



Mindfulness Transpersonal Psychology and tumors: This Approach may be always Suitable and Effective with the Patient?

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Mindfulness Practice and Its Effects

Mindfulness is the psychological process of bringing one's attention to the internal and external experiences occurring in the present moment. This comes from the practice of meditation especially Buddhist meditation and Advaita Vedanta Path (Transpersonal Psychology). The recent popularity of mindfulness in the West is generally considered to have been initiated by Jon Kabat - Zinn. Mindfulness practice is being employed in psychology to alleviate a variety of mental and physical conditions, such as bringing about reductions in depression symptoms, reducing stress, anxiety, and in the treatment of drug addiction. Recent studies demonstrate that mindfulness meditation significantly attenuates pain through multiple, unique mechanisms. It has gained worldwide popularity as a distinctive method to handle emotions. Studies have also shown that rumination and worry contribute to mental illnesses such as depression and anxiety, and that mindfulness-based interventions are effective in the reduction of both anxiety and depression. Clinical psychology and psychiatry since the 1970s have developed a number of therapeutic applications based on mindfulness for helping people who are experiencing a variety of psychological conditions (Kabat - Zinn). Clinical studies have documented both physical and mental health benefits of mindfulness in different patient categories as well as in healthy adults and children. Programs based on MBSR and similar models have been widely adopted in schools, prisons, hospitals, veterans' centers, and other environments. Mindfulness meditation can be defined in many ways and can be used for a variety of different therapies. When defining mindfulness meditation, it is useful to draw upon Buddhist psychological traditions and the developing scholarship within empirical psychology.

OPEN ACCESS

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Received Date: 22 May 2018

Accepted Date: 23 Jun 2018

Published Date: 08 Jul 2018

Citation:

Vespa A, Giulietti MV, Ottaviani M,
Spatuzzi R. Mindfulness Transpersonal
Psychology and tumors: This Approach
may be always Suitable and Effective
with the Patient?. *Clin Oncol.* 2018; 3:
1489.

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Spirituality, Transpersonal Psychology and Diseases

Many studies indicate that spiritual practice buffer the stress caused by negative life events, decrease the likelihood of stressful events, and may promote better immune functioning. After the onset of the disease, especially in the case of cancer, patients face physical, psychological, social and spiritual challenges to their sense of wholeness. The ways in which people respond to these threats to personal integrity range from highly effective strategies for coping to highly dysfunctional reactions that may occur at different times within the same subject. So it is reasonable to consider spirituality as a way to cope with stressful events, such as the diagnosis of cancer. As elements of psychosocial support religion and spirituality may play a role in the treatment outcome and prognosis of cancer patients. Despite the difficulty posed by treatments, thousands of survivors say that the experience led them to make major changes in their lives, such as taking the time to appreciate each new day, learn to take better care of themselves, or how to give value to the care offered to them by others. So we may assume that the cancer patient can achieve a good quality of life and therefore a positive adaptation to the disease condition, developing a spiritual well-being through spiritual practice. Spiritual practice can positively influence the experience of chronic illness and can serve as a primary, secondary, and/or tertiary prevention strategy. Observational studies from Transpersonal Psychology show that two important functions derive from spiritual practice: the first is centering in on a dimension of oneself, achieving a state of concentration, relaxation and silence (observer-Transpersonal Psychology). The second one, linked to the first, is the ability to observe one's own psychic contents. This position makes it possible to take action on one's experiences (including psychic contents and conflict - intrapsychic processes) In becoming aware of one own's psychic content a person may become able to re-elaborate and integrate them towards the capacity of detachment.

Transpersonal Psychology and Mindfulness Techniques

Transpersonal psychiatry and psychology are encompassing approaches to psychiatry and psychology which are informed by transpersonal states and integrate them into a general psychological theory of normal, healthy and disturbed human development and experience. This encompassing nature of a transpersonal perspective is described by Ken Wilber's spectrum of consciousness and spectrum psychology which is a transpersonal approach to human development, psychopathology and psychotherapy. Wilber describes the spectrum of consciousness considering that consciousness is better understood as a spectrum of types of form of awareness. These types of consciousness are ordered structure of human development that evolves through pre-personal, personal and transpersonal stages. The disruption of these developmental stages results in identifiable psychopathology. The consequence of Wilber's thought is that particular types of psychotherapy are particularly appropriate for certain stages of consciousness and particular developmental psychopathology. Here we do not forward it in the description of the formation of the various levels of consciousness and therefore integration of the ego or the formation of psychopathology based on the stages of childhood. Also we are referring to Bowlby who affirms that the attainment of the structure of subjective-self and so of this self-structure is marked by the child's capacity to recognize herself in a mirror as me", something that normally occurs about age two. This process continues: the child begins a transition to a new self-structure, a transition that will normally be completed until at least the time of puberty and early adolescence. Through internalization of emotions, feelings, experiences a child develops an identity: a concept of who he/she is that distinguishes his/her from others. Internalization in fact is the information processing process (mechanism) which the child utilizes to resolve uncertainty associated with objectifying her former subjective sense of self. In making this distinction between her identity and her conscious being, a fourth order of consciousness is attained, ego or conceptual consciousness. Attainment of this new order of consciousness and its associated self-structure the ego-identified self, is marked by the child's ability to articulate his/her self attributes. In this self-structure one's being has become the object of consciousness while one's identity has emerged as the subject of consciousness, who one is. The emerging adults begin to understand that identity is not unalterable, but something that can be chosen, developed, changed and transformed. Through these processes a personal, existential self is distinguished from a social, internalized self, and an ideal self is distinguished from a real self. So we take responsibility for what we are.

Stages of Self - Awareness

There are pre - personal, personal and transpersonal stages in the development of consciousness. It is possible to affirm that the transpersonal stages for most people initiate by calling into question the purpose, meaning or significance of the life, person, and work one has constructed. Sometimes it is initiated by the realization

that one is embodied and will die, a realization facilitated by the development of a physical illness or encounter with death. Sometimes it is initiated by the spontaneous experience of transpersonal states. In any case the constructive nature of discriminating must be transcended. The developmental model of psychopathology defines a continuum of health and illness beginning with psychosis and progressing through borderline and characterological levels into neurotic, healthy and transpersonal psychological structure. This continuum defines the hierarchy of functions of ego. Each level of psychopathology requires a different form of psychotherapeutic intervention (Wilber, 2001). Most intensive psychotherapy occurs at the level below the transpersonal - the transition from a socialized inauthentic self to an authentic, existential self. The initial step in this process is to help the person to distinguish a real, embodied self from false or ideal self - images. In the neurotic, embodied experience is often disavowed as need, immature, or frightening, and replaced by striving for perfection, or demands for higher levels of functioning. Ken Wilber affirms that you can only access the transpersonal state if you've built a good identity: "The meditation techniques cannot be applied if more than a certain level of consciousness with psychosis and progressing through borderline. Otherwise meditation practice can create problems of inflation contained intrapsychic emerging favoring 'emerging issues or in extreme cases the psychopathology of the person" (Ken Wilber). According to transpersonal psychology meditation techniques (mindfulness techniques) may be employed only to a certain level of ego-integration and then not below a certain spectrum of consciousness. At this point the screening of personality is shown a mean to identify patients who could not find benefit from practice with meditation techniques but should be directed towards other types of psychotherapeutic treatment. In this brief report we do not want to deepen such psychotherapies are appropriate for the different levels of development of consciousness. For this refer to the extensive scientific literature. We just want to give information because Mindfulness can be used appropriately and or candles. For this we send to the wider scientific literature. We just want to give information because Mindfulness can be used appropriately and with certain benefits of the patient. Unfortunately too often they are applied as they too often are used indiscriminately without any screening of personality. In summary, these brief considerations on the application of mindfulness suggest the possibility of:

- 1) A personality screening to define the adequacy or otherwise of the intervention with mindfulness for the individual patient;
- 2) Adequate training on the practice and knowledge of exclusion criteria of non-suitability for the practice of Mindfulness.

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