
Original Articles

PSYCHOTHERAPEUTIC NURSING FOR A PATIENT WITH AMYOTROPHIC LATERAL SCLEROSIS

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Received February 18, 2011

Abstract : The Psychotherapeutic Nursing (PTN) is a holistic care to ease physical pain and emotional-social agony, and to support psychological development and growth of patients with physical illness or injury. This approach is expected to help them become aware of, and satisfy, their suppressed needs and desires.

In this research, the author, a nurse and psychotherapist, applied the PTN to a patient in a terminal stage of amyotrophic lateral sclerosis (ALS), and investigated the psychological process of the patient under the PTN.

The patient, once overwhelmed by anticipatory anxiety and fear of death, overcame conflicts and fear of death, came to adapt himself to his miserable fate, accepted death, and finally passed away in peace with the intervention of PTN.

In this process, the author supported him in expressing and then satisfying his definite and specific needs and desires with arrangement of human and physical resources.

Information and ideas were exchanged among the staff so that the same goal could be shared, and the entire ward functioned psychotherapeutically. The patient died a peaceful death, being respected as a human being.

Key words : amyotrophic lateral sclerosis, ALS, Psychotherapeutic Nursing, roles and functions

INTRODUCTION

Amyotrophic lateral sclerosis (ALS) is a devastating disease depriving patients of freedom to move, to eat, to swallow and to speak. Moreover, progression of the disease usually never ceases, resulting finally in the respiratory distress and death. So far the etiology of the disease has not been clarified and no effective treatments have been developed. Because all we can do to the patient is to remove physical pain as well as mental agony, roles of nursing are extremely important.

There have been a lot of reports dealing with the psychological aspects of ALS patients, such as anxiety, sorrow, depression, uncooperativeness with the medical staff as well as the stress of the care-givers^{1, 2)}. But there are only few case reports depicting in detail the psychological course of ALS patients who received psychotherapy³⁾.

I was working in a hospital as a consultant psychotherapist-nurse, where they referred to me an ALS patient, who had made a number of troubles in the ward, annoying the doctor-in-

charge and nurses. This is a report of the psychotherapeutic approach which I call "Psychotherapeutic Nursing (PTN)". The purpose of this study is to test the utility of this approach in an advanced stage of the ALS patient.

METHOD

The PTN is a holistic care to ease physical pain and emotional-social agony, and to support psychological development and growth of patients with physical disorders or injuries. The approach is expected to help them become aware of, and satisfy, their suppressed needs⁴⁾ and desires, and accept the disease they are suffering from. For the purpose, the PTN creates a psychotherapeutic environment and tries to connect human resources to the patients.

I have tried the PTN to a patient with a juvenile diabetic with eating disorder, or a patient with bilateral frontal lobes damage due to traffic accident. Both of these patients, once resistant and uncooperative to the medical therapy or rehabilitation, showed amelioration through the PTN in terms of cooperation with treatments given to them, and resulted in the medical recovery⁵⁾.

The paper deals with a married male patient with ALS in his mid-fifties of age. The patient's social background was as follows; he lived alone after his wife had died several years before. He was very fond of sake, which he would drink so much that he sometimes could not get up to work the next morning. He would resort to violence with his family whenever he was drunk.

He was diagnosed as having ALS a year and a half previously in another hospital. As he was caught in the act of drinking alcohol in secret in the hospital, he was forced to leave there ten months previously.

When he was admitted to this hospital, he could manage to wheel a wheelchair with his own hands with his lower limbs completely paralyzed. He contracted aspiration pneumonia a month previously, having a tube inserted into his trachea, when the intravenous hyperalimentation (IVH) was begun. Since then, he remained bedridden. After recovering from pneumonia the intra-tracheal tube was removed, but the IVH was continued. The upper limb paralysis was in progress all through this time. From this time on, his aggressive behavior towards nurses began, and his doctor-in-charge and the nurses were so embarrassed that they asked me for psychotherapy at this moment.

I counseled him once a week, and an interview was done in the ward, lasting for 45-60 minutes.

Before this research was conducted, its objectives and outlines were explained to the patient's care-givers, who agreed to cooperate with me and to permit me to publish this report. In order to protect the privacy of the patient, the part irrelevant to the essence was at times modified in this report.

RESULT

The process of the psychotherapeutic nursing was as follows.

Stage one**August of the year X** (the first session)

In the first session, I began the interview with the patient saying, "I am a qualified nurse, and I have studied anatomy, physiology and treatment of illnesses. My role is to understand what you think about your illness and how you feel about your hospital stay, and I will answer whatever questions you ask me about the disease. I will absolutely respect your privacy, but, if the information you have given me has turned out to be useful for the treatment, I might tell your doctor or nurses about it only for that purpose. However, if you do not want it to be disclosed I will not do that. And when you are not willing to talk with me, I would like you to tell me so anytime."

When I asked him about what the previous doctor explained him about ALS, he replied, "My doctor told me that all of my muscles would become weak gradually, and when the respiratory muscles were involved I would die at the end, and that the cause of ALS is still unknown and there is no remedy for this disease."

He added, "I realize that my illness has been getting worse little by little. Therefore, I am afraid I will have difficulty in breathing sooner or later. My doctor told me that I must have my throat opened out when I had difficulty breathing. When I suffered from pneumonia the other day, I had a tube inserted into my mouth. It was a dreadful experience."

He continued, "I have come to pronounce words with difficulty these days. For this reason I have had a button of the bell fastened to my finger to call out nurses for help. Some nurses, nevertheless, will not respond to my calling from midnight to 8:30 am, turning the bell off. The bell means a matter of life and death to me. If it does not work, I might lose my life instantly," expressing his anxiety that a line of communication might not function by a unilateral decision of nurses:

He could not change a body position on a bed by himself, and was always complaining of back pain. At this stage he could manage to move a middle finger of the right side and a neck. He was talking in a low voice, making efforts in articulating. He was in need of support for all of his daily activities. His lip was dry and cracked, suggestive of slight dehydration. As I thought it was because he could not drink water by himself, I proposed him that something be done so that he could drink it. He agreed with my idea.

At this time, the results of arterial blood gas analysis (PaO_2 and PaCO_2), and the respiratory function tests were within normal range.

Stage two**September of the year X** (the 3rd session)

His nurse-in-charge prepared a device for him to drink water by himself. He was pleased with the device, saying, "I am glad that I can drink tea whenever I feel thirsty." The IVH was stopped, and he was in fact very worried about a recurrence of aspiration pneumonia eating by mouth again.

When I visited him, he looked embarrassed, complaining to me, "A piece of food I swallowed has gone into my throat, and it won't come out even though I try to get it out by coughing forcibly". I tried to tap lightly on his back and took the food-piece out of his throat together with a nurse.

After this episode, he set about talking to me about various kinds of pains in his body and something uneasy for him in the daily life. Moreover, he came to make me a request for aid one after another. I believed I won his confidence as a psychotherapist-nurse at this time.

October of the year X (the 5th session)

He began to talk to me about his background; he was adopted by one of his relatives when he was eight years old. He would not talk about his parents or brothers any further. He was wondering, "I would like to smoke. I believe I cannot live long from now on, so I would like to do what I want to do." I therefore asked his doctor if it was permitted. The doctor said to me, "In principle, he should not be allowed to smoke taking into consideration the possible involvement of the respiratory muscles due to ALS, but I would permit him to smoke if it were limited to a cigarette only."

The head nurse of the ward he was staying in, warned me not to cooperate too much with his needs, saying, "You should not remind him of the things he has given in. Please do not let him come into new conflicts with nurses. We cannot take care of him anymore. As soon as he was able to drink water by himself, he was beginning to ask us for another help. We nurses are too busy to meet all of his needs." As a lot of nurses quitted the ward that summer, I understood the head nurse's situation, that is, she had to manage the ward with new nurses.

November, the year X (the 9th session)

He was not able to swallow food through the mouth, so a gastric tube had been inserted in his mouth for parenteral nutrition.

He expressed his conflict to me, "I want to return home, but I cannot do anything by myself," adding that there was a trouble with his elder son's wife. I put down in the medical record that he felt like going back home so that other staff could know what he was longing for.

I had time to talk with the head nurse again over what she had said previously. As I thought that it was her own conflict rather than the conflict over his problems, I listened passively to what she said to me. And I told her that I, as a nurse, could understand her dilemma; as a top person of the ward, she had to consider the quantities of nurses' work as well as control of their health, and as a nurse she also had an ambition to provide patients with a high quality of nursing.

Hearing from the patient about his conflict between him and his elder son's wife, I thought it was necessary to meet her. She talked about him as follows, "He was suffering from alcoholism, and his family life was in a mess." While he had a negative feeling towards her, she did not express any negative feelings towards him in the interview. As I told her that he wanted to stay at home for a while, she answered me, "I am telling his wish to my husband."

November, the year X (the 10th session)

The doctor decided to permit him to return home. The doctor, the head nurses, the other nurse and I had time to talk about what to prepare for the trip. The head nurse, who once had shown an aggressive attitude towards me, became cooperative with me this time, saying, "I will arrange an ambulance if it is necessary."

But when I told the patient that I had got the doctor's permission, he seemed to be

wondering, "My son is too busy to come to the hospital to take me home." Then I called his elder son on the phone, saying that we were ready for him to return home for a while, adding his father wished to stay where he used to live while alive. The son responded that they could cooperate with the plan if the stay was during the day.

November, the year X (the 11th session)

It was a day when he would leave the hospital and stay home for a while. When I visited his room, his elder son and his wife were already there. While the son was shaving his father and wiping his face, his wife only saw the scene. I thought there were still conflicts existing between her and the patient.

I asked him what he wanted to do when he returned home. He said, "I want to drink. I want to smoke. I would like to get there as soon as possible." When he returned to the hospital with his son in the evening, he said, laughing, "I could drink sake. I could smoke a cigarette. I am very glad," adding, "Next time I go home, I will be in a hearse."

Stage three

December, of the year X (the 13th session)

When I entered his room, I found that the drinking-device he had used was removed from him. He spoke with glottal sounds, "It is difficult for me to speak." But he tried to keep on talking, "I cannot stand aches of my body. I wish they could use narcotics for me as they usually use them in cancer patients. My doctor said that he was not able to administer them to me. As I cannot move my body by myself, I could not therefore kill myself. I could do nothing. The only things I can do while alive is to suffer much. I would like to die as soon as possible."

I kept silent, touching his hand, and stroked it gently while he was weeping. While the PaO₂ value was still within normal limit, the PaCO₂ was increasing little by little.

January, the year X+1 (the 18th session)

He said to me, "The bell to call out nurses doesn't work." So I fixed the position of the bell in order for him to touch it easily with a finger. Then I arranged his body posture so that he felt as comfortable as possible. He kept on talking, "Last night the bell did not function, and the door was shut. Therefore, the nightwork nurses may not have made notice of me. I was so anxious that I thought I would rather die". I understood how he felt alone in the darkness and how he endured anxiety and solitude. Having receptively listened to how he felt, I said to him, "You might have been spending a very unpleasant night. I will tell it to the nurses. And what kind of things would you like to get done so that you can feel secure at night?" He answered, "If I am to suffer from pain and agony further, I do not want to live long. I do not want to use a respirator anyway."

Because I had an experience of a night-shift work as a nurse, I understood quite well the situations of both the patient and the nurses. So, after the session, the nurses and I had a conference on how to take care of him at nighttime. The following were what we agreed with; for the first place, the door of his room be always kept open so that he may find a nurse at any time, and for the second place, a nurse sometimes visit him even if there is no bell calls from him.

His doctor-in-charge spoke to me, "As to the prognosis, he is expected to be dead in two months. I will not use a respirator for him because he refuses to get it fixed. His family also agrees with this idea."

February, the year X+1 (the 19th session)

He talked to me about the financial problem. In fact he was a little short of money for his daily living. I consulted a social worker of the hospital about whether he could get "disability benefit". It turned out that he was not entitled to it.

January, the year X+1 (the 20th session)

He complained, "My illness has progressed. I have a hard time because all my body aches". Although the nurses would routinely change his body positions every two hours, he was not totally free from pain. I felt he was in agony without any hope. Because I realized that his suffering could not be dealt with only through the nursing and psychological care, I consulted the doctor, who promised me to consider another means.

The PaO₂ was beginning to decrease, and PaCO₂ increased further.

January, the year X+1 (the 21th session)

He was complaining to me, weeping, "I could not sleep all night long yesterday because of my back aches. That was beyond the limit of my patience." He complained about the pain which was all the stronger because he had the left shoulder dropped due to muscular paralysis.

So, I proposed him, "Shall I stroke your back with your body on the side?" When I massaged his aching back and waist, being careful not to touch his left shoulder, he said with his face brightened, "It seems as if I were in heaven."

The value of his PaO₂ was the same as before, but the PaCO₂ increased further. His breath sounded gasping.

Stage four

March, the year X+1 (the 22nd session)

As it became impossible for him to push the bell button with a finger, the device was newly revised by the nurse so that he could use his left cheek to push the bell.

Following my consultation at the previous session, the doctor prescribed him an anti-depressant, tryptanol, to control pain. But as its side effect, he had a mouth dried up.

The value of his PaO₂ decreased further, and that of PaCO₂ increased. As a consequence, the PaO₂ and PaCO₂ values were reversed, showing a considerable worsening of the respiratory function.

March, the year X+1 (the 24th session)

They started oxygen therapy, which further aggravated dry mouth. He told me as if he were pleading with me for help, "I would like to die without suffering." I listened, and understood he was really suffering from agony and anxiety. I wished he could find the meaning of life at the last moment of his life, asking him, "What has been the most impressive thing in your life?" Then he began talking about his favorite foods and travels he experienced, laughing and joking, "I have been happy with every food of the prefecture where I was born. The fish dishes were most delicious there. I would like to have a king crab."

Stage five**March, the year X+1** (the 25th session)

He was hardly able to speak even if he was trying to say something. I managed to catch the words by the movement of his lips, which I could read, "I want to go out to enjoy seeing cherry blossoms." It was the cherry blossom season at that time, and seeing them meant to celebrate the coming of spring.

I conveyed his wish to the doctor-in-charge, who agreed with the plan on condition that oxygen was given to him during the trip. I called the family on the phone, but his elder son's wife responded, "We will not be able to join it."

March, the year X+1 (the 27th session)

They informed me on the phone that the patient's condition had worsened. I hurried to the hospital. On my way, I got three branches of cherry blossoms in full bloom from a sake factory. I entered his room with the bouquet of the cherry blossoms, and found him to be breathing agonizingly. He said to me as if he were suffocating, "I am afraid, I cannot go to see cherry blossoms. I thought as if I would have been dying last night." I sincerely felt sympathy for his sufferings. A nurse assistant brought the cherry blossoms in a vase. He said with tears rolling down his face, "I can enjoy cherry blossoms at the moment. They are beautiful indeed. It is enough," and he added with all his passion, "Sake and cherry blossoms go particularly well together. I would like to sip sake." It sounded as if sake would have a special meaning to the patient, an aficionado of sake.

April, the year X+1 (the 28th session)

It was a day when we were going out to see cherry blossoms. His consciousness level was clear. His elder son, who had said could not come, took part in the party with his wife and children. The patient lied on a stretcher, being administered oxygen. We, a company of the patient, his family, his doctor-in-charge and me, got to the sake factory garden, where we saw the guard who had given me the cherry blossoms the other day. I asked him to show us cherry blossoms of the garden for a while, and he did not hesitate to lead us to the garden. The patient said decidedly, "I want to drink sake." I had beforehand gotten permission from the doctor for him to drink. The son's wife walked 20 minutes to the nearest liquor shop to get him sake. His son helped the patient drink sake with a straw. He sipped only a little amount of sake. He looked blissful.

April, the year X+1 (the 29th session)

He passed away days after having enjoyed cherry blossoms. I had a phone call from a nurse early that morning. The nurse talked to me about how the situation was; his death was due to the respiratory muscles paralysis, and his death was calm and in peace. Soon after the call I hurried to the hospital and bid a last farewell to him.

DISCUSSION

There are no effective treatments in ALS, and in this intractable disease, supportive care is as important as the medical treatment.

The ADL of patients with ALS may influence on the subjective QOL of the patients. But according to studies conducted, the QOL has little direct relationship to illness severity, but more to social support, existential factors or spiritual aspects of the patient's life²⁾. Shimada reported that, in her ALS patient, the subjective degree of happiness measured with Life line interview method fell drastically at the onset of ALS, and again rose when the patient thought that there was still something for him to do³⁾. Sumida investigated over whether ALS patients can feel as if they behaved on their own way living with ALS, and found it is necessary to re-construct their once lost identity for that purpose⁶⁾.

Studies investigating the impact and nature of caring for a patient with ALS indicate the need for psychological support to be provided for care-givers as well as patients^{2),7)}. The PTN is one of psychological support system proposed by the author, a psychotherapist-nurse (PT nurse).

I will consider the development of the psychological processes which the patient showed under the PTN in each stage of his illness.

1) the development of the psychological processes under the PTN

Stage one: understanding the patient's anticipatory anxiety.

At the first session, I introduced myself to him as a PT nurse for it seemed important for him to know of the services available to him. As he had been notified of this intractable disease at the time of diagnosis, it was necessary for him to be aware of, and to be ready to face and deal with, the difficulties to come.

At the first session, he proved to be feeling anxious about probable hardship and crisis to come sooner or later, saying, "I will surely have difficulty breathing gradually." And he was worried about suffering from unforeseeable agony ever unknown to him and about the fear of death of the near future.

In general, patients with ALS are likely to deal with physical handicaps and lowered personal control with such manifestations as threat, anxiety, loss, grief, sadness, fragility of emotion, anger, resentment and frustration. The patient showed the very manifestations of these, especially anxiety, grief and anger. The reactions of these types are considered "normal" as a human being. But sometimes patients can not achieve the adaptation and acceptance, and so, result in an increasingly disabling depth of negative perception and feeling. In such cases, assistance and psychological therapy are needed^{1),8)}.

I thought that he failed to cope with, and adapt to, the disease leading to sorrow, embarrassment and the wish for a hastened death. So, the goal of the PTN was set so that he could finally accept death, and he could spend an active life during the time left for him.

He felt helpless and deserted when a nurse of the ward unilaterally disconnected the communication tool between him and nurses, saying, "I can do nothing at midnight if the bell to call nurses out is disconnected deliberately." Although he would not voluntarily talk about his background that he had been deserted by his father when he was eight years old and was adopted by his relative, I suspect that he had a conflict with his brothers and parents, and that this conflict was reproduced and experienced vividly by him in the relationship with nurses.

So, the attitudes of counseling was defined firstly towards listening to his talk in an empathetic and passive way in accordance with his internal frame of reference, secondarily

understanding his uneasiness, conflicts and unmet needs, and then conveying them to the medical staff so that they could also understand them, and finally establishing a cooperative system to help him.

Stage two: helping the patient become aware and conscious of his own needs and wishes, and my environmental arrangements for him to regain the power of self-control

At the 3rd session, he was very pleased that his nurse-in-charge made him a water-drinking device making use of a drip infusion tube, so that he could drink water by himself. He then said, "I am glad to drink tea at any time." Before this, he had had to depend on others almost all the time he wanted to do what he needed. I think making him this device contributed much to his recovering the power of self-efficacy and self-control. Also at the 22nd session, the nurse newly devised a button to call out nurses with a cheek he could manage to use now that his fingers totally paralyzed. We can see the nurse's continuous passion with which to meet his self-control needs.

The nurse's paying him a close attention and making special devices met his sense of security, alleviated his fear of being deserted, gave him the belief that he was respected and admired as a human being, and fulfilled his self-esteem. In addition, the fact that I took out a piece of food he choked on, vacuuming inside his mouth, gave him a sense of ease and safety.

According to Nichols, the following skills are required in supporting and assisting patients with emotional reactions provoked by their illness or disability; 1) helping the patients to relax with their emotions and move to free emotional expression, 2) communicating back understanding and acceptance, and 3) giving support by showing the patient's feelings are respected and valued⁹. In addition to them, I think it very important to assure ALS patients that we will help them at any time not only with words but also with definite and specified actions.

Following the episode of choking, he asked me for a series of wishes he had not realized until that moment, putting trust in me. Since I affirmatively accepted everything he asked me for, he began to regain self-esteem and esteem for others. As he had more confidence in my support, such higher expression of his hope as "I want to smoke," or "I want to do what I would like to do when I can," i.e. "I want to be what I am," ensued.

On the contrary, the head nurse of the ward did not want to be involved in his expanding demand, saying to me, "You should not remind him of the things he has given in. We nurses are too busy to meet all of his needs. We will be embarrassed if he asks us for more help." From my more-than-ten-year experience as a nurse, it was hardly difficult for me to imagine that she had been put in a dilemma. It seems that I attempted to understand her so empathetically that she realized soon what she had better do in the ward and became cooperative with me thereafter.

Since I told the doctor-in-charge that the patient was longing for staying home for a while, a conference was held among us so as to discuss whether it was possible to take him out. He stayed home for the first time in about two years, and there he sipped sake of which he was very fond and smoked a cigarette, wishes being fulfilled to his satisfaction. It can be said that this experience of his dreams came true made it easy for him to accept death to

come. On coming back to the hospital, it turned out to be that he said, "Next time I go home, I will be in a hearse." I think he accepted his severe reality and thus psychologically grew up owing to a psychotherapeutic relationship with the PT nurse and psychotherapeutically functioning environment.

Stage three : the medical staff's holistic care of the patient to relieve pain.

At the 21th session, He was complaining about pain in his body with tears in his eyes, "I could not sleep all night long because of my back aches. This was beyond the limit of my patience." The more atrophic his muscles became, the more violent the aches in his back and buttocks were. It was particularly so when the muscles were left in the same position for a long period of time ³⁾, and sole nurses' caring turned out to be insufficient.

The PaO₂ value tended to gradually fall, whereas the PaCO₂ value rose. Moreover, anxiety may result in a shallow breathing, which in turn may result in inefficient gas exchange in the lung. The more inefficient gas exchange, the more a patient suffers. When breathing difficulty is intensified, a patient feels anxious about his life in anticipation^{10, 11)} and his consciousness becomes narrower. It is supposed that such a vicious circle was formed in the patient's case.

At the same time, it is thought that a financial problem as seen in his talk about pension at the 19th session, as well as his discontent with the elder son's wife made his psychological and social distress worse.

The PTN at this stage was oriented to trying to alleviate his pain, psychotherapeutically with expertise and technique as well as by consulting the doctor for a pain-killer. Moreover, trying to reduce his social anxiety, I consulted the social worker to make sure if his disablement benefit was available to him. I also tried to adjust his family's interpersonal relationships, so that his entire pain could be moderated. Through this integrative and cooperative support system he was supposed to be free from excessive suffering from the anxiety of being deserted and to be able to live a human life with hope, in the midst of agony.

Stage four: Assisting of the patient with accepting death.

At the 22nd session, the PaCO₂ value rose to twice the normal upper limit. He also felt continuous ache in the buttock or back. He said, "Yesterday I had difficulty breathing. Now I am more or less comfortable," but soon I will suffer from another anguish. I hope I am free from this agony." From this, we can see that he calmly looked at himself. He also said at the 24th session, "The pain has become a little bit less at the moment, a little time ago I was afraid I should die soon. I would like to die with ease." It can be seen from this that he wished he had had a comfortable death, having tried to accept death.

He talked about his favorite foods, which reminded him of the happy memories, "The fish dishes were very delicious in the prefecture where I was born". Here he seemed to be reconsidering life from an affirmative point of view. The PTN at this stage was to encourage him to affirmatively reconsider his life. I think he could thus find out a certain link in his life of roaming in places and shifting jobs. It is noteworthy that the primary nurse's continuous ambition of making best of his ability might have contributed much to his reconsideration of life.

Stage five: the patient's acceptance of death and the repair of the interpersonal relationship within the family.

At the 25th session, although he must have had pain in the body and difficulty breathing as before, he expressed his wish, saying, "I would like to go to see cherry blossoms." And at the 27th session, he said with humor, "A cup of sake under cherry blossoms. Sake is something necessary for enjoying cherry blossoms anyway," quoting the phrase of the Japanese card game. Here we can see that he felt easy and even relaxed. It can be said from the psychological viewpoint that there was something sublime in him because he continued to have, even at the terminal stage of his life, hopes of living, i.e. "I want to enjoy myself." At the actual scene of cherry blossoms sightseeing at the 28th session, he really "wanted to drink sake", and the doctor-in-charge permitted him to sip "only three mouthfuls", taking full responsibility of this apparently dangerous act. In addition to it, the eldest son's wife walked a long distance to buy him sake in order to make his dream come true. His son helped him drink sake. The patient looked blissful after having sipped sake, saying, "Ah, after all, it is delicious."

I am sure that this experience meant to him a feast surrounded by his beloved ones, in which he was celebrating the joy of "life" and his "resolution" of "death" whose world he was going to enter. Now he was free from adherence to "life" or from fear of "death", and it can be said that he was the embodiment of a figure who accepted death.

Garfield reported that a place or a person that is outside psychotherapy sometimes function therapeutically¹²⁾. In reality, It was thanks to the cooperation of the sake factory guard who was moved by the patient's awe, that he could enjoy drinking sake while seeing cherry blossoms. The PTN can influence and involve not only the family or the medical staff, but people in general who surround the patient. It is therefore a very important part of the PTN to also take lay people into consideration.

The PTN at this stage focused firstly on respecting his "I want to enjoy myself"-like attitude even under the serious circumstances of his body, secondly on adjusting the environment where he could enjoy himself in his own way, and finally on establishing support system with which he could live and end the "final stage of life" in his own manner. Although he was potentially a person of anxiety about being deserted and distrust of people, he had his desires "amae" satisfied under the support system. And I think he, through these experiences, regained a trust in himself as well as in others and succeeded in giving a positive meaning to his life.

According to Nolan's research on how ALS patients made decisions at the end of life, those who had acquired an independent life style, made a decision by themselves over how to manage with this intractable disease¹³⁾. The patient, who was once deserted, acquired independent ego at the final phase of his life, decided by himself that he would not use a respirator, faced his coming death, and lived his last stage of life in his own way.

2) the PTN nurse's roles and functions in this case

What I attempted to do in the counseling and how I responded in the actions were;

1) to understand his cruel fear of death in anticipation, the pain in the body and social

distress, all of which would not easily get away from his mind.

2) to help him notice of his suppressed needs and wishes.

3) to manage for him to satisfy his needs and desires using the human and physical external resources which I arranged.

4) to assist him with acceptance of the severe reality.

5) to help him find a meaning in his life he had spent.

6) to help him spend, on his own initiative, final days of his life, and to be his good cooperator so that he can live his own way up to the last moment of his life.

For this purpose, it was also necessary.

7) to take care of nurses who work under much stress.

8) to teach medical staff how to understand the patient's psychological conditions with several conferences held when necessary.

9) to adjust the interpersonal relationship among all the medical staff so that goals of the PTN could be shared among them.

10) to understand and support the patient's family's psychological sufferings and financial burden.

11) to correct the negative relationship between the patient and his family.

CONCLUSION

In conclusion, this case shows that, in the process of the PTN of an ALS patient, the psychotherapy with "specific and definite actions", with which his needs and desires are met, is effective in relieving anxiety, agony, grief and anger the patient experiences.

And in the terminal stage of ALS, the goal of psychotherapy is sometimes to help a patient to accept this fatal disease, to control excessive emotional reactions and to die in peace ultimately. These aims could be accomplished through his experiencing the sense that he is respected as a human being and through his being free from the fear that he is deserted.

Finally, although the psychological reactions ALS patients usually show are essentially 'natural', it should be noted that, if it has reached the level of interfering with his reason, the intervention of psychotherapy is needed, and the PTN can be a useful tool.

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