

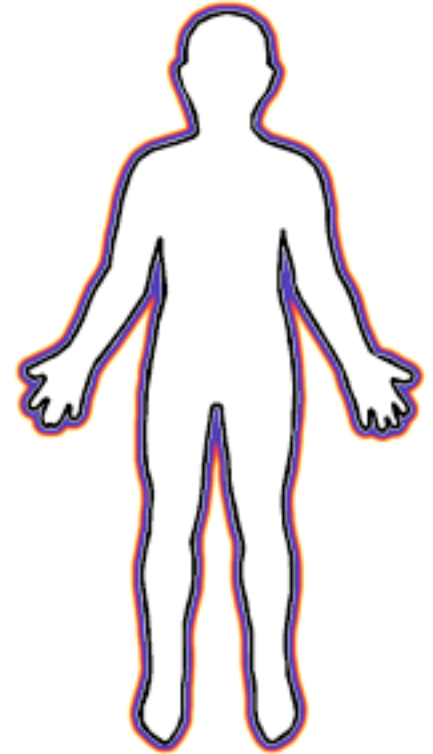
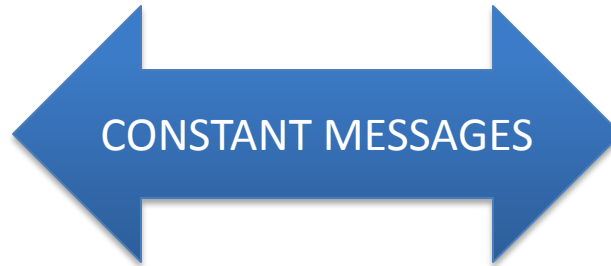
# Symptoms that Medicine Cannot Explain

Dr Laura Flower and Dr Helen Aiston  
Clinical Psychologists

# Overview

- The mind and body link
- Challenges in clinical practice
- What can we do?

# Mind and Body

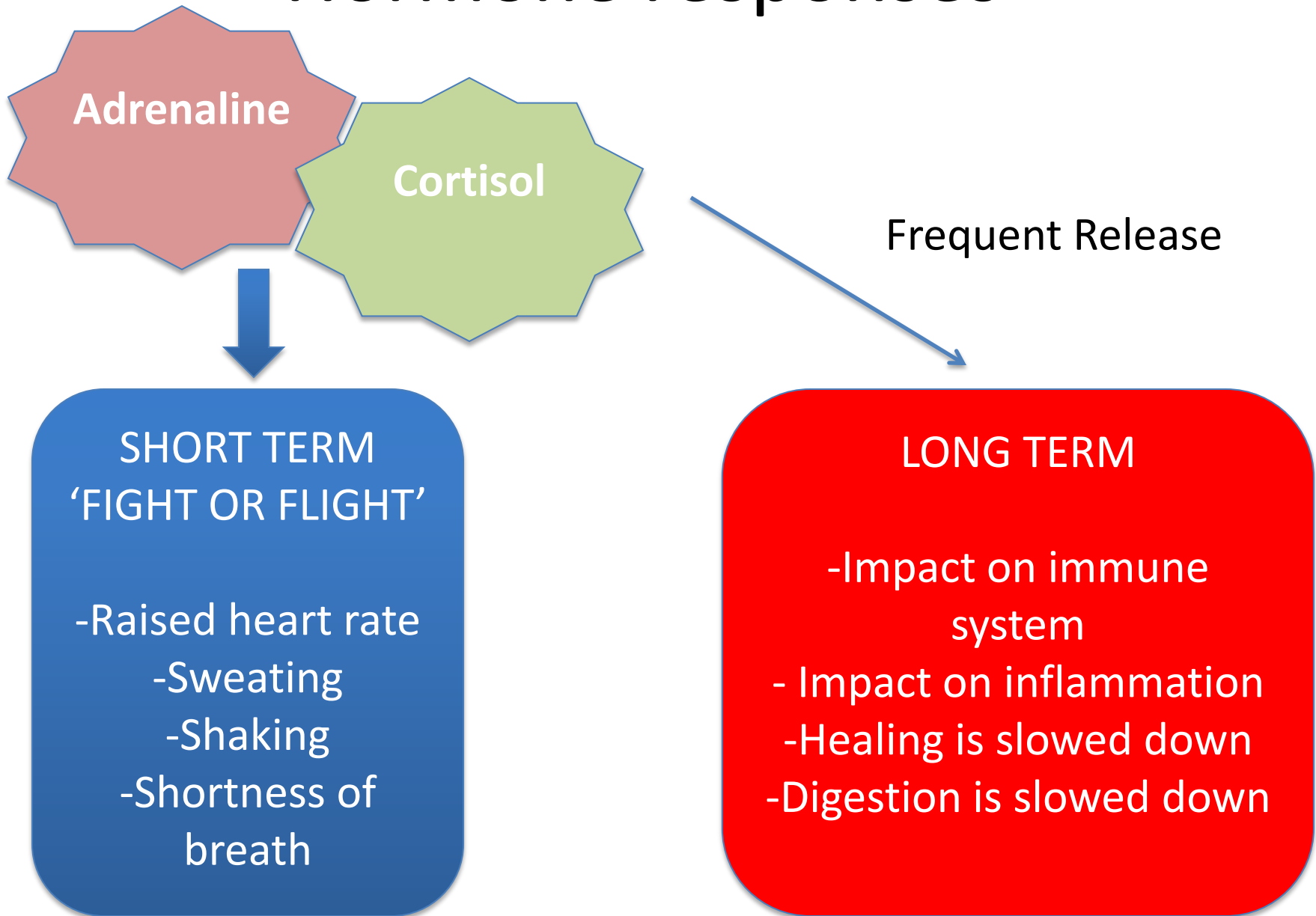


Thoughts, feelings,  
beliefs, attitudes,  
memories, past  
experiences,  
personality.

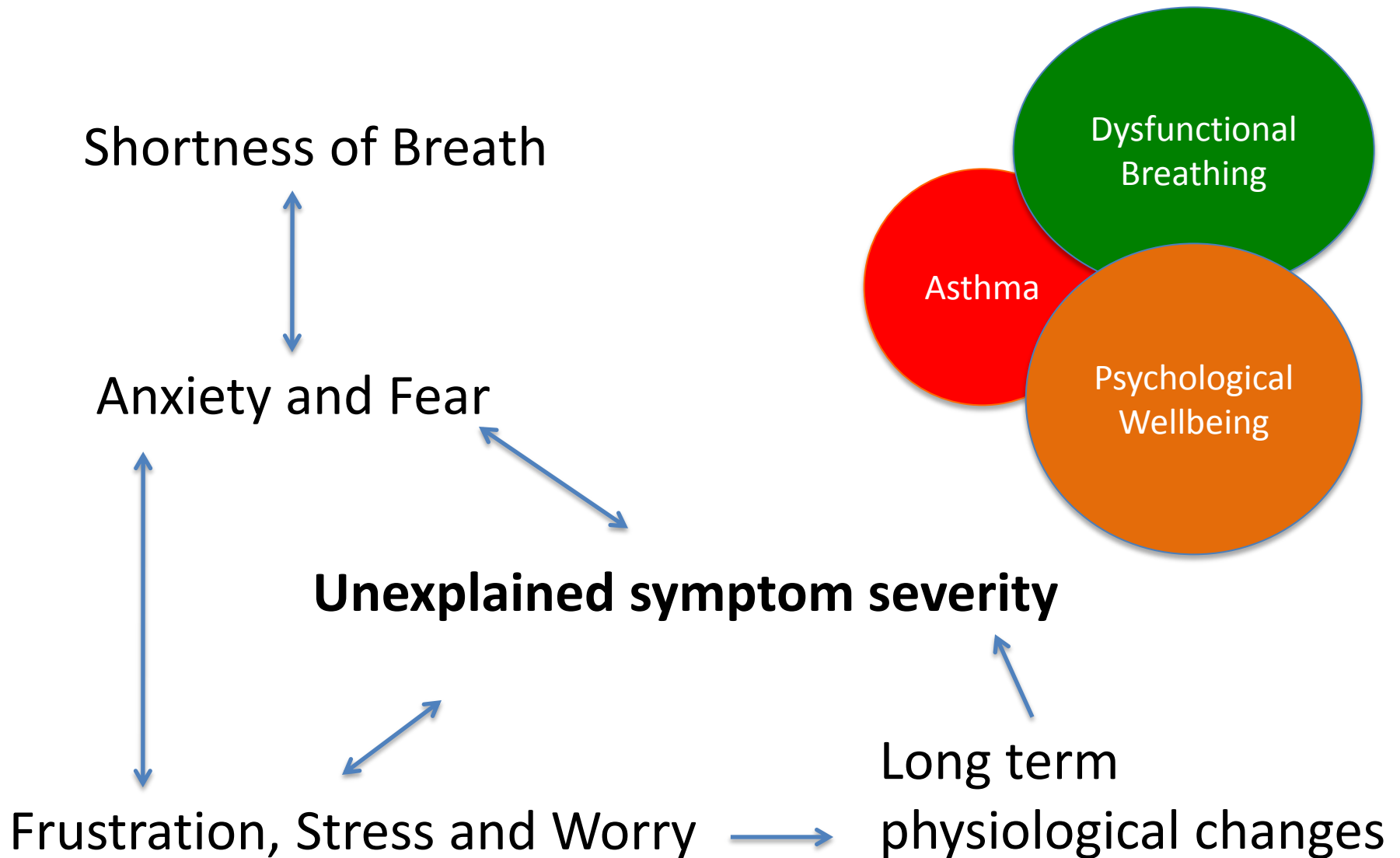
# What do you think?

- How do you best explain the relationship between mind and body in relation to:
  - Asthma?
  - Dysfunctional breathing?
  - Vocal cord dysfunction?
- How do you describe it to a patient?
- How do you describe it to a colleague?

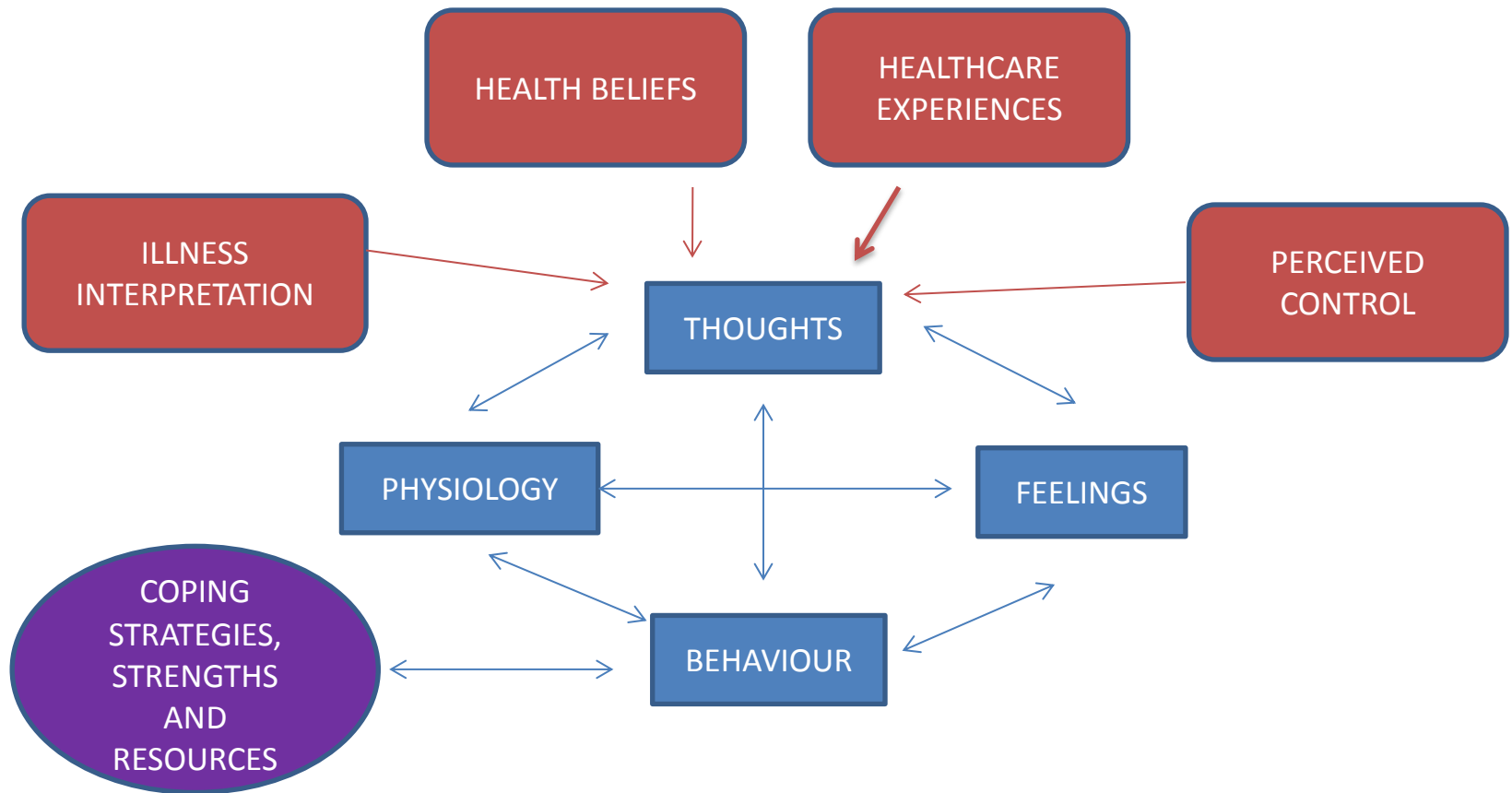
# Hormone responses



# Mind, Body and Breath



# Making Sense of Symptoms that are Unexplained



ILLNESS  
INTERPRETATION  
It's really serious

HEALTH BELIEFS  
I'm not going to get  
better  
I have severe asthma

HEALTHCARE EXPERIENCES  
The doctor said it was  
asthma  
They were considering ITU

PERCEIVED CONTROL  
! can't do anything to fix  
this

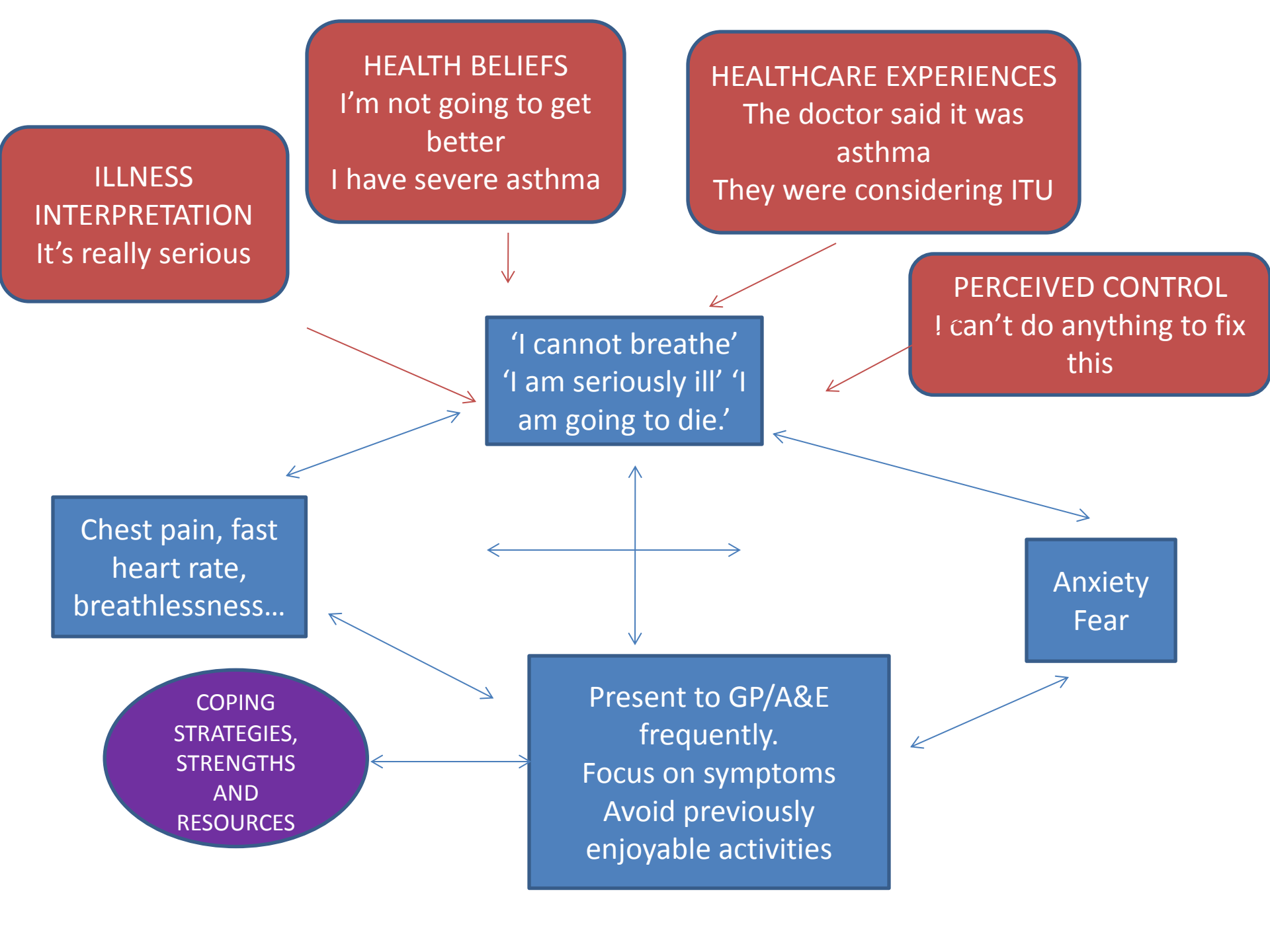
'I cannot breathe'  
'I am seriously ill' 'I  
am going to die.'

Chest pain, fast  
heart rate,  
breathlessness...

COPING  
STRATEGIES,  
STRENGTHS  
AND  
RESOURCES

Present to GP/A&E  
frequently.  
Focus on symptoms  
Avoid previously  
enjoyable activities

Anxiety  
Fear





# Mixed Messages



# Case Example



*"When we want your opinion,  
we'll give it to you."*

# Challenges in Clinical Practice - Working with Medically Unexplained Symptoms (MUS)

- Giving our best explanation – even if that involves saying that we don't really know
- Very challenging – can often bring up feelings of helplessness.
- Considering the individual and trying to understand their point of view and situation
- Awareness of our own thoughts and feelings – how these impact on our interactions
- Switching our clinical approach from 'problem solving' to 'empathy'

# Communication

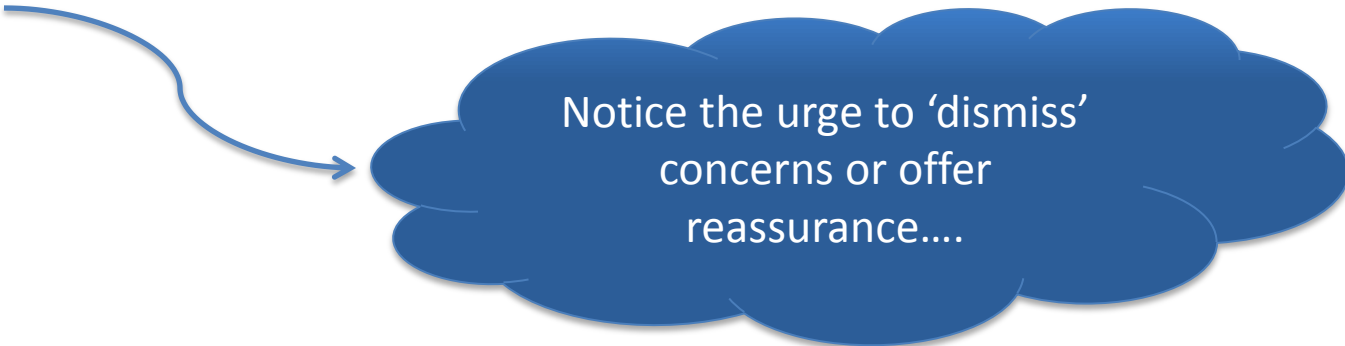
- Listen & Acknowledge

**PEANUTS CLASSICS** By Charles M. Schulz



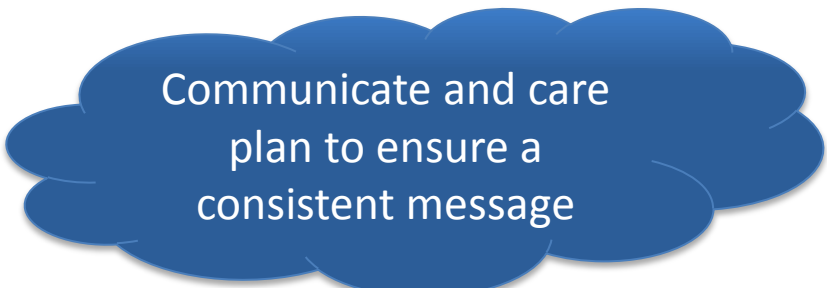
# Clarification and Consistency

- What is the patient's understanding of what is going on, what are their beliefs and ideas?



Notice the urge to 'dismiss' concerns or offer reassurance....

- What is the team's understanding/perception of the situation?



Communicate and care plan to ensure a consistent message

# Validation

- Validate

Validation is the recognition and acceptance of another person's thoughts, feelings, sensations, and behaviours as understandable.



# Empathy

“Empathy is communicating that incredibly healing message of ‘You’re not alone’.”

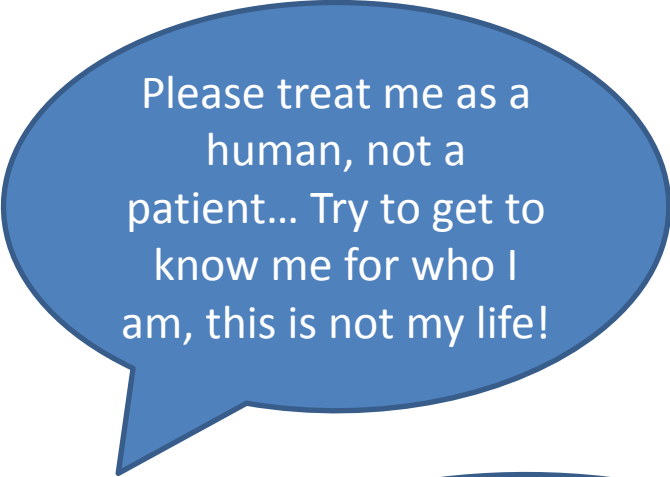
- Brené Brown

**Empathy is...**


seeing with the eyes of another.  
listening with the ears of another.  
and feeling with the heart of another.



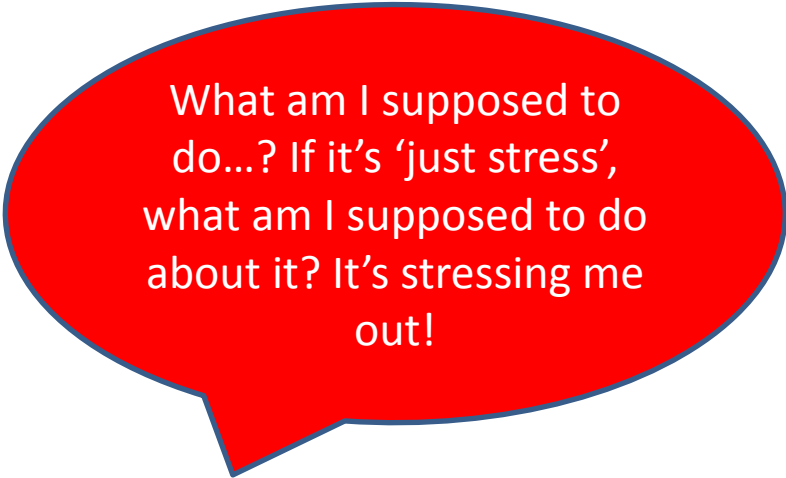
# What our patients have told us...




Please treat me as a human, not a patient... Try to get to know me for who I am, this is not my life!



Try to talk to us on a level that's not just clinical – help us to understand!



What am I supposed to do...? If it's 'just stress', what am I supposed to do about it? It's stressing me out!



Show you care and are taking my concerns seriously



# Take home message

**“Rarely can a response make something better, what makes something better is connection”**

**Brené Brown**

Its not all about medicine and ‘solving’ the problem

# How can we do things better?



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