

You are looking at 1-4 of 4 items for: **keywords : physical symptoms**

## Crossing Over

David Barnard, Anna M. Towers, Patricia Boston, and Yanna Lambrinidou

Published in print: 2000 Published Online: November 2011  
Publisher: Oxford University Press  
DOI: 10.1093/  
ISBN: 9780195123432 eISBN: 9780199999835 acprof:oso/9780195123432.001.0001  
Item type: book

This book provides a unique view of patients, families, and their caregivers striving together to maintain comfort and hope in the face of incurable illness. The narratives weave together emotions, physical symptoms, spiritual concerns, and the stresses of family life, as well as the professional and personal challenges of providing hospice and palliative care. Based on a vast amount of participant observation and in-depth interviews, the book moves far beyond dry technical manuals for symptom control and tired clichés about death with dignity, to depict the sights, sounds, tastes, and smells of the daily in patients' homes and the palliative care unit. It captures the breathtaking diversity of people's aspirations and ideals as they face death, and the views of the professionals who care for them. Anger and fear, tenderness and reconciliation, jealousy and love, social support and falling through the cracks, unexpected courage and unshakable faith—all of these are part of facing death in late twentieth-century North America, and this book brings them to life in a portrait of the processes of giving and receiving palliative care.

## Distress in Dying

Cicely Saunders

in Cicely Saunders: Selected Writings 1958-2004

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Item type: chapter

1963 saw the appearance of Cicely Saunders' first publication in the British Medical Journal — further evidence of the green shoots of recognition within the medical establishment. In the journal, it followed a leading article published on 'Distress in Dying' which had drawn on

published research by Exto-Smith and John Hinton. Dr Saunders' letter underscores the importance of letting the patient have an opportunity to talk, and suggests that 'If physical symptoms are alleviated then mental pain is often lifted also'. A plea is made for more special units for the care of terminally ill patients, particularly those 'who do not need the resources of a large hospital and who cannot be cared for at home', and there is 'a need for more research and still more for teaching in this unusually neglected subject'.

## 'Others' and others: hysteria and the divided self

Sean A. Spence

in Cognitive Neurology: A clinical textbook

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Item type: chapter

In hysteria, a physical symptom or sign is said to be produced by a psychological mechanism, triggered by a conflict within the patient. Crucially, there is no explanatory physical cause that can be demonstrated. The man or woman so afflicted reports that they cannot raise their arm, or cannot see; yet physical investigations prove negative and, when sedated or observed unobtrusively over time, symptomatic inconsistencies arise. However, despite these, the diagnostic systems applied are quite specific that the patient experiencing and exhibiting such symptoms and signs is not responsible for their production, i.e. they are not 'feigning'. Hence, the physician is called upon to judge what the patient is thinking and not doing, i.e. to perceive that they are really trying to move or see and are not pretending to be impaired. This is a complex task and the use of language in this area suggests considerable uncertainty among physicians as to what it is they are diagnosing.

## Introduction

Denise Traue and Sara Booth

in Palliative Care Consultations in Head and Neck Cancer

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Item type: chapter

This introductory chapter discusses head and neck cancer, which covers a diverse group of tumours that arise from the epithelial lining of the upper aerodigestive tract. It lists the different body functions affected

by head and neck cancer and the conditions caused by this disease. The chapter concludes that patients who have the disease experience several physical symptoms and psychosocial problems. Providing palliative care should be viewed as an integral component of the management of patients with head and neck cancers.