

Cancer, Death and Mindfulness: A Brief Review

AM Tacon*

**Department of Health, Texas Tech University, USA.*

Received October 12, 2018; Accepted November 05, 2018; Published January 10, 2019

ABSTRACT

Patients suffering with chronic conditions, such as advanced cancer, must deal with the deteriorating reality of losses and grieving almost daily as their condition worsens, treatments and side effects take their toll and they struggle with a precarious future and possible death. Indeed, the challenge of living with a terminal disease likely triggers existential issues and death anxiety, yet unfortunately, research tends to focus on interventions for the bereaved---not for the patient who is staring death square in the face. One intervention that may hold promise for the dying patient is mindfulness-based stress reduction, of which a plethora of cancer studies indicates its effectiveness in significantly reducing scores on: stress levels and symptoms, anxiety and depression, cancer distress, pain levels and pain anxiety, existential well-being, and death and dying distress. Future studies as to the efficacy of mindfulness interventions for terminal disease populations are needed where loss, grief, and death concerns are common.

Keywords: Cancer and mindfulness, Death and dying, Mindfulness intervention, Grief, loss and cancer, Dying distress intervention

INTRODUCTION

In 2009, the Nomenclature Committee on cell death A diagnosis of cancer elicits greater distress than any other diagnosis, regardless of prognosis, for humans fear pain and death since they are the ultimate threats to our survival and existence [1,2]. Each year, around 600000 Americans die from cancer, and breast cancer is the second most common cancer in the world, as well as the most common cancer in women [3]. Psychological anguish is common in terminally ill persons and can be a source of great suffering. The experiences of dying cancer patients may be described by what happens before, during, and after the transition from---living with and, often, being treated for advanced stages of cancer---to being cared for while dying from cancer [4]. Chronic illness and terminal disease deplete patients' biopsychosocial and spiritual resources to cope with the forced challenges brought upon them by such conditions, for example, adapting to continual losses. Dealing with multiple losses and grief are experienced by cancer patients as they come to grips with the disease, deal with treatment side effects and struggle daily with a precarious future and possible death [5]. Loss and grieving are natural responses to chronic and terminal illness, yet frequently, research focuses on research or grief interventions for the bereaved---not the patient. Thus, there is a paucity of research and interventions in this area. Mindfulness meditation is an intervention now frequently employed to help cancer patients reduce a variety

of symptoms, which has potential to aid in loss and grief issues facing patients with advanced or terminal cancer. Accordingly, a brief review follows as to mindfulness effects on thanatological issues, that is, death/dying, grief and loss factors.

THE WORRY OF DEATH

Patients with chronic illnesses, such as advanced cancer, may be aware of impending death by their worsening condition, which triggers existential issues [6]. Generally, the term, death anxiety, is used to conceptualize the worry generated by this death awareness, of which, Yalom, saw death fear as a primitive, pervasive and deeply held dread of non-existence [7,8]; and, not only are thoughts about death and loss common in palliative care patients, but so too, is suicide [9]. It has been estimated that approximately 80% percent of patients with advanced cancer are plagued with distressing thoughts about death-related issues as dying, loss

Corresponding author: AM Tacon, Ph.D, Assistant Professor, Department of Health, Texas Tech University, USA, E-mail: anna.tacon@ttu.edu

Citation: Tacon AM. (2019) Cancer, Death and Mindfulness: A Brief Review. Int J Clin Case Stud Rep, 1(1): 1-3.

Copyright: ©2019 Tacon AM. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

and grief with associated symptoms of depression and fears of suffering [10-12].

Psycho-oncology researchers describe the difficult dichotomy of “double awareness” for palliative care patients, who try to balance two conflicting mindsets: remaining engaged and enjoying what remains of their life, while being aware of their near-certain physical deterioration and death [13]. Not surprisingly, death concerns negatively impact quality of life remaining [14]. In cancer, the medical team’s focus is stabilizing the patient’s physical condition and relieving symptoms (pain, nausea, vomiting, etc.). Unfortunately, patients’ common psychosocial-spiritual suffering with death-related issues likely is neglected; hence, interventions are needed to attend to such needs of the dying [15-17].

MINDFULNESS AND DEATH-RELATED FACTORS

Kabat-Zinn’s eight-week psychosocial mindfulness stress reduction and relaxation program originated at the University of Massachusetts Medical Center in the late 1970s [18]. Basically, mindfulness is cultivating awareness each present moment. It is the disciplined practice that fosters detached, nonjudgmental witnessing of thoughts, perceptions, sensations and emotions, which provides a means of self-regulating one’s arousal and awareness [18]. For example, rumination and catastrophizing are the opposite of mindfulness which exemplifies an intentional focus on the present moment where an individual accepts each moment non-judgmentally rather than worrying about the past or the future. Several mindfulness techniques are taught that include: breathe awareness, yoga, sitting meditation, mindful eating and walking meditation [18]. A plethora of cancer studies indicate that the MBSR is effective in significantly reducing scores on: stress levels and symptoms, anxiety and depression, cancer distress symptoms, insomnia, fatigue, pain anxiety and pain catastrophizing, existential well-being and mental adjustment to cancer [5,19-22]. Minimal research exists as to mindfulness effects on factors in the field of thanatology or death and dying, loss and grieving.

Specifically, only two MBSR studies have examined death-related factors in women with breast cancer. The first study of 65 women with breast cancer explored pre-post effects of a traditional eight-week mindfulness-based stress reduction intervention (MBSR) on scores for existential well-being, total self-identified losses and grief; additionally, a six-month follow-up determined intervention maintenance [5]. Data on the revealed significantly improved scores for all measures and six month follow-up revealed that 88% of the 58 respondents reported continued use of mindfulness strategies. The second study involved the use of a new measure of death anxiety known as the Death and Dying Distress Scale (DADDS) [21]. Specifically, 42 women with breast cancer participated in the traditional eight-week MBSR program, pre-post intervention design, where data

were collected on death anxiety, pain anxiety, existential well-being and the death attitude of death as an escape. Results showed significant improvement for death anxiety, pain anxiety and existential well-being post the intervention, yet the scores for the death attitude of escape did not reach significance.

In conclusion, more research into the efficacy of mindfulness-based interventions is needed in populations with chronic and/or terminal diseases where thanatological concerns are common. Suffering from psychosocial-spiritual issues about death, dying, grief and loss concerns goes hand-in-hand with physical deterioration by a disease, for humans are both---mind and body.

REFERENCES

1. National Cancer Institute (1997) Cancer Facts. American Cancer Society, Washington, DC.
2. Holland JC, Rowland JH (1989) Handbook of psychooncology: Psychological care of the patient with cancer. New York: Oxford University Press.
3. Breivik H, Cherny N, Collett B, de Conno F, Filbet M, et al. (2009) Cancer related pain: A pan-European survey of prevalence, treatment and patient attitudes. *Ann Oncol* 20: 1420-1433.
4. Cripe, LD, Frankel RM (2017) Dying from cancer: Communication, empathy and the clinical imagination. *J Pat Exp* 4: 69-73.
5. Tacón AM (2011) Mindfulness: Existential, loss and grief factors in women with breast cancer. *J Psychosoc Oncol* 29: 642-646.
6. Barrera I, Spiegel D (2014) Review of psychotherapeutic interventions on depression in cancer patients and their impact on disease progression. *Int Rev Psychiatr* 26: 31-43.
7. Abdel-Khalek AM (2005) Death anxiety in clinical and non-clinical groups. *Death Stud* 29: 251-259.
8. Yalom ID (1980) Existential psychotherapy. New York: Basic Books.
9. Quill TE (2008) Suicidal thoughts and actions in cancer patients: The time for exploration is now. *J Clin Oncol* 26: 4705-4707.
10. Cherny NI, Coyle N, Foley KM (1994) Suffering in the advanced cancer patient: A definition and taxonomy. *J Palliat Care* 10: 57-70.
11. Grossman CJ, Brooker J, Michael N, Kissane D (2018) Death anxiety interventions in patients with advanced cancer: A systematic review. *Palliat Med* 32: 172-184.
12. Lo C, Zimmermann C, Rydall C (2010) A longitudinal study of depressive symptoms in patients with metastatic gastrointestinal and lung cancer. *J Clin Oncol* 28: 3084-3089.
13. Rodin G, Zimmermann C (2008) Psychoanalytic reflections on mortality: A reconsideration. *J Am Acad Psychoanal Dyn Psychiatry* 36: 181-196.

14. Bahrami N, Moradi M, Soleimani M, Kalantari Z, Hosseini F (2013) Death anxiety and its relationship with quality of life in women with cancer. *Iran J Nur* 26: 51-61.
15. Firestone R, Catlett J (2009) *Beyond death anxiety: Achieving life-affirming death awareness*. Springer Publishing, New York.
16. Mansori YK, Dolatian M, Shams J, Nasiri M (2017). Relationship between death anxiety and spiritual well-being in patients with gynecologic cancer. *Adv Nurs Midwifery* 27: 28-34.
17. Neel C (2015) Determinants of death anxiety in patients with advanced cancer. *BMJ Support Palliat Care* 5: 373-380.
18. Kabat-Zinn J (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness*. Dell, New York, NY.
19. Carlson L (2016) Mindfulness-based interventions for coping with cancer. *Ann N Y Acad* 1374: 5-12.
20. Creswell D (2017) Mindfulness interventions. *Annu Rev Psychol* 68: 491-516.
21. Tacón AM (2013) Present moment effects: Pain, distress and cancer. *Adv Ca Rsh Treat* 1: 1-11.
22. Rouleau C, Garland S, Carlson L (2015) The impact of mindfulness-based interventions on symptom burden, positive psychological outcomes and biomarkers in cancer patients. *Ca Manage Rsh* 7: 121-131.