

Psycho-Oncology and its Psychological Effects

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Perspective

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DESCRIPTION

Psycho-oncology is an interdisciplinary field that studies the physical, psychological, social, and behavioural aspects of cancer for both patients and caregivers. Researchers and practitioners in the field, also known as psychiatric oncology or psychosocial oncology, are concerned with aspects of individuals' experiences with cancer beyond medical treatment and across the cancer trajectory, including at diagnosis, during treatment, transitioning to and throughout survivorship, and approaching the end-of-life.

Psycho-oncology is the study that associated with psychological reactions to cancer, the behavioral component of coping with cancer, health behavior change, including preventive medicine, and social factors associated with cancer diagnosis and treatment, such as communication with providers and family and friends and psychological benefits. Furthermore, over the last two decades, research on the influence of psychosocial factors on biological disease-related processes has exploded. Many studies use a biopsychosocial approach to act for the interaction of biological, psychological, and social factors in cancer coping. The incorporation of psycho-oncology into routine oncologic care represents a significant advancement in patient care.

Psychological effects

Cancer diagnosis and treatment are known to have a significant impact on psychological well-being. When compared to the general population, most cancer patients experience higher levels of psychological distress. Mood and anxiety issues are common psychological reflexes to cancer. Increased rates of depression and anxiety in response to a cancer diagnosis are often due to uncertainty about mortality, as well as enduring difficult treatments and concerns about functional interference and body-

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image or other self-concept related distress. Important to understand how people react psychologically to cancer is critical for supporting their overall well-being and maximizing quality of life during and after treatment. While the prevalence of psychological disturbance in response to cancer is relatively high when compared to population norms, many individuals report relatively stable and even improved psychological well-being throughout the cancer trajectory.

Depression and anxiety

Depressive symptoms and anxiety are common psychological reactions to cancer diagnosis and treatment. Threat to life, uncertainty about prognosis and treatment outcome, worry about toxic treatments, functional impairment as a result of toxic treatments, and physical symptoms themselves, which commonly include fatigue, pain, nausea, hair loss, neuropathy, and chemo brain, are all factors that may contribute to clinically significant anxiety and depression in the context of cancer. These topics have been incorporated into psychotherapy treatments that are tailored to the experience of cancer patients. While the majority of cancer patients do not exhibit clinically significant symptoms of depression or anxiety, their prevalence after cancer diagnosis is significantly higher than population norms. Psychological well-being is not only associated to overall quality of life, but it's also been linked to shorter survival.

Coping

Individuals' psychological and behavioral responses to cancer diagnosis and treatment in an effort to control the significant stress and threat to health are of primary attention in the field of psycho-oncology. These responses constitute what is known as a coping response to a health threat. Because cancer treatment affects multiple domains, cognitive adaptation to cancer is particularly difficult. Approach-oriented coping and avoidance-oriented coping are the two broad categories of coping behavior.

Approach coping involves cognitive, behavioral, and emotional aspects of cancer adjustment, such as expressing emotions, taking an active role in one's own treatment, remaining active, and discussing problems with family members. In general, research suggests that approach-oriented coping promotes more positive adjustments and psychological well-being than avoidance-oriented coping.

An individual's maladaptive attempt to mitigate psychological damage from a traumatic period is known as avoidance coping. Emotional suppression and avoidance of cancer-related conversation, as well as passive behaviors, prevent people from dealing with the issues that are causing them psychological distress. Many psychological treatments are intended to improve patient's ability to implement more adaptive coping behaviors and cognitions while decreasing maladaptive coping.