Relating to your illness and healthcare

Becoming ill and requiring hospital care usually involves meeting a lot of health care professionals and making new relationships at a time of considerable personal stress. It is also a time when you may be facing changes in your relationship with others (such as partners) your relationship with yourself and your body as a result of becoming ill.
Illness can present a person with many challenges, threats and losses and in response to this stress it is possible that you may revert to particular patterns of behaving or reacting. The impact of an illness can challenge you in all areas of your life and can sometimes be experienced as attacking, threatening, or unpredictable which can then leave you feeling trapped, helpless and threatened in response. It is not the case for everyone but if you have struggled with other unpredictable situations or losses, have felt threatened or under attack at another time earlier in your life, strong feelings such as anger, distress and fear are likely to re-occur when faced with a similar situation. So how we respond to the ‘threat’ of an illness is likely to be shaped to some extent by how we have related to threat in the past.

For example if we have felt attacked in the past we may have developed ways to cope with it by avoiding the person or situation to protect ourselves, or by fighting back. In some cases people may avoid dealing with the health problem (missing appointments, not taking prescribed medication and having a “head in the sand” approach) or by feeling quite angry and confrontational resisting what is being asked of you. It is very common to experience an illness as controlling and to feel controlled by it, physically, emotionally, psychologically, socially and spiritually. This may feel quite overwhelming at times.

Psychological therapies, such as Cognitive Analytic Therapy (C.A.T.), can help individuals to see the links between relationships earlier in life and adult illness behaviour. Early patterns of relating to others, such as feeling ignored by those in authority, controlled, or rubbed, can be strongly re-activated when facing the stress of being in hospital, or in a consultation with a health care professional. This may lead to responses which are experienced by health care professionals as patients being “difficult” or “resistant”. This can then isolate the patient and ‘burn out’ the professional trying to help which ultimately contributes to worse outcomes for treatment. Therapy may help a person understand how responses to diagnosis and treatment have been shaped by earlier experiences. Within a supportive relationship, individuals can be helped to make sense of their reactions which may be getting in the way of accessing treatment, or adding to their overall distress.

For example in diabetes care, there may be difficulties feeling overwhelmed and demanded upon in relation to the demanding or overwhelming nature of the treatment. Health care professionals may also be seen as asking too much of you and not understanding how hard it is to cope with all the various things you are juggling. In response you may try really hard for a period of time but eventually give up as it’s too hard and as a result feel like a ‘bad’ diabetic, or you may switch off and avoid it by not engaging with blood sugar tests, the recommended diet, taking your medication, or attending appointments. This can cause issues with your glycaemic control and cause further difficulties both in your relationships with the nurses/doctors and with your long term health. Early experiences of being criticised may then be re-activated which causes distress, inhibits useful dialogue and acts as a block to resolving the difficulty.
Here Cognitive Analytic Therapy can offer a way to make sense of how these long-standing patterns play out in the management of the illness and identify alternative ways of responding.

Reactions to getting an illness diagnosis, difficulties with managing a health condition and any challenges in your relationships with health care professionals can be explored in psychological therapy. The aim is to try to make sense of the current difficulties in relation to earlier experiences/relationships in your life and then to explore alternative ways of responding that enable you to manage the health condition and relationships with both health care professionals and others better.

Where to find more support and information
For further information on how C.A.T. may be helpful please see the ACAT website www.acat.me.uk or for further reading: Change for the Better: Self Help Through Practical Psychotherapy by Elizabeth Wilde McCormick.

Written by Dr Joanna Roberts, Senior Psychological Therapist and CAT practitioner.
This booklet draws on Pitceathly et al’s chapter on Cognitive Analytic Therapy in Psycho-Oncology in the Handbook of Psychotherapy in Cancer Care, and the work of Cherry Boa for the diagram.

King’s Patient Advice and Liaison Service (PALS)
This is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleden Wing, near the main entrance on Bessemer - staff will be happy to direct you.

Tel: 020 3299 3601
Email: kch-tr.pals@nhs.net

The full range of IMPARTS booklets can be found at:
www.kcl.ac.uk/ioppn/depts/pm/research/imparts/Self-help-materials.aspx