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Main difficulties of counseling cancer patients at the stage of acceptance of diagnosis

The diagnosis of cancer is the strongest stress for the patient and his family, because in the mind of any person, the term "cancer" is synonymous with doom, death. With this patient there are a number of problems related to social adaptation has a strong influence on the quality of life and a good attitude to treatment. Often, the awareness of the unfavorable Outlook leads a person to severe depression, thereby complicating the reaction on the disease and its treatment. The purpose of this article is a review of the main difficulties faced by the psychologist working with cancer patients, recently learned about his diagnosis and the main method of psychological assistance at the stage of making diagnosis performs psychological counseling. On the basis of theoretical analysis of clinical cases on the subject stands out a conclusion on the importance of psychological work with cancer patients at the stage of making diagnosis.

Keywords: diagnosis, depression, rehabilitation, psychocorrection, psychotherapy.

"There are three of us: the patient, the doctor and the disease.
The side the patient chose will get a win"
Hippocrates

Various diseases currently subject the patient's psyche to easy or severe changes only due to their clinical manifestations. These changes are clearly manifested in patients with malignant tumours. The diagnoses of "malignant tumour" leads to a very severe psycho-emotional crisis resulting in the following negative mental states: panic, depression, hypochondria, apathy, and etc. These conditions significantly complicate the course of the disease. According to the observations of the American psychologist Elizabeth Kubler-Ross, in the context of the diagnosed malignant tumour the patients' reaction is passing through the following stages:

1. Denial. The patient does not believe in what happened to him/her.
2. Anger. Dissatisfaction with the physician's work; hatred of healthy people.
3. Bargaining. An attempt to conclude a contract with fate. The patient's belief that if a coin falls on the tail side, he/she will recover.
4. Depression. Loss of will to live, panic and resentment.
5. Adoption. "I have got through meaningful and interesting life. Now I can die "[1].

According to the Prof. A.V. Gnezdilov, "Changes in patients' and their relatives' psyche go through several periods:

1. The period of crisis, negative information on the disease and its predictions are like a thunderbolt from a clear sky for the patient.
2. The period of denial; the rejection of information.
3. The period of aggression.
4. The period of depression.
5. The period of adoption – acceptance of one's fate" [2].

If we briefly review some of the findings of many

specialists that were evidenced in practice, not only the successful treatment outcome but also psychological and social rehabilitation, return to a full life in the family and the society, as well as the patient's attitude towards the disease aimed at combating are manifested as the patient's proactive approach to life.

Many factors in the acceptance of an oncology diagnosis depend on further psychological adaptation of the patient. In our context, the concept of "**acceptance of diagnosis**" is not the person's acceptance of this truth with the possibility of living a certain time or a long life, but his/her readiness for serious treatment or surgical intervention needed due to dissatisfaction with the results of treatment, on one hand, and the preservation of a positive approach to life, which in the end leads to a positive dynamics in treatment or a qualitative remission, on the other hand.

The most important factor in the acceptance of diagnosis is a state of uncertainty. This condition is closely related to the period of diagnosis, as well as with the initial therapy course. At the same time, this basic factor leads to the excitation of such conditions as fear, anxiety and panic. The primary task of correction in this direction, i.e. counselling, is aimed at helping the patient to deeply understand the situation and adapt to the further perspective of laying the groundwork of understanding.

In the basic approach to counselling, the factor of a state of uncertainty leads to a full disclosure of what is happening in the most important period. The stage-by-stage action plan, covering the social life and day-to-day routine and other aspects, shall correlate to the patient's disease. Another method of counselling is the work towards understanding of fears related to this period of uncertainty. Such methods depends on the choice of a consulting psychologist and includes various forms of psychodiagnostics, art therapy, elements of psychodrama, psycho-corrective techniques aimed at establishing a close contact with the patient's emotional state.

It should be specially noted that during such psychological work the consulting psychologist may face an explicit manifestation of alexithymia. However, many experts dealing with onco patients consider this symptom as a main form of psychological defence. Such a state of the patient emotionally complicates the consulting work but is an important warning sign. At that, the inability to work with one's own emotions can act as an important mechanism and can become the only effective tool.

During the period of diagnosis, the relationship between the patient and his/her relatives is often difficult. People surrounding the patient do not understand how to behave in this situation and are not ready for the obstacles in mutual communication. It affects the psychological state of the patient who needs understanding and love from relatives but cannot accept help. This circumstance causes normal communicative deprivation in the patient and complicates the further rehabilitation process. It is in this period that a psychologist can become a mediator between the patient and his/her loved ones. On the other hand, good terms between the patient and his/her consultant can become an interpretation of a family communication. Thus, the psychologist standing on the position

of an expert gives the patient complete information on certain circumstances; an impossibility to obtain a clear idea can harm the patient. At the same time, the consultant provides the loved ones with information about the patient's psychological state.

At the time of accepting the diagnosis, psychological work with patients involves a number of fundamental problems. Overcoming them will help the patient to adapt to the diagnosis and will facilitate the treatment process.

Such a personality-psychic manifestation as a state of uncertainty, a fear of uncertainty or a fatal probability is characteristic not only for the period of accepting the diagnosis but it is very important to study such manifestations in this period to support the future psycho-correcting or psychotherapeutic practice that can become another powerful resources in the patient's rehabilitation.

References

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