





## Psychological problems faced by cancer patients and psycho-oncology

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### Keywords

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### Abstract

Considering that cancer will continue to exist in the coming years, the fact that patients diagnosed with cancer receive psychological treatments in addition to their physiological treatment will improve the healing process. There are studies on psycho-oncology or psycho-social treatment. Psycho-oncology is a new science that emerged in order to provide the treatment to psychological disorders that occur during the diagnosis period and subsequent periods of cancer. It also helps to provide the patient with a quality of life, social support from family, and an active social environment. These studies are continuing to take place. With the dissemination of this science, we will be able to observe the effects of continued studies better in the coming years.

### Introduction

Despite the development of medicine and technology, cancer is a chronic disease that many people suffer from today and will continue to be seen increasingly in the future [1]. It is on the second place after heart diseases in Turkey and threatens human health in a serious way [1]. Cancer is when the nuclei of cells whose chromosomes have undergone structural changes send false messages to the cytoplasm, resulting in loss of control in cell division [2]. In Turkey, 300,000 people are diagnosed with cancer every year [3]. According to the data of the World Health Organization, it is predicted that world population will reach 8.7 billion in 2030, with 27 million new cancer cases and 17 million deaths from cancer annually [3].

Cancer does not only affect the physiological structure of a person, but also causes many irreversible psychological and economical effects, firstly on the patient and then on the family and society [3]. For this reason, purely medical treatment protocols (such as chemotherapy, radiology, surgical intervention) are not sufficient for a patient coping with cancer, no matter how effective they may be [3]. The patient gaining and maintaining psychosocial health during and after the treatment is also among the basic treatment measures [3]. Many areas of science should work together in the diagnosis and treatment of cancer, because cancer is a chronic phenomenon that brings many psychological and psychosocial problems with itself, besides being a disease with multifaceted problems [3].

Even the word “cancer” conjures up a lot of negativities in the human mind [3]. It is possible to develop negative emotions and thoughts against patients who are diagnosed with cancer or patients who might have cancer.[3] Cancer is perceived as a catastrophe and causes a crisis in the psychological balance of a person [3]. This crisis is a process that extends from healthy living to getting used to the threat of illness and death [3].

Cancer patients develop various emotional, psychological and behavioral reactions during diagnosis, treatment, relapse and palliative care periods [3]. Following the diagnosis emotions like shock, disbelief, denial, anger, depressed mood, deterioration in sleep, appetite and a break in usual daily activities may develop [3]. In fact, shock, reaction, resistance and adaptation processes are experienced once again in all separate periods [3]. The normal response to a cancer diagnosis ranges from anxiety, tension, grief and sadness due to loss of health, to understanding the importance of the disease, to perceiving this process as a battle, or to accept a fatalistic acceptance [3].

Not only people with cancer, but also their relatives and social circles are affected by this process [1,2,4]. In response to this effect, it is beneficial for the patient to receive psychological support from the social environment in order to provide assistance to the patient during the cancer process [1,2,4].

With the diagnosis of cancer, Bolund has four stages: shock, reaction, resistance and adaptation [3]. Elisabeth Kübler Ross also divided the psychosocial stages in the cancer process into five different categories; denial, anger, bargaining, depression and acceptance [3].

The most common reaction to the diagnosis of cancer, often in the first stage, is shock and disbelief that one has the disease [3,5]. The person becomes alienated from their own body and cannot trust their own body [3,5]. Even for a short time, their inner world is full of confusion [3]. This process can take from a few hours to a few days or weeks [3]. The most common attitude at this stage is denial [2,3,5]. Denial is an effort to keep the reality that is difficult to accept out of one's consciousness and to protect the integrity of the self [2,3,5].

The second stage is the patient's gradual realization of reality [3,5]. The basic reaction is anxiety [3]. In order to eliminate anxiety, the patient experiences reactions such as rejection, suppression, and oppositional stance. [3]. After the most active period of the treatment is over, the third stage starts and the patient tries to adapt to their new situation.[3] There have been changes in their life that they can no longer restore [3]. After getting so close to death, they may question their perspective on life [3,5]. After that, the question of how to live life becomes one of the most important questions patients ask [3].

The last stage is the adaptation period in which the patient slowly start accepting the truth and they spend their energy and spiritual strength on their new life.[3] The person then begins to adopt their new identity and illness [3]. They begin to reinterpret their life, their past, their future and their entire existence in search of security and balance [3].

Studies have reported that 47% of cancer patients have mental illnesses at a level that can be diagnosed [2,3,4]. This rate is quite high compared to the reported 20-40% rate among other medical patients [3]. The most common mental illnesses are; depression, anxiety disorders, and organic brain syndrome [2-5]. We can classify other psychiatric diseases seen in cancer patients as follows: adjustment disorders, organic brain syndromes (delirium, dementia and other organic psychiatric syndromes, neuropsychiatric side effects of chemotherapeutic agents), personality and attitude changes, psychiatric syndromes accompanying painful syndromes, anorexia and nausea- vomiting (due to chemotherapy) [3].

The incidence of psychiatric disorders among patients reported in studies is 13% severe depression, 68% depressive adjustment disorder, 8% organic mental disorder, 8% personality disorder and 4% anxiety disorder. The frequency of depression in patients receiving radiotherapy reaches as high as 81%. Severe depression is seen in 38% of patients and depressive adjustment disorder in 43% [3].

Social support serves to reduce the damaging effects of life's adverse effects on physical health and well-being [3-5]. It also acts as a morale booster against stress in the face of these adversities [3-5]. It helps strengthen an individual's psychological health, provides material, spiritual and cognitive assistance and it also helps in combating emotional problems [3-5]. This kind of social support can be defined as the support received from family, friends and institutions [3-5].

Psycho-Oncology has emerged as a new branch of science that deals with psychological problems experienced by cancer patients [3,4,7]. Psycho-oncology and modern oncology should now be considered together [3,4]. For this reason, health personnel in the field of oncology are expected to be aware of the psychosocial needs of patients and to have knowledge at a level that can assist treatment [3,4].

The first studies on psycho-oncology in the world started in 1951 in the USA [4,5]. In Europe, EORTC (European Organization for Research and Treatment of Cancer) was established in 1980 to conduct research on the quality of life of cancer patients [4,5]. With these studies, the field of psycho-oncology has developed and has been accepted as a branch of science [4,5]. Training has been provided for healthcare professionals working in the field of oncology in the United States so that they can understand the psychological problems that cancer patients may experience and improve their communication skills [5].

Psycho-oncology or psychosocial treatment should be seen as a complementary branch to physiological treatment. The aim of psycho-oncology is;

- Informing and educating the patient about reducing the rate of psychological morbidity and how to deal with it,
- To increase the patient's adaptation to the disease and quality of life by enabling them to freely express their feelings and thoughts about the treatment with their active participation in the treatment process,
- Helping the patient and their family in developing strategies to support each other,
- Making and implementing arrangements that will make life easier in matters at home, work and child care, and supporting the patients to spare time for themselves,

- To inform about how to reach social support resources and to strengthen the patient's communication with their family and social environment [5].

## Discussion

After the grounding of this new science, a study was conducted in which health personnel were trained to make use of psychological treatments as well as physical treatments to help patients diagnosed with cancer [4,5]. With this study, the researchers aimed to teach patients who have been diagnosed with psychological disorders, how they can act against it, how they can strengthen their relationships with family and receive social support from their environment, and also what steps the patients can take to increase their quality of life with medical treatment [3-5].

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