

Psycho-oncology practice: Interventions regarding the emotional vulnerability of cancer patients



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ABSTRACT

Psycho-Oncology is a field of psychology that acts in psychological care providing the development, treatment and rehabilitation of cancer patients, aiming to soften the processes and coping with the disease, both of patients and for family members and staff, so the objective of this study was to understand the practice of hospital psychology in the oncology service, and the psychologist's interventions for the patient in emotional

vulnerability to cope with the disease, thus, the literature review was used as a methodology, through searches on the academic Google platform and library of the Unigran Capital University Center, from 2000 to 2020. The results obtained were that the psychologist's performance in psycho-oncology is to promote a better quality of life in cancer patients and also to promote awareness, change of thinking, welcoming, group exchanges, with the subjectivity of each patient. Where he found that the important thing is not to promote forms of intervention but to promote better quality of life of the patient, so that he has a better adherence to treatment. It was concluded that the psychologist in oncology is of paramount importance due to its form of reception, intervention, humanization and care of the patient, his family and the team. Promoting a better quality of life, whether in the healing or palliative process.

Keywords: Psycho-oncology, Oncology, Mental vulnerability, Cancer, Psychology.

1 INTRODUCTION

Psychology is a field of science that studies human behaviors and their mental processes, where the subjectivity of the subject is used as truth in its relationship between the environment, the psychic and the social, being a subject in its biopsychosocial totality (BOCK, 2009; KLEINMAN, 2015).

This science has a vast field amenable to various approaches (psychoanalysis, behavior analysis, gestalt, behaviorism, among others) and performances (school psychology, neuropsychology, hospital psychology, clinical psychology, among others), where the present article turned to the area of hospital psychology, with specificity in the field of Psycho-Oncology (BOCK, 2009; KLEINMAN, 2015).

Psycho-Oncology is an interdisciplinary field of health that provides care to psychological, regarding the development, treatment and rehabilitation of patients affected with cancer, aiming to soften the coping processes related to the treatment of the disease, among which being in prolonged periods of aggressive pharmacological therapy, with its side effects, and in invasive



medical procedures being potentially painful (COSTA JUNIOR, 2001).

The practice of psycho-oncology is due to a set of several factors, where the work is not only with the sick patient, but together with family members and the multiprofessional team, being a work of care organization for the sick patient and family members, the study and research of psychological variables that affect the patient, family and team (RODRIGUEZ et al., 2020).

Therefore, how does the psychologist act in the face of the needs of cancer patients?

The psychologist can promote diverse therapeutic strategies, aimed at the psychological well-being of the patient and family, being them improved or created for each patient in their uniqueness, together with the delimitations in which the patients are.

The psychologist may propose support groups aimed at better understanding about the disease, what emotional confrontations the sick patient feels and how it is to be in the process of illness, understanding that the process of illness for Camon et al. (2011) "be in contact with the possibility of the disease; live with the pathologies that until then existed only as mere possibilities, without effective chance of becoming reality ", where there is a loss of productivity and vigor of the patient, thus having an emotional damage, so that emotional changes determine the course of physical recovery, taking into account the severity of the disease, age, metabolic changes, imminence of death, age and personality structure of the patient and his life history (FILGUEIRAS et al... 2010), 2010).

Therefore, the objective of this study was to understand the practice of hospital psychology in the oncology service, and the interventions of the Psychologist for the patient in emotional vulnerability to face the disease.

2 MATERIAL AND METHODS

The present article sought its objective and used as a methodology the literature review and for this, used as a search platform Google academic and the library of the Unigran Capital University Center, with the descriptors: psycho oncology, oncology mental vulnerability, cancer and psychology, thus selected, the Portuguese language with the period of publication of the articles between the years 2000 to 2020.

It was a work developed during the discipline of Hospital Psychology of the Psychology Course of the University Center in the year 2022 taught by Professor Dr. Débora Teixeira.

Then the present article brings its results obtained, its analysis and its exposure of data collected in a descriptive way.



3 RESULTS AND DISCUSSION

According to Teixeira et al., (2010) "Cancer is a disease that presents a process of disordered growth of abnormal cells in different parts of the body (except the heart) and its development affects both children and adults".

Upon receiving the diagnosis of cancer, the person goes through several changes in their lifestyle, such as fears, anxieties and insecurities. Thus, the diagnosis of the disease is faced with many uncertainties about life expectancy and future plans, so the area of psycho-oncology is focused on the confrontations, issues and emotional dynamics of patients affected by cancer, helping them with their new reality, with the adaptations to the treatment, softening the impacts of the disease on the affectivity and mood of the patient and his family, with this perspective, working with the family, the psychologist aims to strengthen the affective bonds between family and patient, seeking methods that will facilitate dialogue, giving training so that emotions and experiences are shared (SCANNAVINO et al., 2013; FONSECA et al., 2016; PIO et al., 2020).

The cancer patient inevitably may think about death, because many of these patients show feelings of self-despise, lack of self-love and confidence, so the role of the hospital psychologist in this dynamic, goes through the confrontations of these behaviors and beliefs, because for there to be coping it is necessary to change these behaviors and thoughts, proposing decision-making strategies, search for social and emotional support, make use of relaxation techniques and meditation to provide stress relief and anxiety (LANGE, 2008).

For Rudnicki et al., (2014) the psychologist's job is to investigate the influential factors and the most appropriate psychotherapeutic strategies to improve the patient's quality of life during treatment.

While for Cruz et al. (2018) the "incorporation of subjectivity in cancer treatments has been increasingly adopted", where it is being adopted at Memorial Sloan-Kettering Cancer Center, a reference cancer hospital in New York, which is being the pioneer in bringing the patient's subjectivity, where he has an active voice in his process, making each service differentiated.

Psychology has its space to work with palliative patients, constituting resilience and psychic strengthening, aiming at focusing on quality of life, making the process occur in a way that reduces suffering, so for Cruz et al., (2018) "initial process of psychological care oriented to oncology is interested in reducing discomfort and developing greater resilience during the care that the patient receives, whether curative or palliative".

The hospital psychologist who works with cancer patients, acts in order to rescue the essence of life of this patient, which was interrupted during the process of coping with the disease, using welcoming and humanistic approaches with attention focused both on the patient and his family. In this way, the psychologist in the hospital works as a psychological intermediary, with the objective of providing a better understanding in the patient/professional/family dynamics, being of paramount



importance for this functioning, that hospitals and institutions can count on the presence of professionals qualified and trained to deal with and consider the oncological patient, regarding their physical, psychic and social limitations, aiming as far as possible a better quality of life during the confrontation of the disease (CAMON et al., 2011).

According to Rodriguez (2020), cognitive-behavioral techniques help to identify patients' core beliefs and behaviors, allowing the psychologist to promote interventions in the resignification of these beliefs and behaviors, which may include fear of death, or demotivation regarding coping with the disease.

Thus, the importance of psychologists' interventions with patients who are in a situation of vulnerability, because it is a chronic disease, which moves patients and their families, and may lead to worsening in the condition, due to the shaken emotional (RODRIGUEZ, 2020).

Soon the role of the psychologist is focused on smoothing these psychological demands, assisting in treatment, enabling a quality of life during the process.

4 FINAL CONSIDERATIONS

It is concluded that the objective of this article was to understand the practice of hospital psychology in the oncology service, and the interventions of the psychologist for the patient in emotional vulnerability to cope with the disease, where the area of psycho-oncology is of paramount importance in this dynamic serving not only the patient, but as family members and the team. The performance of the psychologist in oncology is present in patient care, using reception, active listening, demystification of the disease, intervening in the process, making the patient, the family and the team aware, promoting humanization, realizing the influences that the patient has, strengthening bonds, creating means of dialogues in which the patient allows himself to express his emotions, thus rescuing the essence of the patient who was lost at the time of diagnosis, providing better adherence to treatment and as far as possible a better quality of life during the coping process.



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