



PSYCHO-ONCOLOGY: FACTORS LEADING TO THE PROGRESSION OF DISEASE AND PREVENTIVE IMPLICATIONS FROM A PSYCHO-SPIRITUAL PERSPECTIVE.

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ABSTRACT

“Heal the mind and the body will heal on its own” is a timeless statement which focuses the attention away from the body and moves towards the roots of any illness. The emphasis is thus placed on the mind, and by extension, on the individual who is believed to be both the cause as well as the healer of his own body. Cancer has been a subjugating disease and its occurrence can cause a person to be handicapped for a long time. The aim of the paper is to assess the psychological and spiritual aspect underlying the cause of the illness in order to recommend better coping strategies to life's circumstances and the personality of the individual so that vulnerable persons can be better prepared to avoid such consequences. The scope of psycho-oncology focuses on the different mental processes, spiritual factors and faith in the divine and its effects on the regression of the disease are also analysed in this paper with various psychological and philosophical perspectives in order to understand the psychosomatic causal factors for any disease and the vital role of the process of the mind in having the control over the bodily mechanisms.

KEYWORDS : Psycho-oncology, personality, cognition, spirituality, coping, mental health.

INTRODUCTION

Cancer is a major disease burden worldwide. With recent advancements in cancer prevention, early identification, therapy, and follow-up care, the five-year survival rate for all cancers has increased [1,2]. These conditions are particularly prevalent among cancer survivors (3,4). Cancer type, stage, age [5, 6], gender [7, 8], and other patient and illness characteristics have all been linked to emotional distress in cancer survivors. Because cancer survivors may be family members, acquaintances, or co-workers, the entire population has an increased demand for information about cancer-related emotion [9].

There are many platforms to share their own cancer experiences, thoughts, and emotions with others in real time [10]. However, this and other similar research employing social media data either focused on a single emotion [11] or categorized emotions as good, negative, or neutral [12,13,14,15].

Males and females suffer from different cancer in the United States [16]. Sex variations in the incidence of malignancies in the colon, lung, and liver have also been recorded, in addition to the incidence of cancer in sex-specific organs such the prostate and ovary [17,18]. Females are significantly more likely than males to develop thyroid cancer [17]. Males have a higher incidence of colon, stomach, and liver cancer than females [19]. Furthermore, males have been diagnosed with bladder cancer and leukaemia at a higher rate than females [20]. Women with colon cancer developed the disease on the right side, whereas men developed the disease on the left side [21].

Cancer mortality is said to be higher in men than in women [16]. Men are more likely than women to die from lung, colorectal, and stomach cancers, which are the primary causes of cancer deaths [16,20]. Female cancers, including as breast, ovarian, and uterine corpus cancer, have a high death rate [16,20]. Men were 34% more likely than women to die from melanoma [22].

Because of smoking, lung cancer was the leading cause of cancer death among men in the 20th century [16]. Although the cause of the remarkable decline is unknown, the treatment of *Helicobacter pylori* infection and better food preservation methods resulted in a reduction in stomach cancer mortality [23,16].



Personality is an individual's set of traits that are consistently durable. It is believed that certain traits such as neuroticism and extroversion and other thinking and behavioural patterns are the possible predictors for cancer proneness [24]. People with a certain personality type tend to be prone to cancer because of their negative thinking patterns and suppression of emotions and behavioural distortions [25]. Negative thought processes and suppression of those aversive feelings will find expression through diseases [26]. Extroversion is associated with lung cancer in males [27] and both males and females with type C personality who suppress anxiety and are emotionally inexpressive [28]. Males with an extroverted personality are extremely outgoing and their over indulgence in their social life, and also that extroversion does not indicate a person's overt expression of emotions [29] will make them vulnerable to cancer-proneness and also distort their life after the acquiring of the disease because of the social isolation which causes extreme stress and depression [30,31] which further contributes to the progression of the disease. Emotional expressiveness has a high correlation with cancer because the constriction of negative emotions such as anger and fear will continue to cause faster cellular destruction [32] and this tendency to suppress anger may cause a comorbidity of depression after the occurrence of cancer [33] and since emotional inconsistencies are the precursors to cancer, the development of the disease will also reinforce further emotional suppression which will lead to the progression of cancer [34,35,36]. Recent studies have found that an individual's will to live is the sustaining factor [37]. The person's will to live can be re-established through spiritual affiliations and redefining their purpose in life [38]. Religious faith and spirituality substantially increase because a higher power is what provides comfort to the mind and restores the will power. The importance of belief in a higher power differs culturally but as the disease progresses, there is integration of belief that systematically corresponds to one singular entity that will help the mind heal itself [39]. Cancer is the bodily degeneration but it is mostly under the control of one's mental processes [40]. With due evidence, cancer can thus be considered as a psychosomatic illness and hence psychotherapy plays an unprecedented role in the restoration of hope and will power in the patients [41].

CONCLUSION

With the lowest participation rates in clinical trials and the slowest advancements in care improvement, adolescents with cancer survivorship are a special and understudied group in oncological research. Establishing friendly methods of talking about worries, expressing demands after illnesses, and reflecting back on them is necessary when working with adolescents in medical settings. Many cancer survivors should be examined for evidence of psychological distress and offered follow-up consultations even if symptoms of psychiatric illnesses are subclinical. The one who is at the clinic with higher risk factors, such as poorer family functioning or lower levels of optimism, should be given further psychological examinations and therapies.

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