Chapter 9
A Collaborative Approach to Somatization

Alexander Blount and Ronald Adler

Mike was a 24-year-old man who had been coming to Ronald Adler (R.A.) for most of his life. R.A. is Medical Director in a family medicine teaching practice. The health center has eight attending family physicians, two nurse practitioners, and 12 residents as primary care physicians (PCPs), one psychologist and one fellow in primary care psychology as behavioral health providers.

Mike had a benign medical history. R.A. took care of the whole family. Mike had graduated from college about a year before and had gotten a job working for the same company as his father, placed in the same unit as his father. He had always seemed to be a fairly normal guy. The change in the story started when Mike came to R.A. asking for an AIDS test.

Mike thought that he needed an AIDS test because he was worried by an itching on his penis and a discoloration he perceived in the skin in his groin. He had had a couple of sexual contacts with women in his past, and to him a problem in his genitals would logically be caused by some sort of sexually transmitted disease. He also reported recurrent diarrhea.

The AIDS test and the tests for other STDs were negative. Instead of being relieved, Mike seemed more anxious. He came back more often, asking for tests and referrals to specialists. He reported a funny taste in his mouth. He began to complain of neck pain. At first R.A. did limited tests, but negative test results continued not to be comforting. At this point, Mike’s physician knew that it would be important to manage the progress of the case carefully. Mike might not meet the criteria for somatization disorder, but he was certainly coping with a problem that would fall on the somatization spectrum.

When normal findings make the ill person more anxious, it is reasonable to call the problem “somatic fixation,” as McDaniel et al. 1 do. In their words, “Somatic fixation is a process whereby a physician and/or a patient or family focuses exclusively and inappropriately on the somatic aspect of a complex problem.”1(p248) The belief that the symptoms a person experiences may be the “tip of an iceberg” indicating a terrible disease is a focused way of expressing a much more vague feeling the person has that something is terribly wrong. Each normal finding can increase the person’s anxiety as they get more desperate to get a clear answer to focus their looming dread. Each increase of anxiety can worsen some of their symptoms or engender new ones. It is a system primed for runaway.
At his patient’s request, R.A. made a referral to a dermatologist, and called the dermatologist to describe the history of his relationship with Mike and the approach he was taking with him. The dermatologist sent Mike back with a letter that offered normal findings and reassurance. The management of the patient’s interaction with the specialty medical system is an important part of the care. R.A. communicated both his physical assessment of Mike’s situation to the dermatologist and his devotion to and respect for his patient. Both are helpful in maximizing the likelihood that the patient will not be treated in ways that are alienating and anxiety provoking.

Mike got to the gastroenterologist without his PCP knowing he was going. He came back with two new diagnoses and taking four new medications. He did not accept the diagnoses he was given because they were relatively benign. He gradually stopped taking the medications because he saw no improvement. Physicians, being human, can feel the urgency conveyed by the anxiety of the person and want to assuage it. Since the patient is asking for diagnosis and treatment, they provide them. One of the common features of people who meet criteria for somatization disorder (13 unexplained symptoms) is a history of surgeries that did not improve their symptoms. If a person feels there is something terribly wrong inside them, “surgery,” the removal of the terrible feeling, is a perfect metaphor for what they are seeking. When people struggle with somatic fixation, all sense of metaphor is overwhelmed by anxiety. “Surgery” can become literal.

At this point, R.A. told Mike about his colleague, Alexander Blount (A.B.). He said that A.B. was expert at helping people cope with the depression and anxiety that can come from having an undiagnosed illness. If A.B. could help Mike cope with his situation of uncertainty, it might help him be more comfortable, even if it did not cure his illness. Mike said he would try a meeting.

For someone coping with somatic fixation, the point at which the involvement of the behavioral health provider is suggested is especially charged. There are a number of things R.A. did to make it possible for Mike to accept a meeting. He did not imply that Mike was changing physicians. He was adding another resource. Accepting a meeting with A.B. did not imply he did not have a “real” disease. It meant he could possibly get some help coping with the difficulties anyone might experience when their illness was not diagnosed. Mike, like many people in his situation, wanted a way to get some relief from his anxiety and depression, but not if it meant losing his way of pursuing some certainty and relief.

A.B. sees patients at the Family Health Center. Everyone he works with gets their primary care in the practice. At the time of this therapy, he had a “colocated” practice at the health center. A colocated practice is one in which the behavioral health practitioner is located in the same space, may share scheduling and billing, but receives patients by referral within the practice. Often there can be an introduction to the patient by the physician, but the care is generally offered at another visit from the patient’s visit to the physician.

Much of the rest of the material here is A.B.’s case notes. The notes will seem written in a more narrative fashion than most therapy notes. This is because he begins each therapy visit by reading the note from the last visit back to the patient(s). This accomplishes a number of tasks. It creates an environment of collaboration