

- Distinctions between a support group and a psychotherapy group.
 - Group membership: referrals, screening, and selection.
 - The task of creating "community" - developing a spirit of mutual caring.
 - Sample group exercises and activities.
 - Dealing with member deaths - preparing for and integrating loss.
 - The therapist facilitator - qualifications, emotional challenges and self-care.
 - Weaving in the spiritual - group rituals and traditions.
- This is a practice based rather than a research based presentation and will have relevance for anyone involved in group work with oncology patients.

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POSTER

Psychological and physical support after breast cancer surgery (BCS): a new comprehensive approach

L. Bonetti¹, M. Cazzaniga¹, M. Cremonesi¹, N. Ventura², L. Biffi², S. Barni¹. ¹Osp. Treviglio, Medical Oncology, Treviglio, Italy; ²Osp. Treviglio, Rehabilitation Unit, Treviglio, Italy

BCS, either conservative, or demolitive, is a dramatic experience for women. Afterwards, women have the emotional waiting for the subsequent therapies and the need to think about their social, affective and working life in a new way. Since June 2000, our oncological division started a comprehensive, multidisciplinary activity for BC patients (pts) after surgery.

This activity addressed to small groups (8 women) of surgically resected BC pts and was conducted by a psychologist, a psychiatrist, a physiotherapist and a medical oncologist. After the first multidisciplinary visit, our pts meet twice-a-week for 5 weeks. Each meeting is structured in two different parts: the first part focuses on the physical recovery, while the second part is dedicated to psychological support. We decided to use the group model, because we believe that it is the best way for pts to elaborate their own experiences and talk about the impact disease has had on their life. During these meetings, pts can compare their own feelings, fears and experiences with one another. Until now, 4 groups of BC pts (24 women) have been followed. Two pts didn't participate due to family problems, while another one was excluded because of her own refusal of her oncological disease. During the first meeting of each group, 2 tests were administered (COPE and BDI test), in order to perform a baseline psychological evaluation. These 2 tests, together with another individual psychological visit will be administered 12 months later. A comprehensive multidisciplinary approach to breast cancer surgically resected pts allows us to 'cure' the disease and 'take care' of the pts.

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POSTER

Psychological adaptation to cancer

E. Nowakowska-Zajdel¹, W. Foltyn¹, M. Muc-Wiergon¹, T. Kokot¹, A. Kozowicz¹, A. Stermo¹, Z. Rusinowska². ¹Medical University of Silesia, Department of Teaching Ward of Internal Medicine, Bytom, Poland; ²Provincial Hospital, Department of Oncology, Bytom, Poland

Diagnosis of cancer involve psychological distress. The common psychological distress in cancer patients are anxiety and depression.

Purpose: The aim of the study was to assess the level of anxiety and depression.

Methods: Spielberger State-Trait Anxiety Inventory and Beck Depression Inventory were analyzed. Forty haemato-oncological patients were examined. They were 25 women and 15 men in aged 26-80 years. They were out patients, follow-up patients during remission as well as hospitalized patients in different stage of diseases and therapy.

Results: Obtained data pointed out higher prevalence of state of anxiety for patients aged <50 years, but the trait was comparable among all groups of age. The median of state of anxiety was higher for patients during the first 3 months of diagnosis. The level of state and trait of anxiety was higher for women than men. But there were no differences in relation to patients with different diagnosis. The study showed that, about 50% of examined patients suffered more often depression than all other patients and was prevalent during the first 3 months of diagnosis. Depression was more often for women than men, but there were no significant differences between patients with different of cancer diseases.

Conclusion: The study highlighted the need for routine screening for anxiety and depression among haemato-oncological patients. Psychological intervention (pharmacological or psychotherapy) could reduce disease-related distress, improving psychological functioning and the quality of life cancer patients. It could help patients to cope with their illness, especially that more cancer patients are living longer with the diagnosis.

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POSTER

Oncologic psychological functioning: in search of a developmental pattern

T. Andrade. Instituto Superior de Ciencias da Saude, Psychology, Monte da Caparica, Portugal

Purpose: This study intends mainly to validate the theory of centrifugal pattern in oncological patients differentiating the relationship patterns established with both parents by the oncological patient during different life stages, from childhood to the present life moment. Another purpose consists in differentiating variables such as the recent and non-recent losses and stressful life events, specific personality traits, self-concept and the present level of anxiety and depression of oncological patients in order to validate the current lines of theoretic development in psycho-oncology.

Methods: In this study participated 93 subjects, divided into three equal dimensioned groups: an oncological clinical group, an insulin dependent clinical control group and a normal control group. The instruments used were: the Family Circle Drawing Test (DCRF), the Hospital Anxiety and Depression Scale (HADS), the Clinical Inventory of Self-Concept (ICAC) and a structured interview elaborated specifically for this study based on the main variables mentioned in the literature concerning the personality traits and the difficulties of individuals with cancer and other chronic diseases.

Results: Statistical analysis showed that the drawings of the oncological group differed significantly ($p < .05$) from those of both control groups, demonstrating a clear pattern of emotional separatedness towards both parents in all life stages particularly after puberty ($p < .001$). In addition to the results obtained with this test, other relevant results were obtained as to the main difficulties felt by subjects concerning their relational sphere.

Conclusion: The study demonstrates that a specific relational pattern differentiates the oncological patients from other comparison groups as to the relationship with both parents. Results supported the theory of centrifugal pattern as well as some assertions of contemporary theories in psycho-oncology.

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POSTER

Social and Psychological Aspects of Cancer Patient's Decision Making in Russian Clinical Practice

J.V. Maiova¹, E.K. Vozniy². ¹Russian Scientific Centre of Radiology, Psychological Rehabilitation, Moscow, Russian Federation; ²Russian Scientific Centre of Radiology, Chemotherapy, Moscow, Russian Federation

Subject: The years after Perestroika in the former Soviet Union brought, besides the others, the great changes in understanding and guarantees of human rights, according to the Helsinki Agreement. It has influence on patient's position in decision making in the process of cancer treatment. We look for the new psychological method of approach to the communication with cancer patients in the new situation of the free information about disease and proposed treatment, more independent patient's personal choice. The situation is complicated in modern Russian not stable society with uncontrolled and not grounded methods of treatment, sometimes offered to the patients.

Procedure: In 120 cancer patients we compared the quantity of the patients, who signed "Patient Information and Informational Consent" and the quantity of the patients, who refused to participate in the new drug's effectiveness study. There were two groups of the patients: with (group a, n=60) and without (group b, n=60) physician's counseling and psychologist's supportive care. We used psychological diagnostics of the personal features also for the explanation of the different styles of decision making in cancer patients.

Results: The percentage of the patients, who agree to participate in offered study increases to 93% in group a, in comparison to 63% in group b. There is need of more structured information in communication with the patients with high anxiety score and the need of the psychological supportive care in the patients with labile emotions, depressive mood and posttraumatic stress.

Conclusion: In the modern Russian clinical practice there is an evidence of the significant role of the individual psychological approach in cancer patients in the pretreatment period.