

Marrying Methods

Here is a simple concept that is useful in patient care and elsewhere: *distance and pursuit*, from the field of family systems theory.

Every dyad relationship needs a certain amount of closeness and connection in order to function. But too much connection leads to problems. No matter how much you may love your romantic partner for instance, holding an all-day embrace would bring you feeling smothered, or at least to utter boredom. Overly close connection can border on fusion, where dependency might evolve, or individuality fades, and then nothing much is gained from the connection; no complementarity, no spark.

Then again, too much separation is fractious, when connectivity is insufficient.

And so we constantly regulate distance and closeness. We do it consciously at levels big and small, with words of affection, tiny acts of kindness, sometimes by expressing irritation, and of course decisions to marry or separate. Many actions may serve the interest of cohesion in one context, and distance in another. For example, drinking wine can be a positive part of bonding, whereas inebriation can also create all kinds of schism.

Most often, this regulation is not at our level of awareness. A keen observer can see that such things as levels physical proximity, eye contact, vocal intonation, financial decisions and even work involvement have clear impact, whether positive or negative.

Another aspect is that all of us act at some moments as a distancer, and other moments as a pursuer. Let's say that you note that both you and your partner have increased your time spent with work, and so you may plan a date. Or, you have a great weekend together, but midway through, you propose some time in which you each read.

But here's a rub. We each have our own ideas about what constitutes the best overall level of closeness and intimacy, balanced by the optimal privacy and autonomy. And while our own preferred level is *this* close, the other person's preference is to be *that* close. Then, each time you recognize a bit too much gap and move inward to close it, your partner might then recognize crowding, and will move outwards to restore the gap. We may each induce the other to do more of the same, and sometimes an escalating sort of tango ensues. We all experience this; usually at a benign level.

When this escalates into a problematic pattern, one solution is to try some form of the opposite of what you have been doing. If I want closeness, perhaps in some manner I need to stop pursuing, allow my partner to experience the resulting space, and then possibly move in toward me. Conversely, if I'm finding that I'm always the one to seek time to myself, perhaps I should stop, initiate more contact, and my partner will then take on some of the distancing duty.

Another way to alter a pattern is to think about ways to change your strategy. Continue pursuing or distancing to the degree that seems to be needed, but shake up your way of doing it. Shift from being harsh and irritated to soft and beseeching. Or from a constant set of repeat comments to a momentous,

sincere pitch, attuned the deepest interests that you both share. There is a nearly infinite set of options for such adjustments.

Needless to say, all this is simplified food for thought, not to be applied as direct advice.

Looking at the arena of parenting, we all notice how infants tune in to us as we mimic each other's expressions, and how they will soon turn away in order to catch a break from the stimulation. And teenagers, clumsily struggling towards independence while preserving the perks, security and warmth of attachment, can generate untold drama. Good coming-of-age stories always portray this.

And we can apply the framework to our work. Is your anxious patient irritating you with unneeded visits for every bump and fleeting pain, shrill demands for repeat MRI's, or UC visits for palpitations? One option is to ask this person come in on a regular schedule of visits. You are then taking charge of the contact frequency, structuring it, and pre-empting the patient's anxiety signals as the driver of utilization. You might then find new ideas for how to discuss anxiety apart from health concerns, introducing the idea that less attention given toward certain somatic concerns is often better than more attention. Put another way, when you want a patient to get a bit of distance, try a form of pursuit.

On another level think about leaning forward toward your patient, using touch or vocal tone, as instruments available to you in a new way. Elicit extra narrative and then reflect it back, with emphasis on empathy and recognition of the patient's own core values. Try suddenly increasing your level of animation, and your expression of appreciation, when the patient offhandedly expresses commitment to a positive change in behavior – it may be that their shift toward independent health maintenance is met with rewarding warmth from the individual they won't need to see as much. All this, of course, is pursuit. For distance, turning toward the EMR while the patient launches into a barely relevant story might let you multitask, while signaling that this isn't terribly useful verbiage.

Finally, all of this applies to team relationships as well. Stress, fatigue and the relentless need for productive effort may lead us to drift toward limit-setting as a way to cope. We must erect and maintain boundaries to preserve from getting swallowed by an insatiable system. But optimally, work is also where we gain a sense of belonging. Where a tribal sense of cohesion around shared mission should be a source of sustenance, kinship and affirmation. Whatever your pattern of conduct with your team, your leader or your reports, consider some sort of creative shift in your pattern of engaging – your mode of distance/pursuit - as a way to find a new route toward your goals.

Our own methods of regulating relationships needn't be restricted. Sometimes, a counter-intuitive adopting of others' methods will bring a better space.

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