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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# Diagnosis of Cancer as a Marker

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The "anniversary phenomenon" is well known to psychiatrists. In the years following a significant (often family) loss, a person may experience grief symptoms to mark the anniversary date. The Christmas holiday may bring reminders of past Christmases. Birthdays may be a marker of the passage of time or a stimulus to recall events associated with past birthdays.

Furthermore, these anniversaries may usher in a period of stock-taking. Cognitive therapists focus, at times, on the roles of the individual as "participant" and "observer." This anniversary phenomenon fits well with the role of self-observer.

The diagnosis of cancer often brings with it the start of a new life stage.[1,2] For many people, this diagnosis serves as a "life marker." As a marker, a diagnosis may stimulate a life review with a resultant specification of issues to be faced and changes to be made. This life review may be accompanied by a feeling of urgency to accomplish these tasks quickly.

Ms. A was referred to me by her oncologist when she told him, "I'm grateful that my cancer isn't so bad, but other stuff has arisen that I'll have to deal with."

### CASE PRESENTATION

Ms. A, a 38-year-old single woman, began our intake session by reviewing the discovery and course of her breast cancer. A suspicious area found on a routine mammogram 3 months earlier had led to surgery, radiation, and a good prognosis. The prescription of 5 years of daily tamoxifen necessitated the discontinuation of a life-long cigarette smoking habit.

Ms. A was born in Florida to parents who doted on her as an only child. She completed high school in Orlando and college at George Washington University. A series of jobs in public relations comprised a very successful career in business to date.

Three long-term, monogamous relationships were interspersed in the story of her life. She anticipated marriage in each of the 2 most recent ones, but the men were not so inclined. The end of the third relationship led to a period of major depression that lasted for nearly 5 years. A second depression followed, beginning about 6 years before our first meeting and lasting for 2 years. Antidepressant medication was of little help either time.

Ms. A's medical history was otherwise unremarkable, and her work reviews were consistently outstanding. With the onset of breast cancer had come a sense of urgency to (1) no longer be alone, (2) own a home, (3) decide on a career "for life," and (4) decide what to do about her aging father, who was living alone in Florida.

A consistent tendency to worry, to question herself, and to feel unfulfilled had followed Ms. A throughout her life. Interestingly, she was not presently depressed but remained chronically anxious. She saw, however, the need to make several life adjustments but none specifically related to cancer.

## PSYCHOTHERAPY

My intake DSM-IV diagnoses were generalized anxiety disorder (300.02) and adjustment disorder with mixed anxiety and depressed mood (300.28). We contracted for a course of brief cognitive therapy. I prescribed a selective serotonin reuptake inhibitor (SSRI) medication to diminish her chronic anxiety.

Together, we agreed that her cancer diagnosis had started a new life stage and had added urgency to some issues that had been evident to her for awhile. We focused on each issue separately and discussed options and their consequences. The initial agenda concerned alternate career paths, the need for additional education, her skill set, and what might be satisfying for her.

Two weeks later, Ms. A noted that, subsequent to taking some time off for cancer treatment, she was now "loading up on jobs to do." She found that she was being more selective about what she agreed to pursue and what projects she turned down. She was proud of the ease with which she had given up cigarettes.

Two weeks later, Ms. A reported that the energy loss she attributed to radiation treatments was being regained. She felt more relaxed, assigning this, in part, to the SSRI. She demonstrated new problem-solving ability both at work and at home, which she related to our cognitive work. Ms. A had made real progress in working on her career issues, and she shared her thoughts with me.

By session 5, Ms. A reported speaking easily now to friends and colleagues about cancer. She believed that her priorities were shifting. Her present career would do, for now. She reserved the right to return to career thoughts later on. Her focus shifted to her father and what she might do to ease his burdens.

In session 6, Ms. A added financial concerns to thinking about her career. She reported "trial ballooning" some ideas with friends. She was thinking now in terms of "long- and short-term" goals. She noted some positive life changes: better nutrition, no smoking, and regular exercise. We had a detailed discussion about options for her father, and she finalized a plan for dealing with his needs. Now, 4 months after we began, she was more focused on herself and what she needed in life. She felt more in charge, with less urgency to make major changes. "Alone" seemed less threatening and more like a "good choice for now."

In a follow-up session 1 month later, Ms. A attributed her initial urgency to find companionship to the experience of cancer and its treatment. A companion was no longer a pressing need. She was satisfied with her living arrangements, for now; she had a plan for helping her father; and she expected to continue on her work path, for now. Her urgency to change was gone, and she had overcome her chronic worrying. Ms. A now felt "settled." We ended our sessions with a promise of future availability if needed.

### REFERENCES

1. Schuyler D. Cognitive therapy for adjustment disorder in cancer patients. Psychiatry 2004;1:20–23
2. Schuyler D. Brief cognitive therapy for adjustment to cancer. E J S C Med Assoc 2006;102:95–96

  