

Section: PPT cases

CANCER AS A DEATH SENTENCE: HOW TO ACCEPT THE INEVITABILITY OF DEATH AND FINALLY BEGIN TO LIVE HERE AND NOW DURING THE LAST YEAR



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Abstract

The article describes the application of Positive Psychotherapy in the example of work with an oncology patient. PPT tools were used to support the patient in the current situation, overview set concepts, reduce the level of fear and support towards dying. The case description is based on the balance model. At the end is presented a case analysis through conflict dynamics, as well as an analysis of 3 stages of interaction. Transferences and counter-transferences of both the specialist and the patient are also described.

Keywords: Positive Psychotherapy, psychodynamic psychotherapy, psychosomatic, cancer, life and death, mourning

Introduction

In the article it is presented the case of the oncology patient within the psychological counseling work in an Oncological clinic. Initially, the work was based on a psychodynamic approach, because the patient was going to fight to the end, denying the deadlines set by the doctors. During this work the patient was able to review her past and build cause-and-effect relationships with the present. Much attention was paid to the search for resources and situational approval not only for the fight against cancer but also for resolving other conflict situations in all 4 areas of the balance model.

The description of the case is similar to a memoir. It was as if the patient wanted to tell someone the story of her life and remember it all again. There were insights, memories, and overestimation of some life actions and situations.

At the last stage, the work was reduced to a supportive conversation, accompaniment in dying. The inspiration at that stage was Yalom's quote from Love's Executioner *"I have heard many dying patients remark that the most awful thing about dying is that it must be done alone. Yet, even at the point of death, the willingness of another to be fully present may penetrate the isolation. As a patient said in "Do Not Go Gentle," "Even though you're alone in your boat, it's always comforting to see the lights of the other boats bobbing nearby."* (Yalom I., 2012)

Methodology

The research describes the work with an oncological diagnosis based on using the tools and techniques of Positive Psychotherapy (PPT) of N. Peseschkian (2016a). The salient point is the identification of conflict dynamics. PPT distinguishes between actual, key, internal and basic conflicts, which are formed through hyper-

developed primary and secondary actual capacities or such actual capacities that need to be further developed.

According to the Balance model when four areas of life: “Body”, “Achievement”, “Contact”, and “Future” are in balance, one can be healthy, wealthy, and able to cope with problems in one's life. Illness is seen as an “escape” into the “Body” area. It can arise when an existing internal conflict can no longer be resolved in the ways that were previously resolved. The repetition of what was once important (the basic concept of the past) and the previous compromise (the basic conflict) leads to an unconscious internal conflict that is actualized in the present. Later, mental, psychosomatic, or physical disorders become an unconscious manifestation of internal conflict. They perform an important function in conflict, becoming the language of the body and soul. This is the basis of the positive interpretation, which attributes a function to the illness and considers the meaning of the disorder specific to the individual patient. (Boessmann U., Remmers A. 2024)

Working with established concepts, reconsidering and expanding those that led to illness, and finding ways to resolve internal conflict by using differently developed actual capacities or developing other actual capacities helps to deal with the inner conflict and discharge its tension, increasing the body's ability to cope with illness.

The case is described according to the 5-stage PPT model (1) Observation - distancing; 2) Inventory; 3) Situational encouragement; 4) Verbalization; 5) Expansion of goals). The patient's state is presented according to the stages of the Kuebler-Ross model. To analyze the quantity dynamics of the patient's state the SF36 test “quality of life questionnaire” and the HADS “anxiety and depression scale” were used.

Case

A person in camouflage, like a military man from ATO (An anti-terroristic operation in Ukraine) entered my office at the Oncological Hospital. After the person said, that she needed to talk to a psychologist, I realized that she was a woman.

I would describe her as a “usual” oncological patient: wearing a cap to hide the baldness and without the eyelashes or eyebrows and showing edema on the cheeks, arms, and legs. I could

imagine that she was not having an easy time of it. She was always dressed in an oversize tracksuit and sneakers, carrying a bag over the shoulder, with a patch of the Ukrainian flag. I paid attention to her lively eyes and emotional speech. She was speaking “surzhik” (the mix of Ukrainian and Russian words) very emotionally and captivatingly. From the first meeting, she started sharing very intimate details of her life. It was like confession in its openness, as if she (Valeria) wanted to “spit it out” through words and get rid of something inside her. She seemed to me like a penitent sinner and I felt myself as a bystander who was forced to listen to the hidden secrets, which were not intended for him.

For me it was easy and pleasant to stay in contact with the client. There were no awkward pauses, which were rather difficult for me to manage at that period of my professional life.

Valeria's main complain at the outset of our work was her huge fear, about her cancer diagnosis and the treatment process. Her request for work was to talk to someone about her current situation, share her fears, and get acceptance from someone else, someone who could understand (in her opinion) what was happening to her.

4 months before our meeting Valeria was diagnosed with a malignant lung tumor in the 4th stage of a cancer that was very aggressive and rapidly developing. Doctors advised that she might have about 2 years till *death*. Valeria worked as a psychologist. And she helped the military from the ATO as a volunteer in eastern Ukraine. I caught myself at the thought that her work was not about “earning” money, but about helping, for the sake of help, recognition, the honorary title of volunteer, which she proudly carried as a flag. Unfortunately, she had been so busy with all this work, that she had missed the right time to make her checkup and start the treatment in time to be cured.

We talked a lot about the lack of money. When we met, Valeria had already retired from her work and got only a small pension. She lived in a communal room. All her activities were focused on raising money to purchase medical supplies to carry out the next treatment cycle, which cost about 6 500 USD.

Nevertheless, Valeria always spoke about her diagnosis with humor and laughed it off. The only thing that bothered her, she said, was severe physical pain, which could not always be relieved with medications. It seemed to me that she was

escaping the information about the finality of her diagnosis and her life.

Valeria's diagnosis was like an invitation letter from Death but she was not ready to die. She said she came to a psychologist to live, to struggle, to look for strength and resources "for life" and to get "on the way to recovery".

Cancer patients very often have so much fear about the future that it is difficult to find the signs of life. (Oncopsychology for oncologists and medical psychologists, 2017) Valeria wanted to live so much that this desire was stronger than her fear of death. This thirst for life was the basis for empathy, connection, and unity. It reflected my thirst for life. Anyway, it took me longer than normal to get into the bonding stage. I felt as if the patient was ready to bond before she even stepped into my office. As if she didn't care who she was with, the main thing was that it was a person who would not reject her attempt to get closer.

Inventory

The topic of war has always been interesting to Valeria. As a child, she had dreamed that she was "Xena the Warrior" (from the serial), the woman who could protect the weak. And Valeria in her childhood strongly required such a Xena in her life. One of her childhood memories was that her father closed the door so that the daughter would not see how he beat her mother.

When Valeria was 5 years old, her parents divorced. Since then, she said, that "her father was just a am image, an empty image." She also told that her mother called her "formal shit," "I hate you so much," "you're disgusting" and other phrases.

At the age of 7, her mother remarried. The stepfather beat Valeria. To my question: "For what?" the answer was "For everything." She had flown under the bed to hide there and cry. But her mom came and "gnawed" Valeria, that woman began to scold her, physically pulled her out of the place where she was sitting, and sometimes also beat her. These memories made Valeria cry and sometimes I also cried with her because it was hard to contain these emotions inside. I had many mixed feelings: sadness for the little child who did not have a safe place in life, and anger at the adults who behaved this way. I also remembered my children and felt how much I loved my parents.

At the age of 16, Valeria ran away from her house and started to live with her biological

father. But from that moment she would hit him with a frying pan when he was drunk.

At the age of 21, Valeria had borne a son. She split up with her son's father, but she said that she had given birth to a child because she wanted neither to live with her father nor to live alone.

In 2016, during one of Valeria's trips to the ATO zone, she met a man. She was 38 years old who was 24 years old. They became a couple and because of him she changed her religion and became Muslim. After a while she became pregnant, but her partner abandoned her because of the unborn child, so Valeria had an abortion. She did not have enough money to raise a child alone and she would not want to do it by herself. Her dreams were about the family and the man, not about the child. She was sure that it was the abortion that caused the depression that she began to experience after that. She felt like she "wanted to rip her own throat out." And the development of cancer was a consequence of the depression. My thought about that situation was that Valeria desired to "tie" a man to her with that pregnancy and thus build family happiness, as she imagined it. But when this did not work out, the pregnancy lost its meaning for her.

Situational encouragement

It was also easy for me to give Valeria encouragement and support. She looked like a little child from an orphanage, who perceives any sign of attention as if you gave him the whole world. Praise for Valeria's achievements was very important to her. During our work, I sincerely and generously praised her successes. At such moments, she seemed to me as a little girl, and I felt like a kind mother or even a fairy godmother. At the same time, the patient gave situational encouragement to me. She shared with me transference images about me in our work. Valeria compared me in our work with her first teacher, her godmother, and also said that for her I was the image of a Real Woman.

One of the main positive interpretations of the cancer diagnosis was that it allowed Valeria to become noticeable. It was like being given permission, indulgence, and liberation from all prohibitions and restrictions. "In the face of death, everyone is equal," but given such a diagnosis "you can be what you would like to be." And at the same time, one could always shift responsibility. Valeria once even said that "the

only thing that is cooler than cancer is death. Then everyone will definitely notice me and love me." Perhaps I should have been horrified because it sounded like a plan for the future. However, it seemed to me that Valeria loved life too much to choose such a way to be "cool" and "noticeable."

Valeria accepted herself as a strong person. She did not feel herself as "a shit in the ice hole" anymore. Being a strong person she was able to allow herself to accept all the words of support, encouragement, and admiration which she dreamed about.

In our work with the image of "a shit in the ice hole," it was transformed into fertilizer for the garden, so the soil would be good for plant growth. Such a metaphor from the patient about herself made me feel ashamed. When I shared these experiences with her, Valeria said that she was very ashamed that other people would see and know her real self. She felt very lonely; she believed that her mother gave birth to a child to spite a man who did not want children. Her childhood story made me feel sad, melancholy, and hopeless. (Peseschkian N., 2016b)

Still, Valeria had a warm person in her childhood. She spoke with love about her grandmother, who died. But the patient didn't even attend the funeral, because, as she said, she was not able to do it. During our work, Valeria visited her grandmother's grave and "talked" with her there. She was very enthusiastic after that. My grandmother was a very important person in my life, and I was glad that my patient was able to find the strength to have this internal dialogue with a figure who was important to her personality.

Valeria restored relationship with her son, who had gone to Kyiv when she had first become ill. I believe that children are our immortality on the Earth and as long as they are alive, the memory of us when we were alive will live in them. I shared these thoughts with the patient and she also liked the idea. She and her son began to meet; they were able to take part in a photo shoot for cancer patients. As a result, he will forever have photos and pleasant memories of this last family event.

Our meetings gave hope to Valeria. After them she was strong enough to do something around the house, to move, to live. At such moments, I especially felt pride and admiration for myself as a specialist. I saw myself as almost a sorceress. And I immersed myself in those

feelings, imbued with them. They helped me to recreate energy to work with other patients in the hospital.

One of Valeria's homework tasks was to write a list of 108 wishes. And she began to implement them in her life. There were walks in the park near the house, cycling. Shortly before her death, she received a gift from a military man. It was a harmonica, just as she wanted. And she learned to play it and also "developed the lungs," as she said. It turned out that she could just do so many of the things she dreamed of: cook a dessert, go skateboarding, meet with friends. I loved following her in this process, watching her discoveries about herself, her gradual acceptance of the little girl inside, and how Valeria tried to take care of herself.

Verbalization

For the patient, the topic of health has always been very important. She was a hypochondriac. The words "cancer" and "death" were synonymous for Valeria. And HIV was a synonym for shame because it was about intimate relationships. When we discussed this, I drew Valeria's attention to the fact that cancer does not always mean death. Even with stage 4, in our time, patients continue to live. (Beliayev, Vasiliyeva 2017) Depending on the diagnosis, they can often even maintain their full life by adding certain medications, care, and concern for their health. Stage 4 means palliative and palliative is something that cannot be cured, and not something from which one will necessarily die. As for HIV infection, we discussed that HIV has long ceased to be something that is transmitted only through sexual contact. This is a good example of how concepts can limit a person by focusing on only one point of view. We were able to touch on others of Valeria's concepts, we analyzed and tried to expand them.

In our work I was able to recover just a few concepts, but what concepts! They were like a hopeless darkness and the patient was simply a "Drama Queen", a master at "killing" herself with these concepts. With her, I felt, not just understood, but realized through the patient how it is not easy to change old attitudes and concepts. I offered the client as an opportunity to take a fresh look at her life and her experience, things that she had interpreted according to old concepts, finding in them confirmation of a negative self-image again and again.

Our talks about cancer were very important in this regard. Valeria said that her colleague is giving birth to a child at the age of 41. So “a colleague will have a child, and Valeria will be gnawed by worms.” I noticed that this image did not evoke any emotions. It was taken as an ordinary fact. It was strange that such a strong image turned out to be empty in my emotions and my experience of it. Valeria said that she was not afraid of death, because she saw an opportunity to receive attention, love, care, and even admiration from others: “receive attention in any severe way” (in Ukrainian speech it is an interesting play of letters in the words «отримати увагу будь-якими способами»). Cancer gave her the freedom to be and to live, the power to express herself and her needs, even though it also brought physical pain. It seemed the only way to make her dreams come true. The fear of being judged by others was even stronger than the fear of death. (Peseschkian N., 2016a)

Once Valeria whispered to me that she was always betraying the Muslim faith because Jesus Christ was more profound for her than the Prophet Muhammad. I felt like an accomplice as if we were two children sitting under the table sharing adult secrets. Valeria suggested that for her the hijab was a way to escape from her mother and her mother’s God, and also an attempt to hide her body from the whole world, but at the same time, to present herself on display. Her outfits with her head covered were more provocative and attractive than the image that she presented to the world when she was an Orthodox Christian. Several meetings after that the patient said that she had returned to Orthodoxy and I felt involved in the “return of the prodigal son” to the “only true faith.” I was sincerely happy about it. After a while, I thought it was Valeria’s way to share with me the decision she made. Nevertheless, we did not discuss the issues of her faith at all. I am sure that every person has the right to choose their own faith.

In our work, we talked a lot about her fear of being seen by other people. She called such manifestations “mental strip dance.” Due to the diagnosis, she began writing posts on Facebook to raise money for her medications. She found herself “among the people,” visible and accepted by others. (Simonton Carl & Stephanie, 2001) Valeria decided to share her experience of fighting cancer with others.

Step by step, Valeria changed the reason for our work from “it’s scary to die” to “how to change myself to live.” The patient was also worried about her mother: “I feel sorry for my mother, how will she live without me?” At the same time, deeply hidden aggression appeared to be concealed in the relationship between the patient and her mother. Valeria noticed that her mother was always guilty, she was constantly criticizing her mother. Valeria said, “Mom is paying now for what she did not do before.”

A conflict occurred before the New Year. The patient wanted to buy some decorations for her home. Her mother did not give money for this, saying that they could not afford it. As a result, Valeria made several decorations with her own hands, decorated the house, and then showed me pictures. So, again I turned out to be the “good mother” who praised Valeria for what she had done.

To analyze the dynamics of my work, I used the SF36 test “quality of life questionnaire” and the HADS “anxiety and depression scale”. I managed to conduct two surveys: at the beginning and after the 20th meeting. The changes affected a decrease in the level of anxiety from clinical anxiety to subclinical, and an increase in the level of depression from normal to subclinical. At the same time, according to the SF36 questionnaire, there was a decrease in the level of general physical well-being (increased pain) from 42.32% to 75.15% and an increase in the level of general mental well-being (quality of life) from 38.19% to 56.42%.

Before the diagnosis, Valeria had worked as a psychologist, but not long before she came to me, she had been fired. Being fired probably brought about the shift from the reaction of denying the diagnosis to the reaction of anger (or bargaining), according to the Kuebler-Ross model. (Kübler-Ross, 2021) The patient showed only and exclusively auto-aggression; in the “fight-flight-freeze” reactions she often froze, sometimes ran, and if this failed, she “beat” herself. She literally beat herself several times during our meetings.

I offered Valeria the “108 wish list” exercise to help her find her resources. It became a bargaining phase according to the Kuebler-Ross model. She believed that if she did everything on the list, she could reach everything she had missed. Then the disease would recede, she would win and would be able to continue living

(Simonton, Simonton, 2001). Magical thinking really provided a resource. Unfortunately, it did not help her recover.

The depression, according to the Kübler-Ross model, began suddenly. She needed a subclavian catheter for the new medication treatment. Unfortunately, she was denied this because of a problematic lymph node near the vein. That became the beginning of the end, On the day when she was denied this, we talked with Valeria. The main idea was: "This means I'm dying." It seemed to me that was a discovery for her as if previously she had been really successful in throwing away these thoughts or running away from them. I felt very scared and very cold, although it was a hot May day. I had an image in my mind from the movie about Scrooge and the Three Ghosts of Christmas, where the third ghost points out Scrooge's already-dug grave. I felt like that ghost. I had the feeling that it was I who helped the patient see the reality of death and could not help her escape from her tenacious, bony fingers. Everything developed very rapidly and in 4 weeks Valeria died. After this, we communicated with her by telephone until her death. This was my first experience of working both on the phone and with a patient whom I accompanied until death and with death in this format. I felt guilty and helpless, but to think only that I had been able to stay with this and finish the job. Unfortunately, Valeria never reached the acceptance phase.

Extension of goals

The case ended unexpectedly for me with the patient's death. I knew that it would end like that because of her diagnosis but I dreamed about a miracle until the end.

It was a surprise to me that she lived a year from the moment of getting the diagnosis: June 2020 - to June 2021, not living a day before her birthday. I had been sure that I could extend Valeria's life with my work. How bizarrely my consciousness distorted reality. It is good that facts are stubborn things. that one cannot change.

When Valeria could no longer walk, we worked on the phone and she was preparing to die. It is said that those who have not lived their own lives are afraid to die. She was able to reduce the intensity of her fear through our work. Shortly before death, all the connections with life become thinner and weaker. Valeria could thus solve many of her unresolved issues;

some of them became just unimportant to her. But there also remained unsolved questions and ties in her life.

Analysis

Valeria's actual conflict was in the Future sphere: questions of faith, purpose, sense, justice. Finding answers to the questions "Who \ why \ what am I?" Processing was taking place in the body through cancer diagnosis and everything that accompanied it.

Cancer patients often have a heightened sense of Faith in God, which may also have left its mark on the manifestation of both Valeria's internal and basic conflicts. (Peseschkian N., 2016a)

The content of the actual conflict was between obedience (her mother was the God, she was the slave) and justice (those who live honestly should live well). Secondary actual abilities, such as frugality, were also well developed (Her mother did not allow Valeria to buy house decorations for the New Year because money ought to be saved. During the treatment, Valeria did not read the instructions properly and took the pills incorrectly, 2 times less than the necessary amount), diligence (to be noticed and praised, you needed to try harder). Punctuality turned out to be a deficient ability; the patient was often late for meetings. For her, it was about power and control over others, and also the courage to be a "bad girl."

The key conflict was in politeness. It was important for the patient to be loved. As a result, she felt her duty to help and save everyone (yes, indeed, all the people around her). Even in our contact, she wanted and tried to help to do my job. It was as if "Valeria, the specialist" was my "partner" in working with "Valeria, the patient". With her, I felt safe, reliable, and calm.

Conflict dynamics was in the "I-image". The patient said that she was created for bliss, not for work. At the same time, there was an image from childhood of a girl who was beaten, kicked, both physically and mentally, rejected, and not noticed. Valeria said that: "sometimes "I am nothing" (я НИЧТО) and then "I am something." (я НЕЧТО) The diagnosis was a kind of permission for her simply to be herself the price for this was suffering, physical pain, serious illness, and death. She was ready to pay the bill.

The patient's **basic conflict** was between trust and justice. It was as if, in her trust and openness to the world, she was like a small child who had

not yet been taught that people can be “bad.” Her trust bordered on infantilism and could be seen in her relationship with her mother, doctors, “good” God, even with me. Moreover, the basic conflict was always activated with politeness. According to Valeria’s concepts, if a person is polite and useful, then (s)he deserves to be saved. She wanted to believe that she deserved it. She told me how much she has done for others, and how much she had helped and suffered and served since her childhood. However, the situation in which the patient found herself was unfair.

The inner conflict was between love (acceptance), which the patient demanded so much, and trust. Valeria wanted her mother (like God, or even God in the person of her mother on Earth) to love her one day. She tried hard to play the role of a “good girl” (politeness) who would correspond to her mother’s ideal. But no matter how hard she tried, she did not get what she wanted from her mother and it was so unfair (justice). And she “broke her loose”, like people with addictions. She changed jobs, started relationships with men, and changed religion. Then she felt threatened by such a behavior, which did not correspond to “a polite, good girl” and reacted by freezing and self-aggression as a way to atone for her guilt. That gave her the courage to “return” to her mother and check whether she would get her mother’s love this time.

In the process of working, the patient and I did **not go through the stage of differentiation nor through the stage of separation**. I wanted to go to the funeral to see Valeria off on her last journey but I did not decide whether this will be ethically and emotionally correct and whether psychologists go to their patients’ funerals. I was also very scared as if some part of me had died there with her. I chose not to go but I regretted that decision later. Perhaps being there would have helped me to separate myself from the patient earlier.

A lot of time has passed since the date of her death, but I still seem to keep the case in my head and think about Valeria. It is said that doctors have their own cemetery. A psychologist can have their own also. This patient was the beginning of mine during my work at the cancer clinic. She was the first. She was the loss of mine that any psychologist can encounter in the course of the work. The safety of the psychologist depends on how prepared the

specialist is to discuss matters of life and death with the patient.

Working with Valeria was easy, as if we were riding a sled on snow and the path was under our feet and every action left a mark and gave results. Until the last moment, I felt that I was important and needed for her.

Irvin Yalom, in his book “Love's Executioner: If Rape Were Legal” tells the story of a man dying of cancer. At the end, that man says “*Thank you (doctor). Thank you for saving my life.*” (Yalom I., 2012). There is so much meaning in these words. Was I able to save Valeria's life before she died? I would like to believe that I managed to save at least part of the life she has lived.

Conclusions

Cancer diagnosis is a challenge for any person: a difficult path of illness, for many scary myths about death, pain, disability, and various limitations and losses are associated with this diagnosis. When a doctor informs a patient about a malignant tumor, very often the person perceives this news as a “one-way ticket”. Also, time is not on the patient's side during oncology treatment, so it is important to start it as soon as possible. It is desirable to orient the cancer patient to treatment in a short period of time, to help the patient to find resources and to expand the angle of vision so that the patient understands that there is a place in his/her life not only for the disease but also for life. It can help to find conflict spheres and to redirect the energy to treatment and to life. (Khandobina N., 2021)

Unfortunately, the experience of using psychological help in Ukraine in cancer treatment is only developing now. Many patients do not understand the importance of such cooperation to facilitate the entire process of treatment and rehabilitation. The PPT method of N. Peseschkian can be useful, namely the format of consultations, which can be aimed at supporting patients in the fight against the disease, providing them with a resource, changing their perspective on the disease, and creating a new effective picture of the future, taking into account the new conditions.

In this case one can see the positive dynamics in the patient’s life, namely, the patient was able to notice and connect the concepts which were formed in her childhood with behavior patterns in adult life. According to the SF 36

questionnaire, despite the increasing pain, which was difficult to relieve with medication, the level of general mental well-being increased.

She stopped beating herself and allowed herself little joys, and pleasant surprises. Valeria was able to notice not only her weaknesses and talk about them, but also she could find in them resources and opportunities for further development. At the same time, Valeria began to notice anger toward her mother and express it in their relationship. Despite denying the fact that the diagnosis was fatal, Valeria wrote a will in which she told how she would like to be buried.

Based on the 5 stages of PPT, it is possible to gather resources from the patient's past, rely on previous experience, and thus find strength to cope with current conflicts. However, during work with oncology patients, it is necessary to take into consideration possible limitations, such as the patient's life, rigid focus on the Future sphere (which often obstructs a clear identification of the BC), limited resources of the patient, and the predominance of affective reactions. Nevertheless, an oncology patient, who has come to the psychologist's office, has already a minimum set of resources to rely on in psychological work. It is obligatory during psychological work that an oncology patient gets the mandatory medical treatment, according to approved protocols.

An oncological diagnosis seems to ask a person, "Do you want to live?" Are you ready to change? The future of a person depends on the answers which will be given.

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