Issues of Hope and Faith in the Cancer Patient

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ABSTRACT: Akira Kurosawa's 1952 film about a man with a terminal gastric cancer introduces a discussion of hope and faith in the oncology patient. A psychodynamic relationship between hope and faith is explored, using Lawrence LeShan's research in cancer psychotherapy and Erik Erikson's lifespan developmental theory. LeShan describes a cancer personality characterized by hopeless despair, while Erikson formulates a psychogenetic framework for the development of hope and despair. Hope and faith are linked through the individual's earliest strivings toward basic trust in the world and his or her own self-efficacy. Accordingly, cancer psychotherapy may aim at restoring adult patients' faith in life and inner creative resources.

In the psychotherapy of individuals with a potentially terminal illness, spiritual and psychological issues converge in the most profound ways, for both patient and therapist are impelled to give practical consideration to the fundamental elements of the human condition—life and death. For the patients, questions and conflicts about their own mortality surface with relative immediacy. The meaningfulness of their existence, the quality of their lives, their sense of connectedness to other human beings, are a few of their concerns. For the therapist, the existential concerns are dilemmas of faith and hope: In what do these patients believe that is life-affirming and that affirms their own inner life? What gives these patients hope in face of this personal tragedy?

This paper explores a psychogenetic relationship between hope and faith in the context of individuals with a life-threatening illness, specifically, of individuals with cancer. The analysis is based on three sources: a film made by Akira Kurosawa in 1952 about a man with a terminal stomach cancer, the research in cancer psychotherapy of Lawrence LeShan, and the developmental psychology of Erik Erikson. Four core ideas constitute the thesis.

The first idea is the proposition that faith in the spiritual realm is a derivative of hope in the psychological realm and has its roots in the quality of the individual's early object relationships, particularly, of interpersonal trust. Faith is interpreted here not as an adherence to a specific religious creed, but...
as a belief in something that is life-affirming and that affirms the inner life of the believer and gives meaning to his or her life.

The second idea is the proposition that persons with a life-threatening illness such as cancer must at some point, consciously or unconsciously, grapple with issues of hope and faith in order to sustain themselves emotionally through the vicissitudes of their disease and course of medical treatment, and the uncertain prospects for their future.

Third is the proposition that such persons bring to their illness not just a physiological or genetic history but an emotional history, and that this history disposes them for better or for worse for dealing with issues of hope and faith.

Fourth is the proposition that psychotherapists working with seriously ill people can draw from the above ideas a valuable perspective on understanding their patients’ experience and can derive from these ideas useful clinical interventions.

The research on personality and cancer raises a controversial issue: whether and to what extent a person’s emotional history may actually influence the formation of his or her disease. The position taken here is that there seems to be evidence suggestive of a psychosomatic component in the development of cancer, particularly in the work of Lawrence LeShan. However, this evidence should be interpreted with caution. The danger is that patients may come to feel burdened with guilt for bringing on their disease.

We know from studies of women with breast cancer that, once diagnosed, those with the most hope had the best prognosis. This knowledge is potentially countertherapeutic. Those patients who do not get better may blame themselves for not trying hard enough, despite putting out their best effort under the circumstances.

The focus here is on how cancer patients’ emotional disposition affects the quality of their lives: What gives these persons integrity and dignity in face of illness and the threat of death?

In Kurosawa’s film *Ikiru*, meaning “to live,” the protagonist, Watanabe, learns he has a terminal gastric cancer and six months left to live. Watanabe is a petty bureaucrat who has spent his entire work life pushing papers behind a desk. He once had ambitions, but ideas for his projects were long since buried in his files. He was widowed early and invested his energies in raising a son alone. When the son married and became involved in his own life, Watanabe was left feeling emotionally alone. He adapted to his life experiences with apathy and stagnation. When he learns of his diagnosis, however, he has deep regrets over how he has lived—or has not lived. He searches desperately to find meaning and gratification until he befriends a young woman who is dirt poor but happy because of her success in making dolls. In a dramatic turnaround, Watanabe marshals all of his energies, pushes past bureaucratic attempts to sabotage him, and has a park built for the citizens of the town. He dies a happy and fulfilled man. He has learned to find deep meaning through faith in and use of his inner creative resources.