SESSION 9: BACK TO THE FUTURE: HOLISTIC APPROACH

Back to future: mind, soul and body: the thin line of connection

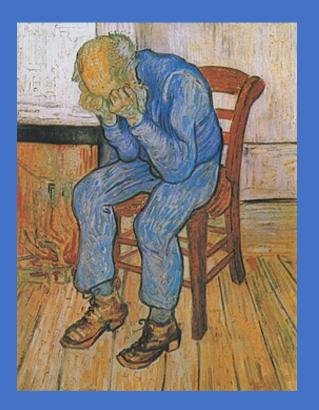
Dr Loredana Dinapoli Dirigente Sanitario Psicologa UOS di Psicologia Clinica UOC di Radioterapia Oncologica Gemelli ART Fondazione Policlinico Universitario A. Gemelli IRCCS











Vecchio che soffre, V. Van Gogh 1890

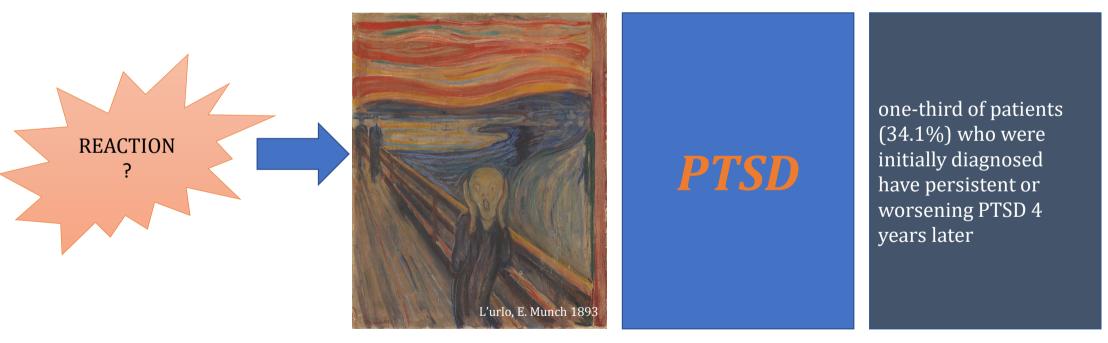


Il doppio segreto, R. Magritte 1927



Cancer and Trauma

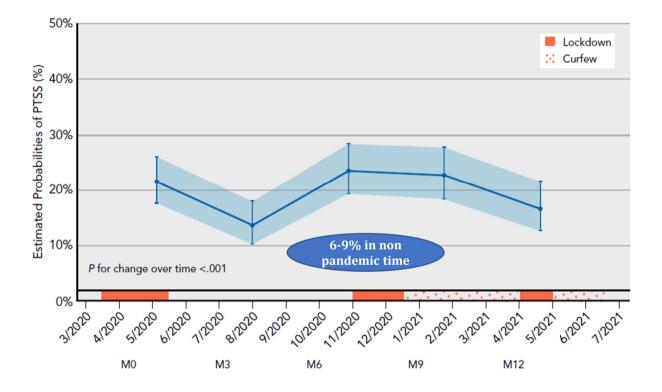
- Cancer diagnosis and treatment are unique, long-term traumatic stressors
- The concept of cancer as an enduring risk is important given the potential for oncological treatments, disease relapse, progression and death



Chan CMH et al. Cancer. 2018 15;124(2):406₄416. doi: 10.1002/cncr.30980.



Cancer and Trauma during pandemic



Bastien E, et al. J Natl Compr Canc Netw. 2023;21:265-272.e7. doi: 10.6004/jnccn.2023.7085. Cordova MJ, Riba MB, Spiegel D. Lancet Psychiatry. 2017;4:330-338. doi: 10.1016/S2215-0366(17)30014-7.

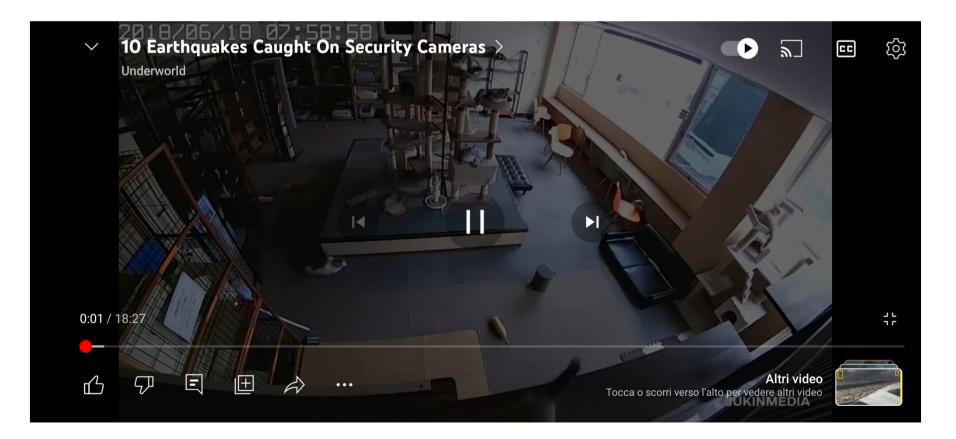
What is Post-traumatic Stress Disorder (PTSD)?

PTSD is a mental health condition that may be diagnosed by a professional when someone has experienced a **traumatic event or threatened death**, **serious injury**, **or sexual violence** and is having particular types of problems as a result.

- Re-experiencing symptoms
 - Flashbacks or intrusive thoughts about the traumatic event
 - Intense physical or emotional reactions to reminders of the event
 - Nightmares
- Avoidance symptoms
 - Avoiding thinking or talking about the trauma
 - Avoiding people, places, activities or sensations that remind you of the trauma
- Negative changes in your thinking and emotions
 - Feeling more down, depressed, angry or anxious
 - Finding it hard or impossible to feel happy
 - Feeling **shameful** or **guilty**
 - Feeling **distant** from other people
 - Losing interest in things you used to enjoy
 - Being unable to remember important parts of the trauma
 - Having more negative thoughts about yourself, other people and the world
- Hyperarousal or emotional/physical reactivity
 - Being **always on guard** and/or easily startled
 - Having trouble concentrating
 - Being quick to **anger** and **aggression**
 - Doing things that are risky (e.g., impulsive sex, binge drinking)
 - Having trouble sleeping



Cancer as an earthquake





Which could be the «thin line»?







Polyvagal Theory



Polyvagal Theory helps us **understand how our body and brain work together to respond to stressors** that are a part of everyday life as well as experiences that are more significant, **such as trauma**.

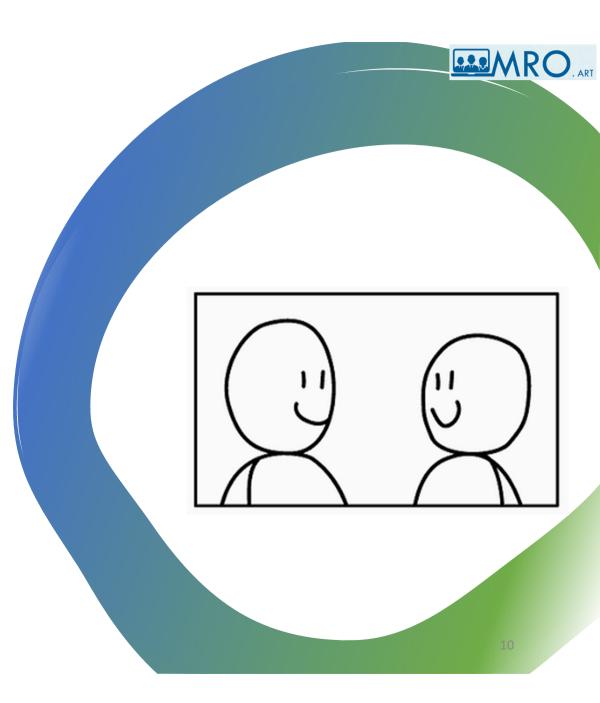


Developed by **Dr. Stephen Porges**, a **neuroscientist** and **psychologist**, in 1994.



Explains the **autonomic nervous system role** in reactions to **trauma** with a **hierarchical phylogenetical model**

9 https://www.polyvagalinstitute.org/ Understanding the **thin line between mind body and soul** will enable us to learn and experience **appropriate reactions** to the patient, congruent also with our nervous system and reactions



The hierarchy of ANS per PVT

- The ANS responds to internal and external stimuli through three pathways
- Phylogenetic order:
- Dorso-vagal pathway immobilization
- Simpathetical pathway mobilization
- Ventro-vagal pathway social engagement

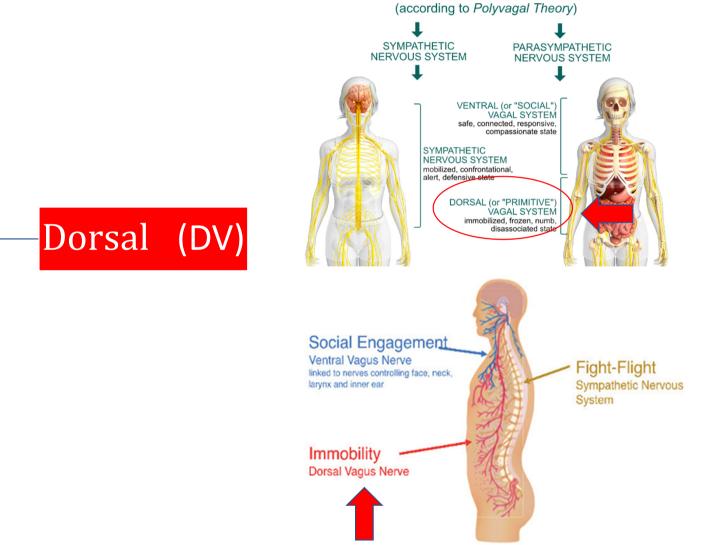


ANS

- The parasympathetic nervous system originates in the cranial nerves. The vagus nerve (cranial nerve X), the longest cranial nerve, is the main component of the parasympathetic nervous system.
- Through the actions of the vagus nerve, the parasympathetic nervous system takes on both the role of an immobilizing system and a connecting system.

Vagal nerve

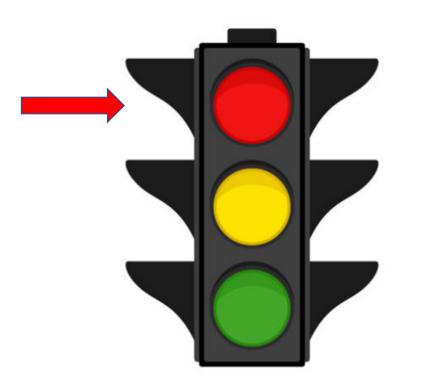
- In fact, the vagus is not a single nerve, but rather a bundle of nerve fibers interwoven together within a sheath.
- The vagus travels downward through the body, from the brainstem to the heart and stomach, and upward to the face, through its connections with other cranial nerves.



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AUTONOMIC NERVOUS SYSTEM





Overwhelming stimuli

Death threat= **Cancer**

ANS enacts a very old response, activating the vagus-dorsal nerve pathway (dorso-vagal response)

Collapse of the response systems both in terms of mobilization (flight/fight) and in a pro-social sense

feigned death: the person faints (dorso-vagal syncope) or dissociates



faint

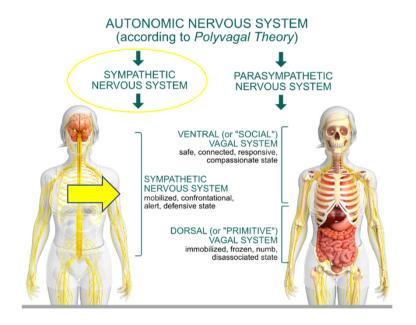






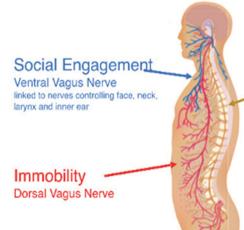


ANS



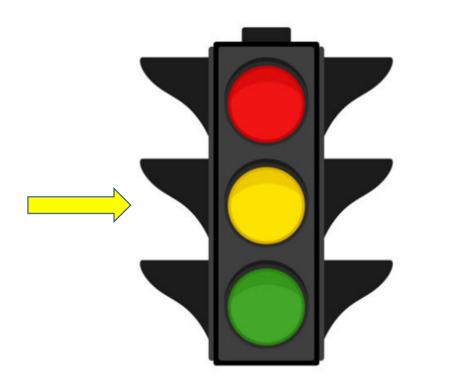
The **sympathetic nervous system** originates in the **thoracic** and **lumbar** regions of the spine and is our <u>mobilising system</u>.

Through the sympathetic adrenal medullary system (SAM) and the hypothalamic-pituitary-adrenal axis (HPA), <u>the sympathetic nervous system prepares our body for action</u>.



 Fight-Flight Sympathetic Nervous System





Pre-cognitively we interpret the stimulus as very dangerous.

The sympathetic autonomic nervous system intervenes, leading us to activate in two ways: **1**. **flight**; then, when this is not possible, we produce an attack on the stimulus/"predator." This response is primitive and is called **2**. **fight**.

Activation of the sympathetic nervous system occurs because the Social Engagement System have failed; since the SES is bypassed, the flight/fight response disregards the other: it is a **non-social** (anti-social) response.

This response ideally leads to **mobilization**.

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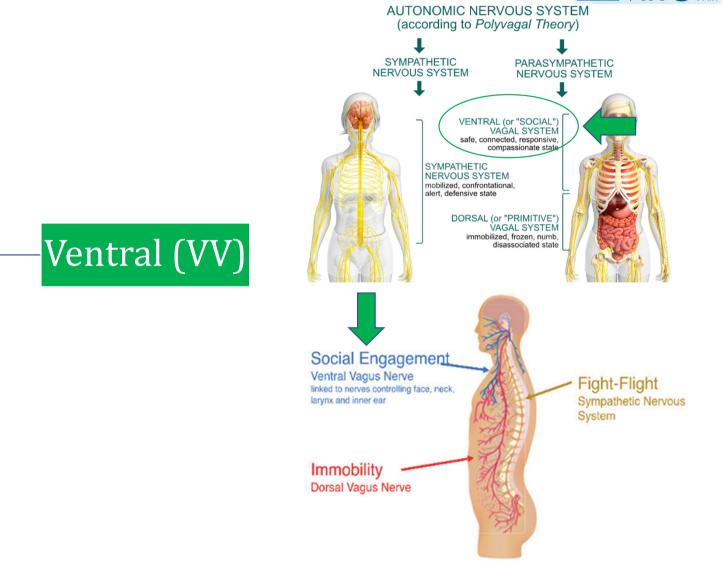
Duello rusticano, F. Goya 1823

ANS

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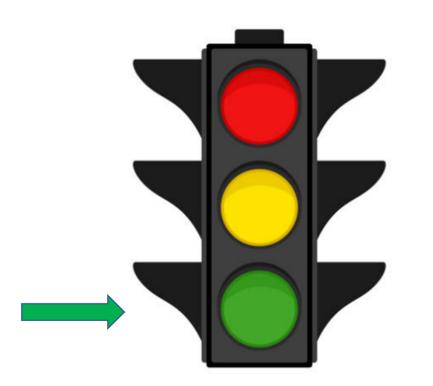
Vagal nerve

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Nonthreatening or moderately activating stimulus: the **ventral vagus nerve** is involved, which innervates the muscles of the more expressive upper part of the face and the supra-diaphragmatic organs.

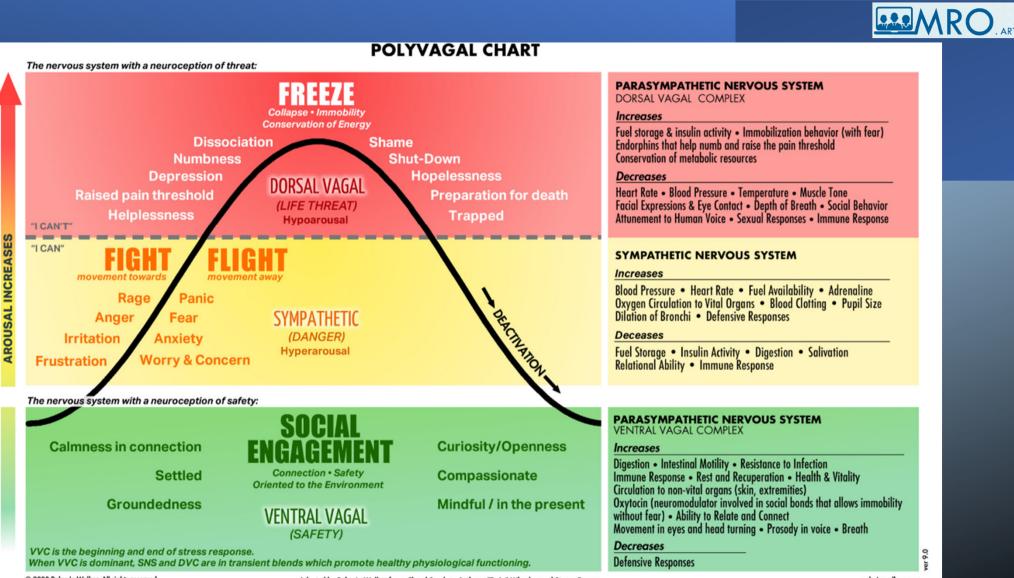
This circuit is called the **Social Engagement System** (SES), and it represents the social response of the autonomic nervous system. Through the SES, we seek eye and somatic contact with the other, which allows us to modulate our neurophysiological state from contact with the stimulus itself (be it a man, a woman, an animal, etc.).

Stillness without fear, that is, a state of tranquility in the presence of the other.

Socially appropriate response in the presence of any stimulus in the course of our daily lives.







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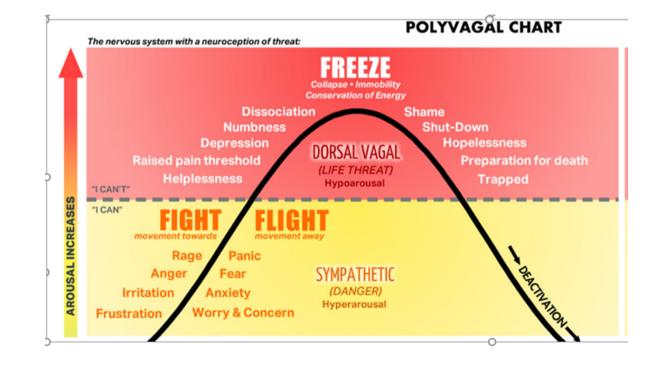
Adapted by Ruby Jo Walker from: Cheryl Sanders, Anthony "Twig" Wheeler, and Steven Porges.

rubyjowalker.com



What happens in cancer patients?







The impact of cancer trauma on patients

- Trauma **sidetracks** the development of autonomic regulation
- Trauma **interrupts** opportunities to exercise the neural circuitry of connection
- Trauma replaces patterns of connection with pattern of protection
- Adaptive survival responses replace social engagement
- Self-regulation is ineffective/inadequate
- Co-regulation is unavailable/dangerous





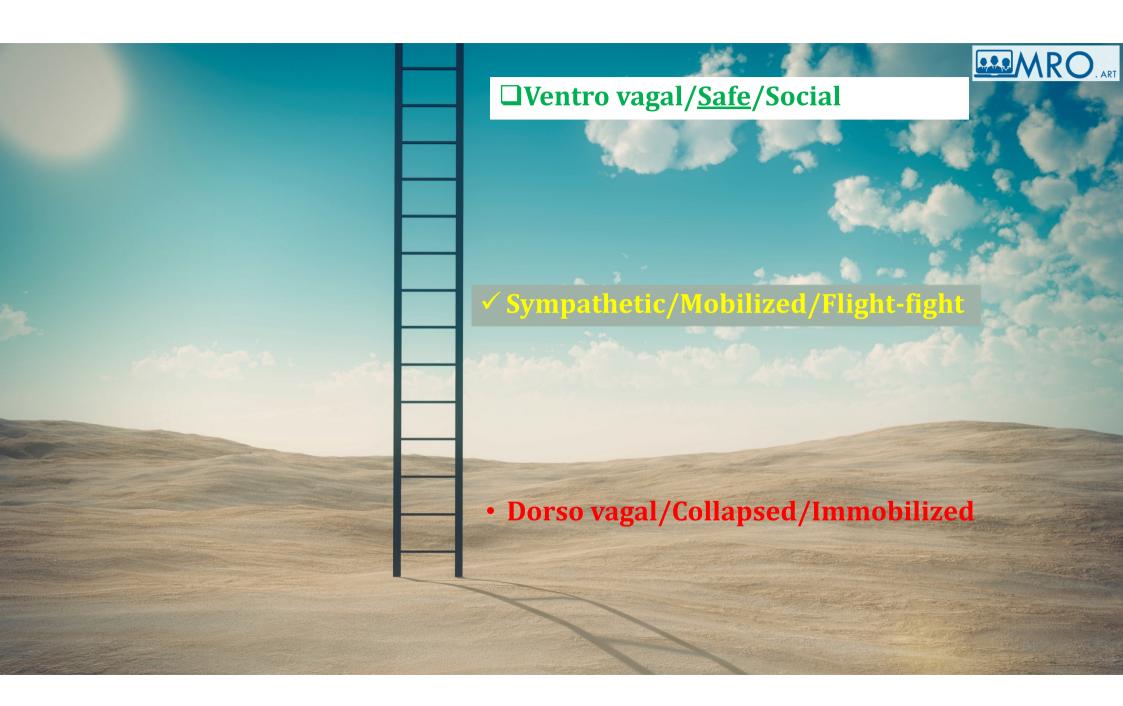
Trauma: excessive demand on the shoulders of the human physiological system (R. Macy)

- Trauma an ANS are inextricably linked.
- In the absence of continuous opportunities to be anchored to the safety systems and appropriate exercise of neural activation/inhibition circuits, the ability of the ANS to make contact, to keep distance and keep-in-touch is compromised.



What healthcare professionals can do?







...personalize...for ourselves



At work

- 1.Recognize your physiological response to stress/to patients' behavior.
- **2.Identify triggers**: by identifying your triggers, you can better understand what situations or stimuli might activate your stress response and work to avoid or manage them.



1.Practice self-regulation: selfregulation is the ability to manage emotional state and physiological responses to stressors.

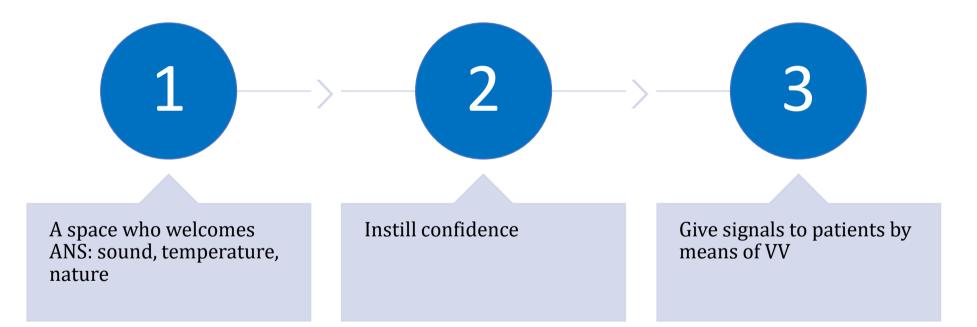
Slow, diaphragmatic breathing, gentle touch, and engaging in activities that promote relaxation, such as yoga or meditation.

2.Build social connections: building positive social connections can help us feel safe and secure, which can reduce stress and soothe our nervous system.



...personalize...for patients Create a *safe* environment





Showing safety signals promotes resilience (S. Porges)

Semi di Gratitadine 7 Aprile 2020



Un tempo difficile questo, soprattutto per i compleanni. Uno dei nostri piccoli pazienti ci ha raccontato che era triste perché non poteva fare una festa. Tirare fuori energie e tempo in più può realizzare piccoli miracoli. «ma davvero mi cantate tanti auguri?» «SII» E l'ha ascoltata anche durante la sua terapia, e poi è arrivato il suo «GAZIEI», anche con gli occhi.











Semi di Gratitadime

Gemelli ART Advanced Radiation Therapy 2020

Psychologists: instill self-confidence

- To utilize the resources of the VV in order to recruit circuits that support prosocial behaviors and social engagement.
- The social engagement system is the connection between the face and the heart, created by the VV (heart), striated facial and head muscles that control how we look, listen, and speak.
- Smile, eye contact, soft touch, reassurance

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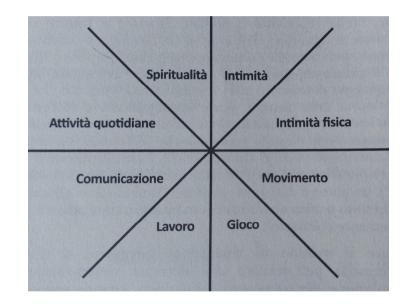


Psychologists role

A polyvagal approach to psychotherapy follows the rule of the $\frac{4}{8}$ Rs:

- Recognize the autonomic state.
- Respect adaptive survival responses.
- Regulate or co-regulate toward a VV state.
- Reinterpret the narrative.

Pattern of Connection

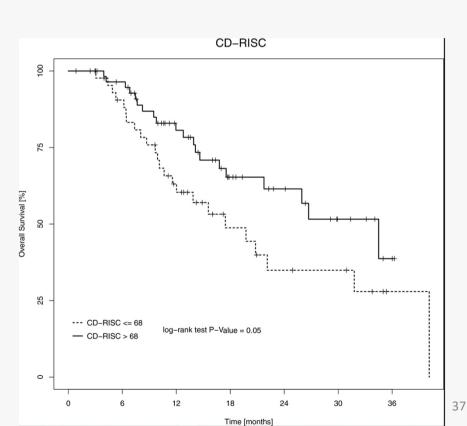


From "Polyvagal Theory in Therapy" by Deb Dana©

Trauma versus post-traumatic growth and **resilience** the other side of the same coin



- Under minor WELL-BEING, PSYCHOLOGICAL SAMPLE OF ITALIAN GLIOBLASTOMA PATIENTS UNDERGOING RADIOTHERAPY et al. RESILIENCE, SPIRITUAL \triangleleft PROFILES AND SURVIVAL OUTCOMES IN revisions J Relig Health Dinapoli L



HEALTH PSYCHOLOGY REPORT · 2023 ORIGINAL ARTICLE

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Post-traumatic growth in oncological patients during the COVID-19 pandemic

Cues of danger outweight the cues of safety

Survival response/defensive patterns

Stuck in a story

No change

Discomfort, mental suffering



Cues of safety outweight the cues of danger

Connection is possible

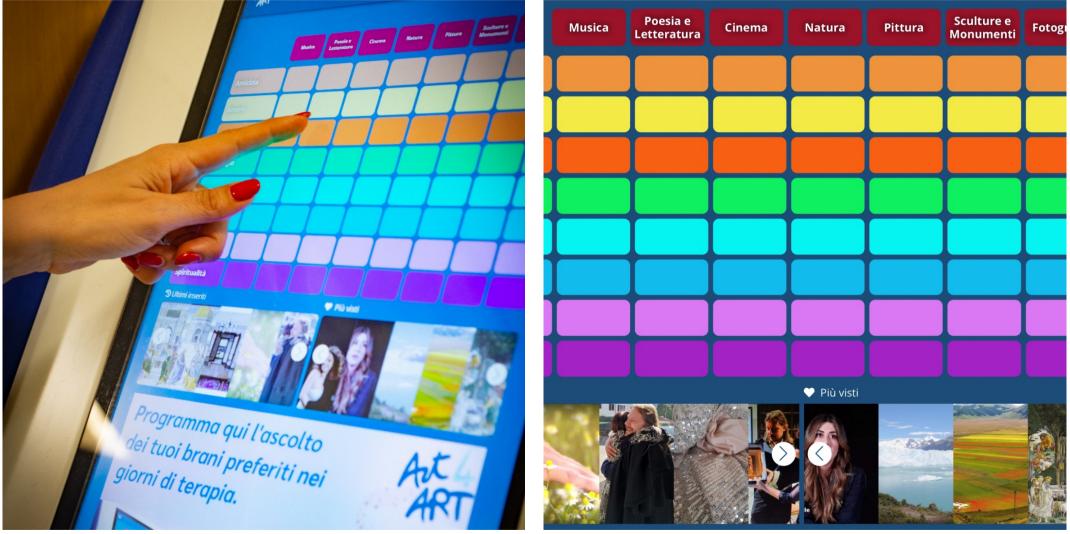
New stories emerge

Change happens

Possible wellbeing







Piattaforma Art4ART

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Thank you for your attention!