

# Fox's principles for making the best of things

## A guide for supporters

By Peter Fox

PeterFox@vulpeculox.net

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### Introduction

These principles are a framework that people can use to pull themselves up by their bootstraps when they get into some worrying situation for which there is support available. This document is intended for organisers who provide that support and are keen to see (typically but by no means always) newly diagnosed people given something solid to cling to.

#### **Fox's principles for making the best of things**

- 1 Take charge of managing your condition
- 2 Get all chips off shoulders
- 3 Make the most of things
- 4 Think about your priorities
- 5 Join the support network
- 6 Overcome self-prejudice
- 7 There are only six principles

Take responsibility - Get on with doing things - Achieve results. All of these are matters of attitude and applicable to everyone in any situation: Bereavement, divorce, illness, losing driving licence, failing to achieve a career goal, and so on. That's pretty cute. Your job is to present each of 1-6 as a worthwhile principle with achievable benefits.

You've probably got the strong whiff of self-help and it is true that fundamentally this is about motivating people to get on and do things. But condescending Victorian worthiness, whether intended or just perceived, is not the right way to go about it. It's the old problem of giving advice - No matter how useful it is, a smug platitude will be resented.

## Task one

Required: Pencil, paper. Optional: glass of wine or cup of coffee.

The skeleton needs some flesh, but that's easy for anyone who deals with the specific problem area. Ignore item 7, that will be dealt with later, and jot down *something* for each principle under the following headings. (The more that gets scribbled onto paper the better - this is just a preliminary work-out for ideas and materials.) The Experience and Results headings can be made up with the sort of thing you think would be good illustrations.

Why	What are the benefits? What can happen if left?
How	Theoretical and practical steps.
Experience	Testimony from people who've 'been there'. What makes this easy or hard or works for some people and not others?
Results	Testimony and case studies.
Examples	Other possible ways of tackling this.

### Task one discussion

With any luck you can begin to imagine how you would do a slide presentation. This is the main job done, in so far as you have found a way to blow the fog away. You will review and refine and explore and extend these notes, but if somebody asked you to give a talk in 10 minutes time you'd be ready.

### Audience

These principles were first proposed when I was asked to suggest ways of helping newly diagnosed Multiple Sclerosis sufferers. In particular how to give people something positive to aim for, how to give them self-confidence and how to get them actively involved in making decisions for themselves.

Also there are serious social side-effects such as stigma, prejudice, fear of getting involved, fear of the unknown, popular mis-conceptions and lack of opportunities for frank discussion with friends and colleagues. These are made worse because the new sufferer was 'only yesterday' 'normal' and has all the unfortunate negative attitudes and no experience of dealing with stressful social situations. In a nutshell "The MS society exists to help you re-adjust and get back to being an everyday person leading an everyday life."

You will have experience of dealing with this sort of situation and appreciate how the principles can be used to build a rescue package.

Even though *to you* the value of these is obvious, you will have to actively sell them.

There are two essentials here:

"This is all about you" and

"Here are the concrete benefits A-B-C".

There may be other benefits which we think are valuable but will either confuse or distract or be disbelieved. For example "Take charge of managing your condition" means not relying on overworked and non-specialist doctors who just want you 'processed' with the least effort, but instead working out how to measure progress, what to aim for, and being fully informed of the options available. The concrete

benefits are more positive outcomes<sup>1</sup>, being informed and able to debate issues, avoiding second-class and third-class care and forcing people to give you what you're entitled to. There are two sub-texts here:

(1) If the person takes an interest in their condition then they're facing in 'your' direction and you may be able to help them some more.

(2) They are 'taking ownership' of the situation. This is a theme running through a number of the principles.

## Task two

Required: Two to ten support staff, ten to twenty minutes.

Firstly discuss the importance of getting somebody to 'take ownership' of their situation / problem / way-out. Where should it come in your list of priorities? How important a success factor is it?

Secondly discuss the signs that tell you whether (or how much) somebody is owning their problem or going with the swim, or blaming everyone else. Are there tell-tale signs, activities or even phrases they use?

### Task two discussion

You may find this task is quite difficult - It requires a good understanding of human nature and support experience. By all means call up someone who you know to be a good counsellor and ask for their input.

## More about the principles themselves

I have assumed that you didn't need any explanation for 1 to 6 as they are supposed to be self-evident. However let's look at these in a bit more detail although of course only in general terms because contexts can be so different.

### 1 Take charge of managing your condition

Every self-help book ever written has some version of this. If you want to be a millionaire then it's up to you and only you to make it happen. Why are we all not millionaires then? Simply because we rated the chances of success not to be worth the effort - even if we knew where to put the effort. Most of us could learn to play the Banjo if we wanted - that seems possible for a modest investment, but what would the rewards be? This analysis boils down to "Why bother doing anything?" Most people reading this will be only too depressingly familiar with that sentiment.

Here's why

- a There's no competition - even the professionals aren't desperately interested
- b Leaving it to others can lead to a big mess - do you want to let them do that?
- c How do you feel about people discussing what to do with you and not being able to tell them what you think is best and why.
- d It's quite simple - with easily available guidance
- e The concrete benefits are . . .

We saw the significance of this above.

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<sup>1</sup> There will be probably be some research on this in your field.

## Task three

Required: Two support staff.

One of you plays the role of helper and the other a typically lonely, depressed, dispirited person of the sort you encounter in this situation. The objective is to 'sell' principle No. 1.

### Task three discussion

One-to-one may not be the best environment for changing attitudes. Often the social dynamics of a group at a 'sales seminar' can be much more influential than counselling. The methods you use will depend on the skills available.

#### 2 Get all chips off shoulders

This is an extension of No. 1. There are two additions.

- emotion
- what's past is past.

Even if we discuss blaming other people, at the bottom we're still talking directly about the person themselves. We are coaxing them to at least separate how they got into this mess from how to get out.

Obviously it isn't possible to simply switch off negative baggage from the past<sup>2</sup>. We hope to put it into the background and replace it with more positive thoughts. Our objective in getting this principle accepted is to establish that dwelling on the past or looking for blame won't get anybody any further forward. Look at task one again to see what resources such as testimony are available.

#### 3 Make the most of things

This is where practical experience counts and needs to be tailored to each situation for practical effect. This is a blunt positivist principle which is easy to see *in theory* is the right thing, but often appears to be too fantastic in the actual circumstances. I can't tell you how to make the most of having 6 weeks to live or having a baby born blind, but then as a supporter it's your business to know these things and have the inspirational quotations to back it up.

In the first instance what we're trying to do is get the principle accepted. Details can come later.

#### 4 Think about your priorities

This is an extension of No. 3. In 3 we established that 'something positive could be done'. That in itself is a major step. Now we can look in more detail about what matters. Clearly this is individual and on-going. A counsellor should be in a good position to help someone clarify their thoughts and come to some sort of conclusion.

A very important aspect hasn't yet been mentioned: What is the person trying to achieve? Even now it may be too early to have an informed discussion because they may have a very hazy idea of what's involved, what the options are, what the risks and

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<sup>2</sup> See my Burnham Rose technique for this.

possible outcomes are. How does someone who has just had both legs amputated know anything about learning to walk with prosthetic limbs, sky diving, driving, or carrying on working?

Once again we're trying to get the principle accepted as a very good thing, not to get the whole matter sorted out.

## 5 Join the support network

### Task four

Required : Experienced people

Simply: What support networks are there in your field. Don't forget to look closely at informal support.

#### Task four discussion

Every day we all get support of the sort "you're not a weird alien loony" in all our interactions. We get treated normally when buying a paper in the newsagents. Most of us accumulate little bits of self-esteem all the time.

What 'support' were you discussing? There is technical assistance, say with benefits, but also low-intensity, long-term reassurance.

There is, as you know because you are part of it, a support network which is tuned to the needs of the people in your field. Quite likely this is very well informed but coverage may be patchy due to lack of resources or poor sign-up rates in the target community. That is 'quality' should be high regardless of 'quantity'. But what do we mean here by 'quality'? Your network can probably tap into latest developments and deliver a selection of services but for example however vital a one day a week drop-in centre might be it is unlikely to be a complete solution.

'Network' means 'network of networks'. The postman who takes letters as well as delivering them, the neighbour who mows the lawn, the friend who can sort out rogue traders and pushy salesmen, the council who provides a care assistant, the clinic that supplies treatment and so on. All of these, and particularly the non-specific ones work a lot better if people know how to get on well with people.<sup>3</sup>

At this stage we are trying to get the principle accepted. Once we've done that then you are in a position to pass on tips and teach skills to enable people to benefit from the many networks around them. Remember that people may have been suddenly excluded from important relationships or networks whether it is the local 'addicts and jobs' or Old tyme dancing. There will be a lot of work to do here - later - hence the importance of establishing the principle.

Notice that the principle says 'join', not 'see what you can get from'. Although it depends on your field and way you operate, there are many cases where not only does your support network benefit from the 'group self help' of members but also remember

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<sup>3</sup> Let us note that social skills and savvy go together as vulnerable people can easily be taken advantage of. This is an example where a dedicated network can identify and address a specific user-requirement.

that, especially with newly diagnosed people, often a person feels that they are the only person who has ever suffered like this and it is 'good to share'. Your network may want to encourage and channel this.

## **6 Overcome self-prejudice**

If you know you're useless, can't achieve anything and never will then there's not much point in trying. If you can't do the things you wanted to do but now don't have a chance then that's bound to be depressing, but that doesn't mean 'switch off'.

It is not surprising that people with newly diagnosed conditions are carrying with them society's general horror of disability and dependance and just being different.

Your job is to get the principle accepted, hence the work you did in task one. Once you've got acceptance then I expect you will want to explore ways to remove this negative influence over time.

## **There are only six principles**

### **7 There are only six principles**

Of course this is a nonsense and a shabby trick. Also a very valuable ice-breaker, shared joke and metaphor.

Imagine that you are presenting these principles to a group. 1 to 6 are worthy, serious and impact each individual. Seven gives some much-needed light relief, flags the end of the presentation ('that's all, you can relax now') and brings discussion back to that harmless generalised platitude level which everyone can join in.

But it's a definite statement which neatly 'packages' the set of six, is easy to remember for it's quirkiness and is difficult to dismiss due to it's illogicality.

So why is it really valuable? Firstly as an ice-breaker. People find it difficult to go into the office or the hairdresser and say "I went to a talk about [my terrible condition] last night" But they can say "What do you make of this silly thing ..." and then the conversation can gently get round to discussing what happened at the session without frightening anybody.

Secondly as a metaphor. Yes, it is possible to laugh at an insoluble problem.

Thirdly as a sugar coating. Wrapping 1 to 6 into a single 'easy to swallow' package. Now people have a definitive agenda with unknown and worrying extras being firmly ruled out.

Fourthly as a joke shared within a special group. A way to make people feel part of a team. They are much more likely to 'make an effort' if they know that on Thursday the people at the support meeting who they sort-of know now and will be there and taking an interest in how things are going.

## Implementation

The object of this is to get people focussed on profitable activities and to discard those things that are pulling them down. Once people accept a principle it is then possible to suggest ways they can put it into practice. That's your job.

There are the two stages : Firstly acceptance and second implementation. The first should be a single 'selling' session. The second will be part of your on-going support programme.

### Task five

Required: Notes from task one. Optional: Another glass of wine or cup of coffee.

Review your notes from task one and consider how you would use that material to create a presentation to sell the principles. (You might also like to consider the effectiveness of various ways of delivery: Pamphlet, web page, video, one-to-one, group discussion, slide show.)

#### Task five discussion

If you have done presentations before you will probably have no difficulty with this task. The materials were identified in task one, you have learnt the purpose of each principle and will soon have all the bits nicely collected and ready to go. In fact with task one's notes as a crib sheet you could probably do an impromptu talk right now.

### Task six

Required: Time, thought and discussion. Optional: A bottle of wine.

For each of the seven principles write some notes for supporters. You could use tasks two and four as a jump-off point. The sorts of things covered would be: • purpose • benefits • what to look for • things to suggest • traps and opportunities • quotes and experiences. NB At this stage stick to notes, don't try to write a complete guide!

#### Task six discussion

A whole lot of things should have crystallised or at least become clearer. You may have discovered a new framework for delivering support. You may have found unexpected gaps in what you ought to be doing. Also you may be looking at the skills of your supporters in a new light.

Tasks five and six have got you started on implementation. I can't comment on individual organisations, but in all cases if you want to implement change you need to be clear what you want people to do, why you want them to do it and give them an opportunity to get comfortable with new ideas. It is easy for me to sit at the word processor and spout principles, but you should be doing hands-on investigation with real people in real situations. Good luck.