

SESSION 6: COPING WITH RELATIONSHIP CHANGES AND STRENGTHENING BONDS

Review

Since the last session, you applied one or more sleep or self-care strategies. Remember, stick with the sleep strategies for a few weeks to really notice a difference.

- How did it go?
- What did you notice?
- Did anything get in the way?

AGENDA

In today's session, we will:

- 1 Review your practice since our last session
- 2 Learn strategies to communicate more effectively with your loved one
- 3 Explore ways to enhance your relationship in different areas

Coping with changes in your relationship with your loved one

It is common for people who are caring for a loved one with cancer to be aware of changes in the relationship. Some notice roles changing, a decrease in intimacy, shifts in power dynamics, disappointments about expectations or plans, changes in how time is spent, or reduced socializing with family or friends. It is also common for people in the caregiving role to experience frustration or resentment towards your loved one, or a breakdown in communication from trying to protect your loved one from your fears and worries about their diagnosis and health. The more aware we are of these challenges, the better we can be at managing them, or taking an active approach to maintaining or enhancing the relationship during a stressful time.

Building communication skills

Sometimes, regardless of how strong your relationship is, conflict arises. In these scenarios, it is helpful to think about what type of communicator you are, and whether that style works for you and your partner. When we are **assertive**, we speak up to represent our rights, opinions, and preferences, while also respecting those of the other person. Assertive tones are respectful and avoid putting the other person on the defensive. Assertive communication is more likely to result in a resolution of the conflict, a negotiation that both people perceive as fair, and less likely to result in hurt, anger, or resentment. Finding your assertive voice takes practice.

What to say (The Three Fs):

1. Statement of **Fact** (describe the situation)
2. Statement of **Feeling** (describe the emotions you are experiencing)
3. Statement of **Fair Request** (describe what you would like to happen instead)

Some additional strategies to use:

1. Ask yourself: What are my needs, desires, concerns, or issues?
2. Choose to act in a way that respects your needs, rights, and opinions
3. Use “I” language instead of blaming language.
Example: “I feel...” rather than “you make me feel...”
Example: I would like if you ...
4. Be specific and accurate with language choice (slightly irritated vs. enraged)
5. Be empathetic and sensitive to the rights and feelings of the other person involved
Example: “I know you have been through a lot. Yet, I feel slightly frustrated when you speak to me that way.”
6. Listen effectively by summarizing the other person’s viewpoint
Example: “So, what I hear you say is...”

Communication about what is reasonable to expect during this time and how the relationship is evolving is the most important step to maintaining a healthy and supportive relationship.

Example

When I see/hear/notice **[fact]**, I feel **[feeling]**, so I would like **[fair request]**.

When I notice *that sometimes when I complete your sentences you get upset with me*, I feel *sad and frustrated because I want to help but don't always know how*, so I would like if we can *talk about what I can do in those situations to give you your independence while being helpful when needed*.

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Exercise

Think of something that has been a point of tension for you and your loved one and create an assertive, empathic statement below:

When I see/hear/notice **[fact]** _____

I feel **[feeling]** _____

so, I would like **[fair request]** _____

Sharing Emotions

It is common for people to want to “protect” each other from their fears, worries, or sadness during this time. People in the caregiver role do not want to share their fears because they want to keep their loved one’s hopes up. They might avoid even telling their loved one if they have a cold or a headache because they do not want to complain when their loved one is much sicker. Those going through treatment don’t share their emotions because they don’t want to further burden their loved ones who are caring for them. This leads to a breakdown in communication and both people can feel isolated and alone with difficult emotions. Has this happened to you at all?

If you are keeping your emotions to yourself, think of what unhelpful thoughts might be driving you to keep your worries to yourself.

Challenge those thoughts with the following questions:

If the situation were reversed and your loved one was caring for you, would you want him/ her to keep their worries from you or share them with you?


If a friend were in your situation, what advice would you give them?

What advice would a good friend give to you?

What is the worst that can happen if you shared some of your fears with your loved one?

Shifts in Relationship Roles

It is common to experience changes in the role you used to play in the relationship. Perhaps one of you used to manage finances while the other managed your children's schedules and commitments at school. Or maybe one of you did most of the household chores while the other did the cooking for the family. Moreover, one of you may have played more of a nurturing role, and this may have shifted as you became the primary caregiver for your loved one. This shift in the balance in the relationship can cause tension, and it could be worth communicating about this change and recognizing some things that you can do to restore the balance. Letting your partner do something for you, even emotionally, is one way to restore balance. This may help your loved one to feel more like themselves and maintain dignity. Let your loved one give back to you as you are giving to them. It may be worth exploring these questions:



Is there something you are doing for your loved one that they could do on their own?

Is there something that you need help with that your loved one could help with?

Is there something that you need emotional support around that you could turn to your loved one for?

Is there someone else that can help your loved one with his/her needs to relieve some of your tension (see the next session for more information on asking for and accepting help)

Re-establishing Closeness and Connection

Many people experience a disconnect from their loved one and a change in how they connect emotionally or physically. For caregivers in romantic relationships, the stress of caregiving can lead to less interest in sex or physical connections. For patients, treatment-related changes can result in sex-related discomfort, diminished interest, or negative self-image. Even in non-romantic relationships, stress can get in the way of finding time to connect with the people we love and care about. Primarily, it is important to remember that there are ways to connect. If you find you are looking for other ways to connect with a partner, here are some ideas:



- 1. Connecting.** Find new ways to connect through modifying activities that you used to enjoy doing or finding new activities (see next section on managing expectations and spending time).
- 2. Use humor.** When we use humor to cope, we aren't making light of a situation, but rather using purposeful laughter to lighten our mood. Try using humor cope with emotions and stress alongside your loved one.
- 3. Re-define intimacy.** There are many ways to be intimate, such as holding hands, taking a long walk, taking a bath, gently touching, or even talking. Candles or a softer, flattering light can help to create a romantic atmosphere. Engage in small gestures to show affection (e.g., a kiss goodbye, holding hands). Make time to be intimate, the way you would schedule other activities. Increase foreplay or try a relaxation to lower stress beforehand. Communicate with your loved one about what you enjoy and what feels good.

Complete the exercise below to identify and modify activities:

Exercise

1. Activities I (or we) used to enjoy or had planned on enjoying:

2. Ways that I (or we) could still do these activities, but might have to do them a little bit differently (be creative):

Managing Frustration and Resentment

(adapted from Antoni et al., CBSM)

When we are in a stressful situation, it is common to experience more irritability, anger, resentment, frustration, and annoyance. We may feel justified in how we react to stressors and sometimes we are empowered because we stand up for ourselves, protect others, or get something accomplished. Other times anger has negative consequences because we might be too upset to resolve a conflict, regret or be embarrassed by our reaction, or completely withdraw from a situation. Let's explore some ways to manage anger.

Exercise 1

What makes you angry or annoyed? What are your personal triggers?

Examples: *Carelessness, dishes left in the sink, rudeness, forgetfulness, lack of appreciation, friends or family not being in touch, disrespect, not following through, lying, embarrassment, assumptions, not following through, being ignored, not getting a call back*

Exercise 2

How do you express anger, irritation, or annoyance?

Most people tend to behave in one of two ways:

Anger Expression:	Stuffing	Exploding
Description:	Stuffers rarely express anger or indirectly express it	Exploders express anger more often and loudly
Examples:	Ruminate/stew	Yelling
	Coldness	Intimidating
	Be "extra nice"	Nit-picking
	Backbiting	Blaming
	Silent treatment	Throwing things/hitting

Alternative steps to exploding or stuffing:

1

Are there any unhelpful thoughts (All-or-nothing thinking or Should statements) triggering your anger (e.g., No one treats me with respect, she should know not to say that to me)?

2

What factors might be influencing your reaction or the other person's behavior (e.g., are you hungry, tired, is this a personal anger trigger)?

3

- Wait to take action. Anger is like a muscle: the more we explode, the stronger it becomes. The opposite of anger is relaxation. Anger and relaxation cannot exist at the same time. Take some time to cool down and think about the situation and your goals. Practice relaxation or choose an emotion-focused coping strategy (take a walk, massage, watch a funny video) so that you can thoughtfully respond rather than impulsively react.

4

Take action:

- Use an assertive statement and listen empathetically (see previous example of 3 Fs)
 - Ask for advice, seek more information, find an unbiased third party
 - Let it go (different than stuffing)
- Use humor (not in a sarcastic way, but in a way to defuse the situation)

