

PainWeek®

The Death of Caesar: Psychological Stages of Grief and Chronic Pain

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Biography

David Cosio, PhD, ABPP is the psychologist in the Pain Clinic and the CARF-accredited, interdisciplinary pain program at the Jesse Brown VA Medical Center, in Chicago. He received his PhD from Ohio University with a specialization in Health Psychology in 2008. He completed a behavioral medicine internship at the University of Massachusetts-Amherst Mental Health Services and a Primary Care/Specialty Clinic Post-doctoral Fellowship at the Edward Hines Jr. VA Hospital in 2009. Dr. Cosio has done several presentations in health psychology at the regional and national level. He also has published several articles on health psychology, specifically in the area of patient pain education. He achieved specialist certification in Clinical Health Psychology by the American Board of Professional Psychology in 2017. He is the author of a book on this topic, *Pain Relief: Managing Chronic Pain Through Traditional, Holistic, & Eastern Practices*. Dr. Cosio is a member of the PPM Editorial Advisory Board.

There is no conflict of interest and nothing to disclose.

Disclosure

Dr. Cosio is speaking today based on his experiences as a psychologist employed by the Veterans Administration. He is not speaking as a representatives of or as an agent of the VA, and the views expressed are his own.



Learning Objectives

- Explain the limitations that people who suffer from chronic pain face.
- Identify how to understand grief.
- Discuss how to look for signs and complete a psychological assessment.
- Review interventions for grief.

The Death of Caesar

On the morning of March 15, 44 BC, the Ides of March, the conspirators anxiously awaited Caesar to arrive at Pompey's theatre. The attack was rapid and vicious. Caesar resigned himself to the assassination and pulled the folds of his toga over his head.



Grief and Chronic Pain

- All human beings have three common experiences:
 - Life
 - Death
 - Grief
- Despite grief being a universal experience, literature is conspicuously scarce¹
- Loss related to grief is not just caused by death, but also caused by chronic pain^{2,3}
- Fear of being incapacitated due to pain may be similar to fear of death⁴
- When a person suffers loss of a loved one, it may often feel like losing a part of oneself⁵
- Reactions to loss due to death as being similar to chronic pain and illness⁶⁻⁷

Grief and Chronic Pain

- Patients with chronic pain experience considerable losses as a result of multiple impacts on their lives⁸⁻¹⁰
- Patients suffering from chronic pain experience an inability to engage in:
 - meaningful activities
 - Relationships
 - with themselves
 - loss of abilities and roles
 - employment-related losses
 - financial losses
 - loss of identity and hope¹⁰
 - not being understood by those around them
 - feeling changed as a person¹¹

*Such losses, in turn, potentially change how these individuals perceive world

The Death of Caesar

Following the assassination of Caesar, there was immediate panic on the Senate floor. They made no real contingent plan which created a power vacuum, causing uncertainty and fear. In the days following Caesar's death, the entire city fell into silence and confusion, and the streets were empty.



What is the Normal Grieving Process?

- There is no single way to grieve and no single definition of “normal” grief¹²
- It is, in fact, “normal” for people to experience a range of intense emotions, negative cognitions, and altered behaviors for a period of time after loss
- The Kübler-Ross model is popularly known as the Five Stages of Grief¹³
 - denial
 - anger
 - bargaining
 - depression
 - acceptance

Elizabeth Kübler-Ross



I believe that we are solely responsible for our choices, and we have to accept the consequences of every deed, word, and thought throughout our lifetime.

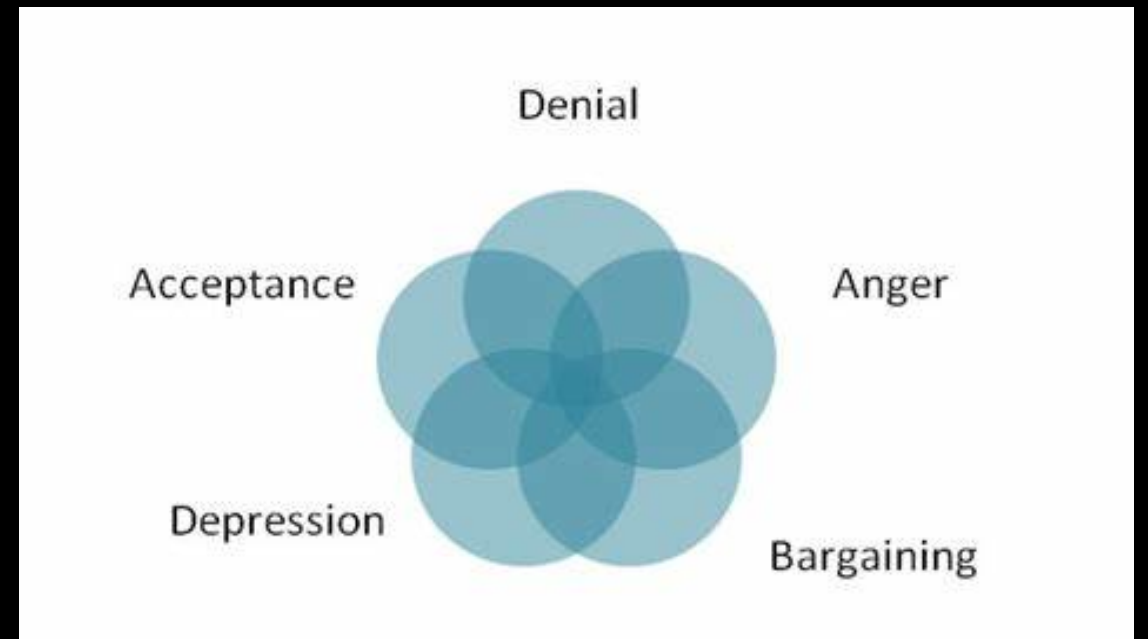
Elisabeth Kubler-Ross

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Criticisms of Model

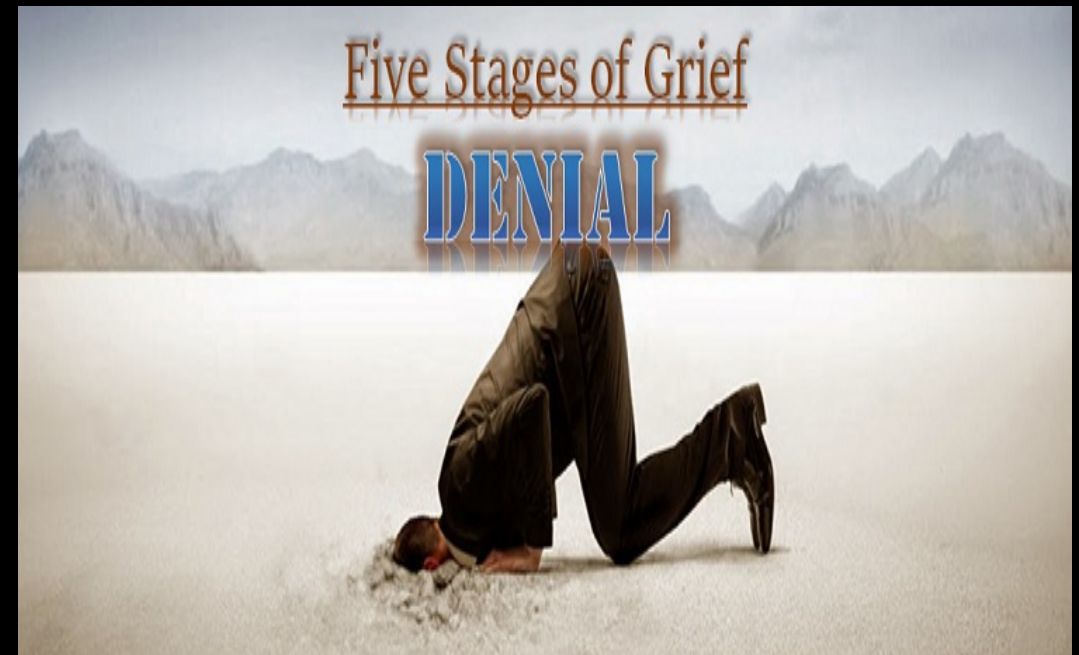
- Experts have criticized this model's sequential process and its assumption that stages only last weeks or months
- Those that critique model tend to forget that stages are responses to feelings that may last for minutes or hours
- Individuals tend to go into one stage, out of another, and back again
- They do not enter and leave each individual stage in a linear fashion
- According to Hospice Foundation of America, it is helpful to think of five stages of grief as, "a roller coaster, full of ups and downs, highs and lows"
- This more accurately describes experience of patients with a chronic pain¹³

Five Stages of Grief



Five Stages of Grief

- During stage one, denial and shock help a patient cope and make further survival possible
- As individual proceeds through process of grief, however, denied feelings begin to surface, such as anger, an emotion people are most used to managing
- During second stage, many other emotions build, such as guilt, which is often seen alongside bargaining in stage three



Five Stages of Grief

- Patients wish to return to their life before their loss or “go back in time”
- After bargaining, their attention tends to move squarely into present
- Fourth stage, depression, may feel as though it will last forever, but it is a necessary step along pathway to healing
- Acceptance, final stage, is often confused with notion that people must:
 - accept needless suffering
 - give up all hope and feel defeated
 - accept someone else's version of their condition
 - “not care”

Acceptance

- People can maintain hope for a better future while accepting their unpleasant reality
- Healthy acceptance means recognizing that no amount of agonizing or bemoaning is going to make things better
- True acceptance means coming to terms mentally and emotionally with new unpleasant reality, accepting it as permanent reality¹³
- There are two key factors in grieving process:
 - relearning the world
 - adaptation²



The Death of Caesar

On the day of the funeral entire Rome went out on the streets to see the procession and mourn their bellowed leader. As for the great Caesar, his bones were carried away and laid to rest in the family tomb, and an altar was later erected on the site of the funeral.



What Can Providers Do to Help?

- Studies have shown that a patient's feelings of loss and grief related to chronic pain may not be obvious to healthcare workers working in pain clinics¹⁴
- This may be because grief resembles chronic pain⁵
- Frontline practitioners may, therefore, consider:
 - asking patients about acknowledging any losses they are experiencing
 - assessing their needs
 - connecting patients with resources¹²

Acknowledging Losses

- Primary step in helping patients is to talk with them about their losses
- Talking about these losses may help explain patient's circumstances
- Providers may be unsure about how to speak to their patients in this manner
- Providers can begin by first addressing their own anxieties about loss
- They will be in a much stronger position to respond well to their patient
- If providers avoid a patient's grief because they do not know what to say, avoidance may only serve provider's needs instead of patient's

Acknowledging Losses

- Isolation patient feels may be almost as painful as shock and sadness of loss itself
- Providers should admit when they don't know what to say; sometimes it is best to just say:

“I’m so sorry you’re going through this. I just wanted you to know I care and am here for you.”

- This only requires intention and an open heart¹⁵
- As part of an in-depth interview, patients should be invited to “tell their story,”¹⁰ and providers should be encouraged to listen without interrupting
- Sitting beside a patient can provide extra comfort

Grief Exercise

- On the first three lines of paper, write down 3 items or possessions you own that are very important to you
- On the next three lines, write down 3 things that you value highly in nature
- On the next three lines, write down 3 things that you consider being important activities such as work, hobbies, leisure time activities, etc.
- On the last three lines, write down 3 individuals who are very important to you

THE STORY



Debriefing

- Remember to breathe, keep breathing. With each new breath sense your energy, your health. You are alive and well.
- This exercise is over, but at some point, whether later today or later this week, I'd like you to really think about thoughts and feelings you've had. Think about things that were truly important to you, things you held onto longest.
- When we work with our patients, grieve a little for what they've lost; for relationships built up over time, for possessions and pieces of world around them that have been taken without permission.
- Remember that now is time for you to live life to it's fullest, to embrace things and people who are most important to you.

Assessing Needs

- Frequently, individuals exist somewhere along the continuum of grief
- If the grief persists beyond 6 to 12 months and is associated with other cognitive, emotional, and behavioral symptoms, then it should be considered complicated grief
- Complications are evident when:
 - manifestations of grief are absent
 - are of extreme intensity
 - prolong
 - become distorted in some manner¹⁶

Assessing Needs

- Complicated grief can lead into major depression
- APA's DSM-5 abolished bereavement exclusion applied to depressive symptoms lasting less than two months¹⁷
- Exclusion was omitted for several reasons:
 - to remove implication that bereavement typically lasts only two months
 - to recognize it as a severe psychosocial stressor that can precipitate a major depressive episode
 - to underscore its genetic influence
 - to note that it responds to same psychosocial and medication treatments as non-bereavement-related depression¹⁷
- Depressive symptoms are common following bereavement, with as many as 45% of patients meeting criteria within first year of their loss¹⁶
- The provider should also watch for a resurgence of symptoms during anniversaries of patient's loss and/or holidays

Cross-Cutting Symptom Measure-Adult

	During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following problems?	None Not at all	Slight Rare, less than a day or two	Mild Several days	Moderate More than half the days	Severe Nearly every day	Highest Domain Score (clinician)
I.	1. Little interest or pleasure in doing things?	0	1	2	3	4	
	2. Feeling down, depressed, or hopeless?	0	1	2	3	4	
II.	3. Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
III.	4. Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
	5. Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
IV.	6. Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	7. Feeling panic or being frightened?	0	1	2	3	4	
	8. Avoiding situations that make you anxious?	0	1	2	3	4	
V.	9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
	10. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
VI.	11. Thoughts of actually hurting yourself?	0	1	2	3	4	

Providing Resources

- Frontline practitioners should be encouraged to inquire about a patient's support system and suggest ways to build it with:
 - friends
 - family
 - support groups
 - spiritual leaders
 - a psychotherapeutic setting¹²
- Support groups give individuals another opportunity for empathy, a sense that they are not alone, and an opportunity for gaining new insights and coping skills¹⁸
- Goal of an ACPA group is to provide support, validation, and education in basic pain management and life skills¹⁹

American Chronic Pain Association



Providing Resources

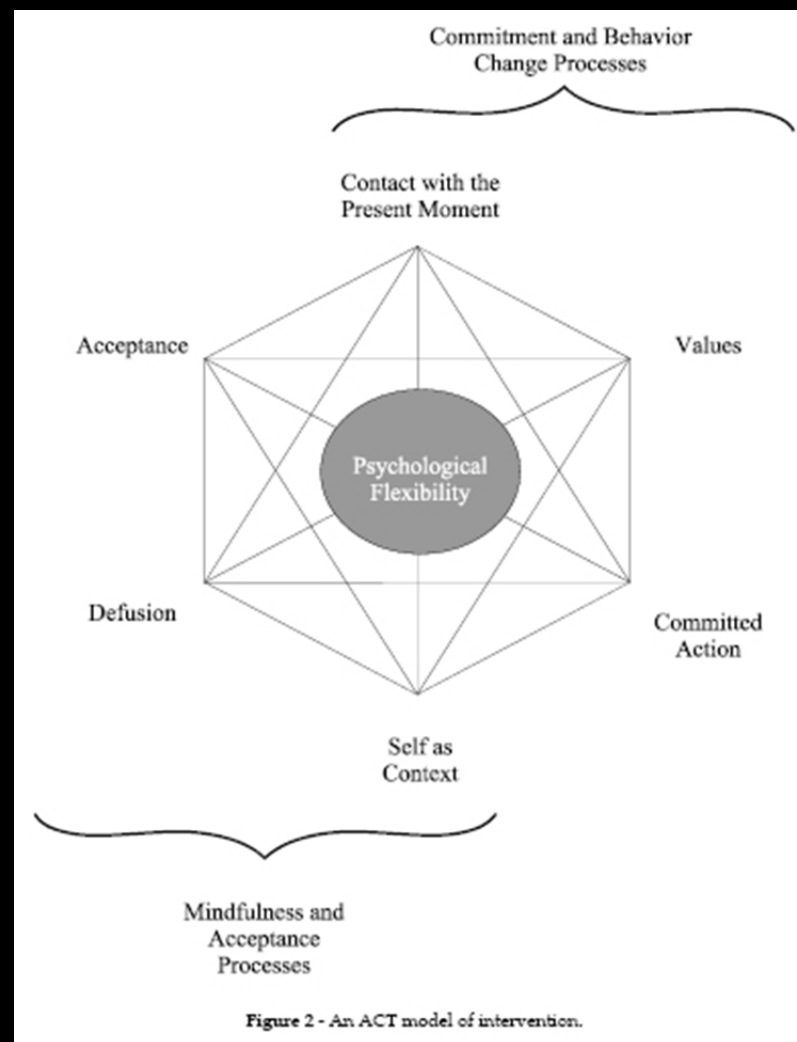
- Inquiring about a patient's spiritual beliefs can help providers identify the role such principles play in their lives, whether it be:
 - Religion
 - Nature
 - Art
 - Botanica
 - Curandero/a
 - Espiritista
 - Hierbero/a
 - Native American Healer/Medicine man
 - Shaman
 - Sobador



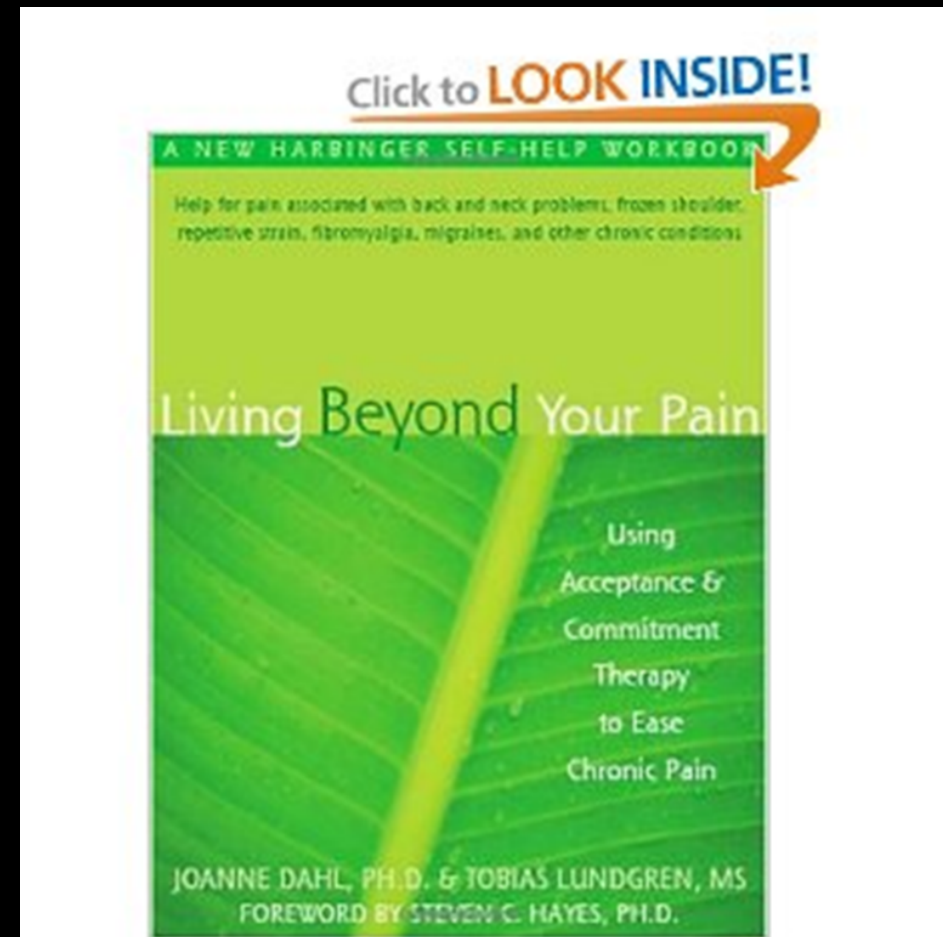
Providing Resources

- In terms of psychotherapy, goal of treatment should be for patient to learn to live with loss related to their pain²⁰
- Learning coping skills to manage pain may help rebuild self-esteem and relationships
- Acceptance & Commitment Therapy (ACT) can help patients find a way to live a fuller life despite their pain
- ACT is one of more actively researched approaches among third wave of developing psychotherapies²¹
- It is a style of therapy with flexibility and a therapeutic process that is more experiential than didactic
- What sets it apart is that it's a form of clinical behavior analysis that uses acceptance and mindfulness strategies mixed with commitment and behavior-change strategies to increase psychological flexibility

Acceptance & Commitment Therapy



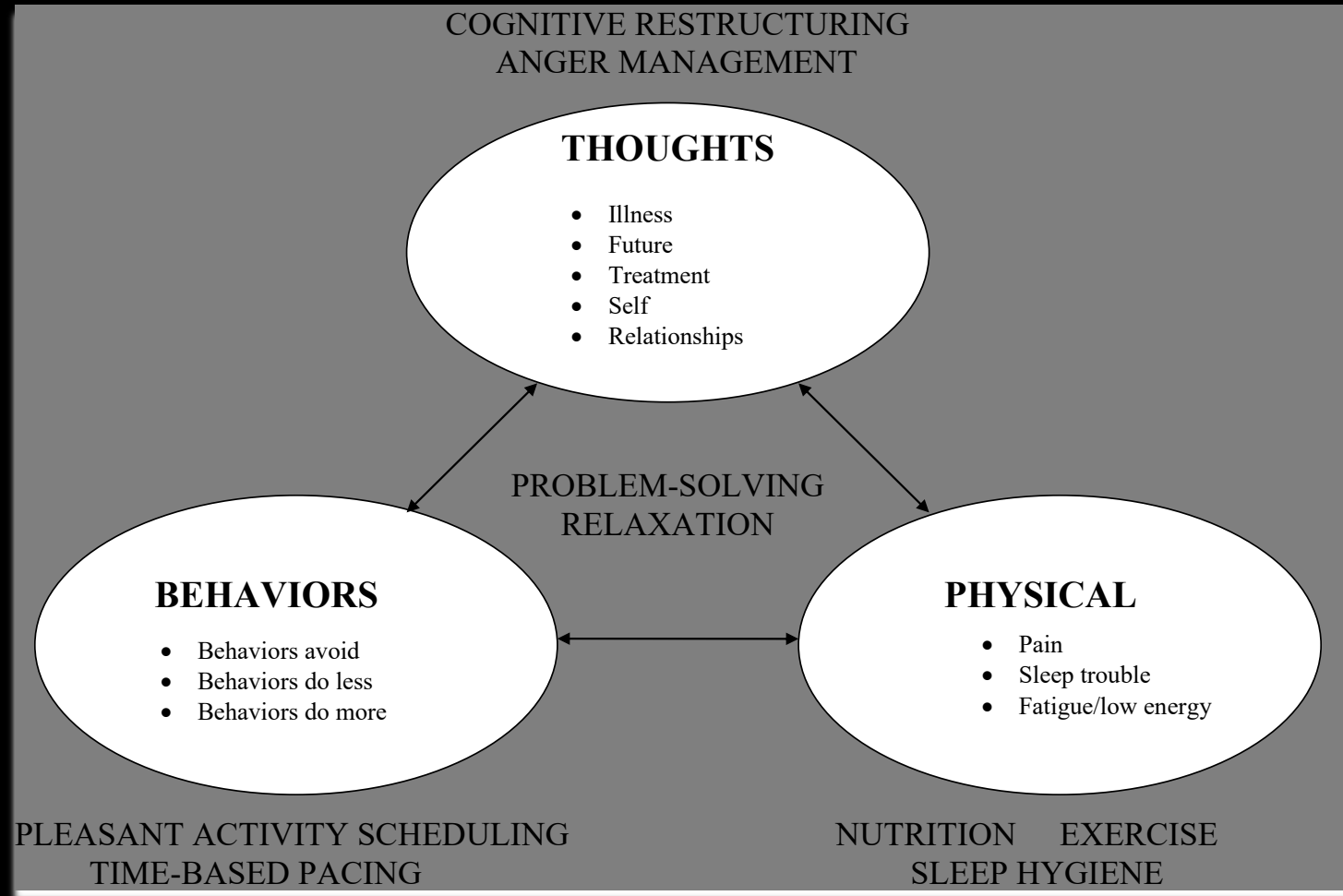
ACT Manualized Treatments



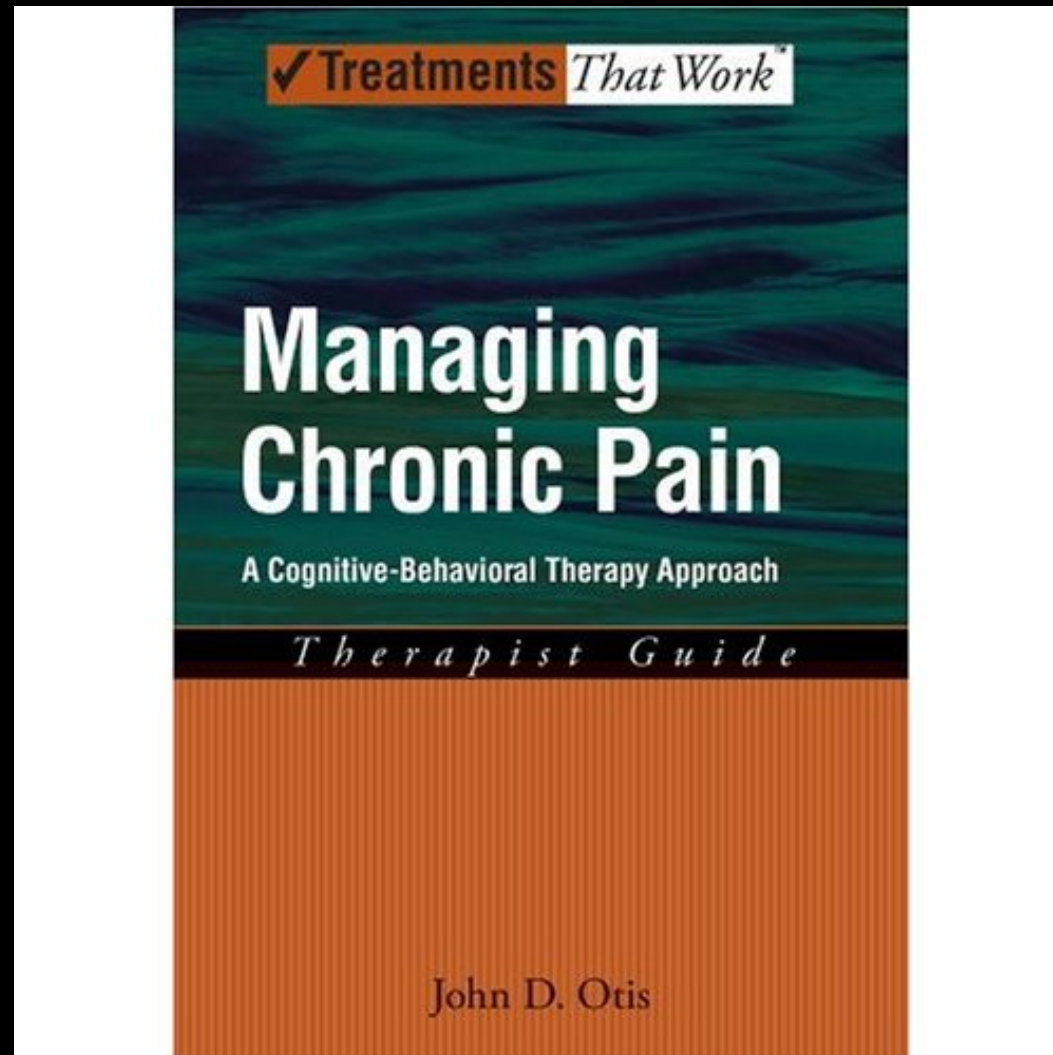
Providing Resources

- Cognitive-Behavioral Therapy (CBT) may help with restructuring negative thoughts and unhealthy behaviors to provide more adaptiveness
- CBT for pain is based on cognitive-behavioral model, which is grounded on notion that pain is a complex experience that is influenced by its underlying pathophysiology and individual's cognitions, affect, and behavior²²
- CBT is a structured, time-limited, present-focused approach to psychotherapy that helps patients engage in an active coping process aimed at changing maladaptive thoughts and behaviors that can serve to exacerbate experience of chronic pain
- Research has shown that grief therapy has been effective in:
 - reducing pain and depression
 - usage of medications
 - visits to psychological healthcare providers²³

Cognitive Behavioral Therapy



CBT Manualized Treatment



CBT Manualized Treatment

Sessions are as follows:

1. Education on Chronic Pain
2. Theories of Pain and Diaphragmatic Breathing
3. Progressive Muscle Relaxation and Visual Imagery
4. Automatic Thoughts and Pain
5. Cognitive Restructuring
6. Stress Management
7. Time-based Pacing
8. Pleasant Activity Scheduling
9. Anger Management
10. Sleep Hygiene
11. Relapse Prevention and Flare-Up Planning
12. Feedback and Termination

PTSD & Chronic Pain CBT Treatment

Table 1 Outline of the integrated treatment for pain and PTSD

Session	Session Topic
Session 1	Education on chronic pain and PTSD & goal setting
Session 2	Making meaning of pain and PTSD
Session 3	Thoughts/feelings related to pain and PTSD & cognitive errors
Session 4	Cognitive restructuring
Session 5	Diaphragmatic breathing and progressive muscle relaxation
Session 6	Avoidance and interoceptive exposure
Session 7	Pacing and pleasant activities
Session 8	Sleep hygiene
Session 9	Safety/trust (related to pain and PTSD)
Session 10	Power/control/anger (related to pain and PTSD)
Session 11	Esteem/intimacy (related to pain and PTSD)
Session 12	Relapse prevention and flare-up planning

Providing Resources

- Frontline practitioners may also want to consider complementary and integrative health (CIH) approaches
- Various CIH therapies may ease a patient's transition through grief¹²
- Movement programs such as yoga and massage may also help ease stress and promote relaxation
- Recreational activities such as art and music may help a patient transform feelings and emotions related to their loss^{24,25}

Grief and Pain



Conclusion

- In theory, after a loss, patients can begin to live to their fullest ability again but not until they have been given enough time to grieve
- Grief is a multifaceted response that may occur when someone suffers from chronic pain
- Individuals who suffer from chronic pain experience physical, cognitive, behavioral, social, and philosophical losses
- Role for practitioners is to meet a patient's grief at each of these dimensions through acknowledgment, assessing needs, and providing resources

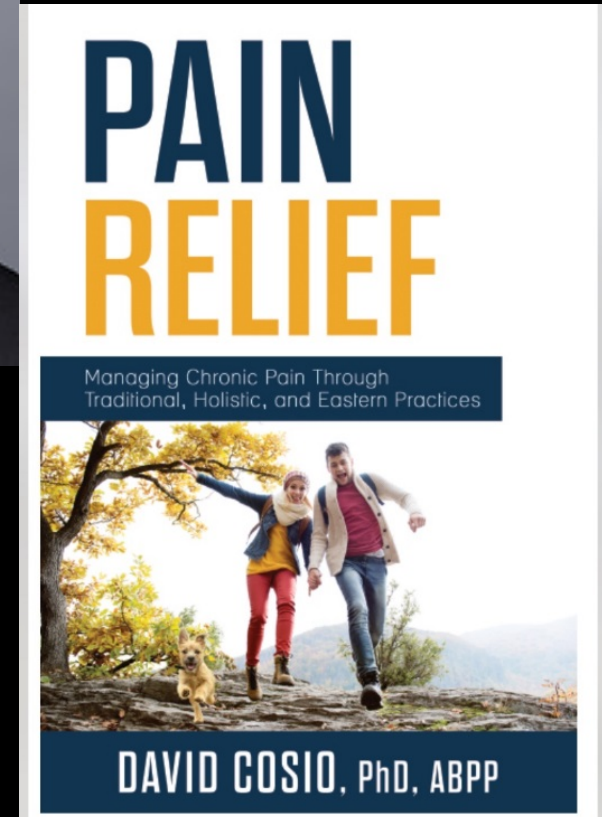


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