

# Introduction of Magnanimous Psychotherapy\*

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**Abstract** The founding of magnanimous therapy (MT) was inspired by psychological characteristics of long-term cancer survivors. Our empirical research for probing into how cancer patients can live longer with a high quality of life, and related studies, showed that being magnanimous was the important psychological characteristic of long-term cancer survivors ( $\geq 5$  years post-diagnosis) with a good quality of life. MT is based on helping cancer patients to adjust and achieve a magnanimous mental state. The theoretical soul of this therapy is that a magnanimous state can become an individual's cognitive habit, and psychological and behavioral mode, through a series of professional interventions. The habit and the mode can also get into one's unconscious and soul, and thus will be a part of one's cognition, emotion and behavior and be a part of one's lifestyle. The characteristics of the therapy include being simple and easy to conduct, diversiform and attractive. The main forms of the MT consist of computer MT and operator MT, story MT and game MT, etc. The pilot controlled clinical trials showed improvements within the mental composite, general health, mental health and social functioning of clients after MT intervention. It can be applied to cancer patients, depressive patients and any patients with emotional problems.

**Keywords** Brief Introduction, Magnanimous Therapy, New Psychotherapy, Characteristics, Long-term Cancer Survivor

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## 1. Introduction

People want to live longer with a high quality of life. It is a universal expectation of human beings to live. However, more and more people are diagnosed with cancer during their lifetime. The number of new cases is expected to rise by about 70% over the next two decades, even though there is more and more advanced research on the aetiology and prevention of cancer [1-4]. Cancer is the second leading cause of death globally, and was responsible for 8.8 million deaths in 2015[5-6]. Nearly one in six deaths is due to

cancer [5-6].

Psychology plays a role in all the processes of cancer, including the occurrence, diagnosis, treatment and progression, and influences the prognosis. Some studies showed that the occurrence of cancer has been ascribed to a type C or type T personality, characterized by suppressing negative emotions [7-8]. Patients are frightened of hearing that they have cancer. Many patients are more afraid of the disease than the medical evidence says they need to be. Cancer has regularly been reported to be associated with a depressive and anxious mood, genuine clinical depression, personality traits and exposure to severe stress such as major negative life events [9]. The psychological response has been implicated as a factor that may influence the development of cancer, and depression is linked to a significantly reduced chance of survival. The presence of emotional distress is significantly related to a poorer prognosis of cancer [10]. Physical symptoms, psychosocial burdens and fear of recurrence are widespread problems among cancer survivors [5, 11]. All of this suggests that it would bring improvements to the quality of life and possibly increase the length of survival if negative psychological responses could be improved.

Although cancer has many negative impacts on patients, some have become long-term survivors and a few have been self-cured without any treatment. Exploring the common psychological characteristics of long-term cancer survivors with a good quality of life and how they obtain such characteristics can help us to find a way of improving the quality of life and length of survival of cancer patients. Magnanimous therapy (MT) was inspired by our systemic research held in China and Australia, which lasted for about 20 years. We founded MT mainly through helping patients to reach a magnanimous state – the common psychological characteristic of long-term cancer survivors with a good quality of life – and improving negative psychological responses.

The way in which a magnanimous state is reached is extremely important for making magnanimous therapy effective. We got our inspiration from some religions that can change individuals completely, such as Buddhism and Dao. They make people raise their insights into, and

understanding of, life through stories, poems, and Buddhist Bang and Bawl, which can help them express and process difficult thoughts and emotions through either a direct or indirect approach.

Magnanimous therapy is a form of psychotherapy whose purpose is to be a scientific, simple, easy-to-conduct, diversiform, attractive and effective therapy. This article will briefly introduce the origin, theory, methods, types and efficacy of this therapy through several pilot controlled clinical trials.

## 2. Original Inspiration of Magnanimous Therapy

### 2.1. Foundation of Empirical Study Evidence

#### 2.1.1. The Psychological Characteristics of Long-term Cancer Survivors with Good Quality of Life

We conducted a combined qualitative and quantitative study to probe the psychological characteristics of long-term cancer survivors [12-13]. Participants included 203 long-term cancer survivors (LTCSs,  $\geq 5$  years post-diagnosis) with self-judged good quality of life and 153 cancer patients ( $< 3$  years post-diagnosis) as the control group for the quantitative study. Participants' median age was  $56.34 \pm 9.26$  years ( $\leq 44$ ); 62.36% were female. They were diagnosed with almost all types of cancer, but mainly with breast cancer (23.78%), nasopharyngeal cancer (21.17%) and lung cancer (14.98%). The median survival time post-diagnosis of LTCSs was 11.5 years; 30.54% had survived for over 15 years. There were no significant differences between the LTCS group and the control group who participated in the quantitative study in terms of demographics and medical variables except for the number of survival years post-diagnosis at enrolment. Among them, 52 LTCSs were enrolled and completed a semi-structured individual interview with detailed probes related to their mind and spirit. A total of 151 LTCSs and the 153 controls were assessed on the Tumor Psychological Scale (TPS) [7], the Cancer Coping Modes Questionnaire (CCMQ) [14], and the Psychological Adjustment Scale for Cancer Patients (PASC) [15] and the Functional Living Index-Cancer (FLIC) [16-17]. Data was analyzed using descriptive statistics, a chi-square test, analysis of variance and logistic regression methods to compare general information, psychological characteristics, psychological coping and adjustment, and the quality of life between the two groups. Single-factor analysis and multi-factor logistic regression analyses were conducted to probe the factors influencing the survival time of cancer patients. Quantitative data were also compared with the average level of cancer patients derived from a large sample (693 patients for the TPS and 557 for the CCMQ and PASC) of cancer patients with standard sampling [7, 14-17]. All data were analyzed to help to elicit the basic

theory of magnanimous therapy.

The qualitative study showed that the psychological characteristics of long-term cancer survivors include the following: 1) they are or can become open-minded and generous, positive and optimistic, bright and easy after the diagnosis of cancer; 2) they have a strong will to survive and treat their disease properly and positively, but understand and manage the condition, are relaxed and free, calm and balanced, peaceful and harmonious; 3) they are confident and live comfortably without any worries and let life be; 4) they have an open-minded view of death.

The quantitative study showed that the psychological characteristics of long-term cancer survivors include the following:

1. The long-term cancer survivor group had a significantly higher quality of life. They had less (or had modified it to have less) of a cancer-prone type T personality.
2. They tended to use a "confrontation" and "catharsis" coping style rather than a "fantasy" coping style. They had better "emotion/self-esteem", "subjective feeling", "interpersonal relationship/social life" and "the daily life" psychological adjustments.
3. The factors influencing the survival time of cancer patients include their quality of life, psychological coping style and degree of type T personality. A good "psychological well-being", "social well-being", "confrontation" and "catharsis" coping style, and less of a type T personality, were the protective factors for long-term survival.

We searched related studies. A literature search for the period 1987 to January 2017 was undertaken using the MEDLINE, CINAHL and PsychINFO databases. Keywords such as "psychological characteristics of long-term cancer survivors" and "cancer survivorship" were utilized. A hand search was also undertaken. Only a few studies examined the psychological characteristics of long-term cancer survivors with a good quality of life. A psychometric investigation of benefit findings among long-term cancer survivors showed that being a stronger person, coping better, positive changes and having a healthier lifestyle were benefit findings and beneficial for people with cancer [18]. Psychosocial factors consistently showed the greatest impact on QOL irrespective of clinical characteristics [19]. The most commonly used coping strategies of long-term cancer survivors were fatalism and a fighting spirit, and they continue to engage in cancer-specific coping strategies many years after diagnosis [20]. By 5 years after diagnosis, most survivors had adjusted well to their cancer experience, with levels of anxiety and depression similar to those of the general population [21].

#### 2.1.2. The Psychological Characteristics of Long-term Survivors with Good Quality of Life

Some scholars visited people who were 100 years old

or older in several villages in Guangxi and other provinces in China named “long-life villages”[22], which are far removed from the outside world. People there receive less information and have less opportunity to compare themselves with others; they live peacefully, quietly and happily. All the 100-year-old (or over) people they visited cared for themselves, and some of them were still working in the fields, selling products in the market or doing other jobs. Their psychological characteristics were summarized as: ①being magnanimous and open-minded, generous and optimistic, peaceful and harmonious, relaxed and calm; ② smiling all the time, being grateful and easily satisfied; ③ sleeping well whenever they were tired for about 9–10 hours a day; ④being independent; and ⑤being used to thinking and reading.

## 2.2. Practical Needs

### 2.2.1. There is a Need for Specific Effective Psychotherapy for Cancer Patients

Some cancer patients died ahead of the survival time forecast according to their physiological states. In these cases, psychology obviously played a major role. It was thought necessary to provide psychotherapeutic and psychiatric interventions depending on the needs of the patient and most oncologists also reported having relatively positive attitudes towards recommending these therapies for cancer patients [23]. Many reviews of the literature have concluded that lots of psychological therapies may help cancer patients in various ways [24]. However, there is little specific psychotherapy for cancer patients. An effective psychotherapy with good compliance, particularly for the prevention and assisted treatment of cancer, is necessary.

### 2.2.2. There is a Need for an Interesting Psychotherapy that is Easy to adhere to and Conduct

Few existing psychotherapies are interesting and attractive and offer rich acoustic and visual enjoyment. We have founded psychotherapy with a view to making patients enjoy the therapy. Our psychotherapy is comprised of videos in a comprehensive system with clear instructions. Thus therapists who conduct computer MT do not need difficult long-term professional training and wide social and life experience. We are going to make a set of magnanimous therapy videos for self-therapy.

## 2.3. Theoretical Support

### 2.3.1. The Classical Psychological Theories Support the Notion That a Person Can Achieve a Magnanimous State through a Series of Interventions

In psychoanalytic theory, Freud believed that people could be cured by making their unconscious thoughts and motivations conscious, thereby gaining insight. The aim of

psychoanalysis therapy is to release repressed emotions and experiences, i.e. make the unconscious conscious. Repression is the psychological attempt made by an individual to direct one’s own desires and impulses toward pleasurable instincts by excluding the desire from one’s consciousness and holding or subduing it in the unconscious. That means that anything in the unconscious can go into the conscious mind, and vice versa. We believe that any positive, optimistic and magnanimous perspective in the conscious mind can go into the unconscious.

A humanistic approach emphasizes individuals’ inherent drive towards self-actualization, the process of realizing and expressing one’s own capabilities and creativity. Rogers stated that the individual has within himself or herself vast resources for self-understanding, for altering his or her self-concept, attitudes and self-directed behavior – and that these resources can only be tapped if a definable climate of facilitative psychological attitudes can be provided. We are sure that the individual has within himself or herself vast resources to achieve a magnanimous state with proper psychological facilitation.

Cognitive psychology is based on the concept that the way we think about things affects our emotions and behavior. Cognitive therapy focuses on present thinking, behavior and communication and is oriented toward problem solving. It has been shown to help individuals with self-destructive tendencies better recognize negative thought patterns and work to change them. One of the most important tasks of magnanimous therapy is to modify the client’s thinking into magnanimous thinking.

Behaviorism emphasizes that all behavior is learned from the environment. This amounts essentially to a focus on learning. Behaviorism believes that any behavior, good or bad, can be learned. Bad behavior can be changed to good through learning. This theory supports the notion that through therapy, people can learn magnanimous behavior.

We integrate the whole essence of psychological theories to make magnanimous therapy effective rather than reject any of them.

### 2.3.2. Some Religious Practices Are the Good References for Magnanimous Therapy

Religion and spirituality play a role in many people’s lives. For some believers, their religion is their life. They are passionate about their religion! How can they be so devout? There may be many reasons. One of the reasons is that their faith can help them to cope with their difficulties and act as their cognitive schema. The other reason is that their approach is effective. The following views and practice are good references for our therapy:

- a) Buddhism and Zen (Chan) [25-26]: Buddha stated emphatically that we can all become Buddha, because all of us have all the working factors within that will enable us to reach that goal. We all have a Buddha nature. When we become Buddha, a source of happiness is not only for ourselves, but

for everyone else. Zen emphasizes insight into a Buddha nature, and the personal expression of this insight is in daily life. Zen teachings point to the moon, awakening and “a realization of the unimpeded interpenetration of the Dharmadhatu”. The Northern Zen employed gradual teachings, while the Southern Zen emphasized that insight into our true nature is sudden (gradualness of the North, suddenness of the South). Zen stories, sayings, the encounter dialogues, poems and the koan collections were employed in Zen teachings. Renewing the vows from time to time can serve as a continual reminder to foster generosity, compassion and loving kindness (a wish for all beings to be well and happy). Buddhist teachings are about reducing the causes of suffering and increasing the causes of happiness. The aim of Buddhist teachings is to develop the capacity to recognize that the ever-changing, interconnected universe follows the law of cause and effect.

- b) Taoism (Daoism) [27-28]: Taoism emphasizes living in harmony with the Tao (literally “Way”, also romanized as Dao). Taoist ethics in general tend to emphasize wu wei (effortless action), “naturalness”, simplicity, spontaneity and the Three Treasures: jing (sperm/ovary energy, or the essence of the physical body), qi (“matter-energy” or “life force”, including thoughts and emotions) and shén (spirit or generative power). Early Taoism drew its cosmological notions from the School of Yinyang (Naturalists), which expounds a philosophical system about how to keep human behavior in accordance with the alternating cycles of nature.

### 3. The Identification of “Magnanimous”

Magnanimous therapy is an intervention aimed at helping individuals to adjust and achieve a magnanimous mental state using diversiform effective techniques and vivid methods. “Magnanimous” in magnanimous psychotherapy means open-minded and generous, positive and optimistic, calm and balanced, peaceful and harmonious, bright and manageable, understanding and ready to accept anything happens in life. Our view is that a magnanimous state after being enterprising would be the best magnanimous state. In many situations, being enterprising or trying one’s best is the basis of a magnanimous state. For example, we try our best to treat cancer, than to be magnanimous to accept any prognosis. In a magnanimous state, individuals are easily relaxed totally free.

## 4. The Theoretical Soul of Magnanimous Psychotherapy

### 4.1. Negative Feelings Originated from Not Being Magnanimous

The feelings of fear, tension, trouble, depression, anxiety and suffering are caused by the feelings of loss, harm, unfairness and irrationality. Such feelings can be relieved or removed by proper solutions, understanding, and acceptance, balance, freeing or forgiving. In other words, magnanimous status can remove all negative feelings.

### 4.2. Habitual and Adjustive Psychobehavior al Mode

There are two kinds of human psychobehavior al mode: habitual and adjustive (a psycho-behavioral mode after adjustments). The former is formed according to a combination of individuals’ heredity and natural, social and educational environments, while the latter is acquired from learning and training after trauma or frustration. The adjustive psycho-behavioral mode is enabled through reminding. If it is used by individuals for a long time, it will turn into the habitual psychobehavior al mode. The magnanimous psychobehavior al mode can be acquired through learning and training, and can turn into a habitual psychobehavior al mode.

### 4.3. Human Cognition, Unconscious and Behavior Can Be Modified and Individuals Can Acquire a Magnanimous State

It is accepted that individuals’ cognition and behavior can be modified by learning, training or insight. Everyone has vast resources of ability to become magnanimous. Information in the conscious mind and unconscious can penetrate each other. The magnanimous psychobehavior al mode can be one’s habit in both the conscious mind and the unconscious. Finally, the magnanimous psychobehavior al mode will penetrate one’s soul and can be applied automatically in daily life.

## 5. The Techniques of Magnanimous Psychotherapy

### 5.1. Ways and Goals of MT

Effective and vivid information is inputted to raise insight, understanding and adjustment in order to help clients to attain a magnanimous state. The methods of insight, understanding and adjustment include: ① establishing the belief that all problems can be solved. The ways of solving problems include: a, creating, finding out or waiting for opportunities; b, solving a problem indirectly if it cannot be solved directly. Not solving a problem may

be a kind of solution if everything else has been tried; ② stretching the breadth and angles of cognitive appraisal and getting to know that everything in the world is dialectical, multidimensional, changing and dynamic; ③ fostering an ability for psychological balance: a, being clear and accepting that everyone in the world is “worse off than some, better off than many”; b, realizing that everybody has advantages and disadvantages; c, making the right choice between taking up and giving up; d, knowing that everyone and everything in the world is balanced in general; e, maintaining a dynamic psychological balance; ④ understanding and analyzing the cause and effect in reality properly; ⑤ maintaining peace of mind and being used to taking it easy; ⑥ being natural, simple and spontaneous; ⑦ being grateful.

## 5.2. The Forms of Information Inputted Include

Little stories, cases, selected parts of films or TV Programmes, Poems, a Bang and a Bawl to Waken One from Error, etc. All the above forms of information are the most pertinent to specific diseases.

## 5.3. The Characteristics of Inputted Information

1. Being Able to Raise Insights and Enlightenment.
2. Being Popular and Easy to Understand.
3. Being Attractive and Interesting.

# 6. The Procedure of Magnanimous Psychotherapy

## 6.1. Assessment

The therapist completes the assessment for the client and the client completes self-assessment.

## 6.2. Selection

The therapist works together with the client to select the type of magnanimous therapy.

## 6.3. Setting down the Goals

The therapist works with the client to set down the goals for the therapy: for example, to relieve emotional symptoms, or to improve coping ability and stress, or to enhance physical, mental and spiritual well-being, etc.

## 6.4. Inputting Information

The therapist inputs the little stories, cases, the selected parts of films or TV programmes, poems, a Bang and a Bawl to waken one from error, etc. to enlighten and inspire the insight, understanding and adjustment of the client.

## 6.5. Understanding and Touching the Insight

Through learning, and thinking about the information they get, the clients' capacities are fully developed. They will develop strong pathways of deep awareness of reality and begin to stop experiencing disturbing emotions and acting compulsively, freeing themselves of suffering and becoming magnanimous.

## 6.6. Training and Reinforcing

The clients will repeat and review what they have learned and their understanding. They will develop strong pathways of being magnanimous. They will establish magnanimous ways of thinking about themselves and the world around them.

## 6.7. Applying

The clients will apply all the ways of being magnanimous in their daily life. They will treat everyone and everything magnanimously. They can apply this to their daily life, or it can be extended to the problems they may encounter in their future lives.

Through a series of interventions, the magnanimous psycho-behavioral mode becomes one's adjustive psycho-behavioral mode.

## 6.8. Effect Evaluation

The efficacy of magnanimous therapy should be evaluated by a series of psychological, physiological and social indicators. The following step in the therapy will be decided according to the outcomes of these indicators.

## 6.9. Strengthening the Achievement

The clients should strengthen what they have learned in magnanimous therapy and apply it in their daily life in order to grow up, and move into a higher level of their life. Eventually, their magnanimous psychobehavioral mode will become their habitual psychobehavioral mode or even magnanimous views will penetrate their soul.

# 7. Types of Magnanimous Therapy

Therapy can be given in a variety of formats, including the following:

1. We define magnanimous therapy as the general term for the therapy. Its types include magnanimous therapy, enterprising therapy, magnanimous-relaxing therapy, enterprising-magnanimous therapy and enterprising-magnanimous-relaxing therapy. Each type of therapy is chosen according to the focus of the client's problems.

2. Individual and group therapy.
3. Operation- and computer-style therapy.
4. Story version and game version, and other version therapy: Stories, games and other forms of media, such as poems, and cases are employed in the corresponding version of therapy.
5. Regular therapy and short-term therapy.
6. Professional therapy and self-therapy.
7. Magnanimous therapies focus on different diseases.

## 8. Clinical Application and the Effects of Magnanimous Therapy

We employed Individual Story Computer Magnanimous-Relaxing Therapy (ISCMRT) and Group Story Computer Magnanimous-Relaxing Therapy (GSCMRT) with breast cancer patients [29-30]. Pilot controlled clinical trials were conducted to examine the efficacy of the therapies. Sixty breast cancer patients were randomized into ISCMRT group and control group, ISCMRT group was given ISCMRT for 3 months, 2 times a week in the first 2 months, and follow up and asked the patients to review what they have learned in the third month, and the control group was not given psychological intervention. Another 80 breast cancer patients were randomized into GSCMRT group and control group, GSCMRT group was given GSCMRT for 3 months, and control group was not given psychological intervention. Hospital Anxiety Depression Scale (HAD), Tumour Psychological Scale (TPS), Cancer Coping Modes Questionnaire (CCMQ), Psychological Adjustment Scale for Cancer Patients (PASC), Functional Living Index-cancer (FLIC) were used to assess emotion, Psychological characteristics, coping style, psychological adjusting and quality of life in breast cancer patients, which was to assess the differences between the two groups before and after treatment and to evaluate the curative effect. All the studies showed improvements within mental composite, general health, mental health and social functioning after both ISCMRT and GSCMRT inventions, and this treatment effect was maintained at a 3-month follow-up. Both ISCMRT and GSCMRT were found to be particularly useful for breast cancer patients as the therapeutic process helps them to improve their ability to adjust and cope with the difficulties of cancer treatment, and adapt to stressful and traumatic experiences associated with cancer diagnosis and care. Both therapies improved significantly the overall patient quality of life and reduced significantly depressive and anxious symptoms in breast cancer patients. We employed ISCMRT with 90 young and middle-aged hypertensive patients for 3 months, and employed Eysenck Personality Questionnaire-Revised, Short Scale for Chinese (EPQ-RSC), Medical Coping Modes Questionnaire (MCMQ) and Hypertension

Psychological and Physical Questionnaire to evaluate the intervention[31]. The pilot controlled clinical trials showed that ISCMRT can improve significantly the characteristics, emotional responses, behavior patterns and coping strategies of hypertensive patients. The study showed improvements in blood pressure and heart rates as well. We also employed Individual Game Computer Enterprising-Magnanimous Relaxing Therapy (IGCEMRT) with 60 depressive patients for 3 months, and employed Hamilton Depression Scale (HAMD), EPQ-RSC, Symptom Checklist 90 (SCL-90), Enterprising-Magnanimous Psychological Questionnaire, House-Tree-Person Test to evaluate the intervention [32]. The pilot controlled clinical trials showed that IGCEMRT can relieve depressive and anxious symptoms significantly. This study also showed improvements in mental composite and mental health.

## 9. Limitations

MT was founded in the context of Chinese culture. All therapy tools for MT are in Chinese. They need to be translated and modified properly when being applied to other cultural backgrounds.

## 10. Conclusions, Implications and Future Directions

MT is a new psychotherapy that is effective for improving clients' emotional state, mental health and quality of life. It can be applied to cancer patients, depressive patients and any patients with emotional problems. We will continue to improve the methods and the tools for magnanimous therapies: for example, by enriching the library of stories and creating more suitable stories, and by enriching the suitable background music and the audiovisual materials, etc. We will continue to apply this therapy to different psychosomatic diseases and psychiatric disorders and to examine its efficacy and mechanism. We made the point that being magnanimous is a type of personality. Since it can help cancer and other patients, it can help healthy people who want to improve mental health as well. We will try to apply this therapy to improving the mental state and personality of normal people and to assess the effect of doing so.

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