



The role of Family Distress in individual presentation

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A patient walks into a GP's office; a teenage boy. He's accompanied by his mother. The mother informs the GP that he has a longstanding asthma diagnosis, and complains that it's been acting up in the last six months – her son frequently has trouble breathing, and he's had weekly severe asthma attacks that have required the use of a nebuliser.

The boy remains silent while his mother talks for him. The GP conducts his examination and finds nothing outside of the boy's known medical history to suggest a recent exacerbation in symptoms. He prescribes a new medication, and suggests different management techniques.

Two months later, the boy's symptoms have not abated, and this time the mother goes to a different GP for a second opinion.

After the doctor conducts her examination, finding nothing to suggest the change in symptoms, she asks the patient to wait outside for a moment. She then turns to the mother and asks her if there have been any recent changes to the home environment.

She reports some difficulties between her and her husband, a lot of heated arguments which often result in raised voices, but never anything physical. Most of these fights are due to his drinking, which she believes to be excessive; he disagrees. While she feels they do a decent job of hiding these conflicts from her son, it has caused her so much Distress and Anxiety she needs pills to sleep every night.

The GP offers a different medication to help with the asthma symptoms in the short-term, and refers the mother for Family Therapy, stating that the conflict between the parents could be exacerbating the son's symptoms.

The mistake made by the first GP in this example was to consider the patient in isolation. As Healthcare Practitioners, it's easy for us to focus on the individual and lose sight of their context; the systems in which they exist. This is true for both medical and allied professions.

So is the example above realistic? Absolutely. While this particular case is a rather generic work of fiction, the link between asthma and family process is well documented. Theodoratou-Bekou, Andreopoulou, Andriopoulou and Wood (2012) offer an insightful case study of an adolescent with intractable asthma. It illustrates the need to target the Family's Relational Processes, rather than adding medications which may not have been effective.

To understand the importance of Family Distress in the

evaluation of an individual patient, one needs to understand the psychological concept of the "identified patient", or IP. In Systems Theory, the identified patient is the member of the family system who takes on the pathology of the system.

Put simply, the IP is the person walking into your office, presenting with the symptoms of a problematic family system. Systems work towards maintaining a status quo, and the IP is what makes that happen. As a general rule, systems don't cope well with change. In the example used, the parents' relationship is deteriorating, which represents a change in the status quo. The teenage boy, the IP, presents with a worsening chronic condition, which in turn can unite the parents in their concern for the child; waylaying the conflict.

Generally in these cases, the family will bring the IP with a simple message: "Fix this person". This occurs in the context of both psychological and, where applicable, medical issues. Families most often believe the issues with the IP are individual, and confined to that person.

This is important to note as it means referrals for possible Family Therapy may be met with resistance, as an implication that the problem may exist outside the IP which doesn't fit with the system's narrative. Referrals like this may need to be handled delicately, without challenging the family's concept of the IP – that's something which can be handled in Therapy.

None of this is to say that every patient seen for a consultation is presenting with Family Distress. Rather, the takeaway here is that any prospective patient, especially those with complex presentations, should be considered not only as individuals but also within the context of their systems – be it family, school or otherwise. **MHM**



Reference

Theodoratou-Bekou, M, Andreopoulou, O., Andriopoulou, P. and Wood, B. (2012). Stress-related asthma and family therapy: Case study. *Ann Gen Psychiatry*, 11(28).