



A Healthy Outlook!

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12 Rules for Constructive Communication

Destructive communication erodes self-esteem and harms relationships. Unfortunately, plenty of people fall into the trap of indulging in destructive communication patterns. You will most certainly feel better about each other and your relationship if you follow these simple but important rules.

1. Use I-messages instead of You-messages. You-messages sound blaming and accusatory. For example:

You-message: "You left the dishes in the sink again."

I-message: "When you don't clean up after yourself, I feel taken advantage of."

2. Communicate the entire message. According to McKay et al., in their excellent book *Couple Skills* (see Suggested Reading), complete messages include four components:

Observations: neutral statements of fact

Thoughts: your own opinions and beliefs

Feelings: descriptions of your emotions

Needs: a statement of what you need or want from the other person

Here is an example of a complete message: "The weekend is coming up. I hope we can go to the movies together. I would like to spend some time with you." An incomplete message leaves out one or more of these components. It might sound like this: "I hope we can go to the movies this weekend." There isn't really anything

wrong with this statement, but the first one is more complete and will more likely result in the speaker getting what he or she wants.

3. Don't use your feelings as weapons. Just describe what you are feeling as objectively as possible, not aggressively. Be as specific as possible and keep your voice under control. For example:

Objective: "I felt really hurt when you said that I probably wouldn't pass the bar the first time."

Aggressive: (yelling) "You are such an idiot! How dare you insult me like that!"

4. Use specific language. When you have a complaint, be specific. For example, "I'm upset that you left the food out on the table" is clearer than saying, "Thanks for the mess you left me." The first statement is less likely to produce defensiveness and leaves little room for misunderstanding.

5. Focus on the problem, not the person. Consider how different these two statements sound:

"You are such a complete slob."

"I wish you would take your stuff upstairs."

Attacking someone's personality or character—rather than a specific behavior—is different from simply expressing a complaint. A complaint focuses on a specific action. Criticism is more blaming and more global. It sounds like this: "You

always screw the budget up. Can't you do anything right?"

6. Stop bringing up ancient history. It's more constructive to focus on the issue at hand, not bring up past hurts. When you are upset with your partner and add past issues to the discussion, it can only escalate the conflict. It feels unfair and can never be productive. If you still have feelings about past issues, it is important to resolve them and move on, not use them as weapons every time you have a disagreement with your partner.

7. Watch out for mixed messages.

Keep your statements clean, avoiding the temptation to mix compliments and complaints. For example, let's say that you meet your friend at a cocktail party. You think she looks nice, but her dress seems a little too provocative. For example:

continued on page 2

In This Issue

- 1 *12 Rules for Constructive Communication*
- 2 *Speedy Stress Stoppers*
- 3 *Shady Grove Adventist Hospital Health Tip: Phobias*
- 4 *Upcoming Events*
- 4 *Ask the EAP*

Rules for Constructive Communication, from page 1

Straight message: “You look very nice tonight.”

Mixed message: “You look so pretty. I would never have the nerve to wear that.”

8. Pay attention to your body language. Your words are only part of the message you communicate. If you say “How nice to see you” while frowning, your message becomes unclear. Think about the message you want to convey and be sure that your body is in harmony with it.

Watch out for things like these:

- Rolling your eyes
- Crossing your legs and arms
- Tapping your foot
- Clenching your teeth

9. Pay attention to your emotions and avoid becoming overwhelmed. If you are calm, you are less likely to say things you’ll later regret, things that could be destructive to your relationship. You will be less likely to become defensive and shut your partner out. Examples of ways to calm yourself down and avoid getting carried away with emotion include the following:

- Pay attention to your physical responses. Is your heart racing? Are you breathing faster? If you are, take a time-out.
- Leave the room. Go for a drive. Do something relaxing. Listen to music or do relaxation exercises.
- Make a conscious effort to calm yourself down. Say things to yourself like the following:

“I’m very upset right now, but it’s okay, I still love her.”

“Even though we disagree, we still have a good relationship.”

“We can work this out. We’re partners.”

10. Resolve negative feelings. If you have bad feelings about your partner, take steps to resolve them. Don’t let them grow into feelings of contempt. When you

engage in behavior (verbal or nonverbal) that conveys a lack of respect, you are placing your relationship in serious danger. This includes obvious abuse, insults, and name-calling.

11. Don’t be defensive. It is understandable to react defensively when you are in a conflict situation, but it can be dangerous to a relationship. Defensiveness tends to escalate the conflict and does nothing to help resolve it. The following are some examples of defensive behavior:

- Denying responsibility (I did not!)
- Making excuses (I couldn’t help it; traffic was awful.)
- Ignoring what your partner says and throwing a complaint back (Yeah, well, what about the mess you left yesterday?)
- Saying Yes, but...?
- Whining
- Rolling your eyes or making a face

12. Don’t shut down. In *Why Marriages Succeed or Fail and How You Can Make Yours Last* (see Suggested Reading) author John Gottman describes the dangers of shutting out the other person. He calls this behavior stonewalling and describes it as refusing to communicate, storming out of the room, or any kind of withdrawing action. When a person is stonewalling, communication is impossible because he or she is refusing to participate. Stonewalling is very damaging to a relationship when it becomes a regular pattern of communication.

Adapted from an article by Melody Sanchez in the *Therapists Newsletter*. Used with permission ■

Suggested Reading

Gottman, John. *Why Marriages Succeed or Fail and How You Can Make Yours Last*. New York, NY: Fireside Books, 1994.

McKay, Matthew, Fanning, Patrick, and Paleg, Kim. *Couple Skills: Making Your Relationship Work*. Oakland, CA: New Harbinger Publications, 1994. ■

Speedy Stress Stoppers

No time to de-stress? Think again! You can lower your stress level all but instantly with these on-the-spot mood boosters.

• **Snack on chips and salsa:** Research has found that eating spicy foods—especially chili peppers—releases mood-boosting endorphins. The more fiery, the better! So keep a jar of extra-hot salsa on hand for antistress snacking.

• **Sing out:** Belting your favorite tunes is more beneficial than simply listening to them. Choir members got a 240 percent increase in immunoglobulin A (a disease-fighting protein) during performances, according to a recent study at the University of California at Irvine. (Warning: Suffering through a song you dislike actually spikes your stress level.)

• **Laugh:** Laughter—even forced laughter—lowers cortisol levels and blood pressure instantly, according to a study from the University of Maryland Medical Center, Baltimore. “Researchers found that artery diameter increases 22 percent during laughter—even when you’re faking it,” said Dr. Hall. So keep a comedy CD in your car or put your funniest friend on speed dial; and, when all else fails, force yourself to chuckle!

• **Be grateful:** Jot down a list of your blessings. Studies at UCLA show that it’s physiologically impossible to be grateful and stressed out at the same time.

• **Meet with friends:** Making eye contact and conversation with someone you care about causes the same kinds of positive physiological changes that a massage does, according to a 2005 study from UCLA. So pop into a friend’s office or have coffee with a pal: “Your body will produce oxytocin, a happiness hormone, literally on the spot,” says Dr. Hall.

Taken from *Ladies’ Home Journal*, November 2006. ■

Shady Grove Adventist Hospital Health Tip: Phobias

Phobias afflict as many as 12 percent of all Americans. According to a study by the National Institute of Mental Health, phobias are the most common mental illness among women in all age groups and the second most common illness among men older than 25.

Definition

Phobias are the most common forms of anxiety disorders. Phobias are emotional and physical reactions to feared objects or situations. Heredity, genetics, and brain chemistry, along with life experiences, play a major role in the development of anxiety disorders and phobias.

Symptoms

The following are symptoms of a phobia:

- Feelings of panic, dread, horror, or terror
- Recognition that the fear goes beyond normal boundaries and the actual threat of danger
- Automatic and uncontrollable reactions, practically taking over the person's thoughts
- Rapid heartbeat, blushing, profuse sweating, difficulty talking, nausea, shortness of breath, trembling, and an overwhelming desire to flee the situation
- Extreme measures taken to avoid the feared object or situation

Types

There are three main categories:

- **Social phobia**—a fear involving other people or social situations such as performance anxiety or fear of embarrassment from the scrutiny of others. The most common is the fear of speak-

ing in public. Approximately 5.3 million Americans (ages 18 to 54) experience a social phobia in any given year. Women experience them twice as often as men. The disorder begins in childhood or early adolescence and rarely develops after age 25. Social phobias often run in families, may be accompanied by depression or alcohol dependence, and can cause low self-esteem.

- **Specific phobia**—produces intense fear of a particular object or situation that is relatively safe. Those who suffer from specific phobias are aware that their fears are irrational, but the thought of facing the object or situation often brings on a panic attack or severe anxiety. The most common are fear of animals, closed spaces (claustrophobia), and heights (acrophobia). Specific phobias strike more than 1 in 10 people. Many specific phobias can be traced back to a specific event, usually a traumatic experience at an early age.

- **Agoraphobia**—a fear of being alone in public places from which there is no easy escape. In extreme cases, a person may be afraid to leave his or her house. Most people develop the disorder after suffering from one or more panic attacks. It is the only phobia that is regularly treated as a medical condition. Two thirds of those who suffer from agoraphobia are women. Symptoms usually develop between late adolescence and mid-30s. The onset may be either sudden or gradual.

Treatment

Physical disorders can occur along with anxiety disorders. A medical and psychiatric evaluation should be conducted to rule out that symptoms are not being caused by another condition.

- Try not to dwell on past concerns. Delve into a hobby or take a brisk walk when you feel anxious. Get enough sleep, maintain a balanced diet, and take time to relax. Avoid caffeine and nicotine, they worsen anxiety. Talk to someone who can help you gain perspective.
- If your fear becomes so irrational and uncontrollable that it affects your social interactions or job duties, you may have a disorder that requires medical or psychological treatment. With proper treatment, the majority of phobia patients can overcome their fears and be symptom-free. If you are concerned that you may have a phobia requiring medical or psychological attention, call the EAP. We can help.

Sources: American Psychiatric Association, National Institute of Mental Health, Mayo Clinic, National Mental Health Association, and Washington and Shady Grove Adventist hospitals. *The Health Tip of the Week* is for educational purposes only. For additional information, consult your physician. Please feel free to copy and distribute this health resource.

Shady Grove Adventist Hospital is located at 9901 Medical Center Drive in Rockville. For more information or to receive our newsletter with details about medical services, health classes, and upcoming events, go to www.ShadyGroveAdventistHospital.com. To find a local physician, call 1-800-642-0101, 24 hours a day, 7 days a week. ■



Upcoming Events

February 13

CESC Cafeteria, 12:00 – 1:00 p.m.

Four Steps to Better Workshop Relationships

Call the EAP at 240-314-1040 to RSVP

February 20

Smith Center

Time Management—a workshop for new teachers.

Contact Geraldine Duval at 301-353-0887 for more information.

February 20

Smith Center

Stress Management (2 sessions)—a workshop for new teachers.

Contact Geraldine Duval at 301-353-0887 for more information.

Quote:

Imagination will often carry us to worlds that never were. But without it we go nowhere.

—Carl Sagan



A Healthy Outlook!

To help employees with troubling issues before they become overwhelming.



EMPLOYEE ASSISTANCE

SPECIALISTS: Debbie Tipton
Robyn Rosenbauer
Jeff Becker

Employee Assistance Program
2096 Gaither Road, Suite 205
Rockville, Maryland 20850
phone: 240-314-1040, fax: 240-314-1049
www.montgomeryschoolsmd.org/departments/EAP

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You may contact us or send your questions and comments to
Debra_Tipton@mcpsmd.org
Please note that e-mail is not necessarily confidential.



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Ask the EAP

Q: My supervisor suggested I use the EAP. Is it mandatory that I go?

A: The EAP is a voluntary program. Employees have the option to use the program or not, as they choose. If the EAP is suggested by your supervisor, it may be in your best interest to use this free service, but the choice is yours. Even when referred by your supervisor, your use of the program remains confidential. We will only speak to your supervisor with your written consent to do so. Consider giving us a call to express whatever concerns you may have about coming in here, prior to making an appointment.

Do you have a question for the EAP? Send your questions via Outlook or the Pony to Jeff Becker.

