


Reverberation of the psychologist's performance in relation to cancer patients

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ABSTRACT

The present work addresses the importance of the work of the Oncology Psychologist with cancer patients and their families. The discovery of cancer inevitably causes suffering both to the patient and to those close to him, such as family and friends. In this context, the Oncology Psychologist acts as a link between the patient and his or her living environment. This study was carried out through bibliographic and exploratory searches on online platforms, searching for the most recent articles on the subject. The research brought an updated perspective on the teaching methodology in Oncological Psychology. In addition, the work highlights Quality of Life (QoL) as the individual's perception of cultural, social, political and economic influences in the context of their life, and how these factors impact their goals, projects and expectations, giving them opportunities for choices and reflecting their satisfaction with life. It can be concluded that, about palliative therapies and treatments, there was an increase in patients' expectations, even in moments of crisis and doubt. During the therapeutic period, it was possible to maintain hope, and in many cases, there was success. The therapeutic sessions were well accepted and reinforcing.

Keywords: Psychologist-Oncology Performance, Mental Health, Psycho-oncology.

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INTRODUCTION

The diagnosis of cancer often results in a significant emotional imbalance in the family, due to disbelief in a possible cure. This moment is painful for everyone involved, causing changes that generate emotional conflicts and fear for what is to come. The discovery of cancer affects the entire family, causing feelings of guilt and distress, in addition to interfering with the physical and emotional behavior of those involved in care. This leads to changes in the daily routine, where each member must take on new roles, facing financial concerns and other problems.

The present study aims to demonstrate the relevance of the role of the oncologist psychologist in the support of cancer patients. This professional facilitates dialogue and coexistence between the patient and their caregivers or family members, promoting the mental and emotional health of the people involved. According to Carvalho (1994), the oncologist is the specialist physician who works in a multidisciplinary team with psychologists, nurses and other health professionals, and psychological support is crucial in this context.

According to Ângelo, Moreira and Rodrigues (2002), the impacts of cancer treatment require each family member to develop skills to mediate conflicts related to hospitalization, especially in the physical, psychosocial and financial aspects. Yamagushi (1994) defines oncology as the science that studies cancer, its characteristics, location and progression, as well as treatment modalities.

The clinical oncologist is the physician responsible for the clinical aspects, and the multidisciplinary team includes radiation therapists, psychologists, and oncology surgeons. The inclusion of the psychologist in the oncology team occurred after the publication of Ordinance No. 3,535 of the Ministry of Health on 10/14/1998.

Cancer is a set of pathologies characterized by alterations in cell division, resulting in abnormal and rapid cell growth (Franks, 1990). The National Cancer Institute (INCA) highlights that cancer is a global public health problem, being the second leading cause of death from disease in the world, responsible for 6 million deaths annually (INCA, 2000).

In Brazil, cancer is also the second leading cause of death, accounting for almost 11% of deaths in 1994, with more than 95,000 deaths.

This work is based on a bibliographic survey on theories and studies in the field of psycho-oncology. Psychosomatic medicine, which deals with the relationship between emotional states and somatic symptoms, is fundamental to understand the interactions between "social, psychological, biological and physiological functions, as well as the development of various physical diseases" (LIPOWSKI, 1986, apud CARVALHO, 2003).

Veit and Carvalho (2010) point out that:

"Psycho-Oncology, an area of intersection between Psychology and Oncology, is responsible for the study of the psychological and behavioral variables involved in the process of illness and cure and the interventions throughout it." (p. 528).



Psycho-oncology addresses the interface between the cancer patient, their family, and caregivers, working together to make pain more bearable and provide comfort during treatment. It is important to mention the main types of cancer, such as sarcoma, leukemia, and lymphomas, each with its specificities.

INCA (2022) points out that cancer affects a large number of people, presenting difficulties in interventions. Cancer development occurs in multiple stages over time, with early detection being crucial to increase the chances of cure. Preventive measures, such as not smoking, maintaining a healthy diet, practicing physical activity, and performing preventive exams, are essential to reduce the incidence of cancer.

The emotional state of cancer patients is fundamental, as they face fear, anguish, and suffering when dealing with the disease and treatment. Veit and Carvalho (2010) state that:

"Fear of cancer has important consequences. Among them, the distancing of the possibility of early diagnosis. Today we know that early diagnosis and adequate immediate intervention are decisive elements that define the prognosis of the disease. In many cases, they represent the differential for healing." (p. 527).

The World Health Organization (WHO) defines palliative care as an active and total approach to patients whose disease no longer responds to curative treatment, aiming to improve the quality of life of patients and their families. Early detection of cancer and the implementation of preventive measures are key to better treatment outcomes. The oncologist psychologist, aligned with the principles of palliative care, and the multidisciplinary team are essential to provide harmonious care that addresses the physical, psychological and spiritual aspects of the patient.

METHODOLOGY

The development of this work took place through research with bibliographic procedures and exploratory in online platforms of topics relevant to the subject. The search for articles was the most recent possible, where it can bring a perspective of the teaching methodology in Oncological Psychology.

Exploratory research aims to provide greater familiarity with the problem. According to Gil (2008). It may involve a literature review, interviews with people experienced in the researched problem. Generally, it takes the form of literature research and case study.

As stated by Marconi and Lakatos (1992), bibliographic research is the investigation of all the bibliography that has already been published, such as books, magazines, independent publications, articles and articles. Its objective is to make the researcher enter into communication with all the material dissertation on the given subject, helping the author or scientist in the analysis of their



research or in the exercise of their information. This makes it easier for the researcher to carry out his or her task in the face of these researches.

ASSISTANCE TO PATIENTS UNDERGOING CANCER TREATMENT AND CLINICAL INTERVENTION

Over time, several events and advances in science have contributed to the development of psychology, psychiatry, and medicine around the world. In this context, the insertion of psychologists in hospital environments has become an important alternative to understand human existence and help hospitalized patients.

The work of the Psycho-Oncology professional stands out for requiring specific knowledge not necessary in other areas of care. This professional needs to understand fundamental aspects of cancer and the main forms of treatment to which patients are subjected. Although it is not necessary to master the oncologist's discourse, a basic knowledge of the disease and its treatment modalities is essential.

Each type of cancer, with its characteristics, location, and therapeutic process, causes different reactions in patients. While these reactions are to be expected, how each individual will cope with them depends on variables such as age, socioeconomic class, psychic structure, and personality. These variables influence the patient's ability to endure frustrations and face life's challenges, and are present even before the onset of the disease.

In the context of treatments, the psychologist must be aware of the various side effects, which can generate complex emotional states. An inappropriate interpretation of these states may harm the patient. Therefore, hospital psychology seeks to minimize the suffering caused by hospitalization and prevent possible future emotional sequelae.

Specifically in the treatment of cancer patients, the psychologist's work began in the 1970s, due to the various psychological aspects related to cancer. The reduction of the stigma associated with the disease has allowed significant changes in attitudes towards cancer and its carriers, replacing myths with knowledge and coping tools, such as treatments, self-help groups and psychosocial support.

Psycho-Oncology, as an area of expertise, provides the integration of different health professionals, meeting a worldwide trend of multidisciplinary team formation. These professionals, with their diverse perspectives, enrich patient care. It is common for caregivers to want to keep the patient under their care, but it is necessary for them to learn how to deal with the pain of the other and acquire knowledge about how to provide this care effectively.

In this context, the research found was carried out in the areas of Psychology, Mental Health, Medicine and Nursing, all of which have been recently published. These studies highlight the



importance of the psychologist in supporting cancer patients, emphasizing their role in encouraging and strengthening patients in times of extreme fragility.

Newell et al. (2002) analyzed research on the efficacy of interventions to improve psychological aspects in cancer patients. Among the recommended procedures were unstructured counseling and music therapy. Counseling was shown to be more effective in reducing distress, while group therapy was considered the most appropriate for coping with the disease.

Rehse & Pukrop (2003) presented an interesting fact: the duration of the intervention was the most important moderating variable, and the quality of the relationship between the patient and the psychologist was the best predictor of the success of the intervention. The investment in the creation of a solid bond and a good professional-patient relationship has proven to be a key factor for the success of the therapies used.

Multidisciplinary approaches involving health education and psychological treatment have been shown to be more effective and should be further encouraged. In addition, interventions should take place at shorter intervals of time, as this frequency has shown very satisfactory results.

The main focus of the thematic analysis was the importance of the work of the oncology psychologist. This professional acts as a bridge between cancer patients and their caregivers, taking care of the mental and emotional health of the people directly involved with the patients. This role is fundamental during treatment, both for patients and their caregivers, as both need to walk together, committed, in the hope of achieving satisfactory results. This care is extremely relevant for the well-being of patients and people involved in the process.

PALLIATIVE CARE

Palliative care aims to improve the quality of life for patients facing life-threatening illnesses. This is achieved through interventions aimed at relieving pain and other physical, psychological, social, and spiritual symptoms. The WHO Study Group on Quality of Life defines Quality of Life (QoL) as the individual's perception of cultural, social, political and economic influences in the context of their life, which affect their goals, projects and expectations, providing them with opportunities for choice and reflecting their satisfaction with life. In this context, scholars recognize health as an important and determining factor, using the term Health-Related Quality of Life (HRQoL).

Patients in palliative care face great psychological stress, stemming from uncontrolled physical symptoms, fear of death, family apprehensions, spiritual distress, and psychiatric issues. This suffering can be reduced with psychosocial and multidisciplinary interventions.

The family plays a significant role in the individual's health due to its proximity and coexistence, contributing to the monitoring of the health and disease process, and thus deserving the



attention of health professionals (Rabello & Rodrigues, 2010). It is common for a family member to take responsibility for the care of loved ones. The family environment can facilitate the treatment of patients beyond therapeutic possibilities, promoting altruistic and responsible relationships (Soares, 2000).

Hermes and Lamarca (2013) highlight the importance of the family's active participation in palliative care, since they are the patient's first caregivers during illness. The family's experiences and the patient's knowledge of life significantly influence therapeutic decisions.

Kovács emphasizes the importance of communication in palliative care. According to the author, effective, harmonious communication centered on the patient's needs can contribute significantly to the control of physical discomfort, minimizing the suffering of patients and families.

This communication involves not only informing but also listening attentively, paying attention to what is said and how it is said, including facial expressions, gestures, and feelings. This becomes challenging when you don't dedicate the necessary time. It is, therefore, about being an empathetic presence in the pain of the other, and not just about transmitting information.

CONCLUSION

It is impossible not to notice the pain, fear and anguish of cancer patients. Difficult days and changes in daily life and family dynamics are inevitable, and these adaptations require a lot of strength, both from the patient and the family, to restore stability and balance in the face of the disease.

It is notorious that illness reflects on the family nucleus, given that the family plays a major role in this fragile and delicate process. The initial shock of the disease can transform the family into a source of support for the sick relative, combining the individual aptitude of each member to cope with cancer.

The family plays important roles in this situation, helping to care for the patient and receiving care from health teams. The pain felt by the families of cancer patients, as well as by other people directly connected to the patient, is understandable, since they need to give strength to their loved ones to fight the disease. This study expands the knowledge and understanding of pain in the palliative care treatment of cancer patients.

The authors state that both the care team and the patient's individual caregiver face situations of anguish, helplessness, frustration and impotence. It is important to consider their needs and demands. In view of the possible psychological damage resulting from the care of cancer patients, professionals and individual caregivers are subject to the development of psychopathological disorders and professional burnout. Therefore, they also need psychological assistance to ensure the



maintenance of good psychological conditions and avoid emotional impacts resulting from the care of these patients.

It is concluded that people directly linked to the patient, whether family caregivers or not, become fundamental allies in the palliative care process. They can be considered as a care unit together with the patient by the oncology team, as they also need support from health professionals.



REFERENCES

1. Carvalho, M. M. M. J. de. (1994). **Introdução à psiconcologia**. Campinas, SP: Editorial Psy.
2. Franks, L. M. (1990). O que é câncer. In L. M. Franks & N. Teich (Orgs.), **Introdução a biologia celular e molecular do câncer** (pp. 1-24). São Paulo: Livraria Roca Ltda.
3. Gil, A. C. (2008). **Como elaborar projetos de pesquisa** (4. ed.). São Paulo: Atlas.
4. Kovács, M. J. (1992). **Morte e desenvolvimento humano**. Casa do Psicólogo.
5. Lakatos, E. M., & Marconi, M. de A. (2010). **Fundamentos de metodologia científica: técnicas de pesquisa** (7. ed.). São Paulo: Atlas.
6. Marconi, M. de A., & Lakatos, E. M. (1992). **Metodologia do trabalho científico** (4. ed.). São Paulo: Editora Atlas.
7. Veit, M. T., Gomes, M. J. B., & Holtz, L. (Orgs.). (2008). **Temas em psico-oncologia**. São Paulo: Summus.
8. Hermes, H. R., & Lamarca, I. C. (2013). Palliative care: an approach based on the professional health categories. **Ciência & Saúde Coletiva*, 18*(9), 2577-2588.
9. Lipowski, Z. J. (1986). Liaison psychiatry: the first half-century. **General Hospital Psychiatry**, 305-315.
10. Newell, S. A., Sanson-Fisher, R. W., & Savolainen, N. J. (2002). Systematic review of psychological therapies for cancer patients: overview and recommendations for future research. **Journal of the National Cancer Institute*, 94*(8), 558-584.
11. Rabello, C. A. F. G., & Rodrigues, P. H. A. (2010). Saúde da família e cuidados paliativos infantis: ouvindo os familiares de crianças dependentes de tecnologia. **Ciência & Saúde Coletiva*, 15*(2), 379-388.
12. Rehse, B., & Pukrop, R. (2003). Effects of psychosocial interventions on quality of life in adult cancer patients: meta-analysis of 37 published controlled outcome studies. **Patient Education and Counseling**.
13. Veit, M. T., & Carvalho, V. A. (2010). Psico-oncologia: um novo olhar para o câncer. **Revista Mundo da Saúde*, 34*(4), 526-530. Disponível em: <https://revistamundodasaude.emnuvens.com.br/mundodasaude/article/view/596>. Acesso em: 26 jul. 2022.
14. Silva, F. B. (2005). Psico-oncologia: lidando com a doença, o doente e a morte. **Revista Científica Eletrônica de Psicologia*, 3*(5). ISSN 1806-0625.
15. Soares, M. V. B. (2000). **Pacientes X cuidadores: os dois polos da relação no cuidado domiciliar da AIDS** (Monografia). Ribeirão Preto (SP): Faculdade de Filosofia, Ciências e Letras de Ribeirão Preto da Universidade de São Paulo.
16. INCA. (2000). **O câncer no Brasil: determinantes sociais e epidemiológicos**. Rio de Janeiro: INCA. Disponível em: <https://www.gov.br/inca/pt-br/assuntos/causas-e-prevencao-do-cancer/como-prevenir-o-cancer/>. Acesso em: 26 jul. 2022.



17. Yamagushi, N. (1994). O câncer na visão da oncologia. In M. M. M. J. de Carvalho (Org.), **Introdução à psiconcologia**. Campinas, SP: Editorial Psy.