Complainers:

Skitch Ferguson LMSW
Complainers:

We also know there are many patients in facilities who have concerns about their care but do not speak up due to their concerns about retaliation if they do speak up.
Poem by Rudyard Kipling following the story "Elephant's Child" in "Just So Stories"

I keep six honest serving-men
(They taught me all I knew);
Their names are What and Why and When
And How and Where and Who.

I send them over land and sea,
I send them east and west;
But after they have worked for me,
I give them all a rest.
I let them rest from nine till five,
For I am busy then,
As well as breakfast, lunch, and tea,
For they are hungry men.

But different folk have different views;
I know a person small
She keeps ten million serving-men,
Who get no rest at all!
She sends em abroad on her own affairs,
From the second she opens her eyes
One million Hows, Two million Wheres,
And seven million Whys!
Rudyard Kipling

6 Servants – the questions we ask in order to learn
- What
- Why
- When
- How
- Where
- Who

W. R. Bion

7th Servant – the question that knows not how to be asked
- Drive for [emotional] truth - Curiosity

Christopher Bollas

I am engaged in thinking an idea struggling to have me think it.
What is there to learn from complainers?

• Learn about the patients
• Learn about the consequences of labeling
  • Learn about ourselves

“Complainer” is a label

• Clinicians label patients as complainers
• Patients do not self select themselves as complainers
  • The complainer label creates a vicious circle
What are other labels for complainers?

- Deviant
- Nonconforming
- Difficult
- Problem
- Overemotional
- Dependent
- Demanding
- Bad
- Uncooperative
- Noncompliant
- Confused
- Crotchety
- Querulant
What are some common characteristics of the labels?

- The labels are stigmatizing
- Most of the labels are pejorative
- The labels nullify future complaints
- The labels tend to disenfranchise the patient
- Patients do not self select themselves with the labels
- The labels are the point of view of one or more clinicians
- The labels tend to justify retaliation by confirming not altering
- The labels perpetuate a vicious circle
The Vicious Circle

EVENT OCCURS

- ILTB: Indirect Life Threatening Behavior
- Ask & Listen to Patient
- Assess for Anxiety & Depression
- “Can you tell me what causes you to do these things that may be harmful to your health?”
- “Your IDT will work together with you to solve this problem.”

- Reasonable Self Assertion
- Disenfranchised
- New data is used to confirm rather than alter
- LABELED

- Ignored
- Ignored
- Complaint

- Objective: Findings
- Subjective: Possible Somatization
- Involve the patient

- Possible Somatization
- Involve the patient

Subjective:
Possible Somatization

Objective:
Findings

Ask & Listen to Patient

Assess for Anxiety & Depression

New data is used to confirm rather than alter

Reasonable Self Assertion

Disenfranchised

ILTB: Indirect Life Threatening Behavior

Can you tell me what causes you to do these things that may be harmful to your health?

Your IDT will work together with you to solve this problem.
The Vicious Circle & Positive Outcomes

**EVENT OCCURS**

**ILTB: Indirect Life Threatening Behavior**

**Ask & Listen to Patient**

*Can you tell me what causes you to do these things that may be harmful to your health?*

**Assess for Anxiety & Depression**

**Involve the patient**

**New data is used to confirm rather than alter**

**Communication with PATIENT RESOLUTION**

**Disenfranchised**

**Labeled**

**Ignored**

**Complaint**

**Reasonable Self Assertion**

**Objective: Findings**

**Subjective: Possible Somatization**

**“Your IDT will work together with you to solve this problem.”**

**Ignored**

**“Can you tell me what causes you to do these things that may be harmful to your health?”**
When and why complain? How would the patient feel?

- Depression
- Anxiety
- Pain – physical, emotional, spiritual – decrease in thresholds
- Coping problems – inability to handle living and fear of dying
- Environmental factors
- Intrapersonal or Interpersonal distress
- Psychophysiology – emotionally provocative events elicit different reactions and intensities in different people

Chronic and terminal diseases make their presence known.

- Some diseases themselves are stigmatizing.
- Patients become present oriented versus future oriented.
- Live in a state of constant fear of what will happen next.

Patients with chronic and terminal diseases live under the sword of Damocles.

Any complaint deserves a closer look
What might be the experience of a patient with a chronic and terminal disease look like?

The Sword of Damocles is a modern expression based on a myth, which means a sense of impending doom, the feeling that there is some catastrophic threat looming over you.

Damocles was permitted to survey all the wealth, privilege and power that accompany the office of king but with a sword suspended above his head by a single hair from a horse's tail, an attempt by King Dionysius, to convey just how precarious he felt his position to be.

Patients and their support systems of caregivers live in a world with the coexistence of contradictory and simultaneous experiences and in a world of uncertainty.

Patients react to this threat of an uncertain future and sense of helplessness differently, both physically and emotionally.
How do patients cope?

Patients balance two opposite and alternative defenses.

**DENIAL**

- Hope
- Magical Thinking
- Non-Compliance
- Positivity
- Protection
- Hope
- Reward

**OBJECTIVITY**

- Reality
- Findings
- Compliance
- Anger & Frustration
- Helplessness
- Fear & Fatalism
- Punishment

Beard, Bruce H. and Sampson Tom F., 1981, *Psychonephrology 1*, ch 16 Denial and Objectivity in Hemodialysis Patients: Adjustment by Opposite Methods, pp 19-175
Complaining and Coping are Overdetermined

Overdetermination occurs when a single-observed effect is determined by multiple causes, any one of which alone would be sufficient to account for ("determine") the effect. That is, there are more causes present than are necessary to cause the effect.
HOPE & DENIAL

“I will beat this disease; it is not my time to die.”

DISPLAY IN PUBLIC

OBJECTIVITY

“This disease is going to be the cause of my death.”

SENSE IN PRIVATE
HOPE & DENIAL

“I will beat this disease; it is not my time to die.”

PUBLIC
HOPE & DENIAL

“I can and will beat this disease; it is not the time to die.”

OBJECTIVITY

“This disease is going to be the cause of my death.”

PRIVATE
HOPE & DENIAL
“I will beat this disease; it is not my time to die.”

PUBLIC

OBJECTIVITY
“This disease is going to be the cause of my death.”

PRIVATE
How do patients cope?

Patients balance two opposite and alternative defenses.

DENIAL

OBJECTIVITY

Each by itself is inadaptable.
Using both demonstrates adaptive ability to survive.
Heightened purpose in living and being alive is intensified knowing death may be near.
Who is likely to be labeled a complainer?

- The labeled patient is often a lower SES than the clinician placing the label
- Little difference between women and men
- Younger versus older patients labeled more often
- US-born Catholics more than Protestants and Irish Catholics
- Better educated patients significantly more than poorly educated
- Patients requiring surgery who did not have cancer were high
- Cancer patients were low
- Pain and discomfort were ambiguous
- Patients with a family history of “complainers”
- Patients who took (needed) more time and attention
- Hospital patients were higher than out patients

Lorber Judith (1975), Good Patients and Problem Patients: Conformity and Deviance in a General Hospital, Journal of Health and Social Behavior, Vol 1 No 2, pp 213–225
What are the consequences of being labeled a complainer? What kind of treatment do complainers get?

- Premature discharge
- Neglect
- Inadequate care
- Depersonalization
- Avoidance
- Scolding
- Reprimanding
- Restrictions
- Referral to a psychiatrist – which is entered in the medical record and becomes part of the record - causes identity as a complainer in future situations

Lorber Judith (1975), Good Patients and Problem Patients: Conformity and Deviance in a General Hospital, *Journal of Health and Social Behavior, Vol 1 No 2*, pp 213–225
Where can we look for answers?  
Who can help and How?

• Care requires empathy and understanding
• Care is complex and influenced by humans and the environment
• IDT agreement on cases is infrequent – whoever bore the brunt
• Pain is a sign that something wrong may be fixable
• Labels act as defenses of the clinicians and as justifications not to provide care
• Labeling often originates from countertransference
• Clinicians must monitor our own thought processes on a case-by-case basis and determine if we are using labeling to build ourselves up or justify the slow or lack of progress a patient is making
• Am I as a clinician able to face the pain I feel working with this patient?
• Am I retaliating because of what I [am forced to] feel?
Complainers:

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ORGAN DONATION
Don’t take your organs to heaven.
Heaven knows we need them here.