Helping Health Care Care
By David Meador

A chapter in:

The Person-Centered Approach: Applications for Living

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Applications of the Person-Centered Approach in Health Care: **Helping Health Care Care**

David Meador

Despite escalating expenditures and remarkable advances, Americans seem to be expressing their distrust of the health care system at higher and higher levels. I believe that patients are missing, longing for, the feeling of being given the sort of care that comes with rich human contact. They want to feel as though they as individuals are more important than the system. Modern medicine has unknowingly created quite a dilemma for itself. In its highly admirable race to find cures for all sorts of diseases, it has let its patients down in a very personal and important way. Patients want to believe that they are highly valued as individuals. If that is not their perception, then let's change that. We have a lot of good people providing health care and we have the psycho-social tools to help them be more effective healers. What are we waiting for?

Many physicians, nurses and other health care professionals seem to know, perhaps intuitively, how to build genuinely warm and nourishing relationships with those under their care. This extraordinary type of relationship is a fundamental element in the successful treatment of the whole person. Though knowledgeable as they are in their area of expertise, most will benefit from something akin to personal awareness "training" or personal growth groups to be able to establish the sort of relationships that are fulfilling and effective for themselves, their patients and

coworkers. I believe that the Person-Centered Approach (PCA) to such group work is most appropriate.

I was first invited in 1991 to help staff the week long Winter Course of The American Academy on Physician and Patient. AAPP is made up largely of medical school faculty and is dedicated to the idea that medical education should include in its curriculum courses that will promote and enhance the interpersonal relationship skills that the physician brings to the relationship with the patient. It was then that I started to focus on the quality of the relationship between the health care system and its professionals as well as with the patient and the process of healing.

Relationship and Healing

Medical technology seems to have developed a will of its own and is challenging the role of the physician as healer. Most medical students enter formal education with their ideals in place and a bright vision of themselves as healers. Then the process we call medical education slowly erodes that precious mission. Sadly, success in medical school has little or nothing to do with the ability to develop a healing relationship and much to do with learning exceedingly sophisticated technologies. Both doctor and patient are cheated.

America is graying. As we feel our physical vulnerabilities, our concerns about raising health care costs abound. There is general unease felt about our current health care system. I believe an intentional effort to restore that original and valid impulse to heal is highly appropriate at this time.

No one comes out of medical school without scars. The physical and emotional stress that such training demands will have its effect. A necessary ingredient to strengthening or restoring a

physician's healing instincts is to provide occasions for emotional healing and growth. It is cruelly ironic that there are so few institutionalized opportunities for the healing of the healers.

In order for physicians to feel fulfilled in their practice, they must feel effective. A corner stone in the practice of the healing arts is the doctor/patient relationship. Unless a physician is able to offer the patient genuine warmth and openness, the relationship will remain limited to the realm of techno-treatment. Stress and self-doubt greatly diminish a doctor's ability to offer these heartfelt qualities to others.

In his book, Peace, Love & Healing (1990), Bernie S. Siegel, M.D., writes:

> The doctor I would want for myself or anyone else I cared about would be one who understands that disease is more than just a clinical entity; it is an experience and a metaphor, with a message that must be listened to. Only by listening to that message can we mobilize all the healing powers that lie within, and that is what the doctor must help each patient do. (P. 119)

Emmett E. Miller, M.D., writing in Healers on Healing (1989) asserts:

> Two crucial requirements of the healing process are trust and honesty. By trust I mean that both the healer and the person to be healed have confidence that there is a power within the body that has the capacity to bring about healing when it is given the opportunity to do so. By honesty I mean the healer's willingness to be faithful and true to the spirit of the patient. In my practice I have seen how both of these qualities must be present for any genuine healing to occur. They are key strands in the golden thread that binds together all methods of healing. (P.119)

Each time the patient is offered a relationship that is perceived as caring, honest and genuinely accepting, a movement toward greater self-knowledge and an enhanced feeling of self worth will emerge. This quality of relationship is the basis of effective psychotherapy.

While I am not suggesting that health care providers take on the additional role of psychotherapist, I do believe that enhancing their relationship skills will be beneficial to the healing process. Deepening the quality of the relationship will allow the care giver greater insight into how the disease process is related to the patient's life experience. I would expect that this enriched level of understanding and knowledge about the patient to be personally rewarding for the care giver.

Nourishing Healers

Many physicians have reported to me that they have benefited from participation in small groups I have facilitated using the Person-Centered Approach. Insights into their style of relating to patients, and others, has allowed them to become more effective and satisfied in their practice. Since 1978 the American Academy on Physician and Patient, has used PCA small group work as one of its central educational tools. Mack Lipkin, Jr., M.D., past president of AAPP explains in a brochure entitled Listening, Learning, Teaching:

> The medical interview relies for its success on a genuine and empathic response on the part of the physician. The personal awareness groups challenge each individual to explore the emotional strengths and resources he or she brings to the medical encounter.

Penny Williamson, Sc.D., a former Academe vice president writes about physician support groups:

> A comprehensive definition of professionalism ought to reflect our universal need for sharing and connectedness with others; and the recognition that such sharing provides an avenue for understanding oneself, as well as one's peers, patients, students and significant others. Physicians are responsible for more than technical knowledge. They must also develop in-depth self knowledge. It is the combination of technical and self knowledge which transforms the physician from technician to healer. Self knowledge is harder to achieve in isolation than in

group settings where individuals are helped to see themselves as others see them. Support groups provide a safe forum for participants to reveal feeling and explore various aspects of being a physician. (p. 180)

I use the Person-Centered Approach to facilitate personal awareness groups and I find that it is very powerful and effective in a wide variety of settings and with very diverse populations. One key of this approach to group leadership is for the facilitator to help create an atmosphere of safety and acceptance within the group. The facilitator moves the group forward by striving to be an authentic participant and caring group member with well developed listening skills. By allowing the group process to evolve at its own rate, it is assured that participants can come to be known to each other at a pace that is appropriate for and respectful of who they are.

As members of a personal awareness group get to know one another and they begin to trust that it is safe to be known on a deep level, strong bonds of support develop. Many participants report feeling more secure about being the person they genuinely are than they ever have before. A closeness and sense of community develops. They come to learn that openness, honesty and feelingful expression can be beneficial when appropriate.

Participants find themselves becoming empowered and their newfound community also develops a very positive potency. Out of a sense of self-acceptance and self worth a physician will emerge better able to easily establish the type of healing relationships with their patients they had once dreamed of.

The Healing Environment

I think it is unfair, given the horrendous demands of medical training and of the field in general, to expect the medical profession to be able to be all things to all patients. However, it seems to me that by modifying the psycho-social environment of our hospitals and clinics it would be possible to cultivate a type of supportive psychological environment that would encourage nourishing relationships for the givers and recipients of health care.

In many hospitals there seems to be a degree of stress that goes with the job. In addition to feeling "over worked and under paid," there is often a feeling of being under appreciated. This can be as true for a chief nurse as for an orderly. A hierarchy of status and power contributes to tension among staff and with the physicians.

Some hospitals are not safe places to seek psychological support or express personal needs. They can and should be.

In order for practitioners and other care givers to be able to offer nourishing relationships to their patients and each other, they themselves need to be nourished. By creating an atmosphere of shared trust and personal awareness, a staff will emerge that will be better able to work together for the benefit of their patients and institution.

Nourishing the Organization

The building of a highly supportive psychological community among the staff must be given a high priority. It will be the bedrock from which will spring the sort of nourishing attitudes that are crucial to the type of healing environment I am envisioning. There are applications within the Person-Centered Approach (PCA) that can promote psychological community in organizations. It is not a particularly fast paced process when applied within a work setting, but it can work. It may bring about dynamic change and it will be resisted by some. Others will welcome it.

I particularly value PCA because it is always respectful of the individual(s) and the organization within which it is being applied. PCA helps individuals and organizations move in a self-selected direction. When individuals and the group aggregate feel satisfied that their personal ideas and needs are fully understood, they are likely to be somewhat open to a journey into community.

When making an intervention into the dynamics of an organization it is important to have institutional support at as many levels as possible. The advantages to the organization must be understood. A mutually agreed upon mission must be articulated. Positive personal outcomes must be envisioned by its leaders. When organizational support is not widespread, it may be possible to do a demonstration project within a department.

When beginning organizational development work, I believe a "needs and wants" survey that looks for areas of satisfaction and of dissatisfaction is a good way to initiate the process. Participants are then invited to meet in small, facilitated groups to discuss the survey results. While no ongoing work group is without some form of hierarchy, sometimes in the early stages of this process I have found it best to meet with groups made up of people of similar rank. A dynamic grid of issues will emerge encompassing areas of concern from within and out of the group.

Over the course of several meetings a climate of increased trust will emerge allowing for more personal issues to be expressed. This will foster a supportive atmosphere that will allow for a feeling of relative closeness. Honest feedback will be exchanged within the relative safety of the group. Often the participants will recognize the advantage to themselves and to their work that this experience affords and choose to continue meeting on a regular basis.

As more groups are formed within the organization, a networking among groups may emerge addressing areas of common concern. Surprisingly creative solutions often are found for problems that had once seemed unapproachable. Eventually, a sufficient number of groups and individuals will discover shared needs and goals. A heightened degree of trust will allow for mutually beneficial problem solving. A personal accountability for self-satisfaction and job performance will contribute to creativity and organizational efficiency.

Nourishing the Patient and Family

This same group process can be very helpful for the patient. Hospitalization can be very lonely, stressful and disorienting, hardly qualities that promote healing. In the Archives of General Psychiatry, Fawzy, F., Cousins, N., et al., report:

> Despite the prevailing belief that patients with early stages of cancer and with a good prognoses should have "nothing to worry about", it is apparent that patients with newly

> diagnosed cancer, regardless of their prognosis, exhibit symptoms of psychological distress similar to those of patients undergoing bone marrow transplantation as a last resort treatment of leukemia, patients with AIDS and other patients with cancer in general.(p.722)

An appropriate level of group participation may have a tremendous impact on the healing process from the time of diagnosis and continuing as long as the patient finds it beneficial. It has been demonstrated that participation in support groups seems to have dramatically increased the life expectancy of some cancer patients. (Spiegel D. & Bloom J., 1989) But, survival rates aside, a warm and supportive psychological community can have a tremendous positive impact on the quality of life for the patient, her family and loved ones. Anxiety and depression are common

symptoms of hospitalization. Being able to discuss these issues in a supportive environment typically reduces their negative impact upon both patient and staff.

Another opportunity to impact well-being lies with the patient's significant others. Illness is stressful for this group, too. Often it is difficult for a patient's family and friends to express freely the fears, concern, anger, love and confusion that are prompted by a serious illness. The patient and the loved ones often believe it is important to protect each other from intense or new feelings. This is most unfortunate and leads to a stressful alienation for the patient. The use of PCA support groups with this population may have tremendous immediate and long term effects on the wellness of the patient and loved ones.

Treating the Untreatable

Experts estimate that as many as 60 percent or more of people's visits to doctors are for health problems that elude diagnosis or do not respond to traditional medical treatment. This remarkable observation is found on the web site of Harvard Pilgrim Healthcare, one of this nation's most highly respected Health Maintenance Organizations (HMOs).

There is increasing concern, especially in HMOs, about the drain of resources that result from the somatizing patient. Somatizing patients suffer from a persistent physical discomfort that defies diagnosis and treatment. It is believed that this process occurs when a patient is unable to express psychological distress in any way other than as physical symptoms.

Because these patients experience their pain in an entirely physical context, they resist referral to mental health providers. Further more, the suggestion by the physician that there may be an emotional component to the disease is often taken by the patient as a personal rejection. Frustration, anger, and a sense of helplessness are often experienced by both the physician and patient.

Frederick G. Guggenheim, M.D., Professor of Psychiatry at the University of Arkansas, writes in Somatoform Disorders (1997), "Treatment involves close follow-up by the primary care physician with support of the patient by making inquiry into psychosocial stressors during the episodic exacerbations that these patients suffer associated with their increased emotional tensions" (p 10). Group work with somatizing patients that augments the medical intervention has been shown to be of significant help in reducing demands on the primary provider. Of perhaps greater importance, the group process would provide opportunities for the patient to safely become aware of emotional issues previously unidentified. This gain in self-awareness would mediate physical symptoms and improve healthfulness generally.

A strategy for willing and successful participation in such a group should include a strong medical component. It can be described as a "disease management" group and its participants need not be limited to those with somatic symptoms. A physician or other medical practitioner should be present at least during the first session in order to emphasize that this is offered conjointly with medical treatment. In the same vein it would be beneficial if the group work was done in the same setting or building in which physicians practice. Sending a patient to another type of facility gives the message that the patient doesn't really have a medical problem.

Topics such as pain management, disability coping skills, and nutrition should be covered, among others. Any topic in a group with a PCA facilitator will provide ample opportunities to explore personal and emotional issues. I have no doubt that this type of cost effective intervention can have a tremendous positive impact on the well being of somatizing patients.

Harvard Pilgrim has designed and implemented an innovative approach to treating this population. The Personal Health Improvement Program (PHIP) is designed for people who have difficulty functioning or exhibit unproductive interpersonal behaviors, have a stress related symptom, who are learning to deal with a chronic disease, or whose stress adversely impacts their health.

According to Steven Locke, M.D., a psychiatrist and chief of behavioral medicine at Harvard Pilgrim, PHIP participants learn to become aware of how they usually respond to stress in daily life and how this affects their health. They are taught new and positive behaviors to deal with these situations. The six-week, six-session program, which is taught by a trained facilitator in small groups, uses interactive exercises, readings, home study, and class discussions to teach skills such as self and body awareness, relaxation, meditation, effective communication, stress management, and mood management.

"Decades of research on how mind and body interactions relate to health - for example, stress and its effects on the heart - are now firmly supported by the findings of psychoneuroimmunology (a field of medicine bringing together psychology, neurology, and immunology),"says Locke. (Moini, S. 1998, web site)

The Healing Facility of the Future

This may be an opportune time to suggest some health care alternatives to complement modern technological interventions. A study done by Harvard internist David Eisenberg, et al., (1993) found that a third of Americans surveyed had used at least one "unconventional therapy"

in the past year. Unconventional therapies were defined as "commonly used interventions neither taught widely in U.S. medical schools nor generally available in U.S. hospitals." (p. 1200)

Modern American hospitals and medical clinics are wonderful places to find exceedingly sophisticated diagnostic and treatment technologies. They are staffed by highly trained and dedicated personnel. The physical environments are clean and usually cheerily decorated. Unfortunately these facilities are often perceived as impersonal by patients and stressful by staff.

The Planetree Model Hospital Project at San Francisco's Pacific Medical Center is an example of how a special healing unit can be incorporated into a traditional hospital. Today Planetree has twenty hospital affiliates in the U.S. and two in Europe. Patients in a Planetree unit enjoy a much more home-like atmosphere where they can sleep as late as they wish and even prepare their own meals if they like. Patients may study their own charts, research their illness in the medical library and participate fully in treatment decisions. "According to Dr. John Gamble, Chief of Medicine at Pacific Presbyterian Medical Center, 'All our research and experience indicate that the incorporation of modern medicine and technology in a setting that upholds the full rights and dignity of the individual patient will add immeasurably to the healing.''' (Greer, 1986, p. 70).

An awareness is emerging that disease involves more than a strictly physical process, but rather also has something to do with a patient's beliefs, life style and self concept. The healing facility of the future will place a greater emphasis on treating the whole person. It will be a place where some people may go expecting to be healed in ways that are less limited to a particular medical problem and more generally specific to how they are experiencing life.

The quality of the social environment in the facility and the personal relationships between patient and care providers will be recognized as important elements in the healing

process. The staff in the healing facility of the future will be trained in interpersonal communication skills and given opportunities for personal growth. They will be encouraged to

get to know patients and their families as people, on a comfortable personal basis, as well as professionally.

Patients and their families will be active members on teams with physicians, adjunct therapist and support staff designing together a healing program from a menu of therapies. The adjunct therapies available within the facility may include, but not be limited to, meditation, chiropractic, guided imagery, acupuncture, massage, group and individual psychotherapy, nutritional therapy, biofeedback, and movement and art therapy. The quality of the patient-therapist relationship will be of primary importance.

The healing facility of the future will have a peaceful, retreat like atmosphere. It will be relaxed with comfortable accommodations for the patient and adjacent housing for family or friends. It may have inviting grounds containing recreational opportunities such as a spa, pool and walking paths. It will have areas indoors and out that facilitate patients, families, friends and staff getting to know one another. It will have a friendly atmosphere oriented around healthfulness and personal awareness as well as healing.

Some Steps

It seems imperative to me that a system for providing emotional support and personal growth must be an integral part of medical education. Not, as it often is now, an elective opportunity for which the student has not the time.

More and more demands are being made of those staffing medical facilities. Creating an environment that is psychologically safe for staff to be at their emotional best must be given a high priority.

Providing emotional support for patients and their families will enhance healing and improve their quality of life. It will increase job satisfaction for the staff as well.

Providing support groups for somatizing patients will reduce demands on the health care system and its caregivers. Group participants will have an opportunity to get to know them selves and increase their sense of well-being.

The healing facility of the future will provide a social environment that will cater to the whole person, not only the disease. The concept of healing will broaden.

I have touched on some steps that I believe can help our health care providers deliver the type of care that patients are demanding. The Person-Centered Approach has much to offer to improve the quality of life and service of health care providers. It has been my experience that health care systems are reluctant to undertake the sort of interventions I have suggested. That will continue to be the case until they recognize that it is in everyone's best interest to add 'people care' to health care.

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