

International research seminar: Patients' emotions: What is their role in medical communication?

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EACH Newspages

International Research Seminar

Patients' emotions: what is their role in medical communication?

Kiek Tates, NIVEL, Utrecht
October 31–November 1, 2005

On October 31 and November 1, the Expert Group Patient Provider Interaction of the Research Institute Psychology and Health (P&H) organized a research seminar on patients' emotions and their role in medical communication. This international post-graduate program chaired by Prof. dr. Hanneke de Haes and Dr. Ellen Smets (Academic Medical Centre, University of Amsterdam) was attended by a small, but very enthusiastic group of participants.

The first two speakers each covered both ends of the seminar's theme with their outstanding ability in the field of, respectively, medical communication, and emotion regulation and health. Prof. dr. Jozien Bensing (NIVEL, Utrecht University) opened with a lecture on emotions in the medical consultation. On the basis of three interesting cases and referring to both the literature and empirical data she tackled the question why it is important to study emotions in medical consultations. She then presented a conceptual model for doctor-patient communication by relating the biopsychosocial model to the stress-coping model. An animated discussion came about regarding the accurate delineation of physician behaviour in terms of 'task-oriented' versus 'affect-oriented' behaviour and about the usefulness of this dichotomy.

The second speaker Prof. dr. Ad Vingerhoets (Department Psychology & Health, University of Tilburg), known for his pioneering research into crying, provided us with a state of the art on emotion regulation and health. Starting from the assumption that emotions are designed to be expressed, he discussed three experimental approaches on examining the relationship between (non) expression of emotions and health: Gross' work on emotion regulation and psychophysiological functioning; Pennebaker's research on the effects of writing on health status and well-being, and Bushman's work on anger expression. In concluding that these clinical studies so far have failed to find positive effects, Vingerhoets discussed the evidence that the personality features alexithymia, type C and D, repression and self-concealment are risk factors for the development of diseases. His conclusion that the evidence for an etiological relevant role

of these personality characteristics is weak at best and that little is known about the underlying mechanisms formed the perfect link to the following presentations.

The program of the afternoon and the second day of the seminar comprised of six captivating lectures on communication, emotion and psychophysiology by Prof. dr. Arnstein Finset and Dr. Peter Graugaard from the Clinical Communication Research Group of the Department of Behavioural Sciences in Medicine, University of Oslo, Norway. Their lucid presentations on the relationship between subjects' psychological characteristics and their psychophysiological responses to physician's communication style formed the back bone of the seminar.

Finset and Graugaard started with an introduction on communication and psychophysiology by explaining stress mechanisms underlying the relationship between health and skin conductance (electrodermal activity), heart rate, blood pressure, and cortisol response. The main part of their lectures consisted of the presentation and discussion of experimental studies on anxiety and alexithymia in relation to physician-patient communication. Alexithymic patients have a diminished capacity for identifying and verbalising their feelings and a number of factors indicate that these patients could be more vulnerable and may be more dependent on a good relationship with health providers. So far, the problem how to relate to alexithymic patients has been addressed primarily in relation to psychotherapy and Finset's research group is the first in exploring how physicians in primary care could relate to these patients. In a series of experimental studies Finset and Graugaard have found a significant interaction effect between physician communication style and individual patient characteristics in relation to patient responses to physician behaviour.

In arranged consultations with students they first explored the predictive value of one stable psychological characteristic, trait anxiety, for different emotional reactions to patient-centred versus doctor-centred communication, as measured by emotional reactions and satisfaction

immediately after the consultation. Students with low trait anxiety were more satisfied and most often displayed reduced levels of cortisol from pre- to post-consultation in a patient-centred versus a doctor-centred style of communication. Unexpectedly, students with high trait anxiety reacted in the opposite way, with a so-called communication induced stress response characterised by less satisfaction, increased tension and an increased cortisol response.

In subsequent studies with fibromyalgia patients exploring how physician's psychosocial communication and empathic response affect satisfaction in alexithymic and non-alexithymic patients, a similar interaction effect was found. Patients with a normal ability to verbalize emotions (operationalised as lack of alexithymia) were found to report less confusion, more vigour and lower heart rate activation in the first half of the consultation in the patient-centred as compared to the doctor-centred condition. When the patients later viewed the video of their own consultation, non-alexithymic patients had fewer electrodermal stress responses and felt less controlled by the physician in the patient-centred condition. In contrast, for alexithymic patients the more emotionally evoking patient-centred condition was associated with more confusion, less vigour, more psychophysiological activation and a feeling of more physician control over the consultation. The studies supported the hypothesis that alexithymic patients are in greater need of more direct verbalised emotional support than non-alexithymic patients and offer preliminary knowledge about the significance of verbally empathic responses from physicians.

The interaction effects found by Finset and Graugaard are paradoxical in the sense that one might expect distressed patients to appreciate a patient-centred communication style. The findings are in line with results from psychotherapy research, indicating that highly anxious patients react with increased anxiety to an emotionally provocative therapist style. In this regard, these findings emphasize the importance of subjects' emotional and psychological characteristics as determinants of their responses to physician's communication style and indicate that the way in which physicians deal with emotional themes is an issue of great importance.

In his closing lecture, Arnstein Finset searched for further explanations for the reported interaction effect and presented ongoing studies on affect regulation and pain with patients with medically unexplained symptoms. The seminar ended with a workshop, and again there was ample time for discussion and debate, which yielded stimulating exchanges in discussing the pros and cons of the research ideas presented and thinking about consequences for our own work.

Summarizing, it may be stated that the research of Finset and Graugaard opens promising new psychophysiological ways to test our thinking of the nature and effectiveness of physician-patient communication. I think I am speaking on behalf of all participants in my conclusion that the seminar managed to accomplish its goals by far, leaving us satisfied with new insights and looking forward to a continuation of the discussion during the forthcoming EACH conference in Basle next year. A heartfelt thank-you to all speakers for their stimulating contributions throughout this seminar!