

The role of trauma in cancer: practical applications

Extracts from case studies on the clinical psychology of cancer

Le rôle du traumatisme dans le cancer : applications pratiques

Extraits d'études de cas sur la psychologie clinique du cancer

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Case n°1

Bénédicte was a 40-year-old woman who came to see me for consultation, and said *"I've been sent to see you, I cracked up a little during my last consultation with the oncologist, I have breast cancer, I've been told it's nothing serious. I'm lucky, I only have radiotherapy"*. This young woman looked shy and reserved. She seemed as frail on the outside as fragile inside. Her voice was almost inaudible and she barely looked at me when she spoke, but her comments were clear and to the point. She was 5'6" tall, dressed very formally, with hair tightened with a hair clip, and almost too polite!

Yet, during her first session, something extraordinary happened. While I was looking at her file, I noticed her surname and first name. At the same time, she started speaking over my voice, almost deliberately, to avoid her name being spoken. She said she came from Corsica and that after an invasion in 1870, the people took back her city... and this is where her name comes from. I have to admit that even without full attention, I was very surprised. I kept wondering why she had felt the necessity to tell me the history of her family name as soon as I mentioned it. We got acquainted through general questions. Bénédicte had a brother who was two years older than her. She worked in the human resources department for a big company. She was single and only had had one relationship that had lasted less than four years; it was an epistolary relationship that had ended simply. Her parents got divorced when she was 20. Finally, I asked her why she had mentioned her family name in such a way earlier; she answered bluntly *"because you have to understand that I have French culture too"*.

Quickly, Bénédicte told me that she had always felt ill at ease and since her cancer, this was worse. Her mother came from a middle-class family from Bordeaux and her father was born in Mauritania but raised in Senegal with his mother. Her father went to Corsica to live with his father, who refused to live with him, so he went to live with the family of the parents of the man who had brought him to his father; this man was the fourth husband of his grandmother. I should mention that Bénédicte showed no signs of miscegenation.

We were, for this first meeting, in the basement of the radiotherapy department. I saw this patient once a week as there were a number of issues to deal with.

Bénédicte was in a state of great confusion concerning questions of identity and culture, but it was the little girl inside her who was speaking; she was still prisoner to issues associated with her parents.

After two months and having resolved several matters through tears and feeling liberated, Bénédicte understood her existential problem which I summarized as: *"you are expressing a conflict of ethnic moral loyalty"* and Bénédicte answered in a liberating tone: *"that's why I have never been able to build anything"*.

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Bénédicte finished her radiotherapy and I saw her once a month during the first year. Her oncological treatment went well not only because she felt heard and understood, as far as her care was concerned, but mainly because she was no longer the same; she was no longer confused between her cancer and the conflict with her family past, as this comorbidity had been treated.

Bénédicte is now ready to meet someone and during the course of her psychotherapy, she even had her oocytes harvested and began hormone therapy. She explains that she is now relieved and ready to enter a serious relationship and have children. Her sessions made her understand and broaden her scope of what is possible.

Case n°2

Nathalie was 52 years old when she came to see me; she was tall and thin with an emaciated face and a deep gaze, with a boyish haircut, always wearing trousers, tennis shoes, and a baggy jumper. She explained that she had breast cancer and that she came because her oncologist felt that she was depressed. I asked her if this was the case and she answered that she had no idea. At that point, I noted that she did not say no. She was working in the administrative department of the French national railway company. She had been married with Oliver for more than 20 years, who was working in the town hall. They had one child. She gave me several details about her and her husband but none about her child, so I decided to make her talk about him. *"How old is he?"* Nathalie told me that he was 15 years old and that he was difficult considering teenage angst. She gave some examples in a provocative tone. Her sniggers seemed to justify, in her eyes, her own behaviour towards her child and his actions. She told me that he had changed over the last 2-3 years; he did not answer when she talked to him, he locked himself in his room, he had bad grades in school because he did not work, and he went out late at night without saying where he was going and with whom. The first session ended with the observation that Nathalie was experiencing a hard time between her cancer and her child.

Nevertheless, I gave her some advice to protect herself against what she felt was true aggression. To tell you the truth, I was under the impression that a volcanic eruption was on its way, but I had no idea where and when it was going to happen. It did not take long as it happened during the next session. She told me with a mocking smile that: *"your advice didn't do much good!"*. She went on to describe again some episodes that seemed to reflect a complete "breakdown of communication". However, I decided to understand whether this was a breakdown or a lack of communication, and I finally asked *"but Nathalie, does this child have a name?"* Nathalie suddenly realized that she never mentioned his name: *"of course he has a name, it's Jérémie!"* Her tone suddenly changed from neutral to what looked like anger. She looked at me and the atmosphere in the office changed to that of a courtroom, waiting for a ruling. She finally said, in a troubled way: *"Jérémie is not my biological son, he was*

adopted at the age of six months in Haïti, he came from a Western family. I never told him". I was as breathless as she was. The sessions have continued for just less than a year, during which time she has described a feeling of insignificance. She understood that she had protected herself for years against that feeling. For her, the cancer was not hidden, and was sometimes brought to light after a fight with her son during which he told her: *"I don't look anything like you anyway"*. Nathalie and Oliver have shared this with Jérémie, which is now *their* story.

Case n°3

Sophie arrived at her first session in a state of indescribable moral and physical exhaustion. However, she had a lot of energy to describe only that: *"I couldn't put up with this chemotherapy. It's over but I can still feel it day and night. How will I be able to get my life back? Who is gonna tell me if it was really useful? I'm telling you I won't be able to endure another one, or anything else for that matter. Even when I said I couldn't do it, I was spoken to like I was a half-wit who was scared. I didn't even go to the last chemo of Taxol. I stopped at three even if my oncologist said four. The doctors did their job but now I'm totally wiped out. So I asked to see a specialist and they gave me your name. Do you understand what I'm saying?"* Sophie was 45 years old, small, thin, very smart, and was attached to the image she projected. Only her husband, mother, oncologist and I were aware of her disease. She then told me that she used to be a drug addict and that her friend at the time died of an overdose in her arms. She was in her twenties when this dramatic event occurred and to her surprise, she felt liberated and gave up drugs that day. Since then, she has managed to move on, got married, and have a 12-year-old daughter. She was working and had reconnected with her mother. She thought her past was behind her, a past she was still ashamed of, but the news of her cancer she had feared but accepted, was nothing compared to her treatment, as the injections in her veins brought her back to a deadly past. In this case, a simple approach sent the patient back to a past associated with hell and death.

Sophie lived with her cancer, the treatments, and side effects as if it were an injunction, to face an untreated past. It took a lot of sessions so that Sophie could dissociate her breast cancer, her treatment, and the heroin addict she used to be. Today, Sophie is a lot better and she is no longer anxious. She lives in the present and even makes plans for the future. She was even able to revisit her past and the associated pain and address it all in the appropriate setting of psycho-oncological sessions.

Case n°4

Recently, a woman came to my office who walked with a limp and had a cane. She came from South America, Venezuela exactly, as she insisted to me- this is how I met

Arianiquetta. Straightaway, she described precisely her situation: *"Sometimes I'm absent-minded, this cane reassures me. I'm always afraid to fall, I need to walk near walls or a place where there is a banister, anything I can hang on to. It has been like this for a month now, since I finished my radiotherapy. I had a small breast cancer and only radiotherapy. I have Charcot-Marie disease, it's genetic and reaches the immune system. My father had it but it never broke out. This disease was discovered when I was eight at the same time my mother died, and my symptoms increased before I reached my teenage years, when my father died.*

Yet still, I have walked without a cane and without fear for years. I'm 46 and I'm an English teacher. My husband and I adopted a little girl four years ago, I had seven miscarriages before.

My mother died of breast cancer at the age of 35, my father died three years later, from cancer too. My three sisters and I were raised by our maternal grandmother and our aunt. In a way, I was adopted too, don't you think? When my husband and I learned that we could adopt, I felt so lucky that it scared me. I'm always afraid that something bad is going to happen to me when something good happens.

Since my mother died when she was 35, I thought I was going to die at the same age so I have never really lived my life until my 35th birthday when I said to myself "pew, you are still alive". Ten years later they found my cancer. I took the news very well and everything went fine. But suddenly since the radiotherapy ended, I haven't been able to put one foot in front of the other without a cane. I want to get rid of this situation, I know everything is in my head, I know I have to work on it and that I should have come sooner."

After this long soliloquy, the session was almost done so I said to Arianiquetta: *"Are you ready to hear your anger?"* There was a long silence in the office and Arianiquetta started to cry. Today, she still works on her issues and she no longer uses her cane but still keeps it in her handbag because she says: *"It's practical, a cane that bends and can't be seen."*

Case n°5

To tell you the truth, I did not plan to summarize a fifth clinical case, as I had planned only four. I could include all my cases because they all reflect the necessity to be free of something following an announcement of cancer. Patients were rarely aware of it but all faced the source of their problems (through metonymic substitution) as a result of the shock provoked by the news of the disease. In addition, patients had an almost sudden sensation of a step backwards, an awareness to get rid of a weight they have carried for too long, which dare I say, is "thanks" to their cancer.

Soraya called me because she wanted an appointment urgently; she was undergoing radiotherapy but could no

longer go to the ENT room due to the presence of masks. Soraya came to my office the same week. While reflecting on the conversation during the last phone call regarding the ENT room and the masks, she explained: *"I'm halfway through my radiotherapy sessions, but I can't deal with it anymore. They put me in the ENT room, probably because they had a machine that was out of order or because they had no space anywhere else, but now I'm in front of the masks that hang on the wall. I try to fight off all the images that come to me"*.

I felt like I had missed something in her story and I did not understand why she kept speaking about the masks on the wall in the ENT room rather than the mask that I assumed she was wearing. So I asked what type of cancer she was being treated for, and Soraya answered: *"Breast cancer of course!"* I realized that, strangely, her cancer and the radiotherapy treatment did not overshadow the masks hanging on the wall; the masks appeared to dominate her psychological state. So I asked her to tell me everything about her cancer, how it was discovered, and what had happened since then. Soraya was a 44-year-old woman of average size. She wore a classic-style dress and her handbag matched her shoes, and she had a layered cut. She had a four-year-old son and worked in marketing. Soraya told me: *"It was in June, I had a routine visit with my gynaecologist, during the mammary palpation, she felt something but told me it was nothing. She asked me to do a mammography which I should have done a long time ago anyway. I took an appointment between lunch and a business meeting. There was a centre near my work place so it was perfect. During the mammography, I was staring at the clock on the wall when the radiologist said: "I don't like that at all" I asked what he meant and he answered I had breast cancer. I felt like I hit a wall, I wasn't able to speak or think. I didn't know what to do or who I could call, I only kept hearing an inside voice telling me "you have breast cancer". The radiologist only told that we were going to do a puncture in order to save time and then to go see an oncologist who would guide me for the rest. When I left the centre, I was totally disoriented, I called my husband. I was lucky in a way because I don't have chemotherapy sessions because the cancer is small, only one centimetre. However I didn't understand why they put me in the ENT room. I finally told my oncologist that I couldn't take it anymore, those masks terrorized me, they filled my head with images of monsters, everything seemed irrational, now I see shades, strange shapes, you will think I'm crazy but those masks look at me, I'm scared, can you help me? I can't take it anymore"*.

I explained to Soraya that I acknowledged her fear and that we would try to find out where it came from, but it seemed logical to believe that this fear of the masks might be associated with something that was terrorizing her. I explained that usually this kind of symptom occurs during the different stages of development during childhood. These stages were initially described by Mélanie Klein, a famous psychologist at the beginning of the 20th century. Soraya seemed to agree but I could see in her eyes that she

was waiting for a quick solution to go on with her radiotherapy. I had to explain that this required a two-way approach, and that she would have to do most of the work as I was only a "mirror" and could only suggest a hypothesis, with the real source of the issue being inside her; the process being "endogenous" rather than "exogenous".

We would then work together; only the echo inside her would tell her whether she was on the right path, and the duration of that process would depend upon her own resistance, but we would try to treat each issue one by one if necessary.

I asked Soraya if she had night terrors as a child, and she answered: *"I was born in Morocco. We lived in a large house with several domestic helpers and the one responsible for me was Fatma. She was a big woman always dressed in white with a turban which scared me. You know there, when children lacked discipline and didn't behave, they were told stories of a bad genius called Jnoun. Jnoun was a terror for the children back there. At night when I was in my bedroom I was afraid that Jnoun would come. Jnoun took the form you gave him in your head. Now that I speak of it, I've never realized that Jnoun and the masks on the wall might be connected"*.

I asked Soraya if her fears of Jnoun occurred on a daily basis and in different situations. She told me that she could not remember, as it was too long ago. So I said:

"Would you say that Jnoun was more of a threat? Something we say to make children behave?" Soraya suddenly looked at me, she had a cold expression on her face, a heavy silence filled the room, and then she said: *"My father brutalized me when I was a child, I was also mistreated by other people. I never spoke about it before"*. I crumpled after this statement, I could never have guessed that the tragic event that she had buried through her defense mechanism was rape by one or several persons. I supported her as best I could in order to relieve her of her torpor. Then a question came to me: *"Soraya, in your mind, what is the primary function of a mask?"* After a moment of reflection she said: *"To hide his face?"* Although this was not really a question, I answered: *"you are right, the first function of a mask is to hide a face. Either for the one who wears it to protect himself from something or to hide his face in order to not be recognized, but it can also be, for the one who looks at it, a way to protect himself from a face he doesn't want to see or doesn't want to see again"*. I let her think about it and she seemed to try to gather her thoughts. At the end of the session, I said: *"So Soraya, when you are ready you will be able to remove the mask that looks at you and finally see what face is hiding behind it. You will be able to give back to the masks in the ENT room their real function and go on with your radiotherapy and cure your breast cancer. And at the same time, you will allow the little girl in you to speak, because she has a lot to say."*