

***BERMUDA TRIANGLES IN
FAMILY MEDICINE:
USING LITERATURE TO
SALVAGE PATIENTS,
FAMILIES, AND PHYSICIANS
ENGULFED BY ILLNESS***

Johanna Shapiro, Ph.D.,
Pat Lenahan, LCSW

Department of Family Medicine

University of California Irvine

20th Anniversary STFM

Conference on Families and Health,

San Diego, CA March, 2000

Irene

After the third stroke,
her words fell off
to a few soft syllables.
When I enter the room
and enter those red-rimmed eyes
that can't help
looking toward the left,
she cocks her jaw
and her cheekbones swell.
with what looks like weakness,
she wobbles
her left hand to my wrist,
but that grip is the grip of a
woman
who clings by a root
to the face of a cliff.

Irene - 2

When she speaks, her words
are small stones
and loosened particles
of meaning
that tumble to their deaths
before my ear
is quick or close enough
to save them. *Irene,*
Tell me again, I say,
After the words
in her bits of chopped breath
are gone. But George
takes his cap from my desk
and puts it on his head, and says
her gulps don't make no sense.

-Jack Coulehan

Foreign Body

Foreign body:
something misplaced,
like a sliver in the thumb.

His thumb is red and sore
and he's sure
there's a piece of wood in it.

After the freezing kills the pain
I begin my search.

As he watches a drop of blood
grow large on his thumb nail,
he tells me of his other foreign body.

Something misplaced:
he calls it Father,
and drives long miles
over bad roads in winter
to find him
On the third floor.



"I usually arrive in time
to feed him late breakfast.
Crumbs and small bits of egg
catch in his stubble.
Breakfast over,
it's time for his shave."

"I've thought of shaving him first
and then feeding him breakfast
but he's too hungry for that."

"You ever give your father a shave?
The first time I did
I was surprised
by the smoothness of his chin.
Still wrinkled, but smooth."



"You know what bothers me?
When he shits himself."

"I remember him for so many years
bigger than I was,
stronger than I was.
Vigorous.

Now he does it in his bed
and doesn't even realize
the sheets are dirty."

I probe his thumb
One last time
And then abandon my search.
I can feel his pain returning.
My apology sounds
out of place.

-Vincent Hanlon





GOALS OF THE PRESENTATION:

To demonstrate how imaginative literature-

- *Fiction*
- *Poetry*
- *Short stories*
- *Role plays*

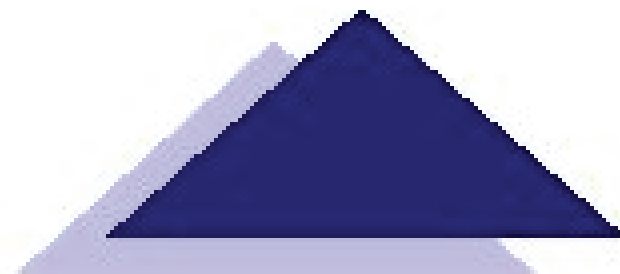
can be used to teach about triangulation in the doctor-patient-family relationship



SPECIFIC OBJECTIVES

- Review basic principles of triangles as they apply to doctors, patients, and families
- Explore how concepts of narrative theory and therapy can be applied to doctor-patient-family dynamics
- Show how triangles and narrative constructs can be examined and elucidated through the use of literary materials

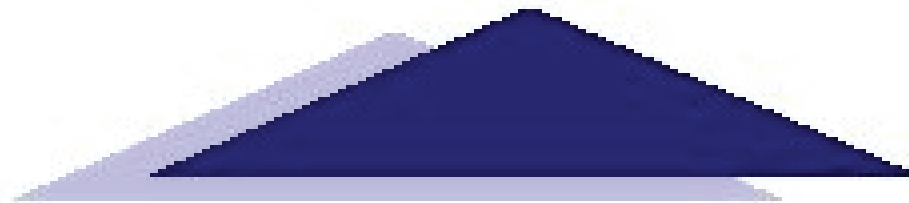
WHY TRIANGLES?



- Good entry point for understanding families
- Frequently encountered occurrence in medical practice
- Allow resident to retain safe vantage point as physician

WHY TRIANGLES?

WHAT IS A TRIANGLE?



Definition:

Each of two opposing parties seeking to join with the same person against the other, with the third party finding it necessary to cooperate now with one and now with another of these opposing parties.

WHY TRIANGLES?



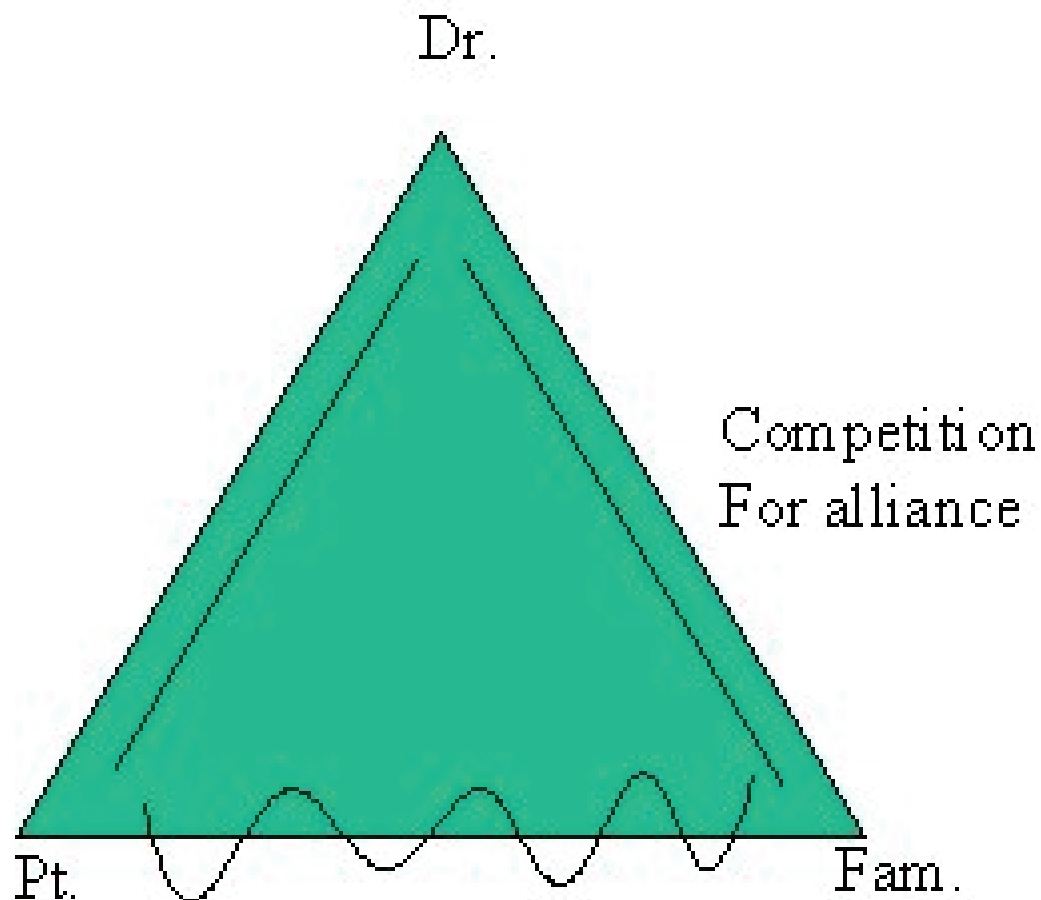
TRIANGULATION IN THE THERAPEUTIC RELATIONSHIP

- *"Illusion of the dyad"*
- *"The ghost in the room"*



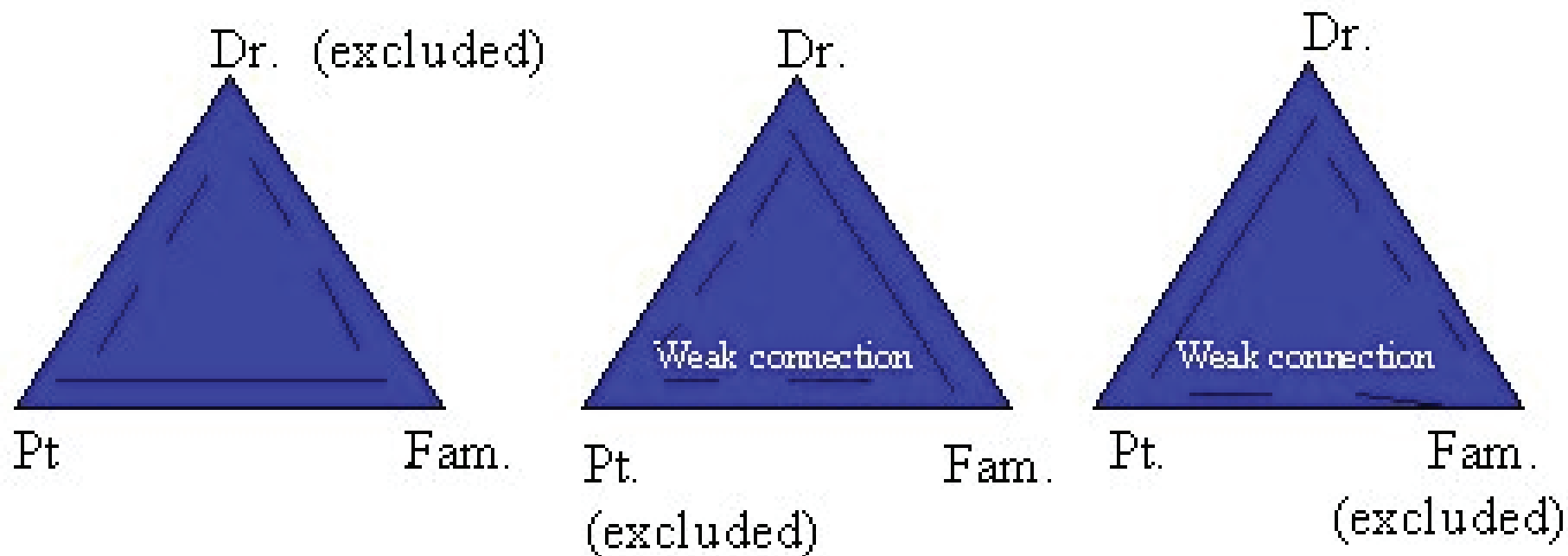
-W. Doherty & M. Baird
*Family Therapy and
Family Medicine, 1983*

Permanent Perfect Parent (Physician)



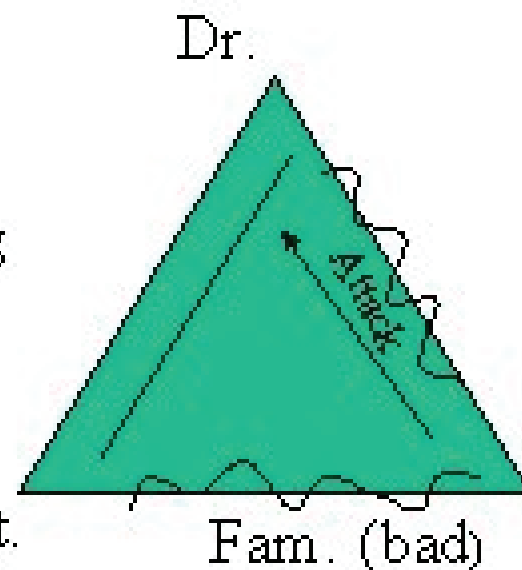
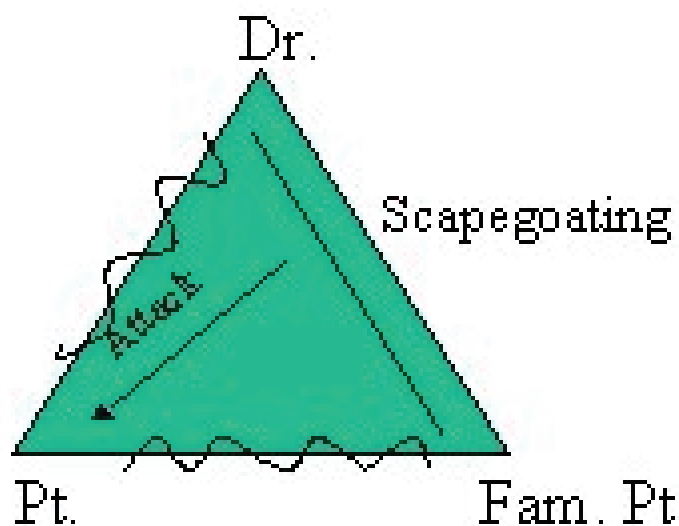
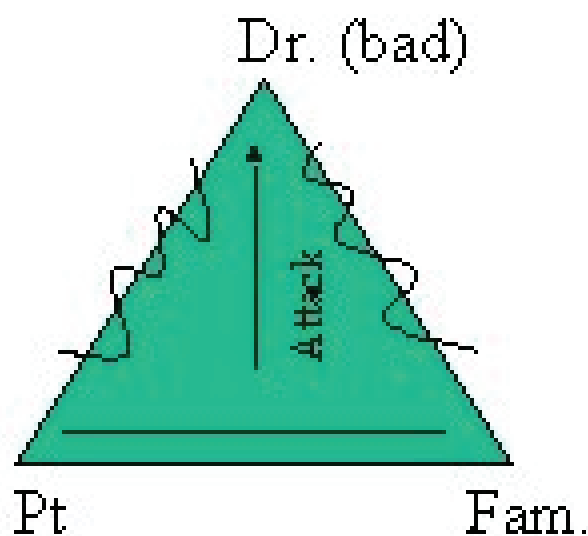
WHY TRIANGLES

DYADIC ENMESHMENT



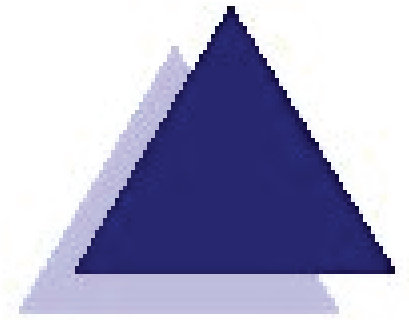
WHY TRIANGLES

ILLICIT COALITIONS



Why Triangles?

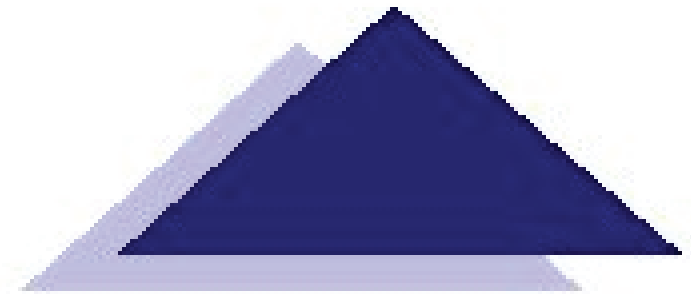
NEGATIVE TRIANGLES



- Promotion of win-lose models
- Common Consequence: Withdrawal



WHY TRIANGLES?



POSITIVE TRIANGLES

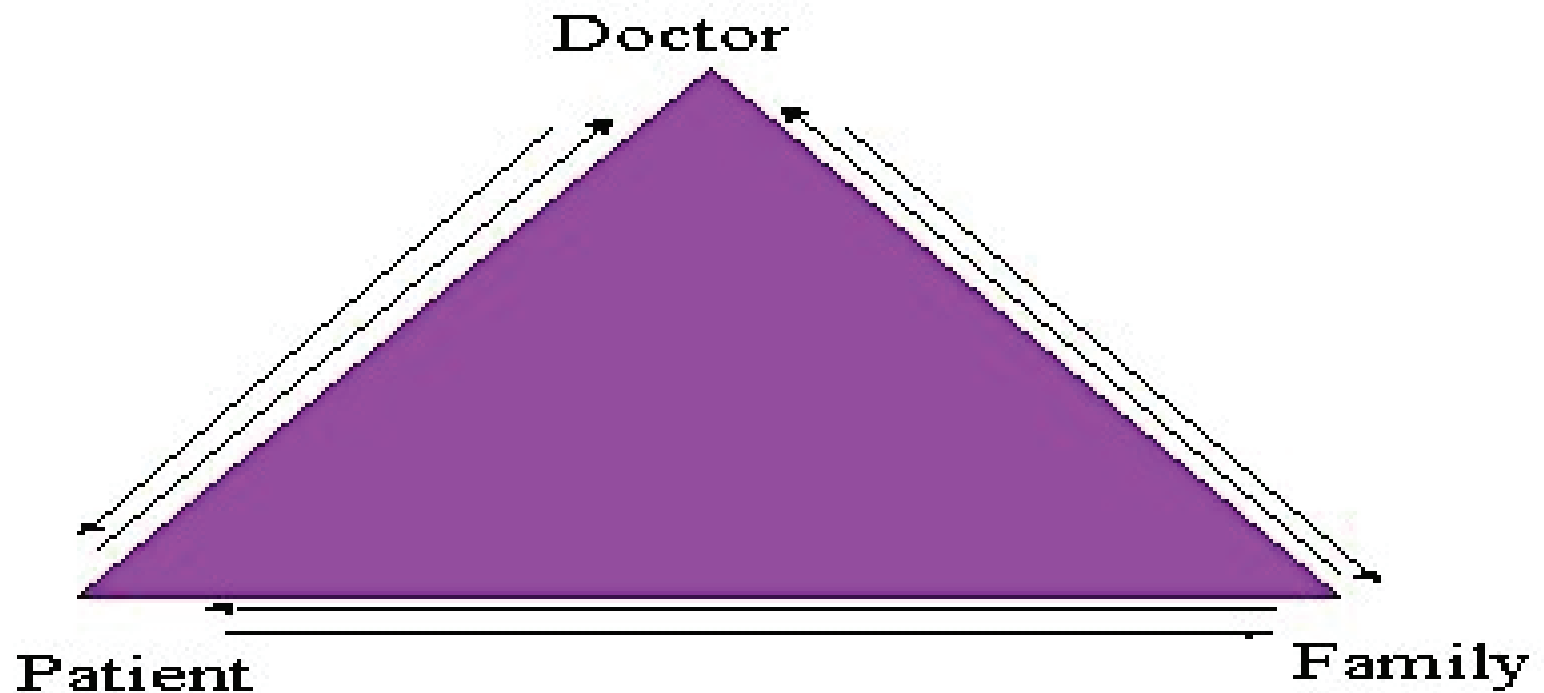
- **Create more stability than dyads**
- **Expand system to interrupt negative interaction patterns'**
 - *More fluid, dynamic than dyads*
 - *Encourage change, movement*

WHY TRIANGLES?

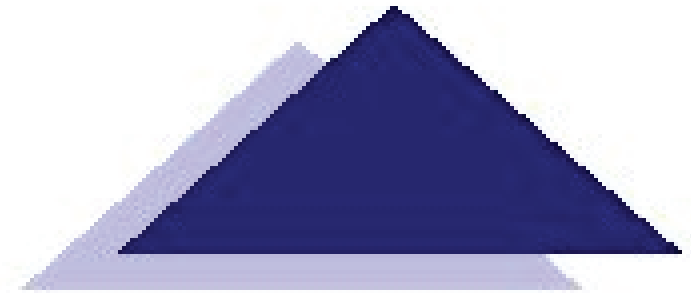


POSITIVE TRIANGLES

CREATE APPROPRIATE
THERAPEUTIC ALLIANCE:



WHY TRIANGLES?



THERAPEUTIC ALLIANCE

- Trust along all dimensions
- Mobilizes family resources on behalf of patient
- Doctor supports patient-family relationship
- Family supports patient-doctor relationship



WHY NARRATIVE THEORY?

NARRATIVE ASSUMPTIONS

- Narrative (storytelling) is the natural way we organize experience to give it coherence and meaning.
- Because we are influenced by the “dominant social discourse”* we do not always construct stories that are in our best interest.
- We have the ability to construct alternative stories and alternative endings.

*The prevailing ideas about how things should be that have achieved the power of consensus, cf. Michel Foucault

WHY NARRATIVE THEORY?

NARRATIVE ASSUMPTIONS (CONT.)

- In order to construct a coherent story, we overlook *unique outcomes***
- We are taught to internalize, identify with problems, rather than see them as something separate from ourselves.
- It is more useful to think of conflicting stories than conflicting people:

*Compassionate misreading****

**Exceptional events, behaviors, thoughts, and feelings that contradict the prevailing story, cf. Michael White.

***Assumes that people generally act out of hurt, fear, or self-protectiveness rather than meanness or cruelty, cf. Michael White

WHY LITERATURE?



General Goals of Literature

- ✓ Increase understanding of doctor-patient relationship and patient's illness experience
- ✓ Increase sensitivity to patient stories
- ✓ Increase empathy, whole person understanding
- ✓ Reduce physician frustration
- ✓ Improve doctor-patient communication
- ✓ Aid in development of new patient management strategies

WHY LITERATURE



SPECIFIC UTILITY IN UNDERSTANDING DOCTOR-PATIENT-FAMILY TRIANGULATION

✓ **Particularity –**

“We are able to understand and be moved by the meanings of singular stories about individual human beings”

Charon, M.D.

✓ **Creative imagination**

✓ **Emotional engagement**

✓ **Point of view**

✓ **Transitional object**

- *Provides successive approximation of reality*
- *Creates safety*
- *Freeze-frames complexity*
- *Encourages playfulness, risk-taking*

STRUCTURE AND CONTENT OF TEACHING



- **FORMAT-50 MINUTE NOON CONFERENCE**
- **FREQUENCY**
 - 3-4 times/year
 - Coordinated with monthly behavioral science topic
- **TYPE OF READINGS**
 - Brief
 - Contemporary (greater accessibility)
 - Read on-site
 - Role –plays or poetry
- **VALUE OF ORAL READING**
 - Communal tradition (more involving)
 - Forces reader to assume voice of narrator

GENERAL TEACHING METHODS



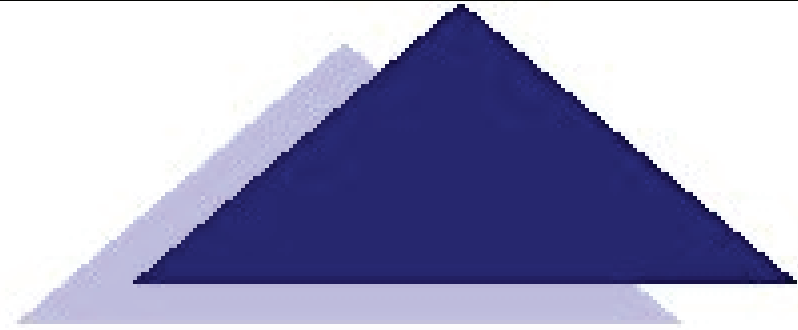
❖ **Basic Orientation Questions**

- *What's happening?*
- *Speaker*
- *Tone*

ROLE OF FACILITATOR



- **Establish ground rules**
 - *No right or wrong answers*
 - *Encourage differences of opinion*
 - *Explore emotional responses*
- **Create open, nonjudgmental atmosphere**
- **Encourage playful speculation, imagination**
- **Link to clinical experience**



❖ Questions About Triangles

- *Permanent perfect parent*
- *Dyadic enmeshment*
- *Illicit coalitions, scapegoating*

GENERAL TEACHING METHODS



❖ **Narrative Questions**

- *What's the story?*
- *What's the problem?*
- *Unique outcomes*
- *Compassionate misreadings*
- *Alternate plots, stories, endings*