Psychoanalysis, Oncology Patients, and Fear of Death

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*Facing Cancer and the Fear of Death: A Psychoanalytic Perspective on Treatment* Edited by Norman Straker
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Abstract

It may seem strange to think about, but as a group, people living in the 1950s and 1960s were considered more interesting, more complex, deeper, and had richer lives than people living today. They were endowed with a subjectivity that all embraced. People generally in the United States, United Kingdom, and Western Europe, especially in large cities, accepted the easily demonstrated fact that they had emotions, ideas, and beliefs about themselves and others that were not easily accessible to consciousness. They often acknowledged that the content of these thoughts, unacceptable to the persons in their daily lives, were actively repressed by mental mechanisms. Knowledge of this unconscious domain was largely a consequence of the work of Sigmund Freud starting just before the 20th century. Similar ideas had been expressed in previous decades, but Freud's work was expanded and elaborated by many, many others. This work was widely accepted both in and out of medicine. It was believed, with good evidence, that psychic determinants played a part in the origin of much organic illness. There seemed no question, again with good evidence, that there were unconscious origins of behavior in patients with serious and fatal diseases such as malignancies. Ignoring this emotional material often badly prejudiced the course of the patients' trajectory toward death (or recovery). A field of psychiatry, psychoanalysis, was developed on the basis of (what was called) depth psychology and became influential in many medical schools and institutions. Psychoanalysts required long rigorous training and followed a formal mode of treatment.

It is some 60 years and more later, and one can ask whatever happened to the unconscious? Where did it go? Where did psychotherapies based on the ideas of the first 60 years of the 20th century go? Psychoanalysts are more often psychologists and social workers rather than physicians and they have a hard time making a living although institutes teaching psychoanalysis remain. The rich ideas that arose with the realizations born of the depth psychologies are now mostly found in the humanities where subjectivity and the subjective life continue to be honored.
Since the 1950s, science and the scientific worldview have grown in influence pari passu, with huge increases in the National Institutes of Health budgets and the medical science establishment. Medical schools are staffed by full-time faculties, primarily medical scientists. Departments of psychiatry shifted to a diagnostics and statistics manual understanding of mental illness and primarily psychotropic drug therapy. American culture has become overwhelmingly influenced by science and its ideals. Science depends on linear thought based on the step-by-step acquisition of objective evidence. Subjectivity and subjective evidence are always suspect. In medicine, primarily statistical methods have refined the precision of diagnostic and therapeutic evidence. This thinking and these methods have worked—medicine has never been so effective in the treatment of disease. Furthermore, the belief is that in scientific medicine, it is the knowledge that makes the diagnosis and serves as the grounds for the treatment. It is a matter of belief that the individual physician is not what is important; it is rather the knowledge and the diagnostic and therapeutic methods that make medicine what it is today. In general, individuals are devalued.

Onto this scene comes Norman Straker's book, the avowed purpose of which is "to recognize the role that 'death anxiety' plays in all aspects of health care." Dr. Straker is far too modest. He takes for granted all the knowledge that he and his psychoanalytic associates have about the role emotions, repressed ideation, and unconscious goals and conflicts play in the presentation, course, treatment, and outcome of fatal or potentially fatal disease. He knows these things, but doctors who treat cancer (as an example) are overwhelmingly not aware of the psychic determinants of their patients' illness. How this person's cancer presents; how that person deals with the idea that she or he might die, why this family and patient refuse to accept the need to stop sick making but otherwise futile treatment. His book is primarily directed at mostly psychoanalytic psychotherapists and his authors are often psychoanalysts. Psychoanalysis is a mode of psychotherapy that is quite formally structured, and Dr. Straker presents cogent reasons why these formal methods should be altered in the care of the dying patient. The case histories that illustrate the text are interesting and informative. This book might be considered a text in the field now called psycho-oncology. I do not believe that anyone in that field would argue with the statement that all of clinical oncology—treatment of patients with cancer—is psycho-oncology. Nobody leaves their emotional life behind them when they develop serious disease, face death, consider leaving loved ones behind, or even when they develop a relationship with the doctor who will treat their disease. Failure to be aware of these vital aspects of being a person—psychological and physical goals and purposes that have been crucial in the patients' lives—simply makes for poor and inadequate treatment. Even the primary goal of so much treatment—survival—points to therapeutic tone deafness. No one (except perhaps combat soldiers) gets up in the morning just to survive; people wake up to live their lives. No life is lived in body alone. We are of a piece; whatever happens to one part happens to all. Everything physical is also emotional and vice versa. All persons, sick or well, do not act because of the nature of things, but because of the meaning of things. All meanings contain emotional elements and physical aspects down to the molecular, in addition to the cognitive level.

Whatever quibbles I may have with Norman Straker's too ready acceptance of things such as "death anxiety" or "terror management" are nothing compared with the importance of the rich life of patients that he reminds is too often disregarded in the treatment and care of the very sick.

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