The ART?
The ANGER!
The WAITING...

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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
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, choler
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
- Palliative 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


