

[研究論文]

## 治療初期にある初発乳がん患者に対する支持的精神療法の実践

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### PROCESS AND OUTCOME OF NURSE-PROVIDED SUPPORTIVE PSYCHOTHERAPY FOR PATIENTS WITH NEWLY DIAGNOSED BREAST CANCER.

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研究目的：本研究では看護師である筆者が、手術目的で入院中の初発乳がん患者に対して支持的精神療法を行い、そのプロセスと結果を明確にした。

方 法：初発乳がんの診断を受け、手術を受けることを目的として入院中で、医師より病名告知がなされていた患者5名に対し、筆者が支持的精神療法に基づく面接を実施した。対象者は、手術前1回、手術後2回、計3回の面接を受けた。面接のプロセスは、面接で話された内容と面接者が使用した面接技術から把握した。面接結果は、面接に対する対象者からのフィードバックと気分測定尺度 POMS (Profile of Mood States) の得点結果から把握した。

倫理的配慮：本研究は、研究実施機関の倫理委員会の承認を得た。

結 果：支持的精神療法に基づく面接において対象者は、現在の気持ちや手術後の治療に対する懸念を話していた。面接者が使用した面接技術は、言語化、確認、助言など22項目に分類でき、面接回毎に特徴づけられた。POMSの第1回目と第2回目の結果を比較したところ、対象者5人のうち4人の気分が安定していたことがわかった。

考 察：本研究において実施された支持的精神療法に基づく面接は、乳がん患者を支えていくうえで有効であると考えられた。今後、リエゾン精神看護の領域において、乳がん患者に対する支持的精神療法に基づく面接や適切な介入方法を検討していくことが重要である。

キーワード：リエゾン精神看護、初発乳がん患者、気分測定尺度 POMS (Profile of Mood States)、支持的精神療法

Key words : Liaison psychiatric nursing, Patients with newly diagnosed breast cancer, Profile of mood states ( POMS ), Supportive psychotherapy

#### Abstract

Aim: In the present study, the author, a nurse, provided supportive psychotherapy for patients with newly diagnosed breast cancer who were hospitalized in preparation for surgery, and elucidated the process and outcomes of the practice.

Methods: The author provided supportive psychotherapy to five informed inpatients newly diagnosed with breast cancer who were scheduled to undergo surgery. Each subject was interviewed on three occasions: once before undergoing surgery, and twice after the surgery. The process of the interviews was understood from the contents and the interview techniques used by the interviewer. The outcomes of the interviews were understood based on feedback about the interview from the subjects, POMS (Profile of Mood States) scores.

Ethical consideration: This study received the approval of the ethical committee for the facility in which the study was practiced.

Results: The interviews based on supportive psychotherapy with the five subjects dealt with present feelings and concerns about treatment after the operation. The interview techniques used by the interviewer were descriptions, confirmations, advice, etc., a total of 22 techniques, and characterized for each interview. From a comparison of the results of the first and second interviews for the subjects, it was found that the mood of four of the subjects had been stabilized.

Discussion: The Interviews based on supportive psychotherapy practiced in this study were thought to be effective for supporting patients with breast cancer. In the field of liaison psychiatric nursing, interviews using supportive psychotherapy and proper methods of intervention for patients with breast cancer are important topics for future discussion.

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## INTRODUCTION

Recently, a great deal of attention has focused on mental health care for patients with cancer. A 2003 report from a research group under the Ministry of Health and Labor found that more than half of “people who experienced cancer,” meaning those who had conquered cancer or who continued to undergo treatment on an outpatient basis following hospitalization, reported experiencing mental distress, anxiety, and fear while undergoing treatment or at the time they were given the diagnosis of cancer, and that these troubles continued even after their discharge from the hospital. According to researches in the area of psycho-oncology, 30-40% of patients with cancer at all stages have adjustment disorders or depression (Uchitomi, Minakawa, Okamura, et al, 1995). Fukue, Uchitomi & Yamawaki (1994) found, in the context of breast cancer, that 42% of patients had mental disorders.

Breast cancer is considered to be a systemic disease that requires long-term observation owing to the character of the disease. Therefore, patients are never freed from concerns about metastasis and recurrence. In addition, the experience of transformation and loss of the breast caused by abscission threatens patient's self-image. Therefore, there is a need for care to reduce this mental distress (Saito, 2000). Fukue, Minakawa, Yamawaki, et al (1997) argue that medical professionals must not only respond to mental distress but also practice preventive intervention, considering the psychological aspect of patients in the early days of their struggle with the disease and the effects of intervention on improving patient's QOL.

There has been some research in the psycho-oncology field on breast cancer patients. Classen, Butler, Koopman, et al (2001) reported improvements in the stress symptoms of those breast cancer patients with metastasis who received group psychotherapy. Hosaka (1996) practiced psychotherapy for patients who were newly diagnosed with breast cancer using a “structural psychiatric intervention program,” and reported that the patients' emotional conditions were improved. One program element was supportive psychotherapy and POMS (Profile of Mood States) was used to evaluate the psychological state of the subjects. Results of the POMS application showed significant improvements in all items. The liaison psychiatric nurse practices supportive psychotherapy as one care intervention but there is no research on supportive psychotherapy for primary breast cancer patients in the initial stages of treatment.

In this research, the author, a nurse majoring in psychiatric nursing brought supportive psychotherapy to primary breast cancer patients hospitalized for surgery; by clarifying both process and results, and by taking preventive

considerations into account, new psychological nursing care for breast cancer patients can be suggested.

## METHODS

### Supportive Psychotherapy

In the psycho-oncology field, psychotherapeutic intervention for cancer patients has been formally categorized; one of these is supportive psychotherapy. This therapy does not involve unconscious conflicts or personalities but, instead, tries to improve the emotional states of the patients by listening, accepting, giving assurance, explanations, problem solving, etc. (Sugahara, 2003). Akechi (2003) states that the goal of supportive psychotherapy is to mitigate psychological pain (role changes, sense of loss and anxiety, depression, etc.) through a relationship and communication with supportive medical professionals. Okuyama (2001) stated that to improve the QOL of cancer patients, it is necessary to lessen psychological stress; a cathartic effect can be achieved when patients verbally express psychological stress. This in itself does not provide a solution but does mitigate the stress.

The author in conducting the interviews, aimed to encourage the participants to speak naturally about their concerns and burdens. The author used PEARLS, a communication skill introduced by Okuyama (2001) as an approach method to cancer patients. PEARLS is a communication skill framework (i.e., Partnership, Empathy, Apology, Respect, Legitimation and Support) established by American Academy on Physician and Patient to allow medical staff and patients to achieve better communication (Barnett 2001).

### Subjects

The Subjects were five informed inpatients newly diagnosed with breast cancer who were scheduled to undergo surgery. To recruit the subjects, the author gave an explanation to six of them with breast cancer whose primary care doctors had consented to their participation in the study. Following the explanation, five of the six agreed to participate in the research.

### Data collection and methods of data analysis

Before conducting each interview, the author examined the medical history of the subjects using physician's documents and nursing reports, and obtained further information about the subjects by speaking directly with the primary physicians and nurses. The interviews were unstructured and based on supportive psychotherapy. Hereafter, an interview based on supportive psychotherapy is termed “interview” and the author who conducted the interviews is termed “interviewer.”

Each subject was interviewed on three occasions. The first interview was done before the subject underwent surgery,

the second, three to five days after surgery, and the third, seven to nine days after the surgery. During the interviews, the author wore the uniform worn by staff nurses. The interviews were recorded if the subject consented. In cases where consent was not obtained, the author recorded the contents in writing immediately after the end of the interview. In order to evaluate the author's approach to the interview, a measurement based on POMS (Profile of Mood States) was done before the first interview and after the third interview.

The process of the interview was understood from the contents, and the interview techniques used by the interviewer. The interview records were generated verbatim and the contents were summarized from the interview records. The contents and interview techniques were qualitatively analyzed and chosen based on the interview records generated verbatim. In addition, documents about the subjects and information obtained by medical workers were used as supplementary data.

The outcomes of interviews were understood based on feedback about the interview from the subjects and changes in the POMS scores. To obtain the POMS, the raw scores for six measurements of inferiority were used as data, with one exception. Among the six measurements of inferiority, "vigor" has a positive meaning, so following the method of Hosaka (2002), it was calculated as "lack of vigor = 40 - score of vigor" (The highest score was 40 points). In addition, to compare the score of the first with the second, the score for "emotional instability" following Hosaka (2002) was used.

The score for "emotional instability" was simply the total of "lack of vigor," derived from "vigor," and the other six scores of inferiority measurements.

#### Period of data collection

Two and a half months (ten weeks) starting from September 1, 2004.

#### Ethical considerations

The subjects were given a written explanation of the purpose and methods of the study, an explanation protection of privacy and freedom of participation, and a disclaimer from the study. To protect the subjects from physical and mental harm, the author was supervised by a research supervisor and a Certified Nurse Specialist (Psychiatric and mental health nursing, liaison), regarding the contents of the interviews at any time. This study received the approval of the ethical committee for the facility in which the study was practiced.

## RESULTS

The process and outcomes of supportive psychotherapy practiced on the subjects were as follows. Table 1 shows the baseline data on the subjects. Because subject A did not authorize the interview to be recorded, interview details were written immediately after the interview.

#### Process and results of the interviews

**Table 1** Baseline information on the subjects

	Age	Sex	Marital status	Household	Occupation	Diagnosis	Method of operation
A	44	Female	Married	Husband	Yes	Multiple fibroadenoma	Partial mastectomy
						Left breast cancer (stage I)	Sentinel lymphnode biopsy
B	49	Female	Married	Husband and 2 Children	Yes	Left breast cancer (stage I)	Partial mastectomy
							Sentinel lymphnode biopsy
C	57	Female	Married	Husband and 1 Child	Yes	Left breast cancer (stage I)	Partial mastectomy
							Sentinel lymphnode biopsy
D	49	Female	Married	Husband and 2 Children	No	Right breast cancer (stage III A)	Mastectomy ( Patey method )
E	49	Female	Married	Husband	No	Right breast cancer (stage I)	Partial mastectomy
							Sentinel lymphnode biopsy

## **Subject A**

**Process of the interviews with Subject A** (Average interview time: 73 minutes)

### **Summary of the course and contents of the interviews**

**First interview** (Duration: 1 hour and 20 minutes)

Subject A was tense at the beginning of the interview, but gradually began to speak about her experience of having been hospitalized 16 years earlier, her present anamnesis, and things that she was concerned about, including her feelings at that time. However, when the flow of the interview moved toward topics related to the method of surgery, she only spoke about her family's feelings, not her own. Carefully observing what Subject A said and did, the interviewer sought the appropriate opportunity to ask Subject A to describe her own thinking and feelings about the method of surgery. After a time, Subject A spoke about her feelings up to the time when she chose to undergo conservative surgery.

**Second interview** (Duration: 1 hour and 10 minutes)

Subject A spoke about the fact that her attending physician had not spoken to her yet regarding chemotherapy, and that she had overheard other patient's talking about their treatments. The interviewer concomitantly listened to her words. Changing topics several times, Subject A continued to speak, particularly about her parents.

**Third interview** (Duration: 1 hour and 10 minutes)

Subject A began by talking about her attending physician, who had recommended that she undergo oral chemotherapy. Subject A thought that to prevent metastasis or relapse, it would be better to undergo chemotherapy even though the beginning part of the treatment would be hard on her. In addition, Subject A talked humorously about a situation when she had overheard unfamiliar terms during a doctor's round. The interviewer listened attentively to Subject A's words, inferring that she had replaced her worries with humor. After a long period of silence, Subject A spoke about the fact that her attending physician and she herself had different opinions on whether she should stop working or not in order to undergo radiotherapy. The researcher asked about Subject A's feelings on radiation therapy, and expressed support for her thinking.

### **Interview techniques**

Table 2 shows the interview techniques used by the interviewer in the interview with Subject A.

## **Results of the interviews with Subject A**

### **Feedback about the interview from Subject A**

Subject A could show some of her feelings, but she felt that undergoing an interview was a way to kill time while being in

the hospital.

## **POMS results of Subject A**

Figure 1 shows the results.

## **Subject B**

**Process of the interviews with Subject B** (Average interview time: 43 minutes)

### **Summary of the course and contents of the interviews**

Based on the results of the operation, Subject B was discharged ahead of schedule. Therefore, the third interview was not conducted.

**First interview** (Duration: 50 minutes)

Subject B gave a detailed explanation of the process from the time when she had found a lump in her breast by self-examination until the present, and spoke about her feelings at that time. In addition, while describing herself, she said that she was especially susceptible to worry. Following this, Subject B talked about her worries about her daily life since the operation and admitted that her present emotional state was unstable. The interviewer affirmed to Subject B that in the present situation, feeling instability was natural and proper.

**Second Interview** (Duration: 35 minutes)

Subject B stated that she was worried about the results of her biopsy. Compared to the previous interview, she was occasionally silent, but said that she understood her own present mental condition. In addition, she said that she had been told by her husband that she was looking too negatively at her clinical picture and admitted that she was still worried.

### **Interview techniques**

Table 2 shows the interview techniques used by the interviewer in the interview with Subject B.

## **Results of the interviews with Subject B**

### **Feedback about the interview from Subject B**

It was good for her to have undergone the interview and she felt relaxed.

## **POMS results of Subject B**

Figure 1 shows the results.

## **Subject C**

**Process of the interviews with Subject C** (Average interview time: 65 minutes)

### **Summary of the course and contents of the interviews**

**First interview** (Duration: 1 hour)

Subject C stated that she was not used to talking about her own thoughts. In addition, she had not had time to talk to her family about her present breast cancer. When asked about her own thoughts about the cancer, she answered that there was

nothing to worry her, and spoke about her world view for a long time. In addition, she said she was most concerned about economic issues, so what she could do for these problems was to carry insurance.

**Second interview** (Duration: 1hour 23 minutes)

Subject C stated that she was concerned about the results of her examination for hormone receptors. She said that she had studied chemotherapy agents and observed her sister who had undergone chemotherapy and suffered from severe side effects. She then explained that her feelings had not changed much since the operation, and that the treatment, including the healing of the post-operative wound, had gone according to her expectations. In addition, she said that if an acquaintance had breast cancer, she would not say anything to encourage her because she thought that overcoming her present experience with breast cancer had been too simple.

**Third interview** (Duration: 52minutes)

Subject C said that she seldom felt worried or tense about radiation therapy. She began, without prodding, to recount her story from the time of diagnosis to her admission to the hospital. She said that from the time of her initial diagnosis with breast cancer until the start of radiation therapy, time had passed through her life like a wind. In addition, she felt that during that month, she had not been living in reality. In addition, she said that she did not know what would happen in the next five years, but that she planned to try to eat well, sleep well, and maintain a positive outlook.

**Interview techniques**

Table 2 shows the interview techniques used by the interviewer in the interview with Subject C.

**Results of the interviews with Subject C**

**Feedback about the interview from Subject C**

Subject C felt that by talking, she was receiving a self validation lesson. She felt that as if she was writing a diary. It was quality time for her.

**POMS results of Subject C**

Figure 1 shows the results.

**Subject D**

**Process of the interviews with Subject D** (Average interview time: 57 minutes)

**Summary of the course and contents of the interviews**

**First interview** (Duration: 1 hour)

Subject D mentioned that she had been interviewed for an industry newspaper at her company and had stated in the interview that it was very hard for her to imagine where she would be five years from now. At that time, the interviewer

inferred there was anger behind her words, and listened carefully to what she said. Finally, Subject D spoke about her present laborious feeling toward her illness and remorse for her own health behavior. With regard to chemotherapy, she said that she was concerned about losing her hair or becoming depressed, but said, with a sigh, that she was not experiencing symptoms at the moment. After that, Subject D still spoke at her own pace, but changed the subject many times in a short period of time.

**Second interview** (Duration: 56 minutes)

Subject D spoke for a long time about the dreams she had had about cancer and how her feelings had changed over time. Subject D then spoke about her concern about the side effects of chemotherapy, but after some time, she changed the subject and spoke about her gratitude toward the people around her and looked back upon her feelings after the operation. Moreover, she said that she was basically a cheerful person, but that after the abscission of her breast, her feelings had sunk. Subject D noted that her feelings changed day by day, and expressed this variation in her feelings by drawing a wavy line with her fingers.

In the last part of the interview, Subject D mentioned that when she was seriously worried, she never told others about what was worrying her. She said that she actually did not want to allow her breast to be cut and go to the hospital, but that she had felt there was no choice but to have it excised.

**Third interview** (Duration: 54 minutes)

Subject D said that she definitely wanted to ask her primary physician if she would be able to live for another 5 years. When she heard from the physician that it depended, meaning that the physician did not tell her anything, she had very hard feeling. However, she said that she didn't want to be pessimistic even though she did not know when the cancer would metastasize. The interviewer carefully observed her mental condition. Then, Subject D unexpectedly began to speak about her present feelings, saying that she was not depressed. She said that she thought that 5 years meant 5 years, and remembered a physician who had told her that maintaining a positive spirit was important. In addition, she said that she still had things to do, but on the other hand, said that she sometimes shed some tears when she woke up and she thought that she should have lived a more sober life.

**Interview techniques**

Table 2 shows the interview techniques used by the interviewer in the interview with Subject D.

**Results of the interviews with Subject D**

**Feedback about the interview from Subject D**

Subject D said that her feelings had not changed at all

because her mental state was stable.

### **POMS results of Subject D**

Figure 1 shows the results.

### **Subject E**

**Process of the interviews with Subject E**(Average interview time: 25 minutes)

#### **Summary of the course and contents of the interviews**

##### **First interview** (Duration: 35 minutes)

Subject E said that she was concerned about menopausal symptoms, but did not have anybody around her whom she could consult with. She was concerned about whether she was depressed. In addition, Subject E said that she thought she had developed breast cancer and an ovarian cyst because she had brought stress upon herself and could not free herself from it. In the second half of the interview, Subject E initially spoke about her present feelings, and said that she was not concerned about the operation because she had received a good explanation from her attending physician, and she was thinking that she should try to find some third party who could help resolve her worries.

##### **Second interview** (Duration: 26 minutes)

Subject E mentioned that she had questions she wanted to ask her primary physician before her discharge, but had not asked yet. The interviewer gave her advice, saying that even if she thought it was too difficult to ask questions, she should still ask them to the physician. Subject E said that her feelings had calmed thanks to the time she had after the operation. However, she admitted to having worries about metastasis and said that if her cancer metastasized, she would accept it. She said that during this week she had been able to rest and her strain had disappeared. Also, she spoke happily about the things that she wanted to do after returning home, and said that the rest time might have given her some space to think about these things. She said that nobody knows what will happen in the future, and that undergoing surgery for breast cancer had been a burden and she had not wanted to talk to anybody before the operation. In addition, she said that at this moment, she felt relieved and spoke about her feelings including looking for a new job in the future.

##### **Third interview** (Duration: 15 minutes)

While saying that Subject E was not fretting at present, she looked back upon her mental condition until the present. Moreover, she said that she felt that she would have to be concerned about many things from now, and that the best she could do would be to live without haste. The interviewer concluded that Subject E was looking back upon herself and diverting her feelings toward the future. After that, she discussed recurrence, saying that the problem was whether

the cancer recurred or not, but that at this moment she was happy that the operation had finished easily. Moreover, she reported that she had asked her attending physician about what she wanted to know. In fact, during the second interview she had brought up questioning her physician as a challenge. She said that she had obtained answers that satisfied her.

### **Interview techniques**

Table 2 shows the interview techniques used by the interviewer in the interview with Subject E.

### **Results of the interviews with Subject E**

#### **Feedback about the interview from Subject E**

She did not understand the reason for the interview and initially felt that it was troublesome. However, she had been able to think about things herself after completely expressing her feelings at the interview.

#### **POMS results of Subject E**

Figure 1 shows the results.

### **Interview process and result analysis**

#### **Interview process**

##### **Contents of the interviews with the five subjects**

The conversations with the subjects in the interviews (first through third interview) had a commonality. In the first set of interviews, the subjects mainly talked about the histories of current illnesses. In the second set of interviews, they talked about prognoses of the surgeries and experiences in the operating room, and also the talked about concerns they had with treatments after the surgeries. In the third set of interviews, the subjects talked about more concrete concerns focusing on the treatment after the surgeries and life from that point on.

##### **Interview techniques used by the interviewer**

The interview techniques used by the interviewer were mixed to suit each subject. The techniques were characterized for each interview. The interview techniques were divided into 22 categories as follows.

<Creating atmosphere> <Summarizing story> <Questioning>  
<Confirming> <Description> <Using affective nodding>  
<Repeating words> <Modification> <Observation> <Offering topics> <Inferring> <Keeping silent> <Listening carefully>  
<Rationalizing> <Honoring> <Providing assurance>  
<Advising> <Supporting> <Suggesting> <Expressing thanks> <Requesting> <Expressing admiration>

### **Interview results**

#### **Feedback about the interview**

There was positive feedback that suggests lessened psychological stress on the subjects. Except for Subject D, the subjects commented as follows: "I could express myself",

Table 2 Interview techniques used by the interviewer in this research

	A	B	C	D	E
First interview	Confirmation of understanding of information about the disease and treatment	Working to soften the atmosphere	Using affective nodding	Introducing the interviewer's educational background	Working to soften the atmosphere
	Working to soften the atmosphere	Using affective nodding	Having the subject take the initiative in carrying out the conversation	Questions focusing on the feelings of the subject	Suggesting topics making use of the clinical experience of the interviewer
	Summarizing the story to return the topic of the interview to the main subject	Repeating words to express the feelings of the subject	Modification to return the topic of the interview to the main topic	Questioning to confirm if the interviewer interpreted correctly	Using affective nodding
	Inferring the feelings behind the words of the subject and confirming in plain terms what the interviewer felt	Honoring the subject's self-discernment	Inferring the feelings behind the words of the subject and confirming	Observing mental condition	Describing sympathy as a woman
	Describing in plain terms what the interviewee felt	Rationalizing feeling lack of ease		Summarizing to focus on the feelings of the subject	Observing mental condition
	Using affective nodding	Summarizing to confirm if the interviewer interpreted correctly		Inferring the feelings behind the words of the subject	Inferring the feelings behind the words of the subject
	Describing sympathy as a woman	Asking the subject to look back at her feelings		Observing the nonverbal communication	Summarizing to confirm if the interviewer interpreted correctly
			Repeating words which impressed the interviewer	Repeating words which impressed the interviewer	
			Modification to return the topic of the interview to the main topic	Being silent to await the words of the subject	
			Describing in plain terms what the interviewer felt	Paying full attention in sympathy	
			Repeating words to focus on the feelings of the subject	Describing the feelings of the subject which the interviewer inferred	
Second interview	Provide congratulations on the operation having been finished	Paying full attention in sympathy	Honoring the attitude of the subject	Advising being relaxed	Inferring the feelings behind the words of the subject
	Paying full attention in sympathy	Inferring the feelings behind the words of the subject	Repeating words expressed the feelings of the subject	Observing mental condition	Rationalizing difficulties in asking the attending physician
	Providing assurance that the story spoken by the subject is rational	Expressing in words what could be sympathized with the words of the subject.	Confirming if the interviewer interpreted correctly	Suggesting changing the way of thinking	Advising practice rather than simply judging the situation
	Repeating words expressing the feelings of the subject	Describing in plain terms what the interviewer felt	Inferring the feelings behind the words of the subject	Keeping silent to allow the subject to look back	Suggesting practices for the interviewee
	Using affective nodding	Suggesting a way of thinking from a different point of view	Describing in plain terms what the interviewer felt	Using affective nodding	Asking the interviewee to report the results of what she practiced
	Keeping silent to allow the subject to look back			Questions focusing on the feelings of the subject	Asking the interviewee to look back upon her feelings
			Describing in plain terms what the interviewer felt	Repeating words expressing the interviewee's feelings	

**Table 2 Interview techniques used by the interviewer in this research**

A	B	C	D	E
			Confirming the feelings behind the words of the subject	Being silent to await the words of the subject
			Faithfully describing the thoughts of the interviewer	Admiration for what the interviewee was able to do
			Paying full attention in sympathy	Supporting the positive self evaluation of the interviewee
			Confirming if the interviewer interpreted correctly	Describing in plain terms what the interviewer felt
			Supporting the positive self-discernment of the subject	
			Modification to return the topic of the interview to the main topic	
Third interview	Confirming if the subject had correctly understood the explanation given by the medical staff	Confirming that the subject correctly understood the explanation given by the medical staff	Listening attentively to observe the way of non-verbal communication of the subject including mental condition	Supporting the interviewee's attitude toward discharge from the hospital
	Repeating words which impressed the interviewer	Questions focusing on the feelings of the subject	Inferring the feelings behind the words of the subject	Questions to make the interviewee recognize her feelings
	Inferring the feelings behind the words of the subject and describing	Questions on the present feelings toward the treatment from now	Confirming if the subject correctly understood the explanation given by the medical staff	Honoring the change in the interviewee's feelings
	Questioning to understand a fact	Advising asking for an explanation about the disease from physicians	Confirming the present feelings of the subject	
	Describing what the interviewer could sympathize with among the feelings of the subject		Advising being relaxed	
	Confirming if the interviewer interpreted correctly		Questions focusing on the feelings of the subject	
	Supporting the thinking of the subject toward work		Describing the feelings of the interviewer with a sympathetic attitude	
	Advising asking for an explanation from physicians		Repeating words which impressed the interviewer	
			Supporting the progress of rehabilitation	
			Confirming if the interviewer interpreted correctly	
			Assurance for the subject 's expression of emotions	

**Figure1 Process and results of the practice of supportive psychotherapy for patients with newly diagnosed breast cancer**

Content of the conversation	Interview technique	POMS	Feedback
First interview Present illness Present feelings Communication with husband Family's response to the disease Insight into present self	First interview Verbalization Summarizing Questioning Using affective nodding Repeating Words	First time The score of emotional unbalance A 84 B 154 C 63 D 63 E 86	A Could show some of her feelings. Felt undergoing the interview was a way to kill time. B Good for her to have undergone the interview and felt relaxed. C Felt that by talking, she was receiving a self validation lesson. She felt that as if she was writing a diary. It was quality time for her.
Second interview Concern about treatment after the operation Experience in the operation room Life in hospital Image of breasts Communication with attending physician	Second interview Verbalization Confirming Inferring Keeping silence Being attentive	Second time The score of emotional unbalance A 75 B 106 C 39 D 73 E 39	Her feelings had not changed at all because her mental state was stable. D Did not understand the reason for the interview and initially felt that it was troublesome. However, she had been able to think about things herself after completely expressing her feelings.
Third interview Concern about treatment after the operation Feeling toward work Retracing process up to now Anxiety over prognosis Life after discharge	Third interview Confirming Questioning Verbalization Advising Supporting		

"I feel better", "It was quality time for me", "I could release all my feelings, and I am now able to think about things more objectively."

#### **Summary of the results of POMS**

Comparing the results of the first and second interviews for Subject A, B, C, E, the raw scores for the six inferior criteria decreased or remained unchanged. The score for Emotional unbalance went down. For Subject D, the raw scores for the six inferior criteria all went up except for one category that remained unchanged. Her emotional unbalance score also increased.

## **DISCUSSION**

#### **Process and outcomes of the practice of supportive psychotherapy**

Figure 1 summarizes conversation and interview techniques (the process of supportive psychotherapy in this research), POMS results and feedback from the subjects. Since the conversations and interview techniques have a commonality and significance, they are related to each other. However, because the supportive psychotherapy employed in this research is not an intervention method based on a structured program, the author's ability to execute the therapy and her clinical experience may be an influencing factor in the research result. The result of POMS shows that mood stabilized for all subjects except Subject D. There was much positive feedback. From these results, the supportive psychotherapy may be considered to be one of the influencing factors on the results. However, the result of POMS also showed that Subject D's mood remained unstable. Differences in the clinical pictures and time when POMS was carried out may have influenced the results.

Considering differences in the clinical picture, progress of post-operative condition, content of care and diversity of the environment surrounding the Subjects, there are limits to generalizing the results. Further research is needed to discuss the relation between these factors and mood variations in patients with newly diagnosed breast cancer.

#### **Mental care for primary breast cancer patients from the perspective of liaison psychiatric nursing**

Breast cancer patients are increasing and so is the need for psychological care of those patients. The author implemented supportive psychotherapy and assessed the subjects' mental states. Based on these results, the author determined that the mental state of Subject D needed to be monitored closely in the prognosis. At the conclusion of the research, the author requested her attending doctor and hospital staff to continuously monitor and care for the patient.

Today, overlooking depression in patients with cancer

has become an important problem. As a result, research is being carried out, mainly in the field of psychiatric medicine, toward the early diagnosis and treatment of depression. The present study may contribute to these efforts. However, the approach adopted in this research also refers to preventive intervention against depression. For example, the results of the interview with Subject E showed that she suspected and worried that she might have depression, but she had not consulted with anybody. However, through the interview, she looked back on her mental condition and changed her feeling toward the future in a positive direction. If Subject E had not undergone the interview, she would not have been able to consult with anybody about her stressor, and her risk of contracting depression would have risen.

Certified nurse specialist (Psychiatric and mental health nursing, liaison) can properly assess a patient's mental condition and fill a role as liaison to ensure that patients can get specialized intervention when needed. However, the expected role of certified nurse specialist (Psychiatric and mental health nursing, liaison) is not always to act as a liaison in this way. They are sometimes expected to play a preventive role, to ensure that the patient's physiological condition does not deteriorate so such an extent that it requires specialized intervention. Nozue (2004) concludes that psychiatric liaison nursing can fulfill the function of providing primary care in the psychiatric field at general hospitals.

Because it is believed that preventive intervention before the onset of depression is needed to implement psychological care for breast cancer patients, it is necessary to focus on the mental states of early stage breast cancer patients, implement supportive psychotherapy (including the screening process) and validate the changes in patients' mental states (including depression). However, in a real clinical situation, breast cancer patients may not feel comfortable with the preventive intervention of a certified nurse specialist (Psychiatric and mental health nursing, liaison). As stated by Woods & Williams (2002), it is necessary to further review the cooperative work of certified nurse specialists (Oncology and Psychiatric and mental health nursing, liaison) and certified expert nurses (Breast cancer nursing).

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