

Emergent or Urgent Situations for the Pastoral Counselor: Mental Health Emergencies and ABC's of What to Do First: Part 2: Disclosing "bad news"¹

General guidelines: Breaking of bad news is best done by someone who already knows the person and who has some instinct and intuition as to how s/he copes with difficult situations. It is best if it is done by someone who will have a continuing relationship because this is rarely a "one shot" event. People generally are resistive to learning that they are dying or someone important to them may be dying or has already passed away. This is particularly true when a death has occurred suddenly, unexpectedly, or violently as in suicide or homicide. We as care providers and pastors may fear causing the person more pain and "doing it wrong," so this task is often stressful for the bearer of bad news. But most errors can be corrected and doing nothing cannot be corrected. There are many uncertainties for everyone in many of these situations. It is better to say you don't have answers when you don't – this is not the time to avoid and bluff or to give him/her glittering spiritual generalities or platitudes to smooth things over.

What to do:

When breaking bad news, sit down unless it is not possible to do so. Remove physical barriers in the way and turn off TV's or radios.

Seat yourself a comfortable distance for discussing personal matters. In American cultures, 20-36 inches is appropriate, but you may need to modify this depending on your relationship with the person and their cultural background.

If you and the person can be comfortable with it, brief touching at some point in the conversation – a hand on the shoulder or on the arm – is appropriate and helpful.

You must handle short silences – don't fill it in with words – silence most often occurs when feelings are intense. Acknowledge strong emotions – yours or the other person's. For yourself, it is better to describe your feelings and contain them rather than displaying them.

Find out what the other person already knows or suspects about the situation, be it their own or a relative's. "What's your take on what has been happening?" "Did you think it was serious when --?" "Have you been worried about yourself (other person)?"

Find out what the person WANTS to know. "If this turns out to be really serious, are you the kind of person who likes to know exactly what is going on?" If s/he expresses not wanting to know details, this hesitation should be honored. You can say, "That's fine. If you change your mind or want to ask more questions later on, you can let me know at any time."

Give information in small chunks. Most patients retain no more than half of the information they are given. When talking about serious conditions or situations, the loss of recalled information can be even greater. Stop and check whether what you have already

¹ This segment was developed based on a book by Robert Buckman (1992) which I highly recommend entitled: **How to break bad news: A guide for health care professionals.** Baltimore: The Johns Hopkins University Press.

said was understood or recalled. "The minute you said, 'cancer,' my brain cut off and I just couldn't remember a thing after that."

The warning shot. If there seems to be a big gap between their understanding of what is going on and the actual reality of the situation, then give them a warning shot that things are more serious than they appear. "Well, the situation does appear to be more serious than that." Then gradually introduce the more serious points, waiting for his/her response at each step. Keep your sentences short.

If a medical condition is involved, consider meeting with the person along with their physician to form a support bridge, and to allow the physician, who is used to delivering bad news, to deal with the technicalities. You are there as his/her support system, and to help plan any needed follow-up actions to be taken, or to make a plan to enlist relatives or others in the church to help.

Frequently check what s/he is getting. "Am I making sense?" "Do you follow what I am saying right now?" "This must be a bit overwhelming [bewildering, shocking], but do you get the general idea?" Repeat important points.

Give only information that seems needed at the moment, or information that is asked for. They may not be ready to hear that their lifespan is only weeks or months, or that paralysis can be expected to set in, or that their sister may not ever be able to live independently again.

Help them figure out what their own goals and priorities are under the circumstances and how to hook up with needed resources. "What do you think would be most helpful to you right now?" Take it a step at a time, a day at a time, rather than anticipating too far ahead of what is immediately necessary.

Often people are too stunned to think of questions they may have at the moment. Meet with them again. In case of bad news regarding a death, be sure that people are in place to lend support and to take care of details that the bereaved person may not be able to deal with immediately.

Offer prayer and anointing for healing of body, mind, and spirit, if this seems appropriate to the situation.

If the person is very distraught or not sleeping, contact the family physician. S/he may benefit from short-term medication. It is best not to "borrow" medications from others that may not be suitable! If at all possible, make sure that someone is staying with the person overnight.

Check on the person the following day. And then as often as seems helpful thereafter, but also taking care to encourage his or her usual support systems to kick in.