

# Behavioural Oncology



Marisa Cordella • Aldo Poiani

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Psychological, Communicative,  
and Social Dimensions

 Springer

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*For Eddita*



# Preface

Today, when many diseases seem to be on the retreat, thanks to better education, hygiene, improved living standards and medical treatments, cancer still remains a serious problem around the world. It is often the case that a cancer diagnosis is received with great apprehension by patients and family, almost as if it was the closest medical equivalent to a death sentence. But such apprehension is not always medically justified. There is much we can do to prevent cancer in the first place and also to help with the effectiveness of treatment once cancer has been diagnosed. We can indeed be proactive, as far as preventing the occurrence, progression or recurrence of cancer is concerned. Through our behavior, mental activity can directly or indirectly affect some of the physiological and molecular processes that may interfere with cancer development and/or progression. Behaviour can achieve this in very many ways, from the regulation of our alimentary and exercise habits that may boost our immune system, to preventing contact with potentially carcinogenic compounds, radiation and infectious agents, but also through the modulation of the nervous-endocrine-immune system that can affect the probability of our cells undergoing cancerous mutations or epigenetic alterations. Important to this mind–cancer interface is the biology and psychology of distress and relief from distress.

The human mind is a complex product of our organic self in interaction with the outside world, including other people and their own minds. It is this ultimate anchoring of the mind in our biology that allows our psychology to aid in the fight against cancer. If chronic psychological stress, perhaps leading to major depression, can affect the probability of cells to experience cancerous mutations, then being able to effectively cope with stress can help the individual, at least to a degree, in the prevention of some types of cancer. Social interactions are also a great aid in our struggle against disease. We benefit from the material and psychological aid received from others, starting with family and friends but also from technically trained health professionals: doctors and nurses. Such benefits are mediated by an effective communication between all people concerned, achieved through the use of both linguistic and paralinguistic means. Unless the discourse of patients is heard and understood there is little hope to improve our ability to provide effective care.

Health professionals not only do provide support through pharmaceutical and surgical interventions but also their psychological counseling is often equally important. Such counseling should also embrace the use of complementary psychological therapies of proven effectiveness that can help the patient recover physically, emotionally and also cognitively from a close encounter with cancer.

Psychological support for cancer patients remains important throughout the full course of the disease. This is also true for terminal patients, who may rightly wish for a smooth and gentle transition to an end of life. But cancer survivors also deserve special attention. A considerable proportion of them may still have many years of life ahead and the quality of that life is of central concern to them and their family. Re-incorporation into a useful role in society, job opportunities, overcoming stigma, maintaining a healthy physical condition, a supportive social network and being able to meaningfully integrate the cancer experience into a new form of self are important challenges that survivors are likely to confront and can successfully overcome. But survivors should not be expected to meet those challenges on their own, help is often required.

As we improve our understanding of the biology of cancer we must also improve our comprehension of the psychology of cancer. We will be aided in this process if we maintain an open mind about the possibilities of our capacity to understand cancer and its psychological underpinnings, whilst subjecting our ideas to the strict requirements of the scientific method. But research into behavioural oncology is more likely to make a valuable contribution when the task of answering technical questions is also undertaken with a degree of much needed empathy. No matter how narrowly we may wish to focus on the body in need of treatment, a cancer patient is and will always remain first and above all a person.

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Many thanks to David Hahn for permission to reproduce the text from his blog *Chronicles of a cancer patient* (Chap. 6). In the same chapter we also quote an extensive text from another blog authored by Kimberly Begay: *A different kind of journey...* We tried to contact Kimberly in late 2012, only to learn that she had passed away on 25 November 2012. We can only hope that her words may remain a testimonial of her own journey. We also thank Carol Pepe from the *Trinitas Regional Medical Center* in New Jersey, USA, for providing additional information about *Inker* (Chap. 8).

But in our acknowledgments, we cannot overlook all those cancer patients from around the world who took part in the very many studies cited in this book. Terminal cancer patients are particularly deserving of praise. By learning from them we may perhaps improve the ways we relate to future cancer patients and help them make their journey a more bearable one.

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