



Psycho-Oncology: Psychology as Cancer Prevention and Treatment

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Conceptual Paper

Volume 5 Issue 2

Received Date: August 30, 2021

Published Date: September 24, 2021

DOI: [10.23880/oajco-16000176](https://doi.org/10.23880/oajco-16000176)

I can give you nothing that no longer exists in yourself. I cannot open another world of images to you, beyond that which is in your own soul. I can give you nothing but the opportunity, the momentum, the key. I will help you to make your own world visible, and that is all.

-Hermann Hesse

Abstract

Psycho-oncology is the science that aims to use psychological knowledge in issues related to cancer, whether they are of a theoretical or practical nature, preventive or treatment. Thus, it is a contribution to Oncology, since part of this study contributes essentially to the cancer clinic. Psycho-oncology is still seen, by certain professionals, as a specialty without ends, useless. Followers of the biomedical model do not accept it, as they understand that cancer and its origins are unrelated to the patient's emotional and psychic. Psycho-oncology, in these cases, is challenged through research on genetic mutations and molecular changes. When psychopathologies are present in cancer patients, the followers of this model treat them with psycho-drugs, devaluing the psychotherapeutic and psychological treatment, which could help a lot in these diseases.

Keywords: Black Hole; Psychotherapy; Counselling; Rehabilitation

Introduction

Psycho-oncology is the science that aims to use psychological knowledge in issues related to cancer, whether they are of a theoretical or practical nature, preventive or treatment. Thus, it is a contribution to Oncology, since part of this study contributes essentially to the cancer clinic.

Psycho-oncology appears as a solution to the mind-body separation, originated with René Descartes, as he thinks and analyses the subject holistically, that is, as a whole, so that health is the result of a balance. Thus, psycho-oncology is derived from studies of psychosomatics, as it understands that physical phenomena may be the consequences of

emotional trauma and vice versa.

The insertion of the psychologist in the multidisciplinary team, which treats the cancer patient, becomes official starting with Ordinance 2,535, from the Ministry of Health, of October 14, 1998. This ordinance determines the mandatory presence of psychologists in support services, as one of the criteria for registering oncology clinics in the Unified Health Service.

The psychologist, however, started to be present in these teams in the 70s. At the time, he acted as an intermediary, since he had the objective of helping the doctor to inform patients and family members about the diagnosis of

cancer, a difficulty that is still constant in the routine health professionals. Sometimes understood as a specialty of Oncology, Psycho-oncology studies the psychological dimensions present in the diagnosis of cancer. According to Holland [1], it seeks to analyze “1) the impact of cancer on the emotional functioning of the patient, his family and health professionals involved in his treatment; 2) the role of psychological and behavioural variables in cancer incidence and survival” (p.11).

Gimenes [2], taking into account the Brazilian reality, formulated a definition of Psycho-oncology, when the Brazilian Society of Psycho-oncology was founded. According to him, Psycho-oncology represents the interface between Psychology and Oncology and uses educational, professional and methodological knowledge from Health Psychology to apply them:

- In the assistance to cancer patients, their family and health professionals involved with prevention, treatment, rehabilitation and the terminal phase of the disease.
- In the research and study of psychological and social variables relevant to understanding the incidence, recovery and survival time after cancer diagnosis.
- In the organization of oncology services aimed at comprehensive patient care, with special emphasis on the training and improvement of health professionals involved in the different stages of treatment (p.46).

As a support to oncology, the psycho-oncologist works in the treatment of cancer patients, with a view to improving their quality of life, prolonging it, and increasing their self-esteem. The psychologist working in the oncology team has the main purpose of helping the patient in his self-understanding, in understanding his pathology and in prolonging his healthy life.

The psycho-oncologist also intends to be the professional who will listen to the wishes of the patient’s family members, since out of fear or compassion, they do not expose their doubts, their particularities and their suffering in the entire situation experienced. It is in support groups and individual care that family members often feel more welcome and, with this, provide the patient with a better treatment progress and a better quality of life.

In oncology teams, the psychologist plays an important role when it also supports the professionals who work there. Doctors, nurses, nutritionists and occupational therapists who live with the cancer patient are in constant relationship with death - although this is a reality that has been changing as the Health Sciences area advances in its studies. Death, it cannot be denied, is a taboo and an uncomfortable, unknown factor in human life and, because it is a “black hole” in the

human psyche, it mobilizes multiple feelings in everyone: patients, family members and, of course, technicians involved in the process.

Psychology and Cancer

Every word always has a beyond, it supports many functions, it involves many senses. Behind what a speech says, there is what he wants to say, and behind what he wants to say, there is yet another to say, and nothing will ever be exhausted.

-Jacques Lacan

Recent studies show that cancer and cancer diseases, characterized by abnormal cells and their excessive division, have a multifactorial cause. Thus, genetic predisposition, environmental risk exposure, contagion by viruses, cigarette use, excessive alcohol and other psychoactive substances or cancerous food substances (such stabilizers, sweeteners and such! - that was already being studied in the 1970s, in chemistry classes!), among others, are factors that contribute to the development of cancer. Updating to the present day (2018) we even think about the use of Lithium and Silicon linked especially to the use of cell phones and computers. Be careful, this was already a source of research in the 1950s!

Researchers have also been demonstrating that certain emotional states, traumas and psychically unresolved situations cause changes in hormonal rates and the immune system. Scientists believe that depression and stress are factors largely related to cancer, as they contribute to the formation of tumors. Today it is thought that many patients, as if they “wish” a cancer, “make” this “wound” in the body, to account for a greater pain that they carry in their souls.

Thus, the presence of the psychologist is indispensable in the oncology clinic. Support groups and psychotherapy with patients and family members are important before, during and after the diagnosis of cancer. The psychologist makes it possible for the patient and those around him to deal better with the problem situation, understand the functioning of the disease and act in a way that the treatment develops satisfactorily.

Today, it is known that about 60% of the forms of cancer are preventable, which makes a social health policy important, in order to guide the population in the search for a healthier life, of personal, professional fulfilment, family life, pleasant social environments, greater lightness in the conduct of life. The role of the psychologist, in its different modalities - support groups, individual psychotherapy, counselling, and rehabilitation - has been shown to be relevant and essential in oncology clinic. Transmissions of the diagnosis, acceptance of treatment, obtaining a better quality of life are aspects that

affect psychology. The acceptance of death by terminally ill patients and their families is another factor that requires the figure of the psychologist.

Research in the area also shows that psychological help to families of cancer patients, who suffer, with their particularities, anxieties and fears, has been considered essential, since they help them in their unpreparedness in the face of the disease. Family support is extremely important for the patient.

Health Sciences professionals, in turn, when they perform a certain function in the oncology clinic, responsible for invasive treatments, which infringe great suffering and do not always lead to healing and / or recovery, also need psychological support. These professionals constantly deal with situations of death and present, in most cases, a high level of stress.

Psycho-Oncology and the News

Psycho-oncology is still seen, by certain professionals, as a specialty without ends, useless. Followers of the biomedical model do not accept it, as they understand that cancer and its origins are unrelated to the patient's emotional and psychic. Psycho-oncology, in these cases, is challenged through research on genetic mutations and molecular changes. When psychopathologies are present in cancer patients, the followers of this model treat them with psychodrugs, devaluing the psychotherapeutic and psychological treatment, which could help a lot in these diseases.

Carvalho [3] questions and calls into question the biomedical model that disregards Psychodynamic Psychiatry and Psychology as important sciences in oncology clinic:

Why does a given cell, at a given moment, undergo a mutation that leads to inadequate and uncontrolled proliferation? Why in situations of exposure to highly carcinogenic chemical elements do some people develop cancer and others do not? Why do not all smokers develop cancer, with cigarettes proven to be cancerous? Through exactly what process does the immune system interfere with cancer? What explains the placebo effect? What about spontaneous remissions, known to all doctors? What is the role of faith in inexplicable healing?

The author also adds that these and other questions will only be answered through a broad understanding of the human being. This is because the diagnosis of cancer has numerous implications. It brings the idea of death, although, currently, the cure has happened more. Hair loss during chemo and radiotherapy, dejected figuration, side effects, stigmas, depression, anxiety, fear, revolt, insecurity,

mood swings, loss of autonomy, among others aspects, are important factors that lead to suffering, trigger emotional processes, with psychological problems and that, therefore, require the presence of the psychologist in the oncology clinic.

Carvalho also points out the differences in approaches and theoretical lines of psychologists, since psychoanalysts, cognitive psychotherapists, existentialists, humanists, behavioural, transpersonal, among others, all can and do work in Psycho-oncology. This, however, leads to questions: "should one focus on cancer and its consequences in a brief focal therapy, or seek from the origins of the patient's personality, explanations for the cancer's own development?" [3].

The author also questions the possibility of having a specific personality typical of cancer patients. We go further and ask if there is a particular clinical structure for this type of patient. Are there emotional childhood factors that affect this pathology? Or certain traumas that lead to their appearance? Would its development be triggered by other psychopathologies, often covered by physical symptoms? Still, the approach of the psychology professional, his theoretical line, is less important than actually listening to the patient and attending to him, listening to him as far as he wants to speak, listening to him with the necessary love to get him to know himself, respect yourself and, consequently, live better with yourself and those around you.

There is still no research and knowledge that co-relate psychological processes with cancer. Great difficulty in self-assertion, unexpressed anger, repressed anxiety and feelings, deep hopelessness and childhoods marked by neglect, abandonment and isolation, with strong feelings of loss are elements pointed out by different authors [4-9] for the onset and development of cancer.

Emotional motivation has been the factor most often cited and remembered as essential by cancer survivors for their cure. Little is known, however, about the role of the psyche in the oncology clinic. This and other challenges stimulate the creation and development of research in Psycho-oncology.

Siegel, in his article "What doctors should know" [10], describes the importance of asking the patient what he is feeling. And most importantly: listen to your answer, really listen to it. We cannot separate the physical, the psychic, the emotional and the spiritual, since the human being is one, the integration of the parts. According to Siegel, life-threatening illnesses are necessarily transformative. Thus, we must understand the patient as a whole, supporting him in the transformations that arise with cancer, as well as listening to

him, learning from him. It is essential that we remember that we are taking care and treating a human being and not just the illness that he, at this moment, carries and bears, with suffering. This is the main contribution of Psycho-oncology to the cancer clinic.

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