PSYCHOSOCIAL ONCOLOGY, SOPHROLOGY AND COMPLEMENTARY SUPPORTIVE THERAPIES

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Summary

Modern approaches to psychosocial oncology and sophrology are shown through reflections on sickness and health, body and spirituality, and existential issues faced by patients and medical and other professionals engaged in different areas of treatment, rehabilitation and palliative care. Modern complementary methods that can be implemented in education, treatment and rehabilitation of cancer patients are discussed in the framework of the deep ecological and holistic approach to health care, based on the principles of complementarity and interdisciplinarity.

KEYWORDS: psychosocial oncology, sophrology, interdisciplinarity, complementary therapies

INTRODUCTION – OR ABOUT THE BODY AND EXISTENTIAL TENSION

Reflections on sickness and health, body and spirituality, on nature, space and time, sense of life and existential values have deep metaphysical consequences. Moreover, the Job’s questions “... Oh that my grief were thoroughly weighed, and my calamity laid in the balances together!... Is it not that I have no help in me?” are up-to-date and have both bioethical and deontological implications. These are existential issues regularly faced by both patients and professionals of medical and other disciplines engaged in different areas of treatment, rehabilitation and palliative care.

It is well known that thoughts, emotions and personality traits are closely related to physiological changes, and that a myriad of factors may in-
fluence the maintenance of organismal homeostasis. Emotional stress, for example, in terms of its psychoneuroendocrine relevance, may be interpreted as a potential causative factor that plays a role in etiopathology of various psycho-emotional disorders, and the lack of necessary psycho-emotional support may increase anxiety and suffering of the diseased. The subjective experience of pain may be discussed through the interconnectedness of physical, psycho-emotional, spiritual, and also social and moral factors. The diagnosis of malignant disease and the need for complex treatment can produce different somatopsychic and/or psychosomatic disorders since the mental/psychic energy forms an integral part of the physical energy. For example, surgical treatment that affects the external appearance of the body or requires removal of an organ can be particularly stressful. This also refers to possible side effects of chemotherapy including nausea, vomiting, alopecia, and fatigue. Besides that, there are also other disorders that may occur, including anxiety and depression, decreased libido, fear of death, sleeping disorders, transient paranoid states and alike (1-3).

PSYCHOSOCIAL ONCOLOGY AND SOPHROLOGY

A quote by Hippocrates says that “everything is connected to everything”. In addition, the influence of environmental factors on body functions and the maintenance of organismal homeostasis, as well as the man’s relationship to nature and social environment can also be interpreted in this way. As a physicist, Niels Bohr (1885-1962) held that “the particle and wave pictures are merely two complementary descriptions of one and the same physical reality, that any of these pictures can be only partially true and that both pictures are needed to give a full account of the atomic reality”. Combining the current knowledge of psychoneuroimmunology and physics with traditional interpretations of Ayurvedic medicine Deepak Chopra has recently written about the ability of one type of awareness (the mind) to spontaneously correct an error in another type of awareness (the body). In the framework of deep ecological and holistic approaches, the concept of complementarity can thus be used to ponder on the relationship between man and nature which forms part of the same cosmic order. The holistic approach (Greek: holon = the whole) is defined based on the interpretation of the organic unity of a living being, which, in a broad sense, is considered any tendency to direct scientific research toward the whole. These approaches aimed at detecting and supporting personal life potentials are particularly significant in the interdisciplinary fields of psychosocial oncology and sophrology. Psycho-oncology (psychosocial oncology) is a scientific and practical discipline focused on the study of psycho-emotional, social, behavioral and ethical aspects of cancer care. Sophrology (sós – harmony, balance, phreen – spirit, consciousness, sense; logos – study, science, sophia – wisdom) as a philosophy, a science and a therapy may be interpreted in the field of universal and transcendental humanism, with its scope including the research into and support of the harmony of human personality. Deep ecology has been described as “deep” because it addresses fundamental philosophical questions about the role of human life in the eco-sphere. In connection with recent developments of many different types of complementary supportive therapy, here we also find contact points with liaison psychiatry, psychological medicine, psychology and other disciplines in the field of rehabilitation science. The vast scope of such deliberation also enables the development of concepts of complementary supportive therapies (4, 5).

COMPLEMENTARY SUPPORTIVE THERAPIES AIMED AT DETECTING AND SUPPORTING LIFE POTENTIALS

The combination of knowledge from diverse cultures and traditions, and results of recent scientific research projects in the field of biomedicinal, humanistic, social and other sciences, and various arts as well, have enhanced the development of diverse modern concepts of complementary supportive therapeutic approaches aimed at detecting and supporting patients’ life potentials and quality of life.

The importance of incorporating complementary therapy in complex treatments and rehabilitation of cancer patients was highlighted at a scientific conference held in Palermo, Italy at the beginning of the third millennium, under the auspices of the International Union Against Cancer. Also, some experiences of medical and other staff
of the Integrative Medicine Service at the Memorial Sloan-Kettering Cancer Center, New York, were presented in the Newsletter of the International Union against Cancer showing the use of therapeutic massage, art expressive therapies, music and some other complementary methods and approaches directed towards psycho-emotional, spiritual and somatic aspects of personality. In addition, results of a study conducted at the U.S. National Cancer Institute have shown a high proportion of patients with diet-associated cancer and that nutritional recommendations may also be considered as a complementary supportive approach to preventing and caring for both mental and physical ill health, and providing medically complex treatments and rehabilitation.

INTERDISCIPLINARITY AND MULTIDIMENSIONAL APPROACHES TO SCIENTIFIC STUDIES AND CLINICAL TRIALS

The results of studies conducted at the Universities in Los Angeles, Jerusalem, Heilderberg and Calcutta, Cancer Research Institute in Beijing, Karolinska Hospital in Stockholm, Sloan-Kettering Cancer Center in New York, Clinics in London, Brussels, Zagreb and other clinical and research centers have drawn attention to the importance of psychosocial support and the need for developing specific forms of complementary interventions as supportive care alongside complex cancer treatments and rehabilitation.

Patients’ spiritual needs are known to have a special meaning in holistic healthcare. The book Clinical Research in Complementary Therapies, published by Elsevier Social Science Series Book, London 2002, shows the results of a number of studies of the effects of prayer and spiritual assistance on health of each individual. The psychology of spirituality, spiritual assistance, therapeutic theology are terms increasingly encountered in the scientific literature, and the same applies to the study of the effect of prayer showing that “the esthetic pleasure induced by a spiritual message can provide the experience of the miraculous, the infinite and the soothing not only inside a person but also beyond, in the relationship with the environment and the transcendental sublime object that remains unknown, and yet exerts a certain curative force “.

Complementary therapy is used along with standard or mainstream medical treatment and rehabilitation. Some complementary therapies may help relieve certain symptoms of cancer, relieve side effects of cancer treatment or improve a patient’s sense of well being. Examples may include meditation and breathing exercises to reduce stress (sophrology and sophrotherapy) guided imagery to help relieve stress and pain during medical procedures. Some of the methods such as massage therapy, dynamic relaxation, and meditation that are now called complementary have actually been referred to as supportive care in the past. Some cancer treatments and clinics now offer this option for patients who may be helped by complementary methods. At the University Hospital for Tumors in Zagreb, within the Center for Psychosocial Oncology and Rehabilitation, in the facilities of the Croatian League against Cancer, for example, there is also the office of sophrology and complementary supportive care (6, 7).

A REVIEW OF SOME COMPLEMENTARY APPROACHES

Here is a partial list of some complementary methods that some people have found helpful when used along with standard medical treatments: Biofeedback is a treatment method that uses monitoring devices to help people gain conscious control over physical processes that are usually controlled automatically, such as heart rate, blood pressure, temperature, sweating, muscle tension, prosodic feature of voice...; Music and vibroacoustics in therapy are offered by educated healthcare professionals who use music to promote healing and enhance quality of life; Psychodrama offers possibilities for verbal and non-verbal exploration of contents of a person’s role in a therapy group; Art/Expressive Psychotherapy offers the potential for humanizing the health experience and empowering patients to engage their intuitive and creative wisdom in coping mechanisms; Massage therapy involves manipulation, rubbing and kneading of the body’s muscle and soft tissue. Some studies suggest massage can decrease stress, anxiety, depression, and pain and increase alertness; Prayer and spirituality is generally described as an awareness of something greater than the individual self. It is often expressed through religion and/or
prayer although there are many other paths of spiritual pursuit and expression; *Aromatherapy* is the use of fragrant substances, called essential oils, that are distilled from plants to alter mood or improve symptoms such as stress or nausea; *Body symbolization and dance movement therapy* (Terpsichora clinical dance) based on the theories of Wilhelm Reich (1887-1957), Sándor Ferenczi (1873-1933) and others is a complementary technique used in the fields of guided imagery and hypnotherapy; *Eye movement desensitization* as a form of psychotherapy. EMDR’s most unique aspect is an unusual component of bilateral stimulation of the brain, such as eye movement, bilateral sound or bilateral tactile stimulation coupled with cognitions, visual images and body sensation; *Breathing exercises and sophronization* (sophrology) is a mind body system that uses breathing movement and meditation to improve health and wellbeing. In the framework of the deep ecological and holistic approach to health care, there are also other complementary methods (food-based approaches, use of bioclimatic potentials, hydrotherapy) aimed at detecting and supporting life potentials and quality of life of the consumer.

Complementary supportive therapeutic approaches may be considered from many different aspects. The *Journal of Biological Rhythms* offers results of original empirical investigations using an ecological and holistic approach to different aspects of biological rhythmicity in humans. At the same time, while dealing with topics from different disciplinary perspectives (*cellular and developmental biology, ecology, endocrinology, genetics, molecular biology, neurobiology, pharmacology and alike*), biological rhythms are put into context of their functional correlation with health and wellbeing experiences of individuals. The *Complementary Health Practice Review*, published by the University of North Carolina, presents reports of original clinical trials using different approaches aimed at maintaining holistic health of the human. Results of a Croatian study entitled “*Creative Therapy and Immunocompetence in Breast Cancer Patients after Radiation Therapy*”, carried out at the Department of Oncology and Nuclear Medicine in Zagreb, show that “… *Ex-Gen supportive psychotherapy could reduce the immunosuppressive effects of radiation therapy in breast cancer patients*, and that to monitor these effects, the immunocompetent cell count and phagocytic functions of monocytes could be especially helpful.” Another clinical study entitled “*Short-term Creative Art Psychotherapy and Stress Hormone Secretion in Groups of Female Patients with Breast Cancer and Benign Breast Disease*”, also conducted at the above Department in Zagreb, indicates the following: “It can be concluded that the effect of short-term art expressive psychotherapy in breast cancer patients was clearly evident in reduced stress hormone secretion after the therapy which can be used as a prevention method in circumstances where long-term stress can play a role in cancer pathogenesis.” The importance of complementary supportive therapies are shown in a French-Croatian study “*Controlled Clinical Trials to Evaluate the Effectiveness of Supportive Therapies in Cancer Patients / Essais cliniques contrôlés visant à évaluer des méthodes de thérapie de soutien auprès de populations atteintes de cancers*” realized within the scope of the Convention on Cultural and Scientific Cooperation between France and Croatia with the support of the Ministry of Science and Technology of the Republic of Croatia and the Government of the Republic of France, which was carried out at the Claudius Regaud Cancer Institute in France (4).

In the previous thirty-year period (1981-2011), there were a number of studies carried out either as part of research projects supported by the Ministry of Science and the Ministry of Health of the Republic of Croatia, or in cooperation with the Croatian Association for Psychosocial Oncology, International Union against Cancer, Croatian National Institute of Public Health, University Hospital for Tumors’ Department of Rehabilitation Medicine in Zagreb, Zagreb University Faculty of Education and Rehabilitation Sciences and other university and clinical institutions in Croatia and abroad. Results from these studies enabled the development of undergraduate and postgraduate doctoral degree programs at the above Faculty of Education and Rehabilitation Sciences including, without limitation, the following courses: *Introduction to complementary therapies, Psychosocial oncology, Motor disorders, chronic diseases and sophrology, and Psychosomatics and clinical assessment techniques*. Additional studies included in a scientific research project on “*Supportive Therapies and Development of Life Potentials*”, supported by the Ministry of Science of the Republic of Croatia are under way (3).

There is an increasing number of prospective studies being conducted worldwide to investigate
the clinical efficiency of different complementary supportive therapies in relation to different problem fields such as pain, clinical entity of body image, anxiety and depression, sexuality, interpersonal sensitivity, coping mechanisms, quality of life and alike. These studies highlight the importance of designing appropriate study protocols, framing hypotheses, choosing variables and clinical assessment techniques, analysis of interconnection between biological markers, and various forms of psychoemotional and psychosocial support. In view of these results, innovative concepts of complementary supportive approaches to education and therapy may be developed, including: psychosomatic counseling and supportive psychotherapies in psychosocial oncology and sophrology practice; patient education and preparation for different treatments; pain management; supportive educational and therapeutic role of clubs for people treated for malignant diseases; ecological and holistic approaches to conceptualization of supportive therapies in palliative care depending on the clinical picture and needs of each patient; programs for medical and other staff continuously exposed to high levels of stress (burn-out syndrome ...), which should be used along with standard treatment and rehabilitation protocols.

CONCLUSION

The importance of implementing principles of interdisciplinarity and complementarity into standard treatment and rehabilitation practice has been highlighted. In this context, the relationship between psychosocial oncology, sophrology and diverse complementary methods aimed at detecting and supporting personal life potentials and quality of life has been shown.

REFERENCES


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