Taking heart when your heart sinks

Understanding determinants of behaviour

Communication challenges for health professionals

By Jane Turner

Healthcare professionals treating patients with lymphedema typically have training in physical therapies or nursing. While these healthcare providers may be very skilled and knowledgeable about lymphedema, helping a patient and family manage this long-term chronic condition requires much more than simply understanding lymphedema and the various treatment techniques. Person-centered care is an essential component of care. This includes respecting the patient's values and actively involving them in the decision making around their own care. The lymphedema therapist must understand what is important to that individual and help them to meet their own personal lymphedema management goals. Improving clinical outcomes and job satisfaction for the therapist, can require a sound understanding of factors that influence human behaviour, and patient-therapist interactions.

Emotional responses to patients

Within most health systems there is scant recognition of the emotional impact of working with patients with chronic illness, and there are covert if not overt sanctions against discussion of feelings health professionals have about their patients. Countertransference is a term used in psychiatry to refer to the feelings that therapists have about their patients. Whilst this term is used in psychiatry, in fact all therapists have feelings about their patients. If we "like" patients we may be more patient, tolerant and generous. Conversely if we do not "like" a patient we may unconsciously offer lesser care, perhaps be late for appointments or fail to explore distress. In the 1970's Groves[1] described various types of behaviours that caused negative feelings in doctors, going so far as to refer to "hateful patients." This seminal paper describes various patterns of patient behaviour or attitudes (including apparent dependence and reluctance to "get better") which potentially engender negative countertransference in doctors.

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Focus groups with health professionals in the United Kingdom and Canada revealed that the demands of lymphedema treatment are changing and therapists are treating patients with increasingly complex health needs. There was recognition that for some patients the relationship with the treating therapist fulfilled needs for caring and support, and paradoxically improvement in clinical status was seen as feared by some patients who would thereby lose the professional support which had been integrated into their social network. In addition there was acknowledgment of the emotional burden for patients with lymphedema, in some instances associated with pessimism about outcome and lack of motivation to persist with therapy[2], these issues in turn impacting on treating therapists.

Most critically, Groves notes that the feelings are not at issue—it is the behaviour of the health professional in response to these challenges which is most critical. Reflection and awareness of these powerful feelings is essential to ensure that the patient receives good care. However recognition of the feelings is just the first step in being able to provide good care. Developing an understanding of the determinants of patient behaviour (such as demanding behaviour or entitlement) is a necessary next step. The patient who is consistently critical or demanding may make us feel inadequate or resentful that our skills and care are not valued, leading to rejection of the patient and an escalation of the cycle of demands and mutual frustration. Developing an understanding of the origins of these patient behaviours in turn provides clues about developing effective strategies for responding.

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Understanding the determinants of behaviour

The range of responses to adversity is vast—some will "rise to the challenge," while others may appear defeated before they have even tried. Still others appear demanding with little acknowledgement that their expectations may not be reasonable within the constraints of the healthcare system(s).

Personality refers to the characteristic patterns of behaviour and modes of thinking that determine a person's adjustment to the environment. Components include intelligence, beliefs and moral values as well as emotional reactivity and motivation. We are all a complex constellation of characteristics, and most of us have the ability to be adaptable and flexible in response to adversity. However for a proportion of the population their personality style is less flexible, and patterns of responding to adversity or a crisis can be unhelpful, leading to personal discomfort, tension in relationships and challenges in occupational functioning.

How does personality develop?

Babies appear to have very different temperaments from birth, indicating that there are certainly biological determinants of personality. However the notion that the environment then interacts with the individual to produce a particular personality style is a somewhat simplistic view. The field of epigenetics examines how early experiences influence when, and to what extent, different genes are activated. Emerging evidence suggests that persistent exposure to stress hormones can disrupt the architecture of the developing brain, leading to overactivity of the amygdala, which is associated with patterns of hyper-responsivity to future stress, and increased potential for fear and anxiety. Additional postulated changes in response to severe and persistent stress leads to reduction in the ability to regulate mood and appropriately interpret and respond to situations of threat[3]. Early experiences lead to changes in brain structure and function.

Adversity thus has the potential to cause changes which alter the body's response to stress and ability to self-regulate, these changes persisting into adulthood. The clear implication of this emerging data is that individuals behave in particular ways because of factors which have operated earlier in their life and which are largely invisible to us in the "here and now." So, in responding to the person whose personality style is unhelpful in the current situation it is helpful to stand back and think "There are complex factors that have led to this pattern of behaviour. I don't know what they are, and this response is not necessarily about me." Making it less personal can be quite liberating.

Responding to a challenging personality style

We are all subject to our human frailties. Responding professionally to a demanding or challenging patient can sometimes be trying for the healthcare provider. People presenting with narcissistic characteristics typically see themselves as more worthy than others, and demonstrate a sometimes breathtaking lack of awareness of how their demands may impact on others. Trying to appeal to their better nature is typically ineffective and this situation can lead to feelings of being used and manipulated. Most of us have our own sense of healthy narcissism and being devalued or patronised can rankle and potentially contaminate our care of other patients as we mentally fume about the injustices meted out to us. Reflecting on our feelings, recognising that this person's personality characteristics are not likely to change, and seeing that we can contribute to an escalation of conflict are all important. Hence standing back and "rising above" the tacit invitation to argue can be very powerful. For example when Mrs. Brown complains loudly about being kept waiting, instead of explaining why this is the case, a simple "Oh, yes I am sorry. I'm sure you have other things you need to get done" takes away the opportunity for her to further criticize. The key issue is to resist the desire to retaliate—resist her invitation to play the "game", as she will make sure that you never ever "win."

Responding to unfair reactions

Just as we all have our unique constellation of personality characteristics, we all use a range of defence mechanisms—unconscious

behaviours and reactions to help protect us from emotional pain. They can be thought of as similar to the many involuntary physical responses we have—for example if we put our hand under a running tap and find the water is too hot we withdraw our hand automatically. George Vaillant[4] has made enormous contributions to our understanding of behaviour and defence mechanisms through his involvement in the Grant Study, a longitudinal study of psychological health. He developed a hierarchy of defence mechanisms and described those which are less mature and those more likely to be helpful in daily life. A key point is that challenging the person who is using immature defences will not automatically result in contrition and more mature behaviour—these are essentially involuntary, and so other strategies are necessary to respond to a person using immature defence mechanisms.

A common and challenging defence mechanism is projection. An example is a person who has had little to do with an ill family member, who makes an unexpected visit, but creates tension when they arrive. The relative may make critical comments when they visit, such as "You haven't helped at all with this swelling. You're obviously hopeless at your job." The temptation is to defend your treatment, or even challenge the person about their claims. If the behaviour is recognised as projection, you can discern in fact that the relative is responding this way because they feel guilty, and have failed to offer support. So unconsciously they deflect this on to you, rather than reflecting on their personal deficiencies which would presumably cause them intense distress. Acknowledging painful feelings and being generous allows the person to reclaim some dignity and you to avoid increasing tension: "It's really upsetting to see someone you care about be so ill."

A final thought

Health professionals may occupy a very different world from those they treat. As healthcare professionals, it is important to keep in mind that we really don't know the path the person has taken to be at this point. We need to appreciate that the same determination and goals and values which have helped us to achieve professionally can make us vulnerable to feeling frustrated when clinical situations do not go as we hope or plan, or when people behave in ways which seem unreasonable—the "heart-sink" situation. Developing a broader understanding of the complex determinants of behaviour and social context will help us to develop a repertoire of coping strategies, so that we can indeed "take heart."LP

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A full set of references can be found online at **www.lymphedemapathways.ca**.