

Motivated irrationality, drama theory and illness

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The problem



- Men's health
 - Report on the state of men's health in 17 European countries
 - 190,500,000 men and of these men 50% will be dead before they are 75 as compared to just 25% of women
 - Systematic effect—by country and by disease or condition
 - Men die 5 years younger (median)
 - www.emhf.org
- 

Type II Diabetes



- Epidemiology
 - Epidemic proportions. Now affecting children
 - Complications
 - Commonest cause of blindness
 - Kidney failure
 - The diabetic foot
 - Impotence
 - Heart disease
 - strokes
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The Diabetic Foot

The Journal for healthcare professionals involved in the care of the diabetic foot



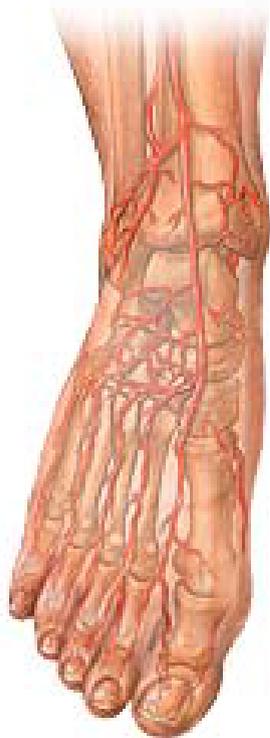
Measuring the volume of a diabetic foot to determine the correct shoe insert.

Incorporating
a £1000 Award
(valued £80)



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Normal

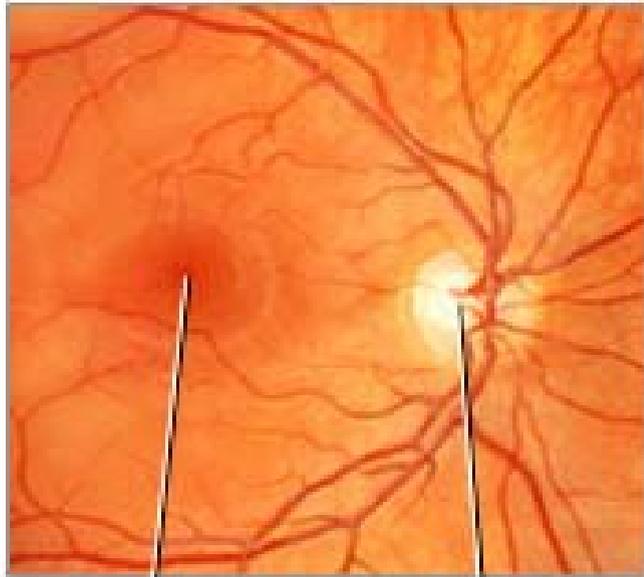


Diabetic risk



Blood vessel damage
in the feet may
cause tissue damage

Normal retina



Macula

Optic
disk

Retinopathy



Hemorrhage

Aneurysms

Alternative explanations

- Irrationality- especially motivated irrationality. Knowing that something is bad for you but still maintaining that behaviour
 - Difference between addictive and non-addictive behaviours
 - Weakness of the will, akrasia
 - Problems
 - victim blaming
 - assumption that behaviour is directly open to rationalism
 - Commitment to a strategy?
-

Attitudes

- Attitude as a cocktail of affective and cognitive factors
 - Basis of traditional approach is again unity and therefore dissonance
 - Problems
 - Notorious for not being strongly correlated with actions
 - Informational content
 - Health seeking behaviours e.g. masculinity
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Masculinity



- Being in control
 - Competitiveness
 - Self sufficiency and internal control
 - The wounded beast
 - Problems
 - Is sex or gender based?
 - Is it a syndrome?
- 

Drama theoretic approaches

- *A theory of negotiations that works on the premise that to resolve differences a common reference frame and an understanding of the problem needing resolution is required*
- *Each individual character will adopt a position towards the problem and will have a preferred outcome, in addition to a fall back position or threatened future if their preferred option is unsuccessful*
- *These will pose a number of dilemmas, which may preclude a successful resolution to the problem.*

Definitions

- **Common Reference Frame** – a single frame that each character's communications refer to in an interaction
 - **Character** – any party usually an individual involved in an interaction
 - **Position** – a specification of which *futures* a particular character would be willing to agree to in order to reach a general agreement
 - **Future** – a particular course of events determined by the choices made by the characters involved in the interaction
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Defintions II

- **Fall Back Position**– the course of action that a character asserts either implicitly or explicitly, that it will pursue if its chosen position is not accepted
 - **Threatened Future.**
 - **Dilemma** – one of the theoretical problems a character may encounter in trying to get a reliable acceptance of its position
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Negotiations

- With self
 - What does it mean to negotiate with oneself
 - Assumption of unitary human beings
 - Autonomy and unity
 - Assumptions of motivated irrationality
 - That the options are equal. For example, that if I know that x is good for me but I do y then I am irrational, rather than I might not be able to decide between the two or
 - One strategy is less developed than another e.g. smoking
-

Dilemmas--Cooperation

- - I cannot be trusted to implement my own position because if the position is implemented I can, by changing my own cards, move from the position to a future I might prefer. Or I belong to a group that might all move together to a future we *all* prefer.
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Dilemmas--Deterrence

- An opponent would, in preference to my position, prefer the fallback. Hence my opponent is under no pressure to accept my position. My position is unrealistic.
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Dilemmas--Inducement

- I have an opponent whose position I could find preferable to the fallback. Hence I'm under pressure to accept my opponent's position.
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Dilemmas--Positioning

- I have an opponent whose position I prefer to my own, but nevertheless reject. Why? Usually because it's unrealistic, given the preferences of a third party.
-

Dilemmas--Threat

- I could, by changing my own cards, move from the fallback to a future I prefer. Hence my fallback strategy is incredible.

Dilemmas--Trust

- Looking at another character or group of characters, I don't believe they would/could carry out my position, if they accepted it. This is because they could change their own cards and move to a future they might prefer. Hence I can't trust them.
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Case study: Mr. A aged 46

- He has a ‘high powered’ and well paid job with a lifestyle to match
 - He has a wife and 2 school age children
 - He was diagnosed following a routine doctor’s appointment
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Work environment

- He enjoyed his job but worked in an extremely competitive office environment
 - The prevailing office culture meant that he was routinely required to work long hours and socialise after work
 - There was a significant amount of travelling to see clients all over the country
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Eating habits

- He had developed poor eating habits such as ‘eating on the run’ and eating late.
 - In addition the travelling meant a certain amount of time staying in hotels and entertaining clients in restaurants
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The health professionals' view

He had been neglecting the day to day management of his diabetes

- He is overweight according to his BMI
 - He had been missing appointments with HCPs
 - He had been struggling with his diet and putting on weight
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The different scenarios of negotiation

- **He is negotiating with himself**
 - Which is more important to me - my job or my health?
 - I don't feel that I can successfully incorporate my diabetes into my life as it is; so do I give up my job?
 - If I give up my job I know I will not find another one that pays as well as this one
 - I don't feel ill so maybe I can put everything on hold and deal with my diabetes later... maybe when I retire? However I am well aware of the complications of poorly controlled diabetes in the future
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He is attempting to negotiate with his wife

- So what would my wife say if I gave up my job? How would she react?
- My wife does the family shopping and is struggling with what I can and can't eat.
- We also like to eat out regularly so how can I work out what I can and can't eat?
- How would we live?
- At home we tend to eat dinner late when I get in from work but I am frequently tired and all this is upsetting my diabetes.
- I need to eat earlier but then I need to finish work

He is negotiating with his family

- My youngest daughter does not eat vegetables and relies upon junk food and my other daughter is on a permanent diet so this will make even more work for my wife – how will we eat our meals now?
 - Maybe I should just eat what everyone else eats?
-

He is avoiding negotiating with work

- How can I change the way that I work? My colleagues will think that I am not ‘pulling my weight’ at work if I ask to finish work at a reasonable hour.
- I just get so tired these days
- How can I explain to my colleagues that I need to stop and eat something in the middle of an important meeting?
- How can I cancel a meeting with an important client simply to go to see the chiropodist or to get my eyes tested? I don't want to go blind just yet

Work II

- How can I eat properly and eat regular meals when everybody else at work eats so irregularly and so badly?
 - What happens when I have to entertain clients?
 - What about drinking alcohol? How do I keep any control over my diet in these circumstances?
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Avoiding negotiating with HCPs

- Because I cancel appointments I am worried that the doctors will label me as a 'bad patient'
- my failure to address my diabetes will be exposed by my poor HbA1c results I will be labelled as having 'poor control' and be criticised
- They will tell me I should be doing better and I know I should but it's not easy is it?
- If I do attend an appointment they don't understand how an apparently intelligent and well motivated person is making such a mess of his

Avoidance—not entering the scene

- Traditionally men have been reluctant users of health care facilities
- This may be even more significant in the case of men with type 2 diabetes given that the individual often does not feel ill in the ‘conventional’ sense
- A number of respondents expressed their reluctance to seek medical help despite a catalogue of symptoms which they either explained away or ignored completely
- *“I didn’t want to bother the doctor... I just didn’t think it were that serious ”*

Negotiations with spouse or partner

- All the respondents with a wife or partner articulated how pivotal their support had been
- Even when significant symptoms were present the decision to access health care was often initiated by the spouse or partner rather than the individual themselves
- One individual remarked that his partner had given him an ultimatum: “*Go to see the doctor or I will leave you...*”
- Most of the shopping was also still done by the men’s wives or partners even in these enlightened times. One wife remarked bitterly: “*I have to*

Negotiations with the family

- **The co-operation of the whole family became key particularly in families with children**
 - **A number of the respondents partners commented that they were having to cater for both new diabetic and fussy teenagers**
 - **They were effectively cooking two or three different meals at each mealtime in order to accommodate the family's differing culinary requirements**
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Negotiations with the family II

- The co-operation of the whole family became key particularly in families with children
 - A number of the respondents partners commented that they were having to cater for both new diabetic and fussy teenagers
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Negotiations with the family III

- A number of respondents however reported the seriousness with which the whole family had taken to ‘enforcing’ their new diet. This prevented them from ‘backsliding’ with their diet since the family inspected and vetted everything that they ate...“*Oh no here come the food police again!*”
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Negotiations with work

- **Since work assumes a huge importance for most men it will inevitably have a significant impact upon an individual's diabetes**
 - **Traveling and eating regularly and also eating a correct diet was a big issue for those men whose job involved a significant amount of traveling and entertaining of clients at restaurants**
 - **Finding suitable food on trains or at motorway services was often impossible. This inevitably involved compromising the diet to some extent as did eating out in restaurants**
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Negotiations with work II

- **Negotiating time off for clinic appointments was a problem for some respondents particularly those in less secure jobs.**
 - **There was also concern over the amount of sick time related to their diabetes in jobs that did not provide sick pay**
 - **Lack of awareness of work colleagues of their diabetes was a significant issue in relation to working practices such as working long hours without regular breaks and what they could and could not eat with diabetes**
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Negotiations with Health Care Professionals [HCPs]

- At the early stage of the illness the single most important negotiation with HCPs was about the acquisition and exchange of information and knowledge about diabetes
 - Knowing the right questions to ask and where to access that information in the hiatus between initial diagnosis and ‘entering the health care system’ was also a real issue “*Knowledge is power when dealing with your GP...*”
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Implications for clinical practice

- A diagnosis of diabetes will inevitably upset the individual's life equilibrium
 - The process of adaptation begins as the individual begins to negotiate the adjustments to their life
 - The ultimate aim is for the individual to attain optimum control of their diabetes through these negotiations
 - An understanding of the negotiations that take place will enable health care professionals to provide appropriate support and suitable
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