

PSIHOLOŠKE GRUPE PODRŠKE ZA PACIJENTE NA HOSPITALNOM TRETMANU NA ODELJENJU ZA RADIOTERAPIJU

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SAŽETAK

Uvod/Cilj: Istraživanja pokazuju da psihosocijalna podrška aktivira sopstvene resurse i obezbeđuje bolji kvalitet života onkološkim pacijentima koji se bore kako sa svojom bolešću, tako i sa nuspojavama terapije. Cilj ovog rada je da ispita da li povezivanje hospitalizovanih onkoloških pacijenata na osnovu sličnog emocionalnog iskustva tokom lečenja može da pomogne u suočavanju sa bolešću i prihvatanju lečenja.

Metode: U septembru 2019. započet je program psiholoških grupa podrške pacijentima na Odeljenju radioterapije Instituta za onkologiju Kliničkog centra Crna Gora (KCCG). U osmišljavanju sadržaja radionica, korišćena su sopstvena znanja iz oblasti zdravstvene psihologije, primenjenih psiholoških tehnika i psihoterapije, a poseban naglasak stavljen je na *mindfulness* ili punoj svesnosti. Radionicama je bilo obuhvaćeno 58 obolelih (36 žena i 22 muškarca). Sastojale su se od 7 segmenata i izvodile su se jednom mesečno u trajanju od 1 sat i 30 minuta tokom šest meseci.

Rezultati: Kvalitativna analiza sadržaja radionica i praćenje pacijenata koji su prošli kroz njih pokazuju da organizovanje grupa podrške ima svoj smisao i svrhu i mnogobrojne koristi, pre svega u domenu prihvatanja bolesti, prevazilaženja emocionalnih blokada, jačanju kapaciteta *selfa* i orijentisanju na ostale životne okolnosti, mimo sopstvene bolesti.

Zaključak: Neophodno je organizovati ovakav vid radionica i za pacijente koji se leče ambulantnim putem, kao i uvesti nove segmente u sadržaj radionica.

Ključne riječi: psihoonkologija, grupe podrške, psihosocijalna podrška

Uvod

Nesporni su benefiti samog psihološkog tretmana onkoloških pacijenata, što potvrđuju i praksa i istraživanja (1,2). Rezultati pokazuju da su žene obolele od raka dojke koje su prošle psihosocijalnu podršku pre bile u stanju da aktiviraju sopstvene resurse i održe određeni kvalitet života, kao i da se nose sa nuspojavama terapije u odnosu na one koje nisu imale psihosocijalnu podršku (2). Ističe se značaj holističkog i personalizovanog pristupa pacijentu. Kod onkoloških pacijenata kod kojih je registrovan značajan nivo anksioznosti i depresivnosti, utvrđeno je da nisu imali nikakav oblik savetodavne pomoći ili psihološkog tretmana na osnovu čega se zaključuje da bi bilo poželjno na početku lečenja uraditi sistemski skrining, kako bi se prepoznali pacijenti kojima bi bio neophodan

psihološki tretman (1). Dakle, uloga psihologa je u proceni i intervenciji u pogledu održavanja što boljeg kvaliteta života (3), kao i što adekvatnijem prevazilaženju teškoća koje ova situacija sa sobom nosi. Čak i kada su ispitivanja pokazala da su ispitanici sasvim dobro funkcionisali, i kod njih je postojala potreba za podrškom (4).

Svaki oblik ozbiljnih promena koji se dešava nakon što neko postane onkološki pacijent, predstavlja izazov za *self* koncept te individue (3), pa je poželjno promene uklopiti u sistem funkcionisanja osobe, uz što je moguće veće očuvanje sopstvenog identiteta, sposobnosti, socijalnih kontakata i svakodnevnih aktivnosti. Ranije istraživanje koje je ispitalo da li je došlo do smanjenja stresa kod onkoloških pacijenata uz pomoć *mindfulness*, po-

PSYCHOLOGICAL SUPPORT GROUPS FOR HOSPITAL PATIENTS UNDERGOING TREATMENT IN THE RADIOTHERAPY DEPARTMENT

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SUMMARY

Introduction/Aim: Research has shown that psychosocial support activates patients' resources and provides a better quality of life to oncology patients who struggle with the disease and side-effects of the therapy. The aim of this study was to examine whether connecting hospitalized patients based on a similar emotional experience during treatment could help them in coping and accepting the treatment.

Methods: In September 2019, we began the program of psychological support groups with patients at the Department of Radiotherapy of the Institute of Oncology, Clinical Center of Montenegro. While designing the content of the workshops, we used our own knowledge in the field of health psychology, applied psychological techniques and psychotherapy, and placed special emphasis on mindfulness or full awareness. Our sample consisted of 58 workshop participants, 36 were women and 22 were men. The workshops consisted of 7 segments and they were organized once in a month during six months and lasted 1 hour and 30 minutes.

Results: Qualitative analysis of the content of the workshops and subsequent monitoring of patients who went through them shows that organizing support groups has its meaning and purpose and many benefits, primarily in the field of accepting the illness, overcoming emotional blockages, strengthening self-capacity and focusing on other life circumstances, besides their disease.

Conclusion: It is necessary to organize this type of workshops for patients who are treated on an outpatient basis, as well as to introduce new segments in the content of the workshops.

Key words: psycho-oncology, support groups, psychosocial support

Introduction

The benefits of psychological treatment of oncology patients are indisputable, which is confirmed in practice and studies, as well (1,2). The results showed that women with breast cancer, who had received the psychosocial support, were able to activate their own resources and maintain certain quality of life, as well as to cope with the side-effects of the therapy in comparison to those women who had not received the psychosocial support (2). The significance of holistic and personalized approach to patients was emphasized. In oncology patients, in whom a significant level of anxiety and depression was registered, it was found that they had not received any counseling or psychological treatment, and therefore, one may conclude that it would be

necessary to perform a systematic screening in the beginning of treatment in order to identify patients who would necessarily need psychological treatment. Thus, psychologists' role is important for the assessment and intervention regarding the maintenance of good quality of life (3), as well as for more adequate overcoming the obstacles that this situation carries with itself. Even when findings showed that examinees' functioning was quite good, they still needed support (4).

Each form of serious changes that occur after one becomes an oncology patient represents a challenge to the self concept of that person (3), and therefore, it is necessary to fit these changes into the system of that person's functioning, and maintain identity, abilities, social contacts and

kazalo je da je kod učesnika odmah nakon treninga izveštavano da je došlo do boljeg kvaliteta života, više životne radosti i manje fizičkih simptoma (5). Ovi rezultati su bili još bolji nakon jednogodišnjeg praćenja, jer je došlo do umanjena depresivnosti, besa, poremećaja raspoloženja uopšte i povišenja energije usled primene *mindfulness*. To znači da *mindfulness* pomaže u prevazilaženju stresa izazvanog životno ugrožavajućim oboljenjima i da dovodi do poboljšanja opšteg stanja (5).

Cilj psiholoških tetmana bi bio da život ne stane, da se smisao života ne izgubi, već da pacijenti, iako imaju doživljaj gubitka, gubitak pretvore u svoju korist. Preporučuje se da psihološka podrška podrazumeva i rad sa medicinskim osobljem, u cilju većeg usmeravanja lekara i ostalih zdravstvenih radnika ka pacijentovim potrebama, perspektivama i iskustvu i da im se da mogućnost učešća u sopstvenom lečenju (6).

Cilj ovog rada je da ispita da li povezivanje hospitalizovanih onkoloških pacijenata na osnovu sličnog emocionalnog iskustva tokom lečenja može da pomogne u suočavanju sa bolešću i prihvatanju lečenja.

Metode

U okviru radionice (fokus grupe) bilo je uključeno 58 učesnika, od kojih je bilo 36 (62,1%) žena i 22 (37,9%) muškarca. Svi su bili hospitalizovani na Odjeljenju za radioterapiju usled različite onkološke dijagnoze (kancer dojke, grlića materice, pluća, prostate, debelog crijeva) u period od septembra 2019. godine do marta 2020. godine. Ispitanici su bili različite starosne dobi, od 32 do 76 godina (43,2±7,9).

Sve osobe su pohađale radionice tokom 6 meseci. Bile su organizovane jednom mesečno i trajale su 1 sat i 30 minuta. Svaka radionica sastojala se iz sedam delova: uvoda, razmene iskustva, vežbe „misli tada i sada“, vežbe benefita, vežbe vizualizacije, osvrt na talente i hobije.

U uvodnom delu su se predstavljali psiholozi, govoreći o cilju radionica i garantujući učesnicima tajnost podataka. Razmena iskustava, kao poseban segment, podrazumevao je da svi učesnici govore o svojim iskustvima vezanim za bolest i lečenje. Potom u delu „misli tada i sada“ učesnici su imali zadatak da na dve strane papira napišu kako su razmišljali kada im je dijagnostikovano maligno oboljenje, a kako sada razmišljaju. U delu pod nazivom „vežbe

benefita“ učesnici su pokušavali da pronađu koristi od situacije u kojoj se nalaze, tj. da pomere fokus sa nesporno velikog broja negativnih aspekata ove situacije na moguće postojanje i nekog pozitivnog aspekta. „Vežbe vizualizacije“ imale su za cilj da ispitanici stave sebe u kontekst izlečene osobe, te da zamisle da je umesto kancera neki oblik sa nesporno pozitivnom valencom (sunce, cvet, zvezda, srce...) ili pak da kancera uopšte nema u organizmu. U delu pod nazivom „osvrt na talente i hobije“ učesnici su govorili o svojim talentima, veštinama, hobijima i aktivnostima koje im prijaju. Poslednji deo odnosio se na diskusiju gde su ispitanici mogli da postavljaju pitanja psiholozima. Pitanja su mogla da se odnose na samu radionicu, vežbe, metode samopomoći ili bilo koje nedoumice oko kojih su psiholozi svojim stručnim znanjem mogli pomoći. Takođe, davali su svoje komentare na radionice i predloge za njihovo unapređenje.

Podaci o ispitanicima su dobijani u okviru ovog istraživanja kroz svih 7 delova radionice, stalnim beženjem svih stavova ispitanika diktafonom. Moderator radionica je bio psiholog. Rad u radionica-ma odgovarao je radu u fokus grupi.

Rezultati

U prva dva segmenta radionica imali smo manje strukturisane sadržaje koji su služili razvijanju odnosa poverenja i povezivanju između učesnika, kroz slična iskustva i doživljaje. U trećem segmentu učesnici su poredili svoja razmišljanja i emocionalna stanja u trenutku saznavanja za maligno oboljenje i sadašnja razmišljanja i stanja. Ova vežba je bila fokusirana na polarizaciju koja se javlja kod pacijenata, u pogledu emocija, a pod uticajem razmišljanja o situaciji. Najčešći odgovori bili su inicijalni strah nasuprot rasterećenju u sadašnjem trenutku, potom briga nasuprot prihvatanju, smirenost nasuprot veri, potom konstantna borba nasuprot pasivnosti, zatim hrabrost naspram povlačenja. Jako mali broj ispitanika izjavilo je da nema razlike u emocionalnom stanju i razmišljanjima između trenutka saznavanja bolesti i sadašnjeg trenutka.

U vežbi benefita, kao dobre strane situacije u kojoj se učesnici nalaze, navodili su: bolja briga o sebi, bliskost sa ljudima, bolji uvid u odnose, važnost očuvanja zdravlja, razlikovanje bitnog od nebitnog, zahvalnost i samospoznaja i veoma retko nisu uspeli da saopšte benefite.

daily activities as much as possible. The previous study, which explored mindfulness-based stress reduction, showed that examinees were reported to have a better quality of life, more life joy and fewer physical symptoms immediately after the training (5). These results were even better after the follow-up which lasted one year, because a decrease was found in depression, anger, mood disturbances, while vigor increased due to the application of mindfulness. This means that mindfulness helps to overcome the stress caused by life-threatening diseases and it leads to the improvement of overall well-being (5).

The goal of psychological treatment would be to help patients preserve the will to live, meaning in life, and although they might have the feeling of loss, to help them turn that loss into their advantage. It is recommended that psychological support should include work with the medical personnel in order to focus doctors and other healthcare workers on patient's needs, perspectives and experience, and to give patients the possibility to take part in their own treatment (6).

The aim of this study is to examine whether connecting hospitalized cancer patients based on the similar emotional experience during treatment could help to cope with the disease and accept the treatment.

Methods

The study included 58 participants of the workshops, 36 women (62.1%) and 22 men (37.9%). All of them were hospitalized at the Department for Radiotherapy due to different cancer diagnoses (breast cancer, cervical cancer, lung, prostate or colorectal cancer) from September 2019 to March 2020. The participants were of different ages, from 36 to 76 (43.2 ± 7.9).

All the participants attended workshops during six months. The workshops were organized once in a month, and they lasted 1 hour and 30 minutes. Each workshop consisted of seven parts: introduction, sharing of experience, exercise of "thoughts now and then", exercise of finding benefits, exercise of visualization, retrospection of talents and hobbies.

Psychologists presented themselves in the introductory part, speaking about the goals of workshops and guaranteeing the participants secrecy of data. Sharing experiences, as a separate

segment, meant that all the participants talked about their experiences relating to the disease and treatment. Then, in the segment of exercising "now and then", the participants had a task to write on two pages what thoughts they had after the initial diagnosis of cancer, and what they were thinking now. In the segment "exercise of finding benefits", the participants tried to find benefits of the situation, that is, to shift focus from indisputably great number of negative aspects of this situation on the possibly positive aspects. The aim of the "exercises of visualization" was to place participants into the context of cured persons, and therefore, they had to imagine a shape with a certainly positive valence instead of cancer (Sun, flower, star, heart...) or that there was no cancer at all in the organism. In the following segment "retrospection of talents and hobbies", the participants talked about their talents, skills, hobbies, and activities that were pleasant for them. The last part was discussion, when the participants asked questions. The questions related to the workshop, exercises, techniques of self-help, or all dilemmas that psychologists could give answers to. Also, the participants commented on the workshops and gave suggestions for their improvement.

Data about the participants were obtained during this study and all 7 segments of workshops, by recording all the participants' attitudes with the help of dictation machine. The moderator of workshops was a psychologist. The work in workshops corresponded to the work in focus groups.

Results

In the first two segments of workshops, we had less-structured contents that served to develop the relation of confidence and connection among the participants, through similar experiences. In the third segment, the participants compared their thoughts and emotional states at the moment when they found out about the diagnosis of cancer and their current thoughts and states. This exercise was focused on polarization, which appears in patients regarding emotions influenced by thinking about the situation. The most common answers were the initial fear contrary to the relief at the present moment, then worry versus acceptance, serenity versus hope, a constant struggle versus

Vežbe vizualizacije su imale za cilj da učesnici stave sebe u kontekst izležene osobe, te da zamisle da je na mesto kancera neki oblik sa nesporno pozitivnom valencom (sunce, cvet, zvezda, srce...) ili pak da kancera uopšte nema u organizmu. Primećeno je da je ispitanicima bilo znatno lakše da kancera nema, nego da ga pretvore u objekat sa pozitivnom valencom.

U delu hobija i talenata učesnici su navodili aktivnosti koje su im važne, u kojima uživaju ili su zaboravili da rade, te da u ovoj situaciji rado bi se vratili nekim od njih. Navodili su: sportske aktivnosti (šetnje, treninge, neke sportove), crtanje, čitanje, manuelne aktivnosti (šivenje, pletenje, heklanje), kuvanje, uzgajanje cveća, kao i igranje sa unucima / sa decom.

U delu diskusije sa pacijentima dobili smo dobru povratnu informaciju. Učesnici su navodili da im je grupa podrške mnogo značila, zato što su mogli da podele zajednička iskustva, a i ona koja se razlikuju zbog različitih dijagnoza i ostalih ličnih specifičnosti. Time su shvatili da nisu sami, i da svako na svoj način prolazi kroz određene emocionalne procese. Međutim, kao zamerku navodili su činjenicu da je grupa mešovita, pa je njihova preporuka bila da odvojimo grupu po rodu i po vrsti kancera od kojeg se leče.

Diskusija

Cilj organizovanja ovakve grupne podrške pacijentima obolelim od kancera Odeljenja sa radioterapije bio je da se učesnici upoznaju sa novima mehanizmima prevladavanja psiholoških poteškoća, da se povežu između sebe i da razumiju da nisu jedini koji prolaze kroz poteškoće u prihvatanju bolesti, sam tok bolesti, emocionalne promene, kao i brojne druge promene u životnom funkcionisanju. Takođe, namera je bila da se učesnici u jednoj sigurnoj sredini osećaju slobodni da izraze svoje emocije, misli i nade, te da ih na taj način osnažimo da ne zadržavaju sve ono što bi bilo poželjno da se izrazi, a što je bio njihov dugogodišnji obrazac ponašanja. Ono što je bilo iznenađujuće je to što su muškarci bili otvoreni da iznose svoje emocionalne sadržaje, što nije baš u skladu sa kulturološkim obrascima Crne Gore. Pretpostavljamo da su ovakvi tipovi radionica doprineli u nekom delu promene, validirajući svako stanje kroz koje neko prolazi kao prihvatljivo i ljudsko.

Kod određenog broja učesnika primećena je polarizacija emocija, u smislu strah-rasterećenje i briga-prihvatanje, koje ukazuje da nakon dijagnostikovanja određeni broj učesnika ima automatske negativne reakcije, dok su bivajući u situaciji lečenja razvili strategije prevladavanja i prihvatanja što dovodi do adekvatnijih reakcija i boljeg kvaliteta života. Kod onih učesnika kod kojih nije uočena polarizacija, razlikujemo dve grupe. Kod jednih su se od početka pa do kraja javljale negativne reakcije i loša očekivanja, što sve ukazuje na lošije *coping* strategije i one kod kojih je od početka pa do sada prevladavanje teškoća uspešno.

Vežba benefita je jedan od segmenata radionice za koje smo imale najmanje očekivanja u startu, a pokazala je da veliki broj učesnika ima sposobnost promene fokusa sa neosporno negativnih aspekata situacije na postojanje i pozitivnih, u smislu samospoznaje, raščišćavanja odnosa, shvatanja da su važni sami sebi, da je bitna briga o sebi, razlikovanje važnih elemenata života od nevažnih i slično. Sa druge strane, učesnici su pokazali teškoću da u vežbi vizualizacije sam kancer pretvore u neki predmet sa pozitivnom valencom, a nisu imali teškoća da vizualizuju da je on nestao iz organizma, zbog pretpostavke da iako zamisle da je kancer predmet sa pozitivnom valencom, on je i dalje nepoželjan u organizmu jer je jaka asocijacija na njegovo loše značenje, a to smo i očekivale kao rezultat.

Kroz deo radionice gde je bilo isticanje hobija i talenata, hteli smo akcenat da stavimo na snage učesnika i njihove sposobnosti, da dok govore o posebnim talentima i hobijama probudimo motivaciju kod svakog od učesnika da se vrte svojim starim navikama i aktivnostima, koje su za njih funkcionalne, koje ih čine zadovoljnim i ispunjenim, a da se mogu tome vraćati i u teškim periodima tokom lečenja.

Sve što je bio sadržaj ovih radionica govori nam da organizovanje grupa podrške ima svoj smisao i svrhu i mnogobrojne benefite. Dobili smo više dobrih rezultata nego što smo u početku očekivali, što nam je pružilo profesionalnu i ličnu satisfakciju. Daljim individualnim praćenjem učesnika, uočili smo da su nastavili komunikaciju sa ostalim učesnicima i razvili međusobnu podršku. Ovaj serijal radionica je prekinut zbog epidemiološke situacije u našoj zemlji, te se nadamo da će u narednom periodu biti moguće organizovati naredni ciklus, gde bismo iskoristile sugestije učesnika u

passivity, and courage versus withdrawal. A small number of participants stated that there was no difference regarding the emotional state and thoughts between the moment of initial diagnosis and present moment.

In the exercise of finding benefits, good sides of the situation were the following: better caring for themselves, closeness with people, better insight into relations, the importance of preserving health, differentiating between important and unimportant, gratitude and self-realization. It happened rarely that they could not state the benefits.

The aim of visualization exercise was to place themselves into the context of cured people, to imagine a shape with indisputably positive valence instead of cancer (Sun, flower, star, heart...) or that there was no cancer in the organism. It was noted that it was a lot easier for the participants to imagine that there was no cancer than to transform it into an object with a positive valence.

In the segment of hobbies and talents, the participants listed activities that were important for them, that they enjoyed or that they forgot how to do, and they stated that they would be glad to return to one of these activities in this situation. They listed sports activities (walks, trainings, some sports), drawing, reading, manual activities (sewing, knitting, crocheting), cooking, growing flowers, playing with grandchildren/children.

In the segment related to discussion with patients, we got good feedback information. The participants claimed that this support group was very important because they could share similar experiences, as well as those that were different because of different diagnoses and other personal specificities. Thus, they realized that they were not alone and that all people passed through certain emotional processes in their own way. However, as an objection they stated the fact that it was a mixed group, and therefore, their recommendation was to separate the group according to gender and the type of cancer they had.

Discussion

The aim of organizing this form of group support for patients with cancer at the Department for Radiotherapy was to acquaint the participants with the new mechanisms of overcoming psychological difficulties, to connect

them and to realize that they were not the only ones who passed through difficulties regarding the acceptance of disease, to understand the course of disease, emotional changes, as well as other changes in daily functioning. Also, the intention was to place the participants in safe surroundings, where they could feel free to express their emotions, thoughts and hopes, to strengthen them not to keep all that was desirable to be expressed, which had been their pattern of behavior for many years. It was surprising that males were open to express their emotional contents, which was not in accordance with cultural patterns of Montenegro. We assumed that such workshops contributed to, in some part, to this change, by validating each state that somebody went through as acceptable and human.

The polarization of emotions was noticed in some of the participants, regarding emotions fear-relief, worry-acceptance, which showed that certain participants had automatically negative reactions after the diagnosis, while during their treatment they developed the strategies of overcoming and accepting that led to more adequate reactions and a better quality of life. There were two groups of participants without negative polarization. In one group, negative reactions and bad expectations were present from the beginning till the end, which pointed to lousy coping strategies, and in another group, overcoming difficulties was successful from the beginning till the present moment.

The exercise of benefits is one of the segments for which we had the minimal expectations. However, many participants were able to change focus from indisputably negative aspects of the situation to positive aspects, that is, the self-realization, clearing up the relations, realizing that they are important to themselves, that caring for themselves is important, as well as making difference between important and unimportant things in life. On the other hand, the participants had difficulty transforming cancer into something with a positive valence in the exercise of visualization, but they did not have difficulty imagining that it disappeared from the organism because even if they imagined cancer as a thing with a positive valence, it was still undesirable in the organism because the association of its bad meaning was strong, and we expected this as a result.

delu organizovanja više manjih homogenih grupa umesto jedne veće heterogene, onda kada situacija bude zadovoljila te kriterijume, s obzirom na činjenicu da je često na Odeljenju za radioterapiju brojčano veća grupa ženskog roda.

Brojna istraživanja ukazuju da psihološki stres, pored niza drugih faktora, ima uticaj na razvoj malignih bolesti (7). Psihološki stres utiče na relevantne promene u neuronskoj aktivnosti i regulaciji gena u različitim delovima mozga. Takođe, stres može imati važan uticaj na imunološki sistem i na nastanak karcinoma. Neke studije ukazuju na značaj uticaja depresije, povezane sa neuroendokrinim stresom, na pogoršanje patogeneze karcinoma inhibicijom antitumorskih imunoloških odgovora. *In vitro*, *in vivo* i kliničke studije pokazuju da procesi povezani sa stresom mogu uticati na puteve povezane sa progresijom karcinoma, uključujući imunoregulaciju, angiogenezu i invaziju (8). Mnoge studije ukazuju da bračni status predstavlja vid važne socijalne podrške i povezan je sa manjim umiranjem osoba sa hroničnim bolestima (9). Uočeno je da se kod pacijenatavan bračne zajednice, u poređenju sa osobama u braku, kasnije postavlja dijagnoza (10), kao i da kod njih dolazi do bržeg napredovanja raka i metastaza (11). Neki autori navode da osobe sa lošijim brakom imaju sporiji oporavak nakon operacije (12). U Saudijskoj Arabiji, neudate osobe verovatnije će se javiti lekaru sa uznapredovalim kolorektalnim kancerom i imati veći rizik od smrtnog ishoda nego pacijenti u braku (13). U jednom radu autori navode da je bračni status prediktor boljeg preživljavanja raka nego hemoterapija (14).

Sva ova istraživanja potvrđuju rezultate našeg istraživanja o neophodnosti organizovanja grupa podrške osobama sa malignim bolestima u cilju njihovog prihvatanja bolesti i lečenja, eliminisanja stresa, kao i za unapređenja kvaliteta njihovog života.

Zaključak

Organizovanje grupa podrške osobama sa malignim bolestima kroz radionice ima svoj smisao i svrhu i mnogobrojne benefite. Neophodno je dalje raditi na organizovanju ovakavih radionica i za pacijente koji se leče ambulantnim putem, ali i unaprediti radionice uvođenjem novih segmenata u njihov sadržaj. Organizovanjem radionica za mnogo homogenije grupe, kao na primer radi-

onice posebno za žene i muškarce, kao i u odnosu na oboljenje koje osobe imaju, može doprineti ostvarivanju većeg stepena međugrupne podrške.

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In the segment of workshop relating to hobbies and talents, we wanted to place an accent on participants' strengths and abilities, and to instigate motivation in all the participants to return to their old habits and activities that were functional for them, that made them satisfied and fulfilled, and which they could go back to even in hard periods of treatment.

The contents of these workshops speak about the fact that organizing support groups has its meaning, purpose and numerous benefits. We gained more good results than we had expected in the beginning, which gave us professional and personal satisfaction. Further individual observation of participants showed that they continued to communicate with other participants and they supported each other. This series of workshops was stopped because of the epidemiological situation in our country, and we hope that we will be able to organize the next cycle in the following period, and we would use the participants' suggestions about organizing smaller homogenous groups instead of one larger and heterogeneous group, when the situation has met the criteria considering the fact that a group of females is frequently larger at the Department for Radiotherapy.

Numerous studies have pointed to the fact that psychological stress, in addition to other factors, has influence on the development of malignant diseases (7). Psychological stress influences the relevant changes in the neural activity and regulation of genes in different parts of the brain. Also, stress can have an important influence on immunological system and occurrence of cancer. Some studies have pointed to the influence of depression connected with the neuroendocrine stress on worsening of cancer pathogenesis which happens due to the inhibition of antitumor immunological response. In vitro and in vivo studies have showed that processes, which are associated with stress, may have influence on the ways connected with the progression of cancer, including immunoregulation, angiogenesis and invasion (8). Numerous studies have indicated that marital status represents an important form of social support and it is associated with lower dying of people with chronic diseases (9). It has been noticed that in patients who are not married in comparison to married patients, the diagnosis is established later (10), as well as that in these

patients cancer and metastases progress more quickly (11). Some authors state that patients, who do not live in a good marriage, recover more slowly after the operation (12). In Saudi Arabia, unmarried persons are likely to visit their doctors in advanced stages of colorectal cancer and they have a higher risk of deathly outcome than married patients (13). In one study, authors state that marital status is a predictor of better survival than chemotherapy (14).

All these studies confirm the results of our research about the necessity of organizing support groups for patients with malignant diseases aimed at their accepting the disease and treatment, eliminating the stress, as well as at improving the quality of life.

Conclusion

Organizing support groups for people with malignant diseases with the help of workshops has its meaning, purpose and numerous benefits. It is necessary to organize such workshops for patients who are treated on an outpatient basis, as well as to improve the workshops by introducing new segments in their contents. Organizing workshops for more homogenous groups, for example workshops for males and females, and according to the disease that they have, may contribute to achieve a higher level of inter-group support.

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