

## **Psycho-Oncology as an Integral Part of Oncology Treatment: What Interventions Can Be Found and How Can We Develop This Important Field?**

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### **Editorial**

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About one third of patients with cancer are distressed and psychological help is indicated. This number has been shown by many epidemiological studies and reviews over a variety of different countries and health care systems. Therefore, the question arises, how to support patients best. We would like to target this question by this special issue, which is dedicated to studies on different psycho-oncological interventions and approaches.

Excellent and innovative research helped to improve the treatment of cancer. Cancer is not automatically associated with death. However, the threat of the word cancer still remains in humankind. Patients might be confronted with existential questions about their life and death and their personal meaning in life. The treatment of cancer can be burdensome. Patients might suffer and have to cope with limited physical energy or impairments. Fear, anxiety, and depressive moments might arise. Patients are confronted with a variety of emotional and cognitive burdens. Psycho-oncology takes them up and supports the patients to find a way of coping.

Therefore, psycho-oncology has been integrated in many national and international oncology guidelines. Psychological support is seen now as a part of an integrated oncology treatment.

Some of the essential skills in psycho-oncology include giving bad news, communication skills, meaning-centered approach, spiritual care for subcultures, and decision-making process by patient, and family and community attitudes toward the

cancer are entirely culture-based, which need local and intercultural research. These issues are challenging in Asian and Muslim nations, as there are different meanings of health concepts and aging within cultural and social structures of the Middle East. Religious and cultural factors have been shown to play a vital role in patient's attitudes to cancer management and prognosis.

In Iran, cancer is the third leading cause of death and increasing in cancer incidence is one of the most critical challenges for health system. Recent epidemiologic data show an age-standardized incidence rate (ASR) of about 152 per 100000 in Iranian population. It is estimated that there will be 131000 new cases per year.

Along with improvements in curative care by using advanced methods in diagnosis and treatment, palliative and supportive care including psycho-oncology is also improving in Iran. Qualified caring of patients with cancer, their families, and health care providers form the first days of diagnosis through active treatment and cure or terminal illness and grief is in high need and big demand by Iranian health care providers; hence, many psychiatrists and psychologists are studying, working, and researching in this field.

We are happy to present a wide variety of diverse studies in this special issue. Studies cover different cancer groups, such as breast cancer, prostate cancer, lymphoma, or lung cancer. We present reviews, descriptive studies, studies in a quasi-experimental design, and randomized clinical trials. The results and interpretations of these studies help us to understand and develop this important field in oncology care. A wide variety of methods can be found, such as studies with psychotherapeutic intervention based on cognitive behavioral therapy (CBT) or humanistic therapy, educational programs, creative methods, exercise interventions, and also the important field of spiritual care.

The variety of approaches will be helpful for clinicians to get ideas of how to support patients with cancer best. Researchers can benefit from reported experiences and approaches and can be stimulated for new research approaches. Health care providers can get a quick overview of possible interventions and students can get a good insight in this important field.

We hope that you yourself can benefit from this issue and we are looking forward to receiving your report on your clinical work or your research in one of the next issues.

### **Conflict of Interests**

Authors have no conflict of interests.