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COMMENTARY

Anxiety reduction and emotional self-care using the U-technique in radiology departments

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ABSTRACT

Daily clinical practice is an important source of stress and emotional exhaustion. In the health field, patients could experience a significant number of emotional reactions. There are high levels of anxiety in patients referred for medical imaging, and these levels are even higher in patients undergoing complicated diagnostic procedures. All this shows the need to understand that anxiety must be diagnosed and treated. This situation forces radiologist to develop emotional and social skills to resolve difficulties that may arise in the communicative act. In the patient-radiologist interaction, many elements have been analysed, being communication and communicative skills one of the most important elements. The objective is to present an emotional management tool, the U-technique. It consists of four movements: sympathize, empathize, feel the antidote emotion and spread the antidote emotion in order that the health professionals recognize their emotional state in each moment of the relationship with the patient.

Anxiety is a situation that is experienced by all people which accompanies human beings throughout their existence.

It is a complex reaction to situations that may be potentially dangerous or are subjectively perceived to be dangerous, even if only because of the uncertainty of the circumstances.¹

Anxiety can be considered as a trait or as a condition. Anxiety as a state consists of the presence of anxious symptoms at a specific and defined time, whereas trait anxiety is a tendency to cope or interact with the environment with an excessive degree of anxiety over a long period of time (anxious personality). People with this trait, therefore, have a floating anxiety, which is an anxious persistent emotion that is maintained for no apparent reason but which becomes manifest when confronted with various situations or events.

There are a multitude of situations in the daily environment that are stressful for the individual; these can be very diverse and arise as a result of the interaction between the person and the environment. However, the characteristics

most common to all of them are novelty, uncontrollability, uncertainty, inability to predict consequences, and so on, which cause subjects to perceive the external situation as a threat to their physical-psychological integrity.²

Within the health field,³ patients experience a significant number of emotional reactions, which may be anxiety (caused by fear of pain or uncertainty about the future), depression, problems of adaptation (depending on each individual's expectations) or rebellion (when confronted by an undesired destination), along with the possibility of suffering from an incurable disease, the destruction of the body owing to a loss of autonomy or fear of death.

The patient's emotional state is a subject that has recently aroused great interest. Multiple studies have evaluated the anxiety, depression, distress and quality of life of patients in general, and those of patients undergoing diagnostic procedures in particular.⁴⁻⁷

With regard to the emotions and feelings generated by diagnostic procedures, emotions can be evoked in relation

to anxiety, fear of the unknown or loss of control. There are high levels of anxiety in patients who are referred for medical imaging, and these levels are even higher in patients undergoing complicated procedures.

The feeling of discomfort that patients have when confronted with diagnostic tests is not only a situation that should be avoided but also implies a poor use of available resources. This emotion affects the normal development of the activity that causes it and the experience that the patient has. The lack of cooperation as regards performing the procedure may lead to an inability to complete the study or a situation in which it is completed in a such way that it is suboptimal (movements during the acquisition of the study, breach of recommendations, etc.), which implies that the quality of the procedure is worse.

All this shows the need to understand that anxiety must be diagnosed and treated in advance in order to ensure an adequate doctor–patient relationship based on good individualized information regarding the patients' pathology. Doctor–patient communication and all the tools that physicians can employ to identify and manage anxiety, therefore, implies providing patients with information that will allow them to better adapt to the different situations that they must confront and reduce the anxiety associated with all of this.

The patient should receive clear, complete and personalized information so as to make him/her feel welcomed, and doubts and concerns should be answered in order to generate a climate of trust in which he/she understands everything related to the problem and can express his/her emotional state.

Considering patients' emotions are not, however, habitual behaviour among health professionals, and especially radiologists, although taking the patients' perspective and their psychological and social needs into account is transcendent.

Within the relationship between patients and the radiologist, it is not only necessary for the latter to learn to recognize the patient's emotional response but also for the former to recognize that of the radiologist, which will allow the establishment of more effective, intimate, personalized, flexible and higher quality responses and solutions.

We have, therefore, developed a tool, the "U-technique",⁸ for application in the healthcare field, including the radiology and imaging science departments. The goal is to achieve an adequate emotional management, whether what we are trying to manage is our own emotions or someone else's emotional response, in order to attain an emotional response that is suitable for each situation in life, particularly in a health environment.

The U-technique (Figure 1) consists of four moments: sympathize, empathize, feel the antidote emotion and spread the antidote emotion, with the objective of the health professional recognizing his/her condition at each moment of the relationship with the patient.

Figure 1. Diagrammatic representation of the U-technique.

The first moment involves sympathizing. What we do is "feel what the other feels", that is, we are able to detect the emotion that our patient is feeling.

The second moment involves empathizing. When we empathize, what we actually do is to really feel what the other person feels. That is, we create the emotion that will allow us to feel the emotion that our patient feels. At this moment we are, therefore, at the core of the health professional.

Once we are aware that the emotion we feel is the same emotion felt by the other person, we are emotionally matching that other person. When accompanying someone, it is necessary to be able to emotionally manage that other person, and if we do not match them, there is no connection and no link is established. However, once we adjust, a connection occurs, and this link will allow us to perform the following steps.

To make a good match, the most important emotions that we have to feel in order to adjust to a patient are curiosity and admiration; two emotions that keep us in a state of calm and control as referents. We can, for example, tell the patient "we are interested in what happens to you and you can tell me because I am accompanying you".

The sum of sympathizing and empathizing favours the bond between the health professional and patient, which allows us to continue with an adequate emotional management.

The third moment is that of management. We have to re-manage our emotions and provide an emotional antidote to what the patient felt at the first moment. We have to try to settle in an emotion that is appropriate to the situation that the patient is experiencing; we call this emotion the antidote emotion.

The star emotion is security. Effective emotions as regards being an antidote to the patient's misfit emotions are also curiosity and admiration.

Finally, we have to pass the antidote emotion on to the patient. Once we feel the antidote emotion we can infect the subject with it, which will lead to the creation of a climate in which the antidote emotion is present at all times. We will realize that, at that moment, our patient will be beginning to feel this emotion.

These four moments do not need to be expressed verbally. They are simply feelings that we communicate with our presence, and when this happens, our mobility, our face, our non-verbal expression or breathing, will affect the subject's brain, thus creating a climate of change.

The U-technique, therefore, proposes a paradigm shift. It implies not only sympathizing with the patient, but also empathizing. This means that the professional is aware of his/her own emotional state.

A good moment for radiologists to start all these moments from the U-technique, in order to increase and improve the bond, is when explaining the informed consent. Information is a clinical act^{8,9} in the various laws concerning patient autonomy.

A patient who has been well informed about pathology and treatment is better suited to the different situations and his/her anxiety or other emotional responses are thus reduced; he/she better understands the explanations received and is more satisfied with the relationship with the radiologist.

The U-technique has been implemented in the field of psychology and in areas of clinical practice as a fundamental tool for improving physician–patient relationships, but has been developed very little in diagnostic imaging services.

Various techniques by which to improve the care and education of patients undergoing interventional techniques or complex diagnostic procedures have been developed, such as

the development of informative leaflets or graphic medicine with illustrated stories,¹⁰ comics and cartoons.

The U-technique provides an improvement not only as regards the patient's emotional education but also for health professionals, and particularly radiologists, since it gives them the tools for their emotional self-care.

However, one of the barriers to its implementation is the need for adequate training, which could be solved by the development of seminars, specific conferences, etc that teach the correct use of the U-technique.

It is not what we say; it is the emotion we use to say it. This means that we should generate a climate of respect and trust in which we adapt to our patients and to their reality, cognitive biases and fears, even assuming that this may generate unpleasant emotions.

In order to develop appropriately, radiologists must know whether an appropriate emotion is required at that moment so as not to have an unfavourable influence on the patient's emotional state.

It is here that the U-technique, explained above, can significantly help health professionals to know and manage their emotional universe and, as a consequence, the patient's emotional state.

In conclusion, this whole process consists of a change of perspective. On the one hand, we must pay attention to the emotional universe that plays a fundamental role in all human relationship, and especially in the relationship between health professionals and patients.

On the other hand, we should integrate this emotional universe into the *abc* of our daily practice, thus ensuring that radiologists are able to consciously link with their emotional state and that of the patient. This will enable us to achieve better satisfaction, well-being and personal and emotional self-care.

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