

TAKING CARE OF THE HATEFUL PATIENT

A guide to 'enlightened **hatred**'

DEFINITION

HATE: intense hostility and aversion usually deriving from fear, anger, or sense of injury.



**HATEFUL PATIENTS EVOKE
NEGATIVE FEELINGS IN
CAREGIVERS**

NEGATIVE FEELINGS

- Helplessness in the helper
- Unconscious punishment of patient
- Self punishment of doctor
- Inappropriate confrontation of patient
- Extrusion of patient from health care

FAUSTIAN IDEAL

“Know all, love all, heal all”

1949

- International Journal of Psychoanalysis
“Hatred in the Countertransference” by
pediatrician and psychoanalyst D.W.
Winnicott acknowledges outright hatred
for some patients in certain circumstances.
These feelings need to be regarded as
clues to guide management.

FOUR PATIENT TYPES

- DEPENDENT CLINGERS
- ENTITLED DEMANDERS
- MANIPULATIVE HELP-REJECTERS
- SELF-DESTRUCTIVE DENIERS

DEPENDENT CLINGER

- Are naïve and seductive
- View the physician as inexhaustible
- Perceive their needs as bottomless
- Initially doctor-patient relationship is like “puppy love”
- Early signs are the patient’s extreme gratitude and doctors “specialness”

DEPENDENT CLINGERS

- Feeling evoked by physician is aversion
- Recommended approach:
 - 1) Set firm limits as early as possible and maintain them
 - 2) Protect the patient from promises that cannot be kept

ENTITLED DEMANDERS

- Less naïve.
- Hostile, intimidating, guilt-inducing
- Repulsively entitled, enraging, and eventually shaming the physician
- Entitlement is patient's religion

ENTITLED DEMANDERS

- Feeling evoked is: fear and a wish to counterattack entitlement.
- Recommended approach: Rechannel entitlement in direction of good medical care. Tireless repetition that patient deserves first rate care.

MANIPULATIVE HELP-REJECTERS

- Opposite of entitled: “Nothing will help!”
- What is sought is not cure but care; they seek an undivorcible marriage with an inexhaustible caregiver.
- Losing the symptom implies losing the relationship with the doctor and precipitates a new round of “doctor shopping”.
- Patient fears abandonment

MANIPULATIVE HELP-REJECTERS

- Feeling evoked is pessimism, inadequacy, and guilt
- Recommended approach:
 - 1) “share” the pessimism
 - 2) emphasize ongoing treatment, not cure
 - 3) suspect underlying depression and consider psychiatric evaluation

SELF-DESTRUCTIVE DENIERS

- Much different from “healthy” denial
- Profoundly dependent and have given up hope
- These patients “glory” in their own destruction
- These patients furiously defeat attempts to preserve their lives

SELF- DESTRUCTIVE DENIERS

- Feelings evoked are malice and secret wish that patient will “die and get it over with”
- Recommended treatment:
 - 1) physician must lower expectations of delivering “perfect care”
 - 2) obtain psychiatric consultation to determine if a treatable depression exists
 - 3) preserve the denier as long as possible as with any patient with a terminal illness

SUMMARY

What is important is not how the physician feels about patients, but how they behave toward them.

HATRED OF THE ALCOHOLIC

DYNAMIC ISSUES

Alcoholics lie to avoid guilt and shame.
Clinicians call this lying denial.

CHRONICITY

Training fosters the illusion of acute illness.
We hide from chronicity.

Alcoholics relapse which evokes hopelessness in
the therapist that can give way to hatred.

HATRED OF THE ALCOHOLIC

PERSONAL BAGGAGE

Many of us has been personally injured by alcohol.

Alcoholics awaken atavistic fears and wishes of the clinician.

COLLUSION

The clinician shields himself from hatred of the patient by agreeing with the denial.

HATRED OF THE ALCOHOLIC

ABANDONMENT

The clinician intensely desires to be rid of the noxious patient by sending him or her away A.K.A. the REFERRAL.

BANISHMENT

A variation on abandonment, banishment is a magic solution i.e., “a special place far away”.

HATRED OF THE ALCOHOLIC

“GO TO AA”

This terse directive sounds like “Go to your room.”

SADISM

Chronic alcoholics often have chronic pain and are demanding; Physicians may counterattack with sadistic interventions.

HATRED OF THE ALCOHOLIC

MISSED COMORBID DIAGNOSES

When drinking derails therapy important diagnoses fall by the wayside.

PARALYSIS

Alcoholics are wont to abuse drugs therefore prescribers become loathe to appropriately prescribe.

HATRED OF THE ALCOHOLIC

WHAT CAN THE CLINICIAN DO?

- Listen to yourself. Enlightened hatred doesn't have to be acted on.
- Unpack old baggage. If damaged seek therapy.
- Accept chronicity. Don't be seduced by the illusion of acute illness. Our task is to relieve suffering. Be realistic.
- Alcoholism is not hopeless. We dare to treat schizophrenia.
- Get to know AA.