“The Impossible Patient”

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Two Kinds of Impossible Patients

This talk is not about psychotherapy or psychoanalysis!

The strategies described in this talk are not intended as therapy but rather as communication techniques that can contribute to sustaining a caregiving relationship, especially when it is threatened.
Describe a reasonably competent health care provider

Health Care Providers are ....

- Pressured to perform
- Smart, educated
- Compassionate
- Respectful
- Goal-oriented
- Well-meaning
- Hard-working
- Disciplined
- Caring
- Knowledgeable
- Compulsive

Describe an impossible patient
Impossible patients are ...

- Impossible to please
- Ornery
- Whiny
- Overly agreeable (overly nice)
- Threatening
- Noncompliant
- Controlling
- Critical
- Angry/demanding
- Manipulative
- Chronic complainers
- Frustrating
- Provocative

Do “really” impossible patients believe they’re being impossible?

- Usually not
- WE label them “impossible,” “challenging,” “defiant.”
- They’re not doing what we want them to do.
- They are “mis”behaving.

“We do not see things the way they are. We see things the way we are.”

Anais Nin
We see the world according to our...

• Concerns
• Anxieties
• Knowledge
• Hopes and Fears
• Beliefs and prejudices
• And especially

• OUR INCLINATION TO MAINTAIN SELF-ESTEEM!!!

Maslow’s Hierarchy of Needs

Self Esteem

• Respect
• In Control
• Safe
Self-Esteem as an Evolutionary Product
Physical or Psychological Threat?
Doesn’t matter.....

“Even when we “merely” think about an object, we tend to reconstruct memories not just of a shape or color but also of the...accompanying emotional reactions, regardless of how slight...You simply cannot escape the affectionation of your organism, motor and emotional most of all, that is part and parcel of having a mind.” (FWH, 148)
Impossible Patients are like the Kamchatka Bear or the School Bully

The Professional Self

WHOLE, INTACT

Competent
Adequate
Useful
Informed
Assured
Awesome
In control
Powerful

The Professional Self Is Assaulted by the Difficult Conversation!

SHATTERED, COMING APART

Incompetent
Inadequate
Nonuseful
Stupid
Uncertain
Not in control
Powerless
Worthless
So, what to do?

Understanding the Impossible Patient

Our Reactions to Adversity are Learned

Any human being faced with a difficult situation will bring his or her psychohistory to the problem. Coping styles are especially derived from the patient's pre-adolescent and adolescent interpersonal experiences and history. They are largely learned and shaped by a variety of factors. Consequently, the impossible response you are seeing is not custom tailored to you; it is the "stereotypical" way the patient reacts to a difficult situation of that kind. You are seeing a response based on the way the patient understands and feels about what is going on. Feelings will shape the patient's understanding.
Describe the patient who has just experienced the onset of a serious disability or just learned that he or she has a dreadful diagnosis.

Usually (although not always) they

- Feel overwhelmed, grief-stricken, hopelessly depressed, utterly helpless, enraged, worthless, guilty, abandoned by God, unloved, worse than dead.
- Such situations are “emotionally evocative” because our feelings are signaling the peril we are in.
- Patients will often PROJECT their negative feelings onto those around them.
- Projection is quite remarkable.
Projection (Transference)

- Projection typically occurs when the patient feels a need to "share" his or her anguish with another; in effect, the patient will attempt to make the other feel the way he or she is feeling.
- This sharing relieves the patient of some of his anguish by displacing it onto someone else; and by "sharing" his or her pain and suffering, the patient has secured a partner who may be supportive. (And that makes the patient feel better.)

Empathy

- Empathy is a relational phenomenon.
- Requires observer to leave his or her frame of self-reference and enter into the other's.
- More than sympathy or compassion.
- Observer/therapist seeks to gain deep insight into the way the other's feelings and beliefs makes sense out of experience.
- Requires both affective and cognitive components.

The Challenge of Empathy
The Big One!

- Becoming deeply engaged with another’s feeling world, especially when that person is suffering, makes me feel very, very uncomfortable. It’s so psychologically threatening. Can I do it?
- How do I manage my own feelings in the presence of another’s suffering?
- Why would I expose myself to that? It can be very uncomfortable.

Other Reasons

- Don’t know how;
- Takes too much time;
- Requires too much effort;
- Fear that if I’m empathic, I’ll be here all day
- Don’t feel as though I have any empathy or support to give

In other words, the root of the problem actually lies in our own psychological formation—our need to be respected, in control, perhaps loved and adored. Impossible patients don’t do this, and hence they disappoint, frustrate and anger us. They make it impossible for me to live up to my image of myself as knowledgeable, agreeable, always able to make things better, in-control, etc., etc.
Nevertheless, these patients can be very, very challenging. Their emotional needs can be excessive, and they might also be quite crazy. It can be immensely difficult to manage certain of these people, and it frequently requires specialized training. So here are some suggestions.

Identify the Patient’s Feelings

- BEGIN BY CONFIRMING AND VALIDATING THE PATIENT’S FEELINGS: “Mr. Jones, I can see that you’re terribly angry. Please tell me what’s going on.” “Mrs. Smith, you’re obviously terribly upset. Can you tell me what it is about this situation that is so upsetting?”
- The biggest mistake we make is in emotionally reacting to the patient when we should be trying to relate to or understand him or her.

What to say when you don’t know what to say: The magic of the empathic response.
Empathic Language

• “This must be .... (dreadful, awful, depressing, frightening) .... for you to hear.”
• “This is obviously making you feel very .....”
• “I hear you.”
• “Tell me more about that.”
• “And how did you experience (or feel about) that?”
• “What was that like?”
• “How were you able to stand it?”
• “So, this must have caused/must be causing you a lot of .... (heartache, sadness).”

More empathic language

• “I wonder what you’re feeling right now.”
• “What is it about that that ... (worries, upsets) .... you?”
• “What is it about talking about that ... (you don’t like? Makes you anxious? Makes you want to talk about something else?)”
• “What would you like to have happen from this?”

More

• “Anything else?”
• “Now let me make sure I’m understanding you. You’re asking me ... (whether or not, how it is that) ..... Is that correct?”
• “So, what you’re saying is that ... “
• “What am I missing?”
• Repeat the other’s last three or four words.
Do not get angry or frustrated or slash back!

- By slashing back or admonishing the patient, you are essentially dismissing the way the patient is feeling (and therefore you are dismissing the patient).
- You are refusing to share the patient’s emotional reaction; so he or she may see you as an adversary, not an ally.
- You might unwittingly reinforce the patient’s self-destructive feelings.

Some pearls ....

- “It must be very hard for you to be here when you’re so disappointed in me and in the care you’ve received.”
- “Mr. Jones, I have a hunch that you’re even more miserable (angry, distressed, sad) than you’re letting on.”
- “This must be very..... for you.”
- “I’m wondering what it’s like for you to be here.”

And one more ....

Identify something about this impossible patient that you admire or respect and tell him/her.

If you can get the impossible patient to honestly say “Thank you,” you are on your way to a more healing relationship.

THINK: SOOOOOOOOOTHING
But what does this strategy entail for the health professional?

ACKNOWLEDGE THAT YOUR SENSE OF POWER MAY BE THREATENED BY THE IMPOSSIBLE PATIENT

Recognize that your own insecurities might create in you a need to be needed, appreciated, loved and admired, and that the impossible patient will trigger these insecurities. Often, these patients cause you to either hate them or to hate yourself, because your ideal self—the one in which many health professionals are deeply emotionally invested—is being defiled by the patient’s emotional barrage. And that is very painful.

Realize that many (perhaps most) of these patients are BEYOND fact and reason.

This can be frustrating for health professionals who understand their professional worth and ability to consist in their mastery of what is factually true (i.e., science). The reason is that every attempt of the professional to orient the patient to what is factually true—“Can’t you see, Mr. Jones, that what you’re doing …”—is likely to be dismissed by the patient. And that’s very frustrating.
“We understand how you understand what is happening to you.”

- But don’t say, “I know how you feel.”
- Say instead, “I can only begin to imagine how you must feel.” Or, “So, you must be feeling X about this.”

Get with your psychic life

Confront your fears, anxieties, fantasies, insecurities. Recall your childhood, its pain, its injustices, your failures. THIS IS THE PSYCHOLOGICAL BAGGAGE WE ALL CARRY AROUND … and which we haul out when we are threatened or made anxious by difficult or impossible patients.

None of this easy.

It is painful to confront our psychic life and our defenses. Our defenses get in the way of confronting our defenses.
Thank you very much.