

## PSYCHOLOGY OF PATIENTS WITH ONCOLOGICAL DISEASES

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### Abstract

Oncological diseases represent not only a biological and clinical problem but are also closely associated with complex psychological, social, and cultural processes. A cancer diagnosis constitutes a profound turning point in a patient's life, reshaping psychological adaptation mechanisms. This article comprehensively addresses stress, anxiety, depression, hopelessness, personal identity crisis, as well as mechanisms of disease adaptation and resilience. In addition, the influence of cultural and social factors, the role of family and society, and physician-patient relationships on patients' psychological states are extensively analyzed.

### Keywords

oncology, psycho-oncology, depression, anxiety, resilience, quality of life, mental state.

### Introduction

In recent decades, the increasing prevalence of oncological diseases has become one of the major challenges for global healthcare systems. The development of modern diagnostic and therapeutic technologies has significantly prolonged patient survival. However, alongside improved survival rates, issues related to patients' psychological well-being, quality of life, and psychological adaptation have become increasingly relevant. A cancer diagnosis is often perceived as a life-threatening event, leading to strong emotional reactions, reassessment of existing life values, and changes in perceptions of the future [1]. The psychological impact of oncological disease varies depending on individual characteristics, cancer type and stage, treatment methods, level of social support, and cultural context. Therefore, the psychology of oncology patients should be analyzed not only within the framework of clinical symptoms but also based on a biopsychosocial model.

### Psychology of Oncological Disease

A cancer diagnosis is typically perceived as an unexpected and traumatic event. For patients, this condition is associated with loss of control over their bodies, fear of death, and uncertainty about the future. This stressor is long-term and may intensify repeatedly throughout the course of treatment. The primary sources of oncological stress include uncertainty related to disease prognosis, pain and physical discomfort, bodily changes (hair loss, surgical interventions), changes in social roles and limitations in work activity, as well as financial and family pressures. These factors contribute to the development of chronic stress, which may also affect immune responses through psychoneuroendocrine mechanisms.

### Emotional Disorders: Anxiety and Depression



Anxiety and depression are among the most common psychological conditions observed in oncology patients [6]. Studies indicate that a significant proportion of cancer patients experience clinically significant depressive symptoms [2]. This condition may reduce treatment adherence and worsen overall prognosis. Anxiety is often associated with uncertainty during treatment, side effects, and fear of disease recurrence. Depression manifests as hopelessness, loss of interest, social withdrawal, and a diminished sense of life meaning. It is important to note that diagnosing depression in oncology patients is challenging, as its symptoms are often masked by somatic conditions. Therefore, the use of specialized psychometric instruments is of critical importance. A cancer diagnosis profoundly affects patients' self-perception systems. Disruption of previous social roles and personal plans may lead to a personal identity crisis [5]. In some patients, a "disease identity" develops, whereby individuals begin to perceive themselves exclusively as patients. Conversely, in certain cases, illness may stimulate re-evaluation of life meaning, deeper understanding of values, and personal growth. This phenomenon is explained by the concept of post-traumatic growth.

## **Resilience and Psychological Adaptation Mechanisms**

Resilience is a key factor determining psychological stability in oncology patients [3]. It reflects an individual's ability to adapt to stress and overcome adversity. Positive coping strategies, spiritual beliefs, social support, and personal resources enhance resilience [4]. During psychological adaptation, the following mechanisms play a crucial role: problem-focused coping, acceptance of emotional support, realistic optimism, and preservation of life goals and meaning.

## **Role of Family and Social Environment**

Oncological disease affects not only the patient but also family members and close relatives. Family support is a critical factor in stabilizing patients' psychological states. However, inappropriate communication or excessive protective behavior may increase feelings of dependency in patients. Social stigma and misconceptions may contribute to social isolation. Therefore, enhancing public awareness and developing psychoeducational programs are essential.

## **Physician–Patient Relationships and Communication**

Effective communication between physicians and patients is an integral component of oncological treatment. The manner in which the diagnosis is communicated, the level of empathy, and patient involvement in decision-making processes directly influence psychological well-being. Empathic and transparent communication increases patient trust, enhances treatment adherence, and reduces psychological distress.

## **Differential Psychology Across Clinical Groups**

Psychological responses in oncological diseases vary significantly depending on cancer type, disease stage, patient age, and gender. For example, women with breast cancer often experience psychological issues related to body image and sexual identity, whereas men with prostate cancer more frequently face distress associated with masculine identity and social roles. In hematological oncology, prolonged treatment and isolation intensify chronic forms of anxiety and depression. According to disease stage, early-stage patients primarily experience anxiety related to prognosis and treatment effectiveness, whereas advanced stages are dominated by fear of death and existential concerns. Age is also an important factor: younger patients more frequently encounter psychological conflicts related to future plans, reproductive health, and



professional activity, while elderly patients experience loneliness, limited social support, and somatic comorbidities that complicate psychological well-being.

## **Psychological Changes Across Treatment Stages**

The psychological dynamics of oncological disease evolve in accordance with treatment stages. The initial diagnostic period is typically characterized by shock, denial, and intense anxiety. During this phase, lack of information and uncertainty further destabilize patients' psychological states. During active treatment stages, including chemotherapy and radiotherapy, physical side effects are accompanied by emotional exhaustion and decreased motivation. In remission, patients may appear externally stable; however, fear of recurrence often persists. In the palliative stage, psychological needs change fundamentally, with priority given to pain management, preservation of life meaning, and emotional support.

## **Psycho-Oncological Interventions and Their Effectiveness**

Modern psycho-oncology offers comprehensive interventions aimed at improving patients' psychological well-being. Cognitive-behavioral therapy is effective in reducing anxiety and depressive symptoms by promoting adaptive thinking patterns. Mindfulness-based and stress management techniques enhance emotional regulation and improve quality of life. Pharmacopsychological approaches involve cautious use of antidepressants and anxiolytics, which demonstrate greater effectiveness when combined with psychotherapy. Group therapy and family counseling strengthen social support and improve relationships between patients and their relatives.

## **Conclusion**

The psychological state of patients with oncological diseases is a multifactorial and dynamic process determined by disease type, stage, and individual and social resources. Systematic integration of psycho-oncological approaches into healthcare practice significantly improves patients' quality of life, treatment adherence, and overall clinical outcomes. The conceptual model and analytical conclusions presented in this scientific-practical article may serve as a strong scientific foundation for the development of psycho-oncological services within the national healthcare system.

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