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Cancer and Emotion; The Scope of Psycho-Socio-Oncology:
At the Time of Treatment

After the diagnosis of cancer and acceptance of it by patient and his/her family, treatment course will be started. All aspects of the treatment have their specific psycho oncology response with some general reaction based on the main disease and its reaction. The general issues are due to loss of physical strength and well being, loss of body and /or organ, dependency, loss of role, loss of interpersonal relationship, loss of sexual function, loss of life expectancy, fear of the recurrence, and loss of mental integrity. It is clear that two patients with similar malignant disease will not have the same response. Response depends on the individual perception of the threat of cancer, as determined by the characteristics of the person concerned.

Surgery as the main therapeutic procedure for malignancy has the specific psychological side effects before and after surgery. Preoperative anxiety may become out of control and the patients become panic or unable to sleep and refuse going to operating room. Post operative reactions will differ from even relief and euphoria if there is good news and operation is safely over to severe depression when there is bad news after operation; there are some easy adjustment ways to accept the surgical procedure(s). Preoperative counseling will make sure 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 reduction of distress and pain after surgery. Post operative counseling is also supportive for adjusting the surgical outcome, all of these jobs will be managed by trained nurse(s) who are educated for emotional management of surgery, and they are able to refer the patient to a psychologist in the proper time. Peer counseling with similar involved patients and survivors will help and have a tonic effect.

Chemotherapy as the second way of treatment of malignant cases is the worse and unacceptable approaches by the patient that may have scientific support for doing it. This is because of the complication of chemotherapy and reduction of quality of life. 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 about their disease. Their lifestyle is disrupted because of the time and money spent on repeated visit to hospital, with burden to care giver and consequent absences from home and work. Also many other complication 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 complaint after chemotherapy which should be under more consideration by oenological staff. Some patients continue to feel fatigue and lack of energy for months after treatment has ended; these may be due to anxiety and/or depression or even some genomic changes.

Radiation therapy, hormone therapy and immune therapy are also accompanied with psychosocial disorder based on their acute and chronic complications. It is approved that some psychosocial support will help patients to better acceptance and tolerates the chemo radiation therapy such as: minimizing waiting time before treatment to reduce the bad expectation, minimizing patient's bad expectation by not talking about the complications and not hear from the cases who are suffering from therapeutic complications. Supportive counseling and a chance to ventilate anxieties, distraction from cues: praying the God, notice to him and thinking about supportive believes, hearing from holy books and music or relaxant music, or sucking flavored chewing gum or mints to mask hospital smell will be effective during such kind of treatment. These are some clinical psychosocial aspect of treatment period for cancer patients which unfortunately are not standardized and practical by oncologist staff and oncologic wards.

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