

# “The Courage to Survive;”

Facing the Loss of Your Soul-Mate

Norman Straker MD, 850 Park Ave Apt 1E

nstraker@nyc.rr.com

Despite the improvement in the treatment of cancer, 560,000 people still die of a cancer illness each year in the United States. The spouses and children of those who die from cancer constitute a highly vulnerable population for emotional turmoil, substance abuse and mental illness. As our country begins to focus more on disease prevention, I believe it would be important to find ways to intervene on a preventative basis with spouses and children who are facing the death of a spouse or parent. The education of oncologists, palliative care specialists and mental health professionals of the challenges and emotional needs of this group seem to be a good place to start. The recognition of the early signs of emotional strain and the proper intervention and treatment of anxiety disorders, depression, panic attacks, and complicated grief reactions of this population, is the focus of a new film.

“The Courage to Survive, Facing the Loss of Your Soul Mate” is a video that tells the story of an investment banker who faced the terminal illness of his wife and as a result of a dynamic psychotherapy parented his three children through the crisis and eventually was able to create a new life. The film begins with Robert, addressing a group of oncologists at Sloan Kettering Cancer Center in New York City about the emotional needs and challenges facing the male spouse of a terminally ill cancer patient. He speaks poignantly about the importance of the oncologist’s need to support the male spouse and to consider him for an early referral for psychiatric referral. This part of the film is especially instructive for oncologists.

The film then focuses in on discussions between Robert and his former therapist Dr. Norman Straker, a consultant at Sloan Kettering Cancer Center and a Clinical Professor of Psychiatry at Weil Cornell School of Medicine. Together they reviewed the psychotherapeutic work that they did together that allowed Robert to cope with the emotional challenges that he confronted as the husband, father and sole caretaker of his dying wife. Mental health professionals will find this segment of the film especially helpful in their clinical work. It demonstrates the management of overwhelming affects (in the interview) and how the repeated crisis resulting from the ravages of the cancer illness are managed in the psychotherapy. A combined therapeutic approach that relies heavily on psychoanalytic and existential principles as well as psychopharmacological agents for symptom management is

presented. Physicians who see this film will have an opportunity to learn very directly what a psychiatric treatment can accomplish with these patients

Finally, the “The Courage to Survive” illustrates that individuals facing tragedy often find creative solutions that permit them to transcend their loss and find a greater purpose and meaning in their life. During his final year in therapy, Robert wrote “the Courage Of Hope,” a book describing his own story to serve as a guide to other men who were facing the loss of their wives from cancer He also collaborated in the development of this film so that “something good could come out of something bad.”

The idea for the film originated in the final few sessions of the Robert’s private psychotherapy after he had given several lectures to audiences of oncologists based on his published book “The Courage of Hope” We decided to film his lecture at Sloan Kettering Cancer Center, because the emotional stress of repeating the story was too great. Robert’s lecture directed to oncologists was a plea for a greater personal involvement with the spouse of their cancer patients. The video expanded the audience to include mental health professionals and caretaker spouses. It was our hope that the inclusion of a psychotherapeutic process in a film with an ordinary man would demystify the process, might decrease the stigma of a psychiatric referral by an oncologist.

This video highlights the emotional challenges faced by male spouses of a terminally ill cancer patient. Robert’s experiences while unique to him however do articulate the most common problems of spouses who are the primary caretakers of their marital partners with cancer. Despite the fact that Robert is a person of financial means who could afford a private psychotherapy, similar therapy is available at an affordable cost through the departments of psychiatry at cancer centers or at private agencies such as “Cancer Care” or by calling APOS where you can be directed to a psycho-oncologist.

As mentioned earlier the video begins with Robert’s lecture to the oncology fellows at Sloan Kettering. He spoke of the emotional challenges that confronted him which included;

- 1] The Loss of Hope
- 2] Overwhelming Anxiety
- 3] Unmanageable Anger
- 4] Loss of Faith
- 5] Changing Roles of the Spouse
- 6] Moving On

Each of the challenges faced by Bob was elaborated in his discussions with Dr Straker as they revisited his psychotherapy. Practical interventions in the psychotherapy are noted and offered as an example to the audience of what can be done.

## CHALLENGES

### **1 Loss of Hope**

The video illustrates the dangers of how giving a very specific prognosis can lead to a loss of hope. In this situation the patient and her husband Robert were told she had three months to live. While it is important not to encourage false hope, and in my judgment it would be correct to advise the family that there were no other conventional treatments available, putting a definite number of months will be experienced as a death sentence. In this situation the prognosis was totally inaccurate. The fact that new treatments are being developed every day and palliative care is available is clearly more acceptable than the idea that there is absolutely nothing that can be done. It not only leads to a loss of hope but begins the experience of abandonment by the oncologist.

### **2 Overwhelming Anxiety**

The manifestations of severe anxiety brought Robert for a psychiatric consultation. He arrived at the psychiatrist's office in a state of emotional paralysis. He could no longer effectively do his job or take care of his wife and children. The rapid onset of the positive effects of medication, and its impact on helping the patient to function quickly is very important to the therapeutic alliance in the early phases of treatment. The synergistic effect of psychotherapy and medication are discussed in the film. The medications an SSRI and a benzodiazepine helped to decrease the level of anxiety to a point where meaningful psychotherapeutic work and problem solving could occur.

### **3] ANGER**

Overwhelming anger is often the result of the injustice of the ravages of a cancer especially when it strikes a young spouse and the mother of young children. The anger in this patient is still active in the film 5 years after his loss. Poor communication with medical staff can contribute to the anger of the family and needs to be addressed in the oncology training program. The oncologist and the hospital are often the target of the families anger as they have not provided the wished for cure. Unfortunately, the oncologists often experience the anger as a personal attack or expect such an attack and withdraw when the patient can no longer be cured. This is neither good for the patient and family or the oncologist who can help to provide support and palliation to the patient.

### **4] LOSS of FAITH**

Anger at God that leads to detachment and a loss of faith is a devastating loss for anyone especially for someone who has previously relied on their faith as an important coping resource. Robert experienced such a loss. The movie shows how the therapist can help a patient reconnect with God and restore their faith. This can be accomplished by giving them permission and encouragement to express their anger directly at God after a perceived injustice.

### **5] CHANGING ROLES**

A man whose wife is dying will become both mother and father as well as assume a caregiver role which is unfamiliar to most men. This will involve a considerable strain and conflict especially when there are teenage girls who are trying to separate from their controlling and conservative father as in this film. Women are more familiar with this role and experience less role strain and usually have a much larger support system. They are also much more comfortable reaching out for help and have much less a stigma associated with contacting a mental health professional. Clearly they miss the support and the partnership of their husband.

### **5] MOVING ON**

The final challenge for the spouse is the ability to eventually move on and become a new family. The need to mourn is a necessary part of overcoming the grief from the loss and the trauma of the illness. This is true for children as well as spouses. Children of all ages should not be left out of the mourning process. Religious ritual is generally helpful in initiating the mourning process, and was regrettably missing initially in this case..

Harriet the mother of the children in the video elected to write letters to her children which were to be distributed after she died. This was a decision she reached as a part of her adjustment to her own death and helped her to feel that in some small way she was continuing to parent. This may appeal to some parents and might be explored. Some parents of very small children have made video tapes of themselves with messages for their children. This is a comfort to the parent who might want their young child to have a visual memory of them long after they died.

It is apparent in the video that grieving can return long after the loss. Robert experienced a grief response on two occasions in the video despite the passing of 5 years. He and I briefly discussed the problems of a widower beginning to date and how children can be affected. While Robert was consciously concerned about proper behavior and respect for his deceased wife he was less consciously aware of his “survivor guilt,” a very common problem which needs to be worked through.

Finally, it should be noted that for some spouses an important part of moving on may be to in some way memorialize one’s lost spouse. Robert did it by writing a book “The Courage of Hope. “The writing of the book which took a year marked the end of his grieving and the end of therapy.

## **Other Themes**

### **1] The Role of the Oncologist**

The video reminds oncologists of the very powerful position they have just by virtue of the “power of the white coat”. This power can be used to do a great deal of good:

A] by recognizing the valuable role of the spouse in the treatment of their patient,

B] by reassuring them that it is normal to be stressed and recommending that they consider counseling.

C] by supporting and encouraging them with an arm on the shoulder etc.

D] by exercising some caution with regard to prognostication as a prognosis of a specific period of time can be experienced as a death sentence and can lead to a loss of hope.

E] by staying in touch after the chemotherapy has been discontinued.

## 2] **The Role of the Therapist, Psychiatrist,**

The psychiatrist or mental health professional that works with the spouse of cancer patients is in a unique position to;

A] help interpret medical information

B] understand and support the spouse in their desire to be a good support to their ill spouse.

C] help them work through the challenges as outlined by Mr. M including :

The Loss of Hope

The Management of Anxiety, Anger

The Loss of Faith

Assisting in the Changing of Roles

Moving On, which includes; accepting the death of their spouse facilitating mourning, providing guidance to children, resolving survivor guilt and helping the survivor to rejoin the world and seek out new companionship.

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