



Memorial Sloan Kettering
Cancer Center

Managing Anxiety and Prostate Cancer: Getting your life back in the front of your mind

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- The first “prostate cancer” psychiatrist
- Retired at the end of 2022
- Mentor and friend
- Many of his slides, thoughts, and guidance in this talk



Disclosure

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Why me? Why not me? What Now?

- Common emotional reactions to new prostate cancer diagnoses
- The effects of a prostate cancer diagnosis on a man and his partner
- How these emotional reactions may be similar and distinct from others experienced earlier in life



Coping with Anxiety

- Goal: “Life in the front of your mind, cancer in the back of your mind”



Types of Anxiety

- Clean anxiety
- Dirty anxiety



How to Limit Dirty Anxiety

- Keep track of when you are experiencing dirty anxiety
- Stress reducing activities that diminish daytime anxiety and insomnia
- Behaviorally stimulating and problem-solving activities
- Methods to avoid the thought-traps that prolong worry rather than resolve it
- Try to limit amount of time on Google searching about prostate cancer





"Half empty, please."

The Glass Half Full is Better

- *Something* is better than *Nothing*
- Aiming for ‘Good Enough’
- Content vs Happy
- Start low, go slow, but go...



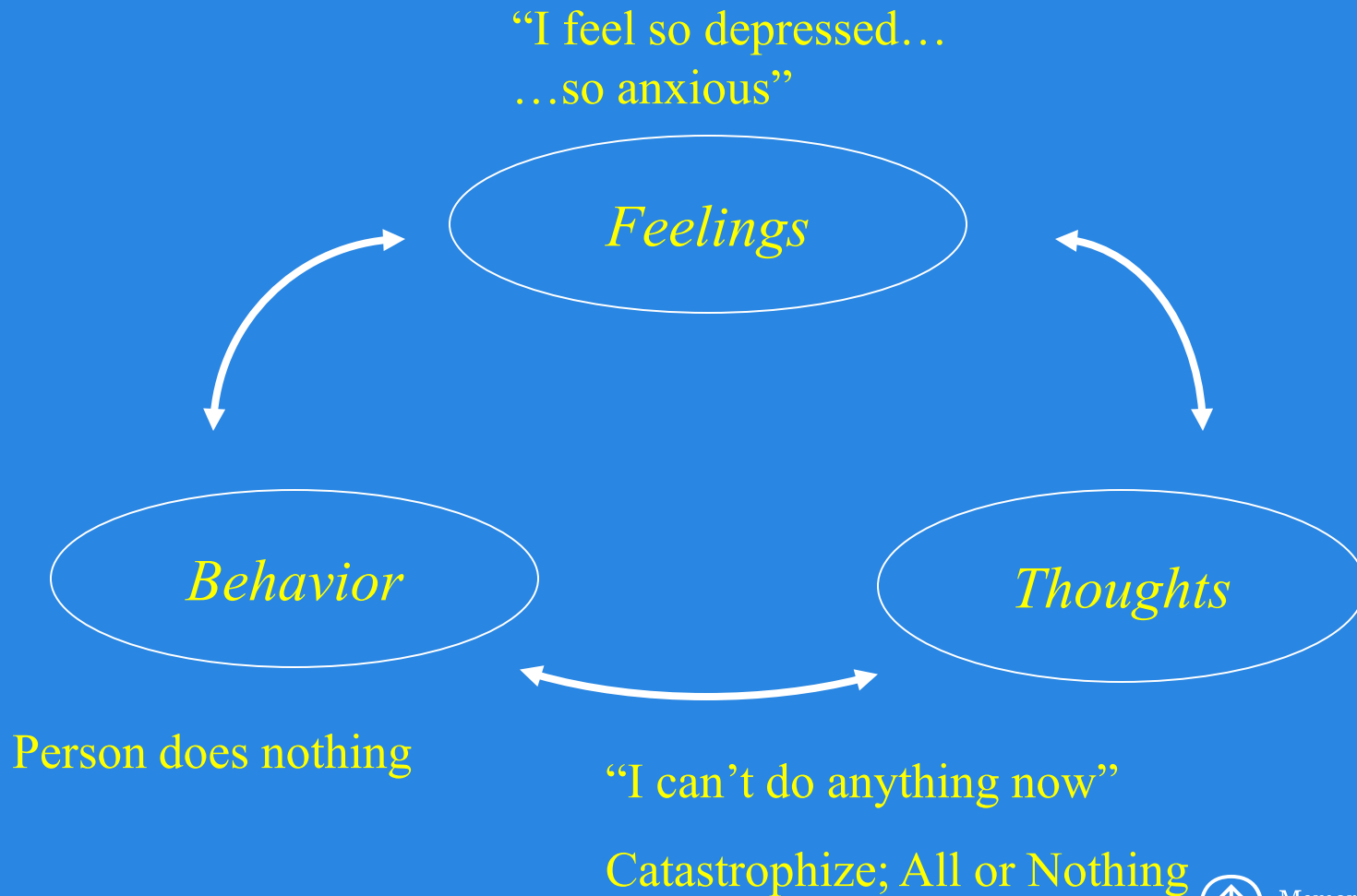
Emotional Judo

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- EJ combines aspects of supportive psychotherapy, cognitive behaviorally oriented psychotherapy, problem-solving therapy, and Acceptance and Commitment Therapy into a practical method for easy teaching, understanding and practice for men with all stages of prostate cancer.
- Found to be successful in real clinic time with men with prostate cancer.



Cognitive-Behavioral Model



Enter the DRAFT of Emotional Judo

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Detect uncomfortable emotions, thoughts, or behaviors.

Recognize the rational and irrational aspects of the emotions, thoughts, or behaviors.

Acknowledge and accept your current circumstances and the good that still exists and how the irrational aspects of your emotions, thoughts, or behaviors pull you away from what you really want.

Flip your attention away from the distress and back to the present with the *however* statement.

Transform through relaxation, distraction, or quick-list activities to a pleasurable or meaningful activity.



Detect...

- ...the possible emotions of sadness and worry you may be feeling which come from exaggerated generalizations of this irrational, distressing thought..
- “I read in the newspaper that a famous politician/actor/athlete died of prostate cancer . . . there’s no hope for me” I’m freaking out and can’t sleep.



Recognize...

- ...the more reasonable and faulty aspects of your thoughts and emotions:
- Generalizing from the celebrity's circumstances to your own.
- Are there any details that might allow for relevant comparisons?
- The more celebrities are diagnosed with and talk about their prostate cancer experiences, the more public notices will be available to compare your circumstances with theirs (however faulty those comparisons may be).



Acknowledge...

- ...what's behind the emotions, behaviors and thoughts:
 - Reading obituaries may make you feel less isolated
 - “If bad things can happen to a celebrity, who probably has excellent resources for excellent care, surely these bad things can happen to me.”
- Distinguishing between Expectations vs. Aspirations
- Prostate Cancer comes in the context of a familiar life feared to be lost
- What is good in one's life: family, career, hobbies, friends...?



The Flip--Back to Here and Now

- Remember to come back to the here and now where it is safe:
 - Each person, type of social supports and prostate cancer is unique
 - People tolerate and respond differently to treatments and medications.
 - We all die of something, sometime.
 - This is not an imminent death sentence.
 - What can I appreciate about my life today?
 - The longer you live, the better shot you have of living longer. Yogi Berra could have said that.



Transformation to Here and Now

- Draw up a Quick List
 - Put on a CD.
 - Grab your phone and go out for a short walk.
 - Give one of your kids a call just to talk.
 - See if you can take your granddaughter to breakfast Saturday
 - Get my puzzle book and doing a few.
 - Play a computer game of chess or solitaire.
 - Practice your guitar/piano
 - Go into your garden and start pulling weeds
 - Call a friend and make a lunch date.

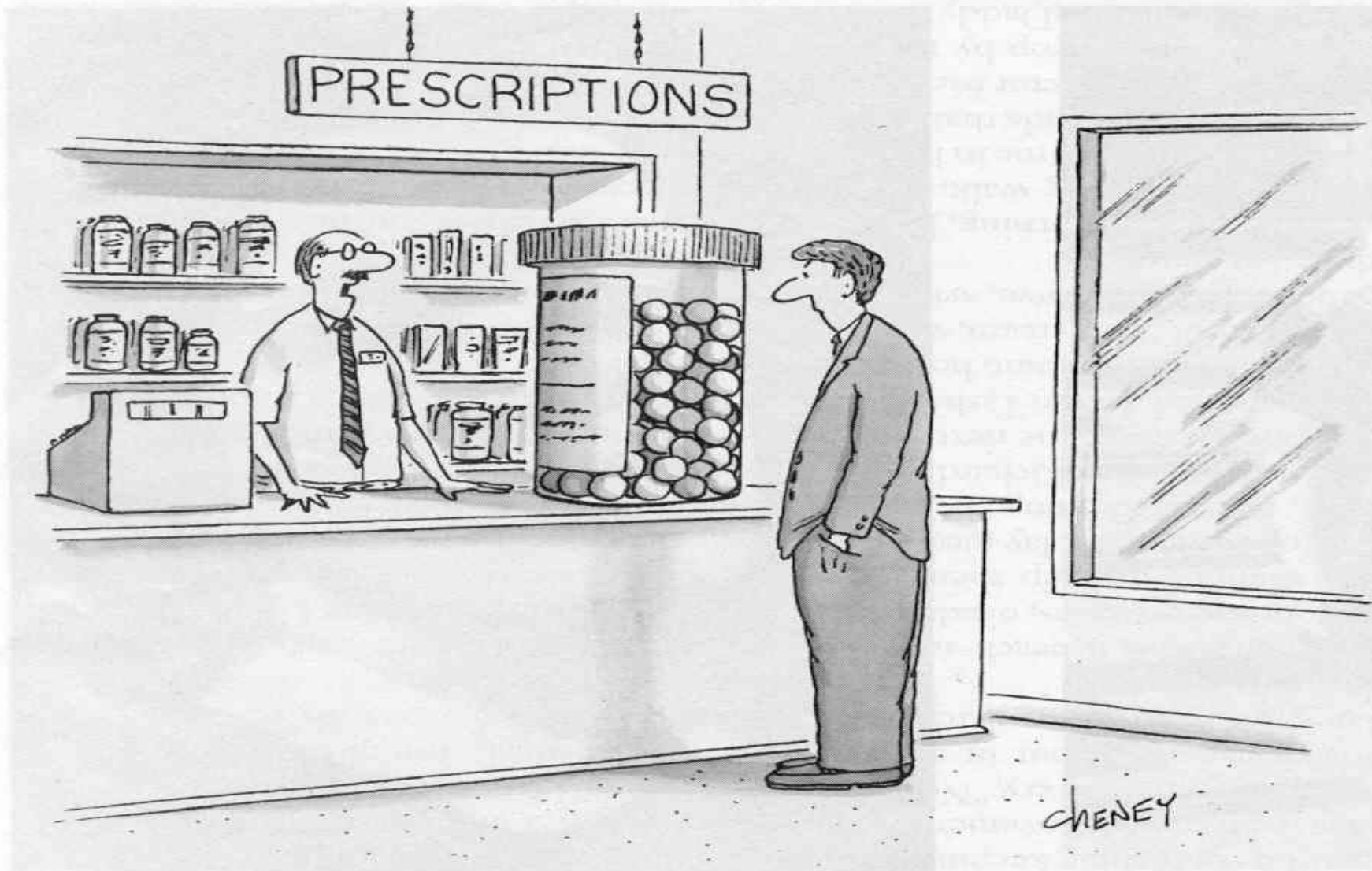


Do I Really Need a Psychiatric Medicine to Cope with Cancer?

“We can’t solve problems by using the same kind of thinking we used when we created them.” –Albert Einstein

- Signals to recognize intolerable anxiety, insomnia or sadness
- Clues about whether those symptoms are related to physiological or psychological causes
- When you should consult a mental health professional and how to decrease the stigma of seeking psychiatric help
- Information about the value and utilization of psychiatric medications for patients and spouses
- Techniques for coping with distress about fears of cancer recurrence that come from state of the art psychotherapy and psychopharmacological treatment regimens



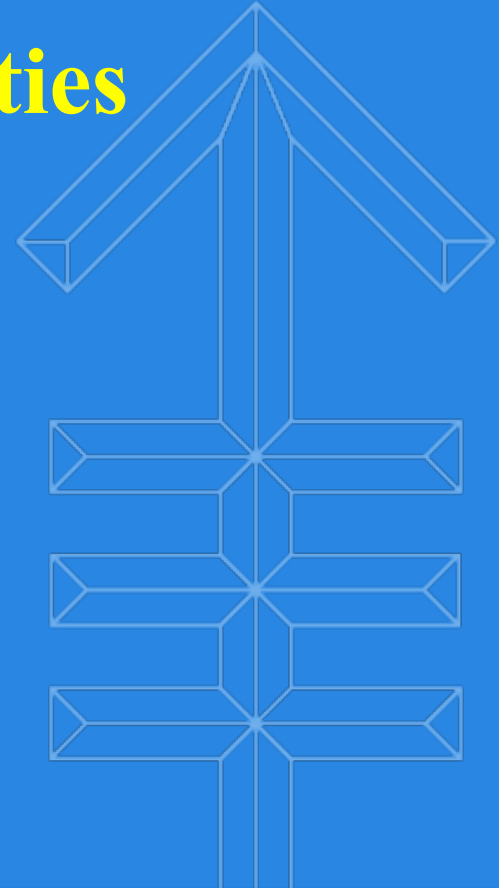


"It's a new anti-depressant—instead of swallowing it, you throw it at anyone who appears to be having a good time."



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Anxiety Can Lead to Avoidance of Valued Life Activities



Keeping Intimacy Alive

"Among men, sex sometimes results in intimacy; among women, intimacy sometimes results in sex." ~ Barbara Cartland

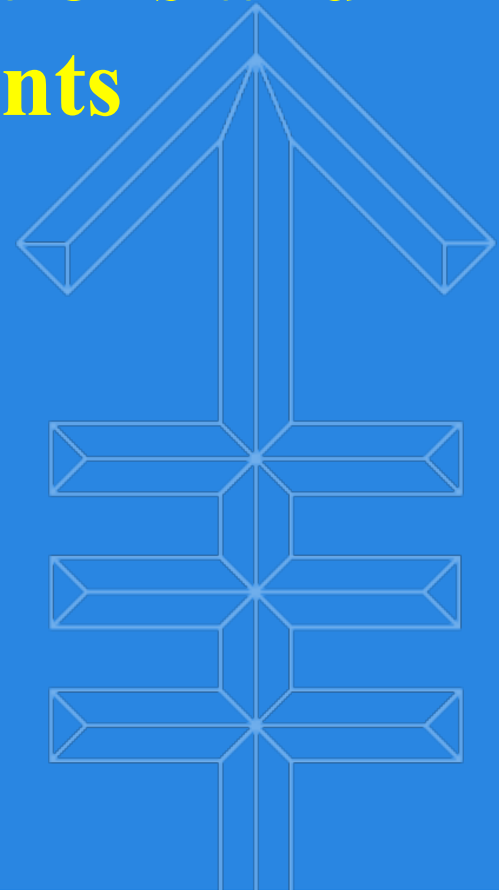
- Coping with erectile dysfunction.
 - *“What good am I if I can’t get an erection after treatment?”*
 - *“What’s the point of physical intimacy if I can’t have sex the way I’ve been used to all of my life?”*
- Temporary and long term complications of erectile dysfunction
- Managing expectations by re-evaluation and re-setting goals and priorities the nuances of penile rehabilitation
- How to maintain healthy relationships by not throwing away physical intimacy when erections are not sufficient for intercourse
- How to discuss and meet sexual challenges when you are single and thinking about dating





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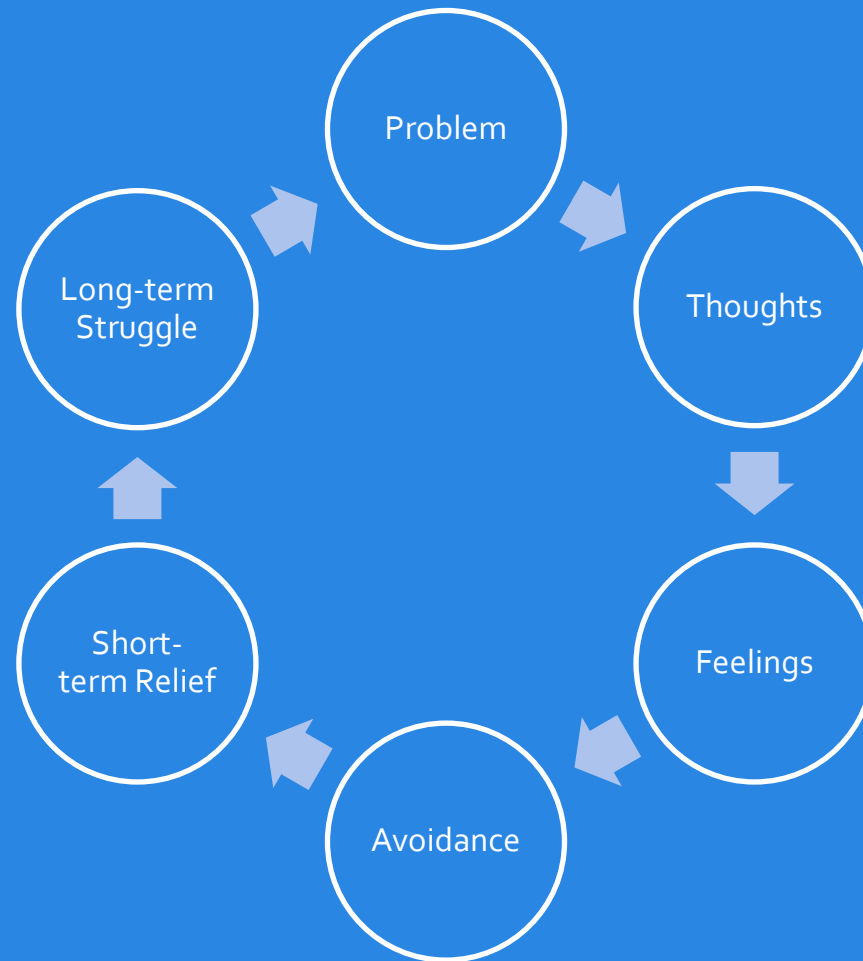
Men Avoid Sexual Situations and using ED Treatments



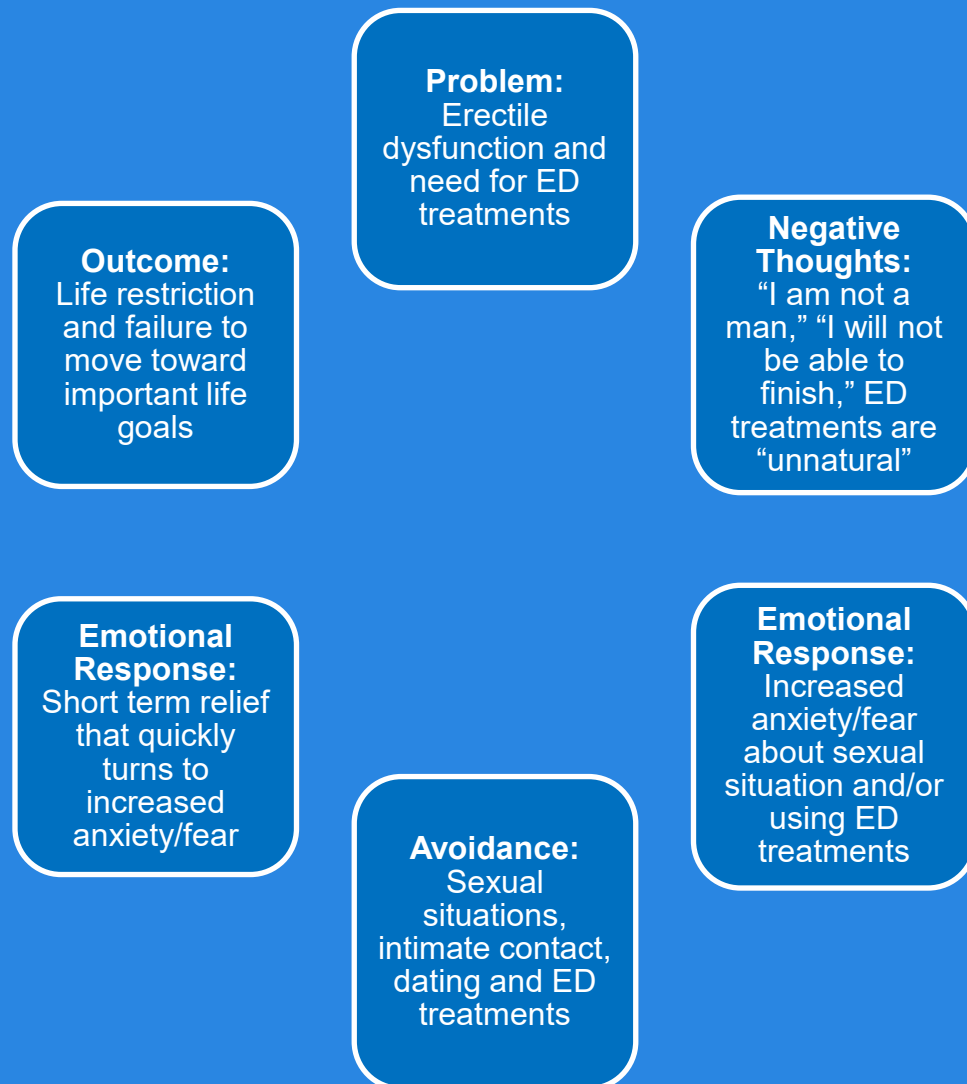
Qualitative Study: Cycle of Frustration and Avoidance

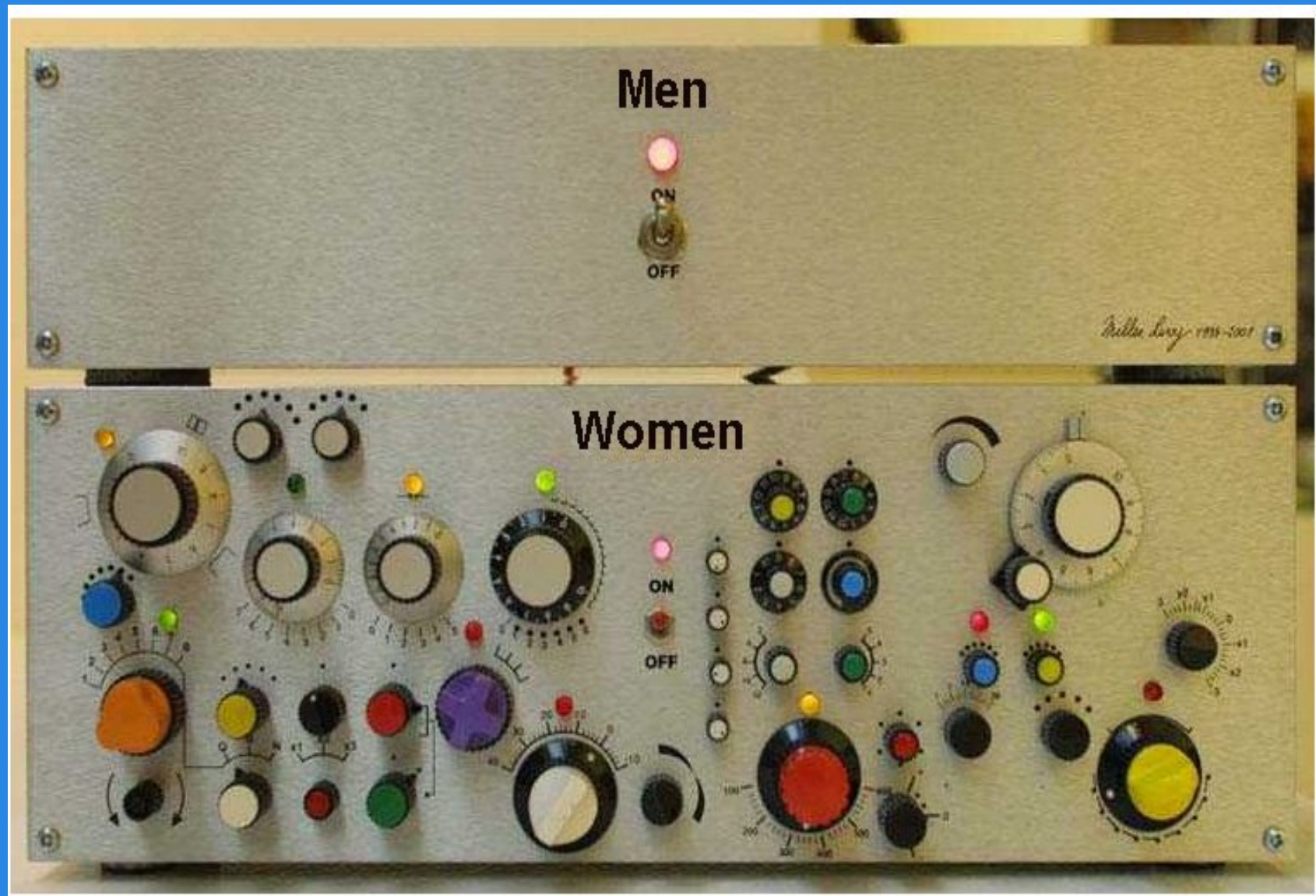
- **Disappointment/shame related to ED**
 - “I’m not a man”
 - Distress and depressive symptoms
- **Fear/anxiety of entering into a sexual situation**
 - Fear of not having a firm erection
 - “Injections are a turn-off”
 - “The whole process is humiliating”
- **Avoidance of sexual situations**
- **Loss of valued life experience**
- **Increased frustration/distress/depression**

ACT: Cycle of Avoidance and Control



Cycle of Avoidance and Control



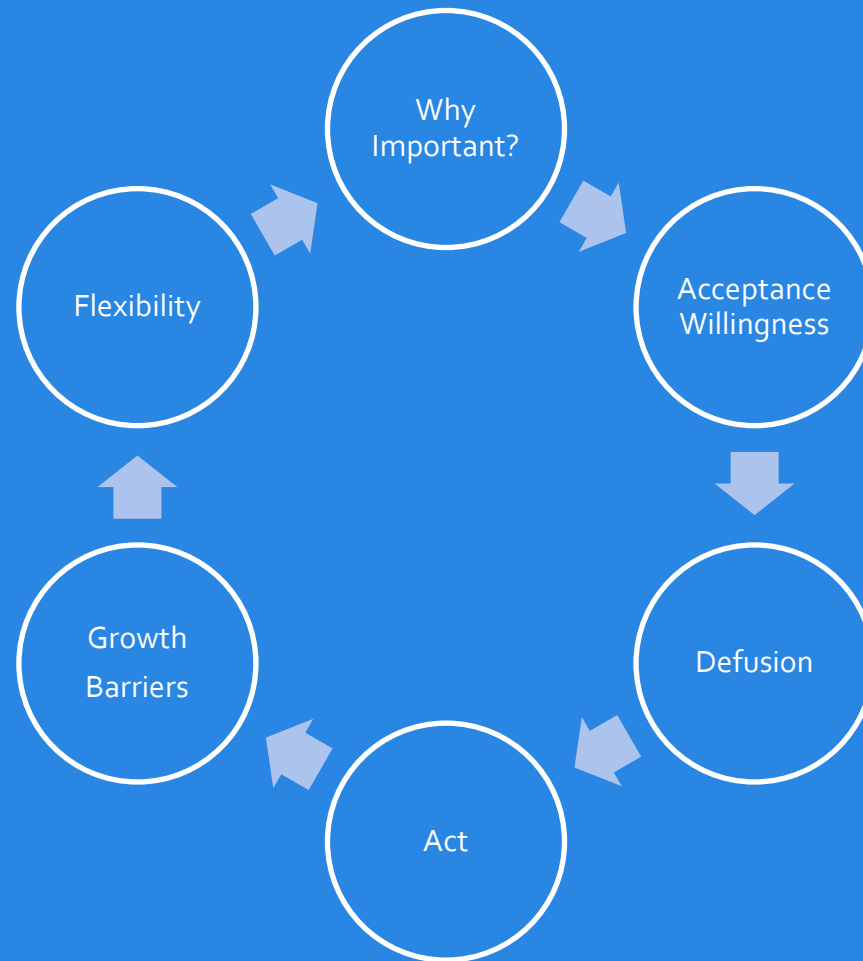


Acceptance and Commitment Therapy (ACT)

- Define important values
- Accept emotional pain or barriers to achieving valued activities
 - Acknowledge the distress
 - Willingness to experience the emotional distress
- Emotional processing of psychological distress
 - “Exposure” therapy
- Commitment



ACT: Cycle of Acceptance and Commitment



ACT-ED: Cycle of Acceptance and Commitment



Urinary, Bowel and Energy Leaks: This Wasn't Supposed to Happen

- Coming to terms with temporary or long term complications of treatment
- Tincture of time and commitment to adjusting

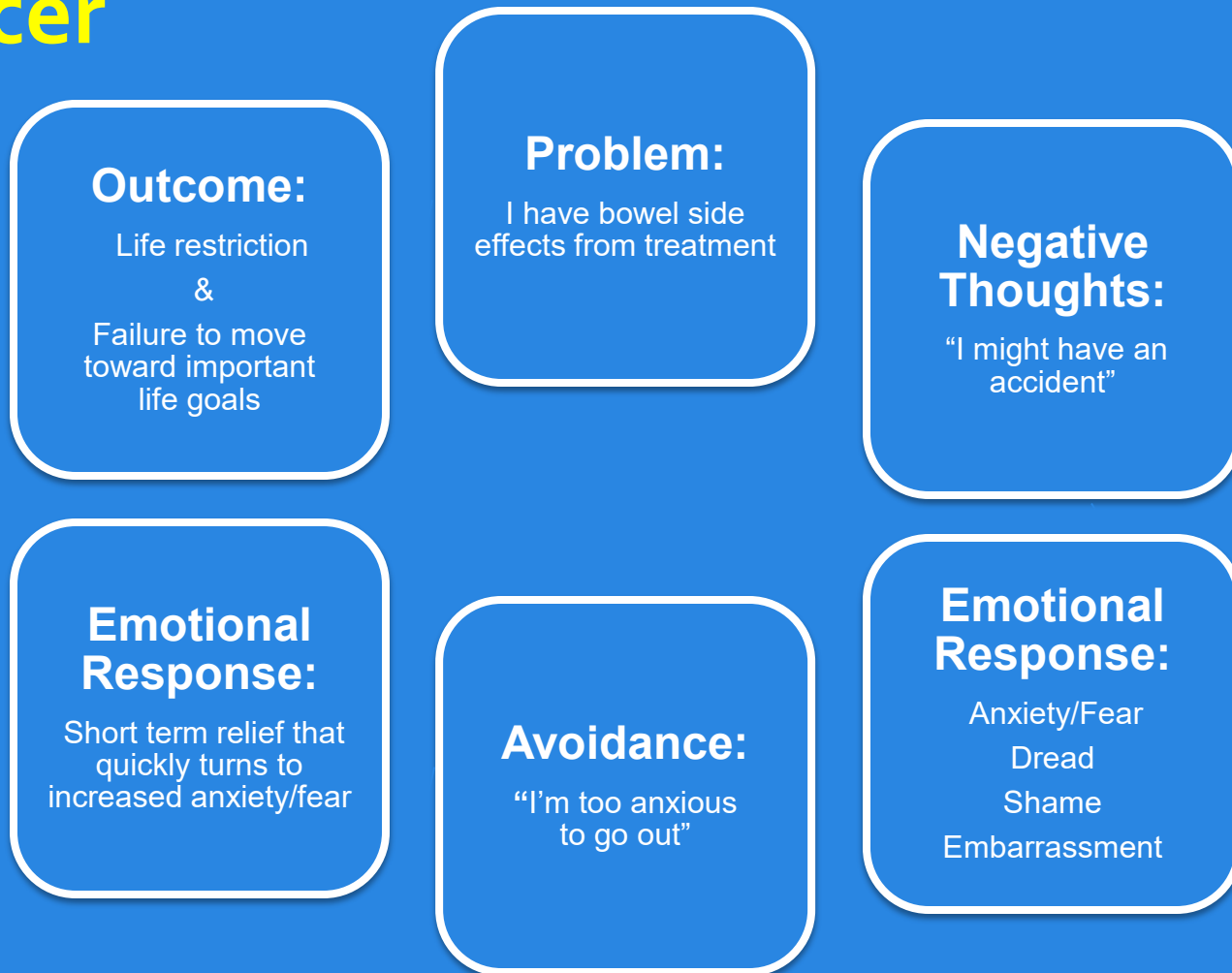


How to Use ACT Concepts Clinically

- Ask about life activities avoided because of UI
- Explore importance of these activities
- Ask about barriers or why they are avoiding
- Discuss anxiety and frustration
- **Acceptance**
 - Anxiety or frustration when engaging in activities
- **Willingness**
 - Engaging in activities despite anxiety and frustration
- **Commitment**
 - To reengage in a specific activity



A Cycle of Avoidance & Control in Cancer



Cycle of Acceptance & Commitment in Cancer

Commitment:

Increase
life flexibility
Continue to engage &
move toward goals

Values/Goals:

Focus on what is
important to the patient
“Why do you want to go
to the party”

Acceptance:

Willingness to accept
anxiety in situations
“Do you think you might
be willing to go anyway”

Growth:

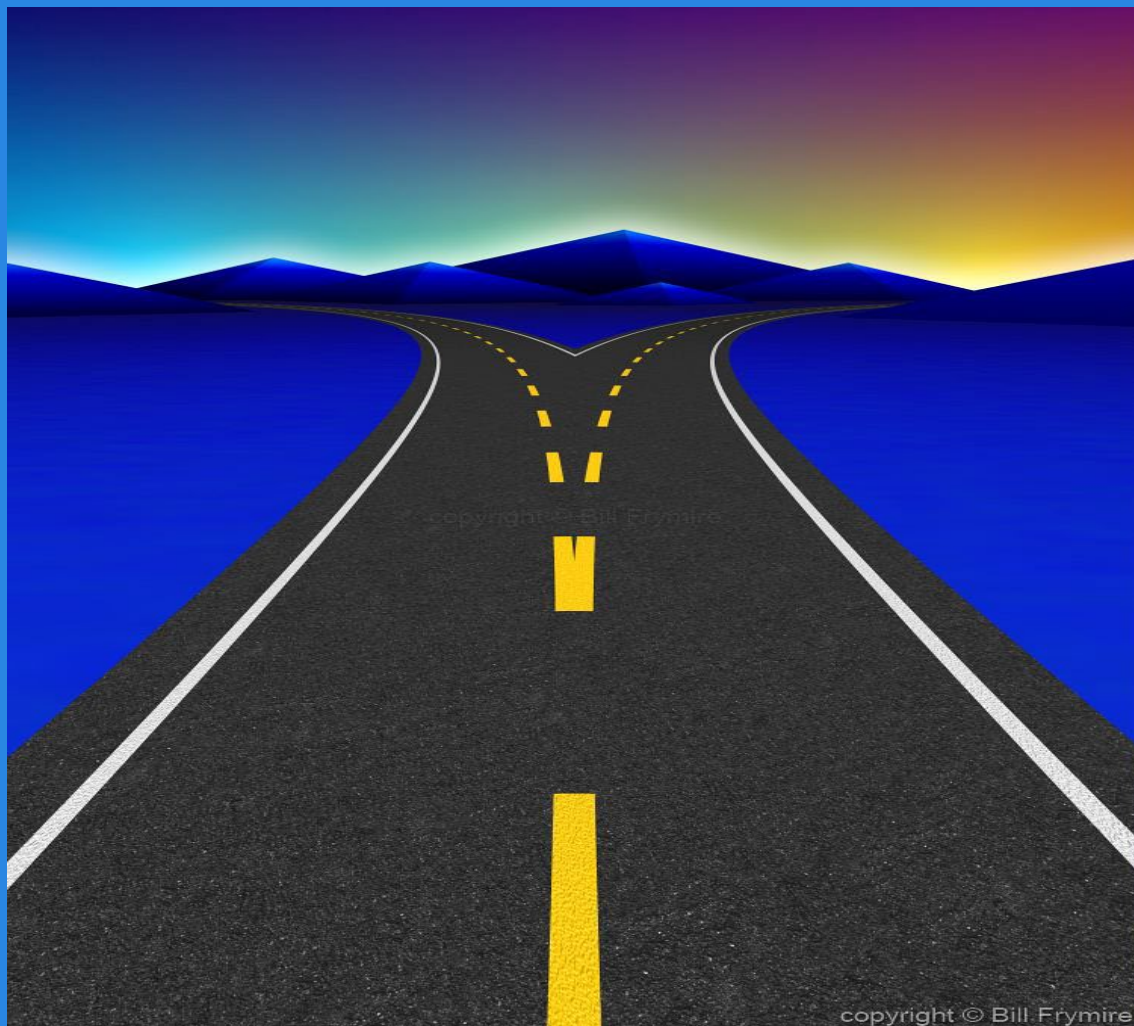
New framework to
make different choices
Reminder of what is
meaningful to them

Action:

Engage in Activity
Success
Evaluate barriers

Diffusion:

Just thoughts & feelings
Self talk:
“I’m living my life”
Use of humor
Normalize feelings



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Spouses or Partners Can See Half Full Too

When a star player is slumping, a little rest helps, but teammates can 'pick him up' by upping their play.

Is he a burden on them or is this what a team does when they care?

- How a couple can avoid imploding around the prostate cancer
- How to get beyond the barriers of the stalled communication that arise because of the 'tension of good intentions'
- How to improve communication skills
- The importance of maintaining physical and emotional intimacy
- How spouses and partners can take care of themselves while they are taking care of their ill or recuperating loved ones



Coping with Recurrence...

...Going Hormonal

- Recurrence of prostate cancer after primary treatment
- Being diagnosed with a cancer that is advanced and not curable
- The emotional reactions of sadness, anger and mistrust that arise after forging a private, inner contract of ‘complications for cure’, that now feels betrayed
- Renewed PSA Anxiety and how to avoid the mental trap of counting down to death
- The psychological and physical impact of hormonal therapy



Grieving Losses...

Time to Re-Invest in Your Future As a Wise Role Model

- Losses experienced with prostate cancer
 - Trust; Physical Wholeness; Maleness
 - A Sense of Invulnerability and Immortality
 - Grieving
- Strategies for finding more meaning, purpose and connection in relationships
- The life-changing benefits of developing a Role-Model potential, regardless of illness status



Types of Anxiety

- Clean anxiety
- Dirty anxiety

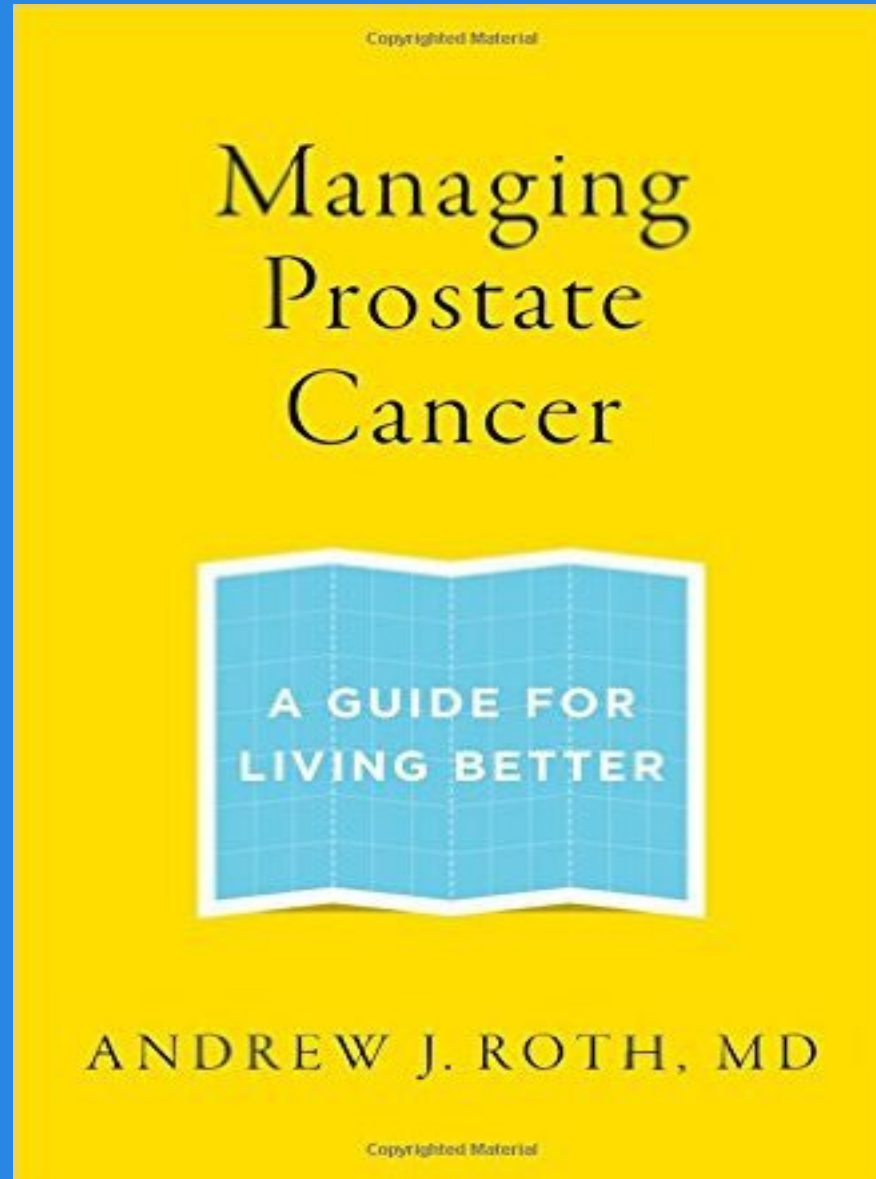


Summary

- Getting prostate cancer can be devastating
- Wishing it away doesn't work
- Maintaining a healthy lifestyle matters
 - Physically and Emotionally
 - DRAFT into EJ
 - Sex vs. Intimacy
 - Spousal/Partner Support
 - Coping with Recurrence
 - Role Modeling



Disclosure



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