The angry young man was well known to the staff of the emergency department; he was what some referred to as a “frequent flyer.” His presenting symptom was always the same: extremely elevated blood sugar. This was frustrating for the staff of a busy emergency department with many critically ill patients. The young man’s illness was chronic, but controllable. His blood glucose levels could be stabilized, if only he would monitor them and take his insulin as prescribed. Despite frequent instructions about how and why he should follow his regimen, he refused to cooperate. He was a classic example of a non-compliant, “bad patient.”

More out of frustration than curiosity, one day I asked, “Why don’t you just take your insulin like you’re supposed to? You know that would keep you from having to come here so often.”

The young man responded angrily. “I’m too young to have to take medicine all the time, and when I do take it just reminds me that I’m sick.”

Suddenly it all made sense: this young man was not being a “bad patient,” he was grieving. He had lost the image of himself as young, healthy, and immortal, and he was struggling to incorporate everything his illness—with its implications for his own wellbeing and necessary lifestyle changes—represented. At the very core of his grief was the sense of shame and self-blame that so often accompanies a patient’s early struggles with chronic illness.

Until staff began to approach this patient as someone coming from a place of grief and loss, rather than one of defiance, we could not help him. He needed to begin to deal with the feelings that kept him from owning his illness and adhering to his medical regimen.

The lesson learned from this patient stayed with me and served as

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by John M. Brion Jr., PhD, RN, CHES

“Bad” Patients May Benefit from Greater Self-Compassion

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the impetus for research into grief, self-compassion, and medication adherence in collaboration with Mark Leary, PhD, professor of psychology and neuroscience at Duke, and others.

One obstacle to adherence may involve non-acceptance, anger, and the self-denigration that many patients experience after learning that they have a serious illness, particularly one for which they may feel some personal responsibility or one that is stigmatizing. Research has shown that feeling ashamed about a medical problem is associated with lower treatment adherence.

One study of highly adherent individuals indicated that acceptance of being HIV-infected was a crucial step in becoming adherent to HIV treatment regimens. Patients who initially struggled with adherence indicated that it was not until they had accepted and “owned” their illness that they were able to engage fully in treatment.

One psychological factor that may relate to improved adherence to health and medication regimens is self-compassion. A self-compassionate focus is characterized by showing caring and kindness toward oneself during difficult times, recognizing that difficult experiences are common in most people’s lives, and acknowledging negative life experiences without judgment.

Research shows that people high in self-compassion deal with negative life events more successfully than people who are low in self-compassion. Self-compassion predicts healthy emotional and cognitive reactions to both minor and major life events, lessens reactions to negative feedback, and buffers people against negative self-feelings in relation to distressing life events.

Self-compassion is associated with psychological well-being and bears a close resemblance to, but is not the same as neuroticism, self-esteem, depression, and coping styles. Self-compassion is not about self-indulgence or avoiding personal responsibility. People high in self-compassion accept their role in negative events without being overwhelmed or consumed by negative emotions.

Evidence about self-compassion suggests that it should be associated with adaptive responses in chronically ill populations. Virtually everyone initially responds to knowledge that they have a serious illness with strong negative emotions. If unchecked, these initial negative reactions foster denial, avoidance, and an unwillingness to face the problem. This leads to ineffective coping tactics that undermine treatment adherence.

People who approach their diagnosis with self-compassion are more likely to accept the problem, strive to treat themselves with concern and kindness, and maintain equanimity. Given that self-judgment and negative affect are associated with less self-care among medical patients, a self-compassionate focus should promote more positive self views and adaptive responses, hopefully including treatment adherence.

Dr. Leary and I have created a 12-item instrument to measure self-compassion in a patient population. This instrument has been piloted in a population of people living with HIV. Preliminary data indicate that higher self-compassion is related to engagement in care, medication adherence, psychological well-being, and avoidance of harmful and unhealthy behaviors. These findings indicate that self-compassion may indeed play a pivotal role in an individual’s successful adaptation to living with HIV and possibly other chronic illnesses.

Future research will focus on developing and putting into practice interventions to increase self-compassion as a way to help patients successfully adapt to illness.

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