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Review Article

Psychological Problems of Patients with Lung Cancer

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Abstract

The subject is to present the current knowledge on psychological problems in the population of lung cancer patients. Lung cancer is a malignant neoplasm with the highest mortality. As a result, the patient is accompanied by numerous problems, not only somatic, but also psychological. They are different at different stages of the disease, but specialized care, not only medical but also psychological, is the basis for a full recovery of the patient. Psychological problems among patients not only with lung cancer but also with other oncological diseases are numerous. Depending on the phase of the disease or remission, their intensity remains variable. Psychological care for a group of oncological patients remains unsatisfactory.

Keywords: cancer; problems; psychological; lung cancer

Introduction

Diagnosing a patient with lung cancer is a very difficult situation that evokes many difficult emotions and feelings. Many of these emotions continue throughout the illness,others appear episodically or not at all. It depends on the mental predisposition of the patient and the severity of the disease. The emotions and feelings of cancer patients are strong and characteristic of a given phase [1]. The five phases of the disease are presented below, along with their characteristics.

Phase One - Diagnosis

The moment is described as traumatic for the patient. Feelings and emotions that may ariseare shock, anger, fear, despair, regret, and a sense of injustice. Frequently asked questions are:"Why is this happening to me?" "why me?" [2].

The Second Phase - Treatment

This is the phase in which the patient becomes accustomed to the diagnosis of the disease and the need for treatment. In this phase, emotions occur, especially related to the treatment andits side effects, or the reaction of the environment.

Feelings and emotions that may arise are: shame, the desire to isolate oneself in order to hide the disease and the effects of treatment, fear of the effects of therapy, treatment and pain, a feeling of helplessness and hopelessness, a feeling of losing control, fear of being dependent and asking for help [3].

Phase Three - Remission and end of Treatment

Remission and termination of treatment is an anticipated moment, but is often accompaniedby stress. The whole world of the sick person, so far focused on the fight against cancer treatment, is changing once again. At the same time, a new fear appears - the fear of metastasis or recurrence of the disease. This is the phase in which depressive episodes can occur. Psychological help may turn out to be valuable [4]. Feelings and emotions that may arise are: fear of relapse or metastasis, fear of returning to the previous reality - work, friends, regular activity, difficulty in finding oneself in the absence of disease.

Phase Four - Relapse or Metastasis

Considered the most difficult stage of the disease, often more difficult than the diagnosisitself. This is the phase in which the patient relives the emotions about living in the disease, where the vision of a quick and complete recovery often remains distant. It is associated with the loss of hope and prospects for recovery. Feelings and emotions that may arise are: loss of hope, despair, fear, fear of death, fear of re-treatment, pain, side effects and anger [5].

The Fifth Phase - Pre-Term, Terminal

In this phase, the chances of recovery are slim. At this stage, the support of a psychologist is important, which can help the sick and their loved ones prepare for the breakup, and alsomake the very fact of leaving the patient less traumatic. Feelings and emotions that may arise:fear of death, fear of pain, fear of relatives [6].

A cancer patient strives for a sense of security that he can achieve through a sense ofbelonging to his loved ones. Belief in belonging is conditioned by the behavior and relationships of people with whom it shares feelings. A patient with neoplastic process expectsunderstanding [4,7].

The need to be understood is connected with the need to accept not only the processes caused by the disease, but also suffering and the external

appearance, often distorted by the disease. The willingness to maintain dignity and participate in making decisions related to treatment and care, especially the one aimed at improving the patient's activity and independence from the environment, is particularly important [8,9]. Mental reactions depend on the course of the disease. The role of the psychologist changes depending on the phases of the disease - from support and help in accepting and understanding the disease, through educational and supportive roles. The most important at each stage is the presence and support provided by thepsychologist as well as openness and readiness to accompany you in experiencing difficult emotions.

The help provided by the psychologist includes: support in finding and using the patient's natural resources, help in relieving emotions and facilitating their expression, help in adaptingto the disease, visualizing the patient's needs, preparing for individual stages of the disease or treatments, learning relaxation and visualization, support in experiencing difficult emotions, working on saying goodbye, working with the family, preparing relatives for loss and mourning, work during remission of the disease and constant psychoeducation of the patient and family regarding the needs and requirements of the patient [1,5].

Pain, Anxiety and Anxiety Related to Lung Cancer

Cancer diagnosis often causes severe fear, anxiety, and a sense of insecurity. Patients often complain of sleep disorders, which may be a consequence of the experienced difficulties in adapting to the disease situation. Oncological pain is associated with many aspects of the psychological functioning of patients. Social functioning remains disturbed, where pain hinders participation in social activities, as well as cognitive functioning, when cancer pain negatively affects cognitive processes and functions. The relationship between pain anddepression is as yet unknown. From studies combining the concepts of pain and depression, it can be concluded that depression causes pain more strongly than the given pain could underlie depression. Effective treatment of comorbid depression with pain plays an important role in the effective management of pain. A consequence of increasing pain is the instability of emotions and mood. A positive effect aimed at reducing physical pain has a positive effect on psychological pain, and at the same time vice versa. Pain has a strong relationship with emotional distress and anxiety. Among cancer patients, it is becoming common to associate pain with relapse, which leads to concealing the re-symptoms of the disease. Patients may be concerned about the side effects of pain management while choosing pain as the morebeneficial condition. Pain without an established aetiology increases the risk of mental stress. Occurring suddenly and without any reason, it can cause anxiety. Attention should be paid to the quality of sleep, which is lower in 78% of cancer patients compared to the general population. This symptom is usually the result of chronic pain. Difficulty falling asleepwaking up at night and insomnia remain the most common problems with sleep disorders [9]. The most common mental disorders among cancer patients are anxiety disorders. The literature states that the above diagnosis may occur in 28% of cancer patients. Repeated hospital stays and accompanying medical procedures become a trigger for anxiety. Panic attacks, generalized anxiety, slow-flowing anxiety and psychosomatic disorders are characteristic. Among patients with neoplastic disease, in whom the treatment process ended positively, the anxiety state known as the Damocles syndrome is characteristic. The constant feeling of being threatened with the disease may occur at various times after the end of treatment [4, 10, 18].

Mental Tension and Disorders

As a result of information about the diagnosis, cancer patients experience a period of instability characterized by increased anxiety, dysthymia, often turning into depression, and decreased drive. Over time, the ability to deal with a new situation increases. After learning the diagnosis, some patients develop mental disorders that require specialist treatment. Assessment of mental status is important at every stage of the disease, as mental well-being remains essential in achieving complete remission of the disease. The most common mental disorders in cancer patients are adjustment problems, depressive disorders, and anxiety disorders. Failure to diagnose mental disorders results in their negative impact on the functioning of patients with oncological diseases.

Depression, Hostility and Low Self-Esteem

About 20-40% of cancer patients struggle with depressive disorders, including 1/3 of patients experiencing symptoms at the time of diagnosis. The percentage of these disorders decreases to 15% in the remission period and increases to 50% in the case of recurrence of the disease [11]. There are many theories regarding the mechanism and causes of depression in cancer patients. The first indicates the exhaustion of internal layers caused by the patient's long exposure to stress and depressed mood. Another one assumes that the deterioration of well-being as a result of the applied therapy results in the occurrence of depressive disorders. Also, the direct influence of neoplastic cells, through the production of pro-inflammatory cytokines,increased oxidative stress and metabolic byproducts, is negatively correlated with the central nervous system. Depressive syndrome may result from psychological, existential (suffering, questioning the meaning of life, loss of faith) and biological reasons. One of the factors is steroids, cancer drugs. In the case of cancer, young people are the most vulnerable to depression.

In order to diagnose depression in a patient with cancer, two of the three symptoms of depression should be found: depressed mood that persists for most of the day, usually independent of current events, a decrease in energy associated with increased fatigue resultingin decreased activity and motor slowdown, loss of interests and the ability to feel pleasure. Other symptoms suggesting the development of depression in the patient are: decreasedconcentration of attention, low self-esteem, guilt, pessimistic perception of the future, suicidalthoughts, sleep disturbances, decreased libido and anxiety. In order to diagnose depression, it is necessary to meet the criterion of the duration of symptoms at least two weeks. Differential diagnosis should be performed taking into account somatic diseases with similar symptoms. Mood Disorder Therapy, depressive episodes are based on pharmacotherapy and psychotherapy. Antidepressants are selected individually for a given patient [12, 13].

Self-Acceptance of the Disease

Successful coping with stress is influenced by positive self-esteem and self-acceptance. People with a higher level of self-esteem show a greater tendency to feel healthy. Low andunstable self-esteem leads to passive adaptation to the disease and, consequently, to increased anxiety and negative self-acceptance. [14].

Occurs at a later stage of the diseaseanger, despite the awareness and belief in the correctdiagnosis, often leads to anger among patients, which is usually directed at the doctor andrelatives. A different reaction at the stage of adaptation may be the patient's bargaining withfate, a force majeure or the biology of his own organism. As a consequence, there is adepressed mood. The acceptance process ultimately leads to the recognition of the disease.Without anger or hopelessness, the person accepts the diagnosis and takes actions that mayaid recovery. According to the concept of psycho-oncologists and international recommendations, the above symptoms remain within physiological limits and do not require psychiatric treatment or psychotherapeutic intervention [14, 15].

Acceptance plays a significant role in adapting to cancer. The level of acceptance may dependon the severity of clinical symptoms, the type of treatment undertaken and its side effects. An important factor in the self-acceptance process are individual abilities, coping methods and mental preparation. Acceptance provides the patient with a sense of security, reduces negativereactions and emotions related to cancer, and increases the patient's involvement in thetherapeutic process. Patients, regardless of their mental state and their own resources, which enable effective

treatment, should be provided with comprehensive therapeutic care, and these activities should be divided between doctors, nurses and psychologists. Coping with cancer and the stresses it causes is a measure of disease adaptation. Achieving cancer acceptance usually takes a long time, Kubler-Ross distinguishes five stages of emotional reactions: first - denial, fear and isolation, second - anger, anger, powerlessness and resentment, third - bargaining, fourth - depression, fifth - reconciliation and acceptance. The occurrence of individual stages does not always take place in the above-mentioned order, often a given stage is not present, as well as their repeated repetition. The above phenomenon may adversely affect the treatment process and adaptation to the new situation in which the patient has foundhimself [14, 17].

Mental Adjustment and the Style of Coping with Stress.

The experience of disease, especially cancer, is a big and painful experience for every patient.The measure of adapting to the new reality is coping with stress and the effects of the disease resulting from the disease, such as pain, suffering, malaise, low self-esteem and a change in the quality of life. Stress occurs in most cancer patients. The reason is waiting for thediagnosis and experience of the disease itself. It occurs during the treatment decision as well as during the treatment itself. The concept of stress has been present in the literature for 60 years, while differences in its definition still exist. Not only are there differences in the definition of the concept of stress, but are also related to the existing theories relating to coping with stress during cancer. For example, Watson and WSP. distinguished five strategiesfor coping with stress: fighting spirit, denial / avoidance, fatalism / stoic acceptance, helplessness, hopelessness, anxious preoccupation [18]. Another theory that defines stress that explains adaptation in cancer is the transactional concept of stress by Lazarus and Folkman, which has been modified and supplemented several times. Hobfoll's resource conservation theory is one of the next definitions of stress and may be used in explaining the situation of cancer patients. Endler and Parker understand the style of coping with stress as a typical way of behaving for a given individual in various situations. The authors distinguished three stylesof coping with a stressful situation: the task-focused style (SSZ), the emotion-focused style (SSE) and the style focused on avoidance.

(SSIJ). The task-focused style is characterized by undertaking tasks and efforts aimed at solving a problem through changing the situation or cognitive transformations. The main features of this style are: planning and undertaking tasks. An emotional style tends to focus onexperiences such as anger and guilt. According to Ogińska-Bulik, shaping the skills of coping strategies in neoplastic disease is a gradual process related to the phases of the disease [4, 16, 19].

Forms of Therapeutic Support for Patients with Lung Cancer

The patient's families often experience financial problems, as the treatment process of a chronically ill person is financially demanding. In addition, the stress often present during the course of the disease adversely affects the mental situation of both the patient and hisrelatives, and therefore the situation may require social support. Psychological support for a patient with lung cancer is one of the most important forms of treatment assistance and shouldbe provided at every stage of treatment. Types of social support for people with oncology in a difficult situation are divided into specific forms of social support: emotional support - provided mainly by the patient's family, IT support - provided mainly by oncologists and medical staff, as well as providing information on the course of the disease, that will help you better understand the situation. Other types of support include: material support - providing material, material and financial help, psychological support - provided by psychologists and psycho-oncologists, and spiritual support - provided by priests or hospital chaplains [12, 20].

Emotional and evaluative support plays a special role in oncological disease. The respect shown to the patient may be expressed by asking about the possibility of performing basic medical procedures before starting their performance. This process is aimed at providing the patient with the possibility to decide about himself, it is a manifestation of respect and individual treatment. During the contact with the patient, highly developed soft skills and active listening are extremely important, ensuring the patient's understanding and interest. Neoplastic disease is a very difficult time for the patient and his environment. Often it becomes possible to lose boundaries, as well as closer than generally accepted form ofcontact. It is important that the patient is treated on an equal footing with healthy people, it may be useful to encourage activity, which is known to increase the secretion of endorphins, positively affecting the well-being. The support provided is aimed at helping patients to become convinced about the possibilities and sufficient strength to fight the disease, it also evokes respect and trust for themselves and other people [21].

Conclusions

Psychological problems of patients suffering from lung cancer, but also with other oncological problems, are common and characteristic of a particular stage of the disease. In addition to psychological care provided by specialists, the support of people close to the patient remains extremely important. The patient's personality traits, willingness to fight the disease, determination and the task-oriented style of solving problems are particularly important. Continuous broadening of knowledge about neoplastic diseases, as well as psychoeducation on coping with neoplastic disease are an important element of the treatment process and achieving remission.

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