

CROATIAN - BRAZILIAN PROJECT BREAST CANCER AND CLINICAL RESEARCH ON CREATIVE AND ARTS-EXPRESSIVE / SUPPORTIVE (PSYCHO)THERAPIES

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Summary

This paper shows an innovative concept of a Croatian-Brazilian project in the field of psychosocial oncology and sophrology. Within this context, the paper presents the *basic outline of a research protocol* for conducting a transcultural study relating to the implementation of supportive-expressive arts psychotherapies providing complementary approaches to a complex treatment and rehabilitation program for breast cancer patients. Some forms of past cooperation between the Croatian and Brazilian universities, healthcare institutions and professional associations are presented with reference to the major topics discussed at the Latin American Congress of Art Therapy. This Croatian-Brazilian cooperation has been envisaged in the outline of a research project on "Supportive Therapies and Life Potential Developments" supported by the Croatian Ministry of Science.

KEYWORDS: *breast cancer, arts-expressive (psycho)therapies, psychosocial oncology, sophrology, rehabilitation*

HRVATSKO-BRAZILSKI PROJEKT RAK DOJKE I KLINIČKO ISTRAŽIVANJE KREATIVNIH I ART/SUPPORTIVNO-EKSPRESIVNIH OBLIKA (PSIHO)TERAPIJE

Sažetak

U ovom radu prikazan je inovativni koncept hrvatsko-brazilskog projekta u području psihosocijalne onkologije i sofrologije. U tom okviru prikazane su *osnovne crte plana znanstvenog istraživanja* za provođenje transkulturne studije koja se odnosi na primjenu art/supportivno-ekspresivnih oblika psihoterapije kao komplementarnih pristupa u kompleksnom liječenju i rehabilitaciji bolesnika s rakom dojke. U vezi s tim neki oblici dosadašnje suradnje između hrvatskih i brazilskih sveučilišnih i kliničkih institucija i profesionalnih udruga, prikazani su s osvrtom na sadržaj latinsko-američkog kongresa o art terapijama. Hrvatsko-brazilska suradnja predviđena je u sadržaju znanstvenog projekta "Supportivne terapije i razvoj životnih potencijala" koji je podržalo Ministarstvo znanosti Republike Hrvatske.

KLJUČNE RIJEČI: *rak dojke, art/ekspresivne (psih)terapije, psihosocijalna onkologija, sofrologija, rehabilitacija*

INTRODUCTION

*Man's symbolic expression
in drawing, painting, singing, drama, music,
sculpture...,
from the prehistoric, ancient times until the third
millennium
is taking place continually on the stage of life
(gr. théâtre)
and in the dedicated time (gr. hierós cronós).*

*Excerpts from the plenary lecture
University in São Paulo
EspaçPaulista de Eventos*

The last decades psychosocial studies in oncology have grown dramatically, paralleling the rapid advances in our understanding and success in treating the many diseases called "cancer". Research in this area has sought to describe factors that increase an individual's risk of developing the disease or poor psychosocial outcome, and suggest strategies to reduce the risk and promote adaptation.

In a number of different fields of treatment and rehabilitation for cancer patients, as well as other problem fields, there is an increasing need to develop and investigate new complementary approaches to supportive care aimed at identifying and supporting patients' life potentials and their quality of life. Recently, in their book on "*Clinical Research in Complementary Therapies*", Lewith et al. (1) wrote: „... *Complementary therapies have been an important part of the public's health care for thousands of years but notice of their use scientific and clinical research has recently increased...*“.

With the intent to develop adequate complementary therapies and rehabilitation procedures we discovered the need to relate knowledge from various disciplines of medicine, humanistics and other sciences, various cultures and traditions as well as various fields of art. In this view, the Croatian Ministry of Science and Ministry of Health and Social Welfare supported several clinical research projects on complementary therapies used in cancer patient treatment and rehabilitation in the past 20 years. In the interdisciplinary fields of psychosocial oncology, sophrology, rehabilitation medicine and rehabilitation sciences, liaison psychiatry, and palliative care, clinical studies on complementary use of various types of creative

and art/expressive (psycho)therapies are increasingly required. Along these lines, the first Croatian-Brazilian project entitled *Arts & Sciences in Clinical Research on Creative and Arts-Expressive Therapies / Artes & ciências na pesquisa clínica das psicoterapias criativas e arteterapia expressiva* have been conceived. The project has been outlined as a Croatian-Brazilian cross-cultural study aimed at investigating coping mechanisms and the quality of life of breast cancer patients.

The diagnosis of breast cancer may constitute a psychosocial crisis for patients and their families. Beside the distress caused by the diagnosis, many patients report increased existential anxiety, depression, anger and guilt. The breast has various kinds of important functions and values: biological, psychological, relational, sexual and esthetic, which at different levels contribute to the sense of femininity. Psychological factors can also appreciably differ from patient to patient and are influenced by age, personal history, phase of life, personality traits and coping mechanisms.

Psychosocial Oncology, Sophrology and Oncologic Supportive Psychotherapy

The field of psycho-oncology within its purview has the study of two broad areas: a) the impact of cancer on the physical, psychological, social and spiritual functioning of patients, their families and the treating staff; b) the role that social, behavioral and psychological factors play in cancer initiation, detection and progression. Psycho-oncology research is by its nature translational. All of the studies in this growing field have direct implications for basic research, treatment design and patient management. As a result, a critical component of any successful research program is the ability to communicate results to those who most directly may benefit from the findings: patients, their families and the treating staff. Over the last quarter of the past century, psycho-oncology became a subspecialty of oncology with its own body of knowledge contributing to cancer care. In the new millennium, a significant base of literature, education programs, and a broad research agenda have evolved with applications at all points on the cancer continuum: *behavioral research in changing lifestyle and habits to reduce cancer risk; study of behaviors and attitudes to ensure early*

detection; symptom control (anxiety, depression, delirium, pain, and fatigue) during active treatment; management of psychological sequelae in cancer survivors; and management of the psychological aspects of palliative and end-of-life care (2).

The introduction of the term sophrology can be traced back to 1960s when a Spanish neuropsychiatrist Dr. Alfonso Caycedo coined it by synthesizing three Greek words: *Sos* (harmony, serenity), *Phren* (consciousness) and *Logos* (science, study) which literally means science or study of the harmony of the consciousness. “*Sophrology is the science which studies the human conscience, its modifications and the means of varying it, with a therapeutic, prophylactic, and teaching aim, to make it possible to be in harmony with itself and its environment*” (3).

Arts/Expressive (Psycho)Therapies and Ex-Gen (Creative) Therapy

Similar to traditional psychotherapy, the aim of supportive cancer psychotherapies is to help people with this stress to suffer less and get more pleasure out of life... Thus, for example, Ex-Gen creative therapy and art/expressive supportive (psycho)therapies for cancer patients are directed not so much at neurotic problems but predominantly at problems relating to the disease and treatment. The main goal of the therapy is that the patient must gain or regain self esteem and be able to cope better with diseases... (4).

Art making is an innate human tendency, so much so it has been argued that, like speech and tool making, this activity could be used to define our species. It is now widely acknowledged that art expression is a way to visually communicate thoughts and feelings that are too painful to be put into words. Creative activity has also been used in psychotherapy and counseling not only because it serves another language but also because of its inherent ability to help people of all ages explore emotions and beliefs, reduce stress, resolve problems and conflicts, and enhance their sense of well-being. Over the last several decades, a growing body of knowledge from science and medicine has redefined mental health interventions. Mind-body techniques, such as meditations and yoga, have been known for thousands of years... As new technologies allow researchers to see brain and other neurological and physiological activities in the body, we are learning more

about the relationship between the mind and the body (5). Many studies on the effect of music and vibroacoustics have therefore revealed numerous benefits: enhancing psycho emotional well-being; increasing comfort and relaxation; relieving self-reported pain; decreasing anxiety or depression (6, 7). The use of imagination as a form of healing is believed to be an ancient practice, and contemporary research has indicated that images play an important role in health and well-being.

Art expression is a way to convey painful, confusing and contradictory experiences of illness that are difficult to communicate by words alone. Health care professionals have included drawing as a way to provide a subjective measure of how an individual is dealing with cancer and to assist patients to participate in their own treatment. Although art expressive therapy is certainly not a *panacea* for any disease, the creative process of art making can have a beneficial impact on perceptions and responses to disease, and impact on mind, body, interpersonal relationships and spirit.

“... The European Academy for Psychosocial Health and Promotion of Creativity (*Europäische Akademie für psychosoziale Gesundheit und Kreativitätsförderung*) defines creative therapy as an integrative, in-depth psychological and hermeneutic approach (*tiefenpsychologisch und hermeneutisch fundierte Methode*), including verbal and non-verbal forms of communication. Since inducements of ecstatic (Ex), generic (Gen) and esthetic experience are the key words in the development of this integrative prophylactic, somatherapeutic, psychotherapeutic and existential approach, it seems appropriate to use the term “*Ex-Gen therapy*” in order to mark this original creative therapy model. Therapeutic communication enables to detect and support the *libidinous Eros* towards *Thanatos*, a symbolic relationship between the *good* and the *bad*, the *subject* and the *object*, as well as something that is in a certain interpretation presented as a *transcendental function*, and in another one as *having the feeling of a creator in an individual...*” (2).

Guided imagery and the Eye Movement Desensitization and Reprocessing (EMDR) as form of psychotherapy are also used in the context of different types of creative arts therapies. The EMDR’s most unique aspect is an unusual component of bilateral stimulation of the brain, such as eye movement, bilateral sound or bilateral tactile stimulation coupled with cognitions, visualized

images and body sensation (7) In arts/expressive psychotherapies, the mandala for instance has been widely accepted as an effective art therapy tool for the diagnosis and therapy, which can provide an understanding of the psychological and emotional status of a patient.

The control and method of breathing are also important factors in therapy. This process can be explained by the fact that breathing techniques can be applied in order to reach the *alpha* rhythm, and thus to influence the heart rate. Relaxation, for example, is important in the inducement of a hypnotic state of consciousness in therapy... An important symbolic and energetic function in therapeutic communication has also the color of garments (a cloak), which the patient chooses for himself/herself and dresses during a therapy session (2).

Biological Markers and Assessment in Therapy

Stress is the sum of biological reactions to any adverse stimulus, physical, chemical, or emotional, internal or external, that tends to disturb the organism's homeostasis. If compensating reactions in the organism are inadequate or inappropriate, they may lead to a disorder. The hypothalamic-pituitary-adrenal (HPA) axis is one of the major neuroendocrine systems mediating stress reactions. The hypothalamus is part of the limbic system, which is considered as the main operator of human behavior, so it is expected that various sudden and threatful stimuli have a marked influence on the HPA axis function.

Stress represents the body's response to any demand, and in the case of sudden and threatful stimuli the demand would be greater. The usual body's response to stress includes activation of the autonomous nervous system with secretion of adrenaline and noradrenaline, which act immediately (the so-called *alarm or stress reaction* of the sympathetic nervous system, or "*fight or flight reaction*"), and the HPA axis which, with increased cortisol secretion, is one of the major neuroendocrine systems mediating the chronic stress reaction. Many examples show that, despite the general adaptation formula, people react differently to the same stimulus. It is believed that specific chemical transmitter systems in the human brain (especially noradrenergic and serotonergic) have a very important role in the human behavior

by stimulating the limbic system to make people feel pleasure, good health, sexual impulses, and psychomotor equilibrium (that is why neurotransmitter disturbances are the basis for some common psychoses). Most clinical studies in psychoneuroendocrinology, especially detailed studies, are based on the endocrine changes in patients with mental disorders. The enhanced activity of the HPA axis function in depression, with high cortisol levels and inadequate cortisol suppression in dexamethasone (synthetic corticosteroid) test, is well studied and well known.

PROBLEM AND AIM

The aim of the project is to investigate the effects of creative and art expressive supportive therapies, as complementary, integrative and holistic approaches, on developing new coping mechanisms in breast cancer patients (*reducing stress and promoting a state of relaxation; reducing sleep problems, enhancing immune system function; decreasing pain; supporting creativity, life style changes and self-actualization; supporting the body's natural ability to heal itself...*).

HYPOTHESIS (PRESUMPTIONS)

As one of the factors of organismic self-regulation in coping mechanisms, the researchers emphasize the importance of prophylactic and therapeutic function of the phenomenon of creativity (self-realization), for the purpose of supporting the person's psycho-emotional and physiological homeostasis. Human creativity comprises a number of projective, postural, proprioceptive, hormonal, but also spiritual and moral tendencies. We discover, for instance, that induced esthetic pleasure (*esthetic psychic condition*) arises not only from a biological stimulus but also from the symbolic value of an object, and that it enters the metaphysical experience as a form of life energy that is reflected in its self-destructive and/or creative impetuses...

The essence of any phenomenon in an individual's consciousness has an esthetic character, and an esthetic knowledge is the result of metaphysical intuition permeating that being. Thus art as an abstraction and existential communication comes close to the fundamental ontology as a form

of expression and discovery of transhistoric and transcultural dimensions of existence and man's needs: *music, for instance, enables us to hear what is inaudible; in dance and mime, movements characterize psychic states and communication signs; painting and sculpture make the invisible visible; poetry expresses the unexpressed...* (2,4) On the basis of connecting the findings in biomedical, humanistic, social and other sciences (rehabilitation sciences) and various arts (visual arts, music, poetry...), the basic *hypothesis* of the research has been defined upon which of creative and art expressive therapies may help induce a new level of consciousness, change the psychosomatic status, alleviate symptoms and develop new coping mechanisms in breast cancer patients.

RESEARCH METHODS AND PROTOCOLS

The Croatian-Brazilian study employs Ex-Gen and Arts-Expressive supportive psychotherapies using the results from years-long scientific and clinical research supported by the Ministry of Science and Ministry of Health of the Republic of Croatia, and some international projects. Clinical research protocols for the Croatian-Brazilian cooperation have been developed upon the World Health Organisation model and modified to meet the needs of this cross-cultural study. Table 1 shows the basic outline of a Croatian-Brazilian Research Protocol model developed in collaboration of the Croatian and Brazilian universities and healthcare institutions: Univesidade Potiguar and Art Research Center and Sao Paulo Cancer Institute; Zagreb University Hospital for Tumors and Croatian League against Cancer, Croatian Psychosocial Oncology Association, Croatian Association for Sophrology, Creative Therapy and Arts/Expressive Therapy, Zagreb University Faculty of Education and Rehabilitation Sciences. This Croatian-Brazilian study is also implemented in the research project on *Complementary supportive therapies and life potential development* supported by the Croatian Ministry of Science.

Individual and/or short-term therapy programs have been designed based on assessment of problem fields and patients' needs. Appropriate Ex-Gen models, or Art/Expressive therapies integrating aspects of sophrology and psycho-physical relaxation (therapeutic breathing/hypnothera-

Table 1.

BASIC OUTLINE OF THE CROATIAN-BRAZILIAN RESEARCH PROTOCOL IN THE FIELD OF PSYCHOSOCIAL ONCOLOGY AND SOPHROLOGY

<p>Title of the Research Project <i>Arts & Sciences in Clinical Research on Creative and Arts-expressive therapies</i> <i>Artes & ciências na pesquisa clínica das psicoterapias criativas e arteterapia expressiva.</i></p> <p>Croatian-Brazilian Collaborating Institutions University of Zagreb, Croatia/ <i>University Hospital for Tumors</i> <i>Croatian League against Cancer / Croatian Psychosocial Oncology Association</i> <i>Croatian Association of Sophrology, Creative and Art-Expressive (Psycho)Therapies</i> Universidade Potiguar-RN, Art Research Center-SP, Brazil <i>(Brazilian clinics in Natal-RN)</i> <i>(Brazilian clinics for tumors in São Paulo-SP)</i></p> <p>Theoretical Framework Hypothesis</p> <p>Research Objectives</p> <p>Methodology Type of Study and General Design (Clinical and Cross-Cultural Study) Samples Selections (Criteria) and Size Procedures to Ensure Ethical Considerations</p> <p>Proposed Interventions Data Collection Procedures and Instruments Used <i>(initial interview – presentation of a therapy brochure and/or informative film)</i></p> <p>Patients Experience of Having and Coping with Diseases <i>(differential diagnostics – the first point of clinical assessment)</i></p> <ol style="list-style-type: none"> <i>Coping Resources Inventory (CRI) and Symptom Check List SCL-90;</i> <i>PD-Modified Self-Assessment Visual Analogue Scales (body image, self-esteem, esthetic dimension of existential experience ...);</i> <i>Mandala, MP-Body Cathexis Colorigram and Free Theme Drawing</i> <i>Analysis of Laboratory Results on Stress Hormones and/or Other Biological Markers</i> <i>Cross-Cultural Questionnaire</i> <p>Semi-Structured Concept of Ex-Gen and Art-Expressive (Psycho)Therapy Session <i>Short initial interview</i> <i>Dynamic relaxation / Sophronization</i> <i>Eye-movement desensitization with music and guided imagery</i> <i>Imagery and visual expression in therapy:</i> <i>Free theme drawing;</i> <i>Mandala and MP-Body Cathexis Colorigram</i> <i>Desophronization</i></p> <p>Plan for Result Analysis Methods and Models of Data Analysis according to Types of Variables <i>(Clinical assessment before and after each therapy session)</i> Programs to be Used for Data Analysis</p>
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py), modalities of guided imagery, music and eye movement desensitization, modalities of visual art and alike are planned to be used for this purpose (8, 2).

Table 1 shows the basic outline of the Croatian-Brazilian research protocol in the field of psychosocial oncology and sophrology.

Comment on some of the results from former Croatian studies and evaluation methods planned for the Croatian-Brazilian project

The colors used in a drawing are to be one of the most important factors in art therapy assessments. The number and list of colors used, the area of each color painted, the blend of colors, etc., are common elements rated in the evaluation of art. Figure 1 shows an example of the matrix in visual arts (a nude portrait by Amadeo Modigliani, 1884 – 1920), used as a template in guided imagination and with the application of MP-Body Cathexis Colorigram for the purpose of clinical assessment during art/expressive psychotherapy. Classic judgment of colorigram can be done by visual assessment of dominant colors the patient used for coloring an artwork template, and for posture selection. In addition, computer judgment of the main color in a drawing can also be helpful for art psychotherapy assessment. Seong-in Kim (9), for example, delineates the development of a computer system that judges the main color in a drawing by applying the methods available in the field of digital image processing.

Figure 2 (a,b) shows a sequence from the therapy using a personal mandala and a tree draw-

ing as a projective instrument in the evaluation of the patient's self-esteem. Figure 3 (a,b,c) shows mandala colorigrams that patients produced at a therapy session with colors used to project their current psychoemotional experience in therapy. Figure 4 (a,b) shows segments of an art therapy session supervised by a sophrotherapist/rehabilitation therapist at the Department of Rehabilitation, University Hospital for Tumors, Zagreb.

In the Croatian-Brazilian study, evaluation of (at least) 5 to 9 assessment points for all controlled variables (before and after each therapy session) has been planned. Each patient is a control sample to herself and thus different clinical pictures may be included. Evaluation for biological markers (e.g. catecholamines and urinary free cortisol from 24-hour urine samples- perhaps the most appropriate non-invasive method of clinical assessment) will be done at the first consultation (the first stage) and then after each therapy session- the next day in the morning. That is, with the same number of assessment points as for other variables. Evaluation of visual art expression in the concept of art-expressive therapies (psychoanalytical and phenomenological approach) will be done on the basis of clinical observation of the patient's artworks (free drawing, mandala, MP-Body Cathexis Colorigram) through all assessment points in the therapy cycle. Variable results

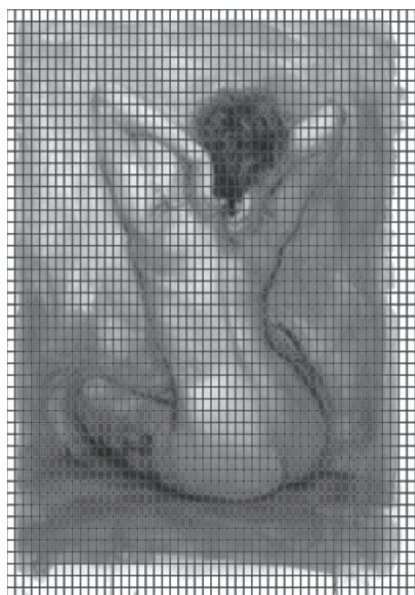


Figure 1. Work of art as a matrix for a body image colorigram



Figure 2 (a, b): a) A drawing of a tree b) A mandala drawing of the body

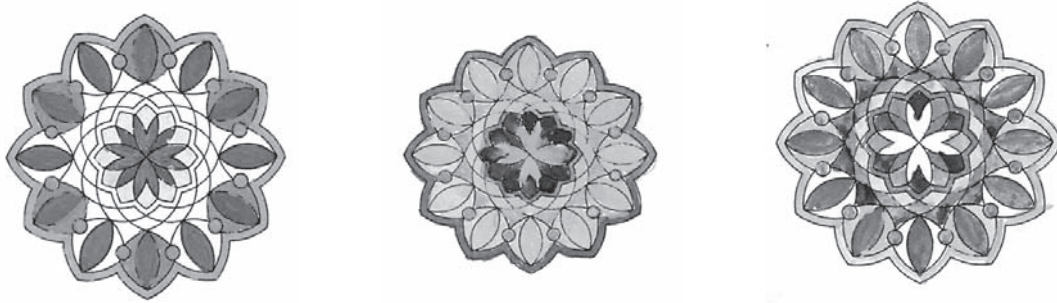


Figure 3 (a,b,c). Mandala colorigrams on the theme of self-esteem



Figure 4 (a, b). Scenes from an art-expressive (psycho)therapy session at the University Hospital for tumors, Zagreb

in the field symbolic expression and biological markers underwent a correlation analysis with personality characteristics and coping mechanisms (Coping Resources Inventory (CRI) and Symptom Check List SCL-90 etc.) Symptom Check list-90 (SCL-90) is a self-assessment psychometric instrument including 9 dimensions: *somatization, obsessive-compulsive dimension, interpersonal sensitivity, depression, anxiety, aggressiveness, phobic anxiety, paranoid ideation and psychocitism.*

For evaluation purposes, the Croatian-Brazilian study has also envisaged the implementation of cross-cultural items, for example: *Did patients and practitioners believe in the therapy ... How well was the intervention adopted to culture, family, meaning of the patients...* and alike. The changes registered between the first and the last assessment point in a therapy cycle will be processed statistically.

The history of evaluation research teaches us that there is no such thing as the right method, the best method or the gold standard of research. There is only good research applied to a relevant question with the appropriate consideration of measurement and socially skillful manipulation of the results. It is only the multiplicity of methods and the variety of approaches, as well as complementary skills of the researcher, which will help us solve the questions we are facing.

A brief overview of presentations given at Ouro Preto and Sao Paulo

The Latin American Congress at the Ouro Preto University Convention Center included a presentation on *Art Therapy as a Complementary Supportive Psychotherapy in Rehabilitation Sciences and Oncology: an interdisciplinary approach* (Artes

Terapias como Psicoterapia de Apoio em Ciências da Reabilitação e Oncologia: uma abordagem interdisciplinar). Before the presentation, in his very inspired introductory speech, his Excellency Dr. Drago Štambuk, Croatian Ambassador to Brazil addressed the following words to the audience:

“Ladies and gentlemen, dear friends,

I am very happy to be here among art therapists in the beautiful Imperial City of Ouro Preto and pleased to be invited as the Ambassador of Croatia in Brazil to address briefly this distinguished audience; even more because after me an illustrious Croatian scientist Professor Miroslav Prstačić will deliver his presentation. The paradigm ART THERAPY consists of two parts. One is, of course, artistic and another one, that measures and quantifies – scientific. This is an example of how art and science do not exclude but do complement each other. They are like two wings that keep us in balance and enable us to rise and fly. Therefore it’s my deep satisfaction, being a medical doctor and a writer, to have both of these wings. As compassionate people who help selflessly less fortunate of us to regain or strengthen their health and well-being, or at least to reduce the suffering of ill or handicapped human beings – the fact of your sheer presence in such big numbers fills me with pride and joy.

...If anything is urgently needed in our globalised world today - where the great advancement in technology is not followed up by our souls’ progress and where the spiritual deficit is only growing – it is, among other elevated things, your good work which you do so generously already. I’ll try to illustrate the human condition of ours through two brief poems of mine; the first one I call diagnostic poem, and the second one therapeutic poem:

<i>From the field dew to the sea foam hovers an arch of pain.</i>	<i>If you have two loaves of bread Give one to a poor man, Sell the other and buy jasmine to feed your soul.</i>
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...I wish you all, dear people and participants, a lot of success at this conference and a lot of beautiful feelings and discoveries to be taken with you to your homes and working places.”

After the presentation of Professor Prstačić, Director of the Ouro Preto Congress, Dr. Otilia Rosângela Souza turned to the author with the following words:

“It is with great honor that we thank your presence and participation on the 2011 conferences: III

Latín American Art Therapy, IV Mercosul Art Therapy and I Portugal-Brazil Art Therapy. The mini-course you taught - Art Therapy as a Complementary Psychotherapeutic and Existential Approach in Oncology brought a deep understanding of the practice or art therapy in the context of the medical arena for several attendees. The lecture Art Therapy and Psychooncology was one of our highest points, where you spoke for a full convention room with 700+ attendees. It was through your presence that we now know of how Croatia is a fertile ground for the art therapy community and we are sure of the possibility of many partnerships with several Brazilian art therapy associations in the future. In closing, we are pleased and honored to have had you as our speaker and lecturer at the conference.”

In their address, members of the AATSP Board (*Associação de Arteterapia do Estado de São Paulo*) also conveyed their thanks to the author by saying:

“The Board of AATESP hereby thanks the presence of the distinguished Professor Dr. Miroslav Prstačić in our city, and his participation with the talk “Arts Therapy as a Complementary Supportive Psychotherapy in Rehabilitation Sciences and Oncology: an interdisciplinary approach” (Artes Terapias como Psicoterapia de Apoio em Ciências da Reabilitação e Oncologia: uma abordagem interdisciplinar) open to our associates and other professionals in related fields. The presentation of his work has added important knowledge to what has already been developed in Brazil in the field of Arts Therapy and Oncology, in an innovative and unique depth, fulfilling all our expectations. We have carefully chosen the place for his presentation so that all the energy of the beginning of knowledge exchange between Brazil and Croatia, through the person of Professor Dr. Miroslav Prostatic, could symbolically spread throughout our city, state and country. The Paulista Ave., the place where the lecture was held, was chosen because it is considered the “heart of Sao Paulo”, one of the higher regions of the city. It was built in the end of the 19th Century to house the Barons of Coffee, traditional families of coffee farmers in São Paulo. It is now an economic and cultural center par excellence, with a beautiful park, in which nature is revealed. In this historical space we met and listened to Professor Dr. Miroslav Prstačić, with great respect and admiration.”

INSTEAD OF A CONCLUSION

Mrs. Maria Angela Gaspari, a member of the Board of AATESP, inspired by the lectures given



at São Paulo and Ouro Preto, made a gift to the author giving him the pictures of the Ibirapuera Park in São Paulo, which may encourage some reflections on a tree drawing and clinical entity body image of the patient, which the author describes in his book on Psychosocial Oncology and Rehabilitation, in the chapter on *Corpus Mysticum* as follows:

„...The original connection between an individual and the world is registered in the experience of one's own body... A new being is created in the body, there are instincts of Eros and Thanatos in the body and mysterious and enchanting encounters with the sublime and transcendental experience of human being and the cosmos are discovered in the body... The physical existence is actually an encounter of the objective and the imaginary body, and each experience on the surface of one's physical Me is a reflection of endless phases of life, manifested in various forms of existential anxiety...“

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