Psychoanalytic Psychotherapy for Spouses of Terminally Ill Cancer Patients, and a Film " The Courage To Survive, Facing the Loss of Your Soul –Mate"

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Cancer Statistics in the U.S.

- 10.5 million cancer patients in US today
- 1.4 million new cases of cancer every year
- 560,000 people die each year from cancer

Outline of the Presentation

1)Clinical observations of spouse caretakers

2) Psychoanalytic therapy with focused interventions

that minimize psychiatric and medical morbidity
during illness, and after death
Including preparing for the loss and facilitating grief work

3) Film“ The Courage to Survive, Facing The Loss of Your Soul Mate”- Purpose

Clinical Observations Of Spouse Caretakers

Areas To Be Covered

- Gender differences
- Challenges facing males and females
- Identify vulnerabilities to pathogenic grief and depression
- Interventions to decrease that vulnerability
- Identify pathogenic communication with oncologists

Gender Differences Of Spouses

Males

a) have more difficulty with caretaking
b) were inclined to search for new treatments when prognosis was poor,
c) saw death as a failure
d) were more inclined to denial,
e) had much less support,
f) had less difficulty finding a new romantic relationship

Females

a) more readily accept care taking roles
b) more readily accepted a poor prognosis, prepared for loss better
c) tended to have excellent support systems,
d) had more difficulty finding new romantic relationships after death

The Emotional Challenges of Spouses of the Terminally Ill, as noted in film

- 1) The Loss of Hope
- 2) Overwhelming Anxiety
- 3) Unmanageable Anger
- 4) Loss of Faith for some
- 5) Changing Roles (becoming a single parent)
- 6) Mourning and Grief
- 6) Moving on to a new life

Vulnerability to Psychiatric Morbidity and Complicated Grief

- Those in highly dependent marital relationships
- Those with idealized relationships,
  "everyone knows we have the ideal marriage"
- Those who were not prepared for death of spouse
  a) physicians fail to prepare
  b) denial

Prevention of Psychiatric Morbidity

1)Dependent spouses or those in idealized relationships

a) need a long term intensive supportive psychoanalytic relationship

2) Preparation for death

a) Denial must be confronted so spouse is prepared for loss

Pathogenic Communication and Behavior by Some Oncologists

Hopelessness occurs when

"Your wife has three months there is nothing we can do"

Abandonments of families

"There is nothing more we can do"

No Follow – up with Spouse or Family After Patient Die

Suggested Interventions to Offset Pathogenic Communication of Oncologists

- A death sentence such as “you have three months to live” needs to be challenged as a best guess, based on statistical averages which are often outdated and usually highly inaccurate in the individual case.
- I like to tell patients that they need to “try to live with uncertainty” that in fact no one really knows their time of death
- I like to reframe goals from cure to offset hopelessness to comfort , palliation, a life well lived with an attempt to put what is most important in the forefront

Treating The Spouse, Focused Interventions as part of the Psychoanalytic Psychotherapy

DURING THE ILLNESS

- Help the spouse be the best caretaker he can be.
- Help the spouse preserve his physical and emotional health
- Help interpret medical information
- Prepare the spouse for the impending death of his spouse
- Help the spouse prepare the children for the death of their parent

Treating the Spouse, Focused Interventions After Death

- Facilitate initial grieving, recognize the need to repeat final moments before death many times, part of disbelief
- Recognize survivor guilt and work through
- Recognize trauma , flashbacks about final days, need to master
- Monitor Health
- Help the survivor return to the world
  - A) of work and friends
  - B) facilitate a relationship with the opposite sex when appropriate

Grief and Mourning

Grief and Mourning are highly individualized processes,

Similarities include: initial shock, disbelief, followed by

Process of Grief or “grief work”

A) consists of ***physical and emotional*** feelings of painful longing and yearning occurs whenever there is a realization that spouse is no longer alive

B) involves being ***preoccupied with the deceased*** and one’s life together,

C) involves ***a need to review*** the last weeks of the illness with questions about one’s action, (survivor guilt, mastery of the trauma)

D) ***accepting the loss***

E) finally an ***internalization*** of the lost loved one WHICH results in a continuous internal relationship with the deceased vs Freud (decathexis of the object)

This process, varies in its length and intensity for each individual but in my experience at least a year

Treatment that Facilitates Grief and Mourning

- The therapist remains as the main person who listens to the mourner after others retreat
- The patient is given as much time as they need to grieve
- If they have accepted the loss and are moving forward do not insist that they continue to grieve.
- Be patient, empathize with the loss, while encouraging new activities, acknowledging that everyone has guilt
- Excessive guilt and rumination are often best treated with a small doses of SSRI
- Recognize and vigorously treat depression

NY Times Sunday Feb. 27, 2011

- Week in Review “Why We Write about Grief”
- Most books and articles are by women
- Joyce Carroll Oates’s “ A Widow” Story” joins the list of mostly female authors discussing their grief and mourning
- Recent books include:;
- Joan Didion “ Years of Magical Thinking”, Anne Roiphe “Epilogue” and Kaye Jamieson “ Nothing was the Same”
- Also most support groups have mainly women,
- The video you are about to see was made in part to be as a resource for men to try to fix the gender gap

The Film “The Courage to Survive”, Helping To Face the Loss of your Soul-Mate”

- 1) The idea for this film evolved after Mr. M had published a book, in the final year of his of his psychotherapy

- 2) Motivations

  a) **Former Patient:**

  mastery of the trauma, desire to do good, stay involved with the therapist.

  b) **Therapist:**

  1) the opportunity to demonstrate the emotional needs of an underserved group of people, with high psychiatric morbidity.

  2) desire to illustrate the benefits of a psychotherapeutic relationship, and psychopharmacological interventions

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