



The **ART?**  
The **ANGER!**  
The **WAITING...**

VIRGINIA WRIGHT, MD  
Wake Forest Baptist Health  
Palliative Care  
02102012

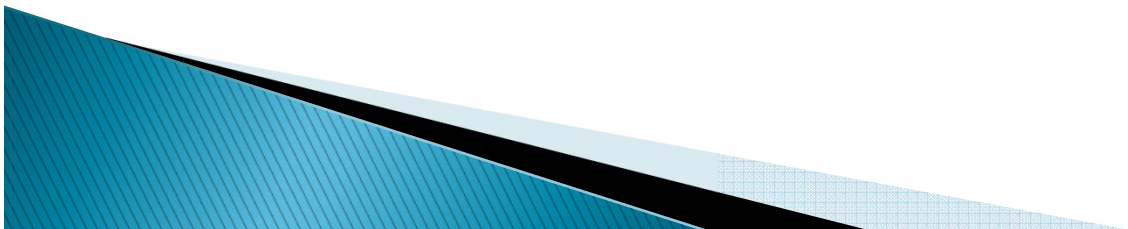


Denial      Bargaining  
Depression      Acceptance

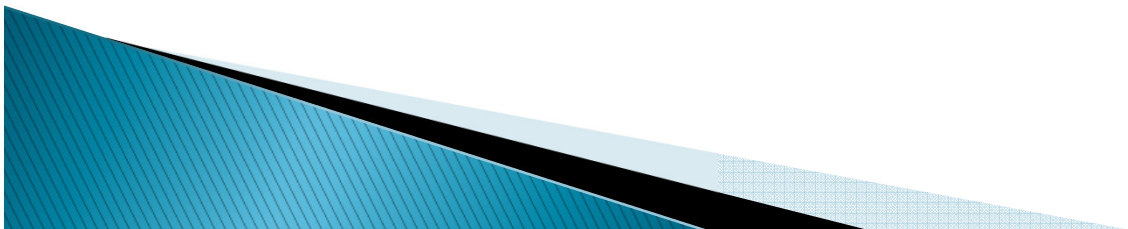
I have no financial conflicts to report...

- ▶ Traumatic events occur with actual or threat of injury or death
- ▶ Increases chances of fear, helplessness, or horror
- ▶ Cohesiveness, family conflict and anger increase risk of crisis and complicated bereavements
- ▶ 10–15% of families in palliative medicine fall into this category

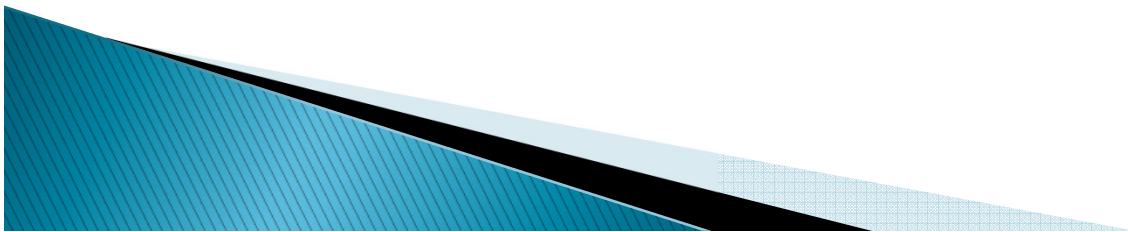
*Requires support, comfort, information, assurance and proximity to the patient*



- ▶ Relationship of trust
  - ▶ With these measures in place...
    - ▶ Anger and frustration may be prevented
    - ▶ Impaired relationships may be prevented



ART?



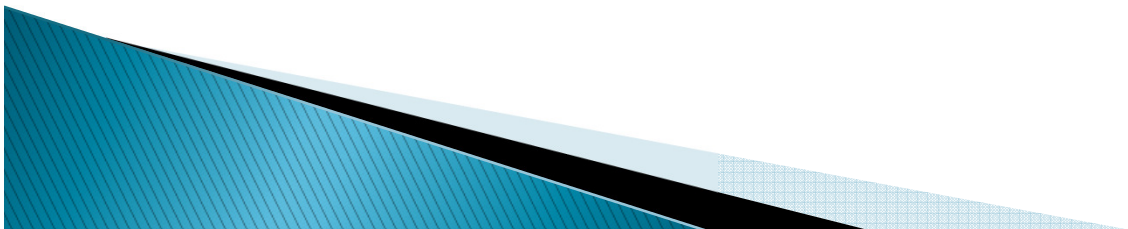
# ART?

- ▶ 1. a. the creation of works of beauty **or other special significance**
- ▶ 2. **the exercise of human skill**
- ▶ 3. **imaginative** skill as applied to representations of the natural world **or figments of the imagination**
- ▶ 4. a. the **products of man's creative activities**

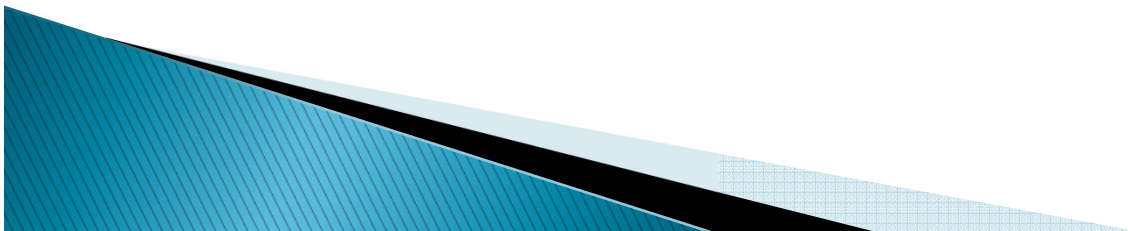


# ART?

- ▶ 10. **method**, facility, or **knack**:
- ▶ 11. **the system of rules or principles governing a particular human activity**
- ▶ 13. **get something down to a fine art to become highly proficient at something through practice**



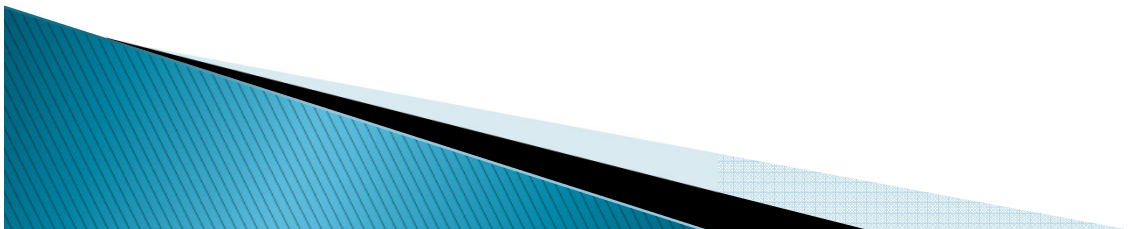
ANGER!





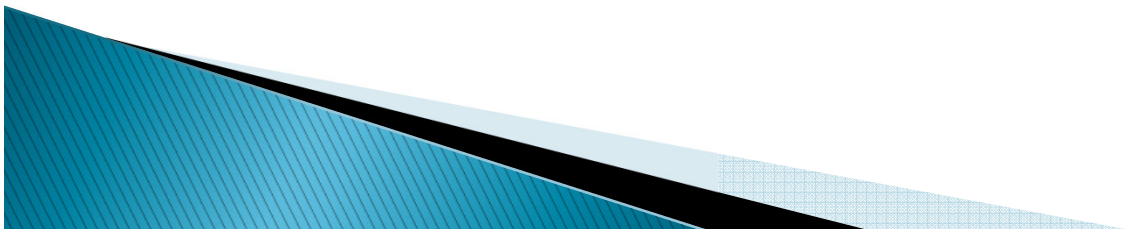
# ANGER!

- ▶ Rage, passion, outrage, temper, fury
- ▶ resentment, irritation, wrath, indignation
- ▶ annoyance, agitation, ire, antagonism
- ▶ displeasure, exasperation, irritability, spleen
- ▶ pique, ill temper, vehemence, vexation
- ▶ high dudgeon, ill humor, cholera



# ANGER!

- ▶ Enrage, **provoke**, outrage, annoy, offend
- ▶ **excite**, **irritate**, infuriate, hassle, aggravate
- ▶ **incense**, fret, gall, madden, exasperate
- ▶ nettle, vex, affront, displease, rile
- ▶ pique, antagonize



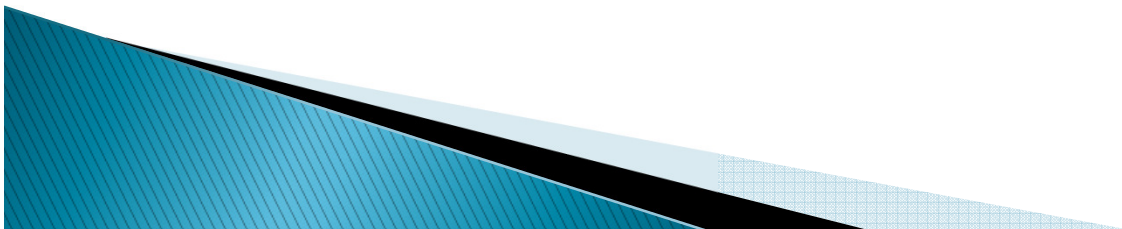
# ART IS...

- ▶ Teamwork
- ▶ Resolution
- ▶ Satisfaction
- ▶ Understanding
- ▶ Communication
- ▶ Self-control



- ▶ Personalizing
- ▶ Forgetting about who we are serving
- ▶ Being sensitive
- ▶ Not asking for help when needed
- ▶ Transference

ANGER IS...





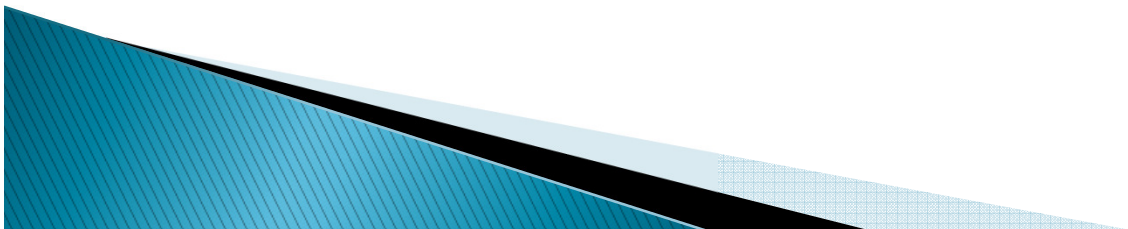
The **ART?**

The **ANGER!**

The **WAITING...**

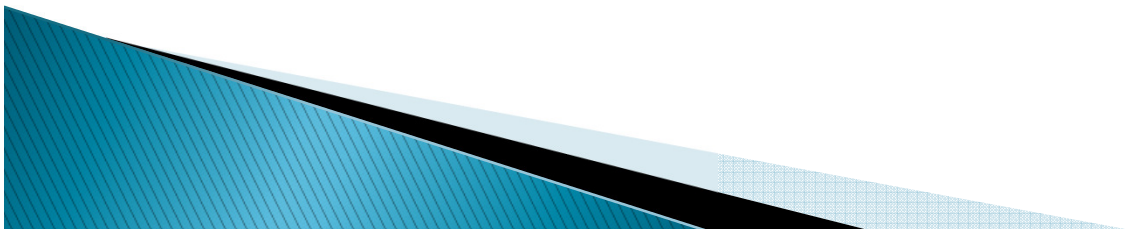
# Objectives

- ▶ To relate anger and art to the process of waiting
- ▶ To incorporate the definitions of anger and art into the complexities of serving caregivers of dying patients
- ▶ To discuss the relationship between anger and art with the intertwined relationship between patients, caregivers, providers and other team members involved in the care of the dying patient.



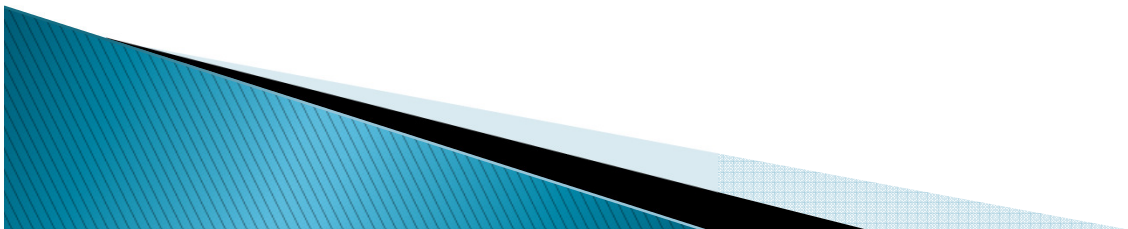
# The Psychological and Physical Health of Hospice Caregivers

- ▶ Caring for a dying family member
- ▶ Caregivers reported higher levels of depression, anxiety, **anger** and health problems
- ▶ Children and spouse caregivers revealed psych and physical morbidity similar
- ▶ **Proactive clinical intervention to prevent bereavement complications.**



# Family Satisfaction

- ▶ Care of a dying loved one in nursing homes
- ▶ EOL care in LTC
- ▶ 2 main themes
  - Ability of staff to recognize signs of imminent dying
  - Communication and information shared about resident's status and plan of care
- ▶ Results
  - Feelings of guilt, **anger** and frustration
  - **While the resident was alive** and in the bereavement period



*“Professional health care providers need to understand the variability of the coping behaviors in order to appropriately assist parents to avoid coping breakdowns.”*





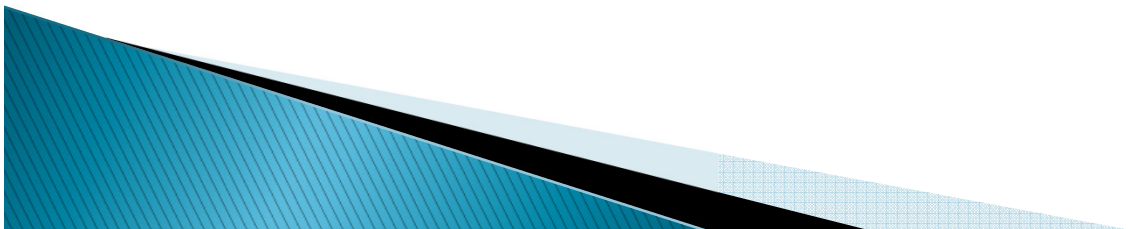
# Coping strategies of parents who care for a child with cancer

- ▶ Appraisal–focused coping behaviors
  - Trying to stay “positive”
  - Making positive comparisons
- ▶ Problem–focused
  - Being an advocate for the child
  - Seeking information
- ▶ Emotion–focused
  - Trying to avoid “feeling too much”
  - Hiding difficult emotions
  - “escaping” from problems



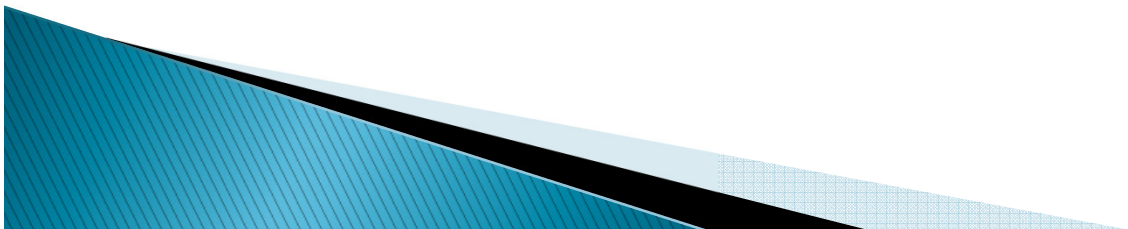
# Coping...

- ▶ Positive emotion–focused coping behaviors
  - Humor
  - Seeking support (formal and informal)
  - Writing diaries
- ▶ Ineffective coping strategies
  - Alcohol abuse
  - Misdirected **anger**
  - Added to family stress



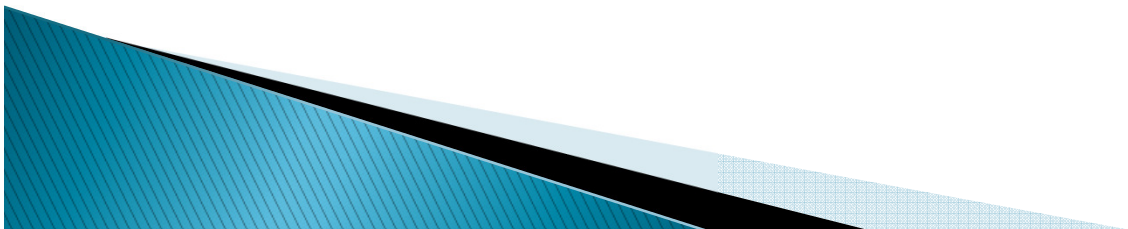
# Anticipatory Grief

- ▶ Swedish widowhood study
- ▶ 4/10 widows **pre-loss** period more stressful than post-loss
- ▶ Patients dying from cancer
- ▶ Anticipatory Grief Scale
- ▶ Emotional stress
- ▶ **Anger**
- ▶ **Support and guiding programs for anticipatory period**



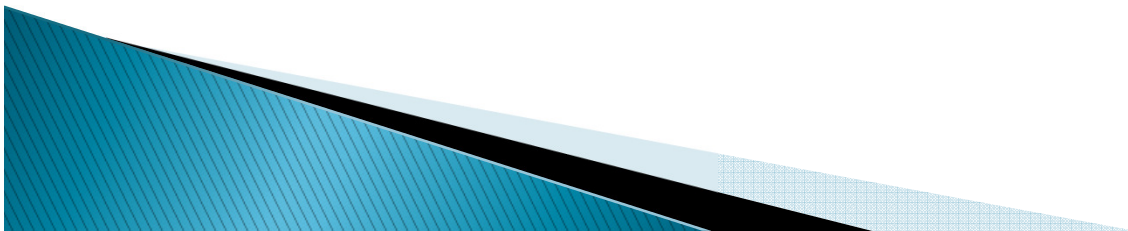
# Receiving a Diagnosis of Inoperable Lung Cancer

- ▶ Inoperable lung cancer
- ▶ One theme (out of six) important to the informants' experience- experience of uncertainty, including time of **waiting** and thoughts
- ▶ **Anger**
- ▶ Support for the next of kin promoted as they are significantly important for these patients' experiences of QOL



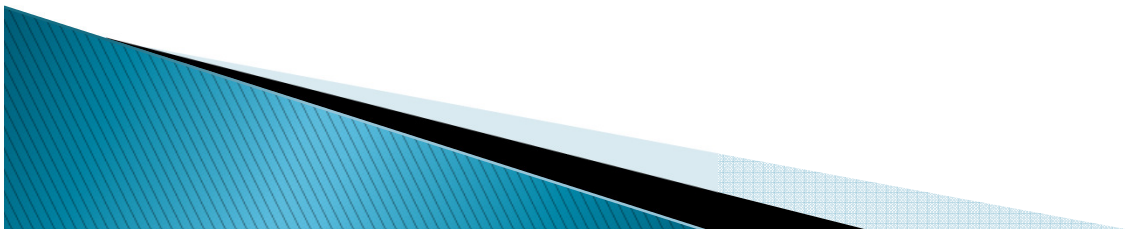
# What Concerns Me is...

- ▶ Cancer patients have high levels of distress often unrecognized by oncologists
- ▶ Study described verbal expression of negative emotion to oncologists
- ▶ Audiorecorded 415 visits for 281 patients
- ▶ Anger was verbalized in one form or another 9% of the time



# Concerns

- ▶ Patients may not discuss emotional issues with oncologists because they do not think it is their role to address them.
- ▶ Physician behaviors influence patient comfort with disclosures
  - Focused
  - Open-ended questions
  - Active listening
  - Empathic statements
- ▶ Anger and depression are related to current events
- ▶ Patients should be encouraged to discuss concerns – this may decrease distress.



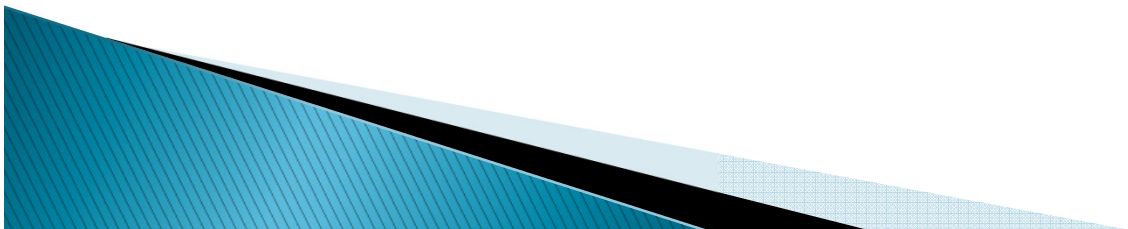
He who angers you controls you.



- ▶ We can't control **how others act**
- ▶ We can control **how we react**

# The So-called “Inappropriate” Psychiatric Consultation Request

- ▶ Intrapsychiatric conflicts among staff members
- ▶ Staff dysfunction
- ▶ Very sick and dying patients and ungrateful, demanding patients can arouse anger and despair
- ▶ Caregivers may be depressed about failure, feeling helpless and out of control → **projection**





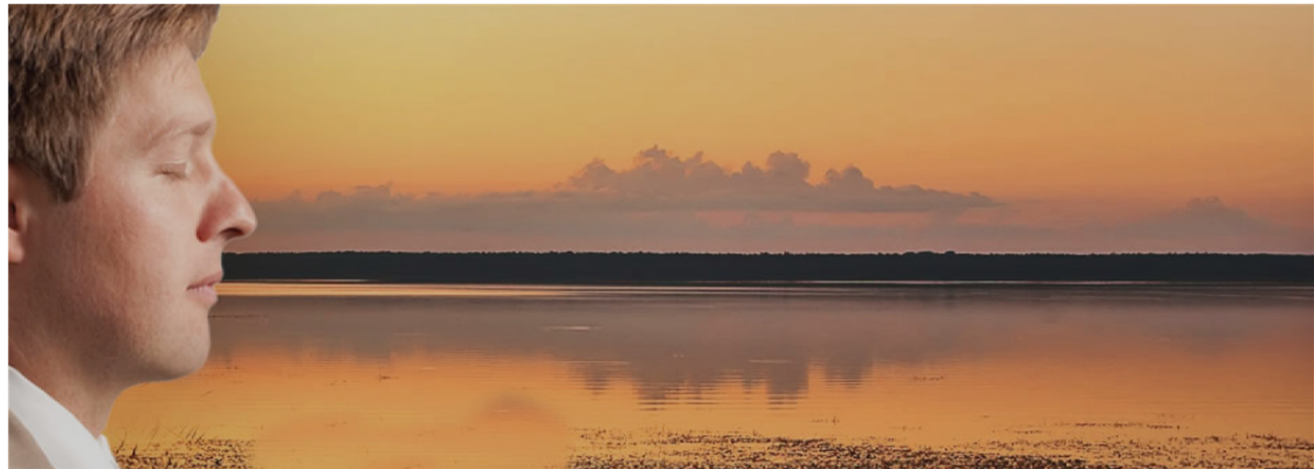
# Psychiatric Consultation

- ▶ Coping behaviors of staff
  - Distancing
  - Rationalization
  - Intellectualization
  - Undoing
  - Altruism
- ▶ Distortion projection
- ▶ Overidentification
- ▶ Reaction formation
- ▶ Turning against self



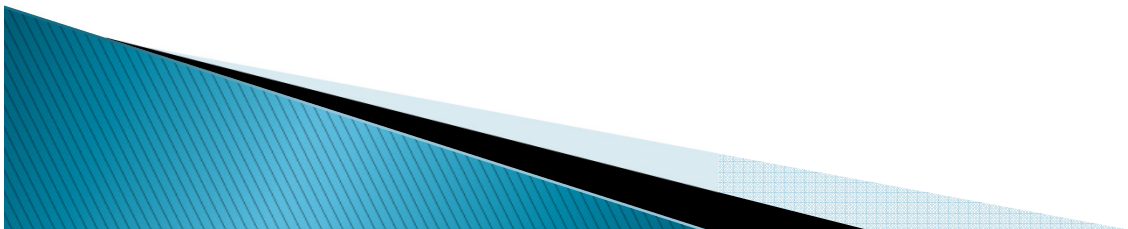


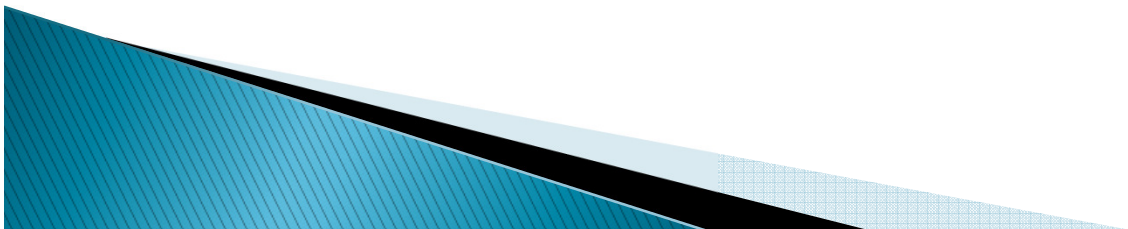
▶ **Take a break! Or a breath! Whichever helps...**



# Anger goals

1. Enforcing personal standards
2. Enforcing social standards
3. Downregulating affect
4. Avoiding conflicts
5. Protecting one's reputation
6. Weighing costs
7. Gaining revenge





# Anger reactions

1. Venting
2. Rumination
3. Submission
4. Feedback
5. Distraction
6. Humor
7. Downplaying the incident's negative impact



# Legalism, countertransference and clinical moral perception

- ▶ Moral distress
  - ▶ Burnout
  - ▶ Compassion fatigue
  - ▶ Becoming jaded
  - ▶ Becoming callous
  - ▶ Basic labor issues
  - ▶ Feeling overwhelmed
- ▶ **TRANSFERENCE:**  
unconscious transfer or projection of thoughts, feelings, emotions, attitudes, fantasies and behaviors about and from previous relationships to present relationships

**COUNTERTRANSFERENCE:**  
unconscious response to a patient



**ANGER IS  
A COMMON NEGATIVE  
COUNTERTRANSFERENCE RESPONSE  
TO PATIENTS  
PERCEIVED AS “DIFFICULT”**



Quick to listen

Slow to speak

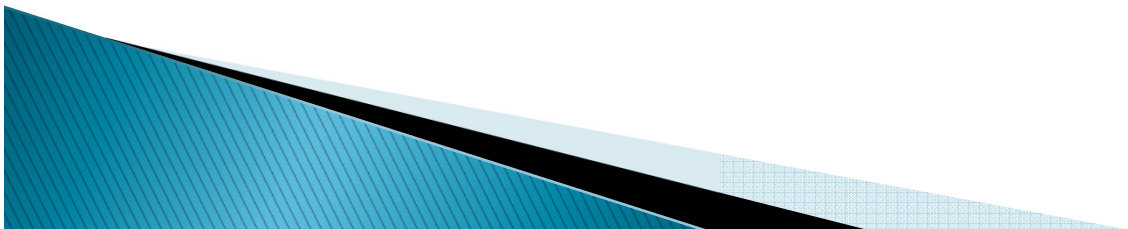
Slow... to... anger





# Ways to effectively handle these situations...

1. Prepare
2. Listen
3. Involve experienced clinicians
4. If anger persists, reconsider approach
5. Consider limits
6. Support the team
7. Involve an independent broker



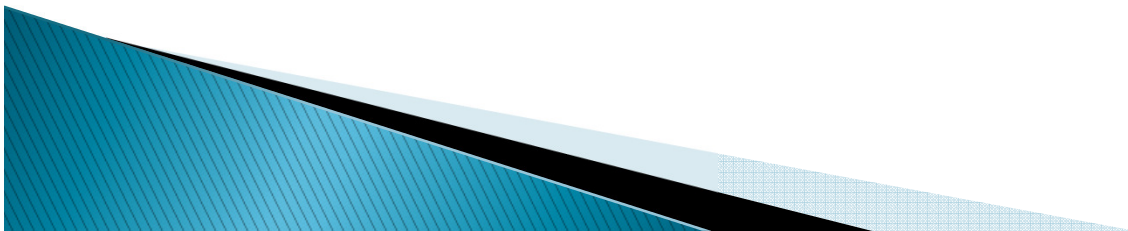
# SUMMARY

- ▶ Anger is common in care of advanced illness patients
- ▶ Pal care workers view anger as opportunity to assist patient/family to move to more constructive emotional response
- ▶ Intimidation and uncertainty by junior staff may result
- ▶ Anger resolves with
  - Time
  - Respect
  - Clear information
  - Consistency
- ▶ If anger persists
  - Maintenance of discourse
  - Simultaneous support of the care team



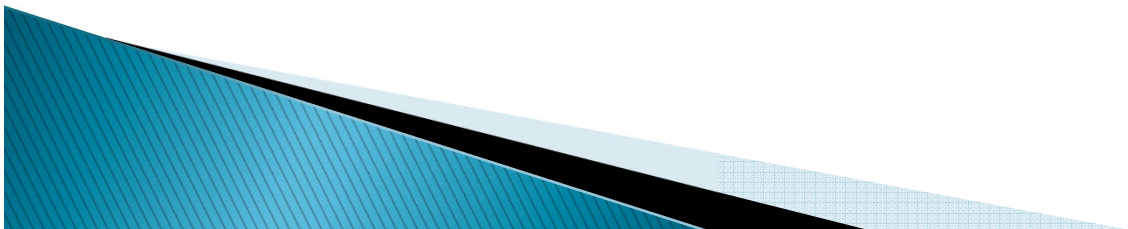
# Anger Management...for clients

- ▶ Identify families likely to be at risk of dysfunctional behaviors early.
- ▶ Offer families a well-organized and well-executed conference
- ▶ Listen to the family when a crisis arises.
- ▶ If needed, have the family nominate an advocate or request an independent counselor.



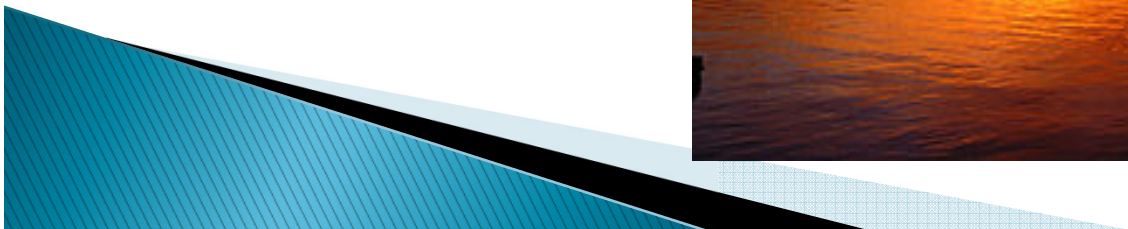
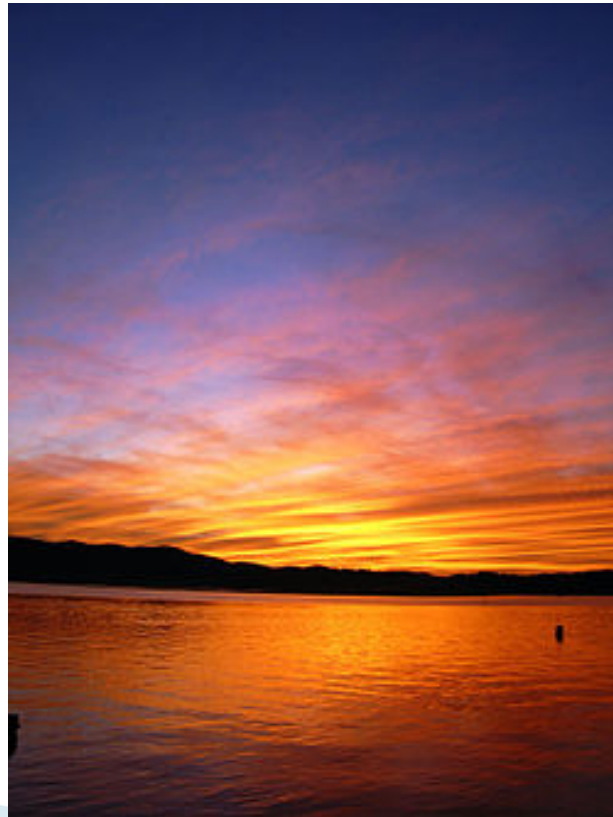
# Anger Management...for all

- ▶ Control anger before it controls you...
- ▶ Support and guiding programs for anticipatory period
- ▶ Anger control-in
  - Emotionally focused strategies to lower anger such as relaxation
- ▶ Anger control-out
  - Behaviorally focused strategies such as being patient with others.



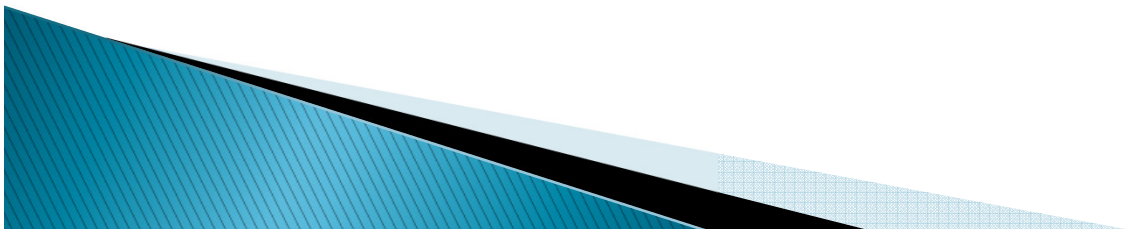
# Discussion

"In your anger do not sin: Do not let the sun go down while you are still angry"

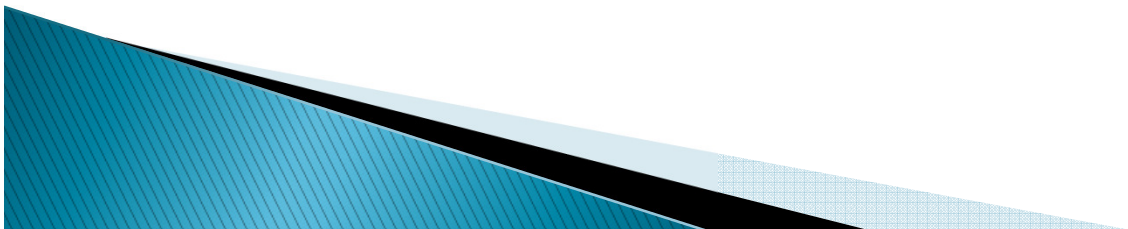


# References

1. Alcázar RJ, Defenbacher JL, Hernández Guzmán L, Wilson GI. High and Low Trait Anger and the Recognition of Anger Problems. *Span J Psychol*. 2011 Nov; 14(2): 851–8.
2. Anderson WG, et al. “What Concerns Me is”...Expression of Emotion by Advanced Cancer Patients During Outpatient Visits. *Support Care Cancer*. 2008; 16:803–11.
3. Balsamo M. anger and Depression: Evidence of a Possible Mediating Role for Rumination. *Psychol Rep*. 2010 Feb;106(1): 3–12.
4. Berterö C, Vanhanen M, Appelin G. Receiving a Diagnosis of Inoperable Lung Cancer: Patients’ Perspectives of how it Affects Their Life Situation and Quality of Life. *Acta Oncol*. 2008;47(5):862–9.
5. Caraceni, Augusto T., et al. “Communication.” *Palliative Medicine*. Ed. Kim Murphy, et al. Philadelphia: Saunders, 2009. 627–8.
6. Caraceni, Augusto T., et al. "Complications of Advanced Disease." *Palliative Medicine*. Ed. Kim Murphy, et al. Philadelphia: Saunders, 2009. 503–4.
7. Chentsova–Dutton, Y, et al. The Psychological and Physical Health of Hospice Caregivers. *Ann Clin Psychiatry*. 2000 Mar;12(1):19–27.



8. Johansson AK, Grimby A. Anticipatory Grief Among Close Relatives of Patients at Hospice and Palliative Wards. *Am J Hosp Palliat Care* 2011;19: PMID 21596732.
9. Kucharski A, Groves JE. The So-called “Inappropriate” Psychiatric Consultation Request on a Medical or Surgical Ward. *Int J Psych Med*. 1976–1977;7(3):209–20.
10. Meert KL, et al. Parents’ Perspectives on Physician–Parent Communication Near the Time of Child’s Death in the Pediatric Intensive Care Unit. *Pediatr Crit Care Med*. 2008 Jan;9(1):2–7.
11. Miedema B, Hamilton R, Fortin P, Easley J, Matthews M. “You can only take so much, and it took everything out of me:” coping strategies used by parents of children with cancer. *Palliat Support Care*. 2010 Jun; 8(2): 197–206.



12. Philip J, et al. Anger in Palliative Care: A Clinical Approach. *Int Med Journal*. 2007; 37:49–55
13. Recchia S, Steffgen G, Weber H, Kubiak T. French Validation of the Anger Reactions and Goals Scale (RBC). *Encephale*. 2010 Jun; 36(3): 202–11.
14. Thompson GN, et al. Family Satisfaction with Care of a Dying Loved One in Nursing Homes What Makes the Difference? *Journal of Gerontological Nursing*. 2008 34(12);37–43
15. Trew JL, Alden LE. Predicting Anger in Social Anxiety: The Mediating Role of Rumination. *Behav Res Ther*. 2009 Dec;47(12):1079–84.
16. Rentmeester CA, George C. Legalism, Countertransference, and Clinical Moral Perception. *The American Journal of Bioethics*. 2009; 9(10):20–8.

