

Metropolitan Jewish Hospice and Palliative Care

Tools for Visiting with Someone at End of Life

Rabbi Charles Rudansky

Recognize differences between home visits and visits in an institutional setting

- Hospital / Institutional Setting
 - Limitations on patient autonomy
 - Limitations on pastoral/religious discussions
- Home Setting
 - Patient / family autonomy
 - You are a guest in the patient's home
 - Power of the home visit

Use Listening Skills

- **Active Listening**
 - **Be “other-directed;”** focus on the person speaking
 - *Listen with all of your senses*
 - **Be aware:** non-verbally acknowledge what the person is saying
 - *Let the discussion run its course*
 - *Encourage the train of thought without interrupting*
 - **Be involved:**
 - *Actively respond to questions*
 - *Use body language (e.g. leaning in) to signal your interest*
- Ask **open-ended** questions
- *Open ended questions are helpful because they elicit a story or description rather than a yes or no reply*
 - *“Tell me about...”*
 - *“You seem a little low today.”*
 - *“You look sad.”*
 - *“You’re smiling.”*
 - *“What was that like for you?”*
- **How to Listen to Others**
 - Stop talking
 - Concentrate on what the person is saying
 - Look at him/her and make eye contact, if appropriate
 - Smile, nod, respond appropriately
 - Don't interrupt
 - Set your own emotions aside
 - Get rid of distractions
 - Don't judge

- **The best techniques for listening**
 - **Encourage reminiscence** and story-telling
 - **Re-state** what you have heard in different words
 - Sit with **silence**
 - **Prompt** the person to say more
 - Use **honesty** to build rapport, without too much self-disclosure

- *You are **NOT** actively listening when...*
 - You **say you understand** what someone is going through
 - You have an answer for a problem or **think you can fix it** for the person
 - You **finish** the person's sentence
 - You **talk about your own** experiences, making the patient's seem less important or less valid
 - You are **thinking more about your response** than about what the patient is saying
 - You are **passing judgment** on what s/he is saying

- **Communication**
 - The majority of communication is non-verbal
 - Demonstrate a facial expression and a type of body language that lets the speaker know you are listening to him or her
 - Our goal is to give the message of respect & interest
 - *Body Positioning*
 - *Facial Expression*

- **Helpful Phrases**
 - "Can you say more about that?"
 - "That must be (have been) very difficult/painful."
 - "You've spent your life taking care of your family, now they want to take care of you."
 - "What would you like to see happen?"
 - "Is there anything you can think of that would feel good to you right now?"
 - "It's really difficult to live with uncertainty."

- **Don't Use Clichés!**
 - "I know how you feel."
 - "We are never given more than we can handle."
 - "It's G-d's will."
 - "She lived a good long life and it was her time to go."
 - "You must be strong for the children."
 - "Don't cry. It will be okay."

Skills of Listening **A Review of Helpful Communication Techniques**

By Jeri Willen

Introduction

The questions most often asked by hospice volunteers in training are "What shall I say?" and "What shall I do?" Neither of these questions has a simple answer. Quite often, the most appropriate thing to say is nothing at all; the most appropriate thing to do may be to give someone a hug. Indeed, the most important skill the volunteer can gain is that of listening. Vital to the skill of listening is an appreciation of silence. It requires both time and hard work to cultivate the inner stillness and peace which will ultimately allow the volunteer to accept the counsel to say nothing and do nothing.

Some communication techniques for the hospice volunteer will be illustrated in this paper. It is important for the volunteer to understand the feelings of the patient and family, as well as to communicate that understanding. It is especially important to communicate that those feelings exist legitimately, and that it is safe to share those feelings and innermost thoughts.

Listening Skills

Listening means caring and involvement. People need to be listened to, and those who want to help need to learn to listen. Listening is an active experience, not a passive one. It involves concentration and effort. Creative listening is the most important skill a hospice volunteer can acquire. The volunteer needs to hear not only what is said (content), but what is meant (feeling).

The opportunity for true sharing is too often lost, because the volunteer has not learned to listen.

Reflective Listening

Being an attentive listener also involves what to say and how to say it. Your tone of voice, facial expression, and body posture all indicate active listening, acceptance, and understanding of what you hear. A helpful technique is the process of reflecting. Reflective listening facilitates a situation in which the patient feels comfortable about raising a personal concern. The patient knows that the volunteer is listening, because that volunteer exhibits clear understanding. Reflective listening is not repeating a statement, but responding as a multifaceted mirror. Responses in this process show understanding of what has been said, allow the speaker the chance, to correct anything that the listener may have misunderstood, and encourage the patient to expand on previously expressed feelings. Beginning volunteers sometimes say, "I'm so emotional! I'm afraid I would just cry and not know what to say." There is nothing wrong with crying. It is an expression of caring, particularly when it is crying with someone. But when your energy is focused on someone else, not on yourself, you will be less likely to cry. If you have learned how to listen, you will know how to talk.

One of the fears most often expressed by patients is that of being a burden to loved ones. When such a fear is expressed, the response "Why, of course you aren't a burden is one that negates legitimate feelings. It shuts the door on any meaningful exchange. "Lots of people feel that way" is a useless reply. The patient is expressing a personal concern although it may be a universal fear, it is important that the individual is expressing it. The reflection, "You feel that caring for you is hard on Mary" allows the feeling and invites an expansion on it. As the conversation progresses, the volunteer may find opportunity to suggest that the patient is giving a gift by allowing Mary to care for him. By caring for the patient, the care-giver is able to do something that makes her feel good.

Concerned Questions

Another technique that is helpful is the concerned question. For example, "What makes you say that?" or "Why do you feel that way?" Questions must not become probing, but are used to clarify for the listener what the speaker means. The word that best describes this kind of question is gentle. Gentle questioning does not judge, it merely holds the door open for a two-way exchange.

Summary

Chronically ill people are not usually cheered by the joy of others. Bouncing into the patient's room with happy cries is inappropriate. Equally inappropriate are the long face and funeral manner. Calmness, serenity, and the sincere acceptance of the patient without condemnation are what is required -- the behavior that psychotherapist, Carl Rogers calls "unconditional positive regard." This can also be called love.

The following poem by a colleague of mine is a helpful reminder of the volunteer's role for the patient.

Come Walk With Me

by Kaye Herth

Come walk with me
As I approach my journey's end
Come share my time
We'll laugh and love and play.

Come walk with me
And share my fears
And don't be afraid to cry
Your honesty will ease my pain
And I will gain much strength besides.

Come walk with me
I have so much I want to say

Let me share my hopes, my dreams
And together we will live each day.

Come walk with me
There's much undone to do.
Take my hand and hold me up
My work and me -- We must go on.

Come walk with me
Though run I can't
And watch each day unfold
And realize how much value there is
In the time we hold.

Visiting Guidelines

In a hospital or facility

Introduce yourself at the nurses' station before you visit

Do not give water or food without asking at the nurse's station. (Patient may have difficulty swallowing or may need to fast before a scheduled test)

In a facility and in the community:

Do not move a patient from chair to bed or bed to chair. Request help at the nurse's station, or from a homecare worker.

Do not drive a patient or family member in your car.

Do not offer medical advice.

Do help the patient to write any medical questions they may have to ask a physician or nurse.

How to Be with Someone Who's in Pain

How do we sit in the presence of someone else's pain?

One of the greatest gifts we can give is to be with someone who is in pain. Since all of us have been in pain at one time or another, we know that it comes in many colors. There's physical pain. There's emotional pain. There's the fear of the unknown and the fear that the pain will never stop. There's numbness, which actually brings on the pain of feeling profoundly disconnected. Then there's the anguish we feel when we worry about the pain we think our pain is causing others.

What can we do to be with someone who is having a difficult time? Breathe. That's right, keep breathing. Think of the birth coaches, spouses, friends, and nurses who are being with a woman in labor-said by many to be among the greatest physical pains anyone ever bears. What are those helpers doing? Breathing with the mother-to-be to help her ride the waves of pain. It's so easy to do just the opposite when you are with someone who is hurting. Regardless of whether their pain is physical or emotional, we start holding our breath without knowing it. We tighten up our muscles. We try to hold ourselves together, keep our emotions under control. This may also be what the person you are trying to comfort is doing as well-trying not to let the pain show. .

When we hold our breath, we lose touch with our ability to feel. The less oxygen we exchange, the less oxygen is supplied to refresh our cells and keep our blood circulating. We can tighten up in our body and our brain-hence the old advice when you are facing a difficult situation take a deep breath. It literally restores your senses. Breathing softly and deeply can calm you, and your relaxed energy can create a sense of peace for the person you are trying to help.

Being with the spirit of others-which is often most vulnerable when they are in pain-means that we also have to be

willing to let their pain touch us without fearing that it will overwhelm or contaminate us. A common healing meditation practice encourages us to "be willing to breathe in another's pain and breathe back your love and blessing."

One way you can support people who are in pain-whether emotional, physical, or both-is to *allow their tears*. It's natural for us to want to end the tears, to say, "It will be all right; please don't cry" It can be hard for us to sit there feeling somewhat helpless as they are sobbing or even gently weeping. Yet their body is trying to move emotions out of its system-to release the healing that comes with tears. To let the pain literally flow. If you can, try not to rush for the tissues or scoop people up in your arms. Just let them know you are there; then, after a few minutes, offer a gentle touch or a shoulder without assuming their burdens as your own.

You or the individuals you are comforting may at different times regard pain as a teacher, a curse, a punishment, an injustice, or a natural part of being alive. Regardless of how people view their pain, it helps if you can appreciate their view. You can also keep asking them, or professionals, how to help them feel more comfortable. Sometimes, however, all you can do is help them bear it if nothing can be done to relieve the pain.

It is not our role to make the pain go away, much as we wish we could. Sometimes, out of a desire to express how much we care, we say things like "I wish it were me that this was happening to" or "If I could take your place, I would" These words can sound well meant but hollow to the individuals we're trying to support, because as much as you would like to trade places with them or somehow make their pain go away, the truth is that you can't, and they know it.



Perhaps we can say something like a friend said to me the other day. With tears in her eyes, she struggled to find a way to help me deal with an upsetting situation that had left me feeling like I'd been emotionally poisoned. She began by telling me how helpless she felt and said she wished she could do something for me. It hadn't occurred to me that watching me struggle was painful for her. Then, without knowing it at the time, she offered me a huge gift: "It sounds like the pain you are feeling is releasing toxins into your body that you might want to find a way to eliminate," she said slowly, with a little self-conscious hesitation. "I wonder whether it would help you at all to do what I've learned to do to flush the chemo out of my healthy organs."

I said it might help for me to hear her story. She then told me how she deals with the agonizing aftereffects of chemotherapy: visualize the chemo going to my cancer cells and simultaneously leaving the healthy organs such as my liver and kidneys. I sit quietly, meditate, and tell my body to do its work: fight cancer cells and release the toxins out of the healthy cells."

What was so healing about this conversation was that the friend who offered me the gift of her own meditation didn't tell me what I should do? She was being *with* my pain by letting me experience how vulnerably she was able to be with her own pain.

Trading places for a moment, what if you are the person who needs to be comforted but don't know how to ask for what you need? One step you can take with close friends or relatives is to let them know that instead of their uncomfortably ignoring the fact that something has happened to you, all you really want is for them to ask, "How was that test you got today; did it hurt?" or "Are you scared of getting into a relationship again?" or "I don't know what to do for you; I feel so helpless" or "Are you afraid of dying?" You can become so good at being strong or "handling" your pain that your friends don't know what you need from them

or that you need anything at all. Until you can speak honestly about your fears or say what you truly need, you may keep people at a distance, unable to tell you the very thing you long to hear or unable to share what's going on for you.

- ✧ If you were suddenly diagnosed with a serious illness, how would you want others to help you? Would you play it close to the vest, or would you want a circle of friends to know what support you or your family might appreciate?
- ✧ What do you think you would need from friends, colleagues, or family if you weren't able to take care of yourself for a while? Who would you ask for help? What might make it a little easier for you to ask for and to accept the support that need?
- ✧ During a time of recovery, what might be the difference for you between a cure and healing?