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## Psycho-oncology: A Common Discipline for All!

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Psycho-Oncology is a discipline that has emerged in the early 1970s in response to growing interest in the psychological, behavioral and social issues, related to the occurrence of cancer in an individual.<sup>1</sup> Known as psychosocial oncology throughout most of Europe, Psycho-oncology deals with two psychological aspects of cancer: (1) psychosocial: the emotional responses of patients, their families and caregivers; (2) psychobiological: the psychological, behavioral and social factors influencing mortality and morbidity among cancer patients.<sup>2</sup>

The objectives are twofold: integration of psychological care into the total care of cancer patients and their families at all stages of the disease, and progress in understanding psychological, social and behavioral factors that may influence disease progression and survival through research and education.<sup>2,3</sup>

Besides, its name by itself refers to its position of interface among oncology, psychiatry and psychology. Doctors, nurses, social workers, psychiatrists and clinical psychologists are all players of care that are concerned in the field of Psycho-Oncology, bringing their specific clinical and therapeutic skills.<sup>4</sup> Similarly, the research interests are common to all stakeholders of Psycho-Oncology, and are mainly focused on understanding the psychological mechanisms involved in the course of cancer screening, detection, management and rehabilitation of patients and their families.

Psycho-oncology is important to be integrated in care of all cancers; nevertheless, due to the high

burden and potential stigma and embarrassment of being diagnosed with breast cancer, implementation of this discipline is of utmost importance in these patients.<sup>5</sup> Providing the supportive care as early as the clinicians' suspicion of breast cancer may lead to better coping with the disease and improve quality of life.<sup>6</sup>

Still booming, Psycho-Oncology today is an international concern, since many countries have developed national associations responsible for the organization and development of this discipline. In addition, International Psycho-Oncology Society (IPOS, founded in 1984) brings together about thirty countries that are organized around the subject of Psycho-Oncology (such as Canada, Japan, Australia, Nigeria and England). The main tasks of IPOS are promoting the effective psycho-oncological care of patients suffering from cancer across the world, through partnerships, public health policy, research and education.<sup>7</sup> In addition to many events organized regularly by each country involved in Psycho-Oncology, IPOS offers a world congress every year. In 2016, Ireland will host the event, while the USA, Portugal and Australia organized previous meetings; a sign of certain worldwide concern about discipline.

While Psycho-Oncology aims to incorporate the psychosocial dimension into the care of cancer patients, the international dynamic reflects the fact the entire scientific community are concerned about the psychological aspects, beyond the strictly inherent characters that a culture, a society or a religion might endorse. Indeed, the common notion among all of us is the patient that we support; the concern which is universal. Therefore we can argue that Psycho-Oncology is a common discipline for all and without borders!

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### References

1. Holland JC. History of psycho-oncology: overcoming attitudinal and conceptual barriers. *Psychosom Med* 2002; 64(2): 206-21.
2. Holland JC. Psycho oncology: Overview, obstacles and opportunities. *Psychooncology* 1992; 1: 1-13.
3. Herschbach P, Book K, Brandl T, Keller M, Marten-Mittag B. The Basic Documentation for Psycho-Oncology (PO-Bado): an expert rating scale for the psychosocial experience of cancer patients. *Onkologie* 2008; 31(11): 591-6.
4. Turner J. The changing landscape of cancer care - the impact of psychosocial clinical practice guidelines. *Psychooncology* 2015; 24(4): 365-70.
5. Neishaboury M, Davoodzadeh K, Karbakhsh M. Does Embarrassment Contribute to Delay in Seeking Medical Care for Breast Cancer? A Review. *Arch Breast Cancer* 2015; 2(3): 75-8.
6. Kaviani A, Mehrdad N, Yunesian M, Shakiba B, Ebrahimi M, Majidzadeh K, *et al.* Psychosocial Care for Breast Cancer: Physicians' Perspective. *Iran J Cancer Prev* 2012; 3(1): 23-7.
7. Grassi L, Watson M. Psychosocial care in cancer: an overview of psychosocial programmes and national cancer plans of countries within the International Federation of Psycho-Oncology Societies. *Psychooncology* 2012; 21(10): 1027-33.

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