HMCI Health and Medical Coaching Institute

Lesson 4 – Emotions and Communication

Emotions

Emotions are an integral part of caregiving, just as they are an integral part of an illness. They are present in the coaching space in the same way they are present in our lives and those of our clients.

Emotions do not need to be "managed". They need to be acknowledged, felt, processed, and navigated through. When we know how to do this, emotions will contribute to our resilience and growth.

In HMCI, we hold eight premises regarding emotions:

1. Every illness expresses itself emotionally as well as physically.
2. In the context of a crisis, illness, and/or caregiving, all emotions are a normal reaction to an abnormal situation.
3. Not everyone has an 'emotional vocabulary'. The more the client can articulate their emotions, the more emotionally agile they become.
4. We have emotions – we are not our emotions.
5. People define emotions in different and subjective ways.
6. Emotions are not sensations.
7. Emotional Chaos is not trauma.
8. There are no 'negative' or 'positive emotions'; there are emotions that feel good and emotions that do not.

Balanced	Imbalanced
Happiness	Euphoria
Anger	Rage
Fear	Anxiety
Saddness	Dispair
Confusion	Disorientation

As Caregiver Coaches, our job is to help our clients:

1. Acknowledge and name their emotions
2. Give themselves permission to feel their emotions without judgment
3. Balance the imbalanced emotions
4. Learn how to become more emotionally agile

Emotional Agility

The ability to be aware of the emotions we experience, gain self-reflective learning, and create emotional shifts. These are basic to achieving a place of empowered choice.
Emotional Agility is a skill that can be taught and perfected until it becomes a natural and authentic way of navigating our emotional reality.

Emotional Agility consists of 4 parts:

1. Understanding the emotion/s I am feeling right now.
2. Creating a clear context and balancing the intensity.
3. Shifting into another state or communicating the emotion using an "I" message.
4. Taking action.

In the world of care, emotions are an inevitable part of the system. Physical sensations and emotional feelings must be communicated clearly and succinctly for the other person to understand.

Emotions are complex, yet we often use oversimplified—and sometimes inaccurate—language to describe them.

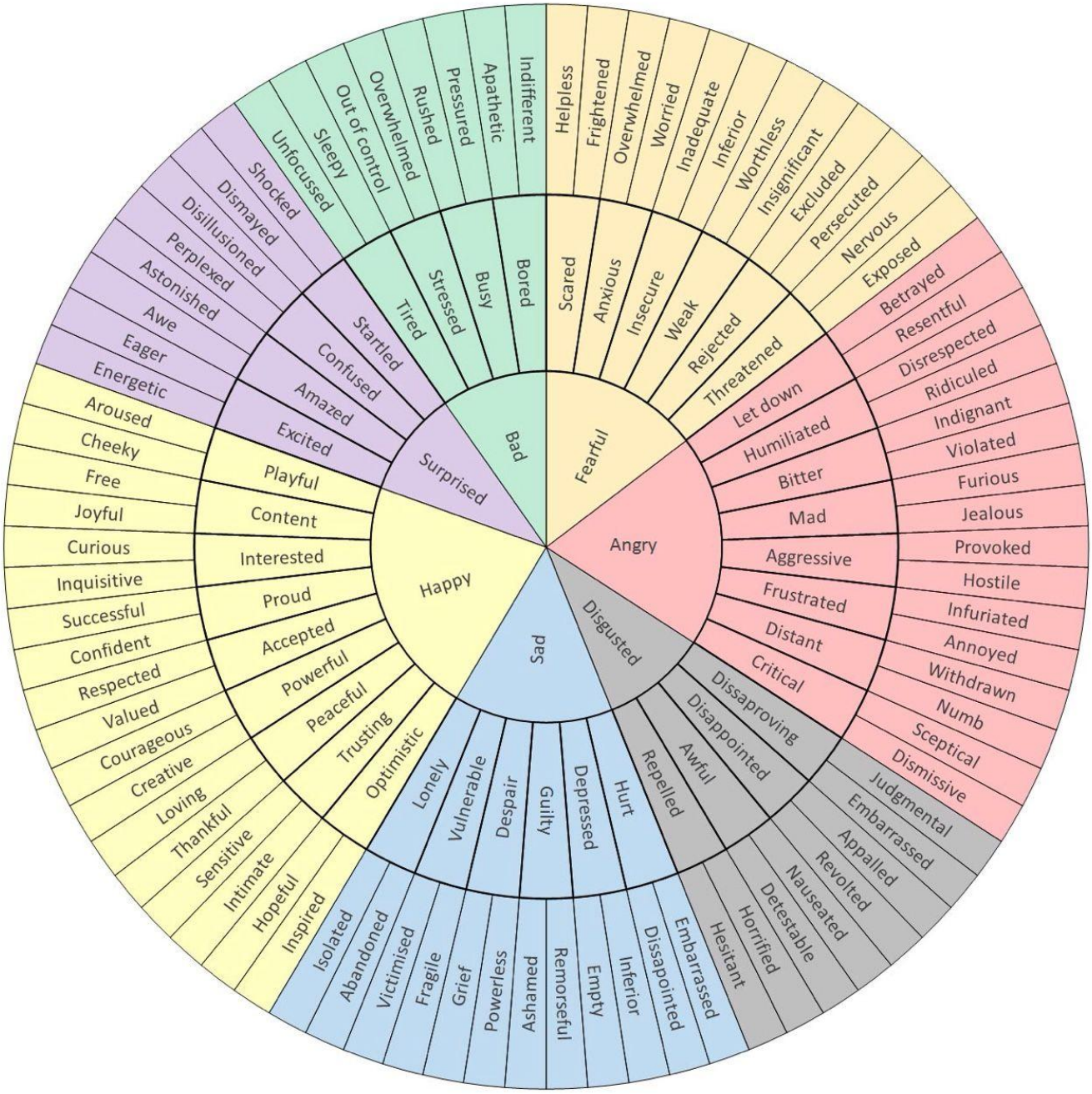
"How are you?"
"I am fine."
What does that mean?
Does it mean, "I don't want to talk about it? "You wouldn't understand."? "I am in pain."? "I feel fine."

More often than not, the language is concise because the person speaking doesn't fully understand how to express or articulate their emotional state. To this end, we need to expand the emotional vocabulary.

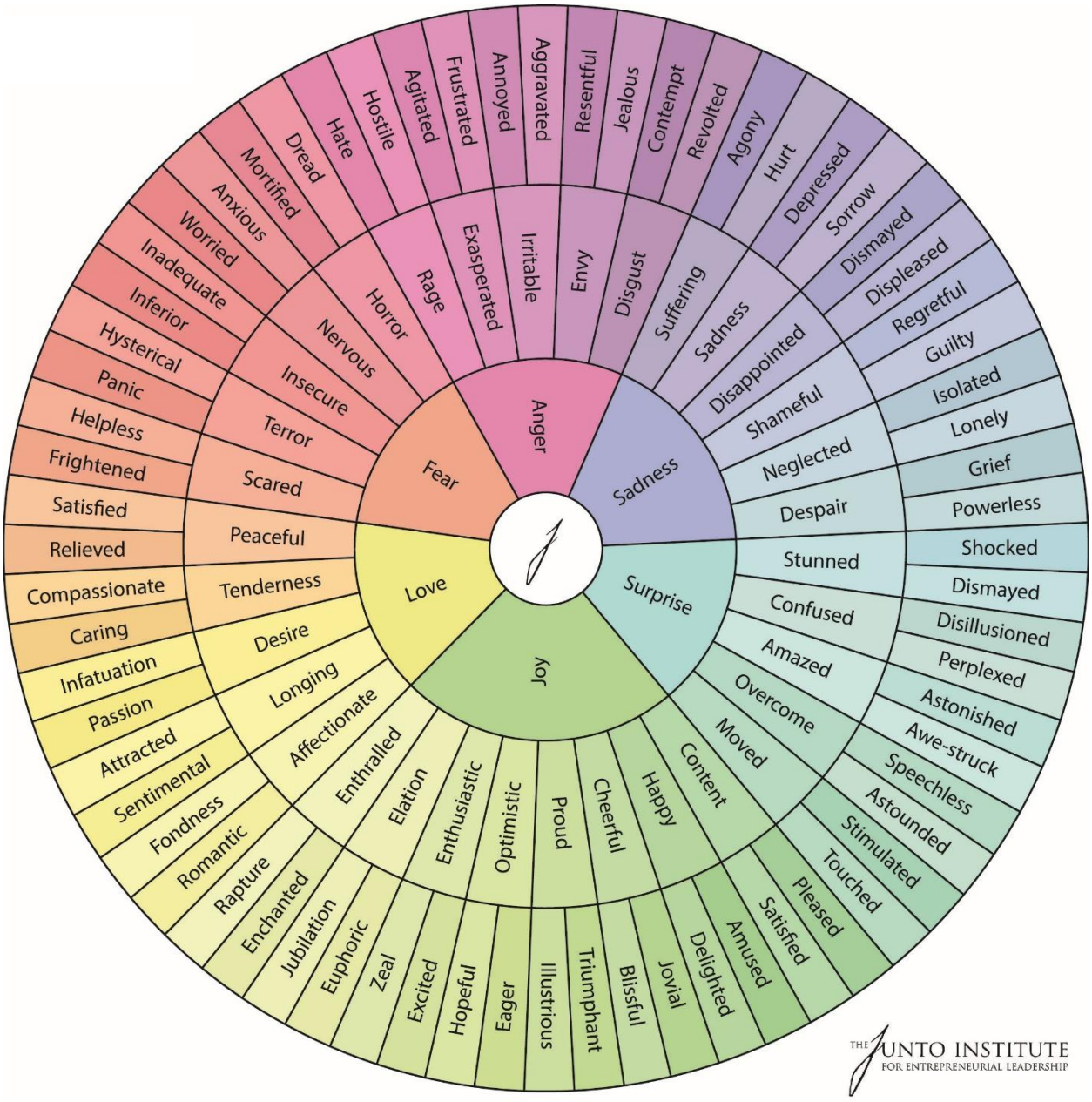
"Feeling Wheels" is a good tool for raising awareness about emotions and expanding one's emotional vocabulary.

Here are two "Feeling Wheels" you can use; they differ slightly in their core emotions, yet the principles remain the same.

Gloria Wilcox's "The Feelings Wheel"



The Junto Institute "Emotion & Feeling Wheel"



Another good tool is Susan David's "Umbrellas of Emotions". With this tool, we help our clients expand their emotional awareness by asking 2 questions:

1. What is the "go-to" and easy name (label) for what you are feeling now?
2. Pause to carefully consider your emotion. Write the specific terms that describe what you are feeling under the umbrella emotion.

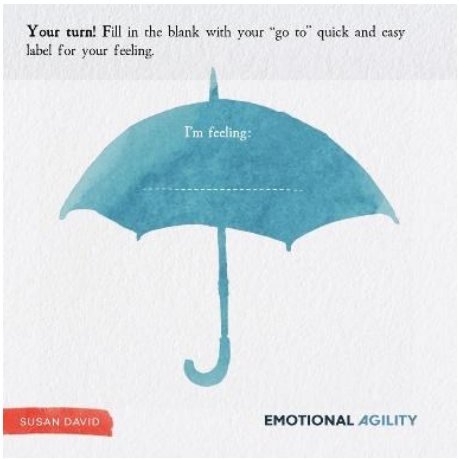
Example:

1. The name of the emotion – Sad
   Go beyond the obvious umbrella term to identify exactly how you are feeling:
   Disappointed, regretful, mournful, depressed, disillusioned, tearful, pessimistic, dismayed

2. The name of the emotion – Anxious
   Go beyond the obvious umbrella term to identify exactly how you are feeling:
   Afraid, confused, stressed, vulnerable, skeptical, worried, cautious, nervous.

3. The name of the emotion – Angry
   Go beyond the obvious umbrella term to identify exactly how you are feeling:*Frustrated, grumpy, furious, annoyed, defensive, irritated, offended, disgusted, spiteful.*

You can use Susan David's umbrella metaphor and cards to help your client –



Guilt

From a HMCI perspective, guilt is not a specific emotion. It is an emotional experience associated with an interaction that comes from a clear yet subjective sense of damage, such as making a decision whose outcome was not what was desired. In the absence of a clear explanation and a sense of control over the perceived damage, guilt can offer a pseudo-coherent explanation, as well as a subconscious strategy that creates an illusion of regaining control and shifting into a proactive state by focusing on actions that express the guilt.

Emotional presence and communication are the doorway out of guilt and into responsibility and accountability.

Shame

From a HMCI perspective, shame is less of an emotion and more of a “felt-sense” experience.

A "felt sense" is an experience associated with the body and the space we occupy. It is an embodied sense of awareness and knowing of a situation, person, or event that goes beyond thoughts and emotions.

Shame is less of an emotion and more of a clear Felt Sense. It implies that something is fundamentally wrong with me.

From a caregiver's perspective, the shame concerns the care recipient and is often activated by their condition and behavior.

Compassion and unconditional love are the doorways out of shame.

Suffering

From a HMCI perspective, suffering is not a specific emotion; it is an emotional reaction to helplessness and the lack of control in preventing continuing hurt and pain (both physical and emotional).

Compassion, emotional presence, and communication are the doorways out of suffering.

Fear of recurrence or reoccurrence

The experience of worry and concern that the care recipient's symptoms or illness might return or recur, and that the caregiver will once again be in the situation they were in before: uncertainty, lack of control, stress, etc. More often than not, it creates for the caregiver a state of anxiety and overprotection of the care recipient.

Communication

Part of the caregiver's role is to be actively present in many relationships.

Some of these relationships require a specific set of communication skills.

People, including caregivers, often assume that good communication skills are something we develop naturally. While that may be true in many cases, in other specific situations, we might need to adapt, update, and adjust our existing communication skills or even learn new ones.

When working with caregivers, we assess "good communication skills" in terms of efficacy – how effectively is this person communicating?

> Good communication is the most important skill that every caregiver should possess.

Effective communication is a process wherein the intended message is successfully received and understood. The level of efficacy is measured by the response one receives to the message communicated.

Effective communication skills enable the caregiver to know what their care recipient requires, communicate those requirements to other stake holders (medical team, para-medical team, other family caregivers, paid caregivers, family members, friends, and other service providers), to understand information, instructions, requirements, and requests given by other stake holders and communicate them to the care recipient.

Effective communication involves:

1. Active listening
2. Clear statements and requests
3. Acknowledgements
4. Emotional Agility
5. Rapport

1. Active Listening

How we listen to others affects the quality of the communication between us. Unfortunately, research shows that we only remember between 25% and 50% of what we hear (Cone of Experience, Edgar Dale).

Active listening skills help us enhance our listening abilities and, in turn, improve our communication. It serves the purpose of earning the trust of others and helping them understand their situations so that we can each comprehend the other's experience and offer support, empathy, and assistance when needed.

Active listening differs from critical listening in that we refrain from evaluating the speaker's message to defend ourselves or offer an opinion.

Principles of Active Listening:

- Remain neutral and nonjudgmental
- Let go of any need to prepare a response
- Be patient and allow a moment of silence
- Respond with verbal and nonverbal feedback to show signs of listening (e.g., smiling, eye contact, leaning in, mirroring)
- Ask questions that are relevant to the topic
- Mirror back what is said
- Ask for clarification when needed
- Summarize

Active listening is the opposite of passive hearing.

2. Clear Statements and Requests

Clear statements and requests focus on the issue and not the person. The purpose is to transition deliberately and assertively from a reactive state to a proactive one.
Being assertive helps us achieve what we need to accomplish our goals.

It is NOT aggression, and it does not include blame or accusations.

Assertiveness is comprised of:

- Honest, open communication
- Shared feelings and thoughts
- Clear and direct statements
- "I" messages

"I" messages –	"You" messages –
- Takes ownership of thoughts and feelings - Increases chances of being heard - Keeps conversation positive, on topic and pro-active - Raises a concern - Addresses a problem - Names the issue - Communicates authenticity - States intention and expectations - Expresses good feelings and acknowledgments	- Makes the person feel attacked - Causes the person to respond by "fighting back" or withdrawing - Increases anger and frustration - Often hides behind an "I" message

3. Acknowledgments

Acknowledging is not the same as complimenting.
Acknowledgments address both behavior and the person, indicating s/he has been seen, respected, and validated for the very quality they want to be acknowledged for.

Examples:

Compliments	*Acknowledgments*
• "Good job."	• "Good job on the ____. _____were very impressed with what you did."
• "Thank you for doing _____."	• "Thank you for doing _____. That must've taken a lot of time and effort."
• "Dinner was delicious."	• "Dinner was delicious. I haven't had such a good meal in quite some time."
• "You look nice."	• "You look nice. The cut and color flatter you."

4. Rapport

Rapport is the ability to relate to others and interact in a way that creates trust and understanding.

Rapport is often described as a feeling of commonality, being in sync or being on the same wavelength/page with someone.

Theory:

A. Communication is 7% verbal and 93% non-verbal.

B. When people are like each other, they like each other.

Process:

Creating Rapport is a process of responsiveness, not necessarily "liking".

We do this by:

A. Subtly Matching & Mirroring non-verbal communication on one or more of the following levels:

1. **Physiology**:
   - Posture
   - Facial expressions
   - Head position
   - Smiling/frowning
   - Eyebrow movement
   - Body lean

2. **Breathing:** rate, patterns, and shifts

3. **Tone and volume of voice**:
   - Audio tonal changes during answer
   - Time for processing answers
   - Pace, speed and tempo

4. **Vocabulary**:
   - Metaphors
   - Language or jargon

B. Developing a genuine interest in the other person and in the way he/she sees and experiences the world.

Practical Models of Communication:

Assertive Communication– getting things done

- *Describe* the situation
- *Express* feelings
- *Specify* what needs to be done
- *Consequences* need to be spelled out

Aikido Communication – this model of communication is based on the principles of Aikido and helps the communicators find the common ground and create a sense of harmony while bearing in mind the principles of the art of peace (reframing, non-judgment, curiosity & inquiry, & appreciation)

- *Align* – put yourself in the other's shoes
- *Agree* – find common ground
- *Redirect energies* – focus on areas of agreement
- *Resolve problems* – agree on a solution

Additional resources on Aikido Communication:
The Aikido of communication - https://completewellbeing.com/article/the-aikido-of-communication/
Conflict, Creativity, and Compassion: Aikido Principles in Work and Life - https://www.youtube.com/watch?v=gnZa1W52I58

Non-Violent Communication (NVC) – inspiring compassion and responding compassionately to others and ourselves. These are the four principles of NVC:

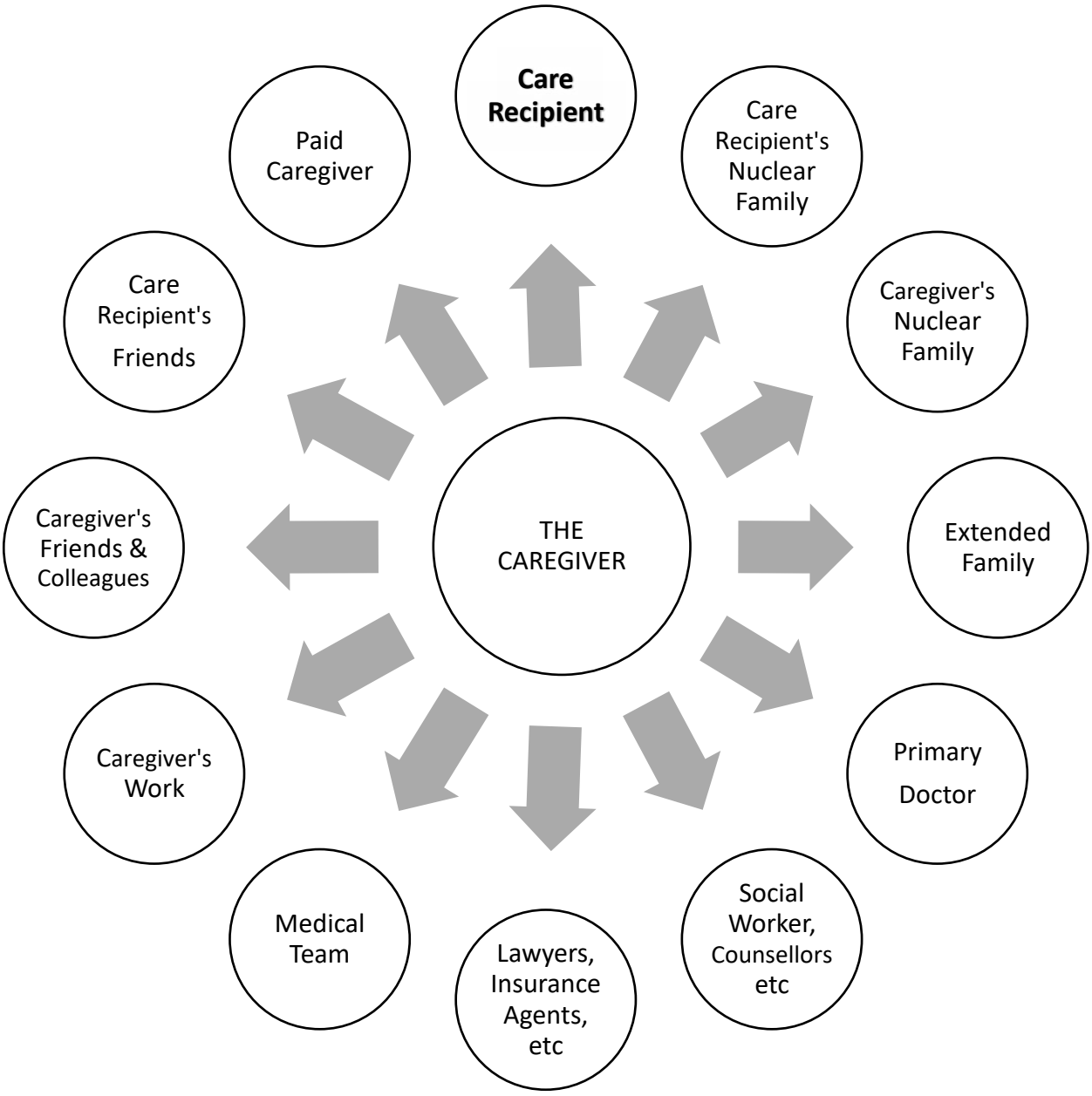
- *Observations* – watching/looking carefully to gain information
- *Feelings* - emotions
- *Needs* – (e.g. Connection, Physical Well-Being, Honesty, Autonomy, Meaning)
- *Requests* - asking for something to be given or done

Using the Non-Violent Communication Process

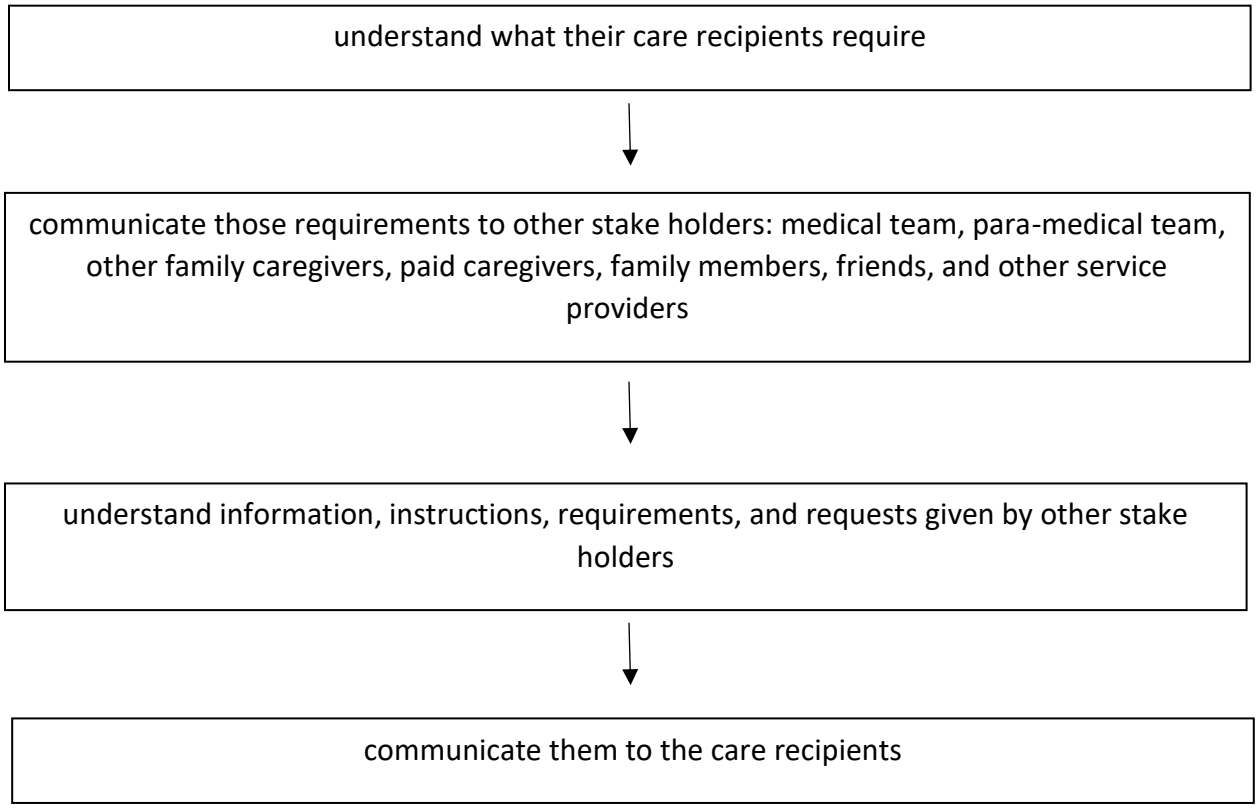
(based on the Center for Non-Violent Communication - https://www.cnvc.org/learn-nvc/what-is-nvc)

Clearly expressing how **I am** without blaming or criticizing		Empathically receiving how **you are** without hearing blame or criticism
OBSERVATIONS		
What I observe (*see, hear, remember, imagine, free from my evaluations*) that does or does not contribute to my well-being: *"When I (see, hear) ..."*		What you observe (*see, hear, remember, imagine, free from my evaluations*) that does or does not contribute to your well-being: *"When you (see, hear) ..."*
FEELINGS		
How I feel (*emotion or sensation, rather than thought*) in relation to what I observe: *"I feel…"*		How you feel (*emotion or sensation, rather than thought*) in relation to what you observe: "You *feel…*"
NEEDS		
What I need or value (*rather than a preference, or a specific action*) that causes my feelings: *"…because I need/value…"*		What you need or value (*rather than a preference, or a specific action*) that causes your feelings: *"…because you need/value…"*
REQUESTS		
The concrete actions I would like taken: *"Would you be willing to…?"*		The concrete actions you would like taken: *"Would you like…?"*

The Caregiving Communication Matrix



Caregivers need to be able to communicate masterfully as they:



Caregivers need to communicate both for and to their care recipients. At times this needs to be done regardless of what the caregivers think or feel. Caregivers must deal with their thoughts and their feelings as they relate to what is happening as well as what is relative to all the people and positions in the caregiving circle. In other words, they need to deal with how they feel about the illness or injury, the care recipient and the change in the relationship, doctors and hospitals, family members, friends, work, and so much more. This is a continual process, of which there can be growth, stagnation, and/or decline. Whilst that work is being done, there must be communication.

Examples of communication issues that might be addressed in the matrix:

- Caregiver & Care Recipient –
  - Feelings between the two from before the caregiving relationship began
  - Feelings about the relationship changing
  - Dealing with grief as to who the Caregiver and/or care recipient was and might never be again
  - Dealing with hopes and dreams changing

- Caregiver & Doctor –
  - Understanding the illness
  - Preparing for the session with the doctor
  - The family caregiver becoming the care recipient's "nurse"

- Caregiver & place of work
  - Letting employer know what is going on
  - Making appropriate arrangements & decisions as the situation changes

- Caregiver & family –
  - Family intrigues, stories, and teams
  - Caregiver's other responsibilities and/or desires
  - Shared responsibilities
  - Teamwork
  - End of life

Caregivers need to be able to regulate their emotions and be fully present.
They need to be able to address and communicate with each member of the matrix.

Communication by Amy

"Communication takes practice,
it's never perfect,
sometimes not patient,
sometimes not kind,
but you have to say
what's on your mind.

Lend an ear,
listen not just hear,
to the ones
you love so dear.

Communication is not
a one way street,
it takes two,
to concur this feat.

Communication is hard you see,
but in the end, it is key,
to that great relationship,
we all want and need.

Open your heart,
say what's on your mind,
When you are partners for life
there's nothing to hide"