



Understanding How to Be Helpful

Helping someone can be the most rewarding thing in the world. Nothing equals the pleasure that results from a successful attempt to help. Those who act in some capacity as a “helper” know that one big success at helping can make up for a lot of little failures. In spite of the successes, people with a strong intention to help others also know that it can be a discouraging, frustrating, thankless job at times.

It can seem to us that people don’t really want to be helped, that they don’t deserve help, that they just waste it or ignore it or need it so constantly that helping them becomes exhausting. At moments like that we can all end up longing for some quiet occupation where no one ever suffers or dies if we don’t succeed. People who work at helping others deserve to get their batteries recharged regularly. It can be a responsibility-laden task and those who do it deserve to be helped when they need it.

This Scale of Emotions, at right, is taken in part from a textbook called *Beyond Psychology—An Introduction to Metapsychology* by noted Menlo Park psychiatrist, Dr. Frank Gerbode. There are many different philosophies or technologies that have a similar scale. This scale is based on observation by thousands of trained observers that people move up and down through a basic pattern of emotional levels as their condition improves or worsens. For example a person who has always been very independent and strong may begin experiencing disturbing physical symptoms that make it difficult to remain active and eventually receive a diagnosis of Parkinson’s Disease. Such a person may, by nature, have been someone who usually operated on this scale at a level of cheerfulness but the diagnosis of a progressive neurological disorder plunges him/her to the level of grief or fear where he/she may remain for a while. With some time and a bit of help in the form of friends or professional counselors who let the person talk freely about his/her feelings, the person will begin to progress gradually back up the scale. Depending on the quality of the help received and the magnitude of the loss, it may take months to regain a level of cheerfulness on the scale, if it ever happens. The key to the scale is this: a person will not simply go directly from grief back to cheerfulness. That person will pass through each of these emotions on the way. When the grief begins to become exhausted, the person may find him/herself feeling fearful. After all, there is now an awareness that life can dish out some cruel blows.

The person may next pass through a stage where he/she becomes less fearful but still manifests a lot of anxiety. Next the person passes through the more extraverted emotions. He/she may resent fate and feel angry at God or the doctors. Although the person is actually improving, his/her behavior may seem quite shocking to those around him. Finally, if allowed to express the anger, the person passes through that band and hits a level of boredom, complacency, and ambivalence. He/she has little interest in life but at least is not suffering acutely. Eventually the person begins to take more interest in life and may regain his/her earlier emotional level. As the disease progresses and other losses occur, the person may go up and down the scale repeatedly.

One of the biggest barriers to being helped is the lack of understanding of those around the person of the fact that he/she needs to pass through some very unpleasant emotions on the way back to happiness. It’s possible for most of us to provide an understanding ear as a friend or loved one passes through grief and anxiety. We’re more than happy to listen sympathetically and offer reassurance. But when the person hits the emotional bands that are harder for us to confront, when he/she is angry, hostile, resentful or antagonistic, too many of us are shocked and upset. If we were still able to listen calmly, the person would continue to pass up through those emotions but when we react in shock, it can drive the person back down into grief and prevent a full return to normalcy.

SCALE OF EMOTION	
Exhilaration	high spirits, lively joy
Enthusiasm	eager interest, zeal
Cheerfulness	full of cheer, joyful
Interest	wanting to know, see, do, or take part
Complacency	contentment
Ambivalence	a state of conflicting feelings
Antagonism	active opposition, conflict
Anger	strong displeasure, wrath
Resentment	feeling injured or insulted
Anxiety	troubled, worried or uneasy feeling
Fear	dread that danger or evil is near
Grief	great sadness, heavy sorrow
Apathy	lack of interest or feeling



Parkinson Association of Orange County

When you fully understand this emotional scale, it's much easier to help because you don't take the person's anger and hostility personally. There are things other than an illness that can cause a huge drop on this scale. Any loss may do it: loss of a job, a friend, an opportunity, or a divorce or failure. Painful incidents, like accidents and operations may also drive the person down the emotional scale.

When life's blows come too frequently, it becomes harder and harder to make that journey back up the scale and so the person's chronic emotional level becomes lower and lower. Eventually, the person can become thoroughly fixed at one of the lower levels and a number of changes occur when this happens. Where a person high on the scale wants to survive and his/her efforts are directed toward that goal, a person who is chronically low on the scale begins to want to succumb. Apathy seems to offer relief from the pain. After that point, the person's actions begin to align with that desire to succumb. This is the point where a lot of the losses you suffer trying to help someone enter the picture. If you're trying to provide adequate food and housing to people whose emotional level is chronically low, because of their intention to succumb, they will be unable to benefit from your help. Their housing is allowed to deteriorate, the help is wasted and you are left wondering why you bothered. Any help at this point, other than the intensive compassionate listening needed to raise their emotional state, will be largely wasted.

As long as a person is still able to move easily on the emotional scale, even if he/she is still at a low level because of a recent loss or illness, that person can be helped but when he/she becomes quite fixed on the emotional scale at a very low level because of repeated losses or illnesses, then helping becomes very difficult. Someone who works daily at the task of helping others should know this scale well for it makes the behavior of the person in front of you far more predictable and therefore easier to confront and handle.

Help that works could be defined as follows: that action which furthers the intention of the person being helped. If you do something for people that actually assists them in following their own intentions, they will perceive it as help, accept it, and be grateful for it. If your action conflicts with their intentions, they will ignore it, waste it, or refuse it. Thus, if they are stuck in a low emotional level and are trying to succumb, and you are attempting to help them survive, they will not perceive your actions as helpful, will not be grateful for them and will not benefit from them. Occasionally this fact will be masked. They won't outwardly admit they don't want your help, but they will find a way to waste it.

This doesn't mean, of course, that you go into agreement with their intention to succumb and help them locate a gun to do themselves in. No matter how warped their idea of help has become, you have to follow your own ethical code and give only pro-survival help. It does mean that with a better understanding of the situation, you might be able to help arrange to get them the only kind of help they could benefit from at that point. If you're not trained to provide them with compassionate listening, you would at least recognize that they needed that sort of help first and possibly be able to help them get it. You would also learn to take it less personally when they were unable to be easily helped, and you'd recognize that the failure wasn't yours. Some people are simply very, very difficult to help.

This information comes from the book, *Emotional First Aid Manual*, by Janet Buell. Complimentary copies are available at the NPF OCC office or at our seminars and symposia.