

Study on pediatric oncology patients' dreams

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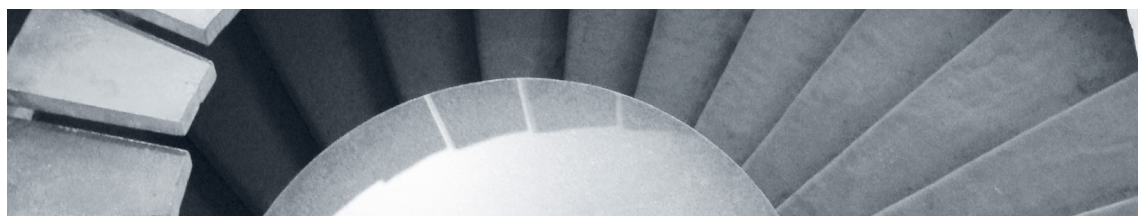
Ivelise Fortim**

Abstract

This article aims to perform a literature review of psycho-oncology on the effects of cancer diagnosis and treatment on the individual's life, and then relate to the analytical theory about dreams, trauma and disease as a symbol. The objective of this study is to study the dreams of these patients, between 10 and 12 years old, whether they are still undergoing treatment or not, in order to study the elements and/or the themes common to the dreams of this group, relating them to the experience with the disease

and its sequels and analytical theory. Interviews were conducted with the patient and his / her caregiver, as well as the collection of reports of children's dreams. The analysis of the material brought us closer to the psychic situation of the subjects, where, from the dream elements and structures, it was possible to perceive an intense emotional fragility and the possibility of psychic dissociation. The morbid themes and aspects related to the disease and its treatment point to an attempt to elaborate these experiences. ■

Keywords
Childhood cancer, analytical psychology, pediatric oncology, children's dreams



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1. Introduction

Childhood is a phase of extreme importance in the life of any individual. At this moment, the biggest concern is the development and, therefore, a diagnosis of cancer has a great impact on the patient and his family. The whole routine of that child will change and habits will have to be put aside, giving way to invasive and painful treatments, fear of death, in addition to possible hospitalizations, in some cases, even in isolated wings, restricting contact with family members. These new experiences tend to cause "feelings of guilt, punishment, fear of depersonalization and regression in their psychological and cognitive development" (ALVES; FIGUEIREDO, 2017, 61).

Emotional support for the patients and their families is essential throughout the treatment. For the child, there are different options within the hospital context to provide psychological support, such as psychological support groups, creative expression groups and storytelling, play activities in the toy library and the use of drawings. However, it has been verified by Bigio (2005) that it is still common for a child to be unaware of the disease, its treatment and prognosis, which causes distorting understandings about his condition, thus being unable to appropriate his reality. This failure in communication and in the patient-family relationship provokes feelings of abandonment and emotional fragility. With this, in addition to feeling distant from the parents, patients end up repressing their anguish, fears and fantasies, and may present poverty of internal resources to deal with the condition that are facing, as was verified by Bigio.

The experiences lived from the diagnosis are carried by an intense affection, causing all the perceptive and mental elements associated with this experience to accumulate around this affection, configuring what we know as complexes. As Jung (1984) explains, complexes are a fundamental part of the dream material, where they

manifest in dreams as characters, scenarios, ego attitude, dream climate, etc.

This article aims to study the dreams of four children, aged 10 to 12 years, diagnosed with cancer, in order to make a parallel between the dream content and the experience with the disease. We see, in this study, how the richness of this material makes it possible, through images and symbols, an approximation to the subjects' psychological situation.

Because they are subjected to very emotionally charged and potentially traumatic experiences – such as family separation, physical symptoms, surgical interventions, chemotherapy, impotence, among others – we can use dream analysis as a way of seeking a manner to understand how the psyche is being affected and how it reacts to these experiences.

Kalsched (2013) warns about the risk of psychic fragmentation of the child as a result of traumatic experiences. Typically, when this happens, "one part of the ego returns to the infantile period and another part progresses, that is, it grows too fast and becomes early adapted to the outside world, often as a 'false self'" (p. 15). In these cases, the regressing personality is usually presented in dreams as a vulnerable, innocent, and shamefully hidden self; while the part that has progressed presents itself in the dreams as a powerful being, who protects or oppresses its double, being able to be represented by an angel or a wild animal. Dissociation is part of the normal defenses of the psyche against the impact of trauma: it allows outer life to proceed, but at a great inner cost. Even when the traumatic event ends – which could, in the case of this study, account for the ending of surgical interventions, chemotherapies, or even cancer itself – psychological sequels continue to haunt the inner world through oppressive inner figures.

Some general aspects of the dream should be considered in carrying out this study. Jung (2001)

compares the dream to a drama, explaining three structural aspects that must be examined: first, the introduction, composed by the scenario, characters and the problem or issue; second, the development of the story; and, finally, the final solution or outcome.

Each of these three structural aspects reveals important information related to the unconscious content, the ego of the dreamer and even his personality. Already in the initial situation of the dream, it is possible that the introduction of the central archetypal theme takes place. In the course of developing action, important aspects of the present relationship of the ego to the complex constellations and archetypal patterns that make up the dream emerge. Even at the level of the story, there are elements that are coadjutant, considered as aspects of the dreamer's personality in contact with the dream-ego. The way in which this relation takes place suggests to us "the defensive, protective, propelling or impeding function that such elements play in the current dynamics of the psyche" (PENNA, 2014, 123).

The attitude of the dream-ego helps us to understand the potentialities at the disposition of the ego, that is, the capacities that are already practically available to him. When the dream-ego assumes an active position in the dream, as commander of action, it points out to a productive relation of the ego to the complexes. A passive attitude, when he suffers the actions of others, or lack of ego, placing him in an observer position, can denounce a "defensive attitude of victimization and/or projection of responsibility for his life in others or in external situations" (PENNA, 2014, 124). Finally, the way the dream ends, or as far as the dreamer's memory reaches, reveals to us the prospective sense of the psyche, that is, the course that is being outlined in psychic dynamics.

2. Cancer as a symbol

Through the association test, Jung was able to observe that when complexes are activated, changes are triggered at the physiological and psychological level. In other words, very char-

ged complexes of psychic energy can trigger symptoms at the level of the psyche, such as a psychosis, or at the level of the body, such as cancer. The higher the energy in a specific complex, the greater the chances of it being constellated, that is, the greater the symptomatology (RAMOS, 1996).

Jung (1982) understands that symptomatic content is partly symbolic and indirectly represents unconscious states or processes. It is understood, therefore, that the symptom itself is the symbolic representation of a deregulation in the psychic system, and can be shown in the body (as a physical disease) or in the psyche (as a mental illness). In the same way, Oliveira, Rosa, Bonatto & Oliveiro (2006) understand the symptom as a failure in the psychic elaboration in those who do not have internal resources able to elaborate and integrate a certain trauma.

In this sense, Lima, Botelho & Silvestre (2011) find, in the subjects of their research, links between the history of life and the emergence of cancer. The authors identified that children suffered from chronic emotional disappointments, such as neglect, family conflict, affective deprivation since childhood, making them "susceptible to disease, unprotected from their natural defense" (p.150).

Oliveira et al. (2006) raise some hypotheses about cancer as the manifestation of something not symbolized. They place the somatic manifestation as a possible call for help or attention; also note that in many hospitalized patients, cancer arose after intense trauma or psychic suffering, such as an accident, the death of a relative, a separation, among others.

Ramos (2006) also states that there is a relation between psychological events, the degree of emotional expressivity and the immune system. In other words, the non-expression of a negative and shocking emotion is potentially a factor in altering the functioning of the immune system.

It is understood that disease appears "as a compensation resource, a symbolic resource of self-regulation of conscious polarizations, throu-

gh the integration of unconscious contents” (SERINO, 1999, 43). By allowing awareness and elaboration of unconscious processes via work with dreams, we favor the flow of psychic energy from the unconscious to consciousness, avoiding deregulation or one-sidedness, which could affect the immune system or express itself symbolically in the body.

3. Method

This is a qualitative research with patients of pediatric oncology who resided temporarily in a philanthropic institution or “support house” in São Paulo, SP.

Fictitious names will be used to preserve the identity of the participants. They are: Mauricio, male, 10 years old, in treatment of Acute Leukemia, who was hospitalized for 6 months for chemotherapy; Melina, female, 12 years old, under treatment for bone tumor; Nadia, female, 12 years, maintaining the side effects of a brain tumor and consequent withdrawal of the pituitary gland, who was in coma for 2 years and underwent several head surgeries; and Carolina, a 12-year-old female, who was discharged from the treatment of renal and hepatic cancer 10 years ago, but continues to undergo endocrine, nephrotic and oncologic follow-up, and who was submitted to chemotherapy and radiotherapy, and had the adrenal gland removed. Participation was voluntary and there was no previous determination of specific type of cancer, the same about gender, ethnic origin and symptomatology.

It is important to emphasize that the individuals of this research have low purchasing power, which already constitutes a social vulnerability by itself. This condition can be a complicating factor in the process of illness, since they depend on public health services, which can mean long waiting lines, shortages of medicines, the need to travel to larger cities, among other difficulties experienced by the interviewees. In addition, the children and their respective caregivers came from different places in Brazil to São Paulo, in search of a better medical treatment. This chan-

ge implies a sudden breakdown in routine and habits, and especially in the abandonment of the family nucleus, school, work and all the emotional support which are absolutely important both for the child and his companion.

The material was collected in an individual meeting with the patient’s companion and with the child. The meetings occurred in the institution where the subjects lived during the period of data collection. Through individual semi-structured interviews, the context of the child’s life and his dreams were addressed, recorded with the prior authorization of the interviewees and the Term of Free and Informed Consent was signed according to Resolution n. 466/12 of the National Health Council. The method of analysis of the collected data consists on the categorization of dream elements and themes, making it possible to identify similarities between the dreams collected and to relate them to the life context of the subjects.

The project was submitted and approved by the Human Research Ethics Committee of the Pontifical Catholic University of São Paulo, number CAAE 61884216.9.0000.5482.

4. Results and discussion

From the dreams collected, it was possible to observe some similarities, both with respect to the content and the dream structure. What we propose to do is to analyze the common characteristics of dreams, based on the theoretical reading presented previously, in order to relate the dream material collected and the experience of illness.

The lives of children in this study have been traversed by various emotional disappointments and traumas such as emotional deprivation, violent family conflicts, caregivers with serious psychiatric or substance abuse issues, verbal harassment, and so on. We see that the same children who face hospitalizations, chemotherapies and surgeries have already experienced various impasses and difficulties in their development and their relationship with the world. In this sense, we can say that, as observed by Lima

et al. (2011), the instability marked by this social context may have contributed to a shortage of resources to cope with conflicting situations, resulting in a change in the psychic and corporal system, appearing the symptom.

5. Nightmares

Referring to the elements of dreams, we have been able to observe the frequent presence of aggressive figures, who put the dream ego at risk or indeed act in a violent way towards the dreamer.

According to Kalsched (2013), in the dreams of victims of early trauma, the inner daimonic figure actively attacks the dream-ego. In this dream material, the violent character of these self-attacking dissociative processes is illustrated, where “the devilish figure traumatizes the inner objective world in order to prevent retraumatization abroad” (p. 33).

“A man came and tied me in a sack.
He would meet me in the bedroom”
(Nádia, 12 years old).

The figure seems to represent an imminent and constant danger that acts in relation to the individual, making him unable to protect himself or to avoid it. According to the above-mentioned author, dreams of this kind happen to prevent the dream-ego from experiencing the affection associated with the trauma, violently interfering and dissociating the psyche, taking the ego out of the picture.

We have observed that the aggressive figure often carries or makes use of knives, which is easily related to the medical and surgical procedures that the population in question is and / or was subject to.

I had a dream that all my teeth were tearing. I had no teeth and I had to use plates. And in this here, all blood came out (pointing to the teeth). Then they took my teeth to a place hen I do not know. I was all tied back on my arm; my eye was all capped.

They painted me all in black. After putting the plate, painted in black, they placed a container in my mouth and a lot of blood came out. Then when a lot of blood came out, when it stopped, there came the taste of black blood, then when I opened the eye I fainted, that was it. They put a lot of things around here, they cut my cheek, cut my arms, my hand, my foot... I also had no eyebrows (Nadia, 12 years old).

In the report, blood appears as one of the main elements, which would symbolize, according to Chevalier (2003), the vehicle of life and principle of generation; however, it appears black, which indicates a sense of something dead or rotten. According to the author, black is the color of oppressive mourning, without hope, “as nothingness without possibilities” (p.740). On the other hand, teeth are understood as aggressive potential, they are “the most primitive weapons of attack and expression of activities” (CIRLOT, 1984, p. 120) and constitute the wall and defense of the inner man. In this sense, we can think of their loss or withdrawal as a negative symbolism, because it refers to inhibition, passivity, fear of defeat, as well as the loss of defense and attack mechanisms. Passivity and fragility are at such a level that the ego does not recognize any possibility of action or counterattack. The very experience of being immobile, blindfolded and being cut several times seems to be analogous to what she lived during the two years she was in a coma, being subjected to surgeries on her head.

These dreams reinforce the psychological distress and emotional fragility that these children seem to be going through, as well as the feelings of insecurity and fear already mentioned. Not only actions developed in dreams, such as dismemberment, immobility and lack of vision, but the present symbols represent the passivity and near-death experience lived. It is also verifiable how inner oppressive figures continue to haunt the inner world of the individual, forming true psychological sequels of traumatic experiences.

The dream materials seem to point to an attempt to rework and re-signify the violence suffered by medical interventions, represented by concrete physical death in dreams. These reports raise the possibility of what Kalsched (2013) called a “self-destructive system” (p. 52), where the inner world is transformed into a nightmare of oppression and self-harm. The oppressive agent is presented by images of titanic beings who threaten to annihilate the immature ego, continuing to traumatize the inner world.

Once my cousin appeared and she was like this, in the closet there. This closet here (goes to the front of the closet), but the closet was white, and my cousin was sitting here in her chair holding her doll, then I passed my bed here, from there I looked and she wasn't there anymore... I could not see her face, I do not know what I was doing there (Melina, 12).

It is important to emphasize that Melina points to the child as the main image of her nightmares, which leads us to think about the possibility of being the image of the part of her personality that was encapsulated in the process of fragmentation of the psyche. In the dream, the child is inside his room – his inner world – and finds himself in a retracted position, sitting in a corner facing the closet. We can understand these aspects as constituents of the fragile and vulnerable part of the patient that has been separated and dissociated from the reality of time and space.

The reason this image is so frightening to the ego is based on the fact that “integration or ‘totality’ is initially experienced as the worst thing imaginable” (p. 56). In other words, getting in touch with these images and the affects associated with them constitutes a threat to the survival of the self.

6. Protective figures

As opposed to the frequent presence of violent figures, parental images – protective references

– had few mentions in dream reports. This lack of protective references reinforces the feeling of loneliness and abandonment, already verified by Bigio (2005) as common in children in conditions of illness. However, it is not the frequency in which they appear – or the lack of – that catches our attention, but the quality and the fulfillment of the expected protective function of these images.

“I dreamed that I fell into a hole and I screamed for my mother and my mother did not listen” (Carolina, age 12). It is possible to understand the situation reported as an analogy to illness: the fall itself seems to refer to the disease, which places it as a subject with no possibility of action or escape, as the end of the powers, depending on others to get out of his condition. In this place, she asks and waits for the help of her mother who, in the child's imagination, should protect her or even prevent her from falling, but she does not come to help her.

“I remember a young man assaulting me, carrying a knife, assaulting me from my father. He went to the hospital. Then I woke up quickly, I was very scared” (Maurício, 10 years old).

In these reports, parents are passive or incapable of fulfilling the expected protective functions. In addition to illustrating abandonment, therefore, dreams also demonstrate the perception that parents are not omnipotent and are able to fully guarantee the child's safety and well-being, which in turn undermines his confidence, in the feeling of solitude.

The fear of an imminent separation between father/mother and child is illustrated in the dream, pointing to the way the child understands the risks of his/her treatment. In this way, we can verify that there is the association of the disease with the possibility of this separation, which is the main conflict in the dream, exemplifying what Di Lione (2001) affirms in relation to the parents' lack of being at times a source of distress greater than that caused by the prospect of death itself.

We also see that it is the space of the hospital where the separation of father and son occurs, that is, the ambiguity pointed out by Alves & Figueiredo (2017) is illustrated in relation to the image of the hospital in the infantile psyche. Although the child, in conscious life, knows that space is what allows a possible cure, also knows that it represents the lack of control – both by the parents and the child – and the danger of separation between them.

Dreams tell us the possibility of a tragic and sudden outcome, which can't be avoided by the relatives or the child himself, separating them against their will. The dream-ego is passive, that is, conflicts affect them and there is no reaction or attempt to avoid it. We can also observe what Penna (2014) calls the projection of responsibility for her life in others. This point is related to the current condition of these children, since, because they can't be responsible for medical decisions regarding the maintenance of their lives, they must rely on the decisions of the clinical staff and their relatives, seeing them as responsible for their welfare.

The other day that I was sleeping like this, on the side so close to the kitchen, there was a little girl in the table at the table like that [shows a height a little smaller than yours], it was there. But it was all white, it looked like it was day, everything was white... she was like this (she rests her head in her hands). Her hair was that big, her clothes were white, her little dress was white. And when I woke up it was night [...] I thought it was an angel (Melina, 12).

In this dream, the child wakes up in her house and there are no signs of his relatives; however, she finds an image that is identified as an angel. According to Chevalier (2003), in the Christian tradition it is common for angels to be represented by children referring to themes of protection or as guardians. It is possible that this image appears to compensate for the sensation of in-

security, of being in danger, corresponding to a rescue of the individual protection.

The white appears in both dreams of Melina, being especially emphasized in this second one. This color symbolizes a passage, a moment of transition, of mutations of being. "In all symbolic thinking, death precedes life, for every birth is a rebirth. For this reason, white is primitively the color of death and mourning" (CHEVALIER, 2003, p.141). This symbolism may refer to two transitions in which the dreamer in question is subject: the first is the transition to adolescence, marked by puberty. The archetypal images that announce the natural transformations of the development process usually refer to the theme of death and rebirth (VON FRANZ, 1988). It is also possible to interpret that the passage indicated by the archetypal image of white announces an organic transformation.

7. Compensatory dreams

Some of the collected dreams seem to exercise the compensatory function in the sense of compensating for the current conscious situation in order to provide images of hope and happiness. This type of dream is a compensation that enables the flow of energy needed to face conscious life.

For example, in the dream below, there is the realization of a conscious desire of the child to live in São Paulo, whose explanation was to live closer to the hospital – which would make her feel safer – and for her father to get a job. We see hope for a better and safer future for her and her family.

"I dreamed that I have a beautiful big house in São Paulo and have a lot of cars" (Nadia, 12 years old).

Compensatory dreams also exert their function by presenting a healthy childhood experience:

I dreamed playing very lively today, there I met the family that was there, then I got there, I was going to have a barbecue there.

Then we went to the beach and also, I think we went to play ball, that was in a field. Then we came here, we played a lot here. Then there was a really nice party, it was in another house, there I got there, people were there celebrating, it was a boy's birthday there. Then I got there, I played again, I ate a lot of candy there, did not I? Then they took us for a walk, all that (Maurício, 10 years old).

These dreams exercise the compensatory function in the sense that they are compensating for the current conscious situation, in order to provide images of hope and happiness, either through fulfillment of wishes or through the presentation of a better and more pleasurable future.

8. Dream outcome

With regard to the structure of these dreams, it was possible to observe the predominance of unfavorable outcome and absent outcome. By ending the dream in a tragic way, they impact the dreamer heavily, frightening him.

The common nightmare is characterized by the unpleasant outcome, where the closing of the question is given in a suffered and destructive way. Let's look at the following example:

"I also dreamed that they stabbed me all and put me inside a coffin" (Nadia, 12).

As we have seen previously, these characteristic points us to how the ego deals with situations that are dangerous or unfavorable to development. From this account, we can consider that the ego is still extremely vulnerable, fragile. Through the relapses of surgical procedures, the dreamer experiences the imminence of death, impotence and fragility. It is as if the ego still occupies this place, subjected to a constant and real danger of death.

In the same way, the dream presented earlier where Carolina falls into a hole and her mother does not hear the distress call is an example of an absent end, since she can't get out of the

hole. According to Von-Franz (1993), this points us to the fact that the unconscious itself does not present or consider a solution to the conflict.

The predominance of these types of dream outcomes is an example of the fragility of the subject's psyche, presenting weakened egos and limited resources to deal with conflicts. The passivity and inability of the dream-ego to solve the problems of the dream seem to reflect the conscious attitude of the dreamer, that is, dreams do not present the foresight function, presented by Jung (1984), in which the unconscious would present a sketch of the solution of the conflict.

9. Attitude of the dream-ego

The attitude of the ego in the dream reveals to us the possibilities or potentials that the dreamer possesses or is about to develop to deal with the conflict addressed in the dream, or even shows us the attitude that tends to harm him.

In virtually all accounts, the dream-ego was passive, that is, it suffered the actions of other elements of the dream, rather than being the protagonist. Because they are in treatment or following a serious illness such as cancer, these children are in a situation of great vulnerability and emotional and physical fragility, as well as being subject to medical interventions that cause pain and fear. The patients are in a condition of great passivity; often without full knowledge of their condition, prognosis and treatment; have no say in decisions relating to treatment; as well as are subjected to treatments that affect the physical and emotional integrity, often without being informed about the procedures and their effects (LIMA et al., 2011; BIGIO 2005; MONTEIRO, 2009). This context contributes to the child being unable to come into contact with subjective experiences with the disease, which impairs their emotional expressiveness and development, potentially interfering with the functioning of their immune system, as mentioned by Ramos (2006).

Since the dream demonstrates the possibility and willingness of the ego to deal with the material in question, we can understand the passive

attitude on the part of the dream-ego as a sign of a lack of internal resources to face the situations given by its current condition.

10. Conclusion

The dreams presented put us closer to the psychic situation of these children. Through the elements and dream structures and their analysis, it was possible to perceive an intense emotional fragility sustained by feelings of loneliness, abandonment, insecurity and passivity, already identified by Bigio (2005), Monteiro (2009) and Lima et al. (2011).

The morbid themes and elements related to the disease and its treatment, such as knives, hospitals and blood, point us to an attempt to elaborate these painful and invasive experiences. As well as the frequent presence of aggressive figures and the absence of protective references point to a sense of abandonment and constant fear, where the danger is uncontrollable and unavoidable both by the child and by his parents – which seems to have an obvious relation to the process of illness and the feeling of impotence provoked in the patient.

Structural characteristics of the dream as passive dream ego and unpleasant or absent outcome were predominant in the presented reports. Fundamentally, these aspects indicate to us that the ego is failing to develop resources to deal with conflict, and its passive position is a major detriment to the development of its potentialities. Although the passivity imposed by the disease is unavoidable, making the child an active subject in the process of coping with illness enables him to appropriate his or her real condition, as well as to develop internal resources to deal with physical and psychic suffering.

In addition, there are indications of fragmentation of the psyche, that is, that some of the children may have suffered psychic dissociation due to traumatic experiences – related or not to the pathology. This fact raises even more the urgency of the psychological accompaniment of these patients, not only with verbal therapy, but also with the work with creative arts, since the integration is threatening to the psyche, demanding therapeutic techniques that are softer than the usual ones of the analysis.■

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