Doctoral Thesis

Hearts and Minds: How do people experience and psychologically recover from traumatic cardiac treatment-related events?

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## Word Count

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Abstract

This thesis explores the psychological experiences relating to two types of potentially traumatic cardiac treatments: heart transplantation and implantable cardioverter defibrillators (ICD). It was hoped that such an endeavour would yield novel insights into these treatments that might facilitate the development of pertinent theory and psychotherapeutic approaches designed to alleviate the psychological distress that often results from them.

The literature review comprises a metasynthesis of 19 papers derived from 13 different studies on the posttransplant psychological experiences of cardiac patients. This yielded four themes: 1. ‘The ambiguous presence of the donor’; 2. ‘Reborn but still not in control’; 3. ‘Striving for autonomy and normality’; and 4. ‘The search for acceptance and new meaning’. The chief novel finding from the synthesis was that successful psychological recovery from the myriad traumas associated with heart transplantation might best be characterised as a form of posttraumatic growth.

The empirical paper comprises a qualitative exploration of the psychological experiences of six ICD-patients who have received ‘electrical storms’ from their devices i.e., episodes of multiple ostensibly therapeutic ‘shocks’. The use of interpretative phenomenological analysis enabled the exploration of divergences and convergences across the accounts, culminating in the identification of five themes: 1. ‘Fear of imminent death’; 2. ‘Living with a sense of dread’; 3. ‘Problematic attempts to regain control’; 4. ‘Beliefs about what constitutes acceptable support’; and 5. ‘The ongoing struggle to accept the device and its implications’. The analysis revealed that shocks may be triply traumatic, not least
because they can make recipients fear that their lives are in imminent danger. Long-term post-storm adjustment may be influenced by the recipients’ locus of control orientation and by the degree to which they inhibit their emotions. The clinical, theoretical and research implications of both papers’ findings were explored.
**Declaration**

This thesis records work undertaken for the Doctorate in Clinical Psychology at the Division of Health Research at Lancaster University from August 2013 to May 2014.

The work presented here is the author’s own, except where due reference is made. The work has not been submitted for the award of a higher degree elsewhere.

Name: Rich Colley

Signature:

Date:
Acknowledgements

Most importantly, I owe a huge debt of gratitude to the eight individuals who generously volunteered to talk to me about their experiences, despite knowing that such discussions were likely to be difficult at best and very distressing at worst. It goes without saying that this thesis could not have been produced in the absence of their selflessness.

I would like to thank Jo, my field supervisor, whose unwavering support and faith in me (not to mention the rescue packages of sweets and Dr Seuss poems) have been completely invaluable throughout the time I have known her, in terms of both this project and my career in general. I would also like to thank Craig for his support and guidance and for his calmness and responsiveness to my coded and not-so-coded distress signals. You guys both managed to put Humpty-Dumpty back together again on more than one occasion!

Thanks also to Paula Black, Research Nurse with the cardiac team, who was so helpful during the recruitment phase and so accommodating and responsive when I made requests for more information at different points subsequently. Thanks also to the rest of the cardiac team, who have been so supportive of this project, both verbally and practically. I must also thank Andy Thomas and Zoey Malpus, both clinical psychologists, who very kindly provided me with incredibly thoughtful and encouraging feedback on my empirical and literature review papers.

I would also like to thank the Good Enough Crew, with whom I’ve been privileged to car-share over the last three years. We’ve had each other’s backs during some pretty difficult moments and both have been truly an inspiration to me. Beaucoup mercis to the rest of my cohort, too: it’s impossible for me to imagine a friendlier and more fun, supportive, compassionate, supremely talented and smart bunch of people with whom to have taken this journey.

Last, but the very opposite of least, I owe my thanks, my love and my eternal gratitude to my family, especially my beautiful wife, Em, whose love, support and unshakeable belief in me over the last seven years have absolutely helped shape the man I am today (yep, blame her!) and I literally could not have made it through the course without her. More than thanks also to my wonderful daughter, Eva, and my unborn son/daughter (Ivor?) – you inspire me and bring more joy and meaning to my life than I ever imagined possible. I should probably stop now; Em said it was a mistake to write these after wine…
Section Two: Empirical Paper

Abstract

Introduction

Methodology

Sampling and Participants

Ethics

Procedure

Analysis

Ensuring the quality and credibility of the analysis

Findings

Theme 1. “That bullet’s got your name on it”: Fear of imminent death

Theme 2. “Walking around with a timebomb in your chest”: Living with a sense of dread

Theme 3. “Just making me more anxious”: Problematic attempts to regain control

Theme 4. “You should solve problems on your own”: Beliefs about what constitutes acceptable support

Theme 5. “I’m just gonna have to try and live with it”: The ongoing struggle to accept the device and its implications

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