

## Case report

---

Alcoholism and Psychiatry Research 2017;53:45-54

DOI: 10.20471/apr.2017.53.01.05

Received June 13, 2016, accepted after revision April 20, 2017.

# Case report, psychotherapeutic procedure with a breast cancer patient

Tija Žarković Palijan

Neuropsychiatric Hospital Dr. Ivan Barbot, Popovača, Croatia

**Abstract** – The aim of this case report is to emphasize the importance of psychotherapeutic procedure in treatment of cancer patients. This patient sought psychotherapeutic help for headache. Two months later her husband suffered a heart attack and joined a family therapy. After six months, the patient was diagnosed with malignant breast cancer. The oncologist prescribed only chemotherapy. However, at the same time, the patient started individual psychotherapy. Hypnotic trance as well as problem visualization was used during psychotherapy.

**Key words:** breast cancer, breast cancer patient, psychotherapy, hypnotherapy

---

Copyright © 2017 KBCSM, Zagreb  
e-mail: [alcoholism.kbcm@gmail.com](mailto:alcoholism.kbcm@gmail.com) • [www.http://hrcaj.srce.hr/acoholism](http://hrcaj.srce.hr/acoholism)

## Introduction

Breast cancer is the most common cancer in women [1]. It is estimated that one in eight women in the world is affected by this illness during her life [2]. Breast cancer is the leading cancer in women in Croatia, too. Out of all women suffering from all kinds of cancers, 24% are those suffering from breast cancer [3]. Although it is usually found in women over 50 years of age, today there is an increase in frequency of this cancer in younger women as well [1]. This younger population of women fighting breast cancer has more problems adjusting to diagnosis, has frequent

anxiety symptoms as well as other psychological symptoms that may lead to a decrease in life quality [1]. Since in addition to regular somatic symptoms the affected women often have psychological symptoms, it is important to recognize and adequately treat them in order to prevent the decrease in life quality [1,4]. Studies show that almost 30-40% of affected women develop psychiatric symptoms, such as depression, anxiety or adjustment disorder [1,5]. It is necessary to point out that the diagnosis of breast cancer and the subsequent surgery are important (traumatic) events for every patient that may lead to low self esteem, developing poor body image or sexual dysfunctions [6]. Everything said above indicates the need for psychosocial interventions [6,7] that can influence the life quality factors, such as normal sleep,

---

**Correspondence to:** Tija Žarković Palijan  
Neuropsychiatric hospital Dr. Ivan Barbot  
Popovača, Croatia

reduction of fatigue, mood disorders, vitality increase, pain reduction and the like [7]. Various psychotherapeutic techniques can be used to influence these factors. Studies show that cognitive-behavioral techniques [8-10] reduce depression, anxiety, fatigue, improve sleep [8] or reduce pain [10].

Hypnosis also has a special place in this kind of interventions. Hypnotic trance can be used for relaxation, insomnia or chronic pain reduction with an emphasis on patient's learning through hypnosis about relationship improvements, which may have a lot of benefits for the patient [11]. Visualization in hypnotic trance is a special technique that can be used to reduce depression [12], which is very common in breast cancer patients [1,5]. Moreover, it is important to point out that psychological and psychotherapeutic treatments are beneficial for immunological system as well [12].

The aim of this case report is to emphasize the importance of psychotherapeutic procedures in treatment of cancer patients.

The main problem as well as the aim of psychotherapy with cancer patients is confrontation with the illness, accepting the illness and long treatment, accepting role changes in the family and professional life. Along with individual psychotherapy, it is important to include family members in therapy, which deals with role changes, lifestyle changes and goal changes. There are also support groups with other patients. It is important to set short-term and long-term goals.

Individual psychotherapy can be combined with problem visualization or problem personification in hypnotic trance.

Working with cancer patients is very hard for the therapists as well as for the patients. Psychotherapists usually avoid working with

patients suffering from this 'frightening' disease, but for the patients psychotherapy is of great importance.

The experience I gained while working with this breast cancer patient suggested that there are reasons to be much more optimistic than I used to be about this kind of psychotherapy.

My hope is that this case report will be encouraging for the colleagues who would like to invest their knowledge and energy in this field of psychotherapy.

### Case report

The story begins a few years ago when a 38-year-old patient, suffering from persistent headaches, came for psychotherapy. The neurological and somatic examinations did not indicate firm signs of any organic background of headache.

The patient had been married for 16 years, with marriage passing through many crises. After every crisis, the couple hoped the situation would improve, but actually their discontent kept accumulating and their mutual intolerance had reached an unbearable level when the patient started psychotherapy. She could not bear her husband's touch, especially of her breasts and avoided sexual intercourse.

About six weeks after we had started psychotherapy, her husband suffered a massive myocardial infarction; my patient was under a great amount of stress and had feelings of guilt.

Upon his recovery, her husband joined a family therapy that lasted for about three months.

Six months after her husband's myocardial infarction, the wife was diagnosed with an inoperable breast cancer.

My first thought was, 'What has she done to herself?' and then, 'Has she punished him definitively?' Is there a close connection between the cancer and the psyche and is it really possible that there is a psychic equivalent underlying every somatic disorder? If there is a connection between psyche and malignant disease, it should be possible to bring up psychic defenses against the illness.

Doctors told her that the only chance she had was chemotherapy. There was data that patients with this kind of diagnosis had succeeded in overcoming the illness. I decided to fight for her believing that she would fight for herself together with me.

In the beginning of the therapy, the most important thing was for her to believe that there was a way to ensure a better life quality for her.

## Psychotherapy procedure

### Part one

In the first session, the patient presented her dream in which a wound haunted her. I brought her into a hypnotic trance and asked to explain what the wound was like. Her answer was 'A permanent wound'. I asked, 'What does a permanent wound mean?' and she answered 'The wound nothing can be done about.' I could not accept such an answer so I asked, 'Is there really nothing we can do about it?' Her answer was 'Wrap... cover.' I felt anger, and as if it gave me the right for action, I guided her in fantasy to the place where there was nobody but her and a man with the permanent wound. I created the situation where the man would die if she did not take any action. I asked her, 'What are you going to do?' The answer was 'Cover... wrap.' I felt helpless, and then angry.

After a short pause I turned to her again, 'There is no time... it is only you who can help the man... he expects that from you... he is looking at you... he is dying... and you are doing nothing... cover and wrap... it's cheating... there is something else that you can do...'

After a short pause she said, 'Operate.' I offered her a knife and she took it (in fantasy) and cut the wound, removing the affected part. I asked her, 'What are you going to do with that removed part, so as to prevent the environment pollution?' She said she had decided to burn it.

Looking at the fire to which the affected part was thrown made her comfortable and warm. She considered her duty was fulfilled, so she bandaged the wound. When I took her out of the trance, she felt comfortable and relaxed.

In the next session she described the feeling of an anthill in her right arm. I suggested that she perform a guided (fantasy) imagery using animal personification. The guided fantasy would be done in hypnotic trance using ants.

I had her imagine ants in an anthill tunnel, cleaning the walls from a fine granular yellowish surface and gathering this material in a pile. When they were done, they surrounded the pile and ate it all. We took them out and let the spring flood take them away over a three root branch. Only one ant remained at the anthill entrance, a watchman, controller of the anthill. The ant inspected the anthill every day, checked all the tunnels. Every time we did that (in fantasy), I asked the questions, what he saw, what he thought, how he felt, what the estimated situation in the anthill was, where there any suggestions regarding the anthill.

During following sessions, we installed the light in the anthill because previously it had been in the dark, we dusted with the vacuum cleaner and the dust was placed in a concrete storage; the air conditioner was also installed because of big temperature changes.

The ant inspected the anthill surroundings again. One day it discovered a new anthill. I thought, probably, it was in the other breast, because when I asked the patient where she felt the movement, the patient pointed to the malignant process area in the right breast. She told me that the first anthill was useless, lifeless, and cold and the new one had rough walls of fresh soil and full life. I brought the ant-watchman into the new anthill and asked her where she felt its movements. She pointed to the right arm pit (axil). I knew that the procedure from the first anthill had to be repeated. So it was. We continued to work with two watchmen- controllers.

In the next session, I asked her to draw a picture of her anthills as she saw them in her thoughts. At the same time I made my drawings according to my imagination. The pictures were very similar, so I could not help asking myself, 'Who guided whom in the fantasy hypnotic trance?'

One day the light in the anthill weakened. We discovered that the grass had grown over the anthill. The ants were not concerned about it. The grass occurred when the patient's hair, lost due to chemotherapy, started to grow. It seemed to me that the anthills were under the hair in the region of the abstract sight, and that she was feeling the ants' movement in the area of the malignant process.

After the session she felt better, relaxed, had more strength, just as having had her batteries charged, as she said.

## Part two

Ten months after creating the anthills in the hypnotic trance, the patient informed me that the anthills were smaller than before. To my question, 'What do watch-ants think about it?' she said that they did not worry about it... anthills were disappearing because they were not necessary any more. Anthills were getting smaller; it was hard for the ants to walk in the tunnels. As I listened to what she was saying, I was worried even more than the last time. I was afraid that the situation would get out of my control. I did not have time to think about it. If this was connected with the immune system, it meant that immunity was weaker than before. While there was only a bit of the anthill, I had control.

I induced a hypnotic trance and gave her the instructions to put the problems to that place and connect them with the sixth-generation computers that work like the right hemisphere of the brain. She accepted it. Before the process, the watch-ants were trained for special detection, and they were standing in front of the computer screen reading what was being processed. We were entering different software into the computer.

In the next session, there were no anthills anymore, there were only two scars. We were exercising control. Nothing was happening. In one of the following sessions, I offered her to imagine she was in love, listening to romantic music and thinking of comfortable and exciting touch on her skin.

Two months later, she gave me a letter from the Croatian Cancer Institute. I opened it and was shocked; it said she had metastasis in her lungs.

She looked me in the eyes and said, 'Now, I see it is not only cancer, but they added something else'. I told her I could not see

anything special and it was probably something connected with radiation. Some people have reaction to radiation and she had made a whole cycle without troubles. I told her it may have been a late reaction to radiation.

After that conversation, I induced a classical trance. Computers did not register anything. I thought that the problem might be in a tissue not connected to the lungs.

Then a new idea came to my mind and I decided to tell her an old fantastic story about a team of laboratory experts and a special room in which those experts were shrunk to a size of a drop and injected in the blood. She accepted it. The experts were traveling in a submarine-like capsule to the heart and from the heart to the lungs. When the capsule came to the lungs, we released some sharp spikes, like probes, from its surface which were testing the lungs tissue. These probes were also able to use guns. Guns shot only the sick tissue. Three shots were fired into the upper part of the right lung, into three spots which were round and dark. Guns did not shoot into other parts of the lungs. Later, we took the capsule out through a tear. She was really crying. We caught the tear and put it in a little glass box, until the next session when the drop would go to the blood stream again.

Every day the patient checked up on herself. When I asked her if the computer had registered the journey with the capsule she said, 'Yes.'

After these sessions, we repeated the X-ray scan in the hospital where I work. There was no sign of metastasis, only lung fibrosis – as a reaction to radiation. The next day, I went to the Croatian Cancer Institute to talk to her oncologist. Together, we examined the lung X-ray scans with three other doctors and nobody saw any metastases. To diagnose

a metastasis it is necessary to see it by X-ray. I suppose, in this case we could discuss whether there had been any or not, to begin with.

In the following session, the capsule started to travel along the whole body through the blood stream, to the liver, bones, etc. It was going through impaired organs. The capsule did not leave her body; it stayed until the next journey in her eye, near her nose, where the lake of tears (*lacus lacrimalis*) is. In one of the next sessions, I had a new experience. In trance, when capsule was finishing its usual journey, I said, 'Let's go into the brain, first in the left hemisphere.' The patient saw her left hemisphere on the computer screen. The computer registered, 'Everything is OK.' But in the right hemisphere, the computer registered some problems. There was a narrowing in one artery, which caused a slow blood flow. The narrowing was outside of the artery. I said to my patient, 'Please, carefully prepare the team from the capsule for action... use very, very special spikes... to protect this place... no blood, no shooting, don't destroy it'. She protected it.

### Part three

During the therapy I had a dream.

*... I saw myself entering a house; it could have been my mother's... But I did not see my mother... or my parental home... Then I saw myself washing my hair and my hair was falling off...*

*... My girlfriend told me that I had put too much shampoo in the water and on my hair... but I did not believe her...*

*... I looked at myself in the mirror... I saw an old woman with gray fuzzy hair... I did not recognize my face... Then I went out the door and I thought, 'It's cancer'... I have to know where the cancer is located... If I don't know where it is, it means that I am*

*not able to do anything... And the next thought was, 'Who will work with me, as I did with my patient?'*...

*... Afterwards I decided to ask my friend, 'Where is it?'*... Again I entered the room... My friend was lying in bed and I asked her 'Where is it?'... She started to cry... At that moment I felt pain in my neck...

*... I knew that it was a very serious situation... And my next question was, 'Maybe you can give me the X-ray'*... She answered, 'Nothing can be done'... At that moment, I saw myself screaming...

*I woke up screaming. I was frightened. The only thought I had in my mind at that moment was 'I can't let myself end up like my patient.'* My dream showed me how deep in the process I was with myself and with my patient.

### **The demonstration of one session**

*Therapist: You can look at the flower that you like most... you like to look at this rose...what a wonderful flower... or this flower... or something else. And while you are looking... while you are focusing your attention on some of these objects... or the birds which you can hear singing outside... your feet are standing on the ground... and you can feel the weight around your ankles. Your hands are resting on your thighs... you are breathing easily and deeply... and every time you breathe out... you're exhaling old air from your lungs which can have a color... a whole spectrum of colors... you exhale problems... which you have now... which you have from before... with every breath you inhale fresh air... and it gives you a sense of comfort... you are full of fresh energy... your pulse is calming down... your blood pressure... breathing... you are in the position in which blood flows... really easy... through your body... continually... continuing flow... information which is flowing continually between us. You can work on your positive outcome... see yourself how you did it... in the future, which can happen tomorrow... in a week... in a month... or ten years from now. To see yourself how you successfully did it... to see your positive outcome... and to have a good feeling*

*which you will recognize in your body. You can work out the whole process with your positive outcomes... and while this process is continuing, we can recall our picture in order to see what is happening in that picture.*

*Patient: There are two scars in the place where the anthills were before, the scars are very pale, and one is longer; the other one is shorter, with incorporated probes. Around them are the ants who watch the messages on the screens of their computers. These messages are constant and they are informing that the state in the body is constant and that there are no problems.*

*Therapist: Security system of the computer... probes... Is everything OK?*

*Patient: Yes, everything is OK.*

*Therapist: Do the ants have any remarks on the messages on the screen?*

*Patient: No, they don't, they are satisfied with the messages they received.*

*Therapist: Good, you can move the capsule.*

*Patient: I will.*

*Therapist: Let the capsule enter the circulation flow, in a continuous flow... and let it go to the liver artery... let it enter the liver, and with its spikes that have probes for testing at their ends... test the tissue with these probes... the probes are sending all information to the small computer centre inside the capsule where experts make further checks... and if it is necessary... they start the other mechanisms which are situated in the capsule.*

*Patient: In the liver everything seems OK. There is no problem, everything functions well.*

*Therapist: OK. Let the capsule go from the liver to the right side of the heart... through the lung, veins... into the right lung... and let the capsule activate its spikes ... probes... for testing the tissue... In fact...they are always ready, when the capsule is traveling through the body, and especially... when it comes in the tissue and tests it.*

Patient: *On the right side of the lungs everything is OK except for the upper part where I find little scars, which remained from previous shootings. Except that, everything is normal. Right side is OK.*

Therapist: *Let it go to the left lung.*

Patient: *Left side is OK. It functions well.*

Therapist: *Let's go inside, into the left heart, and then through the arteries from the left side of the heart to the body... First, Let's go through the veins which are connected with the ribs and when we come closer let the ant go out, and let it walk through the ribs... and let it check everything... first rib... second rib... third rib... fourth rib... fifth rib... sixth rib... seventh rib... eighth rib... ninth rib... tenth rib... eleventh rib... twelfth rib...*

Patient: *The ant can't find any changes... everything is OK.*

Therapist: *OK. Let's go to the other side. First rib... second rib... third rib... fourth rib... fifth rib... sixth rib... seventh rib... eighth rib... ninth rib... tenth rib... eleventh rib... twelfth rib...*

Patient: *Everything's OK. On the left side... no changes.*

Therapist: *Right collarbone!*

Patient: *OK.*

Therapist: *Left collarbone!*

Patient: *OK.*

Therapist: *Right shoulder... left shoulder... chest...*

Patient: *Everything's OK. Everything functions normally.*

Therapist: *Bones of the right hand... left hand... whole tissue...*

Patient: *OK.*

Therapist: *Now, go to the spine... travel along it...*

Patient: *The spine is OK.*

Therapist: *The end of the spine...*

Patient: *No changes...*

Therapist: *Bones of the left leg... bones of the right leg...*

Patient: *Everything's normal.*

Therapist: *Now, let the capsule go back... the same way... along the spine... and go to the brain through the circular flow... let it go to the left hemisphere... the whole capsule... with the ant... through the brain cells...*

Patient: *Left side is OK. No changes...the ant can't find anything.*

Therapist: *Is the capsule with it?*

Patient: *Yes, it doesn't register anything strange.*

Therapist: *Now, let go to the right side. The capsule is travelling with the ant and when it can't pass, the ant goes alone. The ant can travel alone through the tissue without leaving any defects. He's walking through the right side.*

Patient: *On the right side everything is OK. He's coming to the artery with the right around it, but that's OK. Nothing strange.*

Therapist: *Let it go out of the brain, because the flow is circular and it goes to the thyroid.*

Patient: *Everything's OK.*

Therapist: *And...before the capsule comes to its previous position, be aware that it's carrying information and it will control the tissue of the whole organism, bones... circulation... immune system... the whole biological system... at all levels... and it will intervene defending the organism from any disease... OK... Carrying on information every day on its journey... in control... completely equipped for intervention if necessary... And now... it can go into the right eye... beside the nose... in the little lake of tears where it can stay... until the next journey... And like always, it's working on the defenses... increasing the life quality... quality of communication and information... you're living and working with it in total cooperation... and there is no fear that something will be missed. Now... you can close your eyes...working on your happy outcome... on your positive outcome... seeing yourself in that situation... how you did it well. When the good feeling appears...connected with the positive outcome... show me with your right hand... the place where you*

*feel that positive outcome... on your body... Take your time... and... while you're doing it, listen to the music... and focus your attention on a bird's song... Let's go in your fantasy anywhere you want... to one of your positive outcomes. Think about very pleasant touch on your skin... very pleasant exciting touch... you feel its beginning... developing its intensity and ending in the maximum intensity... full of energy, strength and happiness... warmth... keep it... keep that good feeling and lead yourself into a positive outcome...*

*Now, you can start counting... from 20 to one... when you come to one, you will open your eyes and feel good... relaxed... warm... You'll be ready for tasks which are waiting for you...*

*The patient opened her eyes.*

Therapist: *How are you feeling?*

Patient: *I'm feeling very relaxed, comfortable, warm and full of energy.*

Therapist: *Where can you feel it?*

Patient: *I feel the energy in my palms and feet, on my face, chest... Some kind of stability that I can feel especially in my feet and palms. This is a feeling of comfort and beauty connected with warmth.*

Therapist: *Which outcome did you see?*

Patient: *That outcome was connected with the future and I was in the world of people without communication problems, without diseases, without burden. (Later I asked myself, is there such a place except in Heaven?!)*

Therapist: *Where did you see that image?*

Patient: *It saw myself in a crowd on the street in my town. I had seen this image before and I wanted it to be true.*

Therapist: *How did you feel in that crowd?*

Patient: *Good, normal, without burden. I feel good and strong, like in normal life with people with whom a person usually interacts... I feel... how to say... satisfied... triumphant... without problems that I have had in the past... Then, listening to this music, I went into a very romantic place and I enjoyed it. (She used to complete each session listening to Ravel's Bolero.)*

Therapist: *If you can imagine the situation that you want for yourself in the future, you can lead yourself to the positive outcome. That's for sure!*

## Something like a conclusion

This kind of therapy lasted for two years. The oncological findings showed that the patient responded well to chemotherapy and that the pathological resistance was not palpated. The patient was feeling relatively well and her life quality was higher than before.

Each of us did what was possible to be done and nobody knew exactly what one or the other did nor what was going to be in the future.

## Epilogue

The End or the Beginning of Something New

The patient, who I had worked with, died. She died from lung embolism. At the end she had developed the pseudo myasthenia syndrome. The examinations showed that she did not have metastasis. Three months before she died she had become tired and depressive because she had heard an unfair gossip about herself. She was a person who cared about her reputation. She entered the stage where it seemed she has reached the end – of the disease and of her life. Medical reports were normal. In the therapy sessions she felt OK, at home she was worse. I felt insufficient. She was regressive; she behaved like a child. Her mother took care of her. It was like she blamed everybody around her, first at her home, then others and at the end she blamed me. She decided to die. That was her persistent dilemma – life or death. She was afraid of the end, afraid of suffering but she was also afraid of death. Eventually she lost her sight and her hearing. In fact, she saw



and heard me, but I was not a motive that was enough for her to survive. The ophthalmologist said that her eyes were healthy; the pupils were enlarged because of the weakness of the eyes-muscles. In the stage when it looked like the end was really close, she developed paralysis of the left side which eventually ceased and then she developed the paralysis of the right side, which also ceased. Later she was even able to exercise. Doctors often found her in the state of developed autohypnosis. She worked on herself. She often talked in metaphors. I did not let them call it hallucinations. The stage of paralysis could not be explained to others, but it is not even necessary to seek explanations. The internists and neurologists were confused.

When she came out from the stages of unconsciousness, she was able to tell everything what had been happening even when she was unconscious. Maybe those were the experiments with death, we will never know.

She found her outcome entering her little world where I had taught her to work on herself. She knew that she was written off. She left all the instructions for her funeral. Two days before she died she said that she could not hear. I said, 'It's a pity, I wanted to tell you a story', and she said, 'Tell me the story'. She was able to hear it. I told her, 'Imagine yourself in a dark room in which you can see a straight bright line. You will know that it is the lower edge of the door and if you move your hand up, you will find the door-handle. If you press it, the door will open. What is on the other side?' She answered, 'Light.' We decided to talk in the morning.

The following morning she felt better. I asked her, 'What do you want to tell me?' and

she answered, 'I will go towards the light. I will fight.' That was the last thing she told me. When I came home, I had a strong desire to know where she had gone and whether I had given her the permission to die fearless.

The people who survived clinical death claim that they were in a dark tunnel with the light at its end.

She died the next day. I believe she did not suffer. I accepted it relatively well and thought perhaps it was supposed to be that way. Now it is hard for me to talk about a person who is not here anymore. I was sad, but believed that the work was not in vain.

I had good and bad times while working with her. Maybe I am not even aware of the importance of those moments both for her and for me.

She held out as much as she could. She decided when it was the time to end. She received as much as she could from me and from herself, but I believe I gained a lot from her, too.

When she was in her last stage I questioned myself whether I had done anything wrong. But I think I gave her more than a professional therapist could give a patient. I loved her, but I knew she was responsible for her own life. My love was not enough for her to choose life. I suppose that she was sending me a message that there was no life without love. Love is what gives one's life a meaning.

## Acknowledgements

None

## Conflict of interest

None to declare

## References

1. Wong-Kim EC, Bloom JR. Depression experienced by young women newly diagnosed with breast cancer. *Psychooncology* 2005;14:564-73.
2. Medline plus. <http://www.nlm.nih.gov/medlineplus/breastcancer.html>
3. Hrvatski zavod za javno zdravstvo. Registar za Rak. <http://www.hzjz.hr/rak/novo.htm>
4. Cope DG. Functions of breast cancer support group as perceived by the participants, an ethnographic study. *Cancer Nurs* 1995;18:472-8.
5. Okamura M, Yamawaki S, Akechi T, Taniguchi K, Uchitomi Y. Psychiatric disorders following first breast cancer recurrence, prevalence, associated factors and relationship to quality of life. *Jpn J Clin Oncol* 2005;35:302-9.
6. Hong-luan YU, Ying LI, Xue-qin MAO, Rong MA, Jing-zhong SUN, Fang PAN. Brief report, Physiological and psychological improvements of Chinese women with breast cancer in preoperative period after brief structured psychotherapy. *Chin Med J*. 2007;120:74-6.
7. DeAngelis T. How do mind-body interventions affect breast cancer?. <http://www.apa.org/monitor/jun02/mindbody.html>
8. Savard J, Simard S, Giguère I, Ivers H, Morin CM, Maunsell E, Gagnon P, Robert J, Marceau D. Randomized clinical trial on cognitive therapy for depression in women with metastatic breast cancer, psychological and immunological effects. *Palliat Support Care* 2006;4:219-37.
9. Antoni MH, Wimberly SR, Lechner SC, Kazi A, Sifre T, Urcuyo KR, Philips K, Smith RG, Petronis VM, Guellati S, Wells KA, Blomberg B, Carver CS. Reduction of cancer-specific thought intrusions and anxiety symptoms with a stress management intervention among women undergoing treatment for breast cancer. *Am J Psychiatry* 2006;163:1791-7.
10. Tatro K, Montgomery GH. Cognitive behavioral therapy techniques for distress and pain in breast cancer patients, a meta-analysis. *J Behav Med* 2006;29:17-27.
11. Douglas DB. Hypnosis, useful, neglected, available. *Am J Hosp Palliat Care* 1999;16:665-70.
12. Bakke AC, Putzer MZ, Newton P. The effect of hypnotic-guided imagery on psychological well-being and immune function in patients with prior breast cancer. *J Psychosom Res* 2002;53:1131-7.

## Izvešće o slučaju, psihoterapeutski postupak s pacijenticom s karcinomom dojke

**Sažetak** – Cilj ovog izvješća o slučaju je naglasiti važnost psihoterapijskog postupka u liječenju bolesnika s karcinomom. Ova je pacijentica potražila psihoterapijsku pomoć zbog glavobolja. Dva mjeseca kasnije, njezin suprug je pretrpio srčani udar i uključio se u obiteljsku terapiju. Nakon šest mjeseci, pacijentici je dijagnosticiran maligni karcinom dojke. Onkolog je propisao samo kemoterapiju. Međutim, pacijentica je istodobno započela individualnu psihoterapiju. Tijekom psihoterapije, koristi se hipnoterapija te hipnotički trans kao i metoda vizualizacije problema.

**Glavne riječi:** karcinom dojke, pacijent s karcinomom dojke, psihoterapija, hipnoterapija