# Introduction to Psycho Socio Spiritual Aspect of Health Management in Cancer Patients, New Team Work Approach

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*Health is the state of complete physical, mental, social and spiritual wellbeing due to neglecting psycho-spiritual aspects in the traditional oncology department; here we introduce a comprehensive center responsible for all the aspects of health in managing cancer patients. Comprehensive Cancer Control Center (CCCC) with an integrated team including surgical, medical, radiation oncologist, nutritionist psychiatrist, psychologist and spiritualist is a comprehensive center with responsibility for all the aspects of health in all duration of cancer management period; such as diagnosis, treatment and palliation period. CCCC is also accountable to caregivers' education and minimizing the risk of burnout among them.*

**Keywords:** *Cancer, Team work, Psycho-oncology, Spirituality, Iran*

## Introduction

Health is the state of complete physical, mental, social, and spiritual wellbeing; and these interactive and dynamic determinants affect each aspects of that (Akbari, 2010). Generally, all patients and cancer cases in particular, are significantly affected by psycho-social spiritual aspect (PSS) of health as well as biological (Akbari, 2010b). The researches done in terms of mental health of cancer patients have revealed that except for anxiety; depressions, social disjunctions and somatization are of special significance (Mardani, 2009). Anxiety, depressions, social dysfunctions and somatization and low quality of life and difficulty in adaptation can influence the treatment and diagnosis of patients through weakening the immune system of body, deteriorating secondary reaction to treatment and as a result, the mentioned factors can increase the risk of disease returning. (Hung, 2010). Psychological intervention can help in the recognition of patient's character

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and creation of relation among thoughts, emotion and physical symptoms. N.I.C.E (National Institute of Clinical Excellence) recommends psychological intervention as a treatment for psychological disorder to improve palliative care among adults suffering from cancer (Anderson, 2008). Psychosocial interventions typically use cognitive behavior techniques for individuals with cancer and their spouses, often incorporating skills training and relaxation training. The interventions typically focus on reducing general distress, and appear to be effective (Andersen, 1992, 2002).

**Healing Philosophies, Approaches, and Therapies of Spirituality**

A recent meta-analysis of randomized control trials of psycho-oncology interventions found that interventions promoting active coping, especially helpful cognitive coping and self-regulation coping, have had the greatest effect on a range of adjustment outcomes (Graves, 2003). In summary, interventions that focus on helping the individuals understand themselves and their worldview better should also enhance their ability to adjust to cancer. Currently, creating holistic views for responding to comprehensive health needs including spirituality is more pondered upon, by health providers and health managers particularly in chronic diseases such as cancers (Thune-Boyle, Stygall, Keshtgar, et al, 2010). Spiritual coping can have an important role in adjustment to serious illness, including cancer (Tarakeshwar, Vanderwerker, Paulk, et al, 2006). Lower levels of patient discomfort also reduced hostility, anxiety, and social isolation in cancer patients and their family caregivers have been detected in whom with better religious and spiritual coping (Kim, Wellisch, Spillers, et al, 2010). Spirituality will impact the meaning of life which is effective in a person's response to a certain disease and the outcome of disease process (Fallah, Golzari, Dastani, et al, 2010).

Evidently, spiritual factors like adaptation, acceptance, contemplation, praying, forgiveness, gratitude, trust and patience have a positive impact on the course of cancers and other chronic diseases (Fallah, Golzari, Dastani, et al, 2010b). Religious thoughts can play an important role in the relief of psychopathologic symptoms in cancer patients. Death as the end of life which may be a harmful outcome from any kind of cancer; in religious beliefs has different effect, because in some religions, death means meeting God and solving the materialistic problems in the world, for example great rewards are promised to parents suffering from loss of children in Islam and Christianity.

Also the death will appear differently in a Muslim individual who suffers from a malignant disease and her or his belief that the kind, merciful God

will support him during illness and accept him/her in better manner after suffering from a disease in comparison with somebody who does not believe (Lines, 2006). There are controversial studies but it is supported that there is possible relationship between these determinants and primary developments of cancer and/or outcome of the disease once diagnosed, these effective elements should be in more consideration during cancer management (Barraclaugh, 2000).

**Multiple Variables of Differentiating PSS Response**

In the similar physical status of cancers, the psycho-socio spiritual responses are extremely different; many elements have created these differences such as: The personal and social understanding of cancer which is related to everyone's knowledge, attitude and experience of the disease. Site of cancer, prognosis and outcome of treatment; for example thyroid cancer has different response compared to breast or ovarian cancer in a young lady (Akbari, 2010c). Sex, age and social group of patient; the PSS response for a male manual worker who is responsible for a large dependent family members and no sufficient insurance coverage, suffering from hepatic cellular carcinoma (HCC) is probably different from a young employee woman affected by breast cancer with good support from spouse and family members. There are no sufficient data supporting different reaction of people in different ages and sexes toward cancers. Some studies have shown that younger patients suffer more emotional disturbances from chronic diseases such as cancer, suicide occur more often in male cancer cases but depression and anxiety are more common in female patients (Barraclaugh, 2000).

Level of education, past experience of chronic diseases and past psychiatry history: people who have experience of somebody surviving or dying from cancer would have different reaction to these malignant diseases. Understanding the disease by studying scientific document and hearing from experts is different from the one who has been deeply influenced by portrayals of the disease in novels, plays, films or television documentaries (Akbari, 2010d).

Spirituality and religious belief; spiritual development in personal manner or organized religion tends to go along with good copying and adaptation. (Akbari, 2011a) and (Thune-Boyle, Stygall, Keshtgar, Davidson, Newman, 2010). Belief that persistent, kin, full and responsible power will support the spirituality components of health and will help the patients to accept and manage new health status, surely, provides a different response between somebody who believes in an undying power and unseen world to cancer and who doesn't (Fallahi, Mazaheri, 2008).

Cultural attitudes, geographical variations, and ethnicity will affect directly or indirectly in care of cancer patients, even in the quality and quantity of life (Movahedi, Haghighat, Khayamzade, 2010). In some studies conducted by the authors, the effect of geographical variations and ethnicity has been clarified in overall survival of malignant diseases regardless of the similar quality of care (Khayamzadeh, Khayamzadeh, Tadayyon, 2010). Other studies have shown that changing the life style and residence will affect the incidence and prevalence of cancers in the immigrants (Yavari, Hislop, Bajdik, et al, 2006; Mousavi, Brandt, Weires, Jiang , Sundquist, Hemminki, 2010). These variables in a cancer patient will appear with different signs and symptoms during periods of time management and need more regarding cancer management.

**Psychological Symptoms in Cancer Patients**

The patient's PSS response to cancer will be different from those multiple variables and due to the time of management (Liness, 2006). The clinical feature of PSS responses in the time of diagnosis is different from duration of treatment and time of palliation care. These differences are also related to the coping process and strategy with different religious beliefs and spirituality (Holland, Breitbart, Jacobsen, et al, 2010).

During diagnosis of cancer, some emotional reactions may affect the PSS aspect of health in cancer patients. Shock and denial as first reactions will last for a few days related to the patient and his/her family understanding. Then anxiety, fear, sadness and anger as acute distress will affect the PSS status for some few weeks, and will be different in cases who believe in an unseen world and unseen power which kindly will support people in bad situation and the ones who do not (Akbari, 2011b). Then shame or guilt will appear as blaming self and others and even challenging God as the main source of disease and disability (Friedman, Barber, Chang, et al, 2010). After a short or long time of challenging, relief and acceptance will be the last sense of patient about the cancer involvement. In such complicated diagnostic period, the patient needs psycho-socio spiritual support as well as biological management (Akbari, 2010e).

During the treatment course, some specific criteria will be added or substituted to previous signs and symptoms, all the aspects of the treatment have their specific psycho-social and spiritual response with some general reaction based on the main disease and its reaction. The general issues are due to the loss of physical strength and well being, loss of body and/or organ, dependency, loss of role, loss of interpersonal relationship, and loss of

sexual function, loss of life expectancy, fear of the recurrence, and loss of mental integrity.

**Division of Cancer Treatment and Diagnosis**

It is clear that two patients with similar malignant diseases will not have the same responses. Surgery, as the main therapeutic procedure for malignancy has the specific psychological side effect before and after it. Preoperative anxiety may become out of control and the patient panic, unable to sleep and refuse to go to the operating room. Postoperative reaction will differ from even relief and euphoria if there is good news and operation is safely over or severe depression when there is bad news after the surgery; there are some easy adjustment ways to accept the surgical procedure(s). Preoperative counseling will make sure that the patient understands the proposed procedure. Some time their quality of life may be better with less radical treatment even if the prognosis of their cancer is consequently less good. Preoperative training in anxiety management even with drug prescription can help reduce distress and pain after the surgery.

Postoperative counseling is also supportive for adjusting the surgical outcome. Peer counseling with similar involved patients and survivors will help have a tonic effect (Akbari, 2010c). Chemotherapy as the second way of treatment of malignant cases is worse and unacceptable approaches may be taken by the patient that may have scientific support for doing it. This is because of the complication of chemotherapy and the reduction of the quality of life during treatment period. The prolonged nature of the treatment with pulses administered every three or two weeks and some times weekly for several months, means that patients are continually being reminded of their disease. Their lifestyles are disrupted because of the time and money spent on repeated visits to hospital, with burden to care-giver and consequent absences from home and work.

Also many other complications such as nausea and vomiting, hair loss, depression, acute organic mental disorder, infertility, premature menopause, pulmonary fibrosis, cardiomyopathy and induction of second malignancy are the main complaints after chemotherapy which should be under more consideration by the oncological staff. These are affected by religious and spiritual coping strategies (Thune-Boyle, Stygall, Keshtgar, et al, 2006). Radiation therapy, hormone therapy and immune therapy are also accompanied with psychosocial disorder based on their acute and chronic complications (Holland, Rowland, Lebovits, et al, 1979).

**Comprehensive Cancer Control Center**

In such situation that a patient's need changes day by day from biological need into psychosocial and/or spiritual aspect as a holistic outcome of disease, we should have a comprehensive team that is recommended as: Comprehensive Cancer Control Center "CCCC".

In such center(s) all cancer cases are monitored with a single patient sheet that covers the surgical and medical oncologist, psychologist, psychiatrist, nutritionist, social worker, and spiritualist as a team. Here, in addition to CCCC, all the activities for cancer prevention, treatment and palliation are administered. We are concerned about the patient and family education, care-givers' training for better responding and preventing burnout. It is approved that some psychosocial supports will help patients to better acceptance and tolerating the chemo radiation therapy such as: minimizing the waiting time before treatment to reduce the bad expectation, minimizing the patient's bad expectation by not talking about the complications and not hearing the therapeutic complications from the cancer sufferers.

Supportive counseling would provide a chance to ventilate anxieties, distraction from cues: praying God, considering him and thinking about supportive beliefs, reading holy books and listening to relaxing music, or chewing the favorite, flavored chewing gum to mask hospital smell will be effective during such kinds of treatments (Stefan, McDonald, Hess, et al, 2005). These are some clinical psychosocial aspect of the treatment period for cancer patients who are not standardized and practical by the oncologist staff and oncologic wards. These are partly established in CCCC and are fully recommended for any oncology departments.

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