

Abstract

Dynamic Interpersonal Therapy (DIT) is a 16 session structured and goal oriented psychodynamic approach, usually employed for the treatment of depression and anxiety (Lemma et al, 2010, 2011a). DIT has also proven useful for reducing distress associated with medically unexplained symptoms (Selders et al, 2015). Currently, we have found no literature concerning the application of DIT to work with older people. We propose that DIT has usefulness as a treatment model for complex needs within an older people NHS context. The paper will link theory to the application of DIT with older people, for the treatment of mood difficulties and medically unexplained physical and cognitive symptoms.

'Well, what's wrong with you, then?' asked science.

'I can no longer understand the sun' said the poet.

Halldór Laxness, 'World Light '(1969).

What is DIT?

DIT is a 16 session structured and goal oriented psychodynamic therapy, usually employed for the treatment of depression and anxiety (Lemma et al. 2010, 2011a). The model distils core components of effective psychodynamic and analytic practice, and tools of change include close attention to repeated patterns in interpersonal relationships, which are explored through mentalisation techniques and by drawing on the transference. Following promising investigation into its efficacy, DIT is now offered as a Step 3 intervention within IAPT. Whilst DIT is not named by NICE guidelines explicitly, it does constitute a brief psychodynamic therapy which is endorsed as an alternative treatment for depression (Lemma et al. 2011b, NICE 2016).

DIT and Older People

Whether we use the lens of reactivated negative beliefs, removal of resources, or the stripping away of a defence, theory and clinical work can demonstrate how factors associated with ageing can expose early pain that had been hitherto sequestered away throughout working life. Psychoanalytic theory postulates that objects are not always bound to people. In later life, retirement, role change and physical morbidity can become imbued with a sense of being cruel objects that render an individual vulnerable. This is because such challenges can unveil relational issues and a sense of dependency that have been well managed in working age (Hess, 1987). Hence, a psychodynamic approach for older people navigating such change makes theoretical sense, as a person's relationship to ageing may

mimic patterns within their relationships in general (e.g. Davenhill, 2007; Hess, 1987). DIT, therefore, may offer distressed older people the opportunity to understand their dynamic interpersonal world in a structured goal oriented way that fits within the current constraints of our NHS.

DIT and Medically Unexplained Somatic Symptoms

DIT has proven useful in managing distress associated with Medically Unexplained Somatic Symptoms (MUSS) (Selders, et al, 2015). This makes theoretical sense given that mentalisation difficulties are commonplace within somatoform presentations (Delfstra & van Rooij, 2015).

Difficulty with emotional reflection can be explained using attachment and object relations literature. For an infant to develop the skills to identify and feel safe with their distressing affect, they require the foundation of a secure base and an emotionally present object to reflect back and put into words the abstract experience of emotion (Ainsworth 1969; Fonagy, & Target 1997). In the absence of affective naming and security, an infant's affect remains unintegrated and is thus perceived as overwhelming and unsafe (Klein, 1997; Winnicott, 1960). Consequently, affect can be disorganised, confused with bodily sensations, somatised, and generalised. This phenomenon, whereby affect cannot be languaged and understood, has been referred to as alexithymia (Montebarocci et al, 2004; Wearden et al, 2005); something we often find in those presenting with somatoform problems.

A conceptually similar model is proposed by Bion (1984; Fraley, 2007), who argued that the capacity to think in emotional terms is dependent on an individual's ability to tolerate their affective state, which is initially forged within an interpersonal context. A lack of containment between the infant and parent may contribute to overwhelming emotional states. According to Bion, this may cause 'attacks on linking' which could impair a person's capacity to reflect on feelings and their relationship within their lived environment. Hence, enabling individuals to feel contained can enable them to tolerate the pain necessary to link troubling and confusing symptoms with early experiences and subsequent recurrent patterns of relating, so as allow meaningful growth and change (e.g. Delfstra & van Rooij, 2015). Arguably, such linking between early experience and containment, or lack thereof, in later life can provide a helpful means of elucidating the complex nexus of past and present, and the mind and body, for those whose pain has overwhelmed and engendered a somatic response.

Medically unexplained cognitive symptoms

Historically, the term pseudodementia was commonplace to describe dementia-type profiles with functional causes. Since commencing practice within Memory Services, I (CW) have had at least one client on my caseload with functional cognitive impairment at any one time; such presentations would not appear rare in the communities we serve. Problems vary from inattention causing poor working memory as a product of mental strain, depression and anxiety, to apparent neurological symptoms caused by dissociative presentations.

Psychological formulation can be equally ideographic. For some, perhaps due to cohort, cultural and hegemonic factors as well as psychological reasons, it would seem more tolerable to approach a Memory Service for neurological problems than a mental health service for mood difficulties. A recurrent formulation based on the psychological concepts outlined above is that safe retreat is sought in cognitive symptoms so as to escape a perceived intolerable reality. In essence, to lose one's faculties enables part disengagement from troubling inter- and intra-personal worlds. Parallels can be drawn with Martindale and Summers (2013)'s description of how psychosis can represent a break from an intolerable reality, with the function of flight from 'the reality of unbearable thoughts, feelings and memories' holding particular poignancy in this context.

On being told 'there is no organic cause for your cognitive problems'

It can be surprising to see how some people react when you tell them the 'good news' that they do not have a dementia: anxiety, anger, confusion, hopelessness... But of course, this should be no surprise whatsoever. Essentially, such well-meaning feedback can strip an individual of a much needed defence in a single strike, without the containing buffer of a structured therapy to build resource in place of said defence. Such acts are arguably akin to saying 'you should be able to eat normally' to a person with an eating disorder (e.g. Nettleton, 2006; Abbate-Daga et al, 2013).

We tend to find considerable anxiety within the systems surrounding those whose difficulties are found to be medically unexplained (Beaudreau & O'Hara, 2009; Dotson et al, 2014) and finding appropriate provision can prove problematic as clients often fall between inclusion criteria for services. To manage these issues, we have been able to offer DIT, as appropriate based on formulation, as a means of understanding a potential interpersonal genesis of distressing symptoms. Observation and client feedback tells us that DIT can help older people understand their relationship to their symptoms, can decrease levels of anxiety and depression, and help them engage more adaptively within their interpersonal worlds.

Summary

As written above, clinical work often demonstrates how factors associated with ageing can expose early pain that has otherwise been managed safely throughout working life. DIT may offer older people an opportunity to understand troubling affect and symptoms that have an active or latent relational genesis.

Within our service, DIT has been used to treat older clients with mood difficulties and functional cognitive impairment, with positive outcomes. This is encouraging, though of course, more rigorous study of the effectiveness for this clinical group is required to substantiate our claims. Also, it would be useful to track the effects over time, and to assess whether such changes in how one approaches their relationships can have a wider systemic impact.

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