Dealing with the Anger and Hostility of those who Grieve

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Abstract

Hospice caregivers are often targets of appropriate or displaced anger from the patients and family members that they try to help. Although anger is often an essential part of the grieving process, it may be difficult to endure. Caregivers must therefore understand the causes and signs of anger in themselves, patients, and family members, and find strategies to reduce the anger. A therapeutic response to anger will better facilitate the grief process as well as the effectiveness and well-being of the hospice caregiver.

Introduction

Hospice caregivers are well aware of the intense feelings of sadness and frustration that accompany the grief process. Likewise, they are prepared to deal with such emotions when treating dying patients. Although anger may be part of the grieving process, hospice workers are not usually prepared to deal with the intense hostility and rage that may be directed toward them by patients and family members. Some hospice staff have experienced a recent increase of anger and hostility directed toward them. Although some of the anger has been coming from the dying person, the anger has more often come from the patient’s relatives. The stress and ordeal of grieving a dying relative may also trigger dormant conflicts, causing family members to turn their anger towards one another, putting the caregiver in a position of conflict manager.

The increase in instances of hostility directed towards the staff may be related to the patient’s short life expectancy, having been referred to hospice shortly after being diagnosed. Families are still in the early stages of grieving and are not yet able to accept that death may be near. Whatever the cause, hospice workers will be better prepared if they consider ways to respond to anger in the grieving process.

Hospice caregivers can better respond to hostility in a caring and therapeutic manner by (1) understanding the causes of anger in general and how grieving intensifies and complicates these causes; (2) recognizing signs of anger in patients and their families; (3) identifying their own reactions to anger; and (4) knowing a variety of interventions directed at reducing anger and hostility in themselves and others.

Anger in grief

Anger is a complex and intense emotion that can be triggered by a variety of situations. Anger often emerges from our frustrations, losses, threats to our dignity and well-being, and the sense that we have lost control over a situation. Each of these is manifested in the grieving process. Anger has been long understood to be an...
integral part of the grief process. Kubler-Ross has described the developmental process of one who is dying to include shock and denial, anger, bargaining, depression, and acceptance. It is perhaps fitting that the active display of energy and intensity involved in anger must proceed and make possible the more passive feelings of depression that lead to acceptance and preparation for death.

Anger in the patient

For the person who is dying, anger may stem from many sources: the realization that he or she will be deprived of future dreams and goals; the physical pain and suffering that often accompanies the dying process; the withdrawal of loved ones and others who know one is dying; and perhaps the realization that one’s prayers and religious beliefs have not yet halted their illness. While the anger may be demonstrated in a variety of individual ways through negative comments, sarcasm, obstinacy, and passive-aggressive behavior, occasionally it may also be manifested in aggressive behavior directed toward the hospice caregivers. To be yelled at, insulted, and perhaps assaulted while attempting to console a dying patient is a most disconcerting experience. Yet, if understood and dealt with therapeutically, the anger may be recognized as a necessary step in the therapeutic process. When anger is displaced upon the caregiver, it is often an indication that the caregiver is providing trusted and valued support. While this seems contradictory, it reflects a patient’s desire to vent at a safe outlet, as opposed to family members.

Anger in the family

There are even more direct and specific dynamics of anger when one is confronted with the knowledge that someone they love is about to die. While the dying person is coping with approaching death, the person’s family is struggling with a series of dynamics themselves, many of which can result in anger displaced onto the hospice worker or directed towards one another.

Family members who are caring for a dying loved one are bombarded with pressures and flooded with emotions. There may be feelings of overwhelming helplessness at being unable to stop the illness, as well as fear and anticipation that roles and functions in the family system will be changing. Also, family members may be tempted to protect themselves by withdrawing from the loved one, while recognizing that the patient may need even more closeness and attachment. As the process continues, exhaustion is complicated by not only the expectation of death, but also by having to make the decisions and complete the overwhelming tasks inherent in the dying process. Exhaustion may readily lead to feelings and expressions of anger at the patient, the caregivers, and other family members.

Anger at the patient may be even more likely if the family feels that person is responsible for their own illness, directly or through neglect. If the patient had been abusive to the family or had a difficult relationship with them before the illness, feelings of unresolved anger may be intensified. As the family becomes more and more exhausted, the possibility increases that anger at the patient will be displaced upon the hospice caregiver. The caregiver is further challenged when family members begin directing their anger at one another. As the pressure builds, family members may be able to pull together in an effort of mutual support. However, frustration and helpless feelings may become so intense that family arguments may break out especially if old conflicts or unresolved issues are rekindled. Also, family members may angrily disagree about the client’s treatment or care, and important decisions may be delayed or prevented because of an inability to agree on acceptable responses. Often, the family may have legitimate concerns about the care given to their loved one. However, their appropriate anger, intensified by the stresses they have experienced, may be displaced inappropriately.

Responding to anger

To treat the terminally ill and their grieving families effectively, hospice workers must be prepared to respond appropriately to the anger and hostility that may be part of the grief process. To do this, caregivers must understand the difference between reacting and therapeutically responding to the anger of others. A reaction is a reply to speech or behavior directed towards us that is driven by our emotions and is intended solely to protect ourselves or express our feelings. It does not consider—or adapt to—the needs of the other. It comes out of us as individual persons who have been in some way impacted by another’s behavior. A therapeutic response, however, is a reply to the other’s behavior that comes from our role as a caregiver to that person. It is not intended to defend or protect us, or allow us to express our feelings. A therapeutic response is intended to be a reply to the other’s action that will support or respond to a need existing in the other person.

When people are criticized, insulted, or yelled at in anger, it is understandable that they will feel hurt and wish to react by verbally striking back. In a professional relationship with a dying person or grieving family, however, giving in to that wish is unacceptable, unprofessional, and damaging. While it is easy to acknowledge that hospice workers should respond appropriately to the anger and hostility displaced upon them, it is much more difficult to describe how that is accomplished.
Before learning to respond appropriately to anger, one must first understand his or her typical responses to anger. Reactions to anger directed at us or expressed by others in our presence range from aggression to emotional or physical withdrawal. Our natural reaction is a product of many life experiences. Of particular significance is the manner in which anger was dealt with at home during our formative years. Development of the ability to endure displaced anger and to respond therapeutically also requires the awareness that one is beginning to become angry and the skill to rechannel the tendency to strike back.

When one is verbally attacked, the first recognition that this is having an impact is a physical one, a tightening of the muscles, a flushing of the skin, an increase in one’s pulse. If these sensations continue and as physical and psychological pressure builds, the desire to decrease the tension through a reaction becomes more difficult to control. At the earliest sign of physical tension, a simple yet effective technique of stopping the physical spiral of tension is to take a deep breath, hold it to the count of four, and exhale slowly before replying. This short timeout helps decrease the physical sensations and is a time to establish personal control. The next part of developing a therapeutic response is choosing what to say in the reply.

Professionally, it is always best to approach the dying person and family with dignity and respect, and to avoid saying or doing anything that would heighten their frustration and anger. However, there is no guarantee that individuals undergoing such frustration and anger will not attack the caregiver. While one should not expect anger, it is wise to be aware of the cues that indicate a person is beginning to lose control. The earlier the caregiver can identify and respond to anger, the more therapeutic the response can be.

Patients and family members often indicate that they are becoming angry by the increased tension and frustration in their voices, a change in their affect, and an increase in motor agitation. They may become verbally defensive or threatening, as evidenced by controlling or demanding gestures. As soon as the caregiver identifies the temptation to react to the anger and accepts the need to respond, he or she should begin intervening in the situation. When responding to the dying person’s anger, one needs to see it as part of the grief process and not a personal attack. Often, anger is a way to fight off the terrible realization that in many ways the person is helpless to change the situation. The caregiver should not show counter-hostility, but allow the others to express their feelings and accept their right to those feelings. Simply listening can be effective in helping the person lessen and gain control of their anger. Sometimes, caregivers can help the patient diffuse the anger by changing the tone, rate, and pitch with which they respond to the client. While it is necessary to avoid sounding condescending or maternalistic, the caregiver may make emotional contact and help the patient gain some control by lowering the voice and slowing the rate of speech. The control of the response may give patients feedback that their emotional state is more controllable than they feel it to be. An empathetic response to a person who is enraged should not emphasize the rage, but make it more manageable: e.g., “You sound genuinely irritated.” Part of the patient’s anger is directed by fear. The person in grief is questioning the caregiver’s ability to help. The patient is asking three questions:

• Can I trust you?
• Do you know what you are talking about?
• Do you care about me?

We can best answer the questions in the affirmative, not so much by our words, but through our supportive actions and our ability to accept and work through their rage with them. Another concept to remember is that grieving persons feel they have virtually no control over what is happening to them. Giving them permission to make even the simplest choices in their care often allows them to diffuse and channel the anger.

Intervention with the angry family requires listening to, identifying, and accepting the angry reactions as legitimate expressions of grief, but not allowing the anger to be projected onto the caregivers. The family may need help in finding an appropriate way of expressing their anger toward one another and the patient. Family conferences apart from the patient are often helpful in allowing family members to deal with their feelings in a way that resolution can occur.

**Tips for dealing with anger in self and others**

- Recognize the physical signs of anger—increased pulse, rapid breathing, etc.
- Recognize that attacks by the patient are part of the grief process and not personal affronts.
- Differentiate between appropriate and displaced anger.
- Recognize the difference between past and current anger.
- Remember the goal is to comfort the patient, not return anger.
- Acknowledge the feelings of the patient and family.
- Give the patient and family control by having them make a choice about something.
• If possible, decrease stimuli such as TV volume and bright lights in the patient’s room or home.

• Use breathing exercises to decrease physical tension.

• Speak kindly and directly to the patient.

• Listen attentively.

• Use a calming tone, pitch, and volume of voice with the patient and family.

• Remember to process your emotions with peers or supervisors.

Conclusion

Working with dying persons and grieving families is a very difficult, but extremely valuable, service. By preparing for, accepting, and dealing with the anger experienced in the grief process, caregivers can become even more effective in their efforts.

References

3. Ibid.
7. Ibid.