NBS 2018 Published by Üsküdar University / 2018 Üsküdar Üniversitesi tarafından yayımlanmaktadır www.jnbs.org

Year (YII): 2018 Volume(Cilt): 5 Issue Number (Sayı) : 1 Doi: 10.5455/JNBS.1524130489

Received/Gelis: 01.04.2018 Accepted/Kabul: 03.04.2018

SUPERIMPOSED PSYCHOLOGICAL SUFFERING

EKLENEN PSİKOLOJİK ACILAR

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In the process of diagnosis and treatment of patients, certain interactions with health professionals may generate additional psychological suffering. What may be called "superimposed psychological suffering" is the avoidable psychological pain that is added to the inevitable suffering due to disease and/or a handicap. A specific awareness of the healthcare professionals is necessary to avoid it.

There are identifiable key moments where interactions taking place are even more likely to amplify or, on the contrary, significantly reduce psychological suffering. Feelings of being understood with precision and getting the sense of being competently cared for are major components of a real encounter between the suffering patient, his/her caregivers and healthcare professionals. A real encounter requires the feeling of being understood delicately by the other. This human capacity, which may be called interpersonal virtuosity, is present from birth and visible in the interactions in which the baby engages - it marks all the aspects of our daily life

from "cradle to grave" to use Bowlby's phrase.

Technical competence of professionals, though vital, cannot alone produce the feeling of being understood intimately in the distressed patient if they are not accompanied by the interpersonal virtuosity of the professional. The tone of the voice, the precision of the gaze, the openness and the fine-tuned emotional engagement of the professional are factors that color the virtuosity felt through the unique interaction. The nature of this interpersonal skill is therefore very different from the technical skills for which the professionals are trained. It is marked by the adjustments of the healthcare professional in his/her attitude to take into account the needs of a patient or a caregiver.

To reduce or prevent the superimposed psychological suffering, the implicit choices of professionals or organizations are also important. A doctor can look up when he/she asks a major question to the patient, or not. A secretary can get up to welcome a patient who arrives, or not.

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A nurse may or may not greet the people who accompany the patient. For every professional or organization, it is vital to anticipate and identify the situations (practices, procedures, verbal or nonverbal communications, processes) that increase the risk of superimposed psychological suffering. Professionals can miss out on painful moments for their patients and their families. They may also "fail to spot" the highly beneficial effects of their own actions. The challenge of modern medicine is to provide a high level technical care by total strangers to patients. The standardization of these interventions is necessary for high-quality healthcare. But psychologically, if the care is provided generically, in a standardized fashion, without taking the specific psychological needs of the treated patient into account, it will probably not be so efficient. The quality and impact of the interactions between the patient, caregivers, and professionals reduce the psychological suffering. It is possible for professionals (but also for caregivers) to develop their interpersonal skills to improve their interactions with their patients. Every human being is willing to understand each other's experience with empathy and understanding. However, interpersonal virtuosity may be stifled by the overvaluation of technical skills in care settings. On the other hand, professionals and the institutions can choose to give more space to the interpersonal virtuosity and support their professionals' creativity in this direction. This is what we wanted to underline through this editorial.