



Ways for Happy Living for Patients Diagnosed with Cancer

Fortuna F*

School of Specialization in Dynamic Psychotherapy Brief, Rome, Italy

*Corresponding author: Fortuna F, Analyst Member with Teaching and Supervision Functions of CIPA, The International Association of Analytical Psychology, Rome, Italy, Tel: +39 3357053586; E-mail: fabiolapsiche@gmail.com

Received Date: September 14, 2018; Accepted Date: October 03, 2018;
Published Date: October 10, 2018

Abstract

This article is my prospective that can be proposed for patients diagnosed with serious organic diseases like cancer for the ways to overcome their fear of death and lead their remaining life in a prosperous way. This was my study in a patient named Michela. Although I've been referring to Michela in this study, it can be implied to all the patients suffering with this pain.

History

Story of Michela: Case study

Michela was just over forty. She had cancer, a teenage son and lived with her mother. Since the preliminary interviews, Michela described a life in the name of the alienation of her own subjectivity: her ghost was substantiated by the indispensable necessity of pleasing the other, in her case, the great other mother. Michela's parents split when she was still a little girl because of her mother's "dictatorial character." Afterwards, Michela continued to live with her mother. Michela's husband left her before the birth of their child and she remained "alone" again with her mother. Despite this situation of extreme mortification, Michela seemed serene, did not complain about anything; she was never aggressive or angry. If it had not been for the unexpected cancer, she said, and then she pronounced the words that I often heard from patients who have cancer: "Why me?"

She was diagnosed with cancer and the doctors "gave" her a few months to live. She requested me "can you help me to live that [time] needed for me?" Michela's request immediately raised a question: how can one help a person to allow him/her to encourage hope and avoid this hope in becoming an illusion?

What Can Be Proposed To A Patient With Serious Organic Diseases?

My experience as a psychotherapist has taught me that it is necessary not to be in a hurry. There is a phase of preliminary interviews before reaching the therapeutic contract, because the pitfalls of unsuspected and hidden psychic issues can completely disrupt a first diagnostic hypothesis are always lurking. But with patients suffering from organic diseases, and especially those who have cancer, things are necessarily different, because the problem of time in this area occupies a special position.

The experiences of therapy with patients with serious organic diseases have shown that it is possible to live more and better when the desire to achieve something nourishes the dimension of hope, which is necessary for life. However, we must always deal with the negative effect of the illusory dimensions that characterize the psychic structure of these people, a structure supported by the massive use of rigid and primary defense mechanisms: repression and denial. Furthermore, it is necessary to place oneself in a realistic way with the patient, in order not to feed "fanciful" and unachievable expectations.

I proposed a therapeutic project that included the teaching of psycho-physical relaxation techniques, individual meetings and if she wanted to, she could be included in a group of analytical psychodrama. Certainly, a very complex project but, reminding the words of Professor Claudio Modigliani, "the good sometimes does not coincide with the best," I thought it could be the most appropriate project, considering the uncommon intellectual qualities of the patient and her determination to take care of her child's future.

The Analytical Psychodrama group

After some time, as I had already told her, Michela joined the analytic psychodrama group. This is a form of group therapy, conceived by psychoanalysts Eugenie and Paul Lemoine, which uses elements of the Morenian psychodrama in the "analytical" sphere, where the discourses brought by the patients and moments of representation (games) alternate.

When Michela joined the analytic psychodrama group, she experienced new ways to interact with the other, and this gave her the opportunity to re-discover her subjectivity.

During a session Michela told a dream. She was busy taking care of a little child, ignoring her mother, who was in trouble- immersed in the mud and invoking her help. The game following the dream revealed how, despite some difficulties, Michela was finally beginning to protect the child at the expense of the peremptory demands of the mother.

About this, we must refer to dreams with "symbolic children" described by Claudio Modigliani: "[such dreams] can have a prognostic and almost always favorable meaning: if the child is whole and vital, the prognosis can be auspicious. The Child is a newborn whose origin is unknown; this means that the process of individuation has begun but is still unconscious- with further work and development, patients become aware of the birth of a new part of their own self that is gradually being differentiated ". This dream marked a crucial phase in the change of Michela's attitude, who finally started to protect herself, at least in her dreams.

After the treatment Michela remarked: "it's the first time in my life that I managed to distract my mother's attention, even though it was just for a little while and just in a dream and a game, but this fact really strikes me also because I finally now realize how in all my life my constant thought has always been for and towards my mother."

This session marked the beginning of a much more intense participation within the group for Michela, who began to elaborate more and more clearly. The relationship with her other great mother, in particular this game allowed her to turn her gaze into a place different from that occupied by her mother and, more importantly, allowed her to endure to exist without being caught by her mother's gaze.

For Michela, the group was a great help and an incredible "accelerator" of new psychic processes, which allowed her to see how she had neglected her own subjective position as an indispensable element for anyone to live a life worth living. The group also allowed her to see better her difficulty in "excluding" the other and separating from the other.

For the patients who develop organic pathologies, the use of analytical psychodrama is fundamental, because through the game that is just a cut of the discourse, it allows the comparison with those aspects of life considered too demanding to deal with because they are specifically linked to the problems concerning the difficulties in separations.

Separations produce, in fact, an inevitable pain but are often indispensable for growth.

Results

As the treatment continued, Michela's health had an unexpected (according to doctors) improvement: the quality of her life improved so much that the patient was able to adjust both work and family commitments.

A year and a half after starting the treatment, Michela's health condition continued to be good and doctors were amazed because of that. Not only could Michela go to work and take care of her son, but also she started to allow herself some leisure time; she began to meet some friends, she enjoyed short holidays, and she no longer was always forced to stay at home, and finally she seemed to be willing to escape the suffocating control of her mother.

Of course, I think we must reflect on how much time Michela was still living and in this regard it comes to my mind what the famous cardiologist Dean Ornish pointed out in his book "L'amore che fa vivere (Love that makes you live)":

"In 1993 F.I. Fawzy and Spiegel, of the UCLA Medical School, published a paper to assess the recurrence of the disease and the survival of a sample of patients with melanoma, who six years before

had undergone a six-week supportive therapy. It turned out that the group that had experienced the support of group psychotherapy showed a significantly higher survival rate than the one that had not had this support".

"If a pharmaceutical company should discover a drug that doubled the survival of women with secondary breast cancer, medical journals would advertise it full-page. Yet, despite Spiegel and others did work to divulge the results of various research, the medical faculty actually struggles to teach how useful the treatment of psycho-emotional factors may be".

In fact, after this treatment Michela began to thin out her presence to the group, until she left it completely. Soon after a phone call, when she told me that she could no longer continue her psychotherapeutic path, and she was aware she had done a good job but she could not go any further.

Conclusion

Unfortunately, after a month or so, Michela died. Of course this leaves a strong pain but many years of experience has taught me that, to be able to get some results with patients, it is necessary to abolish any delirium of omnipotence.

Doing a good job with a subject does not necessarily mean that you can change everything in him/her according to your own patterns and desires. In general, we can only do something for others and this is often the maximum that it is allowed to achieve.

I could not prevent Michela from dying because it is not possible to delude ourselves of having the power of life and death over people, but somehow I could negotiate with her life for four more years since they were important and fundamental years not only for her, but also for her son.

This certainty is what makes me able to continue to work in this delicate and complex environment and to meet, along my path, other beautiful people like Michela.