



Radiation Safety Counseling News

How to Talk with Patients Concerned About Radiation (Part 3)

Dear Reader,

This month I continue the series of articles based on several 90-minute seminars which I presented to about 50 staff of the Radiology Department at the Shady Grove Adventist Hospital on February 16 and 18, 2012. My interaction with hospital staff is very much appreciated since most of my experience has been with industrial and research facilities. The seminar included two areas for discussion, 1) understanding the basis of radiation fears and 2) how to give the most helpful response to a concerned patient.



Ray Johnson

In February we focused on understanding the basis for radiation fears. We concluded that it is OK for people to be afraid of radiation, although such fears are often based on mythology (what is believed but not technically true). Behind radiation fears are images of unacceptable consequences. Since no one has had an experience of radiation, fears of radiation have to be based on imagination.

Last month, I described the role of the subconscious mind and how we communicate with the subconscious. We reviewed typical patient questions and how certain responses may not be helpful no matter how correct or accurate they may be.

As always, your questions or feedback are welcomed. Feel free to contact us through email, our blog, or our Facebook page.

Regards,

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Radiation Safety Counseling Services

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facebook

We have created a Facebook page for the Radiation Safety Counseling Institute. This is another resource for the sharing of radiation safety related information and questions.

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Got Questions?

If you have a question about radiation safety that you would like to share, please post your question on our Forum (blog) or our Facebook page. Each week our experts will select a question and post an answer that will also be included in our monthly newsletter.

To post a question go to:

[Radiation Safety Forum](#)

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How Can You be Most Helpful for a Fearful Person?

Patients with concerns for radiation are fearful of consequences from exposures. We learned in the previous two articles that fears originate in the subconscious mind. The subconscious has one primary goal - to protect us from all sources of harm. Consequently, the subconscious is ever on the alert to any signs or signals of danger. Hearing repeatedly the words "deadly radiation" from the media has sensitized most people to be concerned. Thus, the words radiation or x-ray may trigger an automatic avoidance response. The subconscious is not rational or analytical. For the quickest reaction, the subconscious cannot take time to logically analyze data before deciding to jump away from a potential snake bite. This means that providing data or appeals to logical analysis may not be heard as helpful by a concerned patient. Telling patients that the x-ray is safe or that they do not need to be afraid, may also not alleviate their fears.

Active Listening - This may be the most powerful tool for helpful responses to a frightened person. When a person lets you know they have fears of radiation, your most helpful response is to let them know that you hear their fears and their fears are OK. They want to know if you really care. This may be more important than knowing if you are really a technical expert.

***A concerned person may not care how much you know,
until they know how much you care.***

The challenge for you as expert, when you have devoted your career to understanding the technology and practical uses of radiation, is how to respond to feelings (fears), especially when you believe the patient's technical understanding is the issue.

The tool called Active Listening has been well described in a series of books by Dr. Thomas Gordon, with various titles involving parent, teacher, and leader effectiveness training. Hearing and responding to feelings is a skill that can be easily learned through practice. The process of Active Listening involves three steps;

1. Briefly paraphrase the content of the message
2. Respond with a synonym that describes the feeling
3. Let the other person correct you as needed.

Why Bother? - As a technical person, your first idea may be to deal with the technical content of the message. Attempting to connect with the patient by hearing and reflecting their feelings may not seem worth the bother. However, reflecting the feelings may be the best way to establish rapport as a basis for providing technical answers. There are many pitfalls when going directly to technical answers. Your best answers may miss the real issue. Also, by giving answers, you take ownership of the problem or issue. Patients may not be looking for or expecting technical answers. Patients may simply want you to know that they are afraid. By giving technical answers, you may miss the feelings which the patient wants you to hear. Lastly, when you really hear the feelings, the feelings will go away. This may sound mystical until you discover this by actual experience.

Roadblocks to Active Listening - Dr. Gordon has described twelve roadblocks that may get in the way of hearing and reflecting feelings:

1. Ordering, directing, commanding

Communication Insights

Each week, we post another installment of guidance to improve communication with others. To stay informed, you can go to our [blog](#) and click on Follow: RSS, then choose to "Subscribe to this Feed".

You can also go to our [Facebook](#) page and choose "Like" to have our status updates displayed on your Facebook wall.

We hope you find this information helpful and welcome your comments, questions, or other feedback.

2. Warning, threatening, promising
3. Moralizing, preaching, giving shoulds and oughts
4. Advising, giving solutions, suggestions, and answers
5. Teaching, lecturing, giving logical arguments
6. Judging, criticizing, disagreeing
7. Praising or agreeing
8. Name calling, labeling, stereotyping
9. Interpreting, analyzing, diagnosing
10. Reassuring, sympathizing, consoling
11. Probing, questioning, interrogating
12. Withdrawing, distracting, humoring, sarcasm, diverting.

None of these responses is necessarily good or bad, or right or wrong. However, they are not Active Listening.

The Greatest Challenge for Active Listening - Technical people, whose lifelong training is about listening for the data or content of a message, often have difficulty identifying the feelings. While there are countless synonyms that describe feelings, all feelings may be captured by four words: 1) Mad, 2) Sad, 3) Glad, and 4) Afraid. To reflect a feeling, you could try a synonym of one of these four words. The good news for the Active Listening process is that you do not have to get the feeling right on the first try. If your reflected feeling synonym is not accurate, the other person will clarify or correct the feeling they are experiencing. This should ease the fear of technical people that they may not reflect the right feeling.

Do not say, "I know how you feel." Even if you believe this is true, you can never really know how another person is feeling. When you say this, the other person may hear you as trying to be helpful, but they know you have not told them the truth. A better way is to describe the feeling in your own words and let the other person correct you, until you reflect the feeling they are experiencing. Active Listening is a dialogue process where you briefly paraphrase the content and reflect the feeling which you perceive. You do not attempt to interpret or rationalize the situation or the feeling.

Examples of Active Listening

"Radiation, I don't want anything to do with that."

"Radiation is scary isn't it?"

"I know what happens when you are exposed to radiation."

"If you are exposed to radiation, you feel that something bad will happen."

"Am I going to get cancer from this radiation (x-ray)?"

"You are afraid that x-rays may cause cancer."

"Yes, I do not want to die of cancer."

"Cancer is a scary thing."

"Yes, my grandmother died of cancer."

"So your concern is that you might die of cancer like your grandmother."

"Yes, I do not want to die like that."

"OK. Would you like me to tell you what I know about radiation and cancer?"

Notice that the process of Active Listening is not an end in itself. The dialogue is to hear and reflect the feelings. When the other person is satisfied that you have heard their feelings, they will let you know by their words and body language. When you have repeated the process and clarified the feelings, then you can go on to present technical information. By this point, however, you will not only have heard and reflected the feeling accurately, you will have also identified the real basis of the patient's concerns. Thus you will have gained a better understanding of what kind of additional information would be most helpful.

When this material was presented as a seminar at the Shady Grove Adventist Hospital, one of the staff raised a question about whether Active Listening is always the best approach. The answer is not necessarily. Active Listening is most helpful when feelings are the real issue. Therefore, if someone asks you for the time, you would not say, "You are wondering what time it is?" You would just give them the time. Active Listening is most helpful when concerns are expressed. You will know when to begin presenting information, when the other person is satisfied that you have identified and reflected their feeling.

Axioms on Listening - In my counseling training from many years ago, my instructor, Rev. Dr. James Morgan offered the following:

- ***Feelings are more important than what is said.***
- ***Listening is more important than solving problems.***

Applying these insights can be challenging for people with a technical background. When you have prepared for years to understand technical matters, your natural tendency will be to share your knowledge in response to any issue. Again, this is not a matter of right or wrong, but rather does your response open the door for a helpful dialogue with the patient.

Repeated Stories - Have you noticed in a conversation when someone has repeated their story two or three times? When you are aware of this happening, this is an indication that you have not heard their feelings. When you really hear and reflect their feelings, they do not need to repeat their story, because they know that you got what they were trying to say. Sometimes technical people are afraid to open the door for hearing feelings, because they are concerned that the person will go on emoting until they are overwhelmed with feelings which they do not know how to handle. The converse is actually true. When you hear the feelings the first time, the other person does not have to continue. Thus, hearing and reflecting feelings is way to greatly reduce the length of the dialogue and greatly improve the quality of the time spent.

Summary

The practice of Active Listening may be the most important tool in your collection for responding to fears or other feelings. The process has three steps: 1) briefly paraphrase the content of the message, 2) identify and reflect the feeling (Mad, Sad, Glad, or Afraid), and 3) let the other person clarify your perceptions until they are satisfied that you have heard the feeling. Remember, listening and feelings are more important than the content or solving problems. When you really hear the feelings, the feelings will go away. This opens the door for you to present information for which the other person will now be receptive.

A Final Suggestion - You might consider practicing Active Listening at home or with your co-workers as a way to begin building your skills and comfort with the process. As

always, I would love to hear of your efforts and how the process worked for you.

Your comments on this article are welcomed. Notice also we have added a link to our website ([Ask a Question](#)) where you can post questions for which you would like answers. Be well and God's blessings to you.

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