

## **Working with Emotions and Attitudes**

- I. This session builds on Drs. Pusateri and Raphael's excellent presentation on personality profiles in that it also emphasizes knowing yourself.**
  - A. The last session focused on understanding your personality tendencies**
  - B. Today we're going to address the role of emotions in our professional lives**
  - C. Three main points to think about**
    - 1. How to work constructively with difficult emotions**
    - 2. How to cultivate positive emotions**
    - 3. Where you'd like to fall on a continuum from emotional detachment to emotional involvement in relation to your patients**
  
- II. Do emotions matter in medicine**
  - A. No time to review the literature, but the short answer is yes**
  - B. Emotions exert effects on both patients and doctors in critical areas such as clinical decision-making, information-processing, and the doctor-patient relationship**
  - C. In terms of physician role-models**
    - 1. Most physicians do not acknowledge their emotions with learners/team**
    - 2. Physicians have trouble accurately identifying/responding to patient emotions**
  
- III. Working with difficult emotions**
  - A. It's important to pay attention to problem emotions because**
    - 1. Difficult emotions usually make a bad situation worse (hamper patient care, inhibit teamwork, leave you feeling stressed, even ashamed)**
    - 2. Sometimes expressing difficult emotions has a short-term benefit, but long-term reduces safety and trust**
    - 3. In a problematic interaction (triggering negative emotion), usually easier to change yourself than to change the other person**
  - B. We think of emotion as something that just happens to us, but that's not accurate**
  - C. Responding vs. reacting**
    - 1. You always have a choice about how you respond**
  
- IV. Problem emotions**
  - A. Everyone experiences problematic emotions, so they are normal part of being human**
  - B. Not whether you should or shouldn't feel a certain way, but what you're going to do once you realize you ARE feeling a certain way**
  
- V. Examples of difficult emotions**
  - A. Low level and high level difficult emotions**
  - B. Complete lack of emotion can also be a problem**

1. Objectification of patient
2. An I-It relationship

**VI. Common mistakes in working with difficult emotions**

- A. Difficult emotions can be scary/shameful
- B. Ignore the emotion/pretend it's not there (minimize)
- C. Justify/rationalize the emotion (I deserve to have this feeling)
- D. Suppress the emotion (unprofessional)
- E. Feed the emotion (tell a story)

**VII. One model for working with difficult emotions**

- A. Basic model: Catch it – Check it – Change it
- B. Step 1: Acknowledge the emotion
- C. Step 2: Ask yourself if this is what you want to be feeling
- D. Step 3: Ask what you can learn from the emotion (frustration while driving - lesson might be to leave 5 minutes earlier or choose a route; it might also be that not everything in life is under your control, so you might as well relax and kick back)
- E. Step 4: How can you change the emotion?
  1. Take the other's perspective
  2. Put the emotion in the context of other emotions
- F. Step 5: Let go of the emotion
  1. Don't justify/feed the difficult emotion
  2. Be willing to move on

**VIII. Cultivating positive emotions**

- A. Seems like something we should try hard to do, but we often don't give this much attention
- B. Positive emotions/attitudes of value in healthcare (and personal life)
- C. Remen: Compassion and kindness should come from an overflowing of joy
- D. Strategies for cultivating positive emotions
  1. Acknowledge and work with negative emotions
  2. Adopt other's perspective
  3. Think of the other as someone's family
  4. Change the story you tell about the other
  5. Look for commonalities
  6. Respect difference
  7. Broaden your perspective
  8. Cue your core values
  9. Remember something that brings you joy
  10. Keep a gratitude journal
  11. Contemplate a gratitude journal
  12. Look at a happy baby
  13. Do something nice for yourself
- E. Fear of Caring about the Patient
  1. Compassion, caring can be too painful

2. Empathy can be too uncomfortable
3. Will lead to lack of objectivity, emotional enmeshment, burn-out
4. No research supports these fears (burn-out associated with depersonalization, not caring)

**IX. Emotional equilibrium**

**A. Continuum from emotional detachment to emotional overinvolvement:  
Where do you fall/where do you want to fall?**

**B. Equanimitas**

**C. Combination of emotional steadiness and tenderness**

**D. Emotional centeredness (emotional regulation)**

1. Not detached

2. Loving, compassionate, but steady

**E. Finding your emotional center**

1. Pausing, taking a breath

2. Say a prayer, wisdom saying

3. Be curious, not furious

4. Soften your emotions

**F. You are aware of your emotions BUT...**

1. You are not driven by your emotions

2. Your emotions are within a larger context of doing good for the other  
(your patient) and for yourself

3. However you act

– With firmness

– With gentleness

– Some combination of the two

4. You have found a still, trustworthy center