



# print edition

PROBLEM SOLVING: DILEMMAS

## Best to deliver bad news facts

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Dear Susan,

I work for a marketing firm that has just informed us it is in deep financial trouble and there will be layoffs within the month. Everyone is suddenly scrambling to find other work or to take charge of big clients so they won't be picked off. In January, we were reassured that it was business as usual, so I made commitments that I may now not be able to meet. If things were so bad, why didn't they give us more notice?

- Duped and Soon Dumped



Dear Duped,

Welcome to the belated bad news club. As a species, we're not very skilled at predicting the future - if we were, the United States wouldn't owe a trillion dollars to China, and more than 800 extinct animals might still be around.

A life-changing event often takes us by surprise because hints of it are so threatening that we simply refuse to face the evidence. And that is likely what happened in your workplace. What looks like a callous lack of transparency on the part of management could be something quite common and inherently human: denial.

When it comes to bad news, we first protect ourselves, and then we protect others. Denial plays a big part in mounting this defence. By working as a filter, denial prevents painful ideas or feelings of failure from eroding our equilibrium - and the drive to keep on going.

Though Freudians gave it a bad rap, turning a blind eye actually works very well in protecting our psyches. There's lots of evidence that denial is most evident among happy-go-lucky people. Meanwhile, brutal recognition of the facts is the hallmark of depressed ones. (This was demonstrated most recently in reactions to Sept. 11, 2001. When therapists asked disaster victims to dredge up the facts, they found the trauma was exacerbated, not treated).

The causal link can go both ways: scary information can make us unhappy, of course, while those who are already unhappy -for any reason - are more likely to see threats elsewhere and to take responsibility for events that are not really their fault.

When psychology researchers manipulated people's moods by having them read evocative passages, those who were made to feel sad and worried then blamed themselves for their relationship problems, for example. But those who read cheery passages then attributed their "issues" to something else entirely - the situation or their partner.

Still, when there's really bad news, there's reliable evidence that it really is best to face the facts. Among breast cancer patients, for example, a study showed that denial promoted good progress in the short run, but distressing outcomes in the long run. This certainly makes sense. If you dismiss your test results now, you'll be happier without the inconveniences of chemotherapy and those annoying, intruding thoughts about mortality. But of course you may not live to see another year.

This medical parallel to business is apt. A generation ago, if there was a grave diagnosis, doctors often kept the information to themselves, or family members asked them to keep it a secret. It was group-think denial, a practice that, in my view, suited everyone but the patient.

But for the last 10 years, communication skills are one of a handful of core competencies being taught in medical school, according to the Canadian and American Medical Associations.

Though many doctors still struggle with evasion, this is no longer considered an acceptable practice. With the help of actors playing the roles of patients, medical students are now explicitly trained on how to keep patients informed, according to Dr. Perle Feldman, the residency program site director in family medicine at North York General Hospital in Toronto.

Since it doesn't come naturally, researchers do before and after tests to see whether such rehearsal works. In one recent study, less than 20 per cent of doctors could say the word "cancer" to a patient. After a four-day workshop, more than half could.

Business schools should do the same - each future business leaders explicitly about how to communicate difficult information.

When it comes to bad news in the past, psychology offers up a lesson: denial is a natural process and it works to protect us. But bad news about the future? Follow the medical model and give people the facts, just as long as you do it the way good doctors should.

"First, you have to know what the bad news is, what the outcomes are, what the percentages are," Dr. Feldman says. "Then you have to give people options. You have to give them some power - ideas about how they're going to manage because you don't just leave them hanging there. You have to hold out some hope."

Your senior colleagues left you hanging because they were in denial. They probably wanted just a bit more information, to achieve greater certainty, before they had to make hard choices. And in the crucible of their decision making, they neglected one crucial item: the rest of you need time, information and the sense of possibility to make your choices, too.

*Susan Pinker is a psychologist and author of *The Sexual Paradox: Extreme Men, Gifted Women and the Real Gender Gap*.*

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