

NININS 2020

International Scientific Forum «National Interest, National Identity and National Security»

EXISTENTIALLY-PSYCHOLOGICAL PROJECTION OF HEALING IN ONCOLOGY

Elena A. Evstifeeva (a)*, Svetlana I. Filippchenkova (b)

*Corresponding author

(a) Tver State Technical University, 22, Afanasy Nikitin embankment, Tver, Russia, pif1997@mail.ru

(b) Tver State Technical University, 22, Afanasy Nikitin embankment, Tver, Russia, sfilippchenkova@mail.ru

Abstract

The article gives a theoretical justification of the explanatory possibilities of the existential-psychological model of healing in managing the quality of life associated with health in oncology. This model of healing is focused on the principle of participatory, personalized medicine. According to this principle, oncological treatment is constructed on the dialogue communication of all subjects of healing. Such subjects are doctors, patients, medical workers, and other entities. Dialogue communication is possible based on confidential communication between subjects, using reflective, responsible, existentially open patient behavior. The proposed simulation filters the personal parameters of the quality of life associated with the health of the cancer patient, his existential attitude, reflective and personal characteristics of the patient. The model contains the idea of a comparative analysis of objective and subjective measurements of the quality of life of a cancer patient. As a result, it becomes possible to obtain a medical-psychological “package” of knowledge about the existential-psychological characteristics of a cancer patient. Based on existing knowledge, it is possible to manage indicators of quality of life associated with health by expanding medical and psychological diagnostic tools to assess the quality of life-related to the health of cancer patients, as well as provide their psychological support.

2357-1330 © 2021 Published by European Publisher.

Keywords: Cancer patient, nature of personalized medicine, the quality of life, the existential-psychological model



1. Introduction

In recent years, the concept of personalized medicine has been actively introduced into private healthcare and medical practice. It substantiates the particular way of protecting human health and maintaining the quality of life associated with health during the period of illness (Sadkovsky, 2014). Health is the most important indicator of national well-being and well-being, an indicator of human capital. Therefore, national education and demography projects are oriented toward solving the problem of preserving the health of the population and the reproductive potential of the nation. The choice of personalized medicine is made up of new models of healing, among which the existential-psychological model that we are developing (Filippchenkova, 2013).

2. Problem Statement

A complementary medical existential-psychological model of healing is constructed using key concepts. These concepts are the principle of the participative nature of personalized medicine, healing, navigational health, health-related quality of life, the existential-psychological model of healing, the individual, and personal potential of an oncological patient (Evstifeeva et al., 2017; Grishina, 2016). Partisipativity is one of the principles of personalized medicine. Partisipativity indicates the importance of “assembly” of all subjects of the treatment process, partnership, cooperation, dialogue between doctors, other specialists, and patients (patients). Cancer treatment is focused on confidential communication between the doctor and the patient, reflective, responsible, existentially open position of the patient. Partisipativity is the direct active participation of the patient in the treatment process. Partisipativity is the immanent active, subjectively motivated role of the patient during the treatment period, the disclosure and activation of his subjective, personal and psychological factor, which enhances the synergistic effect at various stages of healing. In the subjective-personal professional experience of a doctor, a diagnostic judgment is formed on the phenomenology and hermeneutics of the disease. The range of the considered treatment strategies and diagnosis of the disease, as well as the possible interpretation of the results, changes if the psychological status and the individual and personal potential of the sick person fall into the orbit of the doctor’s professional experience.

3. Research Questions

In a narrow sense, the concept of quality of life is reduced to indicators of human health. The multidimensional idea of health is “hidden.” It is taking into account the proportionality of the objective and subjective components of a person’s well-being, their constant change, dynamics (Kotelnikova & Kukshina, 2017). In the existential-psychological model of healing, life quality is thought of as a humanitarian concept. The quality of life includes a combination of objective and subjective expressions of a person’s well-being, his existential state. The quality of life is a holistic act of existential experience, which sufficiently conveys the state of subjective well-being or its version, namely, satisfaction with life. The descriptor “satisfaction with life” indicates the personal concordance of the real and the potential, the possibility and reality, the desires, and expectations. In psychological discourse, the phenomenon of

“quality of life” is correlated with psychological well-being (Grishina, 2016). As a result, psychological well-being opens the boundaries of psychological health (Armbruster et al., 2015; Nikiforova, 2006). A description of the subject of the article is introduced here.

4. Purpose of the Study

The article aimed to assess the psychological status of a cancer patient in the context of maintaining the quality of life associated with health. The results obtained will expand the methods of diagnosis and evaluation of the results of treatment.

5. Research Methods

As a result, evaluating the quality of life indicators as medical and psychological health registers, one can reliably distinguish between the level of claims and expectations, the degree of satisfaction with the ontological medical and socio-psychological factors of the life of the cancer patient. In the context of maintaining a health-related quality of life, assessing the psychological status of a cancer patient will expand the diagnostic methods and evaluate the results of treatment. For oncologists, such a diagnosis confirms the chosen treatment logic, the rationale for making decisions on the treatment method, technological support, the construction of dialogue, and trust in medical activities. An existential psychological model complementary to the medical model of healing is focused on explicating the figure of a cancer patient in the context of an existential experience of cancer, preserving self-identity in the face of a “diagnosis,” updating personal resources (Krivtsova et al., 2009; Leontiev, 2016; Langle, 2018; Skripkina, 2006). In existential being, psychological self-transformation occurs, the re-discovery of those qualities that are associated with a new bodily image in a disease situation, with the reflection of a different format of individual existence (Contang, 2016). The possible extension of life given the physical limitation calls for self-transcendence, psychological self-help. A significant individual-personality and subjective descriptor of a cancer patient is its reflective potential. Reflection is the intrinsic property of the subject’s consciousness, its internal managerial resource (Arshinov & Lepsky, 2010; Lepsky, 2016). Reflection initiates the adequacy of the image of the external world. Thus, a conscious and volitional effort on the part of a person is carried out, a qualitatively new level of his self-management. Self-management is reflected in the adjustment of goal setting, motivation, behavioral patterns. Reflexivity is a mechanism of human subjectivity. Reflexivity is seen as a self-directed, critical ability, self-criticism of one’s current situation. Such self-presentation gives rise to control of the internal experience. Switching to internal experience initiates not only a reassessment of the external, surrounding situation but also mobilizes personal and cognitive potential for resolving problem situations.

6. Findings

An oncological patient is a reflexive system that is controlled by internal resources and which is exposed to and controlled by other reflexive systems (doctor, medical staff, relatives). The effectiveness of the medical-psychological effect during the period of the disease depends on the degree of reflexivity. The level of reflexivity shows how well the cancer patient can adequately accept health situations and

self-determine. While maintaining a high level of reflexivity, the cancer patient can responsibly manage his health, mobilize his psychological resources to overcome external obstacles, and block internal barriers to maintaining the quality of life associated with health. The patient's reflective position with the realities of the disease and its significance in it more fully abstracts the possibilities of finding a medical-psychological "balance" in the diagnostic measurement of health-related quality of life parameters. Reflexivity, together with responsibility, trust, and other psychological characteristics of the perception of treatment, can change the subjective indicators of the quality of life associated with health.

7. Conclusion

The article presents an existential-psychological model of healing along with medical diagnostics of the quality of life. This model allows taking into account the proportionality of the objective and subjective assessment of the quality of life and health of the cancer patient, their temporal variability, as well as the mismatch of medical (objective) and subjective, refracting the influence of objective factors, parameters of quality of life. Such a model of healing reveals the possibilities of using the latest psychodiagnostic techniques for assessing the quality of life associated with health in oncology. The use of the latest techniques in the professional work of medical workers is associated with forming trust and dialogue with cancer patients. As a result, it becomes possible to design and test the algorithm of training and medical and psychological counseling for all subjects of treatment that optimize medical practice.

Acknowledgments

This article was prepared with the support of the Russian Foundation for Basic Research in the framework of the scientific project No. 19-013-00038 "Management of quality of life-related to health in oncology: interdisciplinary approaches, an existential-psychological model of healing."

References

- Armbruster, D., Pieper, L., Klotsche, J., & Hoyer, J. (2015). Predictions get tougher in older individuals: a longitudinal study of optimism, pessimism and depression. *Social Psychiatry and Psychiatric Epidemiology*, 50(1), 153–163.
- Arshinov, A. V., & Lepsky, T. M. (2010). *The problem of assembly of subjects in post-non-classical science*. <https://publications.hse.ru/mirror/pubs/share/folder/qp2w8eci6i/direct/76348373>
- Contang, S. (2016). *Disease as a metaphor*. Ad Margin Press.
- Evstifeeva, E. A., Filippchenkova, S. I., Murashova, L. A., & Kholodin, S. P. (2017). Socio-humanitarian technologies for diagnosing health-related quality of life. *Med. Alman.*, 5(50), 10–12.
- Filippchenkova, S. I. (2013). *A psychological model of the interaction of a doctor and a patient*. VNIITE.
- Grishina, N. V. (2016). *Psychological well-being in an existential sense: empirical features*. <http://psystudy.ru/index.php/num/2016v9n48/1312-grishina48.html>
- Kotelnikova, A. V., & Kukshina, A. A. (2017). Psychosocial factors of health-related quality of life in patients with impaired motor function. *Clin. and Spec. Psychol.*, 6(1), 63–78.
- Krivtsova, S. V., Langle, A., & Orgler, K. (2009). The scale of existence (Existenzskala) A. Langle and K. Orgler. *Existential Analysis, Bull.*, 1, 141–170.
- Langle, S. (2018). The therapeutic possibilities of logotherapy and existential analysis methods. *National Psycholog. J.*, 2(30), 22–31.

- Leontiev, D. A. (2016). The existential approach in modern psychology of personality. *Questions of Psychol.*, 3, 3–15.
- Lepsky, V. E. (2016). *Analytics of assembly of development subjects*. Kogito-Center.
- Nikiforova, G. S. (2006). *The Psychology of Health*. Peter.
- Sadkovsky, I. A. (2014). PPPM (Predictive, Preventive and Personalized Medicine) as a new model of national and international healthcare service and thus a promising strategy to prevent a disease: from basics to practice. *Int. J. of Clin. Med.*, 5, 855–870.
- Skripkina, T. P. (2006). *Trust in socio-psychological interaction*. Rostov-on-Don: RPGU.