Counseling Persons with Life-Threatening Illness and Grief

Supplemental Materials

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Physical Issues

At every phase, persons with life-threatening illness must cope with:

• Pain control
• Symptom Management
Pain

• Pain is what the patient says it is
• Persons can adjust to chronic pain so that the patient’s ability to converse, interact, or even laugh does not invalidate expressed pain
Assessing Pain

- Understanding and assessing barriers to effective pain control – societal, physician, patient, family
- The Dubose Syndrome
- “Are you comfortable?” rather than, “Are you in pain?”
- Careful observance of pain behavior in activities and expressions
- Pain Scales and Faces
Life-threatening illness though is not merely a physical crisis

It is a personal, psychological, spiritual, social, and familial crisis as well!
Intervention for Suffering

• Triage
• Physical pain *must* be treated *first*
• But do not neglect social, psychological, and spiritual pain
Exploring Affective Issues

- Verbalization
- Validation
- Exploration
- Resolution (How will I cope with this feeling?)
Psychological and Emotional Reactions of Patients to Life-Threatening Illness

**Anxiety**

- Clearly identify causes and address concerns
- Many times anxiety can be abated with clear communication and effective pain control
Psychological and Emotional Reactions of Patients to Life-Threatening Illness

*Depression*

- Unmanaged pain is the most common cause of depression in dying persons
- Identify sources and extent of depression
- Review medication
- Supportive psychotherapy should consider social, spiritual, and psychological needs and examine how the person deals with loss.
Psychological and Emotional Reactions of Patients to Life-Threatening Illness

Grief

- Understanding anticipatory grief
- Acknowledging the grief of patient, family, and staff
The Diagnostic Phase

Tasks

1. Understanding the disease (note physician, patient barriers)
2. Examining and maximizing health and lifestyle (Hope and control)
3. Assessing adaptive skills
4. Developing strategies to deal with the issues created by the disease
The Diagnostic Phase

Strategic Planning

• When and who to tell
• Treatment Choices
  – Conventional decisions
  – Alternative
  – Complementary
  – No treatment (*Case A*)
• Life Contingencies – the value of caution
The Diagnostic Phase

Tasks

5. Exploring the effect of the illness on others
6. Validating feelings and fears
7. Incorporating the present reality of illness into one’s sense of past and future

● The Spiritual Question
The Chronic Phase

- Context – Coping with the disease, symptoms, treatment, side effects, and the on-going demands of life
- A highly stressful time
- The sense of isolation
The Chronic Phase

Tasks

1. Managing symptoms and side effects
2. Monitoring and following a health regimen -- the goal of collaboration and personalization
The Chronic Phase

Tasks

3. Preventing and managing medical crises (A contingency flow chart)

4. Managing and coping with on-going stress

5. Maximizing social support (D/L/R) (adding X ?)

6. Normalizing life in the face of disease (assessment should note sexual relationships)
PLISSIT
A Model for Dealing with Sexual Issues

- **P** Obtaining Permission from the client to initiate sexual discussion
- **LI** Providing the Limited Information needed to function sexually
- **SS** Giving Specific Suggestions for the individual to proceed with sexual relations
- **IT** Providing Intensive Therapy surrounding the issues of sexuality for that client

(Annon, 1976)
The Chronic Phase

*Tasks*

7. Dealing with the financial issues created by the disease (budgeting, financial planning, viaticals)
8. Maintaining self-concept in the face of disease
9. Maintaining and redefining relationships with others
10. Ventilating feelings and fears
11. Coping with the spiritual issue – “Is it worth it?”
Chronic Phase

• Is it worth it? – the case of “R” (Review Case D) Book Case, 6.
• The Question of Suffering
Recovery

- Context
- **Residues**
- Physical
- Psychological
- Social
- Spiritual
The Tasks of Recovery

1. Explore the physical, psychological, and social residues of the disease (The Damocles Syndrome)
2. Cope with ongoing fears and anxieties
3. Examine health and life-style and life issues (Sanders’ questions)
4. Redefine relations with caregivers and others
5. Explore spiritual issues
Recovery

- Ultimately the recovery phase recedes into a new normalcy
- *How have you changed since your experience with the illness?*
The Tasks of Grief

• Acknowledge the loss
• Express manifest and latent emotion
• Adjust to a changed life
• Relocate the loss
• Reconstitute faith and philosophical systems challenged by the loss

Worden (Modified)
Task: To Acknowledge the Loss

- Mourning rituals
- Avoid euphemisms
- Talking about the event
Retelling the Story

• Retell story for at least 10-15 minutes
• Repeat recounting of “hot spots” at least three times
• Assist client in retelling the narrative
Task: To Express Manifest and Latent Feelings

Goal – Decathexis, gradually peeling away and exploring the layers of a relationship
Task: To Express Manifest and Latent Feelings

- Creating a safe, non-judgmental environment
- Validating feelings
- Assessing emotionally difficult events
- Coping with ambivalence
- Coping with unfinished business
- Coping with guilt – Would others find you guilty?
- Assessing Extraordinary Experiences
- The Role of Spirituality – “enlightened ignorance”
- Therapeutic Ritual and Expressive Approaches (Photos etc)
Task: To Live in a Changed World

• To Worden now includes adjusting to external, internal, and spiritual changes (attempt to respond to criticisms and work of Attig, Doka, and Neimeyer)
• The value of choice
• Plan for difficult events/times
• Assess secondary losses and gains
• Assessing changes and coping styles
• Exploring successful and unsuccessful adaptations
• Problem solve
• Avoid radical change and isolation from support
• Analyze and counter empathic failure
• Stress management techniques
Task: Relocate the Deceased

• Continuing bonds – how to manage
• How will you remember the person?
• Therapeutic ritual and expressive techniques
• Memory boxes, Photo books etc.
• Benefit Finding ‘How has the experience changed you?’
Task: Rebuild faith or Philosophical Systems Challenged by Loss

• Spiritual Assessment
• The role of spiritual exploration (enlightened ignorance)
• How does your faith speak to you?
• Prescriptive bibliotherapy
• Meaning-making
• “A-Team” referrals
Working toward Termination

Sanders’ 3 Questions

1. What do you want to take from your old life to your new life?
2. What do you want to leave behind?
3. What do you need to add?
Working toward Termination

• Again review likely Surges
• Assist clients in looking toward future – *If I meet you in a year, What will you tell me?*
• Emphasize strengths developed, learned, and employed and insights gained
Utilize Innovative and Eclectic Approaches
Other Techniques
Corr’s Guidelines for Bibliotherapy

• Read and evaluate the book
• Select appropriate title for capability and context
• Cope with limitations
• Discuss with client
The Value of Expressive Approaches

- Bridge to culture and spirituality
- Natural
- Reflective
- Cathartic
- Projective
Examples of Expressive Approaches

- Art
- Photo Projects
- Memory Boxes and Books
- Memorial Songs
- Feeling Masks
Journal Writing

• Can work with a variety of issues and grieving styles
Phase 1 – Exposure to Bereavement Cues

• Write two entries on the circumstances of the deaths expressing thoughts, fears, and sensory perceptions. Write in present tense, 1st person.

• In the next two entries, write about one troubling, intrusive memory, again noting thoughts, fears, and senses.
Journal Writing
A Cognitive Behavioral Approach

Phase 2 – Cognitive Reappraisal

• Write two entries as a letter to an imaginary friend who experiences a similar loss
• Letter 1 should express common feelings especially guilt challenging dysfunctional behavior, automatic and intrusive thinking, and unrealistic assumptions
• Letter 2 offer advice on new role, helpful rituals of remembrance, lessons learned, and resources
Journal Writing
A Cognitive Behavioral Approach

Phase 3 – Integration and Restoration
• Entry should be a letter to someone (including possibly self) about the deceased. It should reflect on memories, the ways the loss changed writer, how the griever will cope now and in the future
(Wagner, et al., Death Studies, 2006)
Journaling

- A contemporary form of journal writing is to create blogs on the Internet
- Allows journaling + a form of memorialization
- Especially popular among adolescents (parental need to monitor) and young adults
Interviewing the Internalized Other

• Moules (2010) developed an interesting technique where you interview the deceased person as they are internalized in the survivor

• Among benefits:
  – Reaffirms bond
  – Finishes business
  – Corrects erroneous perceptions (esp. when witnessed by others)
Grief as a Transformative Experience

*Possible Changes*

- Renewed Spirituality
- Greater Appreciation of Life, Relationships, and Priorities
- Growth in Character – Perceptions of Strength
- Existential Awareness
- Growth in Skills
- Changes in Lifestyle

Calhoun & Tedeschi
How Can We Enhance Transformation?

- Language of Survivorship
- Empowering Language – Challenge, Courage, Confidence (Chappelear)
- Small choices empower bigger ones
- Examination of positive and negative adaptations
- Reflection “How has this loss changed you?”
- “Can you imagine what your life would be like (what you would have become) if this had not happened?”
- The value of “benefit finding” in the experience of grief
Looking Backward

- What is lost?
- What is left?
- Reviewing strengths
  - Internal
  - External
Looking Forward

• What do I need to bring from my old life into my new life?
• What do I need to leave behind?
• What do I need to add?
Grief Counseling

• Studies show that clients will do better in groups when leaders have transformation rather than coping as a goal of therapy or support.