

# Personal Safety Nets: Getting Ready for Life's Inevitable Changes and Challenges

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*A Review/Outline by Chapter*



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Chapter 1: In the Beginning . . . .

**Knowing you have plans, systems, and people who will "cover your back" is what we call a personal a personal safety net.**

So, using Chapter 1, Understanding Personal Safety Nets from our book, along with some information from our workbook (Get Ready/Get Started), let's see if we can further everyone's understanding.

**Creating a safety net is emotional protection from life's endless disruptions. It involves ordering your affairs, taking stock, building community and enhancing life.** How do you do this? You build teams to help you get things done, face situations, conquer circumstances and improve your plans of action. You get organized.

For example, instead of facing a disease with fear and trepidation, **seek to put together a "care-share team" that can supplement your own time and needs - providing both help to get tasks completed, and emotional support.** If you face the task of planning a wedding or great event, instead of "hitting the wall" of too much to do, you can put together a helping group of friends and experts who can not only help put the tasks in order, but also help with the tasks or help find those who can help.

Working in teams, no matter their size (so long as they are appropriate for the tasks at hand) brings success. Research shows (and we share it with you as a variety of Cool Free Downloads) that running and exercising with others will help you stick to your exercise plan. Likewise, eating or dieting with others will help you improve your nutrition and keep the pounds off. Just creating or being part of a group of friends will make your life more happy and your tasks more successful.

Even finding a group to share jokes can improve your attitude and help you from feeling run down!

**When a team comes together in an organized way to meet any need, then no one feels the burden of shouldering all the care (or needs) alone.**

- The particular circumstance will determine who will be most supportive, the best networker, the most creative, or most dependable. Be as objective as possible in thinking through, in advance, who or what would be truly helpful.
- The care-share team's goal (or any team) is to create an environment in which team members can perform at their best and complement each other's efforts.
- Participation is typically voluntary with each person offering his or her own unique gifts. Teams can be long-term or for a short period, or to help create a specific solution.
- Your personal safety net can (and should) be made up a variety of teams (they can be also be businesses and organizations): ones who help or guide you: personally, financially, materially, familial, spiritually, and professionally.

***The point is, facing the world alone isn't necessary and just doesn't work!***

Chapter 2: I Need You & You Need Me

**Your life will change, maybe not today or tomorrow, but it will change.**

**You are a part of a life that is always changing, sometimes in unexpected or unwanted ways.** This changing life makes you a student in life's university, and if you can move with it, rapid learning will follow. With learning and knowledge will come a sense of stability and control, which will, in turn, decrease anxiety and increase resourcefulness and resiliency.

With this in mind, ask yourself: Is the life change I am going through, or planning for, one where seeking out more resources or asking others for help could

improve outcomes? Remember, **planning for the worst-case scenarios also prepares you for a variety of less drastic situations. It is an approach that will help prepare you to take advantage of opportunities to make your life better despite the changes and challenges.**

**If you can see that planning or dealing with current or future challenges and changes will not be easily tackled alone, it's time to build a care team.** If you see others are having trouble dealing with their challenges or changes, it may be time for you help create or become part of their care team. We reminded you that care teams can also function to help you focus on weight loss, increase exercise or workout stability, heighten spirits, make your life more happy, and help you deal with emotional distress.

**The research is overwhelming. As we say in Chapter 2 of Personal Safety Nets: Getting Ready for Life's Inevitable Changes and Challenges, we work better together and we all need what other human beings have to offer.**

- All human beings have a basic need to be in relationship with significant others - it is life enhancing to share feelings, needs, hopes and fears
- All human have a basic need to be recognized and valued - helping create and sustain a unique and valuable sense of self.
- All human beings have a need to nurture and to be nurtured, to receive care and to give care - expressing concern, perceiving that concern is received, and accepting the care and love of another contribute to a deep sense of well-being.

**So, let's assume that all of us will need help at some life stage - to tackle some change or challenge. Where to start?** All of Chapter 2 in our book deals with thinking about needs and motivation. From our workbook, Get Ready/Get Started come "Identifying Safety Net Members" (pg. 14) and "Am I prepared?" (pg. 15) **Try these exercise today - you'll be prepared for tomorrow.** We're also providing you with "Being Helped: What I Might Want and/or Need." (Appendix 21) Take this list and change it, building and adding to make it specific for your life today - and then revisit it as your life changes and you face new challenges. **You, and**

**others, need to know what you need before you can ask for help and create a care team.**

Let's start today - thinking it through. Be a problem solver even before you have problems. Imagine putting together a team to assist you or becoming a part of another's team. Don't run away from others, and don't shy away from asking.

***We are not made for hoarding our time, talent, or treasure, rather, we are channels made for sharing.***

Chapter 3: Asking & Organizing - Your Internal Muscles Need Practice Too

**Creating a safety net is emotional protection from life's endless disruptions.** It involves ordering your affairs, taking stock, building community and enhancing life. Hopefully you see that **creating a network of support BEFORE there is any crisis in your life (or that of those around you) is a key component to resiliency and resourcefulness.** *Facing the world alone isn't necessary and just doesn't work!*

We may have stated the obvious when we said that you are a part of a life that is always changing, sometimes in unexpected or unwanted ways. You may also see that **planning or dealing with current or future challenges and changes will not be easily tackled alone**, and thus it's time to recognize, appreciate, and organize a network.

Hopefully you reviewed "Being Helped: What I Might Want and/or Need." (Workbook Appendix 21) so that you, and others, know what help you're likely to be willing to receive or likely to need before you ask for help in a particular issue. Now, let's move forward.

In chapter 3 of our book we address creating a network or care share team. **At some point this will require you to ask for help. We call this the "help appeal."** In a world of self-reliance, this is not easy for many. Tackling the same issue in Switzerland, where men are very private, self-reliant, and bad about communicating life problems, Dr. Albert Wettstein, director of Public Health, created sample letters and telephone-call scripts that instructed people on how to explain an illness to friends and relatives. In tests, Wettstein found that, **with scripts in hand, men found it much easier to ask for help.** Findings show that a

similar approach can be equally well applied by women or by anyone when facing other life changes and challenges. Practice and planning make perfect!

**But how does one ask? The answer is - there is NO ONE WAY that's right for everyone!** Some, with the courage and know how, simply get on the phone and make the "ASK." Others use a variety of methods: Sarah invited her five best friends for a potluck dinner at her home so she wouldn't back down before making her ask; Ted, knowing his friend, Warren, felt overwhelmed, took matters into his own hands and drafted an email to all of Warren's friends; Sue helped her friend Tom by organizing a face-to-face meeting with Tom's friends; Mary and Sid reached out to their larger community by sending a letter to their entire church congregation.

**It's not easy to ask for help. But learning how to ask for, accept, and offer support is an essential life skill.** Practicing will help, and getting comfortable with relatively simple and small requests is a powerful step towards preparing yourself to ask in a life-changing event. Asking for help is a risk, but many of the best things in life come when we reach out and take some risks.

Let's get ready to practice our "asking" skills! Some simple homework will give you the practice that your "asking muscles" need. Work your way through three wonderful sections from pages 22 & 24 in our workbook - "Exercising your Asking Muscles," "Tips for asking for help," and "Ways to extend invitations." With a little knowledge and a little practice, you'll find yourself much more ready and able to start bringing your network or care team together. If you think you'd like more help, come to one of our classes. This isn't easy!

#### Chapter 4: Putting a Team Together - First Steps

**Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has. ~ Margaret Meade**

Once you have put together your own supportive personal safety network (see story below), organized what you might need and want in your life, and asked to be part of this network, **a time will come to look at reaching out to form a team to help with some change or challenge that comes up for you or someone you want to help.**

Sometimes you or those in need of help are cooperative and capable of enlisting aid from others. Sometimes, though you or they need someone else to take a lead role in organizing this team or network. A spouse, child, sibling or friend can step in to serve as leader whether asked, appointed or hired. At this time, **asking for help is the first step.**

**The next two steps are to set ground rules** (such as: keeping information from the meeting confidential, not using personal money, honoring limits, time, endings, and being respectful) **and to set a working vision** to reach clear and sustainable solutions. (*Read Dan & Corie's Values - a Cool Free Download*).

**Step four is to create a plan** of care or assistance, and to break down this plan into a list of manageable tasks which need to be prioritized to match available skills, information, and individuals. (*Read Megan's Story - a Cool Free Download*). Encourage people to start small by taking on only one or two tasks to begin, and then expand their role as is comfortable to build on success, and help avoid burnout. Don't let anyone promise too much!

**To help your team get organized**, you can try various websites like [lotsahlepinghands.com](http://lotsahlepinghands.com), [wiggio.com](http://wiggio.com), [caringbridge.com](http://caringbridge.com), [whocanhelp.com](http://whocanhelp.com), or use an old-fashioned calendar or letter. The important thing is that each person knows what is going on and how important their task is to the whole. **The group should plan for what will happen if** someone can't or doesn't handle a scheduled task: someone will need to cancel or won't come through - at least one time. It is important to know when tasks are being done, by whom, and who is the back up.

**Before you have a change or challenge where you would want a team to support you, think about and honestly answer these questions for yourself:** what do you like to do for others; what do you do well; when are you generally available; are you likely to be a good leader for your own team, or for someone else's; and can you take care of yourself by setting limits to what you say "yes" and "no" to?

With answers in hand, you're on your way to success!

## Chapter 5: Keeping Your Team Going Forward

Thirteen years ago, Theo and Eve and their friends Tina and Susan were co-workers getting to know one another. . . they invited their friends for a house-warming party . . . over the years the dinners continued. . . (that) built a kind of safety net, supporting each other through difficult career moves, starting and closing businesses, divorces and marriages and caring for elderly parents. *(Read their entire story)*. **Like any team, over the years there were challenges to this group that were met with 1) setting a vision, 2) having ground rules, 3) supporting one another in asking for help, 4) appreciating each other's gifts and 5) playing together and saying thank you.**

**In Chapter 5 of Personal Safety Nets: Getting Ready for Life's Changes and Challenges, we begin our focus towards keeping your team going** by noting that, though helping won't feel good all of the time because of a wide variety of reasons, **"people who have been part of TEAMS speak often, and with passion, about the rewards they experience: a sense of connection, a greater awareness of the gift and fragility of life, and new wisdom gained from working with others."**

***Here are some strategies to maintain the goodwill within your care share team.***

- **Schedule regular check-in meetings.** This is the place where folks can speak of all the feelings that arise out of participation, find compassionate listeners, and adjust roles and responsibilities. **Encourage members to share experiences, concerns and scheduling conflicts. It's normal to feel and discuss burnout, change or cutting back.** You can reduce problems for one and all by discussing how to take a break, cut back or switch to less demanding roles.
- **Communicate.** Good communication begins with a team leader or designee who can take meeting notes, send them to everyone on the team, and use these notes as a tool for keeping everyone working together. *(Read Violet's Selective Communication)*. **Open, rather than selective, communication avoids the "left-out" feeling for some team members** - and can be accomplished through group emails or phone trees. In our day of social media - a Facebook or web page of information may also be an encouraging, supportive and useful tool. When including the care-share

member, viewing the communication can sometimes be uplifting - knowing others are there helping - consider it.

- **Honor your commitments.** If you offer to help another, you have someone relying upon you and your promises. You need to be clear in your own mind, and with others, how much and how often you can offer help - and stick to it! **Sticking with tasks and schedules creates a safety net for care partners and the entire team.** Don't bite off too much. Each person will have different amounts of time, skills and areas of expertise. **What's important to remember is that all contributions matter!**
- **Build Trust.** For those who are receiving help, aid or care, trusting people who have come together to help can be a challenge. This kind of relationship can be new: relying upon others in ways he or she never imagined can be hard. **You can build trust by being consistent in doing what you've promised, maintaining confidentiality, and remembering to focus on your care partner's needs.** As confidence and reliance on good qualities, such as honor, ability, responsibility, fairness and truth increases, so will the trust levels.
- **Enter carefully into someone else's life.** Remember, you are a guest in the private life of the person you are helping. Maybe that's why so many refuse to ask for help. They may be asking themselves, "Do I really want you to know all about me and my family? Do I allow you near my possessions and provide you with "secret" information?" **It's an act of courage when your care partner opens her more personal, private life and needs, vulnerabilities and fears, hopes and dreams.** Be careful, go slowly and honor this special circumstance.
- **Take care of yourself.** When you help someone, even though you might be glad to do so, the effort can be demanding, especially if the commitment is long-term or there is no apparent improvement. **Don't be surprised to be emotionally drained. We cannot give what we do not have** - which means it's okay to experiment and figure out how to recharge your own batteries. Go for a walk, see a raucous concert, take time for your children - nourish yourself.



- **Respect boundaries and roles.** When there are specified and agreed upon roles with appropriate behaviors it is easier on everyone. For instance, a younger person, helping an elder as a team member, cannot violate boundaries by looking for personal gains or acting as a son or daughter. **You will need to try to understand and respect the expectations, sensitivities, customs, and needs of the care partner and his or her family system.** (*Read "Only Friends"*). A balance must exist between caring for feelings and personal boundaries. We call this "compassion with a backbone" doing what you do, within the limits you've chosen.
- **Play and rejuvenate.** Sometimes care givers come from different parts of a person's life and they may not know each other well. **Serving together may create an opportunity to get to know others who have similar values and goals and provide benefits you did not expect. Additionally, when the group can get together, look to celebrate and have some fun.** While we stress taking care of yourself, we also see the need for the group to find common ways to build its own identity.
- **Keep rituals and traditions.** Welcoming someone new onto the team, opening or closing meetings with a special saying or certain prayer, periodic celebrations, collecting items for a group scrapbook, writing group thank you notes, burning old papers that don't hold fond memories, keeping charts, creating a collage, sharing food, posting onto Facebook - **these are just a few of the types of rituals and traditions that a care group can use to maintain its unity and clearly identify what each person has contributed to the group and to celebrate it.**

## Chapter 6: Know What to Expect

**One Caregiver's Story** - "Over the last three months, **Karen** has become increasingly anxious and depressed. She never imagined that the events of the past four years would lead to this amount of stress. **Her 83-year-old mother, with hypertension, Alzheimer's disease, and rheumatoid arthritis, moved in,** after a hospital stay related to complications from an enlarged bladder.

**As a single mom with one son in college, Karen's life is now consumed with the role of care coordinator and service provider.** In addition to working a demanding full-time job as a legal secretary, her days are filled with coordinating multiple health care providers, arranging transportation and home-delivered meals, managing multiple, complex medications and other health-related tasks, handling challenging behavior issues, and much more.

Although her mother attends adult day services three times a week, her cousin comes in during the other weekdays, and a home health aide or her son helps on weekends, **she is finding it difficult to balance everything and is exhausted at night. She can't even remember the last time she visited with her friends or spent time gardening.** Karen's job has some flexibility, but she has used up her vacation leave and now finds herself having to take time off without pay. That leads to even more stress because it is her salary that helps pay for her son's college tuition and keeps things afloat.

Through all of the visits with her mother to multiple health care providers, the arranging and patching together of services and supports while she is at work, and during and after several of her mother's hospital stays, **there was always an expectation, from others as well as herself, that she would be able to handle the situation, whatever it was, just fine.**

**Although she had been experiencing a bad cough for the past few weeks, she did not feel she had the time to have it checked. She was just too busy. Several days later she became extremely ill and collapsed at work.** Her initial thought was, "I am just tired." She was hospitalized for pneumonia. It was not until her own health scare that anyone asked her what she, **Karen, needed - not just to help care for her mother or her son, but also to care for herself.**"

**Karen's story, taken from Valuing the Invaluable: 2011 Update - The Growing Contributions and Costs of Family Caregiving, by the AARP Public Policy Institute, illustrates some of the inherent personal costs to those 61.6 million family caregivers in the United States today.** These issues are the same as those in "Chapter 6: Know What to Expect" of Personal Safety Nets®. Let's do some more delving into the AARP and Chapter 6.

***Today's "average" caregiver is:***

- A 49-year-old woman who works outside the home.
- Spends an additional 20 hours per week providing unpaid care.
- Cares for a relative or friend.
- Up to 53 percent of these caregivers have little or no training or preparation.
- These unpaid contributors help our economy by adding value rated at \$450 billion in 2009 (up from \$375 billion in 2007).
- Contributes more to our economy than total Medicaid spending at the federal and state level.
- Contributes as much as the total sales of the three largest publicly held auto companies.
- Contributes 3.2 percent of the U.S. gross domestic product.
- Contributes almost \$1500 for every person in the U.S.

**It cannot be stressed too strongly that those who take on this unpaid role risk the stress, physical strain, competing demands, and financial hardship of caregiving, and thus are vulnerable themselves.** An extensive body of research finds caregiving to have a profound and negative effect upon the caregiver's own physical and psychological health, increasing social isolation, and adversely impacting the quality of life and well-being. **State and federal health organizations now view family caregiving as an important public health concern!**

What can and should be done? **The study calls for a change in the care-system to more of a "care team" where caregivers are no longer viewed as just a "resource" for loved ones;** rather, they are partners on the care team and recognized as individuals who may themselves need training and support. **For those of you who've read Personal Safety Nets® this will sound familiar! The AARP study is calling for creating personal safety nets® and teams from those safety nets to tackle issues as they are needed - something we've been championing for more than five years!**

As we say in Chapter 6: ***Now is the time to start building your net and when you do, remember a few simple tips:***

- Plan as best you can, but be prepared to encounter the unexpected.
- Remember it takes a whole community to support both a care partner and a caregiver - that is what the care-share team is created to do.

More people tackling the situation will lead to more chances of success for all parties involved.

- Come upon all roles with the idea that those who often fare best are those who see themselves as in charge of their own health and who view physicians and caregivers as critical team members.
- Ask for and accept help before there's a crisis. This is a huge favor for all involved.
- Set aside some time to sit in a quiet place or turn attention inward to help recharge your care-giving batteries.
- Organize, appreciate and give back!

## Chapter 7: Watch for Stumbling Blocks - Get Better Prepared

*Call it a care-share team, a care team, a network, a support group - having an organized team to assist you through times of change or challenge is a good thing. People being human and life being somewhat fragile and mysterious, problems will predictably pop up. Prepare yourself!*

**Most of the problems - or "stumbling blocks" as they're called in Chapter 7 of our book - can be resolved IF** you surround yourself with people who've had a broad range of experiences. Then you can ask about their challenges and learn from them. When you do, you'll be better prepared to avoid and effectively deal with whatever life tosses your way.

To help you deal well with these predictable, unpredictable events, we're going to review some of the stumbling blocks that frequently cause problems for care-share teams.

- **Emotional Traps: People typically love to be needed, yet hate to be in need.** "Needy" has such negative connotations...that ...we act as though having life under control means doing it all ourselves, or paying for help, but rarely asking for assistance. **Individuals and helpers must find a balance that includes learning to ask and to give.** Other traps you're likely

to encounter will be **jealousy, guilt, fear, anger, and the pushing of many "hot buttons."**

- **Too Many Needs:** A care partner (someone in need) may have infinite needs, wants or preferences. And while he should feel free to express these desires, **you and the care team may not be able to meet each and every one of them.** The team should attempt to fulfill only the needs and wants that can be comfortably and reliably managed...The team should feel perfectly comfortable seeking community resources to tackle the tasks they cannot. **This is where group vision setting and prioritizing comes in handy.**
- **Mix-ups:** Not every team works perfectly; **not everything goes smoothly.** A team member may drop the ball, forget a task or disappoint your care partner. This is just life! **The best thing the team can do when someone "goofs" is to not assign blame but to learn, improve or make changes.** Don't sweep problems under the rug - address them!
- **The Bossy Person:** Some people view entering into a care-share team as their chance to "save" or "fix" the care partner or the situation. Yet **the entire team should remember that supporting, not fixing or saving is the goal!** Being a member of a team has components of responsibility, while also demanding the relinquishing of control. **It is the care partner who will end up living with whatever evolves;** team members can leave if they wish...so "softly" treading matters.
- **A Crabby Care Partner:** From time to time a care partner may feel emotional, fearful or crabby. **One way to deflect negativity and criticism is to prepare responses, such as, "I hear how hard this is for you" or "I can only imagine how it seems from your perspective."** **Practicing and getting help with responses is your best path.** Sometimes, though, whatever the situation it may be too much for you. When you're feeling overwhelmed, after making sure the care partner is safe, take a break and rejuvenate yourself. (see chapter 5)
- **Fears:** It is perfectly normal and understandable to have some of your own fears when asked to help someone with illness, injury, or the

unknown. The care partner has her own and **discussing your fears, gaining knowledge and understanding your fears will help you avoid the kind of distancing behavior that can keep you from being a good care-share team member.** Here's a Cool Free Download that care partners and team members can review in order to deal with and conquer their fears.

- **Depression:** While grief is often confused with depression, the two are not the same. Grief is a normal response to an event or situation experienced as loss, depression is an abnormal psychiatric disorder. Depression is usually marked by persistent feeling of hopelessness and dejection, and sometimes by suicidal tendencies. **If you think you or your care partner is experiencing depression, seek help from a trained mental health specialist.** If you're not sure how to recognize depression a good place to start is this Cool Free Download compiled by the U.S. Department of Health and Human Services.
- **Loss of Control:** If your values and beliefs differ from your care partner's, personality conflicts may arise. Should you call a doctor when signs of a fever arise or a cough begins, or only when she cannot take a breath? Should a care partner dress himself even if it's laborious? In these and hundreds of others scenarios, there's the possibility for the care partner to either maintain or lose control to some degree. There's also an opportunity **for dialogue, compassion, and increased understanding. Once again, it's important to remember that the care partner is the one who ultimately will live with the situation, and is the one who has the last word!** If, after discussion, you and other team members, or your care partner disagrees, consider a brainstorming session or bringing the issue to a neutral the party, perhaps a trusted family friend or trained counselor.
- **Too Much Help:** There are many "helping strategies" that actually **complicate the situation or cause problems.** Many of these attitudes and behaviors, while well-meaning, may cause a care partner to become weaker or more dependent upon you. One such "problem behavior" could be solving a problem for her because it's faster or easier for you to just do it. Here's a Cool Free Download to help you identify and avoid others. **You can learn to tell the difference between these and certain attitudes and**

**behaviors**, they allow care receivers to develop and use their strength, flexibility and resourcefulness. It's explained in this Cool Free Download.

**Editorial Footnote:** The first and most important stumbling block to getting the help we need is that, as a group, we're NOT very good at asking for help. We beat around the bush. We demand. We whine. We procrastinate. We think that going solo shows strength. ***At PSN, we beg to differ! - So come to or offer a training session to help get over this hump.***

## Chapter 8: Prepare to Say Goodbye - Endings and Beginnings

If you've been following, you know that most care-share teams are created with the idea of accomplishing a specific task or group of tasks. **Need brings together a group of people who figure out what their vision of success is, and then use their skills to serve as a strong part of a personal safety net for another.**

Although these teams usually end within a year, some teams, originally centered on helping another through an illness or major life change, shift purpose over time, continuing as some form of organized friendship that re-evolves into care-team mode as needs arise.

Since lives change, and **every change involves both a beginning and an ending** (*Read: Maria Lives*), it is inevitable that care will no longer be needed for a certain purpose (either because of a death or wellness). It's also very possible that persons who had planned to participate can't do so for the life of the need. Other responsibilities or changes in circumstances call them away. (*Read: Vivian Needed to End Care-Sharing Team Membership*). This means that those remaining on the care team, and the team itself have **a chance to acknowledge the contribution of the one who is leaving**, and validate their intention to move on.

When it's time to say goodbye, whether this because of a return to health or strength of the care partner, a death or departure, or for any reason at all, it's important to take time for some sort of goodbye, honoring ritual, and to allow emotional space for grieving. (*Read: Deborah's Many Good-byes*). Losses are often accompanied by strong emotions that may challenge emotional stability and sense of self, whether for the care partner or a care-team member. The good-bye ritual honors good work and commitment, as well as relationships.

**Situations differ on why a good-bye is needed:** 1) Sometimes family conflicts or personal styles may offend a team member, forcing him or her to quit. 2) Care-team members may feel they can no longer support the existing situation. 3) Care partners may not want to continue having you in a care-giver's position. 4) If your care partner gets well, the team is no longer needed in its current form. 5) The care partner may die.

Finally, in the last example, a death causes the ending of a care-team, plus a thorough range of feelings. **In small and large ways, life demands that we grieve our losses, harvest our memories, and move on.** (*Read: Martha's Gift to Her Friends*). For most of the reasons for a team ending, it's quite natural to experience complex feelings: relief mixed with sorrow, anger combined with guilt, or fear overlaid with depression. All of this is normal and needs to be accepted, experienced, understood and passed through.

**What's important at the time of leave-taking is to honor the good that has come from the relationship, recognize hard parts but focus on the intention to help -- and say goodbye both to the expectations and dreams, as well as to the individual.** (*Read: Rest in Peace*).

**(Editor's note:** What we also find is that people who have helped another often say yes to new opportunities, and people who have been helped often go on to help others. (*Read: Martin Comes Full Circle*). We all need to be seen for who we are. We all need to have our voices heard. And we all need to matter to someone besides ourselves. **Joining others in offering assistance to another is good for ourselves, as well as for those we help** -- it feels good, and the experience creates a desire to "do it again." Saying goodbye respectfully increases the chance of this. Besides, it can be heartwarming -- and that's important too.)