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How Families Cope with a Loved One's Illness and Decline (Anticipatory Grief)

I.	Death Denial
	A. "Living as well as possible" v "Living as long as possible" (H Dunn)
	B. "Last phase of life (H Dunn) v Dying
II.	The Power of Words
	A. Openness and honesty
	B. "Artificial"
	C. Dying, dead, death
III.	Avoid Regret
	A. No scripts
	B. Push into the future
	C. Eric, "You have to make the decision that you can live with"
IV.	Listening
	A. "How to Grow Huge Ears"
	B. "Ring Theory"
V.	Hope/Cope
	A. Rocks

How To Grow Huge Ears

You can improve your hearing by cupping your hands behind your ears (literally making "bigger" ears). In the same sense, you can improve your ability to take in what others are saying — by increasing your listening skills. But like any skill, becoming a great listener takes study and practice. Here are three listening skills you can try with your friends.

Reflective Listening

This kind of listening is appropriate when friends are worried, frustrated, confused, or talking about something else important. It's a way to help them get a better understanding of their problems — and feel supported by you at the same time.

In reflective listening, you just repeat back to your friend what she seems to be saying. You function like a mirror: she expresses her thoughts, and then hears them echoed back and affirmed by you.

An example might be:

YOUR FRIEND: "I am so nervous and confused about the math test, I can't even start to study."

YOU: "It sounds like you're so nervous you don't know where to begin!"

While it may not seem like a very dramatic way to help, this process — your friend expresses her feelings and you reflect them back with understanding — helps her feel she's not alone with her concerns. Also, hearing our thoughts reflected back to us gives us a chance to look at them from another perspective. We can then decide if we are saying what we really think or feel.

Emotional Listening

This listening skill provides a way to communicate your understanding and acceptance of someone's FEELINGS. In emotional listening, you communicate that you hear and understand how he or she *feels*.

Examples of your responses might include

"I hear that you are angry about what happened . . . "

"I can understand why you might feel . . ."

"It sounds as though you're worried about . . . "

LISTENING =

"It sounds like you are afraid for your friend . . ."

"You seem to be pretty sad about . . . "

"It's really cool that you are happy about . . ."

Feel-Felt

After you've made it clear that you understand what your friend is feeling, you can add another phrase to ease his sense of being alone with his feelings. You can do this by including him in a larger group, saying things like

"I have felt the same way too."

"I can understand how you feel; no one likes that."

"I've known lots of people who feel that way."

These skills, along with eye contact, asking questions, and open body language, all let your friends know you're present and there for them — and that you really do have "big ears."

Being able to really hear what 99 others are saying doesn't just happen because we have ears. Like any skill, becoming a great listener takes study and practice.

from Earl Hopp Feeding your Head

How not to say the wrong thing

It works in all kinds of crises -- medical, legal, even existential. It's the 'Ring Theory' of kvetching. The first rule is comfort in, dump out.

April 07, 2013 | Susan Silk and Barry Goldman

When Susan had breast cancer, we heard a lot of lame remarks, but our favorite came from one of Susan's colleagues. She wanted, she needed, to visit Susan after the surgery, but Susan didn't feel like having visitors, and she said so. Her colleague's response? "This isn't just about you."

"It's not?" Susan wondered. "My breast cancer is not about me? It's about you?"

The same theme came up again when our friend Katie had a brain aneurysm. She was in intensive care for a long time and finally got out and into a step-down unit. She was no longer covered with tubes and lines and monitors, but she was still in rough shape. A friend came and saw her and then stepped into the hall with Katie's husband, Pat. "I wasn't prepared for this," she told him. "I don't know if I can handle it."

This woman loves Katie, and she said what she did because the sight of Katie in this condition moved her so deeply. But it was the wrong thing to say. And it was wrong in the same way Susan's colleague's remark was wrong.

Susan has since developed a simple technique to help people avoid this mistake. It works for all kinds of crises: medical, legal, financial, romantic, even existential. She calls it the Ring Theory.

Draw a circle. This is the center ring. In it, put the name of the person at the center of the current trauma. For Katie's aneurysm, that's Katie. Now draw a larger circle around the first one. In that ring put the name of the person next closest to the trauma. In the case of Katie's aneurysm, that was Katie's husband, Pat. Repeat the process as many times as you need to. In each larger ring put the next closest people. Parents and children before more distant relatives. Intimate friends in smaller rings, less intimate friends in larger ones. When you are done you have a Kvetching Order. One of Susan's patients found it useful to tape it to her refrigerator.

Here are the rules. The person in the center ring can say anything she wants to anyone, anywhere. She can kvetch and complain and whine and moan and curse the heavens and say, "Life is unfair" and "Why me?" That's the one payoff for being in the center ring.

Everyone else can say those things too, but only to people in larger rings.

When you are talking to a person in a ring smaller than yours, someone closer to the center of the crisis, the goal is to help. Listening is often more helpful than talking. But if you're going to open your mouth, ask yourself if what you are about to say is likely to provide comfort and support. If it isn't, don't say it.

Don't, for example, give advice. People who are suffering from trauma don't need advice. They need comfort and support. So say, "I'm sorry" or "This must really be hard for you" or "Can I bring you a pot roast?" Don't say, "You should hear what happened to me" or "Here's what I would do if I were you." And don't say, "This is really bringing me down."

If you want to scream or cry or complain, if you want to tell someone how shocked you are or how icky you feel, or whine about how it reminds you of all the terrible things that have happened to you lately, that's fine. It's a perfectly normal response. Just do it to someone in a bigger ring.

Comfort IN, dump OUT.

There was nothing wrong with Katie's friend saying she was not prepared for how horrible Katie looked, or even that she didn't think she could handle it. The mistake was that she said those things to Pat. She dumped IN.

Complaining to someone in a smaller ring than yours doesn't do either of you any good. On the other hand, being supportive to her principal caregiver may be the best thing you can do for the patient.

Most of us know this. Almost nobody would complain to the patient about how rotten she looks. Almost no one would say that looking at her makes them think of the fragility of life and their own closeness to death. In other words, we know enough not to dump into the center ring. Ring Theory merely expands that intuition and makes it more concrete: Don't just avoid dumping into the center ring, avoid dumping into any ring smaller than your own.

Remember, you can say whatever you want if you just wait until you're talking to someone in a larger ring than yours.

And don't worry. You'll get your turn in the center ring. You can count on that.

Susan Silk is a clinical psychologist. Barry Goldman is an arbitrator and mediator and the author of "The Science of Settlement: Ideas for Negotiators."