

Psychological needs

5: Helping the angry person

Intermediate level

Produced by
St. Oswald's Hospice
Regent Avenue
Gosforth
Newcastle-upon-Tyne
NE3 1EE

Tel: 0191 285 0063
Fax: 0191 284 8004

This version written and
edited by:

Claud Regnard Honorary
consultant in Palliative
Care Medicine,
St. Oswald's Hospice

Tessa Nichol
Bereavement Support
Assistant,
St. Oswald's Hospice

Veronica Oliver-Jenkins
Consultant Clinical
Psychologist, Newcastle
Specialist Palliative Care
Service, Newcastle
Hospitals NHS Trust

Aim of this worksheet

To understand the principles of helping the angry person and to avoid escalation

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Take this learning into your workplace using the activity on the back page.

Case Study

Peter is a 46 year old man, married with two children. He initially complained of increasing weakness in his legs. Always an anxious man, at first this was put down to stress. When the weakness worsened, however, investigations and examination by the neurologist suggested motor neurone disease, and subsequent progression of the signs and symptoms has confirmed the diagnosis. He wanted to know the diagnosis and was told.

Today he comes in to see you for the first time with his brother, Mark, with whom he is very close. Mark soon starts to demand why his brother wasn't diagnosed earlier, and red-faced with anger starts to blame you for allowing Peter to get into this state.

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INFORMATION PAGE: Helping the angry person

Anger is considered a normal reaction to loss and to threatening or stressful events. When a person is diagnosed with terminal illness, he or she will have to deal with a series of losses and also situations that feel threatening and stressful. Helping a patient or family member who is angry may make you feel very uncomfortable, and it may be difficult to know what to do or what to say.

Getting started

As in many situations, start by acknowledging what is going on:

- **Acknowledge Mark's anger:** eg. "I can see this has made you angry. How can I help? I wonder if you could tell me what has been happening?" While this may seem unnecessary, it gives the person a clear message that you have noticed their anger and that you are taking it seriously. Offering to help starts to defuse the anger. By inviting the person to tell their story you are telling them that their experiences are important to you, and it may also offer opportunities for clarification and reflections on the goals, accomplishments and disappointments at various stages in their care.
- **Be aware of what anger does to you:** it is normal for you to be emotionally affected when confronted by an angry person. Some professionals feel irritated in response, in which case they need to suppress this irritation to avoid escalating the anger. Other professionals become shocked at the anger being directed at them, in which case they may need to be more assertive in order to be believed and help the angry person effectively. If your reactions make it difficult for you to help an angry person (eg. you become too angry or withdrawn to help effectively) it would be best to ask somebody else to see the angry person, and it may also be helpful for you to get advice on or training in how to deal with patients who are angry.
- **Support each other:** It is important that the health professional team support each other when dealing with patients or families that are angry. Talk to each other about your experiences with the angry person and how it makes you feel.
- **The setting:** with an angry person it is usually impossible to choose the right setting. If the setting seems particularly awkward (eg. a busy corridor) then as the discussion progresses it is reasonable to suggest an alternative, more private venue.
- **Defusing the anger:** this should have started when you acknowledged the presence of anger- most people want to know that you are prepared to listen and help. They may want help with getting something done or help with information. Exploring the cause of the anger is part of helping to defuse it since an offer of help is not usually rejected.

The appropriateness of anger

- **Discuss the cause** eg. "What's happened to make you feel like this?"

Most anger is understandable in that a) its reasons can be understood b) it is understandable that some people in distressing situations become angry.

So, Mark's anger is understandable, but it is not appropriately directed (you are seeing him for the first time), and seems out of proportion to the situation.

Apologising: when to say sorry and when it is not appropriate

When the anger is directed at you, *and that anger is appropriate* then come clean and apologise! For example: "I'm sorry you were kept waiting for so long- it would make me angry too."

When the anger is about the behaviour of another health professional, avoid the temptation to defend that person since a) it's not your place to defend others, and b) trying to defend the other person will fail to defuse the anger and will only result in the accusation that 'You lot all stick together!'. You can still show your concern without being defensive, for example, "I can see why you're angry." Then suggest that they speak or write to the individual to express their concerns.

Escalating anger: an important warning sign

The steps so far should by now have defused Mark's anger *within a few minutes*. At the very least, it should be no worse. Occasionally, however, the anger escalates. If this happens:

- Position yourself by the nearest exit.
- Acknowledge the escalating anger, eg. "I can see this has made you very angry."
- Set limits eg. "I want to help you, but your anger is beginning to make me feel uncomfortable. If you don't feel you can control your anger I wouldn't feel comfortable continuing."
- If the person cannot accept the limits, end the interview and leave immediately to avoid being assaulted.

Persisting anger

There are several reasons for persisting anger:

- Sometimes this is a person's normal behaviour.
- It may be an established way of coping.
- There may be a clinical depression.
- Unrealised ambitions eg. seeing children grow up.
- Loss of control because of weakness or immobility.
- Spiritual anger, e.g. anger with God, or at the general unfairness of awful things happening to people who have tried to live a good life.

The last four may need additional or specialist help.

“For 2 months you couldn’t make up your minds what was wrong- now look at the state Peter’s in! I can’t believe you call yourselves doctors!!”

Reflect

- How does Mark’s anger make you feel?
- What can you do to start helping his anger?

**True
or
false?**

Which of these do you think is true about Mark’s anger?

The anger is understandable	True	False
The anger is appropriately directed	True	False
The anger is proportional to the situation	True	False

**How would
YOU react?**

- Mark angrily blames the GP for the delay in diagnosis. What can you say?
- Mark accuses you of keeping them waiting an hour (you were running 50 mins late). What can you say?
- It’s clear that Mark’s anger is escalating. What can you do?

Reflect

On the next visit, Mark’s anger is less, but is still present. Think about what could be causing this.

FURTHER ACTIVITY: Helping the angry person

Reflect on how you are affected by an angry person.

- Do you tend react with anger?
- Do you tend to withdraw?

FURTHER READING: Helping the angry person

Journal articles

Philip, J., Gold, M., & Schwartz, P. Anger in palliative care: a clinical approach. *Internal Medicine Journal*, 2007. **37**(1), 49-55

Garnham P. Understanding and dealing with anger, aggression and violence. *Nursing Standard*. 2001; **16**(6): 37-42.

Julkunen J, Gustavsson-Lilius M, Hietanen P. Anger expression, partner support, and quality of life in cancer patients. *Journal of Psychosomatic Research*. 2009; **66**(3): 235-44.

Hansen MJ. *Et al.* A palliative care intervention in forgiveness therapy for elderly terminally ill cancer patients. *Journal of Palliative Care*. 2009; **25**(1): 51-60.

McCord RS. Floyd MR. Lang F. Young VK. Responding effectively to patient anger directed at the physician. *Family Medicine*. 2002; **34**(5): 331-6.

Mitchell AJ. *Et al.* Prevalence of depression, anxiety, and adjustment disorder in oncological, haematological, and palliative-care settings: a meta-analysis of 94 interview-based studies. *Lancet Oncology*. 2011; **12**(2):160-74.

Robbins PR. Tanck RH. Anger and depressed affect: interindividual and intraindividual perspectives. *Journal of Psychology*. 1997; **131**(5): 489-500

Thomas SP. Groer M. Davis M. Droppleman P. Mazingo J. Pierce M. Anger and cancer: an analysis of the linkages. *Cancer Nursing*. 2000; **23**(5): 344-9.

Vachon M. The emotional problems of the patient in palliative medicine. In, Hanks G, Cherney NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. *The Oxford Textbook of Palliative Medicine, 4th ed.* Oxford University Press, 2009, pp 1410-36.

Further resources

Effective Interaction with Patients, 2nd ed Faulkner A. New York : Churchill Livingstone, 1998.

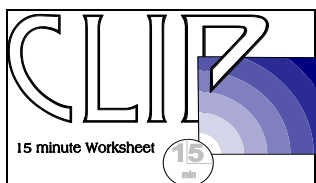
e-lfh: e-Learning for Healthcare contains a range of online self-learning programmes, including several relating to end-of-life care (e-ecla). Registration is required but is free.

Introducing Palliative Care 5th ed. Twycross R., Wilcock A. www.palliativedrugs.com 2016

Talking to Cancer Patients and their relatives. Faulkner, A. Oxford: Oxford University Press, 1994.

A Guide to Symptom Relief in Palliative Care, 6th ed. Regnard C, Hockley J. Oxford: Radcliffe Medical Press, 2010

Oxford Textbook of Palliative Medicine 4th ed. Hanks G, Cherny NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. eds. Oxford : Oxford University Press, 2010.



Current Learning in Palliative care
An accessible learning programme for health care professionals

15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological and spiritual needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Planning care in advance
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

Available online on
www.clip.org.uk