



New Trends
in Psychology

Psycho-oncology

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Abstract: Cancer is a concept that refers to an accumulation of abnormal cells that grow and spread in certain situations in the body. The presence of genetic abnormalities that spread cancer and which are acquired incidentally due to errors in DNA replication that can be inherited genetically, and present in the cells of birth. Cognitive patterns, different mental representations according to their experience that the patient has related to the disease modified by psychological reactions to the diagnosis of cancer, cognitive factors are major causes of the psychological response. People have reactions to an incident / news, in certain circumstances, according to their personal way of interpretation, trying to explain and find answers, giving meaning to the current situation. With the increase of awareness and association of psychological factors with cancer and its treatment have led to an increase in the number of supportive interventions for both patients and their families. They can benefit from both traditional approaches such as psychotherapy, but also from melotherapy, aromatherapy, relaxation techniques, yoga. Over time, it has been found that patients who benefit from psychological intervention have lower levels of depression, anxiety and a considerable improvement in mental and emotional health, thus decreasing morbidity and increasing the quality of life in patients diagnosed. Recently with cancer, you are being treated.

Keywords: oncology; cancer; psychotherapy; supportive interventions; mental health; emotional

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Introduction. Definition. Types of cancer

Who wouldn't be worried when they find out they are diagnosed with cancer? Or when those close to you are sick? And when you are aware of that, cancer causes about 13% of human deaths. Cancer is a concept that refers to an accumulation of abnormal cells that grow and spread in certain situations in the body. We have in the body trillions of cells that are ordered / merged in order to make tissues and organs, such as muscles, bones, lungs, liver. Cells have genes inside them that dictate to them when it is useful to grow, to divide, and also to die. Usually, cell growth and division take place in a controlled way. When, except when an error occurs in the genetic models of the cells, the control ceases, disappears.

Thus, the cells begin dividing uniquely and uncontrollably, or simply do not disappear when they should disappear and die. As much as these cells considered abnormal proliferate and divide, with their help a mass can form in the body, which is called a tumor.

Definition: "Cancer (medical term: malignant neoplasm) is a class of disorders in which a group of cells displays uncontrolled growth (division between normal boundaries), invasion (intrusion and destruction of adjacent tissues) and sometimes metastasis (spread to other areas of the body through lymph or blood) ". Benign tumors do not invade or show metastases. Cancer affects animals, but at the same time people regardless of age, including in the fetal stage, we also notice how the risk for all diversity increases in proportion to age.

Because cancer cells can be made up of just about any cell type, cancer refers to an umbrella concept that carries over 100 different nosological entities. Because cancer is a complex disease, we can see a combination of abnormalities that cause change, rather than a single mutation or abnormality.

All nosological entities covered by cancer have **several things in common:**

- Finding complex, unknown causes;
- The presence of genetic abnormalities that spread cancer and which are acquired incidentally due to errors in DNA replication that can be inherited genetically, and present in the cells of birth.
- The existence of polyvalent interactions between carcinogens and the genome of the host body.
- Finding an individual reactivity.

-DNA and microRNA methylation, new aspects of the genetic side of cancer pathogenesis, recognized as being of great importance to the scientific community.

-tumor formations have long and irregular growth cycles, with a course of 2 -17 years in which they become clinically detectable;

-neoplastic processes have a specificity in certain vulnerable species, having different manifestations, which makes it difficult to transfer the data obtained from the study on animals to humans.

Types of Cancer

As types of cancer, we list:

The first type is carcinoma and is a cancer that occurs on the skin but can also occur in tissues with a role in the formation and covering of internal organs.

Sarcoma is cancer of the fat, bones, muscles, cartilage, blood vessels or connective tissue.

We speak of leukemia when the cancer is profiled at the level of the tissue that makes up the blood elements (located at the level of the bone marrow).

We notice the existence of cancers that occur in the cells of the immune system such as lymphoma and multiple myeloma.

It then detaches the cancer that occurs in the brain and spinal cord, the cancer of the central nervous system.

Modulation of the Evolution of Cancer by Psychosocial Factors

The role of psychological factors in modeling the evolution of cancer, ie possible risk factors, recognized in the psycho-oncological literature would be:

C behavioral genetics such as: stressful life events, eating behavior, addictions, sexual behavior, prolonged exposure to solar radiation.

Psychosocial - stress, marked changes in the psychology of the neoplastic patient, and belonging to behavioral type C is a primary favoring factor (Temoshok).

Social support.

Personality / place of control.

Cognitive patterns, different mental representations according to their experience that the patient has related to the disease modified by psychological reactions to the diagnosis of cancer, cognitive factors are major causes of the psychological response.

People have reactions to an incident / news, in certain circumstances, according to their personal way of interpretation, trying to explain and find answers, giving meaning to the current situation.

There are five components of identity through which mental representations are defined, for example: (labels, signs and symbols), consequences (expected results of the disease or treatment and their effects on the individual), causes (various perceived causal attributions), evolution over time (the evolution of the disease and the time associated with recovery), controllability / curability (concepts / safety in which a person monitors the symptoms of the disease, treatment methods and its effectiveness) “.

The existence of distrust in the medical act, in the doctor / medicine, as well as the conviction that nothing more can be done. Reduced treatment compliance which is considered to be additional and unnecessary suffering, followed by depression, anxiety and despair.

Resignation / Stoic acceptance of the diagnosis hopelessness and helplessness

Associations with cancer such as depression.

The patient learns to repress his emotions.

There is difficulty in recognizing and expressing one's emotions - alexithymia (in this case the tendency to avoid confrontation with the disease (Grassi, 2008) having a possible secondary character (Grassi, 1998), with an increased incidence compared to the general population).

Lack of social support involving social isolation

The tendency to helplessness

Depression that manifests itself in varying degrees, having negative influences, variable in intensity, absence or insufficiency of social support.

Oscillating behavior, there are moments of excessive denial of the disease which is in contrast with the abandonment of treatment, develops phobia of cytostatics,

involves conflicting relationships with medical staff, social isolation, suicidal tendencies, etc.

Psycho-social Factors Involved in the Etiopathogenesis and Treatment of the Disease

Among the psycho-social factors involved in the etiopathogenesis and treatment of cancer, we list

Biological factors: pain, vomiting, nausea, constipation, hair loss, hair color change, body odor, excessive fatigue, or insomnia, decreased mobility.

Social factors: family interrelationships, support or lack of support, colleagues, friends, marginalization, anomie, labels, social stigma, etc. **Psychological factors:** coping, personality, fear, worry, existential spiritual values

Factors of spiritual essence: the meaning of life, who I am, what I have achieved so far, self-image in relation to illness, etc. In the psycho-oncological literature it is specified that 30-50% of cancer patients, in any of the phases of the disease, can be diagnosed as having a psychiatric diagnosis (according to the criteria of DSM V or ICD, such as: adaptation disorders, depression major, post-traumatic stress disorder.

In carrying out the psychological evaluation of the cancer patient, the nature of the psychological factors involved must be specified if more than one factor is present, the most prominent one will be notified):

Mental disorders affecting the progression of cancer (Axis I disorders, major depression that may delay recovery after surgery or influence psychoneuroimmunological processes; Axis II disorders; other psychological symptoms as well as personality traits that do not fully meet the criteria for a specific disorder).

Psychological symptoms that affect cancer - depressants that reduce compliance with treatment (for example: hormone therapy, chemotherapy, radiation therapy).

Personality traits, mental representations about the disease, coping style - which have a role in the induction and evolution of the disease (refusal of surgery and chemotherapy).

Adaptive behaviors for health (alcohol, smoking, unbalanced diet, lack of exercise, vomiting).

Psychological responses to stress affecting cancer (exacerbations of stress-related pain, nausea, vomiting). Other unspecified factors: interpersonal, cultural, religious factors.

Psychological Interventions

With the increase of awareness and association of psychological factors with cancer and its treatment have led to an increase in the number of supportive interventions for both patients and their families. They can benefit from both traditional approaches such as psychotherapy, but also from melotherapy, aromatherapy, relaxation techniques, yoga. Counseling, in the case of breast cancer, has been incorporated into the routine treatment of cancer patients in a hospital setting. The other interventions take place outside the hospital units - psychotherapy and psychological counseling, group therapy, support groups.

Psychological interventions in cancer patients can be:

- Educational interventions (related to the disease itself but also to its treatment)
- Psychotherapeutic interventions
- Support groups (emotional support and counseling) that can have a significant positive influence on the evolution of cancer, and can also become a place to examine relationships, will learn how to improve some of their relationships, will release some of them that they are no longer suitable being considered harmful, or unnecessary requiring only a waste of time and energy. Here they can put themselves in the position of friends, their families, they can learn pain and fatigue management techniques (through relaxation exercises, self-hypnosis to induce relaxation and analgesia.
- Individual psychological therapy, family therapy, etc.

The objective of psychological interventions is: reducing psychological distress, by learning adaptive coping methods, knowing more effective ways of functioning, improving physical symptoms and mood, increasing self-confidence and implicit self-esteem, learning relaxation techniques, stimulating the resumption of activities that the patient was doing prior to diagnosing the disease, carrying out other more appropriate new activities, etc.

Over time, it has been found that patients who benefit from psychological intervention have lower levels of depression, anxiety and a considerable improvement in mental and emotional health, thus decreasing morbidity and increasing the quality of life in patients diagnosed. Recently with cancer, you are being treated.

The most effective way of psychological assistance is information that can be procedural (description of the stages of the intervention, the operating room, etc.) or procedural type such as the sensory arch (there are descriptions of possible perceptions or sensations that may occur)

Information provides the patient with a sense of personal control over the situation and reduces the discrepancy between reality and what the patient thinks is happening, which leads to an adaptation to situations and reduces anxiety, increases the patient's self-esteem.

When asked about the causes, consequences and nature of treatment, patients' sense of control can be restored.

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As a result of surgery, the patient in question faces severe emotional imbalances, which can be associated with post-traumatic depressive syndrome, anxiety, panic attacks, sleep disorders, stress or mood swings.

Psychotherapy is the method with major and significant contribution in the affective-emotional rebalancing of the patient and supports him in the fight against pain and suffering. Thus, he discovers his resources, helps him to overcome obstacles, will regain his desire for life and the power to fight, will find solutions and will set optimistic goals. The role of the psychotherapist is an active one, it is necessary before the surgery, but also after performing it, including in situations when it results in success. It is an element of permanent support in the life of the affected person, and leads strongly to optimizing the emotional mood.

We cannot say that there is a personality of the neoplastic patient, but the disease leaves its mark (through somato-psychic recoil) on the patient's psychology and knowing the real diagnosis leads to neurotic or even psychotic states, it can even lead to suicide attempt.

In a study, Cunningham and Watson (2004) showed that three major qualities emerged in survivors of the disease: "authenticity" and a clear understanding of what mattered in life; "Autonomy", the freedom to reshape life around everything that has been lived positively, which has been appreciated; "Acceptance" is the perceived change in mental state aimed at increased self-esteem, increased tolerance and emotional closeness to others, but also an emotional experience considered positive.

It was found that the development of cancer stopped when there was a change in environmental factors that could be induced by a psychological change, which through the neural, endocrine and immune pathways affected tissue regulators of cell growth, the key point being mental change.

As a result of her research, American psychiatrist Elizabeth Kübler-Ross proposed a model of pain experiences.

Denial. Disagreement, distrust of what is happening to the patient ("I don't think it's true"). Denial represents the flight from reality, the desire to lead the same way of life.

Anger, aggression to punish those involved in this destruction.

Negotiation or the desire to negotiate. When he finds that neither anger nor aggression gives the expected results, the patient looks for ways to return to the past and tries to find out in order to change what happened.

Depression. The person isolates himself, avoids talking, refuses to do things, to make decisions. He thinks negatively about the future, he sees no hope.

Acceptance. There is a glimpse of the moment when the individual begins to realize and accept reality, to understand the inevitable and the fact that he is part of life and must learn to live with it. He begins to control the situation and makes decisions. The patient keeps repeating that "he has been abandoned, that nothing in the world is worth the effort, and in severe cases he even declares that life is not worth living if this loss - generally something inaccessible today - cannot be entirely repaired and behaves as if it has just happened". Man is unique, this uniqueness manifests itself differently when we talk about suffering and everyone goes through these stages in

a certain way. It matters personal circumstances, education, age, personality type, health, lifestyle. At the time of loss, the psychological defense and the body's reaction to what is happening are normal, everyone goes his own way, it is necessary to have mobilization and support for acceptance and struggle.

Factors that will influence the cancer patient

The Factors that will Influence the Cancer Patient are the Following:

- the type, category of cancer and how it responds to therapy
- cancer stage at the time of diagnosis
- mental and physical health before diagnosis
- the person's behavior in the face of the disease, acceptance of compromises: (help of others, supervision, financial), acceptance of therapy and obtaining the maximum benefit resulting from medical and support services.
- support from family members, help from friends, colleagues, acquaintances and the medical team.
- how the side effects of the treatment are monitored and verified.

The psychotherapist in the interpersonal relationship with the patient

Evaluation, diagnosis, objectives and treatment plan are used by psychotherapists as main indicators. Psychotherapy can be a journey that can bring unexpected changes. There are often obstacles to overcome that require the choice of another option. The psychotherapist may experience resistance from the patient, but must be able to determine the appropriate way to deal with his resistance to change, in order to achieve his proposed therapeutic goal.

M. Balint insisted on "in-depth diagnosis" as an essential part of the complete assessment. It also integrates environmental factors that are related to both the patient's behavior and how he reacts to the disease.

Engel acknowledges that "in-depth diagnosis" remains a cornerstone in the building of the "mutual investment company".

Active listening, in the climate of an authentic communication relationship, is the key. An exceptional metaphor for cultivating a willingness to listen to the other is used by Mark Twain: “If we thought we had to talk more than listen, then we would have two mouths and one ear.”

Clinical Observations based on Interviews

A patient’s anxiety level can be revealed after a handshake. If the patient has a wet palm, he is anxious. Also, the more or less firm handshake reveals something about the degree of vulnerability of the patient, a vulnerability that usually accompanies any visit to the psychotherapy office.

After the patient enters, the therapist will pay close attention. It is the beginning of the therapeutic process.

Factors that contribute to success in psychotherapy:

It is necessary to have faith in the possibility of change (Walter & Peller, 1992, apud. Dimitriu, 2004) - expectation;

The responsibility of accepting one’s own recovery with active participation in psychotherapy presupposes the existence of motivation;

Openness to discuss his problems, on the whole psychotherapeutic process - self-exploration;

One of the important principles in therapy is to ensure the voluntary participation and consent of the patient in exercises and the acceptance of the necessary feedback such as receptivity;

We check if the therapeutic tasks have been fulfilled between sessions, treatment, rest, homework, in the idea of accustoming the patient to work independently - transfer / generalization.

In fact, we consider the coping strategies and the interpersonal style of the patient.

Sullivan (1953) recognized the importance of “interaction and communication in the etiology and treatment of various psychopathological disorders.”

Schaap et al. (1996) concluded that “patients’ motivation for psychotherapy” is important, “in the context of their personality characteristics.”

Jacobson Relaxation Technique

Relaxation and imaging are essential tools in therapy for cancer patients with the help of which they can build their self-confidence in healing. Along with the motivational aspect it strengthens, imagery represents the way of self-knowledge and implementation of positive changes in one's life. With the help of imagery, they form mental representations of the expected events, and by running and repeating the film they stabilize at a motivational level and generate a volitional field that leads to achieving the proposed goal. According to this perspective, imagery resembles yoga-type meditations that manage to induce changes in the cognitive, motivational and volitional plane in the proposed sense. The patient, in fact, learns to channel his own energy and cognitive resources aiming at his own optimization.

Due to the benefits of the imaging and visualization technique, according to medical practice, an essential aspect in the field of biofeedback is highlighted: individuals can learn to control their blood pressure, pulse, body temperature and learn a symbolic and visual language of communication with their body.

The subject after the usual stages of relaxation Jacobson visualizes his disease, is aimed at creating an image of cancer: a real or symbolic, it is necessary to know the evolution of cancer from a medical point of view and at the same time body function, then visualize the medical treatment that destroys mentally cancer cells and eliminate them in several stages a day. The results can be spectacular, and the patient can regain his health over time. An important step in this exercise is to imagine the leukocytes that surround the tumor and destroy it. White blood cells can be a huge, powerful and effective army that competes with cancer cells and defeats them in the end.

The patient will reach the level where they can imagine the cancer shrinking, visualizing the dead cells removed from the battlefield and eliminated through urine or excretion. Visualization / materialization is repeated until the patient will be able to shrink the tumor to its disappearance. In the end, the patient will see himself healed, full of energy in the comfort of his home, in the family.

We can use imaging to relieve pain, the patient will be advised to order the body to heal.

The Jacobson relaxation technique diminishes the feeling of fear and helps to regain control over one's life; induces changes in attitude and awakens the will to live;

Brings physical changes in the body, strengthens the immune system. It is the instrument of communication with one's own unconscious, in which ideas and beliefs are buried; is the tool for alleviating daily stress and tension; leads to the correlation of current ideas with health status.

Knowledge is power and use and its use to change patterns of self-destructive behavior will make a difference in survival.

Many of us use coping mechanisms that we developed as children to survive the inevitable traumas of life.

Psychotherapy helps us to be aware and change what we do not use in order to improve our lives by making it more meaningful through healing.

The Holistic Model of Cancer

Following the studies carried out on the identification of methods for psychological support of cancer patients, an idea was highlighted which shows the role of spiritual healing in parallel with that of the body. Man is a bio-psycho-social system whose component parts influence and determine each other and any imbalance in one of them triggers a reconfiguration of the whole. Ancient philosophers knew that any soul pain could trigger a disorder of homeostasis, but as medicine developed and focused on the exclusive study of the body, it lost sight of what the biological claims.

In conclusion, a person contributes to the validation of his own state of health, and any process of therapeutic intervention in the patient's life begins with the identification of the causes that initiated the onset of the disease.

Here we refer to the major stressors, as well as the cognitions that individuals have developed, dysfunctional beliefs and emotions all of which must have manifested at least 6-18 months before diagnosis.

The fundamental objective in this first phase is the patient's desire to identify the behaviors that stimulated the development of the psychological state of maintenance of the disease. The patient is aware of the stressors of the importance of the change that will be able to optimize the sanogenetic state.

The success of a therapeutic program involves concentrating vital energy to change attitudes, while activating motivational, volitional mechanisms and at the same time directing them to improve physical and mental condition. Illness is said to bring

some benefits, as it is a way of overcoming social conditioning and a small step in expressing one's emotions, recognizing negative feelings, and satisfying one's needs directly.

Learning relaxation techniques can cause the patient to accept his body as it is and to activate his own ability to fight with emotion.

Although statistically, 95% of cancer patients want to know what their real diagnosis is, it was concluded that knowing the truth about cancer is a major stress for any patient, which requires assessing the role of mental stress in cancer.

The communication that takes place between the doctor and the patient is one that is exercised directly, face to face, without a third person present, unmediated and informal. There will be a continuous transfer of information between them, which will direct them to the clear and precise objectives of the meeting, such as: finding out the answers related to changing health, treatments applied to improve, modify, and/ or remove them, how to which will be acted upon.

The American psychologist Carl Rogers (1902–1987) is the founder of the non-directive approach in psychotherapy and developed a group of therapeutic concepts emphasizing therapeutic intervention focused on current events and difficulties of the subject that can restore its functionality. Among the essential therapeutic qualities Carl Rogers listed: respect (or unconditional positive approach), originality (or congruence) and empathy.

Along with **verbal communication**, the transmission of information between doctor and patient is done through **nonverbal communication** and includes the way in which the doctor or patient uses facial expression / facial expressions, gestures, position, gaze, and certain leg movements, body posture.

It also includes **paralinguistics**: rhythm, frequency, vibration; tone, mistakes of expression; but also breaks or silence. According to Restian A. (1997), medical practice is based on the interpretation of non-verbal communication, as well as careful observation. The non-verbal information transmitted by the patient is of cultural, physical, medical, social, biological conformation.

S. Freud, is the one who proposed the involvement of the psychologist in the psychotherapeutic activity, as well as his assertion, due to which psychotherapy and psychoanalysis, is not a specialty of medicine, being a part of psychology.

In opposition to S. Freud, some physicians focused specifically on the areas of

applicability than on the nature of the process but also on the content of the methods, I agree “that psychotherapy belongs to medicine”, being “an integral part of the whole therapeutic activity”.

In the opinion of J. H. Schultz (1963), the psychologist “can perform certain psychotherapeutic treatments and only under medical supervision.”

Regarding the development of clinical psychotherapy, there are psychiatrists who adopt a conciliatory attitude and state that the selection of “cases must still be made by the doctor” (Mayer Gross, Slater & Roth, 1969, p. 10).

Case Study

Anamnesis. I chose this theme, due to the fact that since I was young my life has changed dramatically. This happened when my sister, who had not yet turned 33, was diagnosed with colon cancer. She was divorced and cared for two minor children, in whose upbringing and education I was very involved due to the fact that the father refused to participate in any way. At the time of separation from her ex-husband, she lost all her belongings, the apartment where they lived was distributed from her husband’s workplace, who as revenge for the fact that my sister chose to separate from him, quit her job and handed over the house before the sale-purchase contract with all the goods purchased up to that moment was finalized. When she came home with her second child in her arms directly from the maternity ward, on the train, dressed in fur, wearing slippers, at the end of October, I saw on her face the firmness, the strength to break through in life. Before the second child was born, I, a high school student at the time, had to go to her house and take her one-year-old daughter. She was operated on, she had to learn to live with her anus against nature until the moment of death. Adapting to this state has been terrible. He was depressed, and then he cried out whenever he changed his bag. I had no experience, I did not know how to behave, what to say to him when he looked into my eyes and asked: why me? Am I not a thief, a murderer, did I not harm anyone? I have two children to raise. Why me? I didn’t know the answer. I only knew how to avoid her gaze, but I listened, I understood and I tried to do for her in the eight months she lived from the operation everything that could be humanly possible. We resorted to the verbalization of her sufferings, but also of the other members of the family, to the discharge of the pain, of the negative feelings, we tried to find answers to the questions that troubled her. He managed in time to accept the physical changes that

occurred (liquid cirrhosis). She refused treatment with chemotherapy, which is why the doctor refused to treat her for pain.

We made awareness together, we talked about spirituality, we talked about her departure when she was prepared, about the place where we will bury her, about the choice made in connection with it. I knew what the right time was after a dream she had about where she was going and where she saw everything I had bought for the funeral without notifying her.

Our **main objective** was to alleviate the feeling of sadness, depression, anxiety, grief, anger and better management of feelings, activating internal resources to change health.

Although the pain was terrible and everything was difficult to manage, especially due to the fact that I had no experience and empathized, in the end, she left calm and dignified.

For me, it was an extremely traumatic event in my life, and after her death I lost my memory for six months as a result of the separation conflict, which is why I had to postpone my law degree exam for a year. Due to the terrible suffering I witnessed, the period of mourning was almost gone. I was relieved that I didn't see her suffering anymore, reconciled with the fact that she resigned herself and tried to leave everything in order before leaving. Now that more than 20 years have passed, I don't know if I would handle the situation better, considering the fact that it is probably the most difficult with those close to me.

However, it seems that death is part of life, and the fight against cancer had to be fought by other members of the family, on my part, or by my husband. I always tried to find the right words, to forgive, to love, to understand, to accept, to tolerate, to help. On the one hand there were serious motivations to cling to life, on the other not. I hope the Divine Light will guide them where they are.

The positive objectives pursued are for growth, formulated in the first person, and aimed at increasing the quality of life: "I want". The client has the right to live his life beautifully, to enjoy his loved ones. Awareness can trigger, in some cases lead to spontaneous healing. As psychotherapists we determine man to do what the unconscious does not do: accessing positive memories, about what he has achieved beautiful, valuable throughout his life. We help him live in a state of comfort. It all depends on how the patient reacts to the disease, injury, stress, how he cooperates,

how he reacts to treatment and the recovery period, the internal resources of each on which they can rely on the challenges of the disease. .

Conclusions

We note the need for continuous psychological training of both psychologists and oncologists to adopt a balanced attitude in order to provide emotional protection precisely by effectively addressing the patient, to build a relationship that brings the patient necessary information, dosed and at the same time emotional support through a moderate optimism, in parallel with a doubled understanding of compassion.

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