



How to have challenging conversations in an emotionally supportive manner

Attending to and
responding to driver
distress

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Overview

- What we know about the impact of driver cessation
- What we know about the nature of having difficult conversations (e.g., with patients)
- Practical considerations
- Emotion
- How do I feel?
- How to be emotionally supportive to another in distress
- How to deal with anger in another
- How to repair the relationship (if there has been a rupture)

Impact on the individual (of no longer being able to drive)

Depression and Anxiety

- A meta-analysis based on pooled data from five studies examining the association between driving cessation and depression revealed that **driving cessation almost doubled the risk of depressive symptoms in older adults** (summary odds ratio = 1.91, 95% confidence interval = 1.61–2.27) (Chihuri et al., 2016)
- Driving cessation was associated with an increased risk of developing depressive and anxiety symptoms in later life (Missell-Gray & Simning, 2024)

Physical and Cognitive Health Impacts

- Driving cessation was reported to be associated with declines in general health and physical, social, and cognitive function and with greater risks of admission to long-term care facilities and mortality (Chihuri et al., 2016)

Social Isolation

- Driving cessation is associated with a higher risk of social isolation in older adults (Qin et al., 2020).

Mechanisms & Considerations?

- **Reduced activity can lead to physical or cognitive decline** due to reductions daily physical activity, engagement, and mental stimulation
- **Reduced mobility can result in fewer interactions and increased isolation** if not being able to drive make it harder to attend social events, engage in the community, visit friends or family
- **Employment & financial stressors:** Not being able to drive might impact employability
- **Identity and social role:** Driving may constitute an important part of someone's identity, (who they see themselves as being); giving that up can feel like losing a role and status.
- **Perceived stigma or shame:** A person may feeling judged, or having to rely on others (rides, family help), can be hard to accept, especially if dignity and self-sufficiency are cherished values.
- **Can create dependence:** Are there others whom I can depend upon?
- **Rural vs urban considerations**
- **Voluntary vs forced:** Was this by choice or was choice removed from me

Practical but also emotional consequences

- While driving cessation is often perceived as stressful because it **disrupts peoples' lives and poses practical hurdles....**
- Pachana et al., (2017) argue that part of the stress associated with driving cessation can be attributed to **identity change with regards to thinking of oneself as 'no longer a driver' as well as the perception of 'getting old'”**

Rudman et al. (2006)

- Driving was described as having **functional advantages** but also an indication that stopping driving would affect drivers' **sense of themselves:**
- *'[Y]ou've lost part of yourself when you don't have the mobility when you're used to it.'*
- While those who had not yet ceased to drive struggled to envision themselves in the position of no longer driving
- *I can't imagine not driving'...*
- Many drivers who had given up driving stated that although they had felt losses of independence and self-determination **they had adapted and could also see benefits after stopping driving**

What we know about the nature of having difficult conversations (e.g., with patients)

- Many professionals receive training in how to have difficult conversations (e.g., with patients; with members of the public)
- Important to understand **grief reactions such as shock, denial, anger, or sadness.**
- Important to **attend to our own emotions** (e.g., are we anxious about the patient's reaction; do we feel guilty/helpless)
- Important to be **culturally sensitive** (including a person centered awareness of the patient's own context and values)
- **The importance of empathy, clarity, patience, honesty**
- And **non-verbal communication** (e.g., eye contact, posture, facial expression)
- And there are many frameworks e.g., **SPIKES**
- And resources: HSE **National Healthcare Communication Programm** Module on "Challenging Consultations"

SPIKES Framework

S – Setting up	Choose a private, quiet space; sit down; minimize interruptions.
P – Perception	Ask the patient what they understand about their condition.
I – Invitation	Ask how much detail they want to know. Some prefer general info, others specifics.
K – Knowledge	Deliver the news in clear, non-technical language; avoid jargon.
E – Emotions	Respond to the patient's emotions with empathy; allow silence or tears.
S – Strategy & Summary	Discuss next steps, treatment options, or support systems. Reassure them they won't face it alone.

HSE Module “Challenging Consultations”

National Healthcare Communication Programme

<https://www.hse.ie/eng/about/our-health-service/healthcare-communication/>

Module 3 - Challenging Consultations

<https://www.hse.ie/eng/about/our-health-service/healthcare-communication/module-3/>

Responding to strong emotions debrief sheet

<https://www.hse.ie/eng/about/our-health-service/healthcare-communication/module-3/responding-to-strong-emotions-webpage-video-debrief.pdf>

HSE Module “Challenging Consultations”

- The importance of **positive non verbals** during greetings and introductions (e.g., welcome greeting, warm tone, smile [as appropriate])
- **Acknowledging distress or negative impacts:** (*“I’m really sorry to hear that; you must be really tired”*)
- **Communicating empathic understanding** (or efforts to understand)
- **Identify, name and validate feelings**
- **Active listening** (nodding, open body language, eye contact, silence)
- **Demonstrate Preparedness**
- **Signposting** (e.g., what we will do)
- **Body position; eye contact**

- **Preparation**
- **Self Awareness**
- **Emotions: An ABC**
- **Some ideas from Emotion-Focused Therapy theory (Greenberg, 2022)**
- **Applying this to drivers**
- **How to have challenging conversations in an emotionally supportive manner**
- **How to be emotionally supportive to someone in distress**
- **Validation**
- **How to deal with anger**
- **How to repair the relationship (if there has been a rupture)**

Preparation

- Exploring in advance with the person what a decision might mean to them (practically, emotionally, and interpersonally)
 - To help them prepare practically (e.g., will they need a lift)
 - To help them prepare emotionally
 - To put in place interpersonal supports (e.g., an supportive daughter)
- Being ready for the meeting on the day with the information etc., as needed (shows respect; implies an empathic awareness of what this might mean to the individual)
- Helping the other person be ready for the meeting (clarity; what will or will not be known/communicated etc.).
- Anticipating practical issues (e.g., cognitive considerations)

Preparation II: How is the other person?

Asking oneself

- How might the other person be feeling about the upcoming conversation?
 - Nervous? Anxious? Are they Dreading it?
 - Are they prepared for the decision?
 - Might they be in denial about it?
- What has been going on for them? Ageing? Cognitive difficulties? Bereavement? Drug or Alcohol issues? Is this a difficulty on top of difficulties
- Have they supports; have they not?

Preparation III: How am I?

Asking oneself

- How am I feeling about the upcoming meeting?
- In myself; towards the other person?
- Am I feeling about it??
 - Our emotions can be challenging but they are also a source of empathy and compassion
 - Don't equate 'not feeling anything about it' with good?
- If anxious/apprehensive/worried; what about?
 - What do I need?
 - It can help to focus empathically on the other person and their needs rather than worrying about 'getting through it'.

Self-awareness (on the day; in the moment)

- Take a moment (we are all very busy)
- Am I present (vs. distracted)?
- How am I feeling?
- In myself? What do I need?
- Towards the other person? Am I feeling compassionate?
- How might the other person be feeling?

Emotions: An ABC

Emotion is

- an **innate, adaptive system**, which has evolved precisely because it aids rather than hinders survival; which
- **facilitates the rapid, automatic appraisal of complex situational information;**
- **informs us of what is potentially important for, or detrimental towards, our well being;** and
- **sets in motion appropriate action tendencies** e.g. fear initiates a processing mechanism scanning for danger (Fridja, 1986; Greenberg and Safran, 1987).
- **communicates our needs to others** (e.g. crying informs others of our hurt), and;
- **impacts on others in such a way that they are likely to respond in a way that meets our needs** (e.g. sadness evokes a compassionate response).

Some helpful ideas from EFT theory

- **Adaptive vs. Maladaptive (learned) Emotional Responses (also called Problematic or Maladaptive Emotional Schematic Processing)**
- **Core Painful emotions**
- **Primary vs. Secondary Emotional Responses**

Adaptive vs. Maladaptive (learned) Emotional Responses

Adaptive Emotional responses

- All emotional responses can be adaptive in particular contexts e.g.,
 - **Disappointed** that this is the decision they came to because I was hoping for the other
 - **Angry** at the manner in which the process was conducted because it was not appropriate and I deserve better
 - **Anxious and worried** about what this decision means because I may not be able to keep my current employment
- The feeling feels healthy, is about the here and now, makes sense in the context, can be tolerated, and informs adaptive action

Maladaptive emotional responses

- The emotional response does not fully make sense in the context
- The emotion is overwhelming or dysregulating (or completely missing!)
- It does not inform adaptive action
- It often is a generalized; same old story, here we go again, it's always like this type response
- This kind of processing is conceptualised as underpinning symptomatic presentations like Depression and Anxiety Disorders

Core Painful feelings

- Often informed by early life experiences
- Where emotional needs for love, closeness, care, support, protection, affirmation or validation were not met or were sub-optimally met...
- At the heart of problematic emotional schematic processing are painful emotional schemes centered around feelings of
 - **Shame** (e.g., 'I am not good enough'; 'I am defective'; 'it is my fault')
 - **Loneliness** (e.g., 'No one will ever truly know or love me')
 - **Fear** (e.g., 'I am unsafe; unprotected')
- Often intolerable so suppressed, pushed down, guarded against

Secondary vs. Primary Responses

- **Shame** (primary) is intolerable so I get **angry** (secondary) at myself or others
- I am **anxious** (secondary) about feeling **shame** (primary) at the party were I to be rejected or present as awkward
- I am **depressed** (**hopeless, helpless, irritable, angry**; all secondary feelings) as I am resigned to ever feeling good as opposed to **lonely** or **unworthy** (primary)

Why is this relevant?

- **Primary adaptive feelings even if painful are healthy responses to challenging situations and need to be attended to, accepted/allowed and validated**
- **But often here and now experiences are filtered through old familiar back there and then emotion schemes** (another disappointment; nothing goes right, I am always at fault; others always let me down etc., etc.).
- **And/or cloaked by defensive secondary emotions like anger**
- **Or hidden in same old same old depressive or anxious symptomology**

- At the heart of human emotional experience there is a susceptibility to feeling insecure or vulnerable around:
- **Identify** (e.g., we strive to construct positive identities for ourselves but are vulnerable to feeling shame e.g., unworthy, not good enough, undeserving)
- **Attachment** (e.g., we yearn for closeness and strong social, romantic and familial relationships but are vulnerable to feeling lonely e.g., unseen, unknown, unwanted, rejected, abandoned)
- **Safety** (e.g., we need to feel safe, strong, independent, capable but are vulnerable to feeling weak, vulnerable, unsafe or frightened)

Losing my capacity to drive

- **Might threaten my esteem or positive sense of identify** (e.g., as a driver, as an employee, as a provider/breadwinner, as the one who gives other lifts, as independent, as worthy of esteem)
- **Might threaten my sense of attachment/connection** (e.g., not being able to travel to the bridge club; not being able to give my daughter the weekly lift to the bus)
- **Might threaten my sense of safety** (e.g., symbolic of ageing, sickness, loss of dependence/autonomy/strength/capacity)
- **And most likely a complicated mixture of all of these feelings:** Not wanting to burden my daughter (shame) with having to give me lifts to bridge club for fear of putting too much demand on her and driving her away (loss of closeness) when I need her close as I increasingly feel vulnerable and frightened.

How to have challenging conversations in an emotionally supportive manner

- Allow time
- Be clear and direct in one's own communication
- Whilst being mindful of one's own feelings, aim to be compassionately focused on what the other is experiencing
- Invite the other's response, perspective, or feelings; Actively listen; Be patient
- Allow, acknowledge and validate vulnerable feelings (rather than ignoring or minimizing them)
- Be cognisant of one's tone, body language and eye-contact (aim to convey your attentiveness/presence, warmth/positive regard and empathic understanding)
- Reflect back what you hear to show understanding
- Invite collaboration and problem solving

How to be emotionally supportive to another in distress?

- Attend to feeling
- Name feeling
- Validate feeling
- Respond to the need (implicit in feeling)

- Problem solve

Dolhanty, J., Hjelmseth, V., Austbø, B., & Hagen, A. H. V. (2022)

How to be emotionally supportive to another in distress?

- Attend to feeling (*noticing the person is upset*)
- Name *feeling* (*“I can see that this is upsetting for you”*)
- Validate feeling (*“and no wonder; I know you really hoped for a different outcome; I know how much you value your independence, and it’s hard to imagine how you can hang onto that independence if you can’t drive. I imagine it’s quite scary”*)
- Respond to the need (implicit in feeling) (*“It’s going to be important to make sure that you can hang on to that sense of independence and your connection with your circle of friends”*)
- Problem solve (*invite collaboration*)

Dolhanty, J., Hjelmseth, V., Austbø, B., & Hagen, A. H. V. (2022)

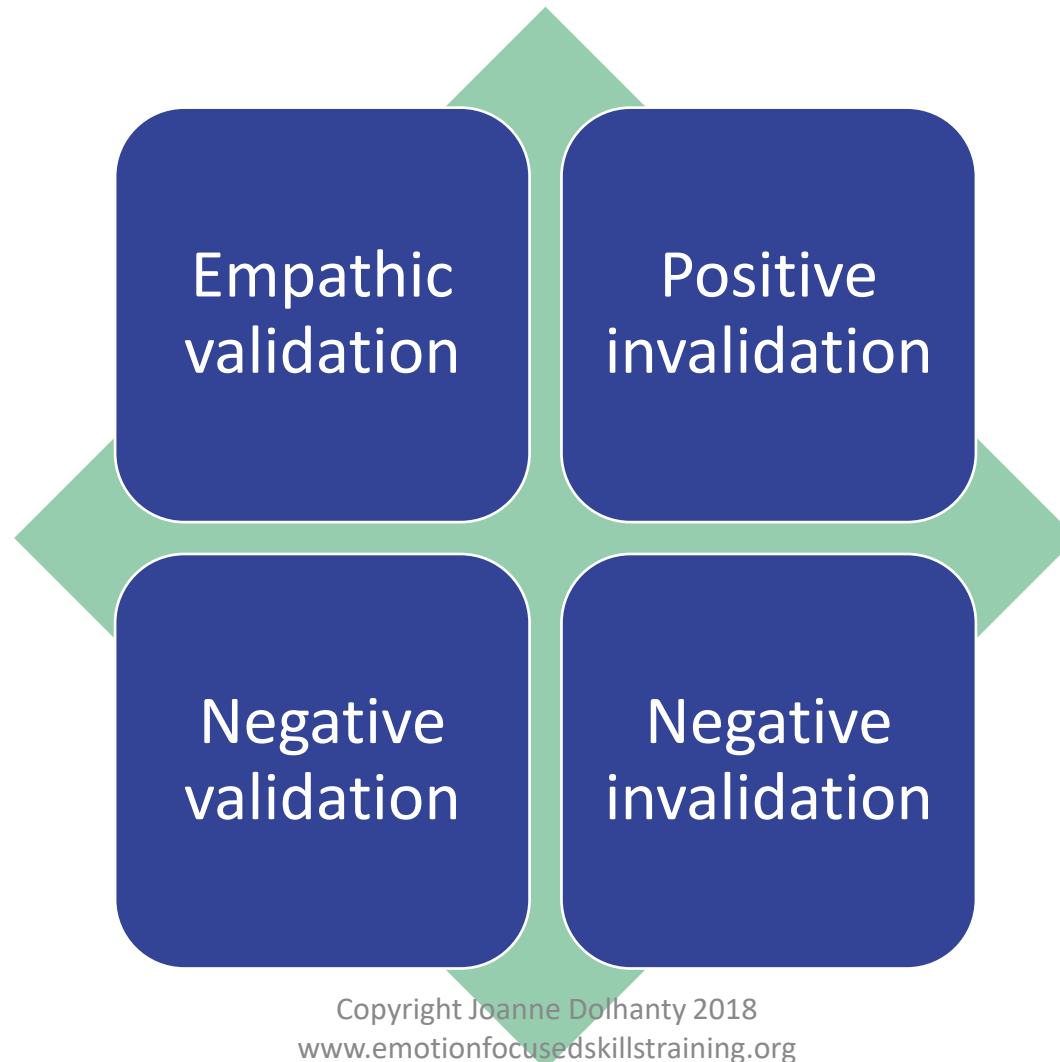
Validation

- **Validate before advice, problem solving and boundaries**
- **Short validation**
 - No wonder ... because
- **Deep validation**
 - Use many sentences, with many ‘because...’
 - Validate the feeling and experience of having the feeling, and sometimes the behaviour
 - Normalize
- **“But” undermines efforts to validation**
 - Instead of: “No wonder you feel that way, BUT...” say: "No wonder you feel that way BECAUSE..."

Positive/Negative Validation/Invalidation: 'My life is over; I don't know how I'll cope'

No wonder you're upset because it's really hard to see how this isn't going to really impact your life. It's really quite scary.

Yes, you're right. I don't know how you're going to manage,.



Of course you'll cope; it'll be no problem to you

There's no need to be so negative about it. You should look on the bright side,.

Validating Anger

- We can validate anger without condoning aggression or otherwise problematic behaviour
- If behaviour is problematic we may first need to assert limits
- Though often validation is sufficient to modify behaviour
- If anger feels appropriate, validate: “No wonder you are angry; because...”
- If angry feels secondary/defensive/inappropriate; it is important to still **acknowledge the anger** (“I see that you are angry”), to allow time for the anger to be expressed and elaborated on, and to **empathically reflect your understanding for the person’s anger** (“It does not feel right that they took so long to come to this decision and left you with this not knowing how it would go for so long”)
- Taking care to **match affect** (e.g., with a stronger as opposed to softer tone)
- Before eventually, tentatively, reflecting the vulnerability likely to be “underneath” the anger (e.g., “This is also a very difficult and upsetting situation to find yourself in”)

Repairing Ruptures

- **Awareness:** Notice that there has been a rupture
- **Acknowledge** the rupture
- **Exploration/Clarification** – inviting the other's perspective
- **Accountability:** Taking ownership without blame or defensiveness
- **Empathic validation:** Emotionally attuning to, accepting and validating the other's experience.
- **Apology or repair** – Acknowledge impact (independent of intention) of one's actions/words on the other

Questions

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