Positive psychotherapy in cancer treatment assignment

Psychology

The start of the psychoanalyst is registered as 1975 by Jimmy C. Holland, when the understanding of the psychological support to those who was cancer- diagnosed. The meaning of psychoanalyst or sometimes they call It inconspicuously, originally was started from telling the cancer- diagnosis to the patient. In USA special stuff was assigned who would tell the diagnosis Initially to the patient. However there are lots of other cases that should be dealt with, In the process of the cancer treatment.

Incontinent Is going through lots of kinds of treatments, such as chemotherapy, deteriorated, Impenetrably, medications, and so on. While going through all those hard to bear stuffs, patient Is having not only well-being problems, psychological problems, physiological problems, but also changes in physical appearances are problems. Since the patient already knows that he isn't as usual anymore, and has " zero" haircut, has lost weight, got very skinny and even sometimes color of skin becomes different than before and many other chances such as those can happen. Heir treatments, other negative outcomes, such as metastases, cancer recurrences, repeated surgeries and worsening of the tests and so on. Can we have different people assigned to tell or to communicate about each one of those steps, or let's say outcomes? Is it possible? Cancer patients also may have problems in communication with family, doctors, medical stuff, friends, spouses, siblings, caregivers, parents, and so on. Should we not interrupt? What about leaving him alone to go through such hardships? " Absolute no" is an answer for this. Here is the main set of work for a psychoanalyst to deal with.

Not only are these kinds of stuffs act as an issue, although. Psychoanalyst is a huge amount area, what is responsible for huge amount of work for every single case of a cancer patient. What I mean is, every single cancer patient has a different stereographic state: age, gender, family state, blood type and so on. Also there are lots of differences such as diagnosis, type of treatment, history of illness; and family is different. Even the place of living and birth place is important, when figuring out what is loved and unloved by him/ her.

Other things like allergies, previous diagnoses, previous hospitalizing causes, and effects of treatments and etc. All of those are very important for the psychologist working in the oncology centers. Another responsibility of the anesthesiologist is to improve the actor-patient relationships, subordination state, and solve conflicts between medical stuff. How? That is up to the situation, again. Therefore, it must be known what is the real problem, the main problem that is leading to conflicts. If the treating stuff isn't feeling comfortable in his workplace then the positive effect of the treatment is under the question as well.

Also, most of doctors have a burn-out state at their workouts. It is when they don't want to work to help for the patient to recover, and see the results, and building empathy in the relationships between him/her (doctor) and patient, owing Just what he/she has to do without any motivation and excitement. The consummation of alcohol and smoking of the doctors can be explained as a stress- release, or how we call it " discharge". What is the reason for the doctor to have stress? As I'm in charge of psychological state of the well-being, I will tell from what I know.

When the doctor sees that the patient who is discharged and happy about it will come back very soon, when the doctor have to deal with the bad outcomes of his/ her patients alone; without telling to his/her patient and his/her family, because the actor was been told like that by them; when the doctor is assigning any kind of treatment and seeing that it made the patient worse; when the doctor was scolded for the worsening of his/her patient, while already feeling bad about that; when doctor loses patient's belief or trust in him/her and lots of such kind of stresses of the doctor may cause bigger problems for his/her career as well as to the patient's treatment. It is seen as " those doctors are cold-blooded folks", however they are in state of long-lasted chronic distress or even sometimes chronic depression. What to do? Here psychologist is in charge of making kinds of trainings or stress-relieving consultations, treatments and therapies. However, doctors aren't always open to those kinds of procedures. This is another Job for the psychologist, to find those approaches to attract medical stuff to be open to that. Is that's all? What about the applied psychology?

Applied psychology is the main thing that helps to accomplish all listed above tasks. In the first place, for the psychologist, as for the doctor, the well- session with the oncology patient, and after introducing him-I herself, the anesthesiologist is listening to the patient. While in the normal clinical session, psychologist writes down socio-demographic state of the client. Next is asking questions in the flow of the patient's speech, and listen and notice everything told by the patient. The writing while listening isn't so necessary, even is better not to write, since the patient has gone through all those writing stuff till getting to the psychologist.

If there are some significant issues in his/her speech and hard to memorize, it is k to ask the patient to stop and permit him/her to write it down, since it is very important for you, as well. If the patient is not so open-minded, however most of the incontinent are up to “ free association” and not need to ask them to tell, however there are those depressed or aggressive incontinent going through one of the steps of Kibble-Rose’s Scale (5-stage of the coping). There the psychologist may even make a bedside-session, what is prohibited in normal-life clinical consultation. What we do at the bedside is trying to build so called one-to-one empathy. With those kinds of patients, the psychologist may be called by the treating doctor of the patient or by the family of the patient, most probably.

One of the way of building an empathy between the patient and the psychologist is, when psychologist is using so called insight and finds out what is favorable activities, fields of interest of the patient, either by asking the close ones or Just by looking around patient’s bed and room, sometimes clothes and objects near the pillow, or accessories on him/her. Methods of treating the patient clinically (psychological term), is to use different kinds of therapies due to the cases of the patients; NIL, Gestalt therapy, psychoanalysis, psychotherapies, COB, Art therapies (especially for underage patients), cognitive harpies, meditation, visualization, Positive therapy and etc. The one that I’m going to study is Positive therapy. There are lots of different types of so-called Positive Therapy, in some cases not even based on Psychology Science.

Just entering the term “ Positive therapy’ to the search databases will give out plenty of links, such “ Silva Method”, other named webzines, named psychologists virtual seminars, trainings and so on. However, what is Positive? The term positivism leads to the belief that only scientific knowledge is accepted as the truth, and was found by August Comet in 19th entry. So, it is better not to mention about other unknown methods of positive therapies at all, and grab and hold the idea of positive therapy as the real considered method of psychological help. Some researchers say that positive thinking of cancer patient may cause the problem rather than the positive progress.

It is like forcing a patient to think positively and not expressing aggressiveness or stress and whatever is felt negatively. Somehow it’s related to the “ not telling the diagnosis to the patient” debates. It was like that in the earlier years and nowadays thanks to philosophers, psychologists and doctors for changing that rule, such as Level Tolstoy “ Death of Ivan Illicit” work which was used in the different fields of medicine and health psychology area even as a textbook, where the sufferings of Ivan Illicit described in a detailed way, and how he couldn’t express that since his wife and servant tried to hide every truth about his illness and death.

Contrary to this, positive psychology is trying to help the patient considering diagnosis, it’s consequences and everything open to the patient and being with the patient, that’s how the support appears, when the patient How to express the anger, suffering, pain in a positive way? Positive psychology never says to express pain in a positive way, since the pain isn’t something

emotional. But emotions, these are what have to be dealt positively; it has many distinct methods, which are in a scientific and checked mode. That is therapies to stay positive by using Cognitive-Behavioral methods, or Locus of Control, Happiness Training Programs and so on.

Surely, before setting a therapy to the patient everything should be taken into an account, such as socio-demographic state, illness, character, behavior and especially amnesias of life. Those are measured by scales, questionnaires, surveys and other testing methods. Initially, positive psychology was found by Howard Gardner, but it was assigned not for treatment, but for prevention, as for people not to get sick, not to have depression, and under-stress appearing consequences and so on. More briefly, cancer is from the psychosomatic illness group. Exciting is that the illness based on low level of well-being may cause physiologically terminal illness (here is another example for close relationship between mind-and-body).

However Positive Psychology (PPTP) started to be used as a treatment as well, since the revelation is preventing from happening (not always), and how about already started or initially not prevented cases. That is how we come to apply to positive psychotherapy, what was found by Iranian neurologist, psychiatrist, and psychotherapist Angoras Physician since 1968. He developed a collection of East or in another words, Oriental tails, and stories, as one of the methods for a positive psychotherapy. There were contra-opinions to it. Like one of those I have told before, and other ones as well. However, as an explanation to those hypothetical debates, it may also

develop into scientific studies and hypotheses, and may be the true of the “ Positive Psychology’ has perspective height as well. If the positive psychology is forcing patients to stay positive, should we develop “ Realistic Psychology’, or were patients aren’t going to be forced to stay positive and will be taught to deal with every single problem in a real way, without trying to be positive or whatever; and if the positive psychology isn’t Just forcing patients to stay positive, but more guarding patients and training them to deal with negative emotions positively, and not risking for progress of the tumor or cancer cells (cancer cells are getting ore by having the stress, depressive state, aggressive emotions and other negative mood expressions, also nervousness), then should we change the title or name of these psychological sphere from “ positive psychology’ into “ realistic psychology’?

In my short but meaningful experience, I have noticed that most of patients received “ chimerical”, oncologist progress not after a while as they’ve been severely distressed over something. It’s not a secret, that cancer cells are already existing in our body, organism, and starting to react as soon as we trigger them to react. Surely, n those who have genetic vulnerability cancer cells react more than in those who have not gene-hearted cancer cells. Here, I want to mark that, the psychological treatment is as seriously important as medical one, may be even more, since the initial trigger of the illness may be psychological state of the patient. Cancer patient cases: 20 years old lady, she is married and has 2 small children, I’m not allowed to tell the diagnosis, but the area of the tumor is her limb.

When I first came to her, she was the burdened chemo treatment and cancer diagnosis, but more she was focused on her life problems. She was very young and already married and living with her in- laws. Her husband was sent away to prison for murdering two people, however she is confident that he admitted the criminal imprisonment instead of someone else, that is covering somebody, who is an actual criminal. And the time of imprisonment is 25 years. She told about how hard it was for her to see everything and how she felt about that. She cried for two days and was very weak, and then she felt down from the stairs but not high ones and injured her leg. For me it isn’t Just the accident of falling down caused the tumor in her limb.

Another case is with the woman having a cancer and receiving chemo, but talking about her allowances, and large amount of money she borrowed and that she must find from somewhere, but not having an idea from where. Also, her in-laws and husband are asking her to leave them, and cursing her for that. Next example is about a man who is 32 years old and divorced from his wife, has a son. This man was diagnosed as lung cancer. His sister came to me to consult about how to tell him his diagnosis. This man was grieving over his mother’s death and living alone, and very often talking about committing a suicide. This case is even harder, telling him his diagnosis may cause him harm by himself. But this is another topic.