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00:00:00.076 --> 00:00:21.538 Announcer Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital. Welcome to Yale Cancer Answers with the director of the Yale Cancer Center, Doctor Eric Winer. Yale Cancer Answers features conversations with oncologists and specialists who are on the forefront of the battle to fight cancer. Here's Doctor Winer.

00:00:21.615 --> 00:00:55.192 Eric Winer Tonight, we're going to be talking about mental health issues in individuals with cancer and how we approach them, how we treat them, and maybe taking away a little bit of the stigma that that often is associated with mental health challenges. Joined tonight by our guest, Gabe Cartagena who's an assistant professor at Yale School of Medicine, the clinical director of the Yale Cycle and Program.

00:00:55.269 --> 00:01:07.807 Eric Winer Doctor Cartagena is a clinical psychologist and works very closely with psychiatrists and social workers, and makes us to talk to him. Welcome, Gabe.

00:01:08.115 --> 00:01:10.038 Gabriel Cartagena Thank you for having me, Eric. I really appreciate it.

00:01:10.076 --> 00:01:19.846 Eric Winer When we talk about providing mental health services to people who have cancer. We're often talking about a team approach. Is that is that correct?

00:01:20.000 --> 00:01:40.538 Gabriel Cartagena Optimally a team approach for sure. It's the process that we take here at the cancer hospital and in the work that I do. But the idea behind that sort of thing is to really recognize that there's so many different intermingling facets that impact a person's mental health when they have cancer. And so we can't necessarily treat each individual.

00:01:40.538 --> 00:01:55.807 Gabriel Cartagena And the things that they're going through in a one size fits all approach. Instead, it needs to be a bit integrated and needs to include a team so that we have different perspectives. And also we have different approaches. So some of the examples of that, in terms of the clinic that I run and the work that we do can be through psychotherapy.

00:01:55.846 --> 00:02:11.192 Gabriel Cartagena It can also be through medications. And some folks have a proclivity toward one, a hesitation toward the other. And we talk about whenever we need a new patient, what their experiences are, what informs what they prefer, and what might be the best combination to help them out.

00:02:11.269 --> 00:02:26.192 Eric Winer Yeah, I would think that this is one situation where one size fits all never is right. Tell me a little bit before we get into details of of how we approach patients. Somebody how you got into all of this?

00:02:26.269 --> 00:02:51.615 Gabriel Cartagena I love this question. So my interest in the field started when I was young, but I didn't really have a name

to put on it. Chronic illness was pretty prominent in my family. A fair minded family had been affected by cancer, if not have passed away from cancer and other serious chronic illnesses. And as I was growing up, one of the things that I noticed was that no matter how hard we tried, physical health and mental health were kind of inextricable from each other.

00:02:51.692 --> 00:03:08.230 Gabriel Cartagena And in Puerto Rican culture, because my background is Puerto Rican, mental health and of itself wasn't really spoken about openly. But when we did speak about it, and though it's gotten better now, when we did speak about it, it's almost we talk about it in the silo. It's kind of separated from the rest of our body. We can it as well.

00:03:08.230 --> 00:03:27.538 Gabriel Cartagena That's happening in my head as nothing to do with the rest of my body. But I kept observing when I was younger that there's this inextricable relationship between the two. There are kind of two sides of the same coin. How we feel physically impacts our mental health, and our mental health impacts our physical health. And so that really fueled an interest.

00:03:27.538 --> 00:03:57.500 Gabriel Cartagena Or like a, I would say, a growing conversation I was having inside of myself of like, well, how do these two things kind of coexist? And then throughout my time, kind of like observing the impact of chronic illness and cancer in my family, I started to notice that even while they were receiving treatment and coming into contact with really great medical teams, they were also kind of suffering alone, whether it was through stigma or through just a sense of self isolation, of like no one else really gets what's happening or can really sit with me in this.

00:03:57.538 --> 00:04:26.307 Gabriel Cartagena I kind of win this a lot of that. And I thought to myself pretty early on, this can't be the way that you do things. There has to be kind of like a different approach. There must be. And so in undergrad, I kind of immersed myself into studying, meaning making and coping with HIV. And a professor that I had introduced me to the realm of health psychology, which positioned psychologists in the medical field and kind of like as a complement and support system to medicine.

00:04:26.346 --> 00:04:42.269 Gabriel Cartagena And we quickly started working on our breast cancer survivorship. And I was introduced to the field of psychology as the sort of medium that has always been looking for when I was younger and hoping that my family could have at some point. And I thought, well, this is I was I'm home, this is what I want to be doing.

00:04:42.269 --> 00:04:55.538 Gabriel Cartagena And so I focused the rest of my doctorate on psycho. And my career up until this point has been in psychoanalysis and kind of embedding myself in hospital systems and supporting mental health in cancer and chronic illness.

00:04:55.615 --> 00:05:22.000 Eric Winer Least in my own practice. I find that a lot of people feel like it, or depression is all coming from the cancer, and it may

well be they. Someone may have been feeling totally fine, not remotely depressed before being diagnosed, and a diagnosis of cancer is a big deal. Oftentimes people are resistant to addressing these mental health problems.

00:05:22.000 --> 00:05:33.653 Eric Winer And I often say to patients, if you have pain, we treated with pain medicines, if you have anxiety or depression, we should address it. And I'm interested in your thoughts about that.

00:05:33.692 --> 00:05:52.730 Gabriel Cartagena I resonate pretty strongly with this, and I hear it a lot from the folks that I work with. In the same vein, as I was describing some of the observations I had with my family really early on, that there might be a preconception, and we talk about this a lot during our first appointment. And when I first meet with folks of like, how is this now affecting my mental health?

00:05:52.730 --> 00:06:12.230 Gabriel Cartagena This is a really physical thing and we're treating it as such, so why can't that happen? And if we do treat the cancer, then all the rest of it is going to go away. And I can understand entirely why that perspective might come up. And as a result, it might make people a little bit wary or a little bit confused about where psychotherapy could have a place in terms of being helpful for cancer treatment.

00:06:12.230 --> 00:06:31.615 Gabriel Cartagena And so the metaphor I often bring up, or the parallel is something on the lines of a marathon I run a lot. It's a really great coping strategy that they have. It's really solid for me, but it takes a lot of work. And when I first started doing it. You have no idea what really goes into it, unless you're in the thick of it and you're like, all right, at that point, this is what I need.

00:06:31.653 --> 00:06:49.269 Gabriel Cartagena This is what it's like. This is how I need to nourish myself. We don't know those things until we get there and we have to pace ourselves for the marathon. I think the test of this, that cancer treatment in and of itself is a marathon. It takes a lot of time, a lot of resources, and no patient enters it knowing how to handle anything.

00:06:49.346 --> 00:07:18.730 Gabriel Cartagena And so I often pitch it that way to patients with respect to the idea of all of this can be particularly new. What if there was a way that psychotherapy could help you process your emotions, process your reactions, help you out with decision making, help you out in understanding how to navigate your treatment, and navigate the anxiety so that you can get back to what it is that you're actually doing the treatment for, which is spending time with your family.

00:07:18.807 --> 00:07:37.730 Gabriel Cartagena What if we could partner together and give you skills and tools that could help make the treatment more manageable, at the very least. And through that avenue, I find that a lot of folks start to soften a little bit more toward the idea of psychotherapy, but then also to open their minds to all the different ways that we can actually help.

00:07:37.769 --> 00:07:48.307 Gabriel Cartagena And that doesn't need to look

like necessarily one thing, or you don't necessarily need to be in a major crisis or needs to be expressing a particular thing in order to find this useful.

00:07:48.307 --> 00:08:16.692 Eric Winer I personally think we under use psychotherapy and sometimes some medication interventions and cognitive behavioral therapy where people learn coping skills. I think we we underutilized this. I love the analogy to a marathon. I mean, when someone's starting cancer treatment, we want them to be in as good shape as possible. We want them to be nourished. We want them to be rested.

00:08:16.692 --> 00:08:39.615 Eric Winer We want them to feel, from a mental health standpoint, that there is together as they can be. And, you know, this also comes up, of course, when someone has young children and they're going through cancer treatment, how those children do is very much dependent upon how the parents are coping.

00:08:39.692 --> 00:08:59.500 Gabriel Cartagena It is a particularly interesting thing that comes up in our clinic because we not only work directly with patients, but I work with caregivers, families and friends. And so the ways in which it impacts the system can be particularly powerful and in some ways be this kind of like a bidirectional road that we have to really take account of.

00:08:59.576 --> 00:09:18.153 Gabriel Cartagena Sometimes when we think about the impact of cancer, we can think of it as like a One Direction sort of thing and really emphasize the patient, which is incredibly important. It also affects the system, like you were talking about the ways in which we're able to cope, manage our fears, our anxieties, our mood. That also has a ripple effect in the ways in which we kind of model to other people.

00:09:18.153 --> 00:09:37.038 Gabriel Cartagena This is how we can cope through something really stressful. This is how to navigate a really tough situation. There's a ripple effect there that I think is really important. And so one of the things I really appreciate about the work that I do and I get to do, it's not only just focused on the patient, but also on their system too.

00:09:37.115 --> 00:10:04.692 Eric Winer So this is going to be hard to answer in the even in the two plus minutes we have, we have left in this half. But you can give it a try. What advice would you have for family members or close friends or caregivers? I think oftentimes people don't know quite how to react and quite how to be supportive.

00:10:04.730 --> 00:10:26.538 Gabriel Cartagena I really appreciate that you ask this question. It comes up so much. I think the thing that I get the most to start this question off, the thing that I get the most in working with patients in their systems, is this phrase that almost gets repeated verbatim by people. I am so, so sad. And so I feel so guilty that I'm doing this to my family.

00:10:26.538 --> 00:10:46.076 Gabriel Cartagena I feel so awful them doing this to them. And the first thing I often do with everyone is work with them. To reframe the cancer experience is something that's happening to them, as

opposed to something that's being encouraged, something that we brought upon ourselves. Instead. It's an experience. It's something that you are going through, and by virtue of that, it's not only happening to you, but to your system, to.

00:10:46.076 --> 00:11:16.192 Gabriel Cartagena And so that it ends up being a really helpful reframe, because it gives us a breath of air in between the space, between ourselves and our emotions and the guilt that we might be feeling, and gives us a new way of kind of relating to what's happening and relating to each other. And then I start to think about the, the, the involvement of the caregiver, the mother, the sibling, the spouse, and the ways in which they might be in the position in which they're trying to think of all the right things, quote unquote, to do.

00:11:16.230 --> 00:11:38.769 Gabriel Cartagena Towing the line between like being supportive versus being active, or am I saying the right thing? And so one of the main things I often talk about with caregivers and support systems is that what if we shifted our expectation to having a healthy expectation that we're going to be imperfect? You do not have a manual for this whatsoever, and even if you have some sort of experience with caregiving, no two caregiving experiences are the same.

00:11:38.769 --> 00:11:59.769 Gabriel Cartagena So rather than focusing in on am I doing quite the right thing for this person that I love? If we focus a little bit instead on what our needs are in order to make ourselves the best caregiver that we can be, maybe we focus in on what strengths can they offer because I can't be everything to everyone. So maybe what am I the best at that could really offer this person?

00:11:59.846 --> 00:12:20.346 Gabriel Cartagena How am I showing up and listening to the person that I love such that they're kind of leading the way, and that what I end up giving them in terms of caregiving kind of matches up with what they need. I tend to gradually, when I work with folks, guide them in that direction such that we kind of lose the attachment to being perfect.

00:12:20.423 --> 00:12:50.461 Eric Winer Yeah, no, I think that that makes sense. I think the one other thing is that we can encourage family members to make sure that they're actually talking to the patient and trying to understand what the person with cancer needs, because oftentimes, you know, rather than functioning as a well-oiled machine or as a team, they're functioning independently, the patient and the caregiver.

00:12:50.461 --> 00:12:55.846 Eric Winer And you got to bring it together, you know, and there's they're stronger together.

00:12:56.153 --> 00:12:57.615 Gabriel Cartagena Absolutely.

00:12:57.692 --> 00:13:17.076 Eric Winer So we're going to need to take just a minute break and we will be back. Speaking with Doctor Gabe Cartagena, who is a clinical psychologist. And and we're talking about mental health issues in patients with cancer. We'll be right back.

00:13:17.307 --> 00:13:37.730 Announcer Support for Yale Cancer Answers comes from Smilow Cancer Hospital, where the early onset cancer program provides care and support for patients from 18 to 45 years old. The program's mission is to reduce the burden of cancer and improve patients quality of life. SmilowCancerHospital.org.

00:13:37.807 --> 00:13:59.769 Announcer Genetic testing can be useful for people with certain types of cancer that seem to run in their families. Genetic counseling is a process that includes collecting a detailed personal and family history, a risk assessment, and a discussion of genetic testing options. Only about 5 to 10% of all cancers are inherited, and genetic testing is not recommended for everyone.

00:13:59.807 --> 00:14:32.807 Announcer Individuals who have a personal and or family history that includes cancer at unusually early ages. Multiple relatives on the same side of the family with the same cancer. More than one diagnosis of cancer in the same individual. Rare cancers or family history of a known altered cancer predisposing gene could be candidates for genetic testing. Resources for genetic counseling and testing are available at federally designated comprehensive cancer centers, such as Yale Cancer Center and at Smilow Cancer Hospital.

00:14:32.846 --> 00:14:39.461 Announcer More information is available at YaleCancerCenter.org. You're listening to Connecticut Public Radio.

00:14:39.538 --> 00:15:07.269 Eric Winer Welcome back to the second half of Yale Cancer Answers. I'm Eric Winer, your host, speaking with Doctor Gabe Cartagena, who focuses exclusively on psycho and or mental health problems in people who have cancer. This is a really important area and one that oftentimes, I'm sorry to say, gets neglected. Let's talk a little bit about the different types of mental health problems.

00:15:07.269 --> 00:15:12.384 Eric Winer So there's anxiety. There's depression. Why don't we start with those.

00:15:12.423 --> 00:15:33.500 Gabriel Cartagena One of the best approaches to start off with is really understanding what their relationship is like with the anxiety depression. Like, let's get a flavor for what it looks like for you. Now, for some folks, this is particularly new. For other folks, this is kind of like a buildup. And maybe they had some anxiety or low mood before, but it's really exacerbated.

00:15:33.500 --> 00:15:52.269 Gabriel Cartagena And that tells me a lot. That tells me a lot about the impact that this has, their relationship to the cancer and how it affects them. So getting a good sense of like, how is this anxiety change in mood, even trauma? How does it feel different than it might have felt before? And then from there, kind of exploring the relationship that the individual has to the cancer.

00:15:52.269 --> 00:16:10.384 Gabriel Cartagena When we do feel anxious,

what's kind of like at the root of that are we do we get pretty anxious when we see something on the news about cancer? When we hear that a friend, a colleague or someone on TV has been afflicted, do we get pretty anxious when we think about our children? What is that the root of the anxiety?

00:16:10.384 --> 00:16:46.076 Gabriel Cartagena And then from there, we can have a bevy of different approaches from a clinical perspective to help people out. One of them is called cognitive behavioral therapy that focuses in on the relationship between our thoughts or behaviors and our emotions, and kind of getting folks to observe the ways that they respond to things and see the relationship between those three things, and then intervene when things get a bit, or when their emotions feel really overwhelming, using really practical skills that help them manage the thoughts about the future, perhaps manage their thoughts about cancer, and balance those thoughts a bit more than they might have done, and a bit more intentionally than they might have done

00:16:46.076 --> 00:17:01.884 Gabriel Cartagena before. There's also something called acceptance and commitment therapy, which sounds a little bit on the nose, but that one is really focused on what's important to you. And how can we make the most of what's important to you in the confines of the reality that we live in right now? And for some folks, it takes some sort of combination of those.

00:17:02.000 --> 00:17:22.230 Gabriel Cartagena But the idea behind treating something like anxiety and depression is to first, at least from my perspective, when I'm trading someone to understand their world, understand how it affects them, how it feels different, and then from there kind of pulling together these different strategies and these different treatment approaches to help navigate each of those changes in mood and anxiety.

00:17:22.269 --> 00:17:46.269 Eric Winer Let's talk a little bit about depression. It's hard not to feel a little down or a little depressed when you've just received a diagnosis of cancer. When you're going through cancer treatment, how is that different from the kind of severe depression that you see sometimes in somebody with cancer? And what are the approaches that you would take in that patient who has severe depression?

00:17:46.307 --> 00:18:10.769 Gabriel Cartagena That's a great question, because some folks might enter this journey and receive the diagnosis and wonder to themselves whether or not they're responses normative. And if it's not, then what should I be looking out for? And depression is a really important one that I talk to folks about. So as you mentioned, it's a pretty normative response to feel sad, to feel shocked, to feel a variety of different emotions when you receive a cancer diagnosis.

00:18:10.807 --> 00:18:31.307 Gabriel Cartagena A couple of the things that I often look for and kind of guide folks to look for as they're trying to figure out how they feel about things and what what's kind of going on for them internally. Two things. The first one is how is my view of the future right now? When

we think about classic clinical depression, at the core of it, it's a foundational hopelessness of the future.

00:18:31.346 --> 00:18:51.769 Gabriel Cartagena The future becomes almost inaccessible. It's really hard to construct some sort of picture of it. And so if that future for you starts to feel as though it has lost its edges or it's lost its form, it might be a pretty good indicator that the depression is hitting you a bit more than typical low mood in general might hit you.

00:18:51.807 --> 00:19:14.384 Gabriel Cartagena The other piece I often ask for folks out the gate when we talk about their mood is how is your functioning changing as well? So for more severe instances of depression, what we end up seeing are these minute but very important changes to how we're functioning day to day. That would indicate that our symptoms are kind of invading and impacting our our physical health and our mental health as well.

00:19:14.384 --> 00:19:31.346 Gabriel Cartagena So one of those might be a sense of retreat essentially. So the things that you were really enjoyed doing before, the ways that you engage with your family, with your friends, you're starting to pull away from them. And you start to ask yourself, perhaps the question of what's the use? I don't know if I'm going to be here tomorrow.

00:19:31.500 --> 00:19:54.730 Gabriel Cartagena If you find yourself being a bit more tearful, finding that your emotions are a little bit harder to regulate than before. If you find yourself bedridden or kind of retreated to the extent in which it's hard to get out of bed, those are pretty great indicators that our functioning is being impaired, and from there our depression is kind of rearing it's likely head and it might need a bit more support and intervention.

00:19:54.730 --> 00:20:05.846 Eric Winer And is that a situation where you would work with the patient's oncologist or psychiatrist to potentially start them on some medication?

00:20:05.884 --> 00:20:21.692 Gabriel Cartagena That is a great point. So there are a couple of different approaches. One of them might be medication management, particularly if the depression is very severe. Some folks will come into clinic with me and I'll give them that recommendation and they'll say, well, you know what, Gabe? I, I don't know. I've never.

00:20:21.730 --> 00:20:25.269 Eric Winer I don't want to take another medication. Exactly. I don't like the side effects.

00:20:25.269 --> 00:20:45.192 Gabriel Cartagena And how could we blame them? Right. Like if you were taking all of your other medications and experiencing side effects of low libido, fatigue, pain, you name it. And we're asking them in many ways to take another medication. Of course, they would have that perspective. So I have an open conversation with them about their values. I kind of start there.

00:20:45.269 --> 00:21:22.423 Gabriel Cartagena What would having this med-

ication on board give you that has been taken away from you so far? What would the value at be? And then from there, would that cost benefit allow you to live a life closer to the one that you would want, if it meant a side effect? And we talk pretty openly, I would say, about the pros and cons of each, until we get to a point in which the patient really feels as though they have enough information, and enough of an understanding of what it could offer them to make the decision that's right for them.

00:21:22.538 --> 00:21:53.807 Eric Winer And of course, I just want to point out, you know, there are, as is the case in most fields in medicine, there have been huge advance advances in in medications that are available. And the side effects really vary a great deal from medication to medication. So, you know, sometimes it's also working with people to get them to understand that the right psychiatrist or other professional might be able to tailor the side effects to what they can tolerate.

00:21:53.846 --> 00:22:23.538 Gabriel Cartagena Agree 100%. I would add to that as well. That's something that ends up being incredibly important to this conversation, is the understanding that from all of the literature, what we know most particularly for clinical depression, is that the best outcomes are found in the combination of psychotherapy and medication management. And so it's can be really reaffirming and helpful for folks to know that I'll be getting skills and being able to practice something in tandem with this medication, and that we're kind of taking a two pronged approach as opposed to just saying, all right, well, here's the thing.

00:22:23.653 --> 00:22:35.615 Gabriel Cartagena Take it. You'll feel better, I promise. No, it's a collaborative effort. It's never just one particular thing. But there are many different times, particularly with something like depression, where it can be really helpful to have the medication piece on board, for sure.

00:22:35.653 --> 00:23:02.884 Eric Winer You know? And then there are people who have cancer who who it feels to me at least, that they have a reaction to the cancer that's a little bit like PTSD. And of course, this may trigger something that happened in the past. And I think that that actually is an important point, which is that, of course, everyone's been affected by what has happened long before the cancer.

00:23:02.884 --> 00:23:14.769 Eric Winer We all come to this with a lifelong of experiences. So how do you deal with that patient who's who really is looking more like somebody who has PTSD?

00:23:14.846 --> 00:23:33.576 Gabriel Cartagena I love that you asked this question because I talk about this often and in cycle and college. We don't quite yet have a language for it. So if we think about typical PTSD, we talk about traumas that are big T and little T, big T, we think about our natural disasters, those sorts of things. Little teas are our day to day sort of traumatic experiences.

00:23:33.576 --> 00:24:02.653 Gabriel Cartagena Where the heck does cancer fit in that? We don't in psychology, we don't necessarily quite yet have a language for it. And so we've when I say like the royal way scientifically and also in like clinical spaces where kind of seeing a lot of patients have experiences that are really reminiscent of, of a veteran who's gone through war or people who have PTSD, but the ways in which they're coming out, in the ways at which they affect their lives and apply to cancer, look a bit different than what you would typically expect.

00:24:02.692 --> 00:24:20.192 Gabriel Cartagena So where do we kind of like encapsulate that? A lot of patients ask me this question too. And so the first thing I often do, because I also did some of my training at the VA as well, is I get to know the individual story. And as you mentioned, we come into this with a lifetime of experiences that we cannot neglect.

00:24:20.192 --> 00:24:45.000 Gabriel Cartagena So we never neglect it in treatment together, but understand the individual story and how the trauma is kind of like taking shape for some people. I don't know if in your practice you've ever observed this, but for some people, when they're going into MRI, when they're going in for blood work, when they're going into surgery, the being in an MRI, being in a scan, for one, feels like a loss of autonomy.

00:24:45.000 --> 00:24:56.538 Eric Winer There are also patients who, every time they have to come back for a follow up visit to the place where they receive treatment. It's a hugely traumatic experience, and.

00:24:56.576 --> 00:25:14.076 Gabriel Cartagena We think about the hospital then as a place in which something really almost a war happened. If we want to continue this metaphor, a battle happened that had a really significant impact. So each time that we return, whether it's for a scan or now, we're in surveillance and we have to come back and we thought we kind of put that behind us.

00:25:14.115 --> 00:25:34.076 Gabriel Cartagena It can definitely bring up old reactions and trauma responses. So I get to understand a little bit about how it functions or works or shows up for them. And then from there, we have a variety of different approaches that we might take for treating trauma. When it comes to cancer. Some of it might take the form of something like an exposure to kind of like gradually getting people back into the hospital.

00:25:34.115 --> 00:25:59.153 Gabriel Cartagena What would it look like if we for some of the folks that I work with, we do work virtually. What would it look like if we took our next session to the garden at on the seventh floor? Smile, for instance. And we just stayed there. We didn't go into any of the clinical rooms. What if we approached some of the things that are triggering us in a gradual way to kind of expose us, inoculate us to it, and then go from there?

00:25:59.230 --> 00:26:41.461 Eric Winer One of the challenges, of course, when people have cancer is that there can be a lot of intrusive thoughts and they can be unable to separate themselves from the cancer. They're always thinking

about it. And one of the things I try to encourage people to do is to try not to focus quite so much. And, you know, I don't know what you think of this, but I often tell people that when they're thinking about bad things that could come, that by no means are guaranteed to come, that they have a choice and they can, you know, it's as if there are two paths they can go down.

00:26:41.461 --> 00:27:03.000 Eric Winer One is to go down this very dark path with a very bad ending, and they're then going to get upset, or they can just pull themselves back and think about something different, and that every once in a while it's important to like go to that dark place, but you can't do it all the time.

00:27:03.115 --> 00:27:20.192 Gabriel Cartagena There's a lot of merit to your approach, and I might even add on to it. I often when I talk about this particular thing with folks, I almost set up the expectation that that dark thought is probably going to be there no matter what, even if we tried to, like, stave it off, let's expect that that thought is going to cross our mind.

00:27:20.230 --> 00:27:39.000 Gabriel Cartagena The choice point that you're making is, I think is a really critical one, because what I end up doing with folks is kind of like sitting with them and saying, all right, so if if we recognize that this worry about the future is going to be there. What are we going to do with it? Are we going to have it limit the life that we want to live, or are we going to do something different with it?

00:27:39.038 --> 00:28:11.730 Gabriel Cartagena Are we going to approach or are we going to lean back? And so in framing it in that way, it kind of gives patients a little bit of a sense of relief that they one, they're not alone in having these thoughts, that they're not crazy for having these thoughts, but then also that if they can expect to have these thoughts and that they're kind of a normative part of things, that there's enough of a choice point, as you're mentioning, to do something different with them, and we just crack a little bit of space between ourselves and that thought, and then we can do wonders with it.

00:28:11.730 --> 00:28:24.269 Gabriel Cartagena So then from there, we start to ask, all right, so how is this thought, this really scary thought, rightfully so, scary thought, how is it limiting and kind of getting you to do the opposite of what you did or started treatment for?

00:28:24.307 --> 00:28:38.307 Eric Winer So thanks for what you do. Again, I'm speaking with Doctor Gabe Cartagena, a psychologist at the Yale Cancer Center, and to our audience, I'll talk to you again next week.

00:28:38.384 --> 00:28:57.538 Announcer If you have questions. The address is CancerAnswers@Yale.edu and past editions of the program are available in audio and written form at YaleCancerCenter.org. We hope you'll join us next time to learn more about the fight against cancer. Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital.