A Psychiatric Journey across the Cancer Care Continuum

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In this month’s issue of Psychiatric Annals, we present a relevant series of articles from the residents and faculty of The George Washington University Department of Psychiatry and Behavioral Sciences Consultation-Liaison Service, guest edited by Lorenzo Norris, MD. This series concerns the management of patients with cancer and the depression and demoralization that can often accompany the diagnosis. Besides presenting cases in which targeted psychotherapy and psychopharmacologic treatment were helpful, the authors help us recognize the overlap and the differences between clinical depression and states of distress and demoralization. Also explored are the different approaches useful in addressing these conditions.

The authors point out that while both demoralization and depression can present with low mood, sleep disturbance, loss of appetite, and suicidal thinking, “one of the hallmarks of a major depressive episode that is absent in demoralization is anhedonia.” If the life situation improves, demoralization will often lift. This does not happen in major depression.

The current evidence supports the notion that antidepressant medications can help in major depression, but in demoralization a major target is the question of finding meaning in life, in the face of overwhelming negative events, similar to the biblical experience of Job.

With life being as unpredictable as it is, it may be worth focusing occasionally on what each of us sees as our purpose and our source of meaning. A developed concept of our purpose and meaning may provide the stability we need when we find ourselves face-to-face with the Job experience.

One of the best sources of meaning available to us as clinicians is our capacity to help our patients fight demoralization by helping them find meaning in their lives.

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