Health, Disease, and Psycho-Oncology: a Multidimensional Perspective

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Abstract

This paper addresses the complexity of the concepts of health and illness, highlighting the interconnection with social, emotional and environmental factors. The biopsychosocial approach is fundamental to understanding the impact of a cancer diagnosis and the emotional challenges faced by cancer patients and their families. Psycho-Oncology is emerging as a vital discipline, providing emotional support, demystifying the diagnosis and promoting a holistic view of care, considering family care and the training of the healthcare team as a key to improving the quality of treatment and outcomes for patients.

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Introduction

The concept of health and illness is complex and goes beyond the simple presence or absence of physical symptoms. The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being, highlighting its relationship with various aspects of human life.

However, the precise definition of health and illness remains a challenge, especially in the face of cultural diversity and social inequalities. In this context, the importance of the biopsychosocial approach to health care stands out, which recognizes the interaction between biological, psychological and social aspects in promoting well-being.

This paper aims to explore the challenges faced by cancer patients and their families, highlighting the importance of Psycho-Oncology. By recognizing the emotional impact of a cancer diagnosis and the need for comprehensive and compassionate care, it seeks to promote reflection on the indispensable role of health professionals in promoting the psychological and emotional well-being of cancer patients.

Concept of Health and Illness

According to the WHO (World Health Organization, 1995, n.p), "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". More specifically, the 8th National Health Conference in Brazil presents the concept of health as "resulting from the conditions of food, housing, education, income, environment, work, employment, leisure, access to and ownership of land and access to health services" (Brazil, 1986, p.4), in other words, the state of health is a consequence of the social organization of production, which can involve various inequalities.

Consequently, the concept of illness could be defined in the same way. This means that the state of illness can also be seen as a consequence of social organization and other living conditions. It can therefore be seen that articulating a satisfactory definition of health and illness is surprisingly difficult, just as it is a mistake to define the two as opposites.

In the words of Scully (2004, p. 650) "notions of health are highly context-dependent, because human diseases only exist in relation to people, and people live in varied cultural contexts". Furthermore, it is important to remember that defining health and illness is a political act. It involves promoting public policies, regulating the supply of health services, scientific investment in epidemiology, semiology and the nosography of illness processes, as well as the education, development and training of professionals.

However, despite the challenge of constructing an exact definition of these processes of health and illness, the priority remains the ability to identify them, recognizing when there is a dysfunction and promoting a quality life.

In this context, it is worth mentioning the psychiatrist George Libman Engel (1977), who proposed the biopsychosocial model. This is a multidisciplinary concept that takes into account the biological, psychological, and social dimensions of the individual.

The biological dimension includes physiology. It analyzes the physical symptoms of the disease process. The psychological dimension is concerned with the psychological causes and manifestations of illness in the psyche and includes thoughts, emotions, and behaviors in the understanding of the individual's mental health. The social dimension is the understanding of socio-economic, socio-environmental, ethnic and cultural aspects that affect health (Engel, 1977).

In addition to physical and biological factors, social and emotional factors must also be taken into account when considering health and disease. Engel's (1977) model is based on the assumption that human beings and the phenomena that affect them are multifaceted. Therefore, in addition to a multidisciplinary analysis, it is necessary to understand the subject from a psychosomatic perspective, in which the somatic and the psychic are a unit, meaning that physical and mental health are inseparable (Guedes; Rangel; Camargo, 2022).

Cancer Diagnosis and the Oncological Patient

According to the Brazilian National Cancer Institute (INCA, 2015), cancer is a group of more than one hundred diseases that all have in common the uncontrolled growth of cells that invade different tissues and organs and other body regions (metastasis), leading to the appearance of neoplasms.

In this sense, cancer is considered global and physical, and its causes are multifaceted. Genetic and environmental factors affect the body's ability to cope with external aggressors and interact to increase or decrease the likelihood of cell mutations (De Oliveira; Andrade, 2019). Regardless of how it develops, cancer affects the whole person, directly affecting how they relate to themselves and the world.

The diagnosis is often received as a death sentence. It is at this moment that the individual is confronted with the vulnerability and irreversibility of human life, bringing together the need to accept the illness, the desire to live, and anticipatory grief. Furthermore, although it is recognized that there have been significant advances in science and technology in the understanding and treatment of cancer, and that it is not necessarily fatal, thinking about death is inevitable in this context.

This whole process implies physical illness and psychological suffering, not only for the patient but also for their support network, which may consequently affect adherence to proposed treatments and the ability to cope positively with the circumstances.

> During this journey, the patient may go through moments of denial, with feelings of anger, guilt, a sense of loss of control, feeling that no one else will be able to help them, that their future is limited, a sense of unfulfilled and unachieved goals, diminished hope and compromised self-esteem, especially as the individual loses their autonomy (Matos; Pereira, 2005).

Cancer treatment includes surgery, radiotherapy, chemotherapy, hormonal and immunotherapy (INCA, 2015; Riley et al;, 2019; Kailasam; Langstraat, 2022). These procedures are associated with a certain degree of complexity and anxiety. For this reason, the professional responsible for communicating the diagnosis, as well as the team responsible for accompanying the cancer patient, need sensitivity and training in this crucial phase of the patient's life. The vocabulary itself - "patient," "cancer patient," and other terms - can be dehumanizing. This person is labeled after the diagnosis and, depending on how follow-up care is provided, can be reduced to a room number or hospital indicators.

> It is not a portrait of a man lying in bed; it is an impressionistic picture of the patient surrounded by home, work, relatives, joys, sorrows, hopes and fears. It is therefore necessary to see the patient as a 'person', and not only in the present but also in the past (Perestrello, 1945 apud Eksterman, 2010, p. 40).

According to Siqueira, Barbosa and Boemer (2007), people with cancer need care that goes beyond physical sequelae and requires multidimensional development. Thus, it is understood that the challenges faced by cancer patients are diverse and include physical, emotional, and social issues, as the disease interrupts the normal routine of life. Each individual diagnosed with cancer has different needs that are influenced by the severity of the disease, the effects of treatment, the support system available, and the social and cultural context in which they live (De Oliveira, 2019).

Changing the hospital environment

According to Gadamer (2006), when faced with a critical situation, patients may feel compelled to see the advances of modern science as their only hope, thus neglecting that, beyond a technical approach that requires responsibility and commitment, medicine has a much broader human and social dimension.

In this light, it is necessary to restructure not only the clinical environment but also the hospital-centered context by moving from an essentially biomedical perspective to a biopsychosocial perspective, in other words, by understanding that health is not the absence of disease and that care is multidimensional and multidisciplinary. This concept of restructuring the hospital environment essentially consists of interaction and interconnection between different fields and health professionals.

Firstly, the field of medical psychology highlights the complexity of the care process, not just limited to traditional clinical procedures, but also incorporating elements of patients' emotional and affective lives.

> (...) Part of a treatment is dialog. It dominates the decisive dimension of all medical activity, not only among psychiatrists. Dialogue promotes the humanization of the relationship between a fundamental difference, that between doctor and patient (Gadamer, 2006, p. 118).

The field of psychogenesis, whether specific to individual cases or more general, reveals the complex relationship between somatic etiopathogenesis and psychological function. Medical anthropology, on the other hand, highlights the humanistic nature of the medical act, emphasizing that therapy must be patient-centered, going beyond the treatment of disease to a more holistic and personalized approach.

An example of the transformation of health services is the National Plan of Humanization for the Brazilian health system (PNH, 2004). The guidelines of the plan, among others, are "Supporting", "Ambience" and the "Extended and Shared Clinic".

The practice of ‘supporting' in health care is based on the ability to recognize and value the individual and legitimate needs of each person. This approach is built collaboratively, through the analysis of work processes, with the aim of establishing and maintaining solid bonds and relationships of trust and commitment. Both the health care teams and the workers involved have an essential role to play in this process, while the users are included in a socio-affective network that promotes the well-being and the quality of the care (PNH, 2004).

> It is necessary to understand that each individual has their own singularity, constituting a unique identity. Not being sensitive to this fact would lead to routine, standardized, impersonal treatment; however, standardized care is not necessarily synonymous with dehumanization, nor does differentiated treatment guarantee humanized care (Silva; Chernicharo; Ferreira, 2011).

In the context of humanization in health, welcoming means offering attentive and qualified listening, guaranteeing timely access to available resources, and adapting to the individual needs of each person, taking into account their particularities, vulnerabilities and risks. As highlighted by Romero and Pereira-Silva (2011), this practice includes everything from welcoming the user to taking full responsibility for their care, providing empathetic listening to address his or her concerns and fears, and promoting a problem-solving approach that ensures coordination between different health services.

Additionally, specific exercises may have the potential to improve some of the relevant symptoms experienced by oncological patients, enhancing their overall well-being and quality of life (Streckmann, 2014), showing that a standardized approach, if sensitive to individual conditions, can still contribute to humanized, compassionate care. The key lies in adapting standardized practices to meet the unique needs of each patient, ensuring that care remains both effective and personally meaningful.

Ambience, in turn, plays a critical role in promoting well-being and quality of care. This involves creating physical spaces that are healthy, welcoming and comfortable, respecting the privacy of users and providing an environment conducive to positive changes in work processes. From the initial stages of architectural design to the renovation of existing spaces, the proposal should be geared towards adapting these environments to the specific needs of users and health professionals in each service. This guideline aims to improve working conditions in the health sector by promoting an environment that facilitates encounters and interactions between people, thus contributing to a more humanized and effective health care experience (PNH, 2004; Romero; Pereira-Silva, 2011).

In the context of the Expanded and Shared Clinic, a multidisciplinary approach is fundamental to a comprehensive understanding of health. This means taking into account not only the biological, but also the psychosocial and environmental aspects related to the health-disease process, thus enriching diagnoses and enabling more effective interventions. In addition, it is essential to promote qualified dialogue, both among the health professionals involved and between these professionals and users. This exchange of information and perspectives not only strengthens the health care team, allowing for a more integrated and collaborative approach, but also empowers users, encouraging their active participation in the care process and decisions about their own health (PNH, 2004; Romero; Pereira-Silva, 2011).

In the context of health care, the role of psychology has emerged as an essential element, with a growing interest in the psychosocial aspects of care.

According to Angerami-Camon (2010), when psychology is introduced into the hospital, it revises and questions its postulates in order to become a foundation in the process of transition from a biomedical to a biopsychosocial perspective in relation to the individual. In this context, the main role of psychology is to minimize the psychological suffering inherent in the process of hospitalization and illness by offering specialized listening.

The presence of psychologists in different care settings, from hospitals to private clinical services, allows the recognition of the psychosocial aspects that influence the patient's experience and the understanding that the therapeutic axis is intrinsically linked to the dynamics of the relationship between doctor and patient, between patient and team, between patient and family, between family and team, and between professionals within the team. This multidisciplinary approach strengthens comprehensive patient care and promotes a deeper and more holistic understanding of health needs (Eksterman, 2010; Romero; Pereira-Silva, 2011).

Psycho-Oncology

Costa Júnior (2001) defines psycho-oncology as an integral field of health psychology and should be understood as a tool for interdisciplinary activities in the health field, ranging from scientific research to clinical intervention programs.

In the area of scientific research, from an international perspective, studies investigating human responses to cancer are of paramount importance. According to Holland (2018), such studies allow for the analysis of changes in the social and psychological meaning of cancer in different regions of the world over time. In addition, such research allows for the investigation of the emotional impact of cancer on patients and their families, as well as the influence of national models of medical care, cultural attitudes, and religious beliefs, thus revealing the intersectional nature of cancer diagnosis. These two approaches to scientific research highlight the two psychological dimensions to which psycho-oncology devotes its attention: the psychosocial and the psychobiological.

The psychosocial dimension of psycho-oncology addresses the emotional responses of patients, their families, and caregivers at all stages of the disease. On the other hand, the psychobiological dimension focuses on the psychological, behavioral and social factors that may influence outcomes related to cancer morbidity and mortality (Holland, 2018).

In this context, studies associate stress, depression, and lack of psychological and social support with the development and progression of cancer. Chronic stress and depression are particularly prevalent in cancer patients and can negatively affect their quality of life and disease progression (Garcia, Lourenço, Mari, 2013); (Currier, 2013); (Reiche, Nunes, Morimoto, 2004).

The importance of psycho-oncology cannot be ignored, as it plays a crucial role not only in treating the psychological distress that usually accompanies the disease, but also in mitigating its impact on the progression of the disease and the coping mechanisms of the individuals (Reiche; Nunes; Morimoto, 2004).

In this context, the "psycho-oncologist" is the one who is "personally involved in the care of patients, their families, and their caregivers, but also the one who is identified to teach these principles and skills to the oncology team" (Holland, 2018, p. 1370).

The role of the psychologist is fundamental in the multidisciplinary team, where they often act as an advocate for the patient's interests. In addition, they play a crucial role in psychological education and in improving the sensitivity of other professionals who interact with the patient. This academic contribution has a significant impact on treatment management (Ramos, 2016; Beck, 2018; Holland, 2018).

> The work of the cancer psychologist takes place mainly in the hospital context due to the fact that the patient's treatment often requires frequent visits to the hospital, which inevitably implies a break with the usual environment experienced by the subject, changing customs, habits, personal care and also interruptions to the daily activities performed by patients and their families (Beck, 2018, p. 26).

The cancer process consists of three stages, the first of which is divided into three phases (Pereira & Lopes, 2005). In the pre-diagnosis phase, the role of the psychologist is crucial in integrating past experiences, sharing feelings and emotions, and normalizing the patient's emotional reactions. During the initial diagnosis, the focus is on addressing the psychological impact of the diagnosis, encouraging free expression of feelings, and promoting emotional and physical well-being. In the impact phase of the diagnosis, which is characterized by stress and depression, it is essential to provide emotional support, offer relaxation techniques, and encourage the expression of fears and concerns, with the aim of reducing the likelihood of depression and promoting a coping attitude (Ramos, 2016).

In the second phase, from acceptance of the diagnosis to treatment, it is essential to provide information about the disease and the therapeutic process, including the duration of treatment and side effects, emphasizing the importance of adherence to treatment. Recognizing the individuality of patients, it is essential to prioritize psychological well-being, helping them to find emotional balance and social support during this period. Literature review about the disease and treatments is encouraged, as is interpersonal involvement to avoid isolation. Interventions include strategies for managing side effects, preparing for physical changes, approaches to pain management, and recognizing the impact of the disease on the family. Open communication and family involvement are promoted to improve quality of life and cope with the challenges of treatment (Ramos, 2016; Beck, 2018).

In the third stage, during treatment and beyond, it is essential to promote the maintenance of quality of life by encouraging healthy habits and adherence to medical guidelines, as well as emphasizing the importance of medical follow-up to prevent relapses and providing a space to discuss thoughts and fears. Regarding the possibility of death, it is essential to understand the patient's desire to know the truth and allow them to answer their own questions (Ramos, 2016; Beck, 2018).

The diagnosis of cancer and the intensity of its treatment can lead to denial, prompting patients to pursue alternative treatments that lack scientific validation. This increases their risk of exacerbating their condition and becoming victims of financial and psychological exploitation. The path to healing from cancer is challenging, as is accepting the inherent vulnerability and uncertainty of their prognosis. A psycho-oncologist can aid in processing the diagnosis and prognosis, thereby helping to prevent discouragement and susceptibility to charlatanism. Maintaining psychological stability is essential to ensure adherence to scientifically proven treatment methods (Scannavino et al., 2013)

When caring for individuals with chronic illnesses such as cancer, the psychologist must: facilitate adaptation to the changes imposed by the illness, promoting adherence to treatment; help with pain and stress management; support decision-making and preparation for invasive procedures; promote quality of life; and review values for a return to normal life or for the end of life (Bianchin, 2003; Glanz, Rimer & Lewis, 2002; Herman, 2007; Herman & Miyazaki, 2007; Miyazaki et al., 2002; Scannavino et al., 2013;).

While it is essential to maintain dialogue and patient autonomy, it is also crucial to develop the ability to recognize the nuances of communication and understand the information the patient wants and is willing to receive. This skill, which is intrinsically linked to the psychologist's training, plays a central role in clinical practice and in establishing an effective therapeutic relationship (Gimenes, 1996; Ramos, 2016; Beck, 2018).

Therapeutic listening, psychological counseling, and psychoeducation are essential health intervention strategies. According to Gimenes (1996), it is the psychologist who is closest to the patients and who reveals their pain. Thus, the psychologist becomes an indispensable figure in promoting the quality of life of cancer patients, as well as in identifying the psychosocial variables and environmental contexts in which psychological intervention can help in the process of coping with the disease. Psychologists must be concerned with the effects that professional intervention can produce, using methods that are effective in the short and long term (Gorayeb, 2001).

For Gadamer (2006), in the field of mental illness, the dual process of adaptation to the world and to oneself that constitutes human life becomes unbearable, and this is where the role of the psychologist comes in, facilitating the deconstruction and reconstruction of being who one is in the space where one is. Adding to that, the need to adapt to a new aspect of identity, the cancer patient, and sometimes to new environments, the hospital and the multiprofessional team, the psychologist can help in the reconstruction of identity, self-image and self-esteem, as well as intervening with the family that is emotionally affected by the diagnosis (Ramos (2016).

According to Ramos (2016), behavioral interventions can reduce not only anxiety but also depression, anger, and stress levels, providing relief from unpleasant emotional states and promoting the maintenance of healthy interpersonal, occupational, social, and sexual relationships.

> This helps patients to identify their own emotions and fears, develop optimism by encouraging them to fight the disease, recover positive relationships, self-esteem and self-concept, and establish healthier routines. Psychotherapy thus has a high impact on changing the patient's attitudes, leading to greater adherence to medical recommendations and the promotion of healthy behaviors (Ramos, 2016, p. 7).

Emotional support for family members is also essential, encouraging the expression of feelings and promoting self-care to avoid exhaustion. It is the psychologist's responsibility to remind the caregiver that they, too, deserve care and support, and that someone is available to provide it. Strategies such as therapeutic dialogue, visualization, and relaxation techniques are useful for promoting emotional adjustment and reducing pain, while providing a welcoming and non-judgmental environment is essential for communicating safety and respect to the patient (Ramos, 2016; Monteiro; Lang, 2015).

Final considerations

This article has explored the complexity of the concepts of health and illness, highlighting their interrelationship with social, emotional and environmental factors. Through a multidimensional analysis, it is clear that the understanding of health and illness goes beyond the mere absence of physical symptoms to include psychological, social, and cultural aspects.

Considering the diagnosis of cancer and the context of the cancer patient, there are significant emotional challenges that permeate not only the diagnosed individual, but also their support network. The biopsychosocial approach emerges as fundamental, recognizing the integrity of the human being and the need for holistic and compassionate care.

In this sense, the role of the psycho-oncologist is crucial, demystifying the diagnosis of cancer, destigmatizing it and adopting a biopsychosocial view of the patient. Supporting the family and training the multidisciplinary team are key to promoting well-being and effective treatment.

However, it is important to emphasize the need for more studies and strengthening in the field of psycho-oncology to improve the quality of care offered and promote better outcomes for patients and their families. By committing to a humanized approach based on a holistic understanding of the individual, we can move toward more effective and compassionate support in dealing with cancer and other serious illnesses.

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