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Artículos Científicos

La expresión de sentimientos como promotor de bienestar subjetivo en una paciente de cáncer

The expression of feelings as a promoter of subjective well-being in a cancer patient

A expressão de sentimentos como promotor do bem-estar subjetivo em um paciente com câncer

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Resumen

La presente investigación se basó en la expresión de sentimientos como promotor de bienestar subjetivo en una paciente de cáncer, en el Hospital de Oncología en la ciudad de Morelia, Michoacán, México. La investigación estuvo enmarcada en el **estudio cualitativo** y se utilizó el método fenomenológico mediante la estrategia de un estudio de caso. Para ello, se emplearon una serie de técnicas e instrumentos de recolección de datos, específicamente la entrevista a profundidad, la narrativa y la observación directa. El **objetivo** fue analizar la

manera en que la expresión de sentimientos con respecto a su enfermedad, en una paciente con cáncer, promueve su bienestar subjetivo a través de una intervención psicocorporal.

De esta manera se pudo **concluir** que los sentimientos presentes en la paciente respecto a la enfermedad fueron el enojo, la tristeza y el miedo. Se encontró que la represión es el manejo que la participante le da a sus emociones, ya que al sufrir una enfermedad crónico-degenerativa se presentan emociones del pasado. La intervención le dio la oportunidad a la participante para hablar de los sentimientos respecto a su enfermedad. Al permitirse expresar sus sentimientos pudo encarar de mejor modo la enfermedad, e incluso surgieron sentimientos positivos relacionados con la satisfacción con su vida y las ganas de superar el cáncer.

Palabras clave: bienestar subjetivo, paciente de cáncer, sentimientos.

Abstract

The present investigation was based on the expression of feelings as a promoter of subjective well-being in a cancer patient, at the Oncology Hospital in the city of Morelia, Michoacán, Mexico. The research was framed with a type of qualitative study and the phenomenological method was used through the strategy of a case study. For the case study, a series of data collection techniques and instruments were used, specifically the in-depth interview, narrative and direct observation. The objective under which we worked was to analyze the way in which the expression of feelings regarding her illness, in a patient with cancer, promotes her subjective well-being, through a psycho-corporeal intervention.

In this way, it was possible to conclude that the feelings present in the patient regarding the disease were anger, sadness and fear. It was found that repression is the management that the participant gives to her emotions, since when she is in a chronic degenerative disease, emotions from the past are presented. The intervention gave the participant the opportunity to talk about her feelings regarding her illness, to express and identify them. Allowing yourself to express your feelings has given you the opportunity to function better in the face of the disease, emerging positive feelings, expressing satisfaction with your life, and wanting to overcome cancer.

Keywords: Subjective well-being, cancer patient, Feelings.

Resumo

A presente investigação se baseou na expressão de sentimentos como promotores de bem-estar subjetivo em um paciente com câncer, no Hospital de Oncologia da cidade de Morelia, Michoacán, México. A pesquisa enquadrou-se no estudo qualitativo e utilizou-se o método fenomenológico por meio da estratégia de um estudo de caso. Para tanto, foi utilizada uma série de técnicas e instrumentos de coleta de dados, especificamente a entrevista em profundidade, narrativa e observação direta. O objetivo foi analisar como a expressão de sentimentos em relação à sua doença, em uma paciente com câncer, promove seu bem-estar subjetivo por meio de uma intervenção psico-corporal.

Desse modo, foi possível concluir que os sentimentos presentes no paciente em relação à doença foram raiva, tristeza e medo. Constatou-se que a repressão é o manejo que a participante dá às suas emoções, visto que, ao sofrer uma doença crônico-degenerativa, são apresentadas as emoções do passado. A intervenção deu à participante a oportunidade de falar sobre seus sentimentos em relação à sua doença. Ao se permitir expressar seus sentimentos, conseguiu enfrentar melhor a doença, surgindo até sentimentos positivos relacionados à satisfação com a vida e ao desejo de superar o câncer.

Palavras-chave: bem-estar subjetivo, paciente com câncer, sentimentos.

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Introduction

Cancer is one of the main diseases of our time due to its high prevalence, morbidity and mortality —Insa (2010) cited by Palacios-Espinosa, González and Zani (2015) -. People diagnosed with cancer are affected, in addition to the disease, by the way they are treated by society, which hinders their proper emotional expression. For this reason, carrying out this work is of great importance, since it is intended to contribute to the subjective well-being of people. It should be noted that this population has a negative representation of the disease, since they consider it fatal. This causes it to be associated with very intense negative emotions (sadness, fear, pain and suffering) and with internal dialogues of defeat and helplessness (Palacios-Espinosa et al., 2015). In other words, all the psychological effects that patients suffer when faced with this disease originate in their evaluations; That is, if the patient values it as a trauma, once the treatment has finished, he may have a symptom of post-traumatic stress disorder due to the threats or changes he suffered throughout the process (Pontaza,

October 26, 2017). Adapting to living with a disease of this nature requires time, patience, support and interest in participating in taking care of your own health. Therefore, understanding what is happening and actively participating in taking care of one's own health helps to face the new challenges that are appearing (Correa, 2017).

Now, feelings belong to a natural process and arise from an emotion regarding a lived situation. In this context, subjective well-being is a topic that is currently being studied by positive psychology, and refers to the evaluation that the person makes from their perspective of life (Verdugo et al., 2013).

Therefore, the general objective of this research was to analyze the way in which the expression of feelings regarding her disease promotes her subjective well-being in a patient with cancer. The specific objectives are the following:

- Identify the feelings about her illness in a patient with cancer through an intervention with psycho-corporal techniques.
- Analyze the handling that the research participant gives to her emotions during an intervention with psycho-body techniques.
- Analyze the influence that the expression of feelings generates on the subjective well-being of the participant.

Emotions and feelings

Emotions are the result of the organism's evaluation of a situation. Emotions and all the bodily reactions associated with them serve as the foundation for the basic mechanisms of life regulation. These are constituted by simple reactions and are spontaneous (Muñoz, 2016).

Pallarés (2013) defines emotions as agitations or moods produced by ideas, memories, appetites and desires. They are irrational impulses, adaptations to external or internal changes and consequences of maintained ideas that are executed at a certain moment. Emotions are performed in the theater of the body, while feelings are performed in the theater of the mind. Emotions are reactions designed to help us overcome certain external changes that can affect our integrity. Muñoz (2016) mentions some of the most important characteristics of emotions:

- They precede feeling and depend on sensations and perceptions.
- They are usually intense, but short-lived.
- They are the result of the evaluation of the situation by the body.
- They are at the service of survival.
- They can be observed by others through actions or movements that can be seen in specific non-verbal behaviors: in the face, voice, gestures, hormonal changes, etc.

Duque and Vico (2012) refer to some components of emotions:

- They fulfill various functions, among which are the preparation for action, the conformation of future behavior and the regulation of social interaction.
- Emotions are feelings that usually have a physiological and cognitive component.
- Emotions are intense and are accompanied by various physiological changes; among them, acceleration of respiratory and cardiac rhythms, dry mouth, increased sweating and sometimes piloerection.

Emotion gives life intensity and meaning (Ramos Rocha, 2004). It is a quality of experience and an expressive quality of action. Therefore, it is recommended to be free to experience the full range of emotions because it offers an enrichment in the quality of life. In this sense, it is vital that the person's feelings are authentic, since acted or pretended emotions distort relationships with others. Such inauthenticity determines disease and distorts personal growth.

The emotion does not last long (15 to 20 minutes), because we could not bear its intensity. Therefore, we have a natural and spontaneous limit that diminishes its momentum. In this sense, it is worth noting that we have primary emotions, which are innate and are at our disposal to satisfy the main needs and to function as a survival instinct. The basic emotions are fear, affection, sadness, anger, and joy.

- Fear: The fear is the reaction that arises from the perception of a threat. This makes us seek protection and is usually expressed in the form of flight. It implies a feeling of displeasure, although at the same time it makes us alert. If not adequately experienced, the person would not be able to take care of himself in times of danger.
- Affection: Affection has to do with the attraction towards another or towards something that can satisfy some need. It is the basis for generating links with the environment, although it implies a feeling of pleasure. If not experienced properly, we would be unable to address the world.

- Sadness: The emotion of sadness implies a loss or disappointment that allows us to withdraw towards ourselves. It is of lower energy than the others. If we do not experience it properly, we could not withdraw and then continue looking elsewhere for the satisfaction of our needs.
- Anger: Anger allows you to defend yourself from the environment and set limits, as it enables people to do what is good for them and what is not. If not experienced properly, you can easily fall prey to others. Basañez (2016) indicates that the physical changes that anger causes are frowning, tensing the muscles, flushing of the face, rapid breathing and increased blood pressure. Anger is helpful because it helps us adjust. In fact, hiding it or trying to avoid it would create more problems. The challenge is to give it the appropriate intensity to express it, and it ranges from a slight annoyance to uncontrolled anger (Basañez, 2016), which can turn negative if it is frequent, prolonged and disproportionate.
- **Joy:** The emotion of joy is essential to keep us alive and energetic. It is experienced when some need is satisfied in the immediate present. Whoever does not fully experience it causes a lack of vitality. Joy awakens excitement and interest, which leads us to explore new horizons. In fact, it has helped us evolve and adapt to the different places where we have had to live.

In short, by facilitating emotional processes, one is not generally working directly with emotion, since it is ephemeral, hence it does not occur in front of our eyes. This means that you actually work with what remains after the emotion, that is, the feeling.

Feeling

The feeling is the elaboration and cognitive representation of experiences such as the state of the body, emotion, perceptions, memories and thoughts of the state of the body in a reactive process. Muñoz (2016) explains that not every feeling comes from an emotion, but only from the states of the body, from sensations. To have feelings we have to be able to have sensations and represent them cognitively. So, the feeling is a bodily sensation that I interpret and concretize according to my history, my own experiences or also all those that I have introjected. My cultural framework. The most important characteristics are the following:

- They involve a cognitive elaboration and representation.
- Occur after the sensations and emotions in the emotional process.

- They are the part of the feeling that is made private, that is, they cannot be easy to observe by others, since they are invisible to all who are not their own owner.
- They contribute to the regulation of life, but are more at the service of development than of survival.
- The feeling is usually not very intense, but it is longer than the emotion.
- If the intensity of the feeling disturbs the homeostasis of the organism, then it has reached a limit, which is equal to illness or death.

Subjective well-being

Psychology represents the subjective perception of the quality of life in the subjective well-being concept (BS), which expresses people's satisfaction and their degree of satisfaction with specific or global aspects of their existence in which positive moods prevail . In specific terms, the BS would be composed of a cognitive component that corresponds to satisfaction with life, either in a general or specific way; and the affective component, which refers to the presence of positive feelings, called happiness. Satisfaction with life and the affective component of subjective well-being seems to be correlated, since both are influenced by the assessment that the person makes about the events, activities and circumstances in which his life takes place (Denegri, García and González, 2015).

Ojeda-García (2011) shares the contribution of Dr. Myhaly Csikszentmihalyi, who points out that happiness is the feeling most desired by all. Perceptions of one's life are the result of many forces that shape one's own experience of its meaning and interpretation. Each produces an impact that makes the person feel good or bad. This sensation is manifested with the intensity and level of joy of living, which is translated as subjective well-being. The BS is vital to perform in any field (social, work, family, individual, etc.), so each person must prepare it, cultivate it, look for it and feed it on a daily basis. Therefore, it can be said that happiness and well-being are inseparable, hence with the increase in the level of appreciation of happiness and subjective well-being, the person becomes more creative, achieves greater contact and deeper relationships with other people, expand your language and ultimately make your body and expressions look more radiant (Ojeda-García, 2011).

In this sense, Pontaza (October 26, 2017) considers that there are patients who respond profitably, because after cancer they begin to value life differently. This also has to

do with whether she was given a psychological follow-up during the process, how the patient was in it and how she was adapting to all the changes experienced.

Most of the studies carried out so far are interested in the influence of different attachment styles in coping with the disease, and are based on the idea that the diagnosis of cancer activates attachment behaviors. If something characterizes cancer, it is the feeling of threat. For this reason, the quality of the bond established between the sick person and her caregivers must be particularly relevant to her emotional well-being.

Inquiries have been made about the variables of sensitivity to the vital changes that accompany the diagnosis and treatment of breast cancer, and their predictive value on well-being has been explored, understood as the presence of positive affects and / or the absence of affects negatives. The results indicate that the component of fear of rejection and abandonment of the attachment bond is strongly related to well-being, as is the presence of daily difficulties and the presence of symptoms related to the disease and the treatment. As expected, both the functional capacity of the patients and the severity of the symptoms they perceive strongly correlate with the mood meters. The higher the functional level and the lower the presence of symptoms, the higher the positive affect and the lower the negative. The more fearful patients are of being abandoned or rejected in their interpersonal relationships, the more they report high negative emotions and low positive emotions.

Cancer, therefore, involves two types of vital changes. On the one hand, it puts patients and relatives before the prospect of death. On the other, medical interventions and strong and long treatments represent a serious disturbance of daily life. From developmental psychology, life can be defined as a succession of tasks aimed at achieving certain goals (whether daily or peremptory) and building the skills that are needed to do so. (Alonso, Fontanil y Ezama, 2016).

Body psychotherapy

All the definitions agree that in this current mental life is “embodied”, that is, equivalences, interrelationships or interfaces are sought between the sphere traditionally considered psychological and the corporal (Ortiz Lachica, 2016). This same author quotes from the European Association of Body Psychotherapy (EABP) a much more inclusive definition, that is, it is a theory that makes explicit about the functioning of the body-mind, taking into account the complexity and interactions between the two. His basic premise is

that the body reflects the person as a whole, and there is a functional unity between the body and the mind (neither part dominates the other). It uses a wide variety of techniques, some of which are used on or with the body, and involve physical contact, movement, and breathing.

It should be borne in mind that in practice different combinations of common factors can be used for other psychotherapies, such as movement and posture, breathing, physical contact, and reconstruction of significant events. Through these, information is obtained that helps the diagnosis, as it provides data about how they are and how the person is. The psychological material is also accessed, which is used to know and modify the memories, thoughts, emotions and bodily sensations that are used in order to unblock the body or reconstruct a significant event.

Although in this research work with patients is based on body techniques, it is considered important to mention Gestalt techniques, since they go very hand in hand with it. In this research —as will be seen in the intervention— the most used techniques were expressive ones.

Gestalt makes a classification of techniques used in the psychotherapy process. They are divided into three interdependent groups, which will be defined as suppressive below. These serve to discover the hidden experience behind a certain activity. Fritz Perls argued that in Gestalt psychotherapy intellectualization should be avoided in order to pay attention and emphasis on experimentation through experiential techniques. He said that talking about the problem favored rationalization instead of increasing awareness (Salama, 2012). These techniques are experiencing emptiness, not talking about…, discovering the must, knowing how to ask questions and answers, grasping when approval is requested, and realizing when it is being demanded or demanded.

Expressive: The objective is to gather enough energy to strengthen the content of the client's awareness, either by suggesting intensification of attention or deliberately exaggerating the action. Some are expressing the unexpressed, ending or completing the expression, looking for the direction, and making the expression direct.

Integrative: The objective of this technique is to integrate the alienated parts of the individual. These are intrapersonal encounter, assimilation of the projected, guided fantasies. The task is to address awareness and use it at the right time in the session, depending on the needs of the patient.

Method

The present investigation was carried out based on a qualitative methodology, which is characterized by presenting the data produced from the perspective of the other; that is, it takes people's own words, spoken or written, as well as their observable behavior (Taylor and Bogdan, 1987). In addition, with the support of the phenomenological approach, an attempt was made to understand the subjective of thought from the exposure of the person's original experiences in their context (Soto and Vargas, 2017).

The intervention was carried out from a series of experiential techniques, and is presented as a case study. The techniques applied were the in-depth interview (carried out in two sessions of approximately one hour), where the history of the participant was explored in relation to the development of her disease and the way it affected the rest of her life ; and the narrative, which was taken from the participant's stories and speeches during the realization of the experiential techniques that were carried out in eight two-hour sessions. Both the intervention and the interview were carried out in a psychological clinic to which the participant voluntarily presented herself. The participant is originally from the municipality of Cuitzeo, Michoacán, Mexico. She is 45 years old and her current marital status is common law marriage. She finished her high school studies and has two daughters.

Results

Based on the interviews and the participant's narrative, the information was systematized into three categories of analysis: the feelings expressed by the participant about her illness, the management she gives to her emotions, and evaluating the development of the subjective well-being of the participant.

Category 1. Present feelings about the disease

The feelings that were presented in the patient regarding her illness were fear, anger and sadness. She will begin by analyzing fear. This was caused by four different circumstances: dying and leaving her daughters alone, her partner abandoning her due to the disease, having her breast amputated, and chemotherapy. The word "cancer" relates it to death. She does not want to die, for she would leave her daughters alone, whom she would suffer. The fear of being abandoned is based on an experience from the past, when an ex-

partner left her and told her that she was ugly and that no one was going to love her. Consequently, the idea has been created in her that when her hair falls out, she will no longer be attractive to her current partner of hers. For this reason, the fear of chemotherapies arises. If her breast is amputated, for her it would mean becoming an incomplete woman, so she will not want to be seen that way.

P. Psi. Why do you think your partner is going to leave you?

Patient: He does not tell me that he is going to leave me; He always shows me affection, he tells me to feel like it and to operate on me, that he will love me the same. But I am afraid that my partner will leave me because I am no longer a beautiful and complete woman if they take my breast from me.

P. Psi. What if he lets you what happens?

Patient: I will be alone again with my daughters and with my illness, and my daughters would suffer again.

P. Psi: Then it is better not to operate so that it does not leave me and that the cancer advances (it is observed that the patient enters into awareness through her non-verbal expression, and under a reality principle that refers to her giving herself She realizes that she has this fear and why she has it; she begins to see that if she does not operate, the one who will abandon her partner and her daughters will be her).

Patient: I don't want to die (she invites herself to express herself and in doing so she listens), I don't want this fear. Leave me, you are no use to me, fear. I want to beat cancer ...

P. Psi: (once everything for which she is afraid has been expressed, she is invited to repeat the following) And when I say it I feel… (the patient mentions) good, calm, liberated, relaxed. What do you realize? What do you integrate in this moment?

Patient: I realize that I did not really want to have surgery for fear that my partner would leave me, and that I lived this in the past and never said it. I also realize that I am no longer with my ex-partner, that now I am with a different man.

P. Psi: What would you like to say to your partner now?

Patient: I beg your forgiveness (referring to his partner through the technique) for not accepting your care. Today I realize that you are with me and that you love me, that my fear is why I lived in my past. This fear is not going to paralyze me. I want to be well and beat cancer.

P. Psi: Recognize that now your partner is with you, accompanying you and supporting you in these moments and has not abandoned you. Accept it and receive it. What else do you have to continue with this process?

Patient: I have myself, and as the doctor said: I am an important part in this process, and if I fail, the goal will not be achieved, which is to beat cancer. I have God.

On the other hand, another feeling present in the participant regarding her disease was anger, which is possibly related to a claim to life, since she says: "I do NOT deserve this disease because I have already suffered a lot and I feel angry because I am a good woman ". She was asked: what do you feel about cancer, what do you want to say to it, what do you want to do with it? The patient begins to have contact with the emotion and she expresses the following:

Patient: I am angry because I feel that nobody understands me, because they only tell me to feel like it.

P. Psi: I understand that you feel that way because it is not easy to have a disease like this. Now I ask you to put cancer in front of you, here it is in front of you. Why don't you deserve to be sick?

Patient: Because I am a good woman

P. Psi: So, because you are a good woman you can't get sick?

Patient: No, because I have suffered a lot, and this disease is very aggressive that it is making me suffer more, and I feel angry with God, with my family, with all the people who tell me to feel like it, because they are not there. sick, do not have cancer (begins to cry).

He is given a newspaper and he is told: P. Psi: Here is the cancer in your hands (symbolic representation, attending to the needs of the patient at the time). What do you want to tell him?

> *Patient: I feel angry because you appeared in my life (he is asked to express everything he wants to say to him). I don't want you in my body! Go away! You are hurting me! I do not like you!*
> *P. Psi: What do you want to do with it?*
> *Patient: Break it down, get rid of it (asked to continue expressing). Get out of my body, I want to end you, destroy you and I am going to do it (he is told to repeat "And I'm doing it, I'm destroying you").*
> *P. Psi: Then destroy him, finish him off (the patient tears up the newspaper and at the same time expresses everything it has caused to her life. After several minutes her energy begins to decrease and she ends up expressing and breaking the newspaper).*

To finish this first category, the last feeling present in the participant, sadness about the disease, will be explained. The patient shares her feelings when they gave her the medical diagnosis. "At first when I was diagnosed, I did not go out, I felt sad, without wanting to go out, suddenly I felt that all my self-esteem was lowered, but I was strong." This sadness prevented him from leaving her room. She mentions that she cried alone and in secret so that her daughters would not see her suffer.

Category 2. Management that the participant gives to her emotions

This category aims to analyze the way in which the participant handles her emotions and the consequences that this generates on her health. During the intervention, it was observed that the participant uses repression as a defense mechanism. In fact, throughout her life she has not expressed her emotions, although she commented on very difficult past situations. Suppressing certain emotions can be healthy, in the short term, because it can give the person a little more time to face others that could overwhelm them if they act suddenly. However, it is not healthy to deny them indefinitely.

Throughout the sessions, she mentioned: "At first I was afraid of the disease, but now I realize that this fear has to do with my partner leaving me." Her intervention gave him the opportunity to talk about his feelings regarding her illness, to express and identify them, and

although at first it was not easy for him, it seems that there was a change. In fact, in the third session, her face was charged with energy and vitality. She claimed that attending her sessions made her feel different.

Expressing her feelings now keeps her calm and, in her moment, helped her to cope with her illness, which led her to have a better adherence to chemotherapy treatment. The participant indicated that she used the breathing techniques learned in the intervention to be calm and reduce fear.

Category 3. Development of subjective well-being

This category describes how the participant's expression of feelings strengthened the development of her subjective well-being. It is divided into three subcategories.

1) Feelings about her illness after the intervention: After fear, anger and sadness, you can now feel gratitude for her illness. He learned to value his family and life. She mentions: “I have enough time to be with my family, I do my part in the medical processes, and even if I feel bad with the chemo, because I spend a lot of time lying at home, I know that I am with them. I have the time to teach my daughters and be with them ”. Cancer for your life now feels like a non-serious illness, it doesn't feel heavy anymore. Before, cancer scared him; However, this intervention helped her to see it differently, as a disease that, being treated, can be overcome.

She worked through a guided fantasy. She was asked to place his hand on her affected bosom of hers to thank him for what she has left and taught him. She said: “I thank you because you have made me stronger, because you have brought me closer to my family. Thank you also because I met the psychologists ”. He also thanks the breast that they are going to remove. “Thank you for the time you were with me, because you gave me the happiness of being a woman and feeding my daughters. Thank you for making me look pretty ”.

As she expresses her emotions, she feels grateful and says: "I have realized that I have a great man by my side and I have decided to dedicate myself more to enjoying time with my family."

2) Recognition of resources, abilities and strengths: The participant talks about having a lot of desire to live because she has a whole life ahead of her, surrounded by people who love her, and although she has this disease, she feels capable of overcoming it. She mentions that she is a strong, brave and beautiful woman, and that even without having a breast, she is

worth the same or much more. She is calm, relaxed and happy. She is not afraid of illness. "I can overcome cancer and give much more than what I already have."

3) Adherence to treatment: Receiving the news of a terminal illness anticipates two options: the first, totally abandoning any medical help that can be given; and the second, to follow the indications of the medical team, either to attack the disease directly or to treat it, making it more bearable. In this sense, the participant in this research, who has decided to continue with the treatment to defeat this disease, is calm and with plans for the future. She does not plan to give up her goals. Thanks to all the personal work that she has achieved during the interventions, she comments:

> "It has helped me to follow my individual and family goals, since I want to continue studying and learning more. We also want to expand the house, I want to work and support my husband. Regarding my treatment, I have had no doubts and I have felt supported by the doctors and the psychologists. I do not forget the first day I went to the hospital appointment; That day the doctor was very kind and he explained to me that there are three very important things that must be fulfilled in this process: me, them and my family, and that if one of these three parts failed, everything would get complicated. From that moment I understood that everything was for my health and my life. I am the most essential part in this process and I began to put all the desire to fight against this disease. I learned to pay attention to my body, all the sensations and emotions that I feel, I try to express them, I allow myself to ask the doctors more about things that are not clear to me. Now I understand that my body is unique: it feels and expresses, and together with it I have learned to listen and pay attention to my body, and that has helped me in my treatment ".

The participant has listened carefully to the medical and psychological indications. With an attitude of commitment, perseverance, independence, harmony and love, the participant continues to attend her postoperative appointments, and even having finished chemotherapy, she continues with her check-ups. She progressively returns to the readjustment of her life, adapting and facing the changes of this unexpected event.

Discussion

In all life processes there is energy (in movement, in feeling and in thought). In fact, all of them can be interrupted if the body lacks energy. In this sense, for a person to recover energy, an increase in their oxygen intake is used immediately, hence they are asked to breathe more deeply and fully.

Now, you cannot talk about the concept of energy charge without considering what an energy discharge is. Living organisms are only able to function when there is a balance between the charge and discharge of their energy. They maintain an energy level appropriate to their needs and opportunities. Pleasure and satisfaction constitute the immediate experience of the activities of self-expression. Limit a person's right to express himself and his opportunities to enjoy peace and creative living will have been diminished. In other words, you cannot raise your personal energy level through breathing alone. Channels of self-expression through movement, voice and eyes have to be opened so that a greater discharge can be generated. For this reason, breathing, feeling and movement are combined together with the attempt to relate the current energetic functioning of the individual with the history of her life. Thus, the internal forces (conflicts) that prevent the person from functioning at their full energy potential are gradually discovered. Each time the internal conflict is resolved, the individual energy level rises; in short, the person charges and discharges more energy in creative, pleasant and satisfying activities (Lowen, 2018).

In the results section, it was explained that the feelings present in the participant regarding her illness were fear, anger and sadness. The origin of fear begins in the lack of satisfaction of the need for security and the lack of confidence. Its main function is protection, and it predisposes to flight. It is important in the lives of human beings to take care of themselves in the face of constant dangers (Muñoz, 2016).

The impact that mastectomy causes in women generates different emotions, and the intensity with which they occur will be mediated by the coping styles that are available. It was found that women have feelings of loss, mutilation, devaluation of body image, frustration, sadness, anger, and anxiety and depression disorders before surgery. The impact of cancer and its oncological treatments limit the social, family and personal life of patients, hence the importance of intervening in these problems in order to achieve a recognition of the new body image and, therefore, improve the quality of life.

Psycho-oncological support is important for patients to learn new emotional self-regulation skills that allow them to reduce the effects of these bodily changes. These strategies give the patient the opportunity to learn about other types of resources to cope with the effects of surgery. In fact, keeping them functional and participatory during their treatment allows them to later make decisions about interventions (such as breast reconstruction) that lead them to feel better. (Martínez-Basurto, Lozano-Arrazola, Rodríguez-Velázquez, Galindo y Alvarado, 2014).

Muñoz (2016) explains that the etiology of sadness is based on the frequent experience of losses and disappointments. This has to do with a feeling of disappointment that allows us to withdraw towards what we consider best for ourselves, and is characterized by a lack of energy. If this emotion were not adequately experienced, we could not withdraw from that painful fact and then continue to seek the satisfaction of our needs in another setting.

Villa, Font and Caba (2016) found something similar to this research, since they observed that women who had just received a diagnosis experienced anger, fear and nervousness slightly more intensely than patients in other medical situations. Discomfort has been found to be most intense during the diagnostic phase; however, the quality of life for women with breast cancer improves as the time from diagnosis to treatment elapses. In any case, it seems that the diagnostic phase is the one that usually generates the greatest emotional distress, as has been found in other studies. In relation to the favorable emotional change, this was greater in those women who were in the treatment phase or in the follow-up phase (free interval), and in those women who had already made some visits with the psycho-oncologist previously. The latter would indicate that there is a certain therapeutic learning effect.

In the same way, it is considered that the more we experience emotions and do not express them, the more pressure we gather inside, and our mind perceives that we are in a situation of danger, with which we feel that we must flee (enclose our emotions even more) or fight (to get angry at emotions) (Colbert, citado por Atencio y Ramírez, 2019).

Patients go through several phases in the process of assuming they have a disease and learning to live with it. Some feel vulnerable, confused, and concerned about their health and future. These feelings are part of the coping process. In this process, the family support that the patient receives is a fundamental aspect, since the family is the greatest source of social

and personal support that people can have. The importance of family support is visible in this biographical account, a subject to which the informant dedicates a greater number of words (Correa, 2017).

Support from social networks, employment ties, quality of family relationships, personality traits, and coping style play a significant role in the disease process. Coping strategies are understood as a set of both cognitive and behavioral efforts that constantly change and are developed to handle external and internal demands, which are evaluated as surpluses and overflowing of the individual's resources. Each individual presents different relatively stable ways of facing each situation (Cerquera, Matajira & Vásquez, 2017).

Following these authors, it should be noted that the coping style that the patient in this research had to face her disease was active, since they are people who mobilize their efforts for different types of solutions to the situation.

When the intervention was carried out, it was intended that the patient develop adherence to treatment in order to promote her subjective well-being. Health psychology has used the term therapeutic adherence, understood as an active and voluntary involvement of the patient in the course of behavior accepted by mutual agreement with their doctor in order to produce a desired therapeutic result (Martín, Grau y Espinosa, 2014).

It is considered that the participant in this research, at the end of the entire psychotherapeutic intervention process, managed to transcend her illness and promote the development of subjective well-being in her life. Happiness is an emotional and cognitive state of people that is defined as the prevalence of the frequency of occurrence of positive emotional experiences over negative ones, involving the ability to love, work, relate socially and control the environment. (Denegri, García y González, 2015).

Conclusions

After having successfully carried out this research, it is considered that a person with a chronic disease is awakened by emotions caused by the disease and by the past, which were not expressed at the time. In this sense, emotional distress is an unpleasant, multifactorial experience of a psychological, social and / or spiritual nature that interferes with the ability to effectively cope with cancer, its physical symptoms and its treatment. The emotions presented in the participant by a disease labeled as fatal and by those experienced in the past

were fear, anger and sadness. It was observed that the patient had difficulty expressing her feelings, and used repression as a defense mechanism.

It was also found that by leading the patient to express her feelings regarding her illness, he promoted her subjective well-being; this through psycho-corporeal techniques, because through its use the energy of the person is activated to make contact with her body, which in turn revives deep unexpressed emotions. This generates relief from emotional pain, where feelings now become a construction and development of her potential as a person. They are proportionate feelings, that is, their frequency is according to the circumstances experienced.

It is worth mentioning that the patient's face changed when she expressed how she felt about her illness. In other words, her face and body radiated tranquility and life. Thanks to this research and through the intervention, with the use of psycho-body techniques, analyzing the management of emotions and their expression, it was possible to promote subjective well-being in the patient. This helped the participant decide to be part of the treatment program and follow the medical indications.

Regarding body psychotherapy, it was worked with because its basic premise says that the body reflects the person as a whole, and that there is a functional unit between the body and the mind. This science was used because its techniques involve physical contact, as well as movement and breathing. This helped the participant to have a flow in body energy, which impacted on contact with emotions. In this way, the objectives of body therapy were met in terms of promoting the expansion of consciousness, the expression of emotions, the relief of suffering, the ability to feel pleasure and, in general, personal growth and development.

Since psychoanalysis - with several representative figures such as Freud or Reich, the latter considered the father of body psychotherapy - the body and the mind have been worked on, because while the consultant narrated their story, with body postures and breathing they managed to contact the emotions to be expressed. Therefore, we believe that working with body psychotherapy will open the opportunity for more women diagnosed with cancer to express their feelings about the disease. In this way they will be able to become aware of the value that they have as women and about the options to combat the disease attached to a timely treatment.

In short, it is proposed to continue developing programs, whether they are courses or workshops on body psychotherapy, for patients with cancer and chronic degenerative diseases, since in this way the expression of feelings can be promoted within a climate of empathy, respect, confidentiality, accompaniment and professional ethics. Otherwise, repressing emotions can generate a state of frustration and discomfort in patients that will further deteriorate their health. In this sense, it is worth emphasizing the support and accompaniment of the family, the work of the multidisciplinary team of the health area and the commitment of the patient as key factors for the progress and physical and psychological recovery of the patient. With these proposed programs, an attempt will be made to help the patient to transform his negative perception of the disease into another that allows him to glimpse the opportunity to develop her human potential.

Future lines of research

As this research only attended to one person, the study of the benefits of group work could be included in the future. It would also be interesting to investigate the subjective well-being of people with different chronic degenerative diseases in order to analyze whether patients handle the same emotions. In the same way, it is considered relevant to check if there are changes in the feelings that they manifest during the different phases of their illness.

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