

References to studies excluded from this review

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TABLES

Characteristics of included studies

Study	Classen 2001
Methods	RCT
Participants	125 women with metastatic breast cancer; American
Interventions	Supportive-expressive group psychotherapy, including fostering support among group members and encouraging the expression of emotions, psychoeducation, and self-hypnosis exercise (90 minutes weekly session lasting at least one year)
Outcomes	Profile of Mood States, Impact of Event scale
Notes	Quality score: 10 It is reported that the group therapy did not improve depression
Allocation concealment	B - Unclear
Study	Edelman 1999
Methods	RCT
Participants	124 women with metastatic breast cancer; Australian
Interventions	Group cognitive behavior therapy (8 weekly sessions)

Characteristics of included studies (Continued)

Outcomes	Profile of Mood States, Coopersmith Self-esteem Inventory
Notes	Quality score: 7 It is reported that the therapy improved depression
Allocation concealment	B – Unclear
Study	Goodwin 2001
Methods	RCT
Participants	235 women with metastatic breast cancer; Canadian
Interventions	Supportive-expressive group psychotherapy, including fostering support among group members and encouraging the expression of emotions about cancer and its effects on their lives (90 minutes weekly session lasting at least one year)
Outcomes	Profile of Mood States, Pain scale, Suffering scale, Survival
Notes	Quality score: 17 It is reported that the group therapy improved depression
Allocation concealment	A – Adequate
Study	Laidlaw 2005
Methods	RCT
Participants	37 women with metastatic breast cancer; English
Interventions	1. Self-hypnosis, including both anti-stress and anxiety techniques and visualization techniques (four weeks) 2. Johrei, a healing technique developed in Japan, is non-touch, and requires the practitioner to visualize healing light entering the body and being transferred via the outstretched hand to the recipient with a spirit of goodwill towards the other person (four weeks)
Outcomes	Beck Depression Inventory, Profile of Mood States Bi-Polar-Form, State Trait Anxiety Inventory, Impact of Event Scale, EORTC QLQ-C30, BR23 (Assessment was conducted after at least three months of practice)
Notes	Quality score: 5 The statistical results regarding depression were not reported
Allocation concealment	B – Unclear
Study	Linn 1982
Methods	RCT
Participants	One hundred and twenty men with end-stage cancer (clinical stage IV) identified on wards of a large general hospital; American
Interventions	Counseling, including reducing denial, maintaining hope, life review, support for families (several times a week till death)
Outcomes	Profile of Mood States, life satisfaction, self-esteem, alienation, locus of control (one, three, six, nine, 12 months after the treatment)
Notes	Quality score: 13 It is reported that the therapy improved depression at three months
Allocation concealment	A – Adequate
Study	Liossi 2001
Methods	RCT
Participants	Fifty terminally ill cancer patients who were referred for palliative care; Greek

Characteristics of included studies (Continued)

Interventions	Hypnosis, including induction, suggestions for symptom management and ego-strengthening, and post hypnotic suggestions for comfort and maintenance of the therapeutic benefits (30-minutes four weekly sessions)
Outcomes	Hospital Anxiety and Depression scale, Rotterdam Symptom Checklist (four weeks after the start of the treatment)
Notes	Quality score: 9 It is reported that the therapy improved depression
Allocation concealment	B – Unclear

Study	Sloman 2002
Methods	RCT
Participants	Fifty six advanced cancer patients receiving home palliative care who were experiencing anxiety and depression; Australian
Interventions	Progressive muscle relaxation and guided imagery (twice weekly)
Outcomes	Hospital Anxiety and Depression scale, Functional Living Index-Cancer scale (three weeks after the initial session)
Notes	Quality score: 4 It is reported that significant positive changes occurred for depression
Allocation concealment	B – Unclear

Study	Spiegel 1981
Methods	RCT
Participants	Eighty six women with metastatic breast cancer; American
Interventions	Psychological support group, including fostering support among group members and encouraging the expression of emotions (90 minutes weekly session lasting at least one year)
Outcomes	Profile of Mood States, Rotter Internal/External Locus of Control Scale, Health Locus of Control Scale, Self-esteem (from the Janis-Field Scale), Maladaptive coping response, Phobias, Denial
Notes	Quality score: 9 The original study revealed "The treatment group tended (although not significantly) to be less depressed" on the basis of the findings about slopes analysis that investigated the score change per 100 days. On the other hand, because we set the outcome at the end of the study in the protocol, we recalculated the score change during 300 days. Consequently the score change has become to be statistically significant.
Allocation concealment	B – Unclear

Study	Wood 1997
Methods	RCT
Participants	Twenty cancer patients who were referred to hospice home care teams; English
Interventions	Problem-solving therapy (three to five sessions)
Outcomes	Profile of Mood States, Hospital Anxiety and Depression scale, modified Social Adjustment Scale
Notes	Quality score: 9 The statistical results regarding depression were not reported
Allocation concealment	B – Unclear

Study	Wu 2003
Methods	RCT
Participants	One hundred and twenty lung cancer patients receiving chemotherapy combined with radiotherapy; Chinese
Interventions	Supporting psychotherapy, including cognitive therapy, patient self-help group, behavioral therapy, and family education
Outcomes	Self-Rating Depression Scale, Self-Rating Anxiety Scale (one month after the start of the treatment)
Notes	Quality score: 12 It is reported that the patients of the treatment group made a significant progress in relieving the depression compared with the control group
Allocation concealment	B – Unclear

Characteristics of excluded studies

Study	Reason for exclusion
Edmonds 1999	Although the POMS-Short Form was used as a psychological measure, this questionnaire cannot assess depression
Giasson 1998	The intervention (noncontact therapeutic touch) was not considered as psychotherapy
Mantovani 1996	The study did not include the usual care in the control group
North 1992	The intervention (information giving by tape-recording the consultation) was not considered as psychotherapy
Sarna 1998	The intervention (structured nursing assessment of symptom) was not considered as psychotherapy
Schofield 2003	The intervention (use of multisensory environment [Snoezelen]) was not considered as psychotherapy
Soden 2004	The intervention (aromatherapy, including massages with lavender essential oil and an inert oil) was not considered as psychotherapy

Table 01. Additional search strategies (Continued)

Database searched	Search strategy used
	<p>AND [embase]/lim)</p> <p>The above subject search was linked to the following filter for EMBASE via EMBASE.com</p> <p>((random*:ti,ab) OR (factorial*:ab,ti) OR (crossover*:ab,ti) OR 'cross over':ab,ti) OR (placbo*:ab,ti) OR ('double blind' OR 'double blind') OR ('single blind':ab,ti OR 'single blind':ab,ti) OR (assign*:ti,ab OR allocat*:ti,ab) OR (volunteer*:ab,ti) OR ('randomized controlled trial'/exp AND [embase]/lim) OR ('single blind procedure'/exp AND [embase]/lim) OR ('double blind procedure'/exp AND [embase]/lim) OR ('crossover procedure'/exp AND [embase]/lim) NOT ((animal/ OR nonhuman/ OR 'animal'/de AND experiment/ AND [embase]/lim) NOT ((human/ AND [embase]/lim) AND (animal/ OR nonhuman/ OR 'animal'/de AND experiment/ AND [embase]/lim) AND [embase]/lim)</p>
CINAHL via OVID	<p>(Search Strategy as for MEDLINE but run with the following filter for Controlled Trials in CINAHL)</p> <ol style="list-style-type: none"> 1. Random Assignment/ 2. single-blind studies/ 3. Double-Blind Studies/ 4. Triple-Blind Studies/ 5. Crossover Design/ 6. Factorial Design/ 7. (multicentre study or multicenter study or multi-centre study or multi-center study).mp. [mp=title, cinahl subject headings, abstract, instrumentation] 8. random\$.ti.ab. 9. latin square.ti.ab. 10. cross-over.mp. or crossover.ti.ab. [mp=title, cinahl subject headings, abstract, instrumentation] 11. Placebos/ 12. ((singl\$ or doubl\$ or trebl\$ or tripl\$) adj25 (blind\$ or mask\$)).ti.ab. 13. placebo\$.mp. [mp=title, cinahl subject headings, abstract, instrumentation] 14. Clinical Trials/ 15. (clin\$ adj25 trial\$).mp. [mp=title, cinahl subject headings, abstract, instrumentation] 16. or/1-15
PubMed Cancer Subset	<ol style="list-style-type: none"> #1 PSYCHOTHERAPY (MeSH) #2 (psychotherap* or aromatherap* or (art AND therap*) or (autogenic AND training) or (behavior* AND therap*) or (behaviour* AND therap*) or (biofeedback and psycho*) or (cognitive AND therap*) or (desensiti* and psychol*) or (implosive AND therap*) or (relax* AND therap*) or (relax* AND techniq*) or (therap* AND touch*) or yoga) #3 (bibliotherapy or (color* AND therap*) or (colour* AND therap*) or (music* AND therap*) or (hypno* AND therap*) or (imagery and psychotherap*) or counsel* or (group* AND therap*) or (socioenvironmental AND therap*) or (socio-environmental AND therap*) or (milieu AND therap*) or (therapeutic AND communit*) or (famil* AND therap*) or psychosoc* or psychologist* or (self AND help AND group*) or (support* AND group*) or (guide* AND image*) #4 #1 OR #2 OR #3

Table 01. Additional search strategies (Continued)

Database searched	Search strategy used
	<p>#5 DEPRESSION (MeSH) #6 depression or depressive* or depressed #7 #5 OR #6 #8 NEOPLASMS (explode MeSH) #9 tumor* or tumour* or cancer* or carcinoma* or malignan* or neoplas* #10 #8 OR #9 #11 #4 AND #7 AND #10 All Fields, Limits: Cancer</p> <p>The above search strategy was linked to the following Cochrane filter for PubMed: (randomized controlled trial [pt] OR controlled clinical trial [pt] OR randomized controlled trials [mh] OR random allocation [mh] or double-blind method [mh] or single-blind method [mh] or clinical trial [pt] or clinical trials [mh] or ("clinical trial" [tw] or ((singl*) [tw] or doubl*) [tw] or trebl*) [tw] or tripl*) [tw]) AND (mask* [tw] OR blind* [tw]) OR (placebo [mh] OR placebo* [tw] OR random* [tw] OR research design [mh::noexp]) NOT (animals [mh] NOT human [mh])</p>
PsychINFO via OVID	<ol style="list-style-type: none"> 1. exp PSYCHOTHERAPY/ 2. (psychotherap\$ or aromatherap\$ or "art therap\$" or "autogenic training" or "behavior\$ therap\$" or (behaviour\$ adj6 therap\$) or (biofeedback and psycho\$) or (cognitive adj6 therap\$) or (desensiti\$ and psychol\$) or "implosive therap\$" or (relax\$ adj6 therap\$) or (relax\$ adj6 techniq\$) or (therap\$ adj6 touch\$) or yoga) 3. (bibliotherapy or (color\$ adj6 therap\$) or (colour\$ adj6 therap\$) or (music\$ adj6 therap\$) or (hypno\$ adj6 therap\$) or (imagery and psychotherap\$) or counsel\$ or (group\$ adj6 therap\$) or (socioenvironmental therap\$) or "socio environmental therap\$" or "milieu therap\$" or "therapeutic communit\$" or (famil\$ adj6 therap\$) or psychosoc\$ or psycholog\$ or "self help group\$" or (support\$ adj6 group\$) or (guide\$ adj6 image\$) 4. or/1-3 5. exp RECURRENT DEPRESSION/ or exp REACTIVE DEPRESSION/ or exp TREATMENT RESISTANT DEPRESSION/ or exp "DEPRESSION (EMOTION)"/ or exp MAJOR DEPRESSION/ 6. (depression or depressive\$ or depressed) 7. or/5-6 8. exp NEOPLASMS/ 9. (tumor\$ or tumour\$ or cancer\$ or carcinoma\$ or malignan\$ or neoplas\$) 10. or/8-9 11. 4 and 7 and 10 <p>The above subject search strategy was run with the following filter: CCT/RCT Filter for Embase (SRB revised)</p> <ol style="list-style-type: none"> 1. (randomi\$ or (control\$ adj3 trial\$)).mp. [mp=title, abstract, subject headings, table of contents, key concepts] 2. ((singl\$ or doubl\$ or trebl\$ or tripl\$) adj (blind\$ or mask\$)).mp. [mp=title, abstract, subject headings, table of contents, key concepts] 3. placebo\$.mp. [mp=title, abstract, subject headings, table of contents, key concepts] 4. exp PLACEBO/

Table 01. Additional search strategies (Continued)

Database searched	Search strategy used
	5. crossover.mp.
	6. exp Treatment Effectiveness Evaluation/
	7. or/1-6
LILACS via www.bireme.br	((psychotherapy OR psychotherap\$ OR aromatherap\$ OR art AND therapy) OR (autogenic AND training) OR (behavior\$ AND therapy) OR (behaviour\$ AND therapy) OR (biofeedback AND psycho\$) OR (cognitive AND therapy) OR (cognitive AND behavioural AND therapy) OR (cognitive AND behavioural AND therapies) OR (desensiti\$ AND psycho\$) OR (implosive AND therapy) OR (relaxation AND therapy) OR (relaxation AND therapies) OR (relaxation AND techniques) OR (therapeutic AND touch) OR (touch AND therapy) OR (touch AND therapies) OR yoga OR bibliotherapy OR (color AND therapy) OR (color AND therapies) OR (color AND therapy) OR (colour AND therapies) OR (colour AND therapies) OR (music AND therapy) OR hypnotherapy OR (imagery AND psychotherap\$) OR counsel\$ OR (group AND therapy) OR (group AND therapies) OR (socioenvironmental AND therapy) OR (socio-environmental AND therapy) OR (milieu AND therapy) OR (therapeutic AND community) OR (family AND therapy) OR (family AND therapies) OR psychosoc\$ OR psycholog\$ OR (self AND help AND group) OR (self AND help AND groups) OR (support AND group) OR (support AND groups) OR (supportive AND group) OR (supportive AND groups) OR (guided AND imagery)) AND ((depression OR depressive\$ OR depressed OR depression) AND (neoplasms OR tumor\$ OR tumour\$ OR cancer\$ OR carcinoma\$ OR malignant\$ OR neoplas\$))

ANALYSES

Comparison 01. Psychotherapy versus treatment as usual

Outcome title	No. of studies	No. of participants	Statistical method	Effect size
01 Depression	6	517	Standardised Mean Difference (Random) 95% CI	-0.44 [-0.80, -0.08]
02 Anxiety	5	411	Standardised Mean Difference (Random) 95% CI	-0.68 [-1.37, 0.01]
03 Total Mood Disturbance	4	403	Standardised Mean Difference (Random) 95% CI	-0.94 [-1.87, -0.01]

Comparison 02. Subgroup analyses

Outcome title	No. of studies	No. of participants	Statistical method	Effect size
01 Depression	4	403	Standardised Mean Difference (Random) 95% CI	-0.58 [-1.02, -0.13]
02 Anxiety	4	403	Standardised Mean Difference (Random) 95% CI	-0.77 [-1.52, -0.01]
03 Total Mood Disturbance	4	403	Standardised Mean Difference (Random) 95% CI	-0.94 [-1.87, -0.01]

Comparison 03. Sensitivity analyses

Outcome title	No. of studies	No. of participants	Statistical method	Effect size
01 Depression	2	253	Standardised Mean Difference (Random) 95% CI	-0.35 [-0.65, -0.06]

COVER SHEET

Title	Psychotherapy for depression among incurable cancer patients
Authors	Akechi T, Okuyama T, Onishi J, Morita T, Furukawa TA
Contribution of author(s)	T Akechi, J Onishi, T Morita, and TA Furukawa: conceptualized and designed the study. T Akechi, T Okuyama, and J Onishi: conducted the systematic review. T Akechi: conducted the statistical analysis of the study. TA Furukawa: supervised the process of the systematic review. All authors: interpreted the data and wrote the report.
Issue protocol first published	2005/4
Review first published	2008/2
Date of most recent amendment	12 February 2008
Date of most recent SUBSTANTIVE amendment	11 February 2008
What's New	Information not supplied by author
Date new studies sought but none found	Information not supplied by author

Date new studies found but not yet included/excluded	Information not supplied by author
Date new studies found and included/excluded	Information not supplied by author
Date authors' conclusions section amended	Information not supplied by author
Contact address	<p>Dr Tatsuo Akechi Associate Professor Department of Psychiatry Nagoya City University Medical School Mizuho-cho, Mizuho-ku Nagoya Aichi 467 8601 JAPAN E-mail: takechi@med.nagoya-cu.ac.jp Tel: +81 52 853 8271 Fax: +81 52 852 0837</p>
DOI	10.1002/14651858.CD005537.pub2
Cochrane Library number	CD005537
Editorial group	Cochrane Pain, Palliative and Supportive Care Group
Editorial group code	HM-SYMPT

GRAPHS AND OTHER TABLES

Figure 01. Funnel plot for the outcome depression

Review: Psychotherapy for depression among incurable cancer patients
Comparison: 01 Psychotherapy versus treatment as usual
Outcome: 01 Depression

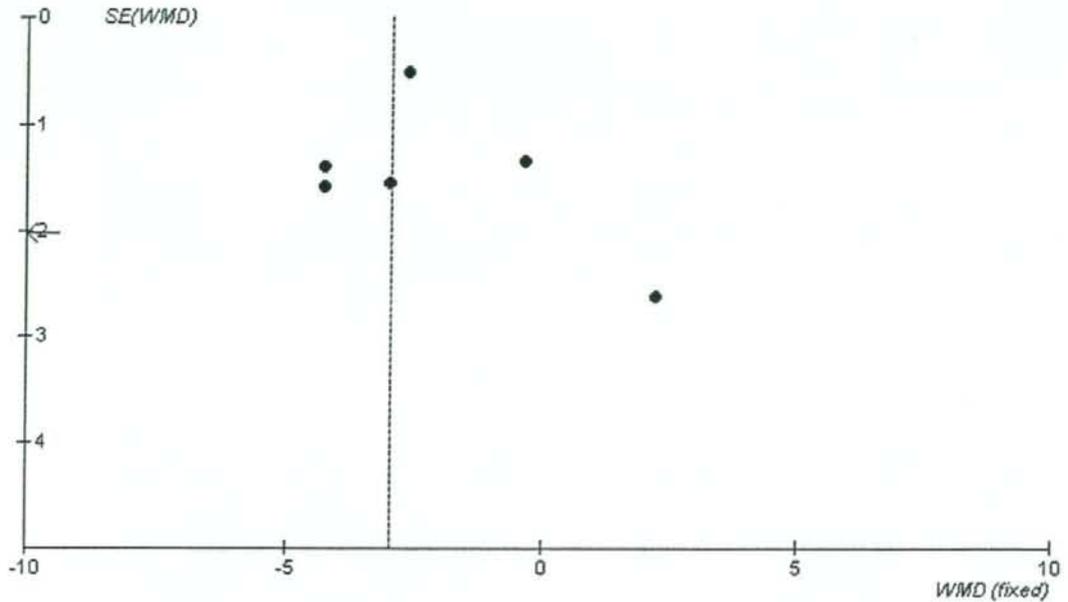


Figure 02. Funnel plot for the outcome anxiety

Review: Psychotherapy for depression among incurable cancer patients
Comparison: 01 Psychotherapy versus treatment as usual
Outcome: 02 Anxiety

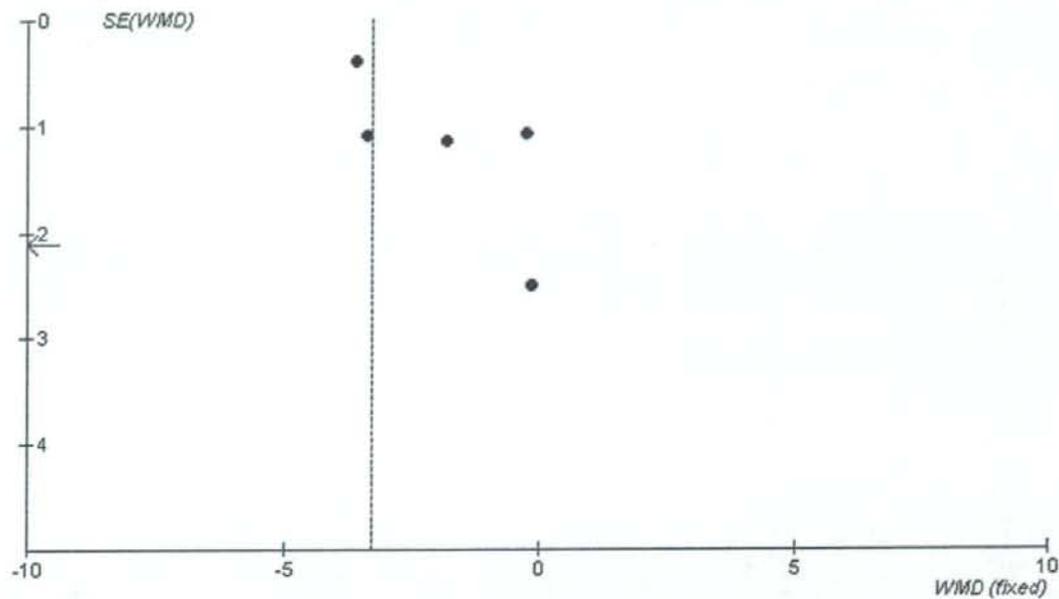
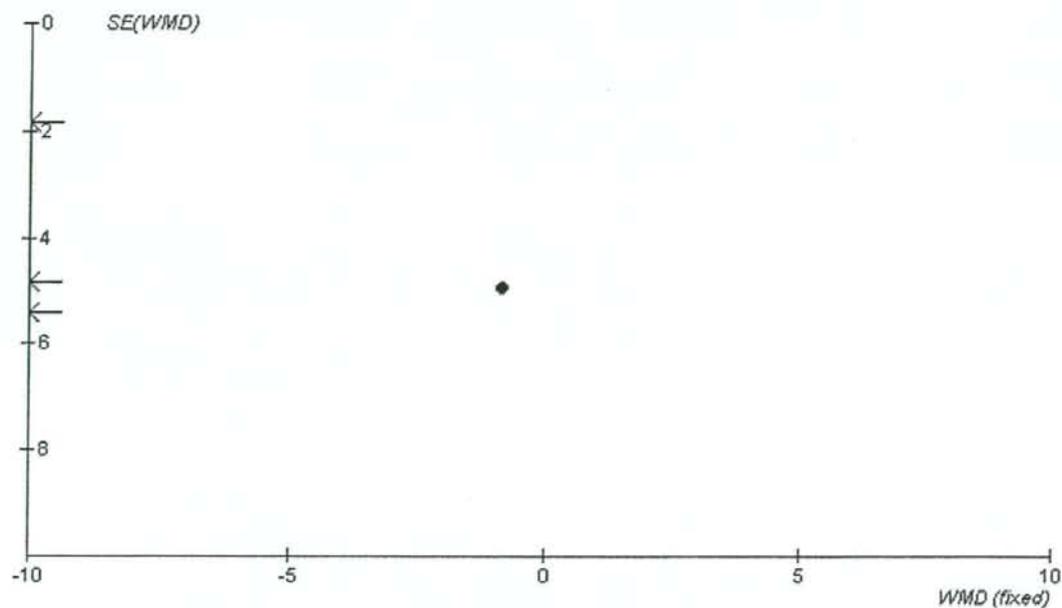


Figure 03. Funnel plot for the outcome total mood disturbance

Review: Psychotherapy for depression among incurable cancer patients
Comparison: 01 Psychotherapy versus treatment as usual
Outcome: 03 Total Mood Disturbance

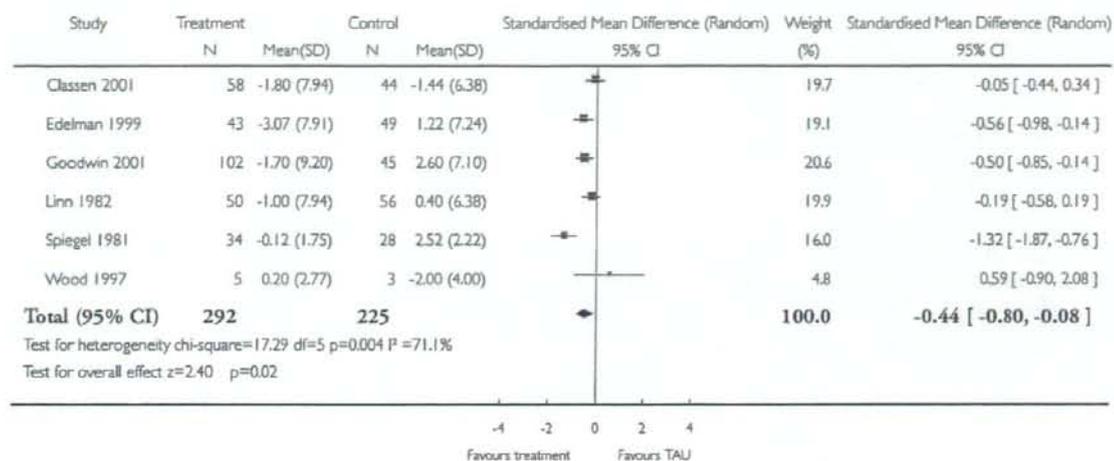


Analysis 01.01. Comparison 01 Psychotherapy versus treatment as usual, Outcome 01 Depression

Review: Psychotherapy for depression among incurable cancer patients

Comparison: 01 Psychotherapy versus treatment as usual

Outcome: 01 Depression

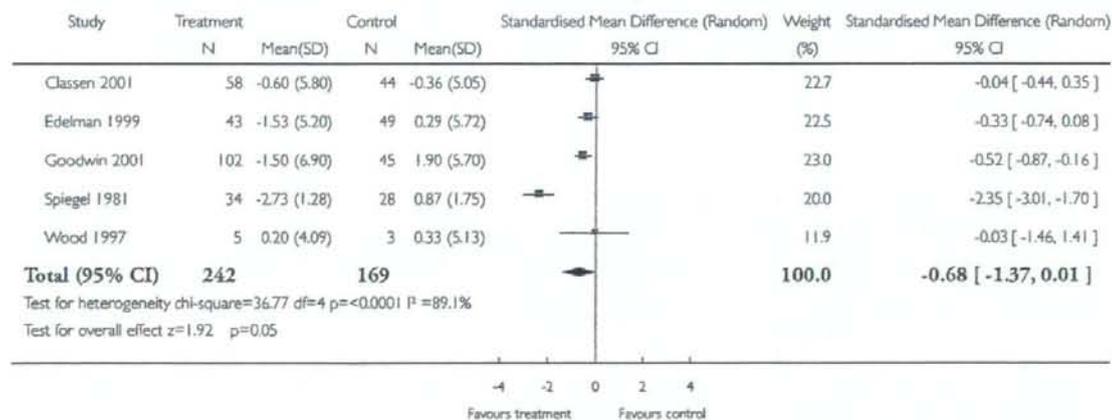


Analysis 01.02. Comparison 01 Psychotherapy versus treatment as usual, Outcome 02 Anxiety

Review: Psychotherapy for depression among incurable cancer patients

Comparison: 01 Psychotherapy versus treatment as usual

Outcome: 02 Anxiety

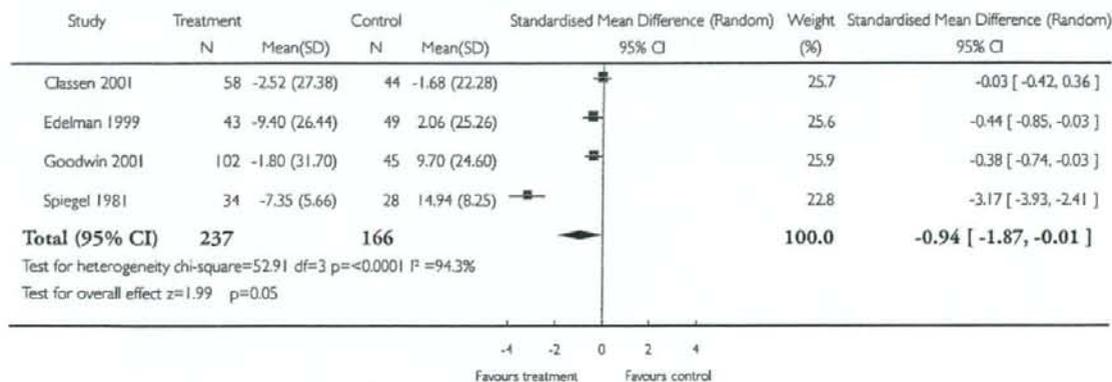


Analysis 01.03. Comparison 01 Psychotherapy versus treatment as usual, Outcome 03 Total Mood Disturbance

Review: Psychotherapy for depression among incurable cancer patients

Comparison: 01 Psychotherapy versus treatment as usual

Outcome: 03 Total Mood Disturbance

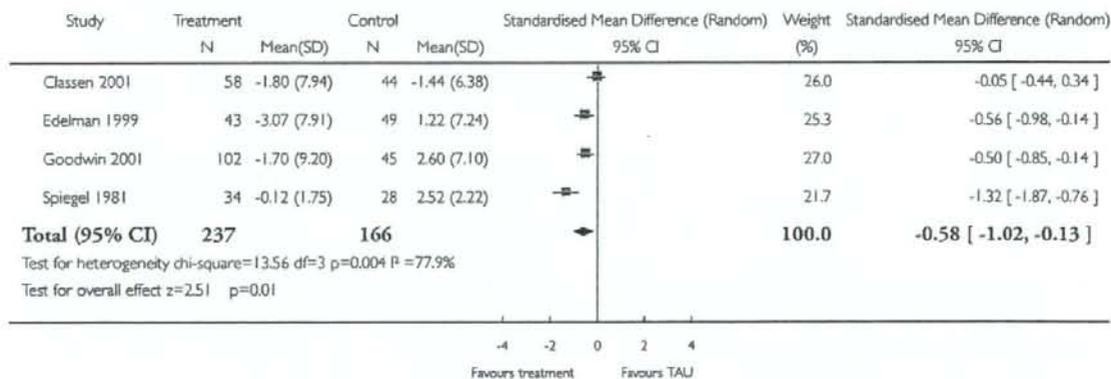


Analysis 02.01. Comparison 02 Subgroup analyses, Outcome 01 Depression

Review: Psychotherapy for depression among incurable cancer patients

Comparison: 02 Subgroup analyses

Outcome: 01 Depression

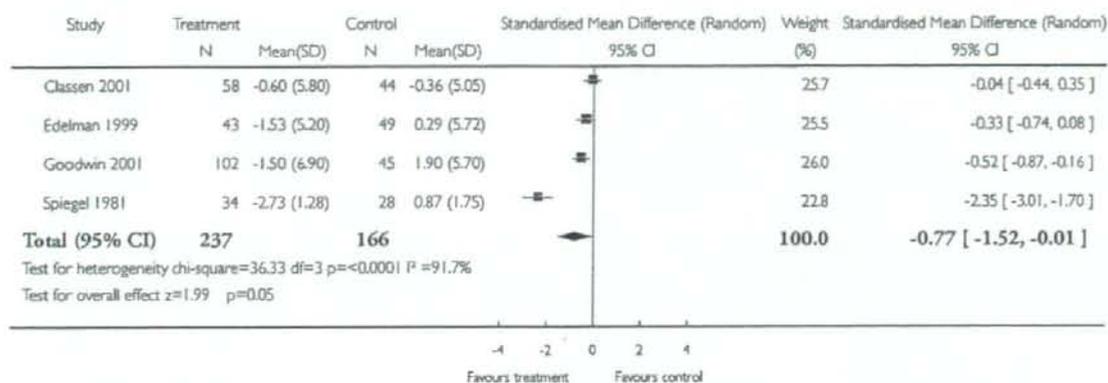


Analysis 02.02. Comparison 02 Subgroup analyses, Outcome 02 Anxiety

Review: Psychotherapy for depression among incurable cancer patients

Comparison: 02 Subgroup analyses

Outcome: 02 Anxiety

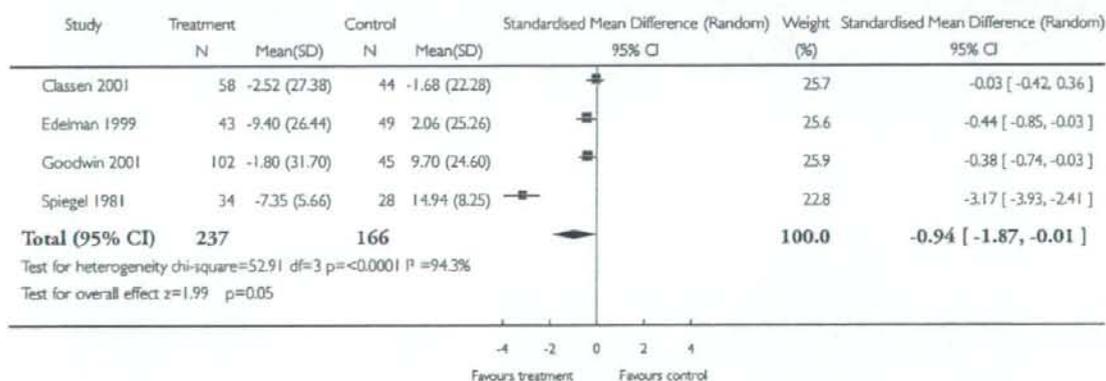


Analysis 02.03. Comparison 02 Subgroup analyses, Outcome 03 Total Mood Disturbance

Review: Psychotherapy for depression among incurable cancer patients

Comparison: 02 Subgroup analyses

Outcome: 03 Total Mood Disturbance

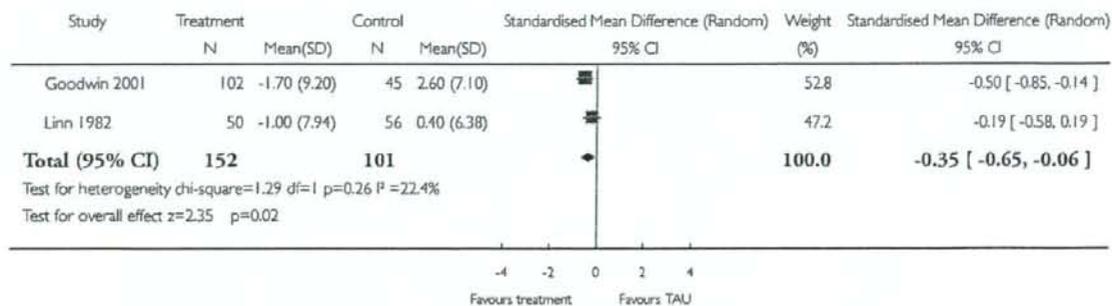


Analysis 03.01. Comparison 03 Sensitivity analyses, Outcome 01 Depression

Review: Psychotherapy for depression among incurable cancer patients

Comparison: 03 Sensitivity analyses

Outcome: 01 Depression



One-week Short-Term Life Review interview can improve spiritual well-being of terminally ill cancer patients

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Abstract

Purpose: The primary aim of this study was to assess the efficacy of the Short-Term Life Review on the spiritual well-being, as well as anxiety, depression, suffering, and happiness of terminally ill cancer patients.

Method: Thirty patients reviewed their lives in the first session and they confirmed the contents in the album based on the life review in the second session. Duration of the treatment was one week. Measurement instruments included Functional Assessment Chronic Illness Therapy-Spiritual (FACIT-Sp), Hospital Anxiety and Depression Scale (HADS), Numeric Rating Scales of Suffering (from 0 to 6) and Happiness (from 1 to 7).

Results: After the therapy, the mean FACIT-Sp scores increased from 16 ± 8.2 to 24 ± 7.1 , anxiety score significantly decreased from 6.8 ± 4.7 to 3.0 ± 2.2 , depression score significantly decreased from 10.2 ± 4.7 to 6.6 ± 4.1 , suffering score significantly decreased from 3.4 ± 1.9 to 1.8 ± 1.4 , and happiness score significantly increased from 4.6 ± 1.9 to 5.6 ± 1.6 . Total HADS scores significantly decreased from 17 ± 8.6 to 9.5 ± 5.4 .

Conclusion: The Short-Term Life Review is feasible and may be effective in improving the spiritual and psychosocial well-being of terminally ill cancer patients.

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Keywords: psychotherapy; Short-Term Life Review; terminally ill cancer patients; spiritual well-being

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Introduction

Terminally ill cancer patients often experience spiritual distress, such as that engendered by searching for a meaning or purpose in life, problems associated with relationships with familiar people, or religious problems, in addition to depression or anxiety. Until recently, there have been few interventions for these problems. This study describes an intervention to ameliorate spiritual distress in terminally ill cancer patients.

Butler [1] reported that the life review process is a mean of reintegration and can give new significance and meaning to an individual's life. It is defined as 'the progressive return to consciousness of prior experience, which can be re-evaluated with the intention of resolving and integrating past conflict, thereby giving new significance to one's life.' The elderly are often confronted with lone-

liness, anxiety, worry about near-future death, and low ability in performing activities of daily living (ADL), resulting in low self-esteem or depression. To cope with these psychological problems, life review interviews have been used. Previous studies have shown the effects of life review on depression [2,3], self-esteem [2], and life satisfaction [4].

For cancer patients, however, there are few empirical studies on the effects of life reviews. Ando *et al.* [5] reported the effects of structured life review intervention on spiritual well-beings in terminally ill cancer patients. This study involved four sessions once in a week and spiritual well-being was measured with a quality of life (QOL) questionnaire, SELT-M [6]. After the life review interview, the patients' mood, positive thinking, and spirituality significantly increased. However, this study encountered a feasible problem: sample patients did not complete the four sessions. At the

Table 1. Patient backgrounds

Primary tumor site		Gender
Lung	n = 8	Male (n = 8)
Stomach	5	Female (n = 22)
Pancreas	2	Age
Gallbladder	2	Mean age: 74 (total SD = 9.1)
Uterine	2	Marital status
Breast	1	Married (n = 29); widow (n = 11), widower (n = 3)
Kidney	1	Non-married (1)
Leukemia	1	Religion
Rectal	1	Christian (n = 4)
Tongue	1	Buddhism (n = 3), None (n = 22)
Colon	1	ECCO-PS
Mesothelioma	1	1 (n = 1), 2 (n = 3)
Myeloma	1	3 (n = 13), 4 (n = 13)
Lymphoma	1	Duration from the interview to patients' death
		Mean: 67 days

end of the study, the physical conditions of 9 of the 21 patients (about 30%) extremely deteriorated and failed to complete the psychotherapy process. Although structured life review may be effective in improving the spiritual well-being of terminally ill cancer patients, the long sessions decrease the feasibility; thus, we need a shorter version of life review therapy.

Dignity psychotherapy is a therapy for terminally ill cancer patients with shorter session time [7]. This involves only two or three sessions. Dignity is defined as 'quality or state of being worth, honored, or estimated' [8], and this therapy helps patients maintain their dignity. Patients review their lives with the aid of routine questions and the session is recorded, edited, and transcribed. In 2 or 3 days after, there is another session. The therapist reads the transcription to the patients, who give comments and make revisions. Patients reported a heightened sense of dignity, a sense of purpose, a sense of meaning, an increased will to live, and a decrease in distress. This study suggests the possibility that the life review interview is effective even for a short term.

We propose a new psychotherapy—the Short-Term Life Review—with short sessions for terminally ill cancer patients. Although there are at least four sessions in the structured life review to review a patient's life along developmental stages [9], Short-Term Life Review involves only two sessions. In the first session, patients review their lives, and the review is then recorded and edited. The therapist makes an album after the first session. In the second session, the patient and therapist view the album, and confirm the contents with appreciation.

The primary aim of this study was to assess the efficacy of the Short-Term Life Review on the spiritual well-being, as well as anxiety, depression, sufferings, and happiness, or terminally ill cancer patients.

Material and method

Participants

The subjects were cancer patients from the palliative care unit of two general hospitals and one home-care clinic. The inclusion criteria for this study were (1) patients with incurable cancer; (2) patients without cognitive impairment; (3) patients 20 years of age or older; and (4) patients for whom the primary physicians agreed would benefit from the psychological interventions. During the 11-month-study period, 35 patients were recruited through primary physicians. Table 1 shows the patients' background.

Interventions

Ethical aspect of this study was validated by both the board and the ethical committee of St. Mary's Hospital and St. Mary's College.

The Short-Term Life Review has two parts. In the first part, patients review their lives, and in the second, they re-evaluate, re-construct, and appreciate their life. The interviewer was a clinical psychologist (therapist). The interview procedure was based on a structured life review interview that was conducted individually, and the patient was asked to re-evaluate both good and bad memories. Question items were mainly based on the structured life review; however, they were not along developmental stages, and some items from Chochinov *et al.* [7] were added. The following questions were asked in the reviewing session: (1) What is the most important thing in your life and why? (2) What are the most impressive memories in your life? (3) In your life, what was the event that or the person who affected you the most? (4) What is the most important role in your life? (5) Which is the proudest moment of your life? (6) Is there anything about you that your family would need to