Mental health of the psychologist working with the palliative care in Brazil

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ABSTRACT

Palliative Care (PC) corresponds to the multidisciplinary practice of relieving pain and suffering in patients with progressive, chronic, incurable diseases or end-stage diseases or those of their families. This care aims to understand the patient in his or her full dimension, as a human being, to provide him with a better quality of life, mitigating and controlling symptoms of diseases caused by illness of a psychic, physical, organic, social, and spiritual nature, as long as there is life. The purpose of this study is to provide answers regarding the mental health of the psychologist when dealing with all the uncertainties, how he deals with the limitation of medicine, with the recognition of the uselessness of the treatment, with the acceptance of the death of his patient, with the difficulty of communicating the death to the family. The methodology used for the present work was bibliographic research, through the review of scientific articles published in certain platforms, such as SciELO, LILACS and Google Scholar, with the use of keywords to filter the publications and appropriate use. From the data obtained, it was concluded that, although it is a relevant and necessary subject, there is a

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scarcity of research in Brazil about the mental health of the Psychology professional and that there is still a predominance of the medical and technicist view, with a limited and retrograde perspective on "dying", without data that prove a better performance of the psychologist to deal with the finitude of life.

Keywords: Palliative Care, Acting with palliative care, Mental health.

INTRODUCTION

Since ancient times, there has been a concern with the health-disease issue, which is always present in the daily lives of individuals. However, certain diseases carried a negative and irretrievable stigma if diagnosed, such as cancer, leprosy, or other diseases. The author Hippocrates, according to Sales; Alencastre (2003, p. 566):

> [...] In his time, he stated that the disease of the mind also affects the body, and for the philosopher there was a link between the emotional state and the predisposition of the organism to diseases (1). From this perspective, according to the author's thinking, in the eleventh century, physicians had two fundamental obligations: to help relieve the symptoms of the sick, or to help them die, however, it never assumed the character of a fight against nature.

And, throughout history, there were people who were willing to take care of such patients who, at a given time, had no chance of improvement or survival. For this reason, places called "hospice" emerged, designed to shelter such individuals who needed shelter from their pain and suffering.

The origin of these places has a character of great importance, known by the name of Fabiola, a matron who still in the fourth century used her residence to welcome patients in need of care, offering them food, medicines and comfort to settle there, constituting a space beyond the stay, but a place of welcome, in which a whole relationship of hospitality was established between caregiver and sick (Sales; Alencastre, 2003).

In this sense, in 1842, Jeanne Garnier founded in Lyon a place especially dedicated to the care of the dying, becoming a significant point in the connection of palliative care for terminal patients, especially oncological patients, as would be seen later, with the foundation of several other hospices by different entities (Sales; Alencastre, 2003).

Subsequently, from the 80's, thanks to Cecily Saunders, Palliative Care gained strength, which was dedicated to the construction of an institution specialized in the care of patients diagnosed with neoplasms. In her journey as a nurse, she gained knowledge in medications used to relieve symptoms of patients with extreme pain, such as opioids, in general. From then on, she graduated in Medicine and became the first Doctor in Palliative Care, with a performance marked by the decrease in the use of injectable drugs, and greater use of oral medications (Ferreira; Lee; Melo, 2011).

With a focus on the health process linked to the individual-health-disease relationship, including work with family members and other professionals, Saunders brings the possibility of a differentiated form of treatment for those who are under Palliative Care, in a new biopsychosocial therapeutic proposal, avoiding the technicist context of the time, which prioritized more recent technologies and the diagnosed pathology. which marked the effective beginning of the relationship between medicine and other areas of health, including Psychology (Ferreira; Lee; Melo, 2011).

Health Psychology is considered an area within psychology that studies human behavior in the context of health and disease, with the objective of understanding the role of psychological variables in the maintenance of health, the development of diseases and behaviors related to disease, considering that the health psychologist works in the context in which the behavior occurs (Castro; Bornholdt, 2004; Kerbauy, 2002; Miyazaki et al., 2002; Yamamoto; Cunha, 1998; Yamamoto; Trinity; Oliveira, 2002). Health Psychology is a multidisciplinary field, involving branches of social and health sciences (Marks et al., 2000).

In 1980, there was a great development in the area, with the movement of public examinations in municipal, state and federal health institutions, despite the fact that the insertion of psychologists in health in our country had already begun in the 1950s, that is, before the regulation of the profession (Sebastiani, 2003).

In the national context, Health Psychology followed the development of Clinical Psychology, but acting in different areas, which demanded social commitment on the part of the professional (Seidl; Costa Júnior, 1999); In this context, Sebastiani (2000) points out that in the last fifteen years, the health area is the one that has hired the most psychologists.

The work of the health psychologist can be focused on health promotion and disease prevention, in clinical services to healthy or sick individuals. Most of the professionals work in hospitals, clinics and academic departments of colleges and universities (Sarafino, 2004).

Health psychologists are moving towards understanding how biological, social and behavioral factors influence health and disease, and how psychological factors influence health and reduce the risk of becoming ill, and can enable clinical services to healthy or sick individuals in various circumstances, and it is also possible to be included in research and teaching (Teixeira, 2004).

It can be considered that Health Psychology is established in a demarcated area, where the concept is absolutely compatible with the health proposals recommended by public health; however, the association and history of Psychology with Mental Health, added to the training based on the three bases - clinical, school and organizational - are crucial for this shift from the clinical model to public health (Bastos, 1990).

Ribeiro and Poles (2019) indicate that palliative care began to spread in Brazil in 1980. However, it was in 1997 that it expanded with the creation of the Brazilian Association of Palliative Care. In 1998, the National Cancer Institute (INCA) inaugurated a ward exclusively for the treatment of patients in palliative care. In February 2005, he founded the National Academy of Palliative Care (ANCP), with the purpose of contributing to the research, studies and optimization of palliative care in Brazil, thus making an important milestone for the area (Hermes; Lamarca, 2013). And in 2011, the Federal Council of Medicine (CFM) recognized palliative care as an area of medical practice (Ribeiro; Poles, 2019).

According to the Ministry of Health (2018), regarding the Unified Health System (SUS), a resolution was published (Resolution No. 41, of October 31, 2018), which regulates palliative care as part of the continued care integrated into the SUS. The goal is to ensure that patients whose disease has no cure have a better quality of life from diagnosis to the terminal phase. Also, according to the Ministry of Health, the SUS already offers palliative care, however, there was still no defined norm to recognize the offer of palliative care.

It can be seen that the life expectancy of the population has been increasing, advances in health, science and technology have influenced this change. At the same time, it brings challenges to the health system, also providing changes in the focus of palliative care, which was initially focused on cancer, expanding to other chronic diseases and other care spaces (Silva; Nietsche; Cogo, 2022).

Ribeiro and Poles (2019) point out that the first system that users have access to is Primary Health Care (PHC), aiming to provide comprehensive care and assistance to patients. With the advancement of PHC, they included the Family Health Support Centers (NASF), providing a multidisciplinary network to assist professionals in primary care. In 2017, in the new Primary Care Policy, palliative care emerged, allowing the NASF to be maintained, contemplating the team assigned to palliative care (Rodrigues; Silva; Cobrera, 2022, p. 4).

Therefore, Primary Health Care (PHC) fulfills a responsibility to coordinate palliative care, playing a fundamental role in this environment of primary, secondary, tertiary and home care, enabling palliative care to be started early (Silva; Nietsche; Cogo, 2022).

In view of the professional practice of palliative care, the importance of a team of professionals who have theoretical, scientific, technical knowledge and clinical skills that encompass the physical, psychosocial, psychological and spiritual dimensions of the patient and include his or her family (Silva; Nietsche; Cogo, 2022).

Still, according to the authors, in the context of public policies, there is a need to understand, in view of the whole process and the magnitude that palliative care encompasses, whether professionals, multidisciplinary teams and primary care environments are prepared for the challenges and demands that arise under palliative care.

For Ribeiro and Carvalho Filho (2022), in addition to the challenge of improving health systems, contemplating issues such as health promotion and disease prevention, there is also a need to improve the prevention and relief of suffering, aiming to integrate and strengthen palliative care at all levels.

Guérin et al. (2001) say that the relationship between work and workers' health is complex, and that work can play a positive or negative role in workers' health, according to the conditions found to perform it. He also suggests that "aggressions to health", the negative role of work in health, can be in the short, medium or long term.

Medeiros, Nunes and Melo (2012) state that there is little research carried out on the health of psychologists, studies on the subject are carried out with professionals who work in the hospital area. Medeiros, Nunes and Melo (2012) also point out that there is a greater academic concern to produce studies aimed at improving the psychic conditions of patients, and whether there is negligence in the health of workers and their need for care.

Silva (2010), on the mental health of psychologists, brings up issues that are harmful to the health of these professionals, such as the overload of the workday, lack of clarity in the performance of their function, lack of recognition by colleagues, emotional unpreparedness to deal with the situations they go through in the daily life of the hospital, among others.

According to Porto and Lustosa (2010), when the person begins the final phase of their life, or is in a life-threatening condition, this moment can become both a medical problem and a delicate situation for the team, involving technical knowledge and skills to deal with physiological and, especially, emotional issues that appear in the patient and his family.

To work in Palliative Care is to be in constant proximity to human vulnerability, suffering, the process of dying and death. This reality, which is inevitable in the profession, can bring, in addition to fatigue, suffering, and vulnerability that can lead to the development of Burnout Syndrome, that is, generalized exhaustion (physical and emotional), depersonalization, and lack of feelings of personal and professional fulfillment (Salazar, 2017).

METHODOLOGY

The present work was carried out through bibliographic research of recent books and scientific articles pertinent to the subject under study as a means of theoretical basis. This material search was done through platforms such as SciELO, LILACS and Google Scholar. For the search, the keywords "Palliative Care", "Psychology AND Palliative Care", "Mental Health and Palliative Care" and "Palliative Care AND Psychology" were used. Based on the research, the articles were chosen based on the year of publication.

The criteria for the inclusion and exclusion of the articles used were based on analyses of which were related to our theme and which dealt with the role of the psychologist in palliative care.

Bibliographic research is considered a fundamental strategy in all scientific work, as it seeks to present, analyze and explain a given subject based on references published in books, magazines and periodicals that are indispensable in the theoretical construction of the study.

The first stage of the current research is based on the survey of references on the subject subject. This search idealized the articles with wide coverage of the theme, whether national or recent. The materials were accessed through digital platforms through the internet.

Following the survey of relevant works, through critical reading, useful information was selected, worked in the form of analyses and summaries that helped in the result of the work.

DEVELOPMENT

Investigating the mental health of the Psychologist in the face of Palliative Care in the Brazilian context is vital, because their personal well-being directly affects their ability to provide adequate care to patients. It is worth noting that understanding the challenges faced by psychologists can help implement policies and programs that promote their mental health, as well as improve the quality of services provided in healthcare.

Through these questions, the concept of the term in question was investigated, characteristics that propose the performance of the Psychologist within palliative care, such as where palliative care emerged, what were the first actions of Psychology at the international level, the performance of the Health Psychologist in various practices at the Brazilian level, palliative care at the SUS level in Brazil, the impacts that can be caused to the psychologist when dealing with the suffering of other people, and factors that can generate behavioral changes, in the short, medium and long term.

By observing the lack and limitation of academic research related to the proposed theme, it was noted the importance of developing a research project with an emphasis on the dissemination of knowledge about the mental health of psychologists in the area of palliative care.

Therefore, the project focuses on working on qualitative issues of how mental health is and how it is, in fact, and the psychologist's view in the face of this complex context that is the area of Palliative Care (PC), aiming at the dissemination of both the theme and the questioning in which it was made, which is little talked about.

In order to attract attention, the work will suggest some measures so that the psychology professional can improve their perspective and so that they can cope better, recognizing their limits and the importance of taking care of their own mental health.

RESULTS

Selected platforms with “Cuidados Paliativos” “Psicologia AND Cuidados Paliativos” “Saúde Mental AND Cuidados Paliativos” “Cuidados Paliativos AND Psicologia” “Cuidados Paliativos” “Psicologia AND Cuidados Paliativos” “Saúde Mental AND Cuidados Paliativos” “Cuidados Paliativos AND Psicologia”, were found the following articles, described in the table below:

Table 1 - Selected articles

Keyword	Platform	Articles Found	Discarded articles
Cuidados Paliativos	SCIELO	49 items found	31 discarded items
Psicologia **and** Cuidados Paliativos	SCIELO	21 items found	15 discarded items
Saúde Mental **and** Cuidados Paliativos	SCIELO	9 items found	7 discarded items
Cuidados Paliativos **and** Psicologia	SCIELO	20 items found	18 discarded items
Cuidados Paliativos	LILACS	258 items found	249 discarded items
Psicologia **and** Cuidados Paliativos	LILACS	115 items found	105 discarded items
Saúde Mental **and** Cuidados Paliativos	LILACS	86 items found	80 discarded items
Cuidados Paliativos **and** Psicologia	LILACS	331 items found	316 discarded items

Source: Authors (2023).

For the production of the work, the qualitative criterion was used, selecting articles that addressed, in a directed way, themes that encompassed palliative care in Brazil, such as, in this area, the view of the psychology professional, the impacts that are caused in these professionals, both positively and negatively. This selection of articles was made with the intention of narrowing the discussion, focusing on the mental health of psychologists and the importance of this perspective. Even though today there is no longer so much taboo about suffering, it was possible to notice a scarcity in the production of articles focused on this theme, with several academic works on the mental health of physicians and multidisciplinary teams, even on the families of patients, but not on the psychologist.

It is possible to notice the reflection of this lack when we look at the work of the psychologist and it is observed that it is highlighted that the professionals inserted in health services are somewhat disoriented, often developing clinical practice and not a hospital practice (Medeiros; Nunes; Melo, 2012). In addition, the difficulty of psychologists in working together with the team is reported, developing a solitary activity that is little recognized by colleagues. This lack of clarity and orientation for the performance of the psychologist's practice in health is also perceived at other levels of care, such as in the spaces of the Basic Health Units, and the clinical model, recognized as classic, is often reproduced in the performance of these professionals (Archanjo; Schraiber, 2012), which often leads to work overload.

Romagnoli (2009, p. 527) states that "although a significant portion of psychologists work in the health area, there is still a gap between the training found in Psychology courses and the demands of this insertion".

DISCUSSION

Death has always been a subject of fascination and, at the same time, of fear for human beings who are forced to live with its constant threat looming over their lives. According to Kovács (2005), the theme began to be seen in a negative social way in the twentieth century, and even in the twenty-first century, the communication of such an issue is still not accepted, however, it is increasingly present in our routine.

Within this context, some forms of escape from the fate of mortals emerge, such as the preservation of the cult of beauty; society then decides to impose rituals that allow a better visualization of an individual's remains, so that cremation (one no longer needs to look at the corpse) and necromakeup, so that the decomposition of the body can be pleasantly disguised (Custódio, 2013).

Nevertheless, it is necessary to think of death as a process inserted in a specific culture, in this case, the Brazilian culture in a generalized way. However, it can be seen that this phenomenon can vary between historical eras and peoples, as presented by Silva and Scorsolini-Comin (2022), when proposing a visit to the representations of death throughout history: Egyptians, Aztecs, Mexicans, and Indians.

Of paramount importance is the perspective of the Aztecs and Mexicans, whose view of dying was linked to the salvation of life and, thus, a constant remembrance and celebration of the living about the death of their loved ones, contrary to the culture of forgetting the dead in the West (Silva; Scorsolini-Comin, 2022).

Further, thanks to the constant evolution of medicine over the years and, with it, the advances in the treatment of diseases that previously could lead to the death of the patient, life has extended and professionals increasingly seek to escape from the inevitable death, which can cause a prolongation of life without an adequate look at the quality of life. process characterized as Dysthanasia (Kovács, 2005).

In a study conducted by Gilbert and Rosa (2020), with three elderly people who agreed to participate to discuss how they dealt with the future death in their lives, due to their advanced ages and possible diseases, an acceptance of the fate that awaited them could be observed, which was not accepted by their families or even by the doctors who treated them.

The research participants reported rituals and wills already made so that their wishes about how they would like to die or what to do with their belongings were fulfilled, such as the anxiety for not wanting to have their last moments in a hospital environment, but rather in their residence, or the transfer of their financial income to a closer grandchild (Gilbert; Rosa, 2020).

However, according to the researchers, Gilbert and Rosa (2020), they faced difficulties when trying to plan how they would do such questions when talking to their doctors, who did not want to talk about the subject of their possible deaths, with the aim of focusing only on living, in the search for a life that should be even longer.

Thus, the conflict between the process of acceptance of "living-dying" can be perceived, not only in daily life in general, but also in hospital environments, where death is not talked about, despite being present at all times, as it must remain hidden under the eyes of professionals who face it every day (Santos et al., 2016).

With regard to what was observed by Santos et al. (2016), health professionals in institutions are unaware of the concepts of dysthanasia and orthothanasia, the latter known as a process of quality death, without unnecessary suffering or prolongation of life; As a result, there is an unnecessary expenditure on resources that could be used for patients with real needs, in addition to a meaningless approach in their actions towards others.

From the perspective of the psyche of such workers, it can be observed that, despite such difficulties in dealing with the death of others and, therefore, of oneself, there are still different perspectives within this scope, as concluded in a study carried out by the authors Porto et al. (2014), aimed at professionals in the oncology area who came to have a loved one in palliative care, as described below.

The consensus reached in this study was that the workers are chosen by the families with a patient in palliative care so that he/she is responsible for the treatment and care of the patient, which also demonstrated, according to the reports, that the death experienced in hospital beds enabled a possible preparation and a new vision when dealing with the disease and the end of the life of a loved one. as well as for oneself (Porto et al., 2014).

Unfortunately, due to the absence of a specific look at the mental health of psychology professionals, immersed in these contexts of constant death and relationship with the other, it was not possible to obtain research that contemplated the very finitude of the psychologist and his own ways of dealing with the dying process, which confirms the precariousness of the discourse about death in institutions. whatever they are.

Therefore, in order for the taboo on the subject to be gradually dissolved, it is extremely important that undergraduate courses in the areas of health introduce in their curricula disciplines that can transmit the necessary knowledge and reflection on what death is in such a context, possible rituals involved, the spirituality of patients, respect for last wishes, among other points (Alves; Oliveira, 2022).

Suffering is a situation of great distress, associated with events that threaten the dignity of an individual. Suffering demands self-awareness, encompasses emotions, and impacts personal relationships and the individual's body. This existential situation of great distress stems from what the individual perceives with his or her inner self, often linked to emotions and feelings, such as frustration, anxiety, sadness, etc. (Cassell, 2004).

In this sense, it is observed that suffering is the loss of meaning, disorganization of emotions, symptoms, the impossibility of putting into words, of explaining, of representing oneself (Dejours, 1998).

Suffering can occur without being linked to physiological disease. It is possible to cite causes socially attributed to suffering, such as grief, isolation, unemployment, fear, hopelessness... Thus, suffering is a subjective experience, an individual can experience situations in suffering that do not cause any type of distress to other people (Frankl, 1973, Lukas, 2005, Fauré, 2012).

One of the sufferings among professionals in the hospital context is found in the coping strategies in the face of death, as it is observed that these professionals find it difficult to deal with patients who have a prognosis of death, some of these professionals are unable to deal with the experience of grief, and it can be said that these attitudes are ways of protecting themselves or even lack of preparation to deal with these situations (Silva Júnior et al., 2012).

The belief that surrounds this circumstance is also mentioned about the professional posture taught, that they should behave in a rigid manner, and not show their feelings, as it would negatively influence their image, since it is still commented among professionals, who should be indifferent to the suffering/death of the patient (Silva Júnior et al., 2012).

According to Barban and Leonardi (2018), validation is defined as understanding, in order to validate the thoughts, emotions, and internal feelings of the other, in view of this, validation is a way of reinforcing the individual's behavior to share their emotions.

When the exposure of such feelings is invalidated, emotions and behaviors are idealized as inappropriate, thus they are minimized and neglected, thus presenting the extinction of the individual's behavior (Silva Júnior et al., 2012).

There are several benefits that validation can bring to the individual, such as supporting the quality of interpersonal relationships and strong psychological functioning, and reducing negative emotions. While invalidation can bring negative results, such as difficulty adapting to stressful activities, and allow emotional dysregulation (Linton et al., 2012 *apud* Barban; Leonardi, 2018).

Professionals in the palliative care team, as well as in other areas of health, experience daily grief in their professional practice, however, Kovács (2010) raises important reflections on the subject when discussing whether professionals have the right to expose their suffering or, if they were instructed in their training, to pay attention to their emotions, in the face of the loss of patients.

Professionals in the area of palliative care, when constantly faced with death, portray difficulties with their relationships within the work environment, both with the coexistence with the team of professionals and with patients and their companions. These events can be triggered by situations of stress, where there are difficult ways to resolve, resulting in feelings of powerlessness and frustrations (Kovács, 2010).

According to Kovács (2010, p. 424) "Working in the health area, as a caregiver, immediately presents the following finding: pain and death are present in your daily life".

Therefore, because they always experience constant suffering, both material and symbolic, suffering and grief are not recognized several times by professionals, resulting in persistent emotional suffering (Morais et al., 2019).

For Pozzada, Santos and Santos (2022), the psychologist in relation to palliative care care, in addition to facilitating communication, should provide and bring together patients who are in the last moments of life, and around them, the rescue of their history, desires, desires, understand and establish the patient's significant relationships, providing emotional support to family members and patients.

However, it is also extremely essential to perceive the fragility, psychosocial, existential, and well-being aspects of the professional who is placed in this scenario.

The challenges of psychology professionals are great in this context, marked by the denial of patients and families by the finitude of life, severity of the disease, and all the suffering present, making the empathy, technique and humanization of the psychologist crucial in the face of the imminence of death, and providing relief to the sick person and the family (Alves et al., 2015).

However, there is little research and theoretical framework, considering possible effects and processes that maximize conditions aimed at promoting the mental health of psychologists, in addition to the subjective concern that is behind that professional. Emphasizing that it is necessary to constantly invest in learning, encompassing technical knowledge, development of socio-emotional skills (Pozzada; Saints; Santos, 2022).

In addition, of course, a look and support to the psychologist, who also has his limitations, fears, traumas, insecurities, especially in daily contact with death and diseases, end up evoking a perception of one's own finitude.

In addition, Hermes and Lamarca (2013) present that there is a need to propose in the students' curriculum, studies related to thanatology, that is, the study of death, in this perspective to address aspects still in graduation and after graduation, about the fragility of life and the process of dying, stimulating from the beginning the feelings and the perception of finitude, it is important to enter this environment as naturally as possible (Vicensi, 2016).

With regard to Bolze and Castoldi (2005), the constant work of the psychologist on this border between life and death, effectively performing his interventions and skills, is equally necessary for him to receive psychological support, since his work implies the good management of his own emotions, and of the triad patient, family and team.

Emotional support can often come from the team itself, using the welcoming among themselves, as a conduit to alleviate the challenges, deal with the terminality of users, sharing experiences, aiming to help in the suffering of patients, family members and, consequently, the team itself (Porto et al., 2014).

Thus, Cardoso et al. (2013) state that it is necessary to consider strategies for psychologists, as well as the multidisciplinary team, to be able to express their anxieties and challenges related to their difficulties in the work scenario, such as frustration, feelings of powerlessness and all psychic aggravation, promoting care in the human being who will provide care.

Therefore, the psychologist's responsibility is intense and extensive, and psychotherapeutic support is indispensable. Health work, especially in the context of palliative care, can lead to psychological consequences, affecting the professionals' professional and personal lives. Emotional exhaustion, reflection on death and even coming across sensitive content that the psychologist crosses may arise, further reinforcing the importance of care and support in the psychological sphere.

In addition, the psychologist needs to develop his self-observation, that is, to perceive and understand his emotional state, to recognize his weaknesses, his limits, to bring attention to himself, seeking to manage coping processes, to normalize the feelings that may arise in the exercise of his profession and the awareness to seek help, when necessary, and a priori as well, as prevention and promotion of mental health and self-knowledge.

Repeatedly, the psychologist is required to be free from suffering or any feeling that leaves him in a position of vulnerability. Sençο (2016, p.141-144) states that "the professional who takes care of the suffering of the other is not allowed to suffer", so it is determined that the psychologist, even with all his theoretical baggage, explains his humanity and right to suffering, it is more complex to vent and ask for help.

The American Psychological Association *(APA) Code of Ethics* points out the need for psychologists, interns, and academics "to be aware of the possible impact of their own physical and mental health on their ability to help those with whom they work" (APA, 2002, p. 1062).

Therefore, it is estimated that these professionals acquire daily self-care, reflecting on their self-awareness, self-reflection, and the search for their physical and psychological well-being. Psychotherapy and supervision are important for the personal and professional development of the individual, promoting growth and learning.

A study carried out in Madrid points out that there is a variable in the level of stress and satisfaction among mental health professionals who work in health centers and hospitals. In health centers, a more favorable level of personal fulfillment at work was identified than in hospitals (Garcia; Cabeza; Fernandez, 1998).

According to Jung (1981, p. 111), the therapist "will only heal to the extent of his own suffering". In view of the assumption, it is again emphasized the importance of the psychology professional constantly performing his/her self-assessment, being under analysis, and with the allied supervisions in his/her care. The therapist also carries his anguish, has intimacy with suffering, so it is necessary to reflect constantly so as not to normalize such feelings.

It is also worth highlighting the fundamentality of the hospital psychologist's role as a holder of achievements, encounters and significant moments for his profession, being a reinforcer and generating empathy in the professional's external social relations.

From this perspective, the authors Morais and Koller (2004) discuss whether resilience is an ally for health protection for mental health professionals and, subsequently, other positive aspects such as self-determination, hope, creativity and interpersonal skills are highlighted.

In view of this scenario, there is a scarcity of articles on the positive impacts of the psychologist in the hospital context, and it is necessary to deepen scientific research to raise awareness and value the other side of this profession.

What makes man human is to be self-conscious. However, this will only be possible from the moment one becomes aware of one's own death, and it, as difficult as it may be, is part of the life of each individual, even if we often do not realize it.

According to Kovács (2003), the way one sees death will certainly influence one's way of being. This author comments that, during the whole process of vital development, there is an intertwining of life and death, and that those who believe that death is only a problem at the end of life, and that only at this moment should they think about it, are mistaken. After all, death reveals the integrity of life, manifesting its meaning, since only by experiencing his own finitude does man achieve the totality and fullness of his humanity, as Brugger (1969) states.

In view of the above, the question remains: how to maintain life in the face of a situation that fosters death? To what extent will this life absorb such care offered in this period of pain and suffering? Bringing these issues to reflection, it is understood that hospital psychology is a tool of paramount importance in palliative care, seeking to provide patients with a humanization that provides them with a good death, since taking care of such pain may rescue a little of the dignity of the other in this critical context.

The hospital psychologist looks at the patient as the protagonist, as the subject of a story and a life and not as a prisoner of an incurable disease, bringing to the context a view that no matter how limiting the disease is, there are possibilities of adaptation, maintenance of dignity and rescue.

It is important to emphasize that medicine alone is not enough for the terminally ill patient to have a good quality of life, it is necessary to associate it with multidisciplinary care, especially the psychological support that is extremely necessary to the extent that the patient experiences symptoms beyond the physical, the psychological symptoms that arise during the terminal phase.

In the midst of the cold scenario of technological medicine, Pessini (2002) has lost the humanism in caring, in the affectivity of the caregiver-patient relationship and in this scenario we can also highlight that suffering requires compassion, respect, that is, empathy in each action performed. Unfortunately, indifference and also the naturalization of the suffering of the other is a factor in which it has been growing.

Nowadays, says Almeida (2007), humanization is linked not only to the valorization of care, but also to ethical and scientific issues and to the rights of the patient, valuing the individuality of the patient, as well as his dignity, autonomy, and subjectivity.

According to Oliveira (2001), humanizing is characterized by putting one's head and heart into the task to be developed, giving oneself in a sincere and loyal way to the other, and knowing how to listen with science and patience to words and silences. The relationship and direct contact make us grow, and it is in this moment of exchange that I humanize, because then I can recognize and identify myself as people, as human beings.

Providing care to this patient involves, above all, integrating the various dimensions of the being, this also includes the spiritual aspect. Studies show that issues related to spirituality represent for cancer patients, for the most part, a source of comfort, faith in God and support to cope with the disease, presenting themselves as a contributing factor in treatment adherence (Fornazari; Ferreira, 2010).

Therefore, for the psychologist, it is essential to perceive the religious phenomenon as a resource that makes it possible to seek alternatives to reinforce the patient's emotional support, providing, among other things, meaning to life and to the human suffering present in the disease process (Silva, 2010, p. 33-51). This is what Barbosa and Freitas (2009, p. 2) call the "Psychology of Religion".

CONCLUSION

In view of the bibliographic research, it was possible to verify that the Psychology professional has a fundamental role in the field of health, becoming a key piece for understanding the subjective aspects in moments that require a different look at human suffering.

About the multidisciplinary team in palliative care, the psychologist has his attribution mainly in mental health, in the well-being of patients, family members and consequently of the team. The importance of the psychologist in this context is perceived in view of his expertise, technique, empathy, and active listening, which allows him to have a humanized look, beyond physical pain, encompassing socio-emotional and psychological aspects, managing emotions and care with regard to this delicate moment.

However, there is a scarcity of research on the mental health of psychologists in Brazil working in health, and existing research points to the illness of several professionals in the multidisciplinary team and possible support interventions; However, there is still a lack of data on interventions and support for working psychology professionals. It is understood that the figure of the Psychologist is always seen as a source of support and support, stigmatizing, and denying that these professionals can also experience suffering.

The stigma that psychologists cannot or will not go through their vulnerabilities, transferences, fears and insecurities, whether of an emotional or professional nature, comes from external contact and from the professionals themselves, who judge it as a weakness, which makes it difficult to seek therapy help, which generates difficulty in getting in touch with their self-reflection and self-observation of their own psychological issues and when dealing with the terminality of life. These difficulties may come to the fore even more.

Therefore, the present research hoped to contribute to new field research in the search to understand the relationships of help and support in the work of psychologists in the field of health.

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