The Challenging (Narcissistically Disturbed) Medical Patient: A Psychodynamic Intervention

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Introduction

Agenda Items:

- A published empirically based study
- Evaluate the effectiveness of interventions
- Theoretical considerations & nonadherence
- Defensive structures & challenges one faces with these patients
- Techniques and interventions to reduce nonadherence
- Q & A

Nonadherence

Measurement of adherence typically assesses:

1. diet and fluid intake
2. medication
3. HD treatment appointments (Christensen et al., 1994; Dobrof, Dolinko, Uribarri, & Epstein, 2001)

Focus of this study - nonadherence to the HD treatments

- defined as skipping or shortening prescribed HD sessions

Literature Review
Prevalence of Nonadherence

- Patients who skip at least one HD treatment per month:
  - were less likely to receive a kidney transplant
  - had a lower standard of living
  - had a 25% to 69% higher risk of mortality as compared to adherent patients
- Terminate HD treatment early
  - three or more = 20% increased risk of mortality

Strategies to Increase Adherence

Advice & Educational Outcomes

Improved adherence (Interdialytic Weight Gain) was:

NOT associated with:

- Advice (Casey, Johnson, and McClelland, 2002)
- Education (Casey, Johnson, and McClelland, 2002)
- Increased knowledge (Katz et al., 1998; Long et al., 1998)

Inversely associated with:

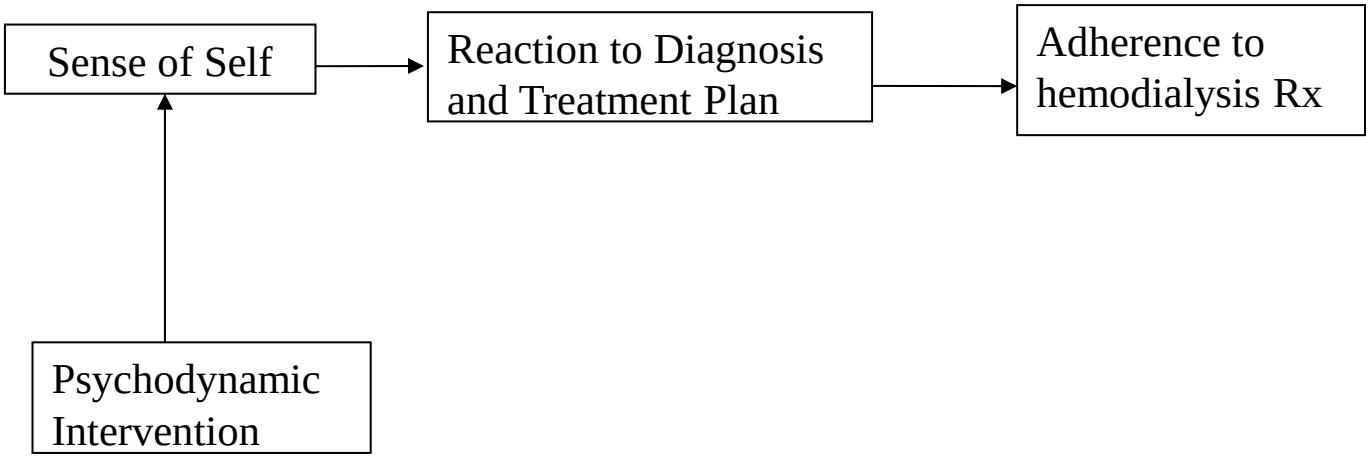
- Increased knowledge (Molaison & Yadrick, 2003)

Factors in Achieving Successful Outcomes

Four studies reported improved adherence
(Cabness, 2001; Christensen et al., 2002; Moran et al., 1991; Tsay, 2003)
not all were with HD patients

- Experience sharing
- Individual counseling that emphasized **emotional adjustment** to the illness
- Validate efforts, explore and resolve ambivalence
- Intense intervention frequency

Conceptual Model



Methods

Study Design

- Quasi-experimental design using a basic time-series experiment
- Time periods:
  - three months prior to the intervention
  - the intervention period
  - three months following the intervention phase

$$O_1\ O_2\ O_3\ \ X\ \ O_5\ O_6\ O_7$$
$$O_1\ O_2\ O_3 \qquad O_5\ O_6\ O_7$$

Results
Table 8. Within Group Comparisons

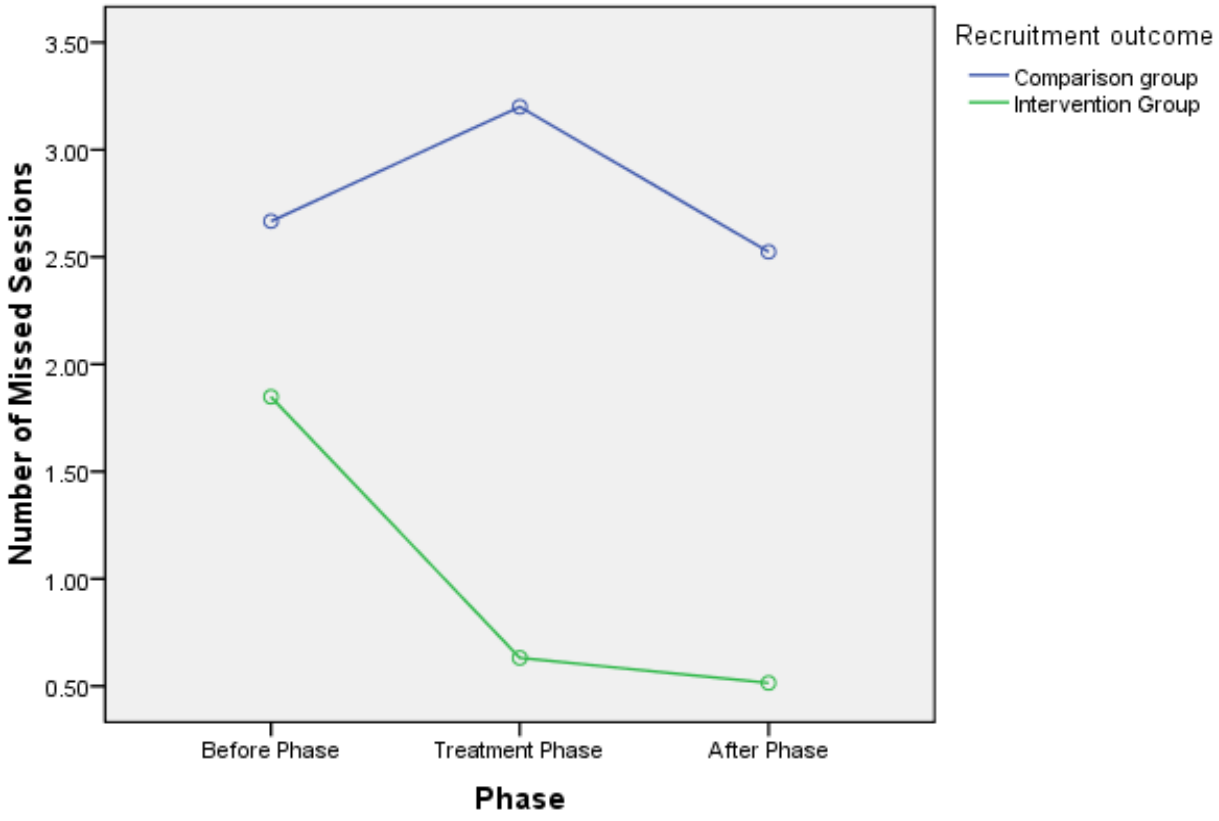
Intervention group

- Adherence improved from the Before Phase to the Treatment and After Phases on **all** outcome measures
  - Skipped hemodialysis sessions
    - 1.9 in the Before Phase
    - .9 in the Treatment Phase (p=.01)
    - .5 in the After Phase (p = .01)
  - Total time missed
    - 18.2% of total minutes in the Before Phase
    - 8.6% in the Treatment Phase (p<.001) FIGURE 1
    - 5.8% in the After Phase (p=.01) FIGURE 2

Comparison group

- On all outcome measures adherence did not improve (p>.05)

Mean Number of Skipped Sessions



Theoretical Considerations & Nonadherence

- 1st - A background in theory

- Then some vignettes of clinical material
- Finally discuss how my understanding of the clinical material derives from my theoretical background

Early Childhood Development

- Separateness
- Without mother's presence =vulnerable sense of 'self'
- Symbolic control
- Illusion of **control**
- A 'Maternal smile'
- Transitional object

If the Caregiver is Not Available

Parental non-recognition

What if there is early trauma?

- Too overwhelming for the ego, which is still developing, to bind the anxiety

1. Anxieties intensify – drives the ego to develop specific defense mechanisms

Precocious But Vulnerable Sense of Autonomy

Defenses consist of what is available to the infant at the time of development

1. Magical Denial:

2. Compensatory (Narcissistic) Fantasy
   - I am NOT vulnerable, weak, or limited in fact …
   - I am strong, the strongest, I am omnipotent - ESRD Diagnosis

Grandiose Solution

3. Grandiose Sense of Self

- This is a specific defense that predominates the structure of the challenging (narcissistic) patient
- This defense is challenged when one is faced with the reality / the ESRD diagnosis
- There is a denial of frustration and bad feelings

NPD

- Healthy People:
- NPD – **ossified**
  - Without assistance not capable of adapting or coping with reality
- That which leads to extreme despair:
  - Vulnerabilities, weaknesses and fears are exposed as the grandiose sense of self crumbles

Solutions to the Defeat of the Diagnosis / Treatment

- Acting Out
  - to wreak havoc, to disrupt and punish the people who made them face reality
- Acting In -
  - over-eat, over-drink, skip or terminate sessions early)

Acting-Out & Acting-In

- Defiance
  - He does not have to submit to the treatment protocol, the special diet, fluid restrictions, the facility schedule, etc…
- Aggression, sadism, masochism, and/or grandiosity
  - There is no mourning the loss

Projection

- Projection
  - seeing on the outside what you can't see on the inside of yourself
- Cannot argue the logic of projection
- Projective Identification
  - get me to feel a part of him that had warm kind feelings but he couldn't approach them because of vulnerability

Projection

- Adaptive move & serves important defensive functions
- Inner safety & establishes his/her equilibrium
- Rid self of inner disturbances BUT
- Sets up anxieties and then must resort to further defenses – such as avoidance

Countertransference

- This is where many of the staff struggle to maintain an alliance
- Unable to disentangle
- Countertransference enactments
  - Get angry keep patient waiting ..
- With this background in theory
  - Instead can be interested and explore what is going on

Recap

Separateness & the Defenses to Repair Traumatic Loss:

- Symbolically control; maternal smile; transitional object
- Magical denial; grandiose sense of self; defiance; projection; and sadomaso struggles

Fragments of clinical material to discuss some of the issues I have outlined

Case of Mr. A

- Mr. A- missed sessions for work obligations and when he did arrive he would come late / terminate early
- Compensatory narcissistic inflation
- Allowed him to avoid feelings around… medical illness, treatment, etc..

Case of Mr. A

Case Material Continued

Angry / Aggressive Patients

- Case Material Continued

Subjectively-Useful Component

- Appreciation of the subjectively-useful component of the maladaptive aspect of his behavior
- How to get closer to patient's experience
- What emerges
  - feeling of not being heard / feeling disregarded and how in his anger he is going to be heard now!

Sample Interventions

- Around the risk of being taken advantage of … of not being heard”
- Holding on to the need for control
  - … all in the service of not allowing yourself to need anything, to need this treatment, the staff …

Sample Interventions

Conintued

Mutative Factors: what leads to change

- Owned another side of himself
- Need to restore a narcissistic equilibrium

Mutative Factors

- Attuned to the emergence of the vulnerable side of patient's internal world
- Shifts and the defensive
- Development of trust
- If can build up trust this will lead him to be less afraid of his anxiety and vulnerabilities
  - 'get a meal w/Mazzella'

Conclusion

- Alliance
- Defenses
- Awareness of the vulnerable feelings
- Projection
- Projective identification