EDITOR'S NOTE

Through this column, we hope that practitioners in general medical settings will gain a more complete knowledge of the many patients who are likely to benefit from brief psychotherapeutic interventions. A close working relationship between primary care and psychiatry can serve to enhance patient outcome.

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Sometimes We Create Our Own Prisons

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A diagnosis of cancer, when it is imposed on a patient, is often associated with life restrictions. That is why the cognitive therapist often emphasizes the "new life stage" ushered in by the disease and helps the patient form a rational adjustment to it. When changes in routine are made, the cancer patient typically finds explanations to support them. Sometimes, however, these explanations are inaccurate.

In my nearly 4 1/2 years of work counseling patients with cancer, issues related to marriage, family, and parenting have often been raised. Sometimes, these issues have predated the cancer diagnosis, and at times, they bear little relationship to the patient's disease. However, once the therapeutic relationship is established, it is fair game to bring any issue into the transaction.

Although I have received no formal training in geriatrics, it won't surprise you to know that many of my patients are aged 65 years or older. Especially in this age group, the concept of "taking responsibility for oneself" (often central to a successful cognitive therapy intervention) may be difficult to institute. That was the case with Ms. A.

CASE PRESENTATION

Ms. A, an 84-year-old white woman, twice widowed, and the mother of 5 adult children, was referred to me by her oncologist, who was concerned that she might be depressed. Diagnosed with renal cancer metastatic to her bladder, Ms. A initially responded well to treatment. Her first husband had died rapidly of colon cancer. She remarried 5 years later to a man who died shortly afterward of lung cancer. She had a sister living 2 hours away who was 5 years her elder. Earlier, Ms. A had cared first for her father, then for her mother, as they each succumbed to heart disease. Two of her adult children were chronically ill. Neither had married, neither worked, and both lived with her. She monitored their welfare and felt responsible for their care.

Born in Savannah, Ga., Ms. A attended high school and a business college in Georgia. She married and moved to Pennsylvania, where she lived for 50 years, relocating to Charleston, S.C., after her first husband died. There was no history known to me of depression or anxiety disorder.

When we met for the first time, Ms. A reported little energy, great fatigue, and no motivation. She was substantially withdrawn, cried easily, had little appetite, and had lost about 20 lb in the previous 6 months.

My diagnosis for Ms. A was major depressive disorder (DSM-IV 296.30), and I prescribed an antidepressant drug. We agreed to meet weekly at the oncology office.

PSYCHOTHERAPY

Over the initial 3 sessions, several things became apparent. Ms. A "really looked forward to our meetings." Her notion of responsibility for her impaired adult children severely limited her opportunities for social

interaction and stimulation. A caretaker for most of her life, Ms. A focused on the needs of others and placed her own needs quite low on her list.

When she appraised the quality of her life since cancer was diagnosed, her baseline was the time preceding diagnosis. Ms. A was now markedly more withdrawn, less stimulated, and significantly more inactive. She emphasized her earlier love for entertaining others. Now that was not only impractical, as she saw it, but also impossible.

She dearly wished that she could drive to her sister's home in Savannah. However, it was impractical for her to "leave" her adult children unattended. In addition, she was unhappy about her children's household habits, mostly cigarette smoking. She was strikingly unsuccessful in enforcing a ban on their smoking at home.

By session 3, she had manifest significant side effects to the chosen antidepressant. When we discussed discontinuing the medication, she told me about the value (at an earlier point in time) of 10 mg of fluoxetine. Reinstitution of this drug was well tolerated and was associated with a gradual reduction in her depressive symptomatology.

Although she maintained that she felt better, Ms. A's activity level remained low, and she generally stayed home with her "children." Her thinking in this regard was examined repeatedly, utilizing a cognitive therapy format. To what extent did she "manage" her children's behavior when she was home, and what would she predict about the effect of a brief absence resulting from a visit to her sister?

At our sixth session, Ms. A discussed the outcome of her decision to drive to Savannah and her 2-day visit with her sister. She was predictably well received, rested when she needed to, and generally asserted herself when the situation called for it. When she arrived home, she was surprised at how well "the kids" had maintained the home in her absence. She noted the children's positive response when she told them initially of her plan to be gone for several days.

Over the next 2 weeks, Ms. A markedly increased her activity level with attendance at a book club she had been avoiding and several lunches out with friends. Parenthetically, she found cancer and resultant fatigue to be lesser limiting factors than her view of her role with "the children." Depression was no longer a limiting factor.

At our eighth and final meeting, Ms. A noted that "Cancer is always in my thoughts." We discussed appropriate attributions to the disease as well as inappropriate ones. She restated that there were things now "that she could no longer do." I reemphasized the notion of a new life stage and the value in determining what was now possible and what was not. Her thoughts, I assured her, were "normal," and her task was to examine them, take ownership of them, and determine what influence they would have over her life.

She commented that, together, we had worked out a place for her needs among her responsibilities. We discussed "reasonable parameters" for travel and time away from the children. Asked to comment on the value of the psychotherapy sessions, she replied, "It has meant the world for me. I tell my daughter that I see a counselor at the cancer office, and I love that man."

The prison in which some people find themselves can be self-created. With permission, support, and a challenge to one's thinking, it is never too late for a person to make significant life changes. ◆