Case Study Example

Topic of Psycho-oncology: Survivorship - Fear of cancer recurrence
Gender/Age: F, 46
Assessment Form: Clinical Interview
Intervention: DBT, ACT
Total Contact Hours: 13 hours

1. Client History

Identifying Case Information: P. is a 46-year old, married woman from Austria. She has no children and is a housewife who occasionally does freelance editorial work. P. and her husband have been living in Hong Kong for 7 years and is very social with the German community here. She is a breast cancer patient in remission.

Presentation/Chief Complaint: P. sought out treatment due to anxieties of not having control of her body that manifests in medical unexplainable pain coming up and disappearing at various parts of her body. She is highly vigilant towards any sensations in her body because she fears her cancer might come back. Additionally, P. thinks that her body is expressing a lot of unresolved emotional issues and this may have been a contributing factor to her cancer in the first place. She feels that the physical symptoms she is experiencing (pain, etc.) is highly related to her emotional wellbeing.

Personal and Social History:
Family

- Growing up in a small village in Austria, P. comes from a very conservative family and area. She describes a difficult relationship with her parents who raised her with a strong Christian upbringing that she continues to practice. P. saw her father as an 'ubermench', further explaining that this meant he was treated like God at home. She says this was behaviour was also implemented by her mother who would never defend her children and only did what her husband said. P. further describes that her father was always focused on his own life adventures and his friends, and that he didn't care much about her and her siblings. P. felt like she only got her father's attention by giving him words of admiration. She recalls feelings of being unloved as a child, and still thinks her family is insensitive at heart. P. says that when she expressed any physical or emotional needs her family would just play it down with an 'it's nothing bad, put yourself together' attitude. She describes her relationship with her family as very dependent. She has only gained some independency from them when she moved to Hong Kong with her husband 7 years ago. The separation has helped her look at her relationship with her family differently. She now says she doesn't think or treat her father as 'god like'. However, as she never received acknowledgment she has always sought from her family, she hasn't given up on them, still keeping regular daily contact.

Romantic Relationships

- P. was first married at the age-of-18 and was together with her first husband for 15 years. She thought that everything she did in those 15 years 'never reached his expectations'. P. says her first husband was very 'manipulative' and always made her feel not good enough for him. Even though P. was not happy in this relationship, she only left him when she found an alternative.
- Around the age of 33, P. met the man who would be her second husband. P. says that her 'first husband always blamed [her], but [her] second husband finds a way to blame himself.' P. says he is a 'very rational person' but 'isn't very connected with his own emotions'. P. says her relationship with her husband is 'okay', she feels that he wants to support her but doesn't know how to or doesn't understand her needs. Often, she says she doesn't feel heard and has to repeat herself which annoys him.

Friendships

- P. is also an active member of the German community in Hong Kong. She's happy to be included in a social community but the group dynamics often overwhelm her. For example, P. says that she will often do things she doesn't want to in order to fit or get involved with her peers. Also, she says that she never had to or never learnt to stand up for herself and is having to do so at such a late stage in her life. She finds this quiet challenging, and she says she often succumbs to behave in a way to fit in. P. doesn't like when she behaves not in line with her needs and believes that the anger towards her own behaviour often leads to her feeling sick. In general, P. feels her somatic problems are also caused by the experience of social distress. For example, P. says her husband and her were to attend a dinner party she really didn't want to go to, and she was stressing over. P. didn't want to lie to the hosts or her husband's, so she didn't excuse herself from the dinner and just kept quiet about it. The night before the dinner, she started feeling sick and so she didn't have to attend the dinner party. Her body reacted in a way for her to deal with her anxiety and to make a decision she could not communicate herself.

Summary

Her reaction to stressful events is highly somatic. She uses physical symptoms as a form of communication. P. thinks that she only receives validation and understanding when showing physical symptoms such as body pain but not when she experiences symptoms of anxiety or depression. P. is using the somatic symptoms to express her needs and shows a strong level of dependency on the people around her. However, paying overly attention to bodily symptoms nourishes her anxiety that her cancer will return.

2. Diagnostic Assessment

Psychological/Psychiatric History: Former talking therapy after a miscarriage 15 years ago with her first husband.

Medication: None

Mental Status Exam: P. is fully oriented. In her first session, she arrived properly dressed, twenty minutes early. Her speech was clear, and her eye contact was normal. Signs of slight nervousness were shown, but otherwise P. was very cooperative and said she was very motivated to start therapy.

DSM-V or ICD-11:
307.7 Illness Anxiety Disorder: P. is preoccupied with having or getting a serious health condition, specifically that the cancer is coming back. She worries about minor body sensations that they imply a serious illness. She is overly alert and easily alarmed about her health status and finds only little or short-term reassurance from doctors' visits or negative result tests. She constantly talks about her health and avoids activities that could affect her body. The excessive worries and anxiety rather than the physical symptom itself leads to severe distress, social turbulences and money problems due to expensive medical examinations.

301.6 Dependent Personality Disorder: P. possess the following symptoms: difficulty making routine decisions without reassurance and advice from others, specifically husband; fears to disagree with others and risking disapproval this is shown in her people pleasing attitude even though she has different needs. She has an excessive need to obtain nurturance and support from others. She feels vulnerable and helpless alone i.e. her husband would not go on a business trip and let her home alone because he knows she could not emotionally manage his absence. She has never been factually alone i.e. she left her parents' house when entering her first marriage and only ended her first marriage after she started a relationship with her second husband. One big worry is that one day her husband might leave her even though there are no factual indictors for this.

Medical Condition: P. is a cancer survivor. She was diagnosed with breast cancer, more specifically an invasive ductal carcinoma on 15/07/2017. This cancer started in a duct of the breast and grown into the surrounding tissue. A lumpectomy took place followed by radiation therapy. Since, 10 months, she is classified as a cancer patient in remission.

3. Treatment Plan

Working Hypothesis: P. has troubles with having her feelings validated as she has always had to suppress it (and pleased others) and never learnt to express her need in an assertive way. When she suffered from cancer, she finally received the care and treatment from her loved ones that she was always looking for. The urge for her to be cared for is so strong, and in order to satisfy it, P. has involuntary learned that by having physical symptoms of an illness she will

get the care she wants. The downside of this approach is an over focus on bodily sensations that triggers her anxiety that the actual cancer might come back. This has led her to exhibit illness anxiety disorder that is elevated by symptoms of dependent personality disorder.

Therapeutic approaches that used, and the ones were successful: Mainly psycho-education about pain perception, emotions and interplay of cognitions have been successfully applied and seen positive results. DBT, ACT and Mindfulness based relaxation therapies as well as breathing techniques seems to be working in some level. However, tackling the issue with cancer recurrence as well as well her being afraid of rejection and hold the core belief that being assertive and expressing her needs none of the aforementioned therapies seems to be effective.

4. Course of Treatment

Therapeutic Relationship: Treatment with P. has been progressing as she feels validated and heard. It may also seem that her eagerness to please may be slightly affect her behaviour in therapy as she is always highly on time (often 10-20 min earlier). Throughout the sessions, she shows she is very motivated and committed to her treatment. However, while she communicates her openness and wish to change, she is not doing her "homework" outside the therapy sessions and rather wants to do it with me together. This had initially brought concerns that she would also become dependent on the treatment. But throughout therapy, I kept on encouraging independent actions and validate even little steps. This allowed me to create a safe base for her and at the same time this created healthy boundaries in the client-therapist relationship.

Treatment Obstacles:
The treatment obstacle is that while P. understands the theory and skills on the cognitive level perfectly, she finds in very hard to put the learned skills in action and keeps on nourishing her anxiety of cancer recurrence. Partly of the fear of how other people might react when she changes (and potentially dismiss her) and partly because of the secondary gain of somatic symptoms. There have been a few times meta communication with her about it and brainstorming of reluctance of change and the five steps of change were discussed (precontemplation, contemplation, preparation, action and maintenance), but the transition to the action level stays a major challenge.

Treatment Decision to be made:

1. **How to reduce fear of cancer recurrence by keeping realistic probabilities of cancer recurrence into consideration?**
2. **How to find a balance between being observative/preventive about the body without a too high preoccupation for it.**
3. **How to reduce secondary gains of cancer survivors and help them to adjust in their new role.**