

# The menu

4. The attachment dimension to the somatisation diagnoses, and «psychosomatics».
5. Psychosomatics and an attachment perspective to personality functioning.
6. **What is it about health services and health professionals which make it easier for patients to remain ill? System errors anchored in the attachment strategies of health professionals.**
7. Getting healthy, keeping healthy: the DMM in action.

# THE SANE ONE



You're all a bunch of fuckings lunatics.

I'm quitting med school and getting a job folding jeans at The Gap.

Michelle Au 4.10.2004



# Goal corrected clinical partnerships

≠ Goal directed cooperation

- **B – acknowledge role both play to reach goal**
- A – responsible alone for reaching goal others have decided
  - Missing ‘old-fashioned’ doctor knows best
- C – others are responsible if they fail to achieve the goal they have decided themselves
  - As pt. overjoyed with patient participation = pt. control

# Balanced doctors

- Less involvement with the Type C patient's complaints
- Work at interpersonal engagement around the Type A patient's complaints and include reading the hidden/disguised emotions and what is not talked about
- Radically accept the validity of the symptoms and extend the language
- Present more challenging tasks for their patients
  - psychological for Type A pts
  - practical and concrete for Type C pts
  - identify causal connections when pt does not expect it

# «The new contract»

Both doctors and patients know.....

- Death, sickness and pain are part of life
- Medicine has limited powers, particularly to solve social problems, and is risky
- Doctors don't know everything: they need decision making and psychological support
- We're in this together
- Patients can't leave problems to doctors
- Doctors should be open about their limitations
- Politicians should refrain from extravagant promises and concentrate on reality

Smith, 2001

**A challenge for the Type non-B strategists.**

# Goal corrected partnerships

- B – acknowledge role both play to reach goal
- **A – responsible alone for reaching goal others have decided**
  - Including identifying with charismatic senior clinicians
- C – others are responsible if they fail to achieve the goal they have decided themselves

# Symptoms as part of illness language

- The transactional processes involved in attributing sickness and experiencing illness are informed by the predicaments being experienced by both the adult and the child
- The shared family language for complaining is more or less effective within the 'official' medical system
  - The role of microcultures and the ecology of the symptoms

# Physicians

- All were obsessional
- Reduced ability to express care
- Perfectionists
- Demanded that others behaved in the same way as they did
- Workaholics
- Productivity at the cost of not having fun

Krakowski, 1982

Not Type B

## Gabbard & Menninger (1989) added

- susceptibility to self-doubt and guilt feelings
- chronic sense of emotional impoverishment
- difficulties managing dependency and aggression
- limited capacity for emotional expressiveness

# SO WHAT IS THE LIKELY STRATEGY?

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What illness language  
will it foster?

Compulsive caregiving and  
acknowledged for performance  
rather than for how they are  
feeling.

Type A 3-4

# Health care workers

Don't forget some.....

- Psychotherapists
  - Disposed to affective attunement at cost of overlooking causal contingencies

Doctors are largely unaware of seeking positive feedback from their patients.

Klitzman 2008 «When doctors become patients»

# Clinicians' attachment strategies and psychosomatics

- Doctors are more similar to their somatising patients than any other patient group
  - higher % with emotionally deprived childhoods
  - higher % with experience of traumatic illness
- Confuse psychological and somatic distress in asthma
- Expect the majority to prefer ME diagnosis to CFS

**Possibility of somatisation as system error due to drs' attachment strategies.**

# Health professionals' dispositional representations

- Performance and Type A4 strategy
- Compliance and Type A4
- Caregiving and Type A3
  
- Preoccupied with focus on affects and Type C
  
- Experience with illness and Utr(ds) (p) (i) (dpl) etc

*Challenge for C/L services*

# The Psychosomatic approach.

Margaret Mead, 1947

«The culture may be likened to the standard diet on which the individual members have subsisted since birth.»

«... because the physician is a member of the culture himself, he *has* taken the culture into account. Only he has identified the particular type of cultural moulding which he sees in himself, his colleagues and his patients, as *human nature*.»

# Compassionate fatigue

- Disposed to burn-out
- Run dry on compassion
- Empathy missing
- Vitality gone
  
- Type A3-4 strategy fails to work → Dp
  
- See also Figley who describes in relation to secondary traumatisation of those who treat the traumatised

Figley, ed. 1995

# The greatest invention of the 20<sup>th</sup> Century

DW Winnicott's 'The good enough mother/doctor - nurse'

Smith, 2003

(previous editor of British Medical Journal to new medical students)

*The corollary: The good enough mother/doctor needs also to be 'poor enough'.*

- *and dispense with perfectionism and intrusive idealisation.*

*How do you elicit enough care from a mother/doctor who falls too short?*

→ escalate the symptoms

# Importance of clinician's personality

- x3 importance to evidence base for treatment in some disorders

Luborsky et al 1985

- Matching and meshing
- Consequences for language of dis-ease which their patients will find effective

# Paternalism, Maternalism and OLBs

- Clinician centred practice
  - power
  - defining of another's subjective state
  - smothering with 'care'
- Patient centred practice (OLB)
- Goal corrected partnerships
  - solicited paternalism

*What sorts of experience of personal effectiveness and illness language arise in the different scenarios?*

Of all tyrannies, a tyranny sincerely exercised for the good of its victims may be the most oppressive.

CS Lewis – God in the dock

*As with an intrusive Type 3 compulsive caregiving*

The potential in using attachment theory to solve and provide comfort for today's most unloved, yet very important diagnoses is grossly underestimated.



Nothing is so difficult  
as not to deceive  
oneself.

Ludwig Wittgenstein

# Cardiac disease vs illness

- Majority present to cardiac clinic with cardiac illness and not disease
- Cardiac experts 48hrs delay reporting own MI
- Doctors biased to Type A
- How are they likely to respond to cardiac illness?

# Doctors: trauma and loss

- On look-out for danger
  - Over identify
  - Over investigate
  - Increase patient's self-monitoring for signs
  - With associated increased sense of vulnerability.
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- Transmit own trauma without patient being able to identify what is going on – it is hidden in 'fog'.