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Reassurance Does Not Always Help

SUMMARY

Reassurance is the most commonly misused form of supportive intervention in medical practice. It is superficial in activity and transient in its effects. It does not appear to be a very powerful therapeutic technique. To be effective, it should be realistic, sincere, given at the right time, directed at the appropriate target, based on sound grounds, and provided by a proper authority. It must always be given judiciously. (*Can Fam Physician* 1989; 35:1161–1163.)

RÉSUMÉ

Rassurer le patient constitue la forme d'intervention de soutien la plus mal utilisée en pratique médicale. C'est une activité superficielle et transitoire au niveau de ses effets. Cette technique thérapeutique ne semble pas très puissante. Pour être efficace, il faudrait qu'elle soit réaliste, sincère, donnée au bon moment, dirigée vers la bonne personne, reposer sur des bases solides et offerte par une personne compétente. Il faut toujours rassurer le patient de façon judicieuse.

Key words: reassurance, supportive intervention

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ALL DOCTORS who see patients have the opportunity to dispense a useful form of psychological treatment called "reassurance". It is one of the oldest and most widely used methods of psychotherapy. Some reassurance may be necessary at certain phases of psychotherapy. It is also acknowledged to be an aspect of therapy present in most modalities of medical treatment.

Reassurance is a frequently offered human response to individuals who are worried or troubled. It consists of a general optimistic and hopeful attitude and specific statements based on data and/or experience designed to allay exaggerated or unfounded fears of the patient.[1] It strengthens positive attitudes and healthy behaviour by serving as a reward. It is normally considered an attempt at encouragement offered by friends, parents, and a variety of professional persons.

Reassurance is sometimes given in verbal form; more commonly, however, it is demonstrated through nonverbal behaviour, such as by maintenance of a calm and objective attitude.[2] Some doctors are highly skilled in this technique of providing reassurance but are not able to explain exactly what it is that they do.

Reassurance can be given unconsciously. Unconscious reassurance is probably the cause of the "placebo effect" observed in drug therapy. But reassurance is more likely to be effective if the doctor is aware of what he or she is doing.[3]

A general practitioner may often be able to proffer superior reassurance by means of continuing contact with the patient over time. Such longitudinal contact and lasting relationship permit the doctor to make continual observations and to provide repeated reassurance.[3]

Function

The doctor can reassure a patient in at least two ways: by removing doubts and misconceptions, and by indicating that the patient has certain assets. Doubts and misconceptions are often based on the patient's incorrect understanding of the disease or proposed procedure and may lead to considerable anxiety and distress. When a patient is worried about a current problem because of lack of information or some misconception, reassurance, along with the necessary information, may prove helpful. This is particularly so where the patient anticipates a negative consequence, clearly exaggerated, of some impending action. The reassurance of the doctor, a clearer appreciation of what

is actually involved, and the actual occurrence of the event without any dire consequences will restore the patient's peace of mind.

Reassurance is an important method of providing support. Along with other aspects of psychotherapy, reassurance given by the doctor or derived from the therapeutic situation may provide some feeling of support to the patient who seeks help with personal problems. The knowledge that one has a potential source of help instils feelings of hope and security. The patient perceives that he or she has someone to turn to and is not alone in the effort to cope with problems: the doctor is a source of support. At the simplest level, the fact that somebody cares is important.

Negative Aspects

At first sight it may seem that a patient should feel reassured and glad at being told that the doctor can find nothing abnormal. On further consideration, it becomes obvious why "nothing wrong" is not always the best possible news: it means that the doctor can't "make" the patient better. On this basis even the news that it is unlikely the doctor will find anything wrong may be a disappointment, especially in areas of health care where "miracles" are frequently reported in the newspapers and on television. The patients may have been deceived by the image of modern medicine projected by the media, which implies that almost anything can be corrected if diagnosed.[4]

Reassurance often becomes futile when extensive and inappropriate investigations provide only negative results or uncover only insignificant and unrelated abnormalities. In these circumstances the patient is eventually driven to one of two conclusions: either the doctor still does not know what is wrong, or he or she is not telling the patient the truth.[5] As Kemp wryly notes,[6] "One is left with the conclusion that examinations and investigations reassure only the doctor."

In some cases, the doctor is tempted to reassure the patient and to suggest that the patient's problems are not really serious. But if they exist, they are certainly serious to the patient. Reassurance of such patients is more likely to confirm their belief that they truly have a condition that is a matter for concern.

It is not uncommon for a doctor to assure a patient that he or she knows "exactly what it feels like, because I have had the same thing myself." But this sort of sharing of experience is often of little value to the patient in trouble.

Reassurance may also fail because in accepting reassurance the patient implicitly agrees that his or her fantasies were senseless, unfounded, and untrue.[7,8]

Patients may be so deeply submerged in their troubles and pain that they are apt to lose sight of the positive aspects of their personality[2] or to become so preoccupied with their dominant concern that they are unable to listen to their doctor. In such situations, information — sometimes very detailed information — may be transmitted at a time when the patient is unable to receive, comprehend or assimilate it. Therefore, it is of little value to some patients, since it has not been registered.

Reliance on conventional verbal reassurance when the patient's condition is complex will usually not have positive results. With the abnormally anxious patient, for instance, reassurance is ineffective, for it will not relieve the anxiety.[9] Moreover, if the patient has a longstanding anxiety or concern about a particular matter and has been given reassurance by others in the past, it is very unlikely that reassurance offered later by the doctor on that point will be effective. This is one reason why many doctors do not view reassurance as a positive therapeutic technique.

In practice, while family practitioners put great stock in reassurance, as often as not they do not subject their own provision of reassurance to critical appraisal. This may well explain why reassurance is often ineffective.[10]

The Right Way

Reassurance may be freely used when it is factually based. Verbal reassurance should not be started too early, though it may occasionally be successful and give superficial relief. In the long run, however, when given too early, it is more likely to cut off valuable communication, leaving the patient with the sense that, "That may be so for others, but the doctor doesn't understand *me*." It may even block further progress. For reassurance to be effective, the patient must be convinced that the doctor has obtained the information necessary for reassurance.[9] Indeed, the patient may interpret premature reassurance as a rejection.

When a patient has revealed his anxieties, being "soothed" with the assurance "Everybody feels like that before surgery," or "Things will work out all right" amounts to a statement that the problem does not exist or is not serious. It may even imply that the patient is malingering.[9] Such responses deny the patient's feelings and make it difficult to explore his or her concerns more fully, but reassurance cannot change the fact that those feelings do exist.[8] Inappropriate reassurance that there is nothing wrong rarely succeeds of its purpose, but only causes the patient to consult other doctors in a perpetual quest to find one who will take seriously his complaints and his perception of them or understand his underlying worries.

Reassurance should never be "hollow" or insincere: that is, the doctor should not make explicit assertions that he or she knows to be unfounded. When it is necessary to spare the patient undue worry and anxiety, it is usually better for the doctor to carry the burden of leaving some things unsaid until such time as the patient may be ready to cope with them. Usually, the patient's fears are much worse than reality, and thus provides the doctor with considerable room for positive, explicit, factual explanations that the patient will find reassuring.

At first the patient may not have enough faith in the doctor to be convinced of his sincerity. He may imagine that the doctor is secretly deriding

him or does not know how serious the situation really is, or is merely delivering "therapeutic" doses of insincere solace. Paradoxically, the physician who merely informs a patient of the facts without eliciting his or her confidence and trust is often discouraging further communication.

In providing reassurance, the doctor must listen to the patient with sincerity and respect. Under no circumstances should the patient be disparaged for irrational fears. The patient usually realizes that his worries are unnecessary, yet he is unable to control them.[2]

Reassurance is most helpful when it is based on a realistic appraisal of the patient's situation and a careful assessment of the problem. In other words, effective reassurance depends on the physician's recognizing, accepting, clarifying, and answering the patient's need in specific and appropriate ways.

If reassurance is to be specific, the doctor must identify what the patient's anxieties are, and determine the sources of his fears.[7] The patient commonly harbours anxieties that are ill founded. Specific reassurance requires that the source of his anxiety be determined, and the investigation should be directed towards that end.[9] It may not always be easy, however, for the physician to explore and find the real problem: patients are still sometimes reluctant to express their dread of cancer or may be ashamed to speak of the possibility of venereal disease. Unless these problems are brought into the open, reassurance is doomed to fail, as it will be directed at the wrong target.

To be profitable, reassurance must be realistic. To promote a patient's hopes unreasonably by giving him groundless reassurance may be effective in the short term, but is bound to backfire later. In the long run it will not make it easier for the patient to come to terms with a difficult problem. Reassurance must stay close to the known facts.

Reassurance, then, in order to be effective, must be directed at the proper target, must be based on actual grounds, and must be provided by a qualified and skilful practitioner.[5]

Conclusions

Many patients visit a physician for confirmation that the symptoms they are experiencing do not indicate serious disease. This is ground for presentation likely to become more common as the population is educated to present with the early signs of illness. It is these patients who are so often told that they have "nothing wrong with them", and consequently they are offered no help other than reassurance or some form of medication for symptom relief. Contrary to popular belief, reassurance seldom reassures.

Patients who do not receive the reassurance they are seeking may actually be better served than those who receive reassurances based on deception or half-truths.[11] Indeed, false reassurance often handicaps an effective doctor-patient relationship and occasionally prevents the patients from working on unpleasant and painful experiences so that they are seldom corrected.

While doctors often say that they use reassurance to prevent the patient's anxiety from getting out of control, one cannot help wondering whether this explanation is often a rationalization. The patient, by exposing feelings, has already indicated a desire to discuss them. A reassuring response would therefore suggest that the doctor prefers not to discuss such matters, perhaps leaving the patient with the mistaken or distressing sense of having raised inappropriate concerns. On the contrary, however, it may well be the doctors who are avoiding dealing with matters they themselves find difficult. When tempted to reassure a patient, doctors should ask themselves, instead, whether they are, in fact, protecting themselves or the patient. Should they be honest enough, they will, in most cases, recognize that they are really attempting to avoid discussion of a matter that would make them uncomfortable.[8]

It has been said quite rightly that a good deal of conventional comforting is as much aimed at relieving the distress of the comforter as that of the sufferer.[12] Thus reassurance merely side-steps a crucial problem that is at the root of the patient's trouble, while the doctor tries to alleviate some anxieties about things that do not matter very much either to him or her or to the patient.

In short, the doctor's aim should not necessarily be to reassure in every instance. Bland reassurance, although sometimes beneficial, may only increase doubt and anxiety when it is not used judiciously. On the other hand, failure to reassure on demand cannot be taken as an unequivocal measure of the quality of the doctor's care in a consultation.[12] In the final analysis, reassurance still warrants further careful study before the manoeuvre can profitably be extensively employed and truly therapeutic. ■

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