

THE MAGIC OF CARESSING THE MIND BY TOUCHING THE BODY. TAKE CARE OF DEPRESSION, FACE UP TO CANCER. A NEW FRONTIER OF PSYCHO-ONCOLOGY

Maria Grazia Spurio

Research Center and psychological training "Genius Academy", Rome, Italy

SUMMARY

Background: The new frontier of research in all areas that deal with health and wellness (medicine, psychotherapy, personal care in general) sees the increase of projects in which the individual is center-placed, as a whole, in a holistic view. The mind and the body are inseparable, as in a circularity and recursivity unique for each individual (Spurio, M.G., 2015). The results of the most innovative research would seem to suggest, therefore, that a state of psychological distress or depression, is often related to physiological problems, from physical discomfort in general up to illnesses such as cancer.

Subjects and methods: The research project "B & M (Body and Mind), Take care of depression, face up to cancer" moves from these assumptions. The project started in 2015 and continued in 2016, with the aim to focus the attention on the problem of depression related to physical disease states, in particular oncological disorders. In the first version of the project, (January - June 2015), according to the type of treated disease, specific body stimulation such as shiatsu has been associated with psychological techniques, guided fantasies and regressive hypnosis techniques. These mental techniques have been used in order to focus the thought on specific inner images appropriate to the situation of the treated patient and to generate consequently connected positive emotions. In this way it was possible to achieve a synergistic activation and stimulation attached to the body and mind, resulting in regularization of sleep patterns, lowering the hormonal imbalances and heightening the immune system, with the specific objective of increasing the level of excellence of perceived well-being. On the basis of the above results, which were definitely promising, further investigation with more specific applications has started: a research has been conducted on 50 patients with oncological diseases associated with depressive disorder. In this second phase of the research (January-June 2016) 50 patients have been selected with oncological diagnoses associated with depressive mood disorders.

Results: The results of the second version of the project have been very interesting, in particular with regard to the level of general well-being, which have shown an improvement of approximately 67%. We have registered also an improvement of the mood state, even though the patients were already under medical treatment and with a depressive state already in place.

Key words: cancer - psycho-oncology - depression - body and mind circularity

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INTRODUCTION

David Bohm (1996), one of the greatest quantum physicists of our time and promoter of holistic science, wrote that consciousness is implicitly interwoven in all matter and matter is woven by consciousness. The central point of psychosomatic illness, like any holistic conception, is that the two major dimensions of existence, the exterior objective and the inner subjective, can be investigated using the scientific method. In the investigation of the subjective dimension, we meet unprocessed negative emotions, which occur in a therapeutic process. According to the holistic approach dysfunctional emotions would facilitate the onset of mental disorders as well as physical illnesses, and non-health-oriented behaviors (Sibilia 1983, Richman 2005, Carnethon 2003, Simonelli 2012). The new frontier of research in all areas that deal with health and wellness (medicine, psychotherapy, personal care in general) sees an increase of projects in which the individual, is center – placed, as a whole, in a holistic view. Mind and body are inseparable compared to a circularity and recursivity unique for each individual (Spurio 2011). This is a new and fascinating journey towards the unexplored territories of the human psyche, a "Body and Mind zone", in

a sort of new functional identity in which it is not only the body that feels, but also the mind, and it's not only the mind that thinks, but also the body (Spurio 2016).

The methodology of intervention and research, therefore, has to be transversal to the various disciplines (psychotherapeutic, surgical, nutritionist, medical aesthetics and medicine in general).

In this integrated and multidisciplinary approach, each person it has to be provided with a complete understanding, both psychologically and physically. The process of mind and body circularity means that the cure is never confined in compartments, but in a circular holistic perspective, that, according with the deeper meaning of the word "I care," provides a complete understanding of the patient. For this reason it is better that many of the initiatives for the welfare of the person may also take place out of the formal circles such as the four walls of a study, towards less conventional places, where growth and healing can expand. This is because interventions with the aim of promoting a more healthy, secure, standard of living, would contribute to a more rapid resolution of psychological problems. On the contrary, if the person is restricted and prevented from communicating his/her emotions and expressing him/her self, a block of intensity proportional to the

amount of emotional energy and its degree of sensitivity will be created (Montecucco 2010).

According to psychoneuroimmunology or PNEI (Bottaccioli 2005) each disease can be understood as an excess or a defect of intensity of expression of instinctive behaviors, emotional or psychological. On this basis, in situations of distress, instead of counting on internal resources, the patient would make use of external and dysfunctional strategies, so that the therapist, on the contrary, would find it necessary, in different ways, to enable resources already contained inside the human body, thereby activating extraordinary phenomena of human's unfathomable complex nature. According to Lowen (1978), for example, behind the physical and respiratory blocks are hidden the fears of feeling, or of hearing oneself and one's needs. The frenetic pace of our society stimulates inhibition and repression of emotions, to the extent that the same stress also acts on the breathing act that stops, trying to defeat the emergence of emotional flows that constantly pass through us. To release the breath, as in many visualization techniques and control of emotions, allows one to control the vegetative functions and to alter and therapeutically intervene on emotional states. Emotions pass through the body and communicate what happens in the inner world.

As confirmed by the latest scientific research, in order to successfully intervene on the health and welfare of the individual, one should consider the person in a bio-psycho-social perspective, considering him/her as a kind of new functional identity, with a body that thinks, and not just the mind, and with a mind that feels, and not just the body (Spurio 2016). It is also very important to welcome the patient without any prejudices, because, as demonstrated by a multicentre study conducted by Giuseppe Tavormina, myself and others (2016), in our society there is still prejudice and stigma concerning mental illnesses. Mental disorders are often viewed with suspicion and are often not considered like other illnesses. Patients suffer both from the disease, and from the marginalization behavior exhibited by others towards them and their families. From the point of view of the professional who cares about the patient, on the other hand, stigma may consist in the view that psychiatric professionals who suffer from mental illness cannot treat well patients with their own pathology. From a statistical point of view we could not find any evidence of marginalization, however, 13 people out of 23 (56.52%) have been advised to change their job. So, on the one hand it is fundamental to consider feelings and psychiatric disorders as a normal illness, in a bio-psycho-social point of view, on the other hand, the professionals working in this field, who may have already successfully faced their disease, should not be stigmatized as less prepared than others who have never faced the same problem (Tavormina 2016). Among the researches that move in the direction of considering the individual in a bio-psycho-social perspective we must mention Candace Pert's studies, (1997). This scientist is

a neurophysiologist, director of the brain biochemistry center of NIMH (National Institute for Mental Health), and is the international researcher who has discovered the endocrine system in relation to mental illness, as well as a vast number of neuropeptides, that work as an "information network" that interconnects the entire body; the "psychic" molecules are transmitted and travel, communicating information as in a circular and recursive body - mind mechanism that includes the nervous system, the blood, the immune system and even the gut (Montecucco 2010) into a really harmoniously integrated body system. An individual during the course of his/her life is subject to a series of stimuli. Depending on the meaning attributed to each stimulus, a stress response of different magnitude and duration is activated, and this can be considered functional or dysfunctional. Many recent studies, in fact, state that there is a significant correlation between the coping strategy chosen and the onset of a disease. According to the theory of 'psychogenic tumor', for example, anyone can potentially develop cancer, but only those who do not have the psychological strength to resist the disease get sick (Spurio 2016).

About the relationship between the onset of an illness and immune resistance we should mention the study conducted at the University of Chicago by Leah Pyter and colleagues (2009) (Figure 1).

The researchers have shown that the mental condition of depression is not only the consequence of the disease, and not even of a particularly debilitating treatment such as chemotherapy. It seems in fact that the development of a tumor determines changes in the hippocampus, the main brain structure involved in the stimulation of emotions. In particular it increases cytokines, polypeptide mediators, non-specific antigen, which act as communication signals between cells of the immune system and between these and different organs and tissues. Therefore, this would confirm the existence of complex relationships between the immune system and tumors and depression. In depressed patients there is a high concentration of cytokines, in particular of the pro inflammatory type. We can add, in fact, concerning the relationship between inflammation and depression, that chronic stress induces an inflammatory state in the body, and the endogenous cytokines produced under stress trigger inflammation and then depression. The negative effects of a depression state on the immune system have been known for a long time, but in recent times, researchers around the world have shown that the path may be the reverse, in fact the activation of the immune system may produce depression, anxiety and cognitive disorders, going through a systemic inflammatory condition that affects the whole 'body. A real mind and body circularity. Along the same lines, the research conducted at the Stanford University Medical Center, said that the silencing of a communication mechanism between the immune cells represents a significant moment in the development of a cancer. Peter P. Lee (2009), who led the research, noted that despite more than half of

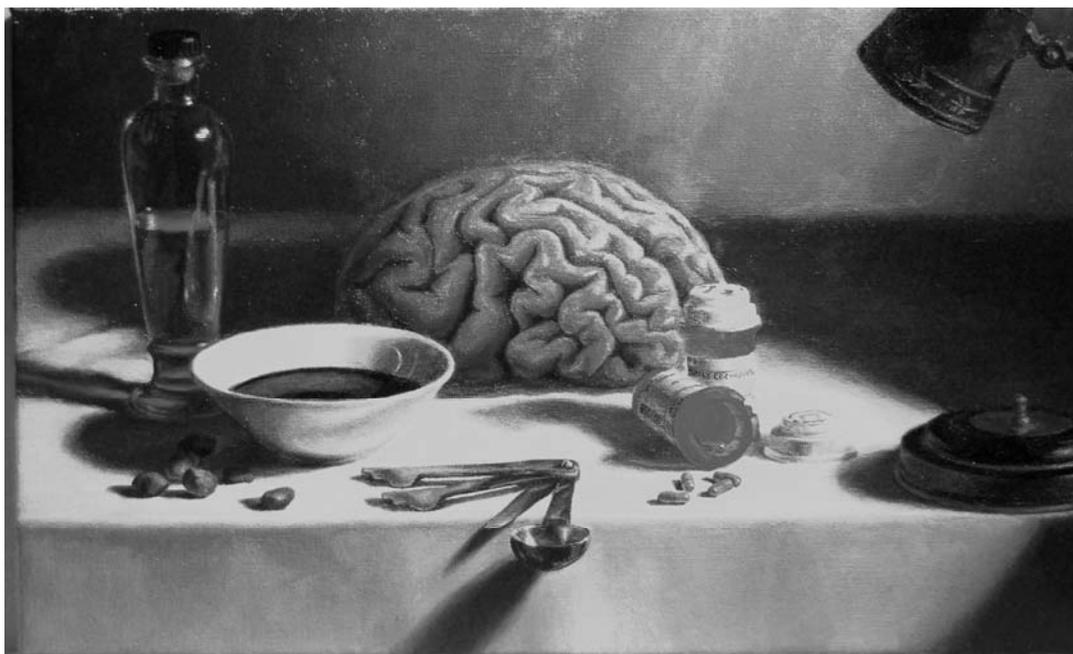


Figure 1.

patients with cancer showing an immune response against the tumor, it often fails, because the cancer interferes with the way of signaling of the immune system. Correcting this deficiency could mean finding a new treatment for cancer. The individual must therefore be considered as a whole with emotions and physically sensations, with a proven correlation between a state of psychological well-being and a high immune response. Consequently it can be said that the mind is able to play a very effective antitumor role. That is why now studies go more and more insistently towards the application of the oncology to mental health sciences. Psycho-oncology exists already from the 50's of the last century and has gradually developed and spread in the late '70s and '80s. One of the pioneers of this new field of study is David Spiegel, who based his research on the assumption that, although we can not speak of a cause and effect relationship between depression and long life, there is undoubtedly a correlation between these two things. (Spiegel, 2000). According to Professor Luigi Grassi (2011), ordinary of psychiatry at the University of Ferrara and president of the Italian Society of Psycho-Oncology, "clinical depression is not just a psychological disorder, but a disease that can weaken the body even in biology." Regarding the effect of depression on illness, according to a British study published in the journal "Cancer" (2014) that examined 9,417 patients, people with cancer who are depressed are more likely to die than patients with good mental health. The study reports that death rates from cancer "were up to 25 percent higher in patients experiencing depressive symptoms and up to 39 percent higher in patients diagnosed with major or minor depression". "In both of those groups, you can predict cancer mortality," says lead researcher Jillian Satin, of the University of British Columbia. While the study's main conclusion is a call for more research on the links between cancer and

mental health, Satin (2014) says the results also prove the link is significant. "I think depression should always be taken seriously," she had declared in a previous research. "It would be my wish that this line of research fuels adding psychological social treatment into standard cancer care." (Satin 2009) Depressed people supposedly tend to adopt behaviors that impact negatively on their lifespan. They are, for example, less inclined to follow the therapies closely. If affected by a bad mood, it is also probable that they will cry a lot, have sleep disturbances, lack of appetite, apathy and feelings of sadness, creating a vicious circle that debilitates their body and their psyche. A body which is already exasperated by the condition caused by the tumor and anticancer treatments, will probably become powerless. An assertive and determined attitude, therefore, should help to face bad situations and live better. For this reason one must not underestimate the importance of involving psychotherapy sessions or other psychological support in developing or maintaining an attitude that challenges the disease rather than promoting its onset or resistance.

The 'B & M' (Body & Mind) research project is based on the assumptions mentioned above, and can be defined a bio-psycho-social well-being project. Bio (organic) because the physical and chemical response in the body compared to stimulation, induced by the therapy, has an impact on organic and emotional wellbeing. Psycho-social because the more a person feels physically good, the more he/she feels inclined to establish satisfactory relationships. In fact, the social aspect and friendship appears inextricably linked to the concept of well-being, because loneliness not only causes psychological distress, but also physical distress: in fact the people who experience this feeling have more health problems than those who are not or do not feel, alone. Loneliness can impair heart functions, sleep rhythms, raise blood pressure, strengthen hormonal

imbalances and decrease the immune system. Furthermore, the perceived inner emptiness can be so great that one could try to close it by abusing drugs, food, alcohol, cigarettes, or by the excess of work and physical activity or compulsive shopping. It has also been discovered, thanks to a research of the University of Los Angeles California, that the suffering caused by loneliness and marginalization involves the same brain areas of physical pain (www.stopsolitudine.com). It is therefore important to understand that physical health cannot be separated from mental and social wellbeing. Body, mind and relationships are in fact the three ingredients of well-being. A good mental health enables individuals to develop the intellectual and emotional level, in social, academic and professional life. The World Health Organization (WHO) in fact defined health as "a state of complete wellbeing, from a physical, mental and social point of view, not merely the absence of disease or infirmity".

The signals of distress that the mind and the body send, mainly as a result of a particularly difficult or stressful situation, are alarm bells that must always be taken into consideration and not underestimated. The purpose of a psychophysical rebellion is to stop and cause the person to face a problem, a pain, an intimate issue that must be overcome. If an individual does not want to face and solve a situation that generates a disease, for fear, weakness or distraction, the "alarm bells" begin to play louder, just to be heard. Since the emotional tensions and unresolved personal problems may predispose the body to the disease, it would be beneficial to be able to promptly recognize the "sentinel events" and, if necessary, contact the psychotherapist. Certainly the social relationships, the comparison and sharing problems and feelings, openness to others and to new and constructive interests, may predispose to a change, helping the patient to find a way out and then buy back the physical and mental (Spurio, 2015). The research project "B & M 2016, Take care of depression, face up to cancer" is based on these assumptions. The project, developed by the Writer in cooperation with a team of experts in different areas (Equipe directed by dr Maria Grazia Spurio. Collaborators: dr. Alessia Ceresoni, Alessandro Raiola, Daniele Fiorenza, Marilena Pomante), started in 2015 and continued in 2016 at the offices of Rome and Teramo with the aim to focus the attention on the problem of depression related to physical disease states, in particular oncological disorders. People are welcome not as simple containers which merely record external incitements, on the contrary, they are seen as being able to evaluate and weigh up what happens around them. (Office of Rome: Research center and psychological training "Genius Academy", via Carlo Arturo Jemolo, 85. Office of Teramo: Prisma Palace, Strada Statale Adriatica n. 16).

SUBJECTS AND METHODS

In the first version of the B & M project (January - June 2015) according to the type of treated disease, specific body stimulation such as shiatsu has been

associated with psychological techniques, guided fantasies and regressive hypnosis techniques. These mental techniques have been used in order to focus the thought on specific inner images appropriate to the situation of the treated patient and to generate consequently positive connected emotions. In this way it was possible to make a synergistic activation and stimulation attached to the body and mind, resulting in regularization of sleep patterns, lowering the hormonal imbalances and heightening the immune system, with the specific objective of increasing the level of excellence of perceived well-being. The aim was to create the right mind and body synergies in order to restore energy and wellness. The first research project involved a controlled sample of 100 people, aged between 30 to 70, 50 % males and 50 % females, of different education and profession. From the beginning and the end of the research, the people involved were given short questionnaires with a Likert scale of three steps, the purpose of filling in the questionnaire, was to allow those involved in the research to test their perceived sense of psychophysical adequacy. Other tools used in the research in addition to the already mentioned guided fantasies, hypnosis and regressive therapy, consisted of interviews with the patient, in order to identify feelings, emotions and memories triggered, as explained in the previous section (Spurio 2016). After the interesting and promising results, it has been decided to continue venturing in this specific research field that observes the correlation between oncological disease, depression and body manipulation.

In the 2016 edition "Take care of depression, face up to cancer", the project involved a sample of 50 people, 20 males and 30 females aged between 25 and 70, patients who had previously requested a psychological support for a depressive situation, brought about in part by the fact of facing an oncological disease. Unlike the first version of the project in which the aim had been the achievement of an improved state of psychological well-being, in this case the goal was represented by the coping of a depressive state already 'in place, through the improvement of the general physical condition, compatible with the level of disease progression. On the occasion of one of the talks, patients were given short questionnaires with a Likert scale of three steps, the same as used in the first version of the research project, the purpose of filling in the questionnaire, was to allow those involved in the research, to test their sense of perceived psychophysical adequacy at the beginning, in particular on 3 different areas: perception of their physical appearance and its current impact on quality of life; perception of their psychological aspect and its current impact on the quality of life; perception of a specific difficulty, freely identified by the person. In relation to the first of the three aspects in particular, some of the patients, who were already facing important physical changes as a result of the therapy that had been administered, expressed a high impact towards the quality of life of their physical appearance. After the examination of the questionnaires, to the patients

receive the 4 stages of treatment already applied in the 2015 B & M research: initial interview, application of manipulative techniques, psychological intervention and lastly, sharing feelings in the final interview. As regards the chosen manipulative technique of phase 3, in this occasion the focus, based on the principles of Oriental Medicine, was on the reduction of the depressive state of the heart by applying the kata technique, because the examination of the questionnaires had pointed out that that the depressive illness had a correlation with the oncological disease. We provide a brief clinical example, which has been successfully applied in research B & M 2015 and 2016, drawing inspiration from these principles of Oriental medicine. The ancient Eastern medicine consider sadness as part of the lung movement. For example using the KE cycle it is possible to act on the element that controls the feeling of joy, also defined as Kata Heart: the therapist starts on the rib cage and following pressures on the area of the first and second point of the lung meridian. Then he moves to the side and makes contact rhythm on the wrist, with the other hand on the solar plexus. With both hands starting a mobilization work, sweet, the rib cage.

During this phase the patient is helped to perform deep diaphragmatic breathing cycles, at the same time manipulation is continued together with guided or regressive fantasies. The pressures are focused on the large intestine meridian in its course on the upper limb, then a hand supports the head and the other will continue with the pressure on the neck to finish the side of the nose, the end point of this meridian.

The therapist then goes put the pressure on the lung meridian, the chest in hand, ends of the thumb, and finally it is the neck with mobilization and stretching the trapezius muscles. With one hand on the sternum and the other on the occipide one follow the uke breath emphasizing the motions with hands.

By acting on the feeling of sadness, and at the same time reinforcing that of joy, beneficial systemic effects are produced, because valid elements to fight the feelings that precede a state of depression are provided, and consequently the immune system is boosted by giving effective tools prevention against oncological diseases.

In this way the application of the Kata of the Heart, harmonized to psychotherapeutic interventions is, of course, only one of the techniques that have been applied in the B & M, in order to obtain a psychophysical balance improvement.

RESULTS

At the end of the treatment that has been developed over a period of 6 months (as in the first version: The 6 treatments were divided into three events, each of which with a duration of 2 days, with a time interval of 3 months. At the end of the first three months, all involved in the research were invited to a monitoring meeting, lasting two days with the same 4 stages), patients were given a questionnaire to test the change / improvement of general health, the results of which have shown an improvement of the general state of well being of approximately 67%, on the basis of a comparison between the initial measurements, monitoring and final, on a Likert scale that measured both the perceptions of well-being of patients (hours of night-time sleep, sense of anxiety, headache) and medical measurements (heart rate, blood pressure). For the heartbeat data and blood pressure values were detected by the attending physician, the hours of night-time sleep, headaches and a sense of anguish were reported by the patient. The figure 2 shows the results compared of the psychophysical conditions improvement of the two versions of the project.

DISCUSSION

We have no definite data to say that stress is one of the causes of cancer, but it is possible that a big trial, such as a bereavement or a heavy failure, disperses the army of immune defenses and the body fails to fight the enemies, no matter if they are bacteria or cancerous cells. So, acting on the body could also have results on the mind and we can state that stress, depression and states of profound and prolonged psychological suffering are pathogenetic co-factors. In the last few years we have seen a growing number of studies that highlight the close correlation between psychological and physical well-being.

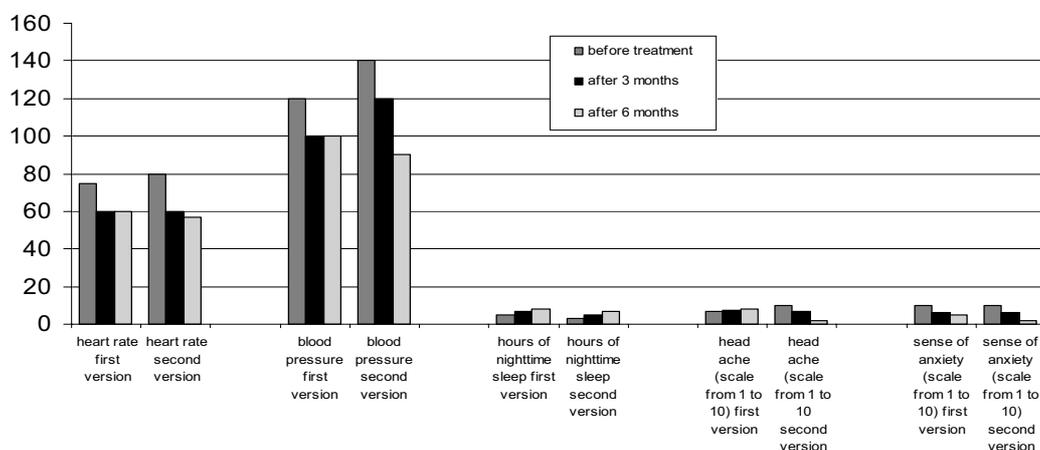


Figure 2. Results compared of the psychophysical conditions

It is obvious that research in this field must continue and that while the results of the first research are promising they can not be defined as exhaustive.

CONCLUSION

In the research project B & M the patient has been paid attention to rather than the disease. Moreover, as we have already exposed in the course of this discussion, it is the opinion now shared by many researchers with a holistic perspective that the disease is often the "top", which is the most obvious expression of a global energy imbalance, which can also be identified through medical diagnostics. Even in the physical world, made of matter, we find no "building block" but a complex web of relationships between the various parts of the whole. The theory of relativity has shown that mass has nothing to do with any substance, but is a form of energy; this implies the fact that any particle can not be considered as a static object, but should be understood as a dynamic configuration. Whatever is the theoretical framework of reference and adopted conclusions, researchers are going more and more towards a consensus in considering mind and body in the view of a unique complex functional identity. As a result of this innovative approach in considering health, in order to achieve the goal of a satisfactory physical and mental balance we should always venture more into a new area of study and research which proves to be highly effective and prefer a transversal multidisciplinary approach to the various disciplines (psychotherapy, surgical, nutritionist, medical aesthetics and medicine in general). Through this bio-psycho-social approach, each person should be expected to take charge in its entirety, bodily and psychologically, each individual is welcomed into the sense of a new functional identity, that of a mind that feels and a whole body thinking, a kind of 'Body and Mind' area.

In a strategic therapy, the knowledge of the bodily component is indispensable to unlock behavioral patterns and program new ones, to improve relationships or to improve their sense of well being as well as the quality of life. "... a person needs first to know himself watching without inhibition how well he can do but also which infamies he is capable of. Each one is followed by a shadow, if less it is integrated in the individual's conscious life, if more it becomes black and intense." (Jung -Dal profondo dell'anima -<http://www.youtube.com/watch?v=PmQub9NIFss>).

Correspondence:

Maria Grazia Spurio; MD
Psychotherapist, master in neuropsychiatry,
neuropsychology and forensic psychology
Research Center and psychological training "Genius Academy"
Via Carlo Arturo Jemolo, 83, 00156 Rome, Italy
E-mail: dott.m.g.spurio@hotmail.it

Acknowledgements: None.

Conflict of interest: None to declare.

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