Breast cancer comprises 23% of all cancers affecting women worldwide (Centers for Disease Control and Prevention, 2010) and is one of the leading causes of death for women, particularly in developed countries. In Taiwan, breast cancer is the second-leading cause of cancer-related death among Taiwanese women. The mortality rate is almost 8% and continues to increase (Department of Health of the Executive Yuan, 2001). Women with breast cancer usually report feelings of uncertainty and hopelessness and worse physical symptoms (Northouse et al., 2002) than their healthy counterparts. Aggressive treatments for breast cancer (e.g., surgery, chemotherapy, radiation) usually increase life expectancy but also have an impact on patients’ quality of life during survivorship (Northouse et al., 2002). Therefore, the impact of breast cancer may result in different degrees of physical, mental, or social health issues for women with breast cancer (Chen & Ma, 2004).

**Literature Review**

Women with breast cancer usually experience multiple progressive physical symptoms and changes in body image, often resulting in psychological distress or depressive symptoms (Northouse et al., 2002). Depression is a comorbidity of breast cancer and its related treatments. Fulton (1998) reported that 16%–25% of women experienced an affective disorder within the first year following mastectomy. Kissane (2004) indicated that 37% of women with early-stage breast cancer had mood disorders, 10% with major depression and 27% with minor depression. Thirty-two percent of patients with breast cancer in the metastasis stage had mood disorders, 7% with major depression and 25% with minor depression (Kissane, 2004). Gaston-Johansson, Fall-Dickson, Bakos, and Kennedy (1999) indicated that 50% of women with breast cancer experienced depression; Montazeri et al. (2000) reported that 48% have severe symptoms of anxiety before and after diagnosis.