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Finding meaning during times of anguish in later life

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An 85-year-old Caucasian female with a past medical history of hypertension and no past psychiatric history presents to a local hospital with feelings of hopelessness and being tired of living. Upon evaluation by the ER psychiatrist, she admits to wanting to die as soon as possible, but denies a specific plan. She reports not having eaten for the past two days, triggered by finding out that her son had just died in a house fire. Four months ago, her husband died from an ischemic stroke.

She is admitted to the inpatient psychiatric unit.

The geriatric psychiatrist on the unit decides to approach the patient's situation pharmacologically. She is started on escitalopram 10mg daily. The next day, frustrated with simply prescribing a medication for the patient's unfortunate circumstances, the geriatric psychiatrist decides also to intervene with interpersonal psychotherapy.

During the initial therapy sessions, the patient explains how she no longer has anything to live for, having lost her only son and husband of 60 years.

Further discussion with the patient reveals that the son's widow, an immigrant, now also lacks social support.

During the following therapy session, while the patient continues to express her grief, the psychiatrist asks if the patient may find meaning in emotionally supporting her son's widow?

The patient responds, "Oh how my son loved her, he always wanted me to be close to her but I never accepted her. This always caused a lot of problems in the family."

The psychiatrist responds, "Is now the time to accept her?"

During the next few days, the patient continued to express grief over her recent losses, but began to eat more, and expressed a desire to improve her relationship with her son's widow. The psychiatrist arranged for a conjoint meeting with the patient and her son's widow.

On day 7, she no longer expressed passive suicidal ideation, denied hopelessness, and requested to be discharged. Follow-up care involved both pharmacotherapy and interpersonal psychotherapy for bereavement-related depression.

Explanation:

This intervention appeared effective as the physician helped the patient find meaning in life, despite her overwhelming losses. While accepting the finality of her losses will be difficult, her hopelessness may, however, be diminished by a transformation in perspective, as she rebuilds her life and restores meaning. In this case, the physician moved past a medical model of care and showed the patient a path to establishing an important connection. Furthermore, the burden of the patient's suffering was relieved by reducing her isolation. She need no longer face her grief and anguish alone but is

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