

WHO IS A PSYCHOLOGISTⁱ WORKING WITH PATIENTS WITH A BREAST CANCER AND AFTER MASTECTOMY?

A psychologist working with patients with a breast cancer and after mastectomy is:

- an emphatic person authentically interested in patient's situation.
- a person who is not afraid to contact patients.

Less experienced psychotherapists, psychologists right after graduating, even if they do not know how to treat patients and are afraid to hurt them, should talk to patients as often as possible. Despite having possible deficiencies of skills, they can still be authentic contacting patients. Let them provide support adequate to their skills, let them learn and gain experience. They should be aware that the sole opportunity to express fears and emotions is already a great relief for **patients!**

- a person who is flexible, sensitive to the needs and expectations of a patient, someone who is able to adjust the type of therapeutic intervention to the actual needs of the patient.
- a person good at organizing work space, someone who can provide intimacy by the bed, when the patient is still not mobile after the surgery or when there is no private room for psychotherapist meeting at the ward

What should psychologists working with patients diagnosed with breast cancer and after mastectomy be ready for?

- **Resistance** – sometimes felt at the first meeting with the patient. Then it is advisable to give her time, to recognize you as someone giving support, not only a psychologist. It would be great to start a conversation free from problems. Even if the patient is not ready, but the psychotherapist talking to another patient in the hospital room, she can see what the contact with a psychotherapist looks like. The need to start talking may come unexpectedly, at any time.
- **Regret, anger** – it is worth to be ready for different patients' reactions and accompany them so that they feel relieved. It is also important to be watchful of one's own emotions and not to cumulate them.
- **Invisible changes** – psychologists do witness spectacular transformations in patients, however, most often they are minor modifications, not very visible. A psychologist should be realistic about his/her expectations.
- **Patient's death** – to deal with it, a psychologist needs to be a mature, organized and grounded in his/her beliefs and emotions. The psychologist working with oncological patients must have come through his/her self-

therapy and have his/her own supervision. It must be a solid work over own workshop. Otherwise, the danger is that a psychologist might not cope well with a person in terminal state, his/her own emotions could be disturbing.

Is there the one, recommended method to work with oncological patients?

No. There are recommended methods based on results of scientific research, and there is more than one such method. Each patient is different. It is essential to understand properly her needs and her attitude towards situation that demands instant mobilization. Discrepancy between patient's expectations and doctor's and family's expectations often results in escalation of unpleasant emotions. It is important to communicate openly and give patients a chance to co-decide about the way they want to pass through their illness.

Which mistakes may a psychologist make while working with oncological patients?

- The mistake that graduates make is a belief that they have enough knowledge. However, the university teaches theory, not practice. There is no better training than working with a patient and with a team where members are at different stages of their practice. It is good to start your work with an open mind of a novice with desire to learn.
- Other mistakes are:
 - Treating patients schematically, using diagnostic tests too often – that does not always work here;
 - little consideration;
 - concentrating too much on your own convictions and images concerning illness and treatment;
 - no agreement and collaboration between the members of the team.

What should a development path for a psychologist who wants to specialize in helping oncological patients look like?

- At that moment there are no guidelines concerning psychooncologist's qualifications; the conditions for 2018 certificate are being prepared. Those who are interested, should follow the information on Polish Psychooncological Association (PTPO) website.
- So far the path of educating a psychooncologist included a yearly post-diploma studies in clinical psychology, taking part in conferences and workshops recommended by PTPO, intern at different oncological wards,

at least five-years-experience with a psychooncological patient, undergoing a supervision at two psychooncological supervisors and self-therapy.

- Organizing a clinical intern is most often a question of contacting a principal and applying for an intern, usually voluntary (signing voluntary contract). Most psychooncologists share their knowledge willingly.
- Voluntary work is a great option to verify whether psychooncology is the field we want to specialize in.

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ⁱ To make things easier, we use the term 'psychologist', however, you should remember that psychological help can be provided by a psychologist, psychotherapist and psychooncologist.