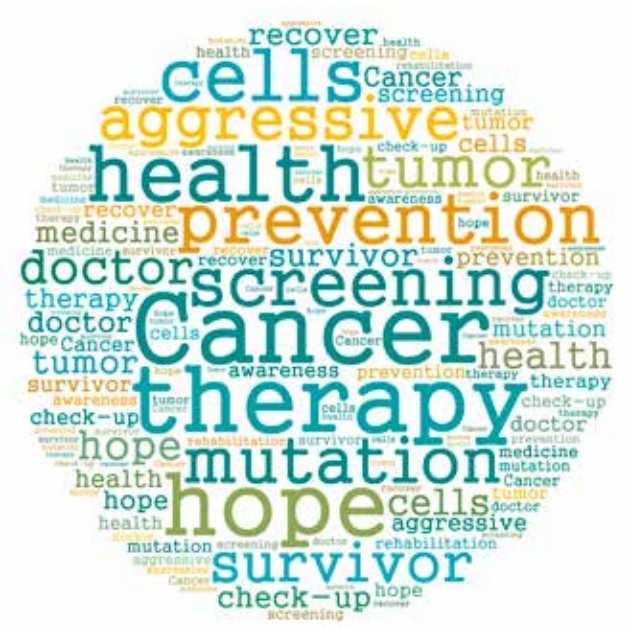
# Counselling and The Big C

*Roisin Whelan*




*Although a diagnosis of cancer may not mean a death sentence, counselling a client who has been diagnosed with cancer involves working with loss and the grief associated with that loss (Barraclough, 1999; Guex, 1994; Wiggers et al., 1990)*

**Introduction**

It has been said that many therapists and counsellors are drawn to their work from their own life experiences (Tartakovsky, 2016). We all carry with us our story with the hope that our experiences will help our clients to grow and to heal (Black & Kennedy, 2010). The stories we carry not only influence how we work with clients, they keep us focused and remind us of why we choose this path (Wheeler, 2007).

This article is drawn from a piece of research I conducted for my undergraduate degree. My own story was the reason I chose to research the subject of cancer, as thirteen years ago I too was a patient. What was highlighted to me at the time of my illness was the lack of emotional and psychological support available. When you're diagnosed with cancer, the focus is on the physical effects (Kelley et al., 2014, Larsson et al., 2011; Street et al., 2009). What wasn't highlighted were the psychological and emotional effects both during and after treatment, and for me they were the most difficult to come to terms with (Whelan, 2013).

The aim of this article is to explore and identify factors, which may enhance the skill set and the effectiveness of counsellors working therapeutically with cancer patients. Conjointly, this article briefly discusses the different psychological issues that clients present with, the therapeutic approaches used by psychotherapists and both the benefits and stressors that exist for those working therapeutically with people diagnosed with cancer.

**Cancer in Ireland**

Cancer is the second most common cause of death in Ireland (NCRI, 2013). Furthermore the risk of developing cancer is increasing by approximately one percent every year while the risk of dying of cancer is falling by the same amount, thus highlighting the increased rates of cancer survival (ICS, 2013).

Statistically in Ireland one person in every three will develop cancer during their lifetime - that equates to thirty thousand people every year (NCRI, 2013). The National Cancer Registry (NCRI) predicts that this number will increase to forty thousand by 2020.

**Issues Relating To A Cancer Diagnosis**

According to Guex (1994) feelings of anguish, worthlessness and depression are classic reactions for someone who has been diagnosed with cancer. Death anxiety, fears of recurrence, social isolation, decreased physical energy, and alterations to body image are further issues a cancer patient will face (Dankert et al., 2005; Holland, 2003).

Since the formal development of psycho-oncology in the 1970s of research has focused on the

psychological impact of cancer on a patient and the effect of psychological interventions (Moorey, 2013; Holland, 2000). To date a number of studies have been conducted on medical staff and palliative care teams experiences' of working in an oncology and palliative care setting (Rassouli et al., 2015; Quinn, 2003; Comer, 2002). Unfortunately there is limited research relating to psychotherapists' working knowledge of working in an oncology setting, as well as their experiences working with clients who have been affected by cancer.

**Emotional Support & Referral Process for Cancer Patients**

As previously mentioned, cancer rates are increasing and with the population growing older and advances in technology, cancer patients are living longer. Therefore the likelihood of therapists working with cancer patients is increasing. The need for psychological support for cancer patients is clearly highlighted in the research (Bor, 2010; Barraclough, 1999; Greer, 1984). Few patients and their families who suffer high levels of distress are referred for further psychological support (Hutchison, 2010; Pascoe, 2000). This would suggest that based on so few referrals, there may be an increasing number of cancer patients and families who seek counselling support (Carlson et al., 2004; Greer, 2002; NHS, 1996).

An Irish study entitled 'Psycho-oncology best practice guidelines and a service perspective', found that "ongoing prioritisation of referrals is essential and patients not categorised as priority patients may be invited to attend psycho-educational/group interventions and may avail of the psychosocial support offered by other departments" (Coleman, et al., 2011, p 85). Although this does not specify independent counsellors and psychotherapists, it does suggest that cancer patients are offered adequate support on some level.

*The aim of this research study was to gain an understanding of the participants experience of working therapeutically with cancer patients.*

**Working therapeutically with cancer patients**

Although a diagnosis of cancer may not mean a death sentence, counselling a client who has been diagnosed with cancer involves working with loss and the grief associated with that loss (Barraclough, 1999; Guex, 1994; Wiggers et al., 1990). Every person will experience feelings of loss at some stage during their cancer journey (Anderson, 2002). One of the aims of this research was to show that working with clients who have cancer or those who are terminally ill poses different issues than working with someone who is bereaved. The predominant difference to working with bereavement is that the psychotherapist will not have known the person who has died.

Reflective practice and supervision are essential in order for psychotherapists to consider ways to remain curious and creative (McLean, 2011). If psychotherapists do not take care of their own self-care, it may be difficult for them to care for others. It has been noted by Gilchrist and Hodgkinson (2008) that although working with cancer patients can be rewarding it can also create high levels of burnout in psychotherapists.

Several theoretical frameworks exist which can help psychotherapists working with ill populations and those experiencing death anxiety, the most common being Cognitive Behavioural Therapy (CBT), Person Centred Therapy (PCT), Mindfulness Based Stress Reduction (MBSR) and Group Therapy. By conducting this research the author hoped to explore which model may be beneficial to include in the basic training of counselling and psychotherapy courses for issues relating to cancer, whilst possibly highlighting more useful interventions for those working with cancer patients.

This writer believes that an integrative approach to counselling a person with cancer would be most appropriate. A fusion of the person centred approach and CBT, or two contrasting modes of functioning which give the client the opportunity to come in and out of the emotional aspects, while dealing with practicalities of their current situation.

**Methodology**

The aim of this research study was to gain an understanding of the participants experience of working therapeutically with cancer patients. All participants were female psychotherapists and psychologists, ranging in age from 25 to 65 years. All had experience working in the area of oncology varying from 11 months to 17 years. All therapists that participated in this research project had

experience working therapeutically with cancer patients in a hospital setting, with two participants working with cancer patients and their families in a private setting. Regarding their training, one participant held a Higher Degree in Counselling and Psychotherapy, one participant was a fully trained Group Analytic Psychotherapist, and one was studying for a doctorate in Counselling Psychology.

The in-depth semi structured interviews were approximately twenty to thirty minutes long. Ten open questions were posed to the participants and interviews were recorded using a Dictaphone and later transcribed verbatim. These questions where derived from the review of the literature, and included topics relating to referrals, client issues, interventions and the joys and pitfalls of working in the area of cancer. Transcripts were analysed using Thematic Analysis (TA), a qualitative method used for 'identifying, analysing and reporting patterns (themes) within data' (Braun & Clarke, 2006).

*According to the participants, men tended to be more stoical and usually prefer treatments that do not require them to reveal too much about themselves.*

### The Findings

The key findings of this study that will be discussed in this section are referrals, presenting issues, the therapeutic process, therapists' needs, and the benefits and stressors of working in the field.

### Referral Process

The participants all spoke about the referral process of clients. In a hospital setting, some participants spoke about how the patients referred to them were first assessed by their consultant or clinical nurse specialist, and then signed off by a medical doctor. Patients that were distressed but not assessed as requiring psycho- oncology services were not mentioned. This would suggest that there are a number of moderately distressed cancer patients in Ireland whose needs are over looked, which supports the current literature showing that few patients and their families are referred for further psychological support (Hutchison, 2010; Pascoe, 2000).

Participants that worked in a private capacity reported working with both a mix of cancer patients and their families. The referrals received were through other psychologists in hospitals, by former patients, friends and family, or doctors that had previously referred patients. Participants highlighted that the majority of these patients were extremely distressed, anxious and dealing with end of life issues. Once again, this finding supports the literature which suggests that moderately distressed cancer patients may not be provided with psychological support, and that patients may be offered other psycho-educational/group interventions and psychosocial support offered by other hospital departments (Coleman et al., 2011). This shows that both psychotherapists working privately and in a hospital setting reported that clients can be overlooked and may not be receiving psychological support. Furthermore, it highlights the need of psychotherapists to be equipped with the skills to work therapeutically with this cohort of patients if they present to counselling.

### Presenting Issues

Participants reported loss as a major topic presenting with clients affected by cancer. Loss related to different aspects of the clients life post diagnosis. When relating loss to treatment, there may be a loss of body structure, of body function and disfigurement (Barraclough, 1999). The participants mentioned how appearance issues like hair loss, physical scars, weight loss, or weight gain can be particularly distressing for clients.

Other issues reported placed an emphasis on the practicalities of having the disease. This related to patients worrying about telling the kids, or how they would tell their partner. The social factors highlighted further issues for cancer patients the fact that people are often dependent on two people working for a mortgage or other financial matters. The current literature indicates that financial stress from a cancer diagnosis can severely affect the psychological well being of cancer patients (Sharp et al., 2013). It also suggests that cancer patients with financial burdens have adverse health outcomes, and have a poorer quality of life compared to those who are financially secure (Whitney et al., 2016). This shows us that experiencing financial stress further exasperates feelings of anxiety and distress in cancer patients.

The participants described clients having no control be it over their

body, the illness itself and/or their treatment or their future. Perceived control over their disease, and patients having a sense of loss of control has been documented in the literature (Chapple et al., 2004; Jenkins & Burish, 1995; Wallston et al., 1987). Death anxiety was identified as a predominant theme and continued through every aspect of each the individual interviews.

The participants indicated that whilst working therapeutically with clients who have a cancer diagnosis, therapists need to be aware of vast amount of issues relating to cancer, terminal illness and death. Jevne and Miller (1999) suggest that clients who have been diagnosed with cancer, or those who are currently going through treatment or in remission require someone who is not afraid of cancer or death.

Presenting issues reportedly differ depending on gender showing that men are less willing than women to seek support in situations where they need help for physical or emotional issues (Winerman, 2005). According to the participants, men tended to be more stoical and usually prefer treatments that do not require them to reveal too much about themselves. Instead of 'talk' therapy, it was revealed that mindfulness and meditation groups work well with male cancer patients because they do not rely heavily on discussing their emotional responses to cancer.

This finding corresponds well with the current literature, suggesting that men prefer to receive more factual, scientific information rather than emotional support (Bergerot et al., 2014; Hagedoorn et al., 2000). This suggests that when working with men, therapeutic processes need to be tailored so that the focus is not solely on the emotional responses to cancer.

*It is essential for the therapist to understand their clients' perspective. To do this, it is vital for a therapist to consider the challenges that a client will face during their various stages of treatment. The loss associated with a cancer diagnosis triggers one to question the meaning of their existence.*

**Therapists Needs & Experiences**

Participants reported using a plethora of therapeutic approaches from CBT, Humanistic, and Gestalt to Emotion Focused Therapy and Compassion Therapy. All therapists acknowledged having a basic humanistic approach. Although CBT was indicated as an effective first-line treatment for working therapeutically with cancer patients in the current literature (Greer, 2002), the participants viewed their approach as being pluralistic, tailoring therapy to the needs of individual clients (McLeod & Cooper, 2007).

All therapists were unified when they spoke about the importance of building a solid therapist/client relationship and providing a supportive environment where the client can talk about their responses to cancer. The emotional support provided by therapy has been linked to a positive outlook and wellbeing of the patients (Shanker et al., 2013; Montgomery & Schnur, 2010; Speigel et al, 1989; Yalom, Speigel & Bloom, 1981).

The participants' view on self-care, and the importance of looking after ones psychological well-being was found to be significant to their personal and professional lives. Firstly, it highlighted the importance of having good quality supervision and personal therapy. Moreover it emphasised the need for therapists to know themselves and to recognise when they needed timeout. Feelings of stress, exhaustion and dissatisfaction have been identified as causing burnout, severe anxiety and depression amongst those working in the area of oncology (McLean, 2011; Jones et al, 2010). There is an emphasis on the importance of self-care in the literature with one study indicating that burnout can lead to emotional withdrawal from patients (Ghetti et al., 2009). If therapists do not pay heed to their own self-care, it may be difficult for them to care for others.

Interestingly the majority of participants recognised that training in the area would require them to gain hands on clinical experience. With a high number of inpatients being referred to psych-oncology services (Coleman et al., 2011), and the limiting size of the psycho-oncology departments there seems to be a growing need for cancer support. Despite the prevalence of cancer, there are only a limited number of training courses available in Ireland. The current statistics state that cancer rates are increasing (ICS, 2013) therefore it may be useful for current training programs to have a focus on cancer support.

**Conclusion**

Although the physical aspects are addressed, there is little support available for people suffering with

the emotional difficulties of such a disease. As with all forms of psychotherapy, it is essential for the therapist to understand their clients' perspective. To do this, it is vital for a therapist to consider the challenges that a client will face during their various stages of treatment. The loss associated with a cancer diagnosis triggers one to question the meaning of their existence. Although there is an individualistic piece to how one relates to a cancer diagnosis, there is a need for all therapists to be equipped with the basic skills to work therapeutically with clients coping with a cancer diagnosis. This writer is aware that this was a small piece of research and recognises the need for further studies to be conducted with the hope that it may encourage psychotherapy-training colleges to provide adequate courses to their students and contribute to improving the emotional support for cancer patients.

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**Roisin Whelan**

Roisin Whelan BA (Hons) is the director at Mindworthy. She has a special interest in the area of cancer support but works with clients struggling with various types of issues. Roisin often gives talks on patients' experiences of cancer and for the last number of years she has been added to the curriculum as a guest lecturer on patient care to the students of Radiation Therapy in Trinity College Dublin. She can be contacted via her website - mindworthy.ie.