically it showed better survival for the experimental group and the authors concluded that formal program of psychotherapy support increases survival (Lazar, 2010). It is important to state that the primary point of this study was the quality of life and Kuchler, et al, (2007) have been criticised for putting too much weight on 'findings for an outcome for which there had not originally been hypothesis' (Coyne, et al, 2007, p. 376). In addition others criticised the study for the fact that psychotherapy was

used simultaneously or with increased use of medical treatment so that might have been a decisive factor (Coyne, 2012). In relation to that there was the statement of Spiegel and Giese-Davis (2004) who replied to the criticism of Kuchler, et al, (2007) study underlining the significance of multidisciplinary teams of psycho-oncology and the importance of integrating psychotherapy in the cancer care.

Another interesting study is that of Kissane, et al, (2007) who studied 485 women with breast cancer who underwent supportive-expressive group therapy, aiming at finding out about the survival rate, found that it did not increased survival but the women quality of life and they became less at risk of depression. In this study the priori endpoint was the survival however as it did not prove the hypothesis of the study the end point was the improved quality of life.

The research conducted by Richardson (1999) observed patients with leukaemia and lymphoma who participated in informative and supportive programs and experienced enhanced quality of life, however it did not indicate any improvement with survival rates.

All above studies prove that it is very difficult to establish whether psychotherapy has a great impact on cancer survival because they capture a wide range of the differences amongst them. Interestingly, one of the main point is that some studies such as Goodwin, et al, (2001) or Kissane, et al, (2007) pointed the primary outcome as survival, and Richardson (1999) or Kuchler, et al, (2007) were those where the survival wasn't the primary hypothesis. Some studies really underlined the importance of the psychotherapy on cancer patients but it is also important to mention that they vary in the interventions as some studies used supportive psychotherapy as Goodwin, et al, (2001), Kissane, et al, (2007) or Spiegel, et al, (1989). Some only used psychological interventions as Fawzy, et al, (1993 and 2003) which might be questioned in relation to whether they might be considered as fully psychotherapeutic. Another point while revising the studies is the cancer types, as it is important to underline the studies examined patients with different conditions from leukaemia which might not be considered in medical world as so severe, comparing to metastatic breast cancer. The comparison of those two studies might therefore not be adequate. It could be seen that some studies were criticised for the fact that some patients received more medical treatment as in Kuchler, et al, (2007) and that might have had influence on better survival. In this case it was reminded that in psycho-oncology

it is important to integrate the different professions from medical treatment to psychotherapeutic support because it has proven positive effects on their quality of life.

It is also important to mention that the types of therapies used within the studies varied from individual psychotherapy (e.g. Kuhler, et al, 2007), supportive expressive psychotherapy (e.g. Goodwin, et al, 2001, Spiegel, et al, 1989) or cognitive behavioural therapy (e.g. Fawzy, et al, 2003).

Therefore, it is true to say that the psychotherapy improves quality of life of cancer patients helping them to deal with stress associated with it and improving the overall self-esteem (Mayo Clinic, 2013). It is also clear to understand that most of the studies revised in this literature review, recognised the effects of psychotherapy on cancer patients quality of life. There has been much more research done on the effects of psychotherapy on quality of life rather than the survival.

There is considerable evidence which suggests that cancer patients suffer from substantial and usually long term psychological distress associated with cancer its types and treatment (Purkop and Rhese, 2003). The major domains which consist of quality of life are physical well-being, psychological well being, social concerns and spiritual well being. Those factors when lacking cause the patient distress and may have profound effect on their recovery (King and Hinds, 2012).

Over the years researchers such as Linn, et al, (1982, cited in Lazar, 2010) who looked at lung cancer patients and their effects after counselling showed that the patients well being gradually improved. Another study by Linn and Linn (1981, cited in Sheard and Maguire, 1999) measured depression, life satisfaction and self esteem of cancer patients in counselling and saw evident improvement in the quality of life. Jacobsen, et al, (2002) for instance studied the effects of stress management on 411 patients undergoing chemotherapy and the results again showed that patients experienced 'fewer role limitations because of emotional problems and better mental health' (Lazar, 2010, p.238).

A 2006 study of women with early-stage breast cancer showed that with use of cognitive behavioural therapy they experienced improved well-being and overall better quality of life (Lechner, et al, 2006). In addition Penedo, et al, (2006) also confirmed improved quality of life of male patients diagnosed with prostate cancer and as in Lechner, et al, (2006) they also underwent cognitive behavioural therapy. Study by Frick, et al, (2007) set to find out

the changes in quality of life of cancer patients undergoing chemotherapy. The result were that those patients who rejected the help of psychotherapist experienced lowered measurement in quality of life.

It is a fact that quality of life is discussed as keenly as cancer survival because of the importance it plays in measuring cancer survivorship (Paddock, 2011).

It is significant to mention that the literature documenting the effectiveness of different types of psychotherapy on chronically ill patients survival is very broad and there has been many interesting studies. Sadly only few of the studies proved that psychotherapy prolonged the life of the patients diagnosed with cancer. However, more positively number of researchers found that the quality of life of the cancer patients did improve, and it eliminated symptoms of depression or anxiety, cancer related fear, some symptoms such as fatigue etc, as well as it improved social functioning (Carr and Steel, 2012).

It is therefore important to state that with support of psychotherapy the person with cancer is able to improve his/ hers quality, if not the quantity of life.

## **Conclusion**

*“Cancer is a word, not a sentence.”* (Diamond, cited in Kosterich, 2010)

It is a fact that cancer is a life changing diagnosis and with it one's thoughts are balancing between dying and surviving. It is difficult to understand what a person who is experiencing cancer is going through. It involves pain, disappointment, the world around them changes as they knew it, and it becomes difficult. Sometimes people diagnosed with cancer give up hope for living because they see it as a sentence, that there is no help for them and usually isolate themselves from society. Fawcett and McQueen explained what a person with cancer might feel like after diagnosis: 'it's like a person vacillates between hope and fear, bargaining and despair, not daring to accept optimism and fearing pessimism' (2011, p.11). It is a fact that the reactions might differ among people and some may not need as intense psycho-social support. Many authors underline the idea that information on cancer, the treatment and psycho-social support can empower patients and help them gain control over their lives which is a beneficial aspect for the patient.

It is therefore important to underline that psychotherapy for cancer patients and their families is one of the most important tools provided by the psycho-oncology. Psycho-oncologists come from different disciplines, use different theoretical frameworks or cultural backgrounds but they all consist of this vital service for patients with cancer (Watson and Kissane, 2011). As Watson and Kissane (2011, p.3 ) put it 'clearly there is a human interaction, a crucial piece that is hard to fit into so many different theoretical frameworks'. It is a fact that psycho-oncology is an inclusive discipline to which different professions make very unique contribution.

It is proven that patients who use psychological techniques and undergo psychotherapy experience relief from emotions and stress associated with cancer. This area of psycho-social intervention widely used in psycho-oncology attracts many researchers who still try to determine how psychological processes affect cancer (Coyne, 2012). It is clear that there has been a huge interest in the studies over years to test if psychotherapy improves cancer survival. Studies provided rationales for consideration of relationship between cancer and use of psychotherapy, the investigations varied as some used different theoretical constructs of psychotherapy in relation to different cancer types. Many of the studies compared different types of cancer which could be seen as a missing point as some cancer types might have more or less psychological effect on patients well being and here the role

of psychotherapeutic intervention might vary in its effect on improving survival. It is true to state that survival is a strong effect expected from all the researchers examining cancer patients. This is why the results in a huge number of cases show that actually psychotherapy does not extend life. Spiegel (2004, p.133) stated that the research is 'inherently improbable' casting some doubt over the reliability of the results. There was a huge pressure on actually establishing a positive result but it seems like one of the positive outcomes while looking at the studies overall result is the improved quality of life. That outcome of use of psychotherapy in oncology reinforce not only its effectiveness in reducing stress and anxiety, it strengthens active coping mechanisms and immune functions and those factors come under the broad definition of improved quality of life of cancer patients (Degi, 2006).

It is a fact that the studies could have appraise more on the factors that differ the cancer cases and the distress of the patients. It was viewed that psychotherapy improves psychological functioning, but if the actual intervention does not have anticipated psychological effect it hardly will improve survival of the patient. It should be argued that many of the patients in the studies were very ill and at a risk of dying so the data of the intervention effects may be different to control groups bringing a very negative result. In studies of Goodwin, et al, (2001) and Spiegel, et al, (1989) some data was missing as the patients died in a duration of the study leading for inconsistency which influenced the outcome (Coyne, et al, 2007).

It is true to state that there should be more studies designed to test the influence of psychotherapy on cancer patients survival the up to date research would give some more insight for many psycho-oncology teams. It would be recommended to gather results which are proved to be adequate and where the survival is the priori finding as well as more clearly specified psychotherapeutic interventions used in the studies.

For now the results are showing the evidence of improved quality of life of cancer patients, it is again a broad statement. Which however brings some positivity into such huge, delicate and devoting subject which is the impact of psychotherapy on cancer patients. Some might not be satisfied with that outcome and the infinitesimal amount of research in the area which is really surprising not only for people involved in a psycho-oncological spectrum but also for cancer patients who see it as a huge pessimistic news. It is important not to forget about cancer patients who bring the most important piece to the studies as

they bring themselves, their uniqueness but mostly their hope to live. Let's not let them loose hope that psychotherapy doesn't improve survival and test more variables that should be added to the studies. It is also important not to disvalue the improved quality of life as it is a crucial aspect of dealing with cancer. If psychotherapy helps with that there is no doubt that there are cases in which patients actually got cured and survived cancer, so the recognition of that is what one would intend to highlight in future research.

## References:

- Adler, N., E., Page, A., E., K., (2008) *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*; The National Academies Press; Washington.
- Aldredge-Clanton J., (1998) *Counseling People with Cancer*; Westminster John Knox Press; Louisville.
- American Cancer Society, (2014) *Cancer Facts and Statistics*; Retrieved 20th March 2014; from: <http://www.cancer.org/research/cancerfactsstatistics/index>
- Barracough, B., (1999) *Cancer and Emotion: A Practical Guide to Psycho-oncology*; 3rd Edition; John Wiley & Sons, Ltd.; Oxford.
- Block, K., (2009) *Life Over Cancer: The Block Centre Program for Integrative Cancer Treatment*; Bantam Dell; New York.
- Carpentier, M., Mullins, L., (2008) *Adolescents with Cancer*; Cambria press; New York.
- Carr, B., I., Steel, J., (2012) *Psychological Aspects of Cancer: A guide to emotional and psychological consequences of cancer, their causes and their management*; Springer Science + Business; New York.
- Cefrey, H., (2004) *Coping with Cancer*; The Rosen Publishing Group, Inc.; New York.
- Centres for Disease Control and Prevention (2013) *Cancer Prevention and Control*; Retrieved March 18th, 2014, from: <http://www.cdc.gov/cancer/dpcp/resources/features/WorldCancerDay/>
- Coyne, J., C., et al,(2007) *Psychotherapy and Survival in Cancer: The Conflict Between Hope and Evidence*; American Psychological Association; Psychological Bulletin; Vol. 133, No. 3, p.367–394.
- Coyne, J., (2012) *Questioning Whether Psychotherapy and Support Groups Extend the Lives of Cancer Patients*; Science Based Medicine; Retrieved 14th April 2014; from: <http://www.sciencebasedmedicine.org/questioning-whether-psychotherapy-and-support-groups-extend-the-lives-of-cancer-patients/>
- Cunningham, A., J., et al , (1998). *A randomized controlled trial of the effects of group psychological therapy on survival in women with metastatic breast cancer*. *Psycho-oncology*; Vol. 7; p.508-517.
- DeAngelis, T., (2002) *American Psychological Association: How do mind-body interventions affect breast cancer?:More data emerge on the ways psychological support may affect the lives of breast cancer patients*; Retrieved March 20th , 2014, from: <http://www.apa.org/monitor/jun02/mindbody.aspx>

Degi, C., L., (2006) *Analysis of the effectiveness of psychological interventions in oncology regarding the quality of life and survival of cancer patients*; Hungarian Psychiatric Journal; Vol. 21(2); p.138-146.

Deprez, S., et al, (2012) *Longitudinal assessment of chemotherapy-induced structural changes in cerebral white matter and its correlation with impaired cognitive functioning*; Journal of Clinical Oncology; Vol. 30(3); p.274-281.

Dolbeault, S., et al, (1999) *Psycho-oncology: Where Have We Been? Where Are We Going?*; European Journal of Cancer; Vol. 35(11); p.1554-1558.

Eakin, E., Strycker, L., (2001) *Awareness and barriers to use of cancer support and information resources by HMO patients with breast, prostate, or colon cancer: patient and provider perspectives*. Psycho-Oncology; Vol.10 (2) pp. 103-113.

Earl, W., ( 2013, January 16) Wayne Earl at *TEDxYouth@SanDiego- You Tube* [video file]. Retrieved February 20th 2014, from:  
<https://www.youtube.com/watch?v=Dqqh5KhYhGM>

Edelman, S., et al, (1999) *Effects of group CBT on the survival time of patients with metastatic breast cancer*; Psycho-oncology ;Vol.8, p.474-481.

Fawcett, J., McQueen, A., (2011) *Perspectives on cancer care*; Blackwell Publishing Ltd.; Oxford.

Fawzy, F., I., et al, (1993) *Malignant melanoma. Effects of an early structured psychiatric intervention, coping, and affective state on recurrence and survival 6 years later*; Archives of General Psychiatry; Vol. 50(9); p.681-689.

Fawzy, F., I., et al, (2003) *Malignant melanoma: Effects of a brief, structured psychiatric intervention on survival and recurrence at 10-year follow-up*. Archives of General Psychiatry, Vol. 60; p.100 –103.

Fox, B., H., (1998) *A hypothesis about Spiegel et al. 's 1989 paper on psychosocial intervention and breast cancer survival*. Psycho-Oncology; Vol.7; p. 361–370.

Frick, E., et al, (2007) *Anxiety, depression and quality of life of cancer patients undergoing radiation therapy: a cross-sectional study in a community hospital outpatient centre*; European Journal of Cancer Care; Vol.16(2); p130-136.

Gaze, M., et al, (2003) *Handbook of Community Cancer Care*; London; Greenwich Medical Media Limited.

Goldie, L., Desmarais, J., (2005) *Psychotherapy and the Treatment of Cancer Patients: Bearing Cancer in Mind*; Routledge; New York.

Goodwin, P., J., et al, (2001) *The Effect of Group Psychosocial Support on Survival in Metastatic Breast Cancer*; The New England Journal of Medicine; Vol. 345; p.1719-1728.

Grassi, L., Riba, M., (2012) *Clinical Psycho-Oncology: An International Perspective*; John Wiley & Sons, Ltd.; Oxford.

Guex, P., (1994) *An Introduction to Psycho-Oncology*; Routledge; London.

Hegel, M., T., et al, (2006) *Distress, psychiatric syndromes, and impairment of function in women with newly diagnosed breast cancer*; American Cancer Society; Vol. 107 (12); p.2924-2931.

Holland, J., C., (2002) *History of Psycho-Oncology: Overcoming Attitudinal and Conceptual Barriers*; American Psychosomatic Society; Vol. 64; p.206-221.

Holland, J., C., et al (2010) *Psycho-Oncology*; 2nd Edition; Oxford University Press Inc.; New York.

Jacobsen, P., B., et al, (2002) *Efficacy and costs of two forms of stress management training for cancer patients undergoing chemotherapy*; Journal of Clinical Oncology; Vol. 20; p.2851-2852.

King, C., R., Hinds, P., S., (2012) *Quality of Life: From Nursing and Patient Perspectives*; 3rd Edition; Jones& Bartlett Learning; London.

Kissane, D., W., (2007) *Letting Go of the Hope That Psychotherapy Prolongs Cancer Survival*; American Society of Clinical Oncology; Vol. 25(36); p.5689-5690.

Kosterich, J., (2010) *Cancer is a Word, Not a Sentence - Different Ways of Looking at Cancer*; Retrieved 27th April 2014; from: <http://ezinearticles.com/?Cancer-is-a-Word,-Not-a-Sentence---Different-Ways-of-Looking-at-Cancer&id=3842508>

Kuchler, T., et al, (2007) *Impact of Psychotherapeutic Support for Patients With Gastrointestinal Cancer Undergoing Surgery: 10-Year Survival Results of a Randomized Trial*; American Society of Clinical Oncology; Vol. 25 (19); p.2702-2708.

Lazar., S., G., (2010) *Psychotherapy Is Worth It: A Comprehensive Review of Its Cost-Effectiveness*; American Psychiatric Publishing; Arlington.

Lechner, S., C., et al., (2006) *Curvilinear associations between benefit finding and psychosocial adjustment to breast cancer*; Journal of Consulting and Clinical Psychology; Vol.74; p.828-840.

Lemon, J., Edelman, S., (2003) *Perceptions of the "mind-cancer" relationship among the public, cancer patients, and oncologists*; Journal of Psychosocial Oncology, Vol. 21;p. 43-58.

Mayo Clinic, (2013) *'Quality of Life' Therapy Improves Health During Cancer Treatment, Mayo Clinic Finds*; Retrieved March 20th, 2014; from <http://www.mayoclinic.org/news2013-rst/7325.html>

Moyer, A., et al, (2012) *Mediators of Change in Psychosocial Interventions for Cancer patients: A Systematic Review*; Behavioural Medicine Journal; Vol. 38(3); p. 90-114.

Mukharjee, S., (2010) *The Emperor of All Maladies: A Biography of Cancer*; A Division of Simon and Schuster, Inc.; New York.

Murray, R., (2006) *How to write a Thesis*; 2<sup>nd</sup> Edition; New York; Open University Press.

Nee, P., W., (2013) *The Key Facts on Cancer Types: Everything You Need to Know About*; Medical Center; Boston.

O'Donohue, W., et al, (2005) *Behavioral Integrative Care: Treatments That Work in the Primary Care Setting*; Brunner Routledge; New York

Paddock, C., (2011) *Measuring Quality Of Life Important In Cancer Survival Research*; Retrieved 14th March 2014, from :  
<http://www.medicalnewstoday.com/articles/236810.php>

Penedo, F., J.,R, et al, (2006) *A randomized clinical trial of group-based cognitive-behavioral stress management in localized prostate cancer: development of stress management skills improves quality of life and benefit finding*; Annual Behavioural Medicine; Vol.31; p.261-270.

Price, P., et al, (2008) *Treatment of Cancer*; 5th Edition; CRC Press Taylor and Francis Group; New York.

Purkop, R., Rhese, B., (2003) *Effects of psychosocial interventions on quality of life in adult cancer patients: meta analysis of 37 published controlled outcome studies*; Patient Educ Counsel; Vol. 50; p.179-186.

Pynn, C., T., (2012) *One Man's Life-Changing Diagnosis: Navigating the Realities of Prostate Cancer*; Demos Medical Publishing New York.

Richardson , M., A., (1999) *Research of Complementary/Alternative Medicine Therapies in Oncology: Promising but Challenging*; American Society of Clinical Oncology; Vol. 17(1) ; p.38-43.

Saxton, J., Daley, A., (2010) *Exercise and Cancer Survivorship: Impact on Health Outcomes and Quality of Life*; Springer Science + Business; New York.

Sessions, R., B., (2012) *The Cancer Experience: The Doctor, the Patient, the Journey*; Rowman & Littlefield Publishers Inc.; Plymouth.

Sheard, T., Maguire, P., (1999) *The effect of psychological interventions on anxiety and depression in cancer patients: result of two meta analyses*; British Journal Cancer; Vol. 80(11); p.1770-1780.

- Spiegel, D., et al, (1989) *Effect of psychosocial treatment on survival of patients with metastatic breast cancer*; Lancet; Vol.334 (8668); p.888-891.
- Spiegel, D., Classen, C., (2000) *Group Therapy for Cancer Patients: A Research-based Handbook of Psychosocial Care*; Basic Books; New York.
- Spiegel, D. (2004) *Commentary on "Meta-analysis of the effects of psychosocial interventions on survival time and mortality in cancer patients," by G. Smedslund & G. I. Ringdal*; Journal of Psychosomatic Research; Vol.57, p.133–135.
- Spiegel, D., Giese-Davis, J., (2004) *Examining the evidence that psychotherapy improves the survival of cancer patients: Reply*. Biological Psychiatry Vol. 56;p. 62–64.
- St. Vincent's Health Care, (n.d.) *What is Psycho-oncology?*; Retrieved March 18th , 2014, from:[http://www.stvincents.ie/Departments/Psycho\\_oncology\\_Department/What\\_is\\_Psycho\\_oncology.htm](http://www.stvincents.ie/Departments/Psycho_oncology_Department/What_is_Psycho_oncology.htm)
- Watson, M., Kissane, D., (2011) *Handbook of Psychotherapy in Cancer Care*; John Wiley & Sons, Ltd.; Oxford.
- WHO (World Health Organisation), (2014) *Cancer*; Retrieved March 14th 2014, from: <http://www.who.int/mediacentre/factsheets/fs297/en/>
- Winston, A., (2012) *The Nuts and Bolts of Supportive Psychotherapy*; Psychiatric News; Retrieved 14th March 2014, from: <http://psychnews.psychiatryonline.org/newsarticle.aspx?articleid=1182481>
- Wise, T., N., et al, (2013) *Psycho-Oncology*; American Psychiatric Association; Arlington.
- York Hospital Oncology and Infusion Care Team, (n.d.) *My journey*; Cancer Patient Handbook; Retrieved March 18th 2014, from: <http://www.yorkhospital.com/uploads/pdf/ONCOLOGY-PATIENT-HANDBOOK.pdf>