

Laryngectomees and Depression

“We have the results back from your biopsy, Mr. Lawrence. Unfortunately, it is what we suspected. You have what is called a ‘type two squamous cell carcinoma’ . . . a cancer . . . on your left vocal cord.”

It is not uncommon for these or similar words to trigger powerful emotions in laryngectomees and their families. And among these are certainly anxiety and depression. And we may add to those initial emotions as time goes on in a grieving process over the losses caused by our becoming laryngectomees (see “Stages & Phases of Grief”).

We all differ to the extent that these emotions have a serious impact on our lives, for how long, and whether we require professional medical help to get through them. But depression is common in laryngectomees as it is in other cancer patients. According to research, depression is common even when a cancer is in remission or even cured. The good news is that depression is fairly easily treated in 3/4s of all who have it through the use of antidepressant medications, counseling, and even just the passage of time in mild cases.



“Depression” (original art by Brian Hillegass)

temporarily). (2) Economic/vocational. We may fear losing our jobs or being forced on to welfare. The cost of treatment for the uninsured or underinsured can also be financially catastrophic. (3) Loss of identity. Losing a job or being forced into early retirement can contribute to a sense of loss of personal worth and identity. Also, for some, their particular voice was among the things they thought helped made them who they were. (4) disfigurement and acceptance by others. You may wonder if anyone will find you attractive again, and how others will accept your appearance or anything else about you which is conspicuous. Will others think of you as “handicapped” or a “freak”? Do you yourself now think of yourself in these ways? Will friends and family feel differently about you and treat you differently, or even reject you? (5) Communication. We lose the ability to communicate initially, and then often have subsequent problems being understood. And many of us can no longer “compete” on an equal footing in verbal exchanges since we are easily drowned out. We often communicate less because it has become more difficult. We also lose the ability to fully communicate emotionally through laughing or crying.

(6) Loss of confidence. We typically have to wait years to find out if we are cancer-free from the original cancer, but also often worry about a new cancer. (7) and others such as doing the things we used to do: sing, water activities, blowing your nose, dressing as we wish, taking a shower without concern, etc.

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Cancer equals death

Despite the many advances in medicine and the actual picture of cancer and the number of people who are now cured, many of us still immediately associate the word “cancer” with death. And many of us do not deal well and easily with the idea of the end of our lives. Facing death is likely to trigger powerful emotional responses.

Many potential losses

In addition to the threat of death, becoming a laryngectomee also represents many other challenges. Some of these threats, challenges and losses include: (1) Physical recovery. The laryngectomy operation is major surgery even when it is not complicated by the spread of cancer beyond the original site. There is some pain and the healing process is measured more in months and even years than in days and weeks.

In addition to loss of voice, we lose the sense of smell, taste and sensation in our necks (at least



Diagnosing depression

Depression frequently goes undiagnosed and untreated (studies have shown that primary care physicians fail to diagnose at least half of their depressed patients, particularly the elderly).

Since emotional reactions including depression are experienced by most people who are diagnosed with cancer, a diagnosis of “clinical depression” is made based on criteria such as how long the symptoms are lasting and how much they interfere with your normal life activities.

Written questionnaires are often used to initially screen for depression. An example of one asks for a yes or no

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response to ten questions: Over the past two weeks have you experienced (1) feelings of sadness and/or irritability? (2) loss of interest or pleasure in activities once enjoyed? (3) changes in weight or appetite? (4) changes in sleeping pattern? (5) feeling guilty? (6) inability to concentrate, remember things, or make decisions? (7) fatigue or loss of energy? (8) noticeable restlessness or decreased activity? (9) feeling hopeless, or worthless? (10) thoughts of suicide or death? With this questionnaire from the National Mental Health Association answering “yes” to 5 or more questions or “yes” to number 10 (for which you need to seek immediate help) are strongly suggestive of “clinical depression” for which further professional diagnosis is needed. No questionnaire is adequate to make a diagnosis, but may indicate the need to seek help for further diagnosis and treatment. Since many of these symptoms mimic other diseases (see especially hypothyroidism below), these need to be ruled out by a physician.

Hypothyroidism and Depression

One potential cause of depression in laryngectomees is hypothyroidism. Laryngectomees are more prone to a lessened thyroid gland output than the general population. One study reported that as many as 60% of laryngectomees will develop the problem compared to 2-3% of the general population. The reason is damage caused to the thyroid gland by radiation treatments or the laryngectomy surgery itself.

The diagnosis of hypothyroidism is made with a simple blood test, but most family physicians and a surprisingly large percentage of ENT MDs are unaware that laryngectomees are prone to thyroid problems. And the symptoms of hypothyroidism are so varied and shared with many other diseases that we may have to ask our doctors to perform the blood test as part of our routine physical exams. The treatment usually involves taking an inexpensive hormone replacement pill daily such as Synthroid or Levoxyol.

Treating depression

Depression is readily treatable with medications, counseling, or a combination of both. A number of very effective and non-habit forming medications are currently available including SRIs (serotonin reuptake inhibitors), such a Prozac, Zoloft, and Paxil; MAOIs (monoamine oxidase inhibitors), such as Nardil, Parnate, Marplan; TSAs (tricyclic antidepressants), such as Tofranil, Norpramin, and Elavil; and others. There are a number of approaches used in counseling for depression. Self-help groups are beneficial. “Talking” therapies, such as cognitive-behavior therapy provided by psychologists or psychiatrists, have also been proven effective. See your family physician, psychiatrist or psychologist for diagnosis, referral, and/or treatment.

stages^s or Phases of Grief?

In 1969 Psychiatrist Elizabeth Kubler-Ross described a five stage process she believed people go through in grieving their own terminal illnesses, the death of a loved one, or other serious loss. And for many, becoming a laryngectomee represents one or more losses we must work through. The stages are not actually rigid, and we can continue to return to earlier ones, go through them in a different order, and may skip some entirely. It is also possible to become stuck in an early stage and never reach full acceptance of our losses as laryngectomees. More contemporary researchers on loss and grief have different numbers of phases, describe different ones, and even state that they do not occur in any particular order and that it is all individual, etc. However, we can still see many of Kubler-Ross’ concepts at work in our own reactions and among those of new laryngectomees.

Shock and Denial. “This isn’t happening. It is a bad dream and I will wake up and things will be like they were.” Denial can be dangerous and lead us to refuse or delay treatment. This stage usually does not last long, but can be seen later on in a lingering desire to somehow turn back the clock. After the laryngectomy we may continue in denial with the futile hope that we can somehow get our old voice back. This emotion is exploited by some artificial larynx suppliers who claim they can restore a “natural voice”(laryngectomees may interpret this as their old voice), and those who see voice box transplantation as a way to regain their old voice.

Anger. “Why is this happening to me? It’s not fair.” We may also become angry with our healthcare professionals for not finding the cancer earlier. We may think we could have avoided the treatments, surgery and loss if they had caught it sooner. We might get angry at the tobacco companies about lying about the addictive nature of their product. We can also direct that anger towards ourselves. “How could you have been so stupid as to continue smoking?”

Bargaining. “God. If you will only let this radiation work and save my voice I will never smoke again.” “If You just give me back my voice I will be a better person.” One can also bargain with oneself or others.

Depression. “I don’t care anymore.” “What’s the purpose of living like this?” The kind of depression Kubler-Ross meant is not the same thing as “clinical depression” which requires professional help to get through; but is something less intense, of a shorter duration, and less disruptive of other life activities. There are often intense feelings of sadness and despair (see accompanying article). Seeking professional help at this stage (or earlier) may be necessary to preserve life as well as speed recovery.

Acceptance. This is the desirable goal of the grieving process. You accept your loss and spend more time thinking about the future than the past. You focus on what you still have and less on what you lost. You may conclude that you are better off than many, and that you have cheated death. You may come to feel that you have been given a second chance at life, that each day is a “bonus” and you should make the most out of each. But even though acceptance may dominate our thinking, we may periodically return to some of the other feelings. It is just that they no longer dominate our thinking or have long term negative effects on how we are living our lives.