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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Dislocated Self

Dean Schuyler, M.D.

Most of us, if asked, could probably locate ourselves in time and space. We live in a known place, "people our lives" with relatives and friends, and work at an identifiable job. We often have a predictable routine. Many of us don't deal particularly well with change, especially if that change is instituted by forces outside of us and is not subject to our control.

Some of us live in a country whose culture was not ours at birth. We speak a language that is not native, but a second language. Some of us have had experiences within that culture that inhibit one from taking the risks that often bring rewards.

For some, the event that triggers a sense of dislocation is the diagnosis of cancer. One task for such a patient may be the rebuilding of a life. For reasons that are not directly related to cancer or its treatment, that task may be a complicated one. This is the problem that confronted Ms. A when I met her while working as a psychiatrist within an oncology practice.

CASE PRESENTATION

Ms. A, a 60-year-old Argentinian woman, divorced for 25 years, with 2 grown daughters and 1 grown son, was living with 1 daughter in Denver, Colo., when she decided, 2 years before we met, to move to Charleston, S.C., to join the family of her eldest daughter. She had come East to "start a new life." Her husband had been abusive over the course of a 10-year marriage, which she believed led her to fear intimate relations with a man. Even so, she hoped to remarry someday and to share her life with a partner.

After 6 months of living in Charleston, a suspicious mammogram at a gynecologist's office led to a biopsy and a diagnosis of breast cancer. Surgery was followed by the prescription of trastuzumab and later letrozole. A reaction of unusual sadness led the doctor to replace letrozole with exemestane. Ms. A had gained some weight and maintained a good appetite, good energy, and normal concentration. Her mood was stable, but she had few friends in her new location and reported feeling lonely. She had little anxiety and was fully oriented and aware of current events.

My DSM-IV diagnosis for Ms. A was adjustment disorder with depressed mood (309.0). I asked her if she would feel comfortable returning to the oncology office to speak with me a few times. She readily agreed.

PSYCHOTHERAPY

We met again 2 weeks later. Our focus was to seek an explanation for her adjustment issues and then to identify some potential remedies. Ms. A felt that her daughter and son-in-law cared deeply for her (and she for them) and noted that her daughter was pregnant. She looked forward, she said, to helping care for their first child. However, she wanted some "same-age" companions and had not found any. Once we agreed that the remedy for her situation had a strong "internal" component, she stated that her thinking had to change before her life could change.

Our next meeting occurred 1 month later. Ms. A reported joining a local church with a large congregation in the hope of meeting some new people. She had also agreed to volunteer at a medical clinic 1 day a week to assist Spanish-speaking patients in receiving care. Ms. A told me that she sometimes felt ashamed of her poor grasp of English and that it seemed to be holding her back. She noted, too, her skill at organizing around the house and how it had led to a clash on 1 occasion with her son-in-law. We debated the pros and cons of discussing her social needs with her daughter. She decided that it was something she "had to do."

Our fourth and final session came 3 weeks later. Ms. A's daughter had delivered a son earlier than expected. She had successfully established a routine for the household, for which both of her "children" were grateful. She was, meanwhile, "picking up the pieces" of her own life. Her cancer was quiescent and well managed. She had started teaching painting to a breast cancer support group she had found. She had added a hospital to the clinic at which she volunteered her time, aiding Spanish speakers at each location. She now attended church activities several times each week. She identified music and reading as 2 of her pleasures. Ms. A was building a social life that included peer-age friends from church as well as from her volunteer work. She had, she said, "a full life" for now.

After 1 geographical dislocation, followed by a major physical dislocation, Ms. A was rebuilding a life in which she could feel satisfied. And, she could now clearly identify herself as the architect in charge. ◆