

# Responses to Life-Threatening Illness

## Physical Responses

- Physical manifestations of stress
- Preoccupation with health
- Pain and suffering

## Cognitive Responses

- Shock
- Denial
- Bargaining
- Egocentricity and constriction of interests
- Changes in body image and self-esteem
- Reassessment of life and mortality
- Cognitive impairments
- Sleep disturbance
- Suicidal thoughts
- Loss of hope

## Emotional Responses

- Guilt and shame
- Anger
- Fear and anxiety
- Jealousy and envy
- Grief, sadness and depression
- Humor
- Acceptance

## Behavioral Responses

- Hypersensitivity
- Controlling behavior
- Acting out
- Disengagement
- Dependence
- Regression



# Anticipated Future Losses

## Physical Responses

- Loss of control
- Loss of independence
- Loss of productivity
- Loss of security
- Loss of predictability and consistency
- Loss of pleasure
- Loss of ability to complete plans and projects
- Loss of dreams and hopes for the future
- Loss of significant others
- Loss of familiar environment, possessions
- Loss of identity
- Loss of physical, psychological and cognitive abilities
- Loss of meaning
- Unfinished business



# Three Styles of Helping

Enabler	Rescuer	Empowerer
Maintains status quo	Fosters dependency	Encourages independence
Acts for	Acts for	Acts with/facilitates
Denies problem	Tries to fix	Focuses on options
Tries to prevent consequences	Tries to remove consequences	Lets consequences happen
Equal or inferior	Hero or superior	Equal
Discards own needs	Acts from own needs	Takes care of self
Blurry boundaries	Blurry boundaries	Clear boundaries
Becomes trapped and dependent on outcome	Becomes trapped and dependent on outcome	Remains free of outcome
<b>The “helped” feel less capable.</b>	<b>The “rescued” feel less capable.</b>	<b>The “empowered” feel more capable.</b>



# Communication Exercise

Statement	Typical Response	More Helpful Response
These doctors do not know the pain I am in. They do not know what they are doing.	Everyone is doing the best they can. You have got to trust your doctors.	
I am getting out of this hospital. I have got things to do.	Stay and rest so you can get better. Then you can go home.	
I just want one more Christmas with my family.	Don't worry. You will probably outlive us all.	
I really wish I did not have to start chemotherapy today.	You really do not have a choice. It is the only thing that will help.	
(Silence, turning away, weeping.)	You are just making this harder on yourself and your family.	
My doctor says that if I do not have surgery, I might die. What would you do if you were me?	I know exactly how you feel. Five years ago, my mother had the same problem. We got a second opinion. Have you thought about seeing another doctor?	
I do not want to live like this. I just want to die.	But life is always worth living.	

## Discussion and reflection:

1. What makes the “typical” responses unhelpful? \_\_\_\_\_

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2. Were you able to construct more helpful responses? What are they?

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# Improving Your Communication

## Remember:

- Patients and/or families who are coping with serious illness respond best to a combination of affective, emotional and cognitive information.
- “Big talk” often starts with “small talk.”
- Patients and families who can share their “stories” often find meaning in the midst of crisis.
- Silence is also a form of communication. It allows us to share the “gift of presence.”

