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## Distress and identity crisis at end of life

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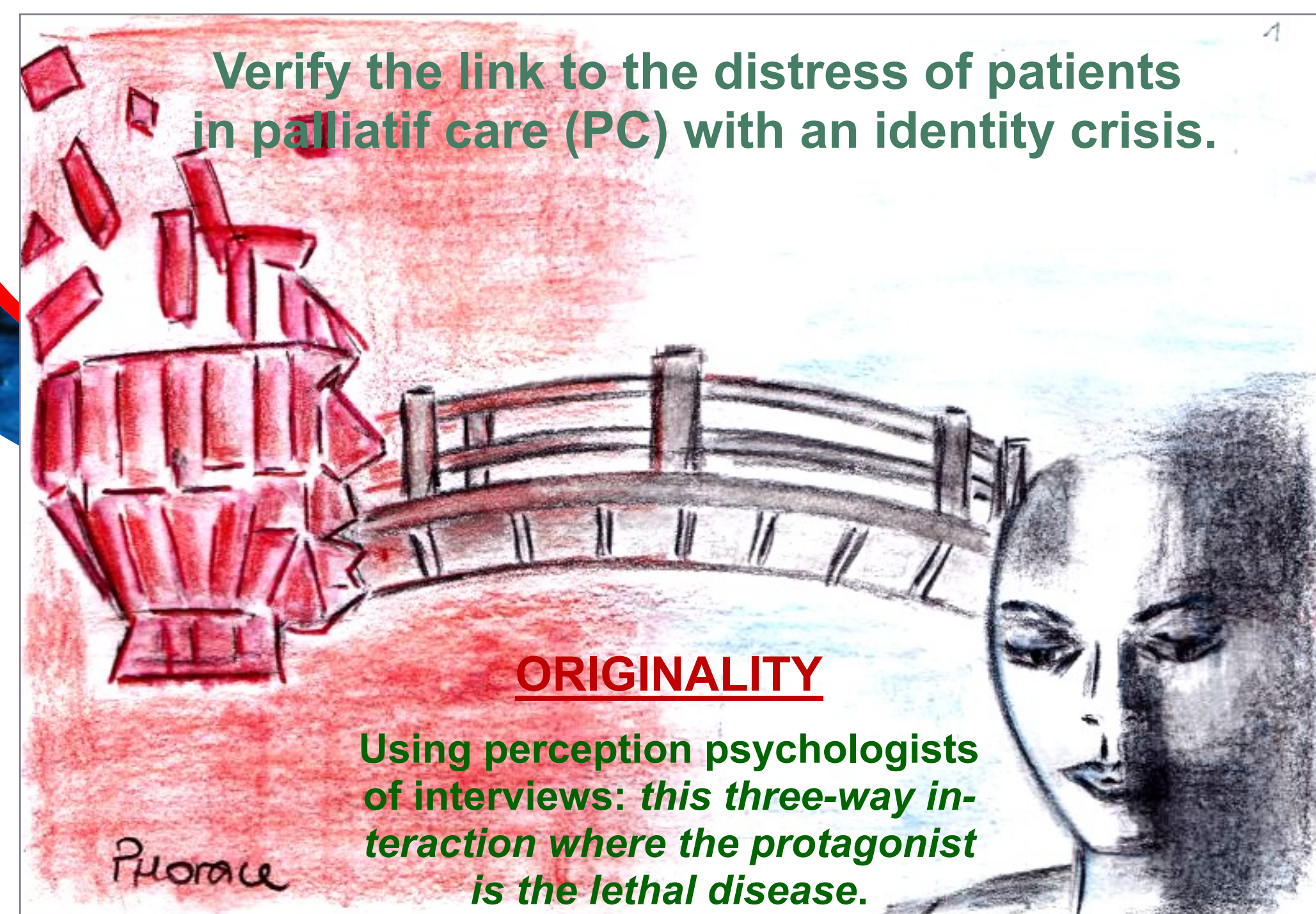
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\*from the research work by Van Lander A for a PhD in psychology.

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### MAIN OBJECTIVE

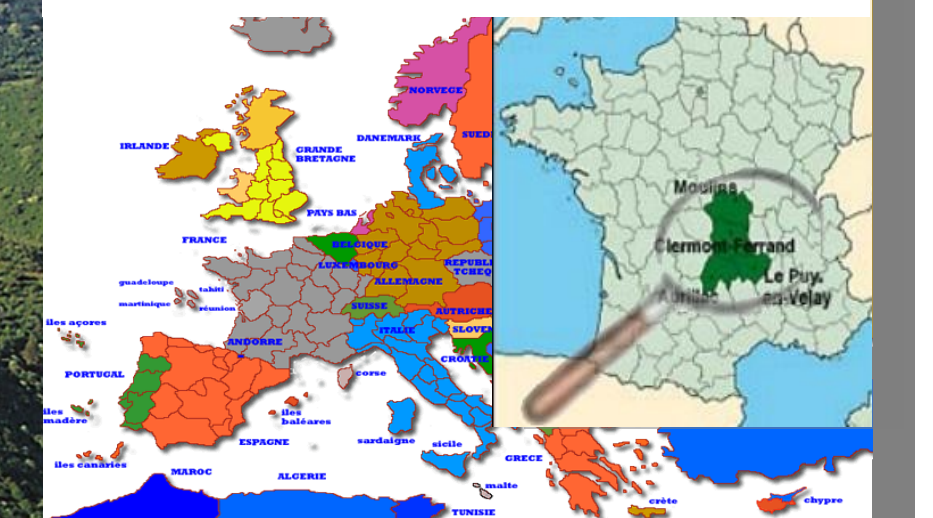
Verify the link to the distress of patients in palliative care (PC) with an identity crisis.



### GEOGRAPHICAL SCOPE

All psychologists of palliative care, in one French region, Auvergne, took part in this research in 2010. 4.716 patients followed up in PC.

Demographic profile of Auvergne, the same as 88 European regions :  
Burgundy, 2 Spanish regions, Asturias and Extremadura, 2 Portuguese regions Centro and Alentejo, the vast majority of German, Romanian, Bulgarian and Baltic regions and a handful of Scandinavian regions.

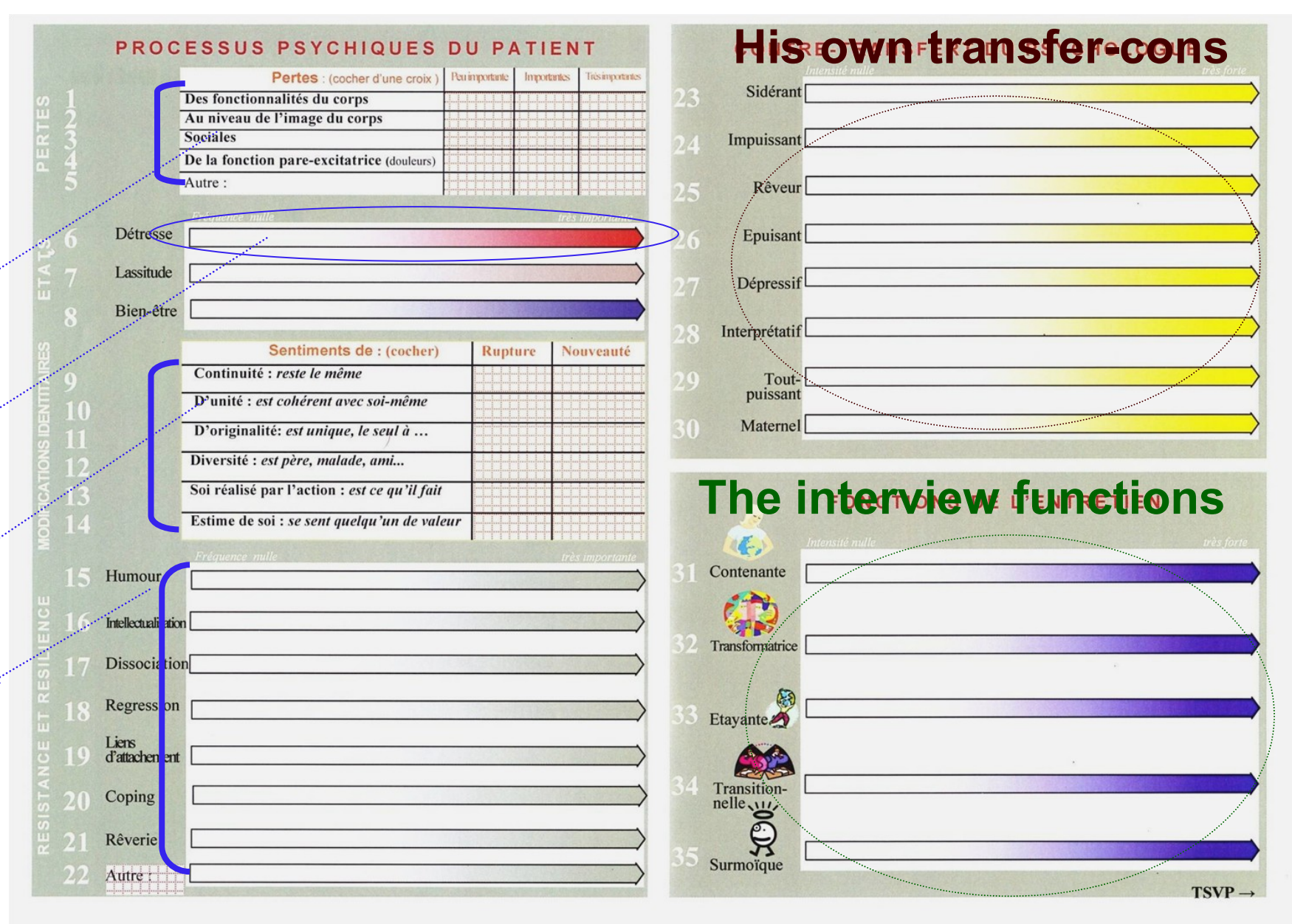


### METHODOLOGY

#### 1. Creation of a form and a booklet

It is a grid of concepts to collect representations : of the psychologist patient's mental processes ; its own cons-transfer ; maintenance functions. The psychologist open a booklet and then filled out a form after each patient interview. It does not change their practices.

- The patient's psychic functioning :
- Intensity of the loss caused by illness
  - Distress thermometer (DT)
  - Rupture identity<sup>3</sup> or new component
  - Defense mechanisms



#### 2. Items and principal measuring tools

- = 35 items of psychology concepts on distress and crisis of identity in palliative care.
- = A qualitative ordinal board for losses caused by illness
- = Visual analog scales (VAS) for 23 concepts
- = A qualitative categorial board for breaks identity
- = CGI (item3)



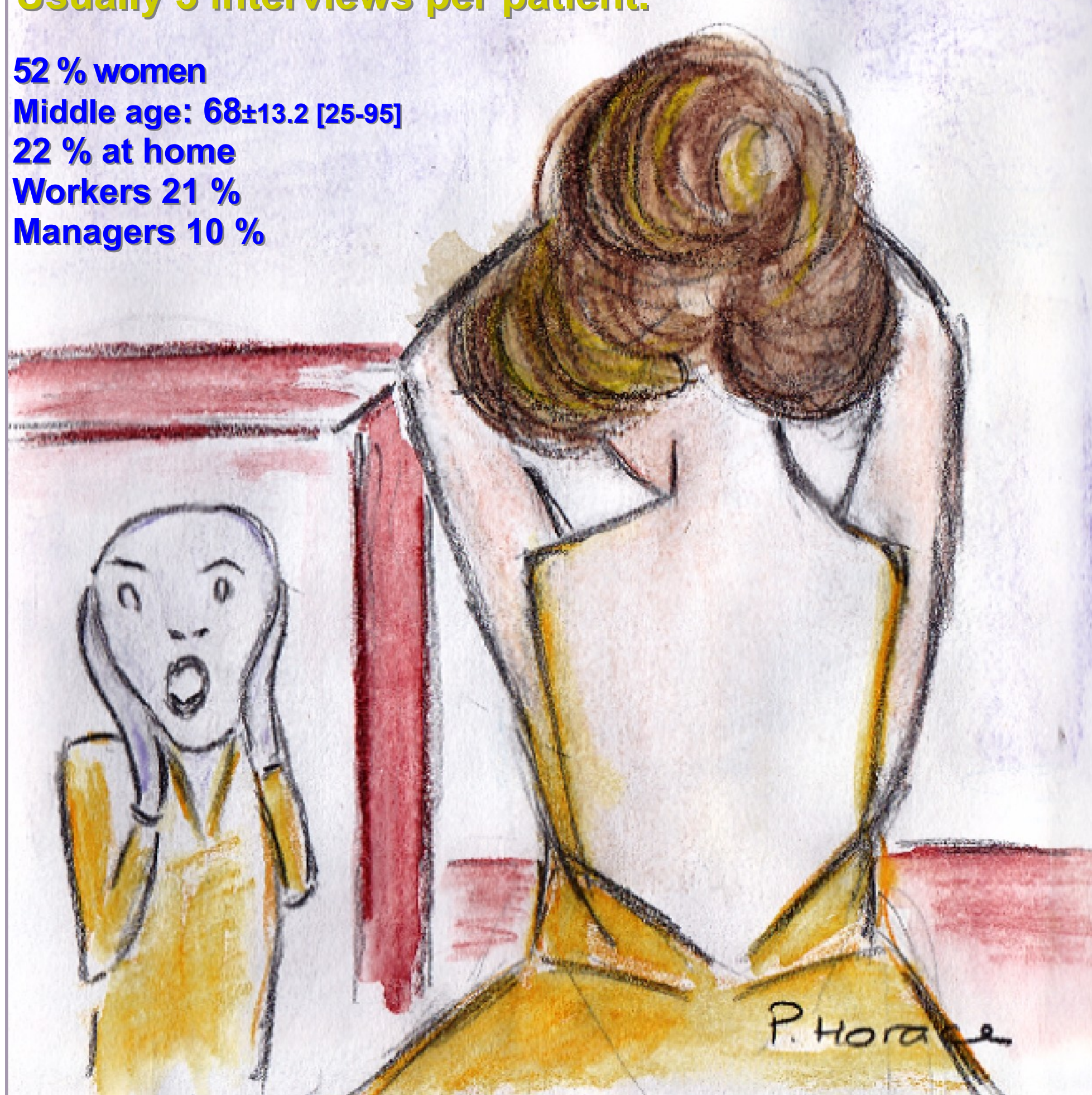
This booklet is a manual of instruction and definitions of different psychological Concepts Necessary to analyze intersubjective relationship.

### RESULTS

#### 801 forms

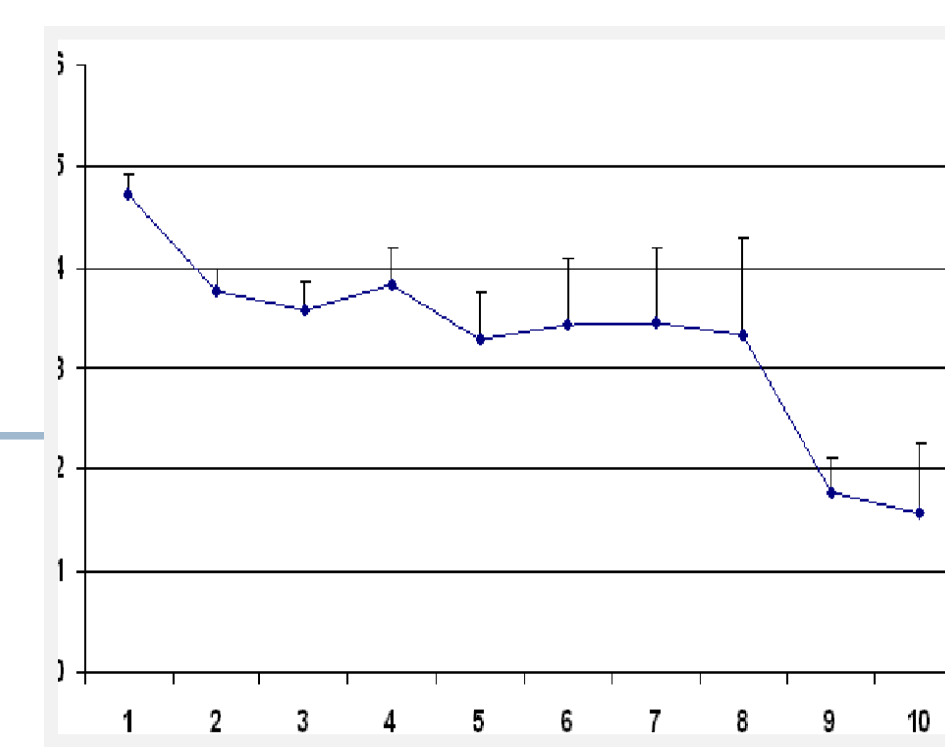
236 patients, 14 psychologists of teams at home (4) and Hospital (8)  
Duration of psychological follow : 30 days <sup>Med:13 [1-416]</sup>, 41 days before deaths.  
Usually 3 interviews per patient.

52 % women  
Middle age: 68±13.2 [25-95]  
22 % at home  
Workers 21 %  
Managers 10 %



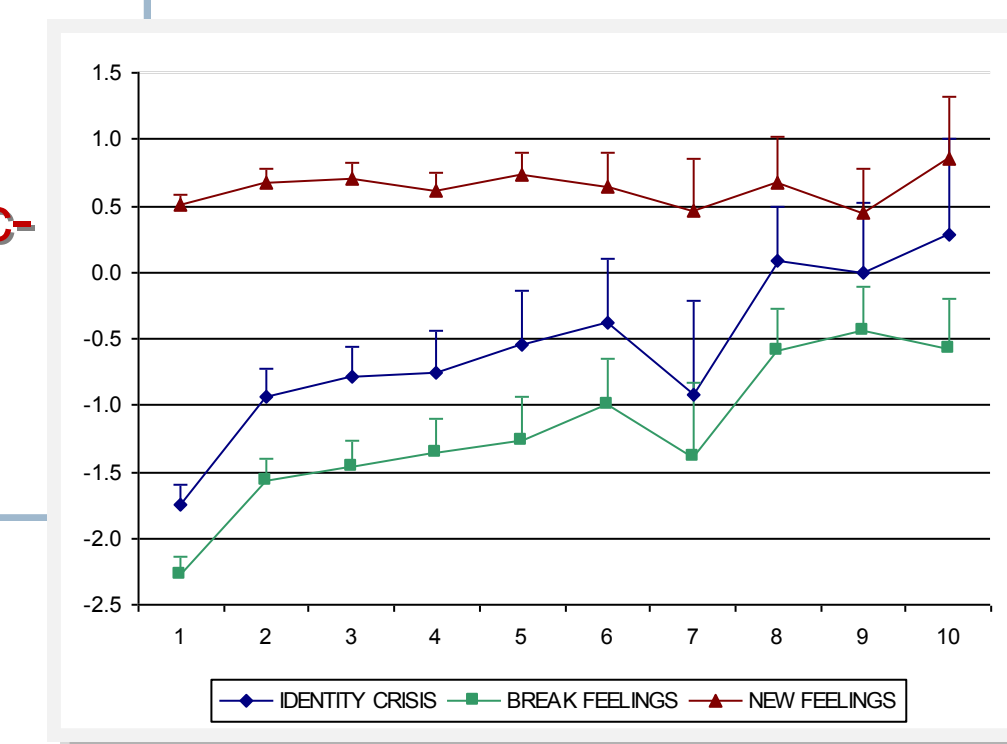
#### 1. Distress

Distress > 4/10:  
53% patients, 42 % interviews  
No correlation with age, gender or social support.  
At home more important.  
Evolution : improvement !



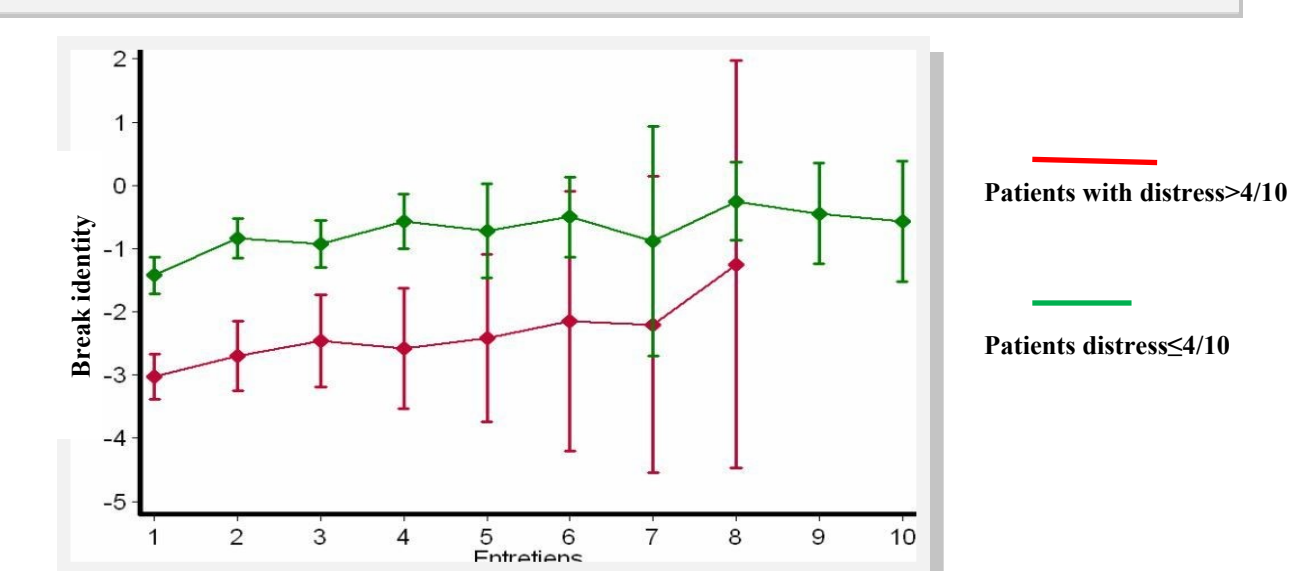
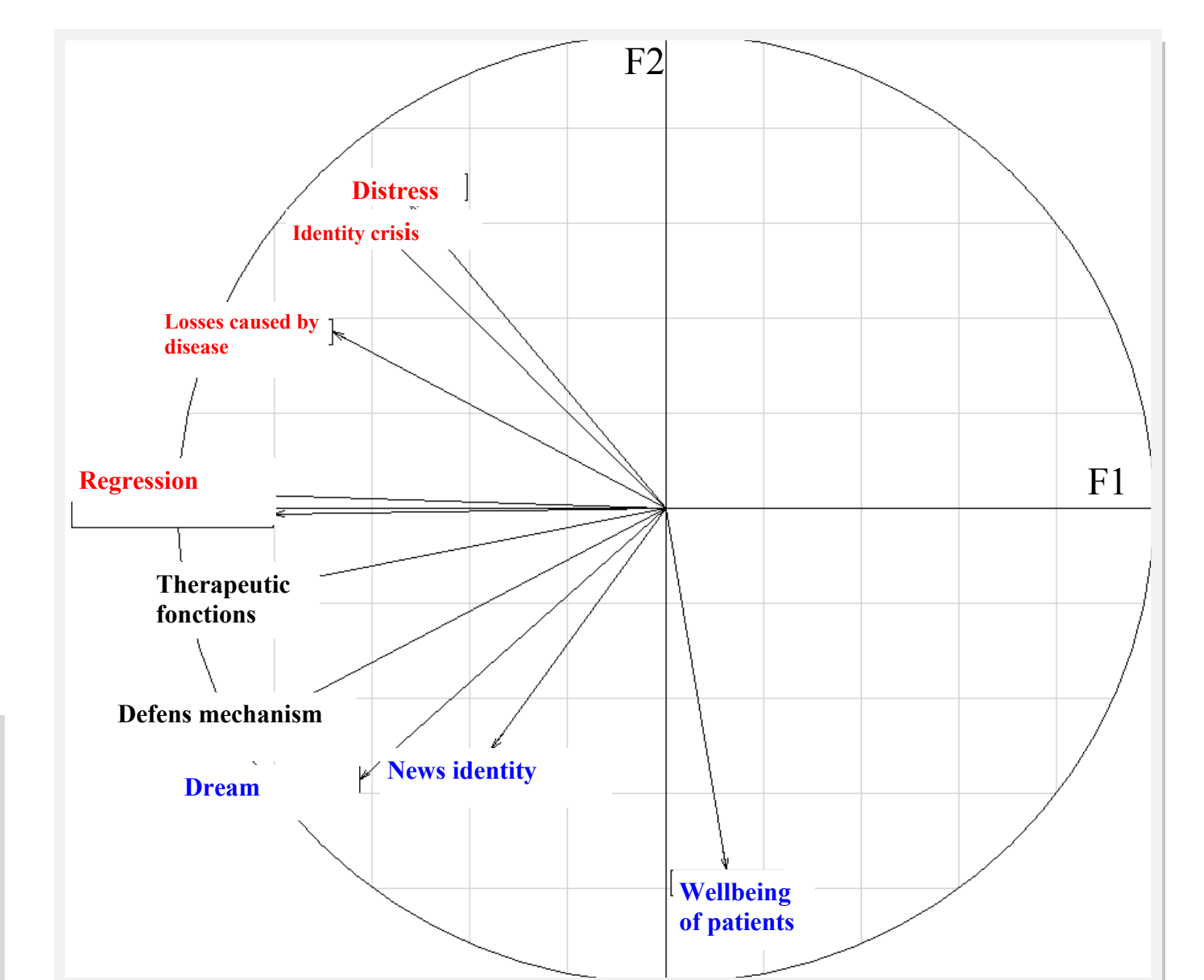
#### 2. Identity Crisis

Break feelings of identity:  
77% patients, 56 % interviews  
New feelings of identity in 28%  
Major break :  
= Continuity  
= Sense of being realized by actions  
= Sense of unity  
Evolution : improvement !



#### 3. Correlations

Distress and regression  $p < 0.0001$   
Distress and identity breaks  $p < 0.0001$   
Distress of patients and powerless psychologists  $p < 0.0001$   
Therapeutic efficacy on distress and identity crisis : dream on identity  $p < 0.001$  in transitional interviews  $p < 0.0001$  (Winnicott W.R.).



### PROSPECTS

Distress is related to the importance of break of identity. Brief psychological therapy is efficient. Distress is not a fatality.

### PUBLICATIONS

Van Lander A, Gaucher J, Pereira B, Deveuve-Murol C, Valour C, Begert A, Hermet R (2012) L'identité à l'épreuve de la maladie létale, un formulaire d'analyse des entretiens psychologiques. *Psycho-Oncologie*, sous presse.  
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