

## ANXIETY AND FEAR

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It is *anxiety* that is the killer. We humans suffer most when not knowing all that needs to be known, especially when there is so much to fear. I choose, as do many dictionaries and as have countless great religious leaders and philosophers, to define “anxiety” as “fear of the unknown.”

I frequently relate a parable to my patients on this crucial subject. Let us travel back in time to the clan of the proverbial caveman. In one cave, somewhat safe from the elements and huddled about a fire, is a family fraught with anxiety toward the savage carnivores outside. These beasts only know this clan as prey. The clan shrinks under the weight of this knowledge, convinced that the predators will most assuredly find and devour them. The clan huddles all the closer, shaken by every foreign sound and every dimming of the fire. They dare not move. They are not ready to battle for their next meal or to survive. That is the primordial example of paralysis by analysis; it is as old as man. That is anxiety.

In the hillside just to the east, another clan of warriors huddle. They know well the dangers that lurk and are ready to pounce as the fire dims and the sounds draw near. Fearful of what they know, and *armed*, they set forth into what will now be the *known*. History has shown us that this clan will survive. That is the liberating power of fear inciting action.

Both anxiety and fear evoke the same visceral and pressing emotional urgings. However, for the first clan, the *unknown* fuels their feelings. That is anxiety, and that is the end of that clan. However, the second clan knows that the bigger enemy is anxiety, fear of the unknown. It is fear of anxiety that drives them to action. Anxiety is the road to paralysis. Fear can ignite action without guarantee of success, but action nevertheless.

Anxiety disorders in patients and their relationship to the quality of life have been the subject of legions of studies in the medical literature. Their conclusion is universal. Anxiety is as much a killer as is living in constant bodily pain. What is life worth, one wonders, when the icy soul-sucking grip of the never-and-forever lie holds you tight to its bosom. This lie screams into your psyche, saying, “It will never change, and it will forever be the same.”

Anxiety is not abnormal and may, in fact, be an emotion that leads to a positive outcome. Nonetheless, it is almost the kiss of death when it too easily evolves into the loosely defined term “morbid anxiety,” causing panic, irrationality, and paralysis. There is little doubt that morbid anxiety has negative consequences in many regards for the cancer patient as well as his or her family.

Granted, some malignancies with a less ominous prognosis will not elicit as much morbid anxiety. Once again, the key is that the patient *knows* that the prognosis is less ominous. It is *knowledge* that is the oncologist’s first and most precious gift to the patient. It is *knowledge* that the patient and family must demand. Knowledge delivered through teaching must be thorough, comprehensible, and empathetic. The flow of information must never stop. Physicians must teach patients how to deal with family, friends, sources on the Internet, the staging procedures and their meaning, the treatment, and the value of second opinions. Patients must learn well that they will not be alone, that thousands have handled this and that others were no less anxious and no braver.

Physicians must speak to their patients of the odds of cure, remission and durability of remission. They must not shy away from discussing spirituality, life’s goals, and the effects of treatment on normal bodily function. Common anxiety-laden patient questions, such as “What functions or abilities will I lose?” and “What functions or abilities will I keep?” are essential front-burner issues. Discussions must be frank regarding the specter that pain, nausea, and vomiting often represent to patients. Moreover, physicians will find that the more empathetic time they spend with a patient, the greater the patient’s trust and quality of life will be.

Patients need to know if research studies hold out a realistic promise.

Oncologists must explain the amazing armamentarium of medications they have, the psychological assistance patients will be given, and, potentially, the beautiful role that hospice may play. Most of all, *patients* must be put in charge by being given repeated, slow, but thorough helpings of knowledge. That is the key to killing anxiety. Caretakers must indeed take great care to embrace the God-given, hero-making emotion of fear, break the paralyzing bonds of anxiety, and guide patients and families onward to face the future.