

# **COMMUNICATION SKILLS**

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# Communication Skills in Cancer patients care

- difficult emotions
- disease and treatment (surgery, radiation, chemotherapy) experience
- undesirable consequences
- effective communication: empathic listening, open questions
- blocking communication: „belittling-normalization“ „false reassurance“, „formal agreement“, „readdressing“ „multiply questions“, “chut” et.c

# Non-Verbal Communication

- Vocal
- Bodily
- ▣ **Facial expression:** frown lines, position of the eyebrows and eye lids, size of pupils, shape of mouth, use of nose. Facial expression display emotion and can be used as interactive signal.
- ▣ **Eye contact.** Important for building satisfying relationship, tells how people feel about us. Avoidance can signal feeling uncomfortable and disintegrated.
- ▣ **Posture.** Can be related to mood, demonstrate attitudes and emotions. Can also support or conflict the spoken word.
- ▣ **Gestures :** small movements (rising a finger) to large movements (rising the clenched fist). Gestures are used as signals ? They illustrate speech and express emotions e/g increased hand movements – anxiety, minimal hand movement – depression.

# DIFFICULT EMOTIONS

## ANGER

- Recognition
- Permission
- Listen the story to get as much information as possible
- Focus on related stress/feelings
- Appologise
- Reasons
- Negotiate the Solution

# Professional communication and risk of born-out

- Many problems are insoluble
- No one can solve them
- You can only try
- Bad news is bad news
- Serious illness causes PAIN
- My job is not to make people feel good
- My job is to try and make them less bad

# Cancer care health professionals are not satisfied with professional communication

Poor recognition of psychological problems.

Some health professionals are reluctant to enquire because they fear that patients will reveal strong emotions such as anger or depression which health professionals are unable to handle.

# DIFFICULT EMOTIONS

## ANXIETY

- Recognition – *verbal, non-verbal*
- Acknowledgement – *I can see you are anxious*
- Permission
- Understanding – *I want to find out what makes you anxious*
- Empathic acceptance
- Assessment
- Alteration (if appropriate) – *removal of stress*
  - cognitive challenge*
  - boosting coping strategies*
  - medication*

# THE AIMS OF THE PSYCHOLOGICAL HELP IN DIFFERENT TARGET GROOPS DURING THE COURSE OF CANCER TREATMENT

## PATIENYS

- Diagnostics of the ipsychological individuality,  
including mental co-morbidity;
  - Nozogenia prevention
- Disclosure and constructive transformation of the cognitive and behavioral patterns ;
  - Psychological rehabilitation

## RELATIVES and OTHER MICROSOCIAL SOURCE

- Prevention of the distress disorders as the reaction to the patient/s state and prognosis;

Help in coping with responsibilities in decision-making



# PATHOGENETIC FACTORS OF MENTAL DISORDERS IN CANCER PATIENTS

## **MENTAL INDIVIDUAL PRE-MORBIDITY**

- Character
- Cognitive Style
- Psychological defense and coping strategies'
- Structure of the meanings

Somatogenic factors of cancer and it's  
treatment

Psychogenic factors of disease  
and treatment experience

Microsocial factors

# D I S E A S E

NON-SPECIFIC SOMATIGENIC  
FATIGUE

NEURO-ENDOCRINE INDUCED  
AFFECTIVE DISORDERS

NOSOGENIAS, DISEASE AND  
TREATMENT EXPERIENCE

PRIMARY MENTAL DISORDERS AS THE  
RESULT OF SOME BRAIN TUMORS

P S Y C H O L O G I C A L      C O N S E Q U E N C E S

# THE MOST PROBABLE UNDESIRABLE PSYCHOLOGICAL CONSEQUENCES

STAGE	FACTORS	PSYCHOLOGICAL CONSEQUENCES
DIAGNOSTIC	NOZOGENIA	<ul style="list-style-type: none"> <li>Anxious disorders</li> <li>Anosognosia</li> <li>Destructive patterns of behavior</li> </ul>
SURGERY	Pre-Operational STRESS	<ul style="list-style-type: none"> <li>Affective and behavioral reactions</li> <li>Heart disease</li> </ul>
	BODY-IMAGE CHANGES	<ul style="list-style-type: none"> <li>Decrease of self-estimation and satisfaction with body-image</li> <li>Secondary disorders of social adaptation</li> </ul>
CHEMOTHERAPY	PROLONGATION AND SIDE-EFFECTS	<ul style="list-style-type: none"> <li>Astheno-Depressive disorders</li> <li>Emotional lability</li> </ul>
	INDUCED MENOPAUSA (artificial climax)	<ul style="list-style-type: none"> <li>Psycho-Neuro-Endocrine disorders</li> <li>High level of family problems</li> </ul>
	HAIR LOSS	<ul style="list-style-type: none"> <li>Decrease of self-estimation and satisfaction with body-image</li> </ul>
RADIATION	INTRACORPORAL RADIATION (ITS PSYCHOTRAUMATIC INFLUENCE)	<p>Anxious and anxious-aggressive disorders</p> <p>Helplessness feeling, irritability, decrease of self-esteem</p>
REABILITATION	Invalidisation and deformation of self-perception	Decrease of social adaptation

# LEVELS OF THE PSYCHOLOGICAL HELP

## SUPPOSED EFFECTS

PSYCHOLOGICAL  
REHABILITATION, THE  
SUPPORT IN  
REVALIDISATION OF  
PRIORITY MEANINGS

RESOCIALIZATION , PERSONAL  
DEVELOPMENT ,  
REINTEGRATION OF  
SELF-PERCEPTION

PSYCHOTHERAPY OF THE  
ACTUAL AFFECTIVE AND  
PERSONAL DISORDERS

INCREASE IN QoL , ELABORATION  
EFFECTIVE COGNITIVE AND  
BEHAVIORAL PATTERNS

PREVENTION OF THE NOSOGENIA AND  
OTHER DISTRESS DISORDERS

OPTIMISATION OF THE IMMUNE  
REACTION ,  
PREVENTION POF THE  
CHRONIFICATION

# METHODOLOGICAL BASIS OF THE PSYCHOLOGICAL HELP IN CANCER PATIENTS

ECLECTIC

PSYCHOSOMATIC MEDICINE

*«Задачи психосоматической медицины: найти связь между психологическими показателями переживаний и поведения и соматическими процессами и полученную картину использовать в терапевтических целях.» (Бройтигам В., Кристиан П., Рад М. 1999)*

- PSYCHOANALIS (Alexander , 1951)
- Humanistic Approach ( K.Rogers)
- Cognitive-Behavioral approach (Franks, Wilson, 1979)П
- Gestalt-therapy (Perls F. 1982)
- Meaningful attitudes (Мясищев В. 1995)

**Diagnostics**

- ✓ ~~Qualitative~~ **Qualitative** image of Illness (Николаева В. 1979)
- ✓ interview, narrative analis
- ✓ Neuropsychological testing
- ✓ Projective Methods

**METHODS**

**Therapy**