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Positive thinking as a psychotherapeutic treatment for cancer patients

Summary. This article is going to discuss a notion of psychotherapeutic intervention for cancer patients based on positive thinking. Mostly it has beginning from foreign studies and results, and application is in the frame of our country's oncological treatment. However, it is a new way of psychotherapeutic treatment, where the patients are trained to positive thinking and training occurs through psychotherapy. The method is better to apply individually, what helps to understand and train patients better. It's going to choose the patients randomly, no frames, only cancer patients receiving treatment or at least who received treatment in Kazakh Research Institute of Oncology and Radiology. The article talks about longitudinal study and future research is more qualitative.

Keywords: positive psychotherapy, psycho-oncology, psychological intervention

Despite contradictory findings, the belief that psychotherapy promotes survival in people who have been diagnosed with cancer has persisted since the seminal study by D. Spiegelet al. [1]. According to this finding and some affirmative results of different studies, we can preach that psychotherapy has positive effect on cancer patients' treatment flow, however there are studies such as particular one, where they can consider about positive effects of psychotherapy not only on its treatment flow, but even on cancer survival, what really matters. As it is said in the study article, "...an extension of this belief is that improvement in psychological functioning can prolong the survival after a diagnosis of cancer. Were this true, psychotherapy could not only benefit mood and quality of life but increase life expectancy as well..."[1]. This claim helps us to study psychological effect on cancer patients, positive effects on it, also not just the effect on treatment duration, but on recovery and survival of the cancer patients, there are lots of studies searching for the increasing the quality of life of patients, life expectancy of cancer patients and mood benefit, as well. The benefit of mood which is also very point of the psychological help for cancer patients is the start point of any kind of psychological interventions in oncological area. The idea of mood improvement for cancer patients is the main highlight of the area called psycho-oncology, "psychology in oncology", or in other words, in cancer care. Since the idea of cancer being "mind-and-body" disease is held as a strong hypothesis. It has begun 150 years ago, at times of Sigmund Freud and Jean-Martin Charcot's ideas about the effects of subconscious on disease, where Freud and his colleagues claim that unconscious sublimated rage could manifest as physical symptoms shows us the root of the "psychosomatic" (psyche=mind, soma=body) meaning of cancer disease. As Hanne Bom in her study explains the

cancer though the idea of the mind body connection, the psychosomatic therapy theorizing the involvedness of psychological and emotional factors into both the onset and healing of the cancer and other kind of diseases. There is a recent study of psychotherapeutic intervention into cancer healing process made by German medical doctor and cancer surgeon, Dr. Ryke-Geerd Hamer over 20,000 cancer patients, where he started to include psychotherapy as the main part of the treatment process, and his conclusion was the cancer immediately stopped growing at a cellular level, as soon as the specific conflict within the patient was resolved. From Dr. Hamer's sayings, we can see that he worked on the specific idea that the stressful conflicts which extend to experienced emotions such as anger, frustration, grief and etc. lead to an emotional reflex center which is connected to a specific organ will slowly break down. Consequently, the recent researches in Germany, Austria, France, the US and Denmark confirmed the findings of the Dr. Hamer's study, that solving the conflicts in question stops the cancer growth while the cancer is created by emotional conflicts. However, psychotherapy which is used also matters. Here, for instance, in Hamer's study, he and his colleagues used the type of psychotherapy, which is called psychosomatic therapy, which was kind of individual psychotherapy, they tried to make a patient pass from passive patient into active patient, where the patient comes out from a psychological conflict state, as he called it "emotional isolation" and cooperates with treating stuff, starts his own co-treatment, as Dr. Hamer words: "...we become sick in OUR OWN WAY—and we must HEAL in our own way". This kind of psychotherapy seen in lots of medical psychologists works, as the psychotherapy with chronic illness patients most effective one is individual therapy, while group therapy is also appreciated. In individual psychotherapy, a psychologist tries to sort out the main conflicts of the patient, in order to focus on the problem and to have effective result and influence the patient's healing process in the positive way. Here we can see the prosocial aim as Hippocrates dictates "First do no harm" what is the main purpose in our study of using positive thinking as the psychotherapeutic intervention for the positive effect on the healing process of cancer patients. There are studies which doubt if the positive psychotherapy or training a patient to "thinking positively" may actually do more harm than a profit, but the way of training the patient to "think positively" really do matters. Caren S.Fried, PhD, a woman who has experienced and "win over" cancer, in one of her pamphlets which are publishing in healing journals, where she shared her experience with "fighting" against cancer, writes that according to the research people with positive attitude about their cancer treatments tend to do better

overall. Going back to our discussion about benefit or harm of the positive thinking process while healing from cancer, Caren S. Fried in her "Positive thinking-helpful or harmful for cancer patients?" pamphlet, she argues that all emotions must be expressed as soon as they felt. Expressing sadness, anger, and grief about having cancer is not only "normal", it is a necessary part of the process of healing... [2]. She also describes that before she could gain healthy beliefs which will enable person to move forward in his recovery, it is necessary for him to acknowledge his fears. What explains the main point of the mistake that can be made while applying positive thinking training, what shouldn't be done through just embedding the positive thinking trial, what mustn't be done by repressing those emotions, but should be expressed and not just "replaced". To cover up negative emotions with positive thoughts is not going to enhance your beliefs. [3]. As Caren expresses in her writings: "...A turning point occurred for me when I decided to focus on my health instead of my illness. I believe that cancer is an illness of the body, mind, heart, and soul. Therefore, for me being healthy meant dealing with the emotional, psychological, and spiritual issues related to cancer as well as undergoing the physical treatments". What we exactly were looking for the previous parts of this article. That psychosomatic therapy is necessarily discussed somehow, while we will focus on more positive thinking as a psychotherapeutic treatment for cancer patients, who will be chosen randomly patients from different parts of country, different ages, different genders, different kinds of cancer diagnoses, and even at different stages of cancer, what will allow us to understand better the effect of the therapy and what will be mostly applied individually, the cause of our talk for the reasonableness of individual therapies for cancer patients earlier in this article.

According to statistical data from the words of Dariga Nazarbayeva, the leader of the Fund of the first President of the Republic of Kazakhstan, it is about 80 000 people are subject to the cancer diagnosis, and about 18 000-19 000 of them are subject to cancer death rate every year (06.12.2008), and unfortunately, as WHO claims cancer morbidity is about to rise for 1,5-2 % in all over the World in next 6 years. That's how it turned out to be, so the cancer treatment itself is very important and on agenda nowadays. Thus, it is important to make a progress in this area, since our country's Ministry of Health already has a huge control over it and give out financial aids for each and every cancer patient in our country, and has also implementation of the program for development of oncology in RK for 2012-2016, where there is a part for psycho-social development in cancer care services in Kazakhstan. Therefore, we can see that in the governmental standard and at the state level it is accepted and confirmed that the psychological part of the problem is not unimportant, and has to be focused on seriously as well.

In our country, we have 20 cancer care dispensaries in cities of different regions in RK, and also we have one Kazakh National Research Institute of Oncology and Radiology, which is responsible for all those cancer care health centers all over the regions which is located in the city of Almaty. It's about 28573 cancer diagnosed patients are registered in 2006, and it increased till 30299 patients in 2011, and every year about 5% of patients with neoplasms are added

to this statistical data. However, the death rate of malignant neoplasm cancer patients is seems to be decreasing to 11, 9% since 2006 (113, 7/ 100 000 people of population) and became 101, 6/100 000 people of population in 2011, what shows positive impact of strict control and alterations made. One of the main purposes of study is to gain the improvement of life-prolonging process, and according to the earlier studies on positive thinking therapies for cancer patients, it has positive results. As we can see that we have lots of patients of neoplasm cancer diagnosis, although the death rate and life length is prolonged, it is sad news. What it means, is that people are tend to repress unresolved conflicts and later on solving it on physical level, when those conflicts became health problems. [4]. Furthermore, it affects the duration of treatment process, if not dealt with those conflicts, it comes out to be negatively for patient, because the attitude to the disease can be negative and therefore, the whole healing process can turn into "a hell", since it already has lots of hard procedures and unpleasant changes which needs to dealt with as well. Here, the main idea of the positive thinking process is simply to "notice advantages of the situation" even if it's hard to believe and seems pathetic to hear, but there are lots of studies on this "simple and pathetic" training, and as we have told before, there are steps and integrated tools in therapy which should be followed. Even if we show it as simple as it is possible, "positive thinking" is not just change of the way of thinking, but make our thoughts actual, what comes from the meaning of the word of "positum" from Latin means "factual", "given", "...among the givens are the capabilities and potentials that each person has, potentials that enable him to find new, different, and perhaps even better solutions" [5], what is the basic point of our psychotherapy within positive thinking. So, positive thinking is an actual thinking, real thinking, in other words. Patients are driven to think negatively as soon as they are diagnosed, they have fears, anxiety, stress, worries "overdose" thinking processes and after they have fatigue, exhaustion, and tiredness, so. It is really very important to "positively charge" the patient, who came for treatment and want to live, what shows us the patients' own capabilities and potentials to overcome from that state and start to solve the actual problems, with actual force. We work on enhancing the patients "already existing" energy and not just make a psychotherapeutic intervention, but train patients to help themselves, and that will help them to regain confidence, what is really important for healing process at the physical level as well. Positive thinking calls for positive emotions, what is also known as helpful at the physiological level, as in the study of Kok, B.E. et al. in the work called "How positive emotions build physical health: Perceived positive social connections account for the upward spiral between positive emotions and vagal tone" it is shown: People who experience warm, upbeat emotions live longer and healthier lives. Indeed, prospective evidence connecting positive emotions to physical health and longevity has steadily grown for a decade (for a meta-analysis linking positive emotions to objective health outcomes, see Howell, Kern, & Lyubomirsky, 2007; for one linking positive emotions to mortality, see Chida & Steptoe, 2008). Experiencing frequent positive emotions, for instance, forecasts having fewer colds (Cohen, Alper, Doyle, Treanor, & Turner, 2006), reduced

inflammation (Steptoe, O'Donnell, Badrick, Kumari, and Marmot, 2007), and less cardiovascular disease (Boehm & Kubzansky, 2012). Complementing this prospective correlational evidence, a recent longitudinal field experiment designed to test Fredrickson's broaden-and-build theory of positive emotions (1998, in press) found that individuals randomly assigned to self-generate positive emotions reported experiencing fewer headaches and less chest pain, congestion, and weakness (Fredrickson, Cohn, Coffey, Pek & Finkel, 2008). These first causal data lend confidence to the conclusion suggested by prospective correlations: Positive emotions build physical health. [6]. But in our study, positive emotions aren't the basic thing what we are focusing on, but deeply embedding the positive thinking process by training it through psychotherapy. Psychotherapy itself, can't occur without any diagnostic materials, so first of all we need to ask questions about patient's state and other summaries about patient's current state, to evaluate more information about patient's struggles, fear, anxiety, stress, conflicts, and if necessary, level of depression, level of stress and other pathological evaluations if needed. As we pointed it out, we need to find out all of those in order to let them to express it, either by active way or passive, verbal or non-verbal, and other tools are also free to use, since our psychotherapy isn't just following the strictly limited methods. Next is the main and important work with the patient is exactly what we are looking for, positively charging the patients thoughts, or to

be more precise, to train the patient to think in a positive (actual) way, there are lots of ways to do it, it can be Positive Psychotherapy of the founder of it, Nossrat Peseschkian, his "The merchant and the parrot" book consisting of 100 oriental stories, with a deep meanings, what can be exactly for patient who will start immediately to work by himself, already thinking process runs as soon as you will read one of those stories, either read by psychotherapist or by patient himself, also there is a tool following A-B-C steps, which was founded by Antonovskiy, and presented us by German psychologist, Dr. Alena Garber, here the main point is to work on cognitive and cognitive-behavioral level, where person has stimulus-reaction conflict, but psychotherapy focuses on "B" phase of this process, and takes in account, the thought, therefore it is as follows, stimulus-thought-reaction, and the positive thinking thing in the psychotherapy is exactly on the thought level, that's how the conflict of reaction "C" phase changes. Next level of the psychotherapy is helping the patient to resolve his struggles, worries, fears, through these therapies and of course, in the end we need feedback, which can be made either by questionnaires or by summaries.

The positive thinking as psychotherapeutic treatment for cancer patients is offered as a psychological and social aid in cancer care for the 2012-2016 program's enhancing psychosocial services for cancer patients. The results anyways, will help to improve services in that area, and further studies will be needed for sure.

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Тұжырым

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Позитивті ойлау қатерлі
ісік науқастарына арналған
психотерапиялық көмек ретінде

Бұл мақалада қатерлі ісікті науқастарға арналған позитивті ойлауға негізделген психотерапиялық интервенция туралы баяндалады. Көбінесе, ол шетелдік зерттеулерден және нәтижелерден бастау алады, және біздің мемлекетіміздегі онкологиялық емдеу барысына қолданылады. Дегенмен, бұл психотерапиялық емдеудің жаңа әдісі, мында науқастарды позитивті ойлауға үйрету және бұл үйрету үдерісі психотерапиялық әдіспен іске асырылады. Мұндай әдісті индивидуалды түрде іске асырған жөн, бұл өз кезегінде, науқасты жақсырақ түсіну мен оны осы әдіске үйрету тереңірек жүзеге асырылады. Бұл мақалада айтылған зерттеу жұмысындағы қатысушылар рандомды түрде алынады, еш шектеусіз және шартсыз, тек қатерлі ісікке шалдыққан, емделген немесе әлі де емделіп жатқан Қазақ Онкология және Радиология Ғылыми-Зерттеу Институтының науқастары кіреді. Мақаладағы зерттеу лонгитудтік әрі сапалы зерттеуге жатады.

Түйінді сөздер: позитивті психотерапия, онкопсихология, психологиялық араласу

Аннотация

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Казахский НИИ онкологии и радиологии

Позитивное мышление в качестве
психотерапевтического лечения для
пациентов с онкозаболеваниями

В статье говорится о психотерапевтической интервенции, основанной на позитивное мышление для онкологических пациентов. В основном, статья опирается на зарубежные исследования и результаты, используется в рамках онкологического лечения в нашей стране. Однако, это новый метод в психотерапевтическом лечении, в котором пациенты обучаются позитивному мышлению, осуществляется обучение при помощи психотерапии. Метод лучше применять индивидуально, что в свою очередь способствует пониманию и обучению пациента лучше. Выборка пациентов происходит рандомизированным образом, где нет никаких ограничений, только пациенты с онкологическими заболеваниями, которые проходят или проходили лечение на базе Казахского научно-исследовательского института онкологии и радиологии. В статье говорится о лонгитудном исследовании, которое оформлено в виде качественного исследования.

Ключевые слова: позитивная психотерапия, онкопсихология, психологическое вмешательство