

NUMINUS

Applied PAT

MODULE 4:
CHRONIC AND
SERIOUS ILLNESS

PRESENTED BY

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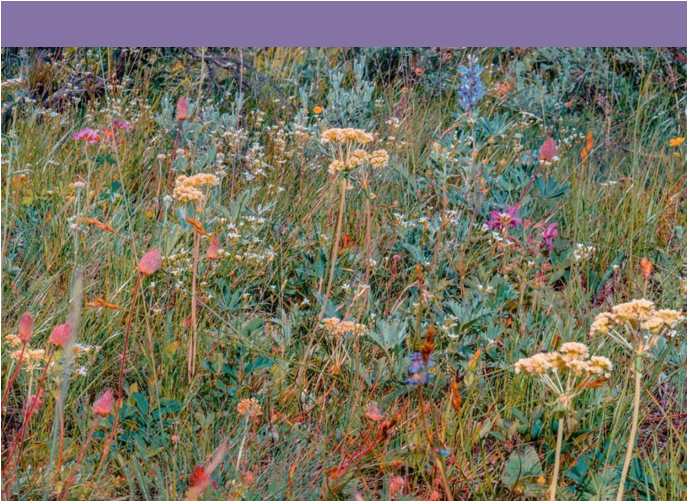


AGENDA

Welcome, agreements, L.A.	01
Trauma- and violence-informed care	02
Post-traumatic stress	03
Trauma psychobiology and treatment approaches	04
Case 1	05
Case 2	06
Closing	07

Group Agreements

CENTRE



CONFIDENTIALITY



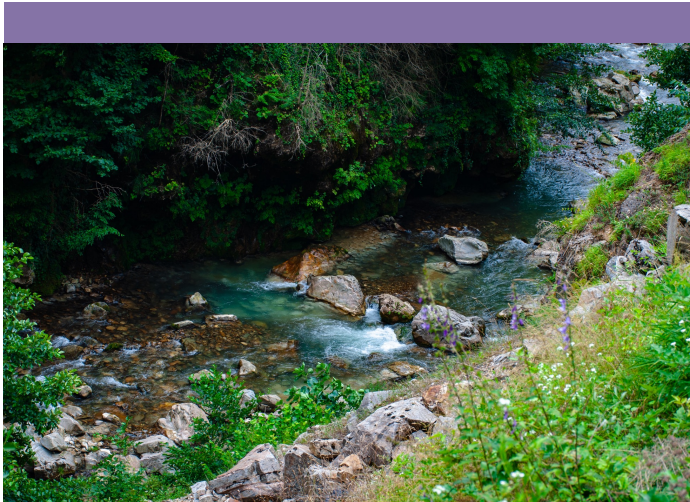
ENGAGEMENT



NON-JUDGMENTAL
LISTENING

Group Agreements

CENTRE



TIMELINESS

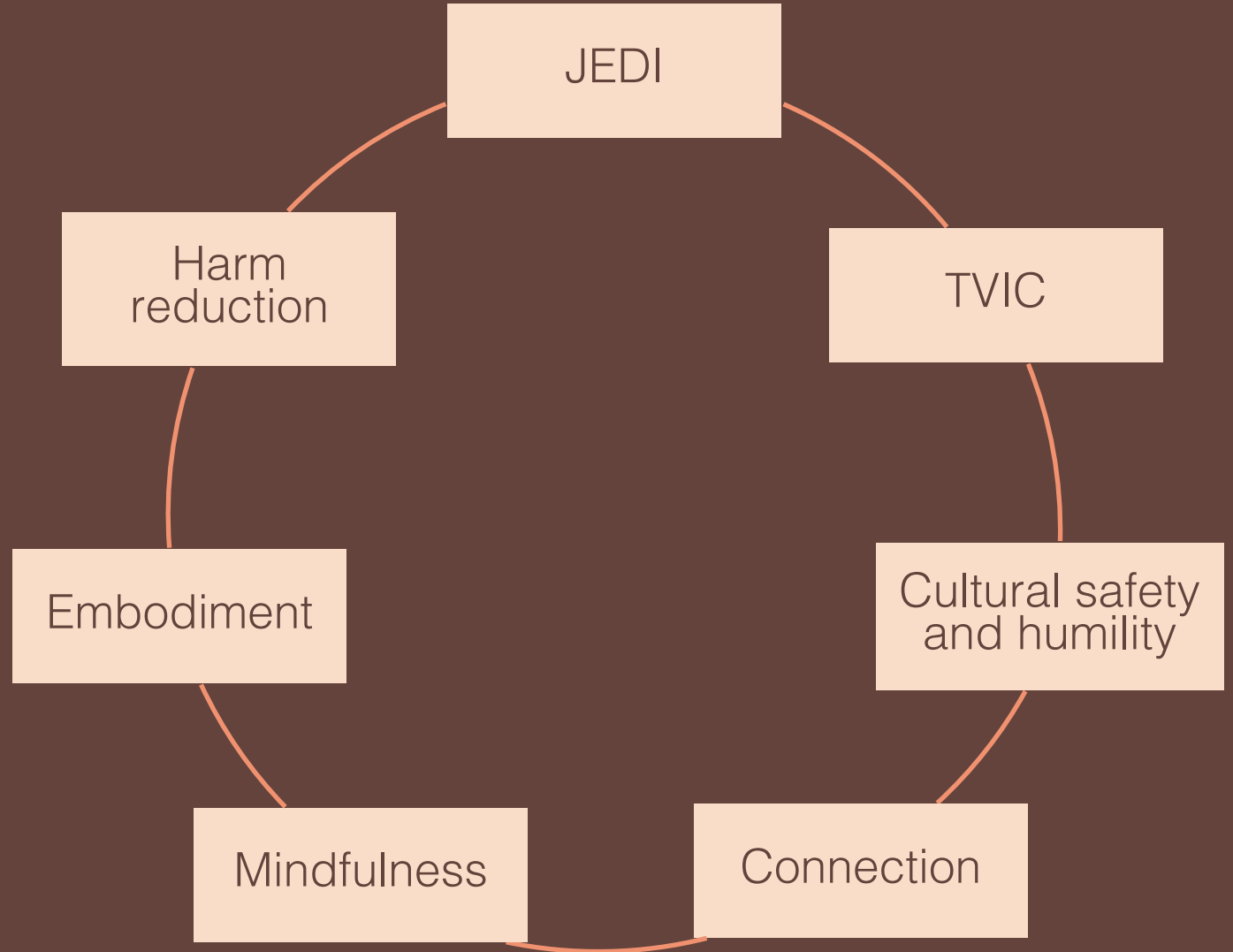


RIGHT TO PASS



EQUITY

SEVEN GUIDING PRINCIPLES



Existential Therapy

Existential psychotherapy as a dynamic approach to therapy which focuses on ultimate concerns such as death, freedom, isolation, and meaninglessness (Yalom).

REFERENCES

TERAO, T., & SATCH, M (2022). THE PRESENT STATE OF EXISTENTIAL INTERVENTIONS WITHIN PALLIATIVE CARE. FRONTIERS IN PSYCHIATRY, 12, 1-7.



Existential Therapy



DEATH

core existential conflict between the awareness of the inevitability of death and the wish to continue to be. Chronic and Serious Illness even if not terminal, impacts this awareness.



FREEDOM

absence of external structure and thus the individual is entirely responsible for their own world, life design, choices, and actions.



ISOLATION

existential conflict is the tension between our awareness of isolation and our wish for contact, protection, and belongingness to a larger whole.



MEANINGLESSNESS

existential conflict stemming from the dilemma of a meaning-seeking creature who is thrown into a universe that has no meaning. Can lead to demoralization: feeling helpless, hopeless, confusion and subjective incompetence

REFERENCES

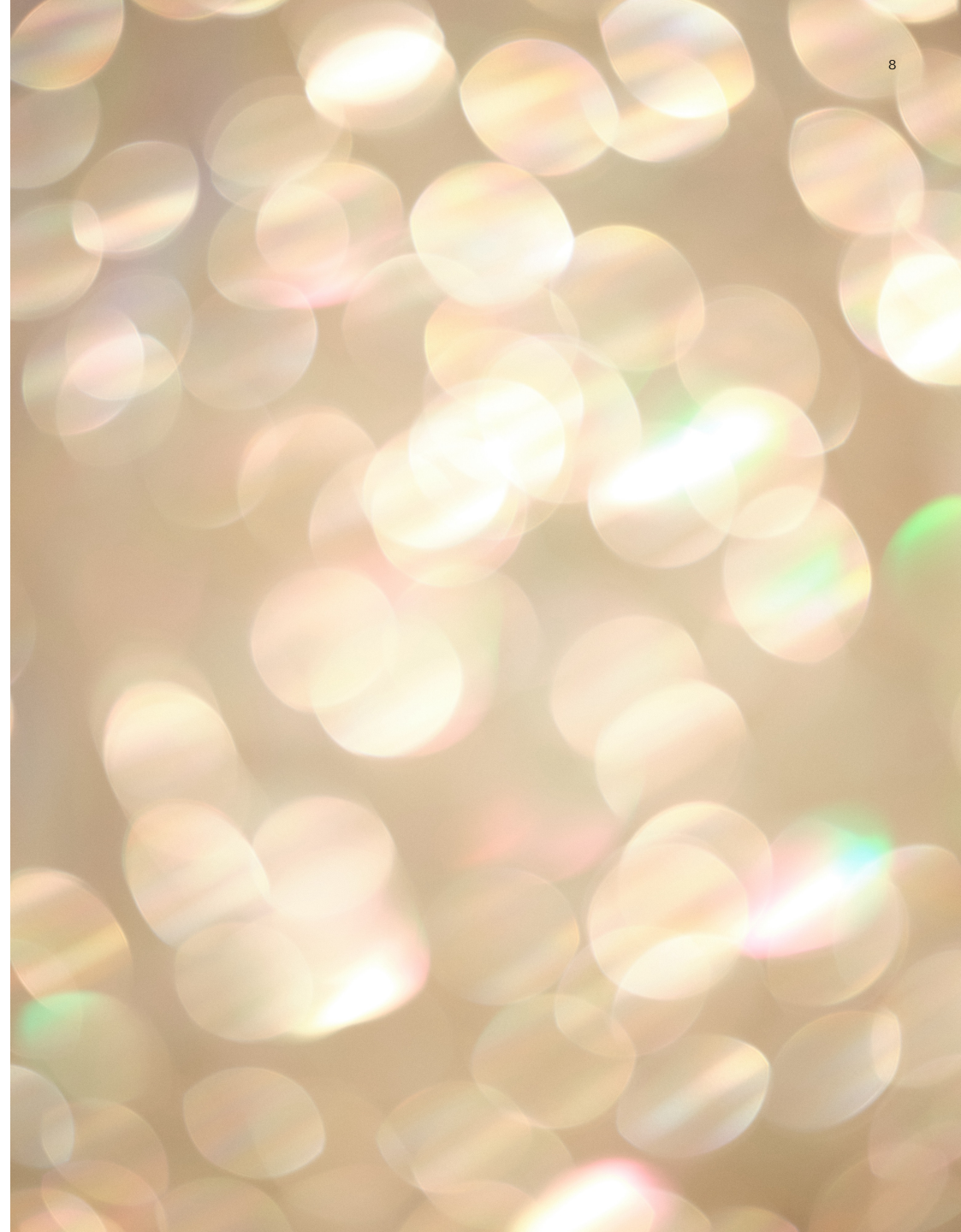
TERAO, T., & SATCH, M (2022). THE PRESENT STATE OF EXISTENTIAL INTERVENTIONS WITHIN PALLIATIVE CARE. FRONTIERS IN PSYCHIATRY, 12, 1-7.

Existential Therapy

As human beings, we have a deeply rooted and often repressed anxiety about death and chronic illness, which can lead to existential anxiety, dread.

We all create defenses and ways of coping with existential anxiety as able bodied and healthy individuals.

These coping strategies often stop serving us once someone is diagnosed with a serious, chronic or terminal diagnosis.



Psychedelics and Existential Therapy

Combining Existential Therapy with psychedelic medicines offers new approach to helping those experiencing existential dread to shift from a vulnerable state to one of acceptance and resilience.

They both empower the patient to explore their own innate abilities and instincts to heal, to decrease their own suffering (connecting with internal resources)

Exploring what it means to be “alive”, to “wake up”, vs. just get through a day (meaning and purpose)

They both encourage an honest assessment with the challenging realities of living with a serious illness (facing mortality and suffering)



Existential Vulnerabilities and Resilience



REFERENCES

GRIFFITH, J. L., & GABY, L. (2005). BRIEF PSYCHOTHERAPY AT THE BEDSIDE: COUNTERING DEMORALIZATION FROM MEDICAL ILLNESS. *PSYCHOSOMATICS*, 46(2), 109-116. [HTTPS://DOI.ORG/10.1176/APPI.PSY.46.2.109](https://doi.org/10.1176/appi.psy.46.2.109)

Existential Vulnerabilities and Resilience

CONFUSION



CURIOSITY, CLARITY

Example Questions: How do you make sense of what you are going through? When you are uncertain how do you make sense of it? To whom or to what do you turn to when you are feeling confused?

ISOLATION



CONNECTION

Example Questions: When you have a difficult day, with whom do you talk? In whose or what presence do you feel a bodily sense of calm or peace? Who or what really understands your situation?

REFERENCES

GRIFFITH, J. L., & GABY, L. (2005). BRIEF PSYCHOTHERAPY AT THE BEDSIDE: COUNTERING DEMORALIZATION FROM MEDICAL ILLNESS. *PSYCHOSOMATICS*, 46(2), 109-116. [HTTPS://DOI.ORG/10.1176/APPI.PSY.46.2.109](https://doi.org/10.1176/appi.psy.46.2.109)

Existential Vulnerabilities and Resilience

DESPAIR



HOPE

Example Questions: From what sources do you draw hope? What keeps you from giving up? Who in your life assumes you can stay hopeful amid adversity? What does this person know about you that other people may not know?

HELPLESSNESS



AGENCY

Example Questions: What is your prioritized list of concerns? What concerns you most? What most helps you stand strong against the challenges of this illness? What should I know about you as a person that lies beyond your illness? How have you/how might you kept/keep this illness from taking charge of your entire life?

REFERENCES

GRIFFITH, J. L., & GABY, L. (2005). BRIEF PSYCHOTHERAPY AT THE BEDSIDE: COUNTERING DEMORALIZATION FROM MEDICAL ILLNESS. *PSYCHOSOMATICS*, 46(2), 109-116. [HTTPS://DOI.ORG/10.1176/APPI.PSY.46.2.109](https://doi.org/10.1176/appi.psy.46.2.109)

Existential Vulnerabilities and Resilience

MEANINGLESSNESS



PURPOSE

Example Questions: What keeps you going on difficult days? For whom, for what, does it matter that you continue to live? What do you hope to contribute?

FEAR



COURAGE

Example Questions: Have there been moments when you have been tempted to give up but did not? Who or what kept you from giving up? What might it look like for you to see yourself being a courageous person? Can you imagine that others see you as a courageous person? If so, how would they describe your courage?

REFERENCES

GRIFFITH, J. L., & GABY, L. (2005). BRIEF PSYCHOTHERAPY AT THE BEDSIDE: COUNTERING DEMORALIZATION FROM MEDICAL ILLNESS. *PSYCHOSOMATICS*, 46(2), 109-116. [HTTPS://DOI.ORG/10.1176/APPI.PSY.46.2.109](https://doi.org/10.1176/appi.psy.46.2.109)

Existential Vulnerabilities and Resilience

RESENTMENT



GRATITUDE

Example Questions: For whom or what are you most deeply grateful? Are there moments when you still feel joy despite all you are going through? Can you describe those moments? If you were to look back on this illness at a future time, what would you say added to your life?

REFERENCES

GRIFFITH, J. L., & GABY, L. (2005). BRIEF PSYCHOTHERAPY AT THE BEDSIDE: COUNTERING DEMORALIZATION FROM MEDICAL ILLNESS. *PSYCHOSOMATICS*, 46(2), 109-116. [HTTPS://DOI.ORG/10.1176/APPI.PSY.46.2.109](https://doi.org/10.1176/appi.psy.46.2.109)

Strengthening Client Resilience

- Acknowledging Suffering
- Restoring Dignity
- Compassionate witnessing and companionship
- Validating distress
- Normalizing
- Empathic Dialogue
- Understanding from others; inclusion of caregivers, families, supports, as appropriate

REFERENCES

GRIFFITH, J. L., & GABY, L. (2005). BRIEF PSYCHOTHERAPY AT THE BEDSIDE: COUNTERING DEMORALIZATION FROM MEDICAL ILLNESS. *PSYCHOSOMATICS*, 46(2), 109-116. [HTTPS://DOI.ORG/10.1176/APPI.PSY.46.2.109](https://doi.org/10.1176/appi.psy.46.2.109)



Key Points

- Let the patient lead the way
- Hold the space with Compassion and Empathy
- “To be human is really hard” BJ Miller, MD
- Uncontrollable suffering: that which we cannot control, Death/Chronic and Serious Illness diagnosis
- Controllable suffering: shifting our vulnerability to resilience

