

Denial in prostate cancer patients

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Denial is a normal psychological state of mind. We deny the existence of famine in the world when we eat every day despite knowing that there is hunger in the world or when having problems or negative situations in our lives go out and carry on a normal life. Denial is defined by psychologists as a coping strategy consisting in omission of facts which could be painful if they were conscientiously accepted. It seems that the human beings need to refuse some negative facts to survive, at least psychologically, from stressful events.

One of the areas where denying is common disease, overall serious diseases, those that will substantially change the life of the affected persons. Sometimes it occurs as a first reaction to the diagnosis. However we find denial in many stages of the disease. In cancer it is not infrequent. Denial can occur even before diagnosis of prostate cancer, overlook signs or evidence and show reluctance to check doubts by doctor visits. Some people are barred mentally to pain, discomfort or changes in some personal functions and simply say "nothing has happened", "let me go", or based on previous experiences ("I had a pain last year and it turned out to be nothing "or" my brother had that, and in the end it was just nonsense"). In diseases such as cancer a paradox occurs even though the time spent in this situation, relying on other treatment options, may lead to an uncontrolled growth of the tumor and therefore endanger healing.

As on diagnosis it is not uncommon to find patients that are blocked by the information and pass a denial phase based on disbelief ("it cannot be true", "it was not going to be me" or "you must be mistaken, I feel great"). This last example may be because the disease is often detected in very early stages thanks to current developments, but then the person has not had disease check-ups and has kept on denying. In prostate cancer there is another factor added to this. In some patients, symptoms may be confounded with other normal situations such as old age. Some men and even their wives/companions and families label these symptoms as normal, usual or not strange if they have urinary or sexual problems. It is not exactly a denying attitude, because some truly think of these problems as normal at their age. However if it persists long in time then men may be denying worrying about it.

Types of denial

Denial can take various forms:

TOTAL: It is rare today because there is a lot of information in the media about oncological diseases. However, we still find men who do not initiate conversations about what is happening to them or ask or express any intention to know any further information on their situation. This extreme reaction could be a problem if it leads to refusing treatment. Some years ago it was more typical of patients who received information about prostate cancer as being a benign inflammation or breast cancer as a benign lump of fat. If these alternatives were used with the intention to ease the problem, it often resulted in rejections to undergo any treatment, in such cases it was necessary to change the information in order to have a truer interpretation of the situation.

PARTIAL: It is quite frequent. There are patients that support the diagnosis but not entirely. They underestimate an initial diagnosis especially if it is a small tumor in the prostate. They deny the possibility of no recovery. What they are denying is the possible consequences of not taking the matter seriously. The crux of the issue is therefore the prognosis.

INTELLECTUALIZED: This model is growing. The current trend is to give a lot of information, including jargon which means that the diagnosis is not clear for several patients. We find, for example, men with prostate cancer who respond automatically with expressions learned by heart such as "prostate carcinoma" when asked if they have any information, and even give a detailed explanation of their Gleason number or other medical characteristics. The way to respond with words learnt by heart makes us realize that they have not entirely comprehended the meaning of those words. The information given to the patient should be adapted to the capabilities of comprehension of each patient. Much care is required in the case of advanced stages of the disease. It is likely that if patients are given a huge amount of information and/or it is formulated in an excessively technical language, so it is unlikely that it will be fully understood by the patient.

Denial is a dynamic state of the mind. Some men begin the illness process by denying it, and after a period of time (especially if anxiety decreases) they are more prone to assume it is a prostate cancer. Other persons accept it from the start, but begin to deny when the illness reappears, sometimes when it means they won't be cured. In other men it never appears or in others denial is a constant phenomenon during the entire clinical course. Denial of psychological suffering

Until now we have been referring to the nature of medical information, but there is a more complex form of denial: the denial of psychological distress due to prostate cancer. Some patients refuse to admit the fear, anxiety and uncertainty that they feel. In prostate cancer this kind of denial is quite frequent. Men are told to be strong, not to be frail or verbalize negative emotions and cry much less. That is nothing that could mean weakness. Even if this trend is changing, it persists in our societies, depending on cultural backgrounds. In this sense they are at risk of not having their needs met in terms of psychological support not only professionally, but also by their families and friends. It is difficult to seek for help without verbalising aloud feelings, anxiety or having fear or feeling that their self-esteem as men has been damaged. Men are more used to explaining corporal body and physical discomfort than psychological or emotional feelings. Some even try to have a positive look, which is not bad if they really feel that way. Although it is not a correct attitude to risk life as it could have subsequent psychological consequences for the patients and also for their wives and families. Some of these prostate cancer patients' express bad emotional feelings and not only at home. In any case, if they refuse emotional or psychological problems due to cancer they are neglecting the need for help or specialized support.

Can Denial be a positive attitude?

Denial is regarded as a way to positively avoid suffering. It means that some prostate cancer patients may prefer to live their lives without contact with their illness and, especially when they are cured, try to enjoy life to its fullest. In this case, denial is not a bad attitude, but a different way to live and cope with cancer. If men don't flee from reality and go regularly to their doctor, and do PSA tests when they are needed, we would say that denial is not a problem. Therefore this attitude is viewed as positive. It doesn't lead to avoid being aware of the monitoring requirements in the clinical course or after treatment. They are people who respect their medical needs, and new possible symptoms, but do not engage in prostate cancer or supporting groups, and the subject is not part of their normal activities. Psychological reactions to prostate cancer are individual and unique to each man and should be respected as such. However, when these lead to abandoning medical or psychological monitoring, we can say they definitively need some help.