



Talk a Little; Listen More



Kelly F. Dennis, MS LPC

As humans we generally love to communicate. Unfortunately, often we do a poor job of it with the person who should be the most important one in our lives, our spouse or partner. Poor communication creates walls between people, often hiding small hurts, issues and problems until they become large, explosive issues.

Communication in a committed relationship should be a bridge, an avenue through which you can

discuss current problems, find an understanding listener, and work together to discover solutions.

Use these basic communication skills with your partner to make communication more effective:

- Listen to each other, keeping quiet and not interrupting or trying to defend yourself when your partner is speaking.
- Listen not just to the words, but also to the feelings in the message and the emotions being expressed.
- Try to put yourself in your partner's shoes. You don't have to agree with everything being said, but try to understand, from his or her perspective, the experience being shared.
- Don't jump to conclusions. Rephrase and repeat back what you've heard, then ask for clarification if it turns out you've misunderstood.
- Validate what's been said. Provide feedback that shows you understand not only the words, but the feelings and emotions behind them.

• Be aware of your nonverbal messages. Facial expressions, eye contact, voice tone and body language all send powerful messages.

- When expressing your feelings and ideas, use "I" statements, rather than "you" messages that tend to assign blame.
- Discuss important issues without interruptions—set aside a specific time, away from the house, the kids, phones and other interruptions.
- Stay focused on the current issue. Don't dredge up past hurts and problems. Your goal isn't to destroy the other person, but to help solve current problems.

Communication within any relationship can be difficult because of the emotions and the potential depth of the problems. However, with planning, patience, and some basic skills, effective and relationship-strengthening communication can take place.

**This article is based on information from the American Counseling Association.*



Discover a New Day!

Online and face2face counseling services available

Specializing in women's issues throughout the life span.

Kelly F. Dennis, MS LPC
Counseling and Psychotherapy
112 South Main Street
Manheim, PA 17545
(717) 951-0266
hours by appointment
www.kellyfdennis.com

Kelly F. Dennis, MS LPC, obtained a Master of Science degree in clinical psychology from Millersville University as well as a license as a professional counselor from the State of Pennsylvania. She is a member of the American Counseling Association and the National Eating Disorders Association. She received additional training in working with individuals who struggle with food and body-image issues, anxiety and depression. In her approach to counseling, she focuses on the whole person: physical, spiritual, emotional, and psychological. She utilizes a combination of approaches, including cognitive-behavioral therapy. In addition, she believes strongly in the importance of the counselor/client relationship.

“Remember, Ginger Rogers Did Everything Fred Astaire Did, But She Did It Backwards and in High Heels.”

Women are well-aware that their lives are quite similar to Rogers' complicated steps. Career, family, house, finding time to self-actualize—our own day-to-day dance is an exhausting art form indeed. In order to keep pace with the world around us, we need all the time and energy we can get.

Diet and exercise. Vitamin supplements and comfy shoes. Among the plethora of other things women have to consider during the day, a good night's sleep isn't first to come to mind when we think about our own well-being or that of our family.

Sleep isn't simply a nice respite from the stresses of the day. On the contrary, it is a necessary part of healthy existence. What happens if the body never gets to “sit one out”? What does it do without the rest it needs?

Each night, millions of men and women toss and turn, fighting Sleep Breathing Disorders (SBD). These individuals are unable to get the restful sleep they deserve, if they sleep at all.

What is a Sleep Breathing Disorder? Those affected experi-

ence a range of abnormal breathing during sleep that varies from moderate to acute: benign snoring; Upper Airway Resistance Syndrome (UARS); and Obstructive Sleep Apnea (OSA). Snoring is the sound made by soft tissue in the airway vibrating against itself as the airway relaxes when the body falls asleep. Snoring is the sign of the onset or existence of a sleep breathing disorder. UARS is often seen in women, many of whom do not show outward signs of a sleep breathing disorder. It is generally accompanied by asthma and depression. The National Institutes of Health defines OSA as “a breathing disorder characterized by brief interruptions of breathing during sleep...repeated episodes of no breathing for at least 10 seconds at a time.”

The literature shows that sleep disordered breathing (SDB) affects many if not all the body's systems, as well as the sufferer's bed partner (Smith et al., 2001). SDB has been linked to reduced quality of life (Moyer, 2001), family discord, depression, poor job/cognitive performance (Urschitz, 2003), and increased mor-

talidity (Kripke et al., 2002). The literature shows that SDB is also connected to Alzheimer's disease (Kadotani et al, 2001) and other neurological disorders (Yantis & Neatherlin, 2005), glaucoma and other eye disorders (Bendel et al, 2007; McNab, 2007; Mojon et al, 2000), metabolic disorders (Aka-hoshi et al., 2010; Vgontzas et al, 2005) such as diabetes (Rasche et al, 2010) and polycystic ovarian syndrome (Vgontzas et al., 2000), obesity (Dzieciolowska-Baran et al., 2010) pregnancy complications (Bourjelly et al, 2011), sexual dysfunction (Budweiser et al, 2009; Subramanian et al, 2010), and other conditions.

Even sharing the bedroom with a partner suffering from sleep breathing disorders poses problems. They are unable to think clearly, less likely to consider others, and more likely to be catalysts in marriage/relationship dysfunction.

Eighty-seven million Americans snore. Twenty million have Obstructive Sleep Apnea—a disease that worsens progressively with both increasing age and weight

gain (Tasali, 2002). *However, SBD is underdiagnosed in women.*

Many women snore—no matter their age or build. Thirty-percent of pregnant women snore, and the fetus is affected in 7% of cases (Franklin, 2001). The majority of postmenopausal women snore and are at a very high risk for obstructive sleep apnea and complications associated with it.

What do you do if you think you have sleep disordered breathing? First, contact our office or your physician, we then order a polysomnogram (a monitored overnight sleep study) to determine the severity of the problem.

Medical treatment includes CPAP, a mask that fits over the mouth and nose and blows air into the lungs throughout the night, or surgery on the tongue, tonsils, adenoids, and/or soft palate.

Dental treatment includes oral appliance therapy. We can provide you with an FDA approved oral appliance. It looks like an athletic mouth guard. The literature is also showing that treatment can

Dr. Michelle Cantwell, DMD, Prosthodontist



CDG
CANTWELL
DENTAL GROUP

2207 Oregon Pike, Suite 101
Lancaster, PA 17601

Telephone: (717) 509-7111
Fax: (717) 509-8527

www.cantwelldental.com

lessen the severity and/or stop the deterioration caused by some of these conditions (Ancoli-Israel, 2008; Tasali, et al., 2010).

Put an end to your sleepiness. Contact our office for help. Your dance steps are complicated enough—you don't need lack of sleep causing you to have two left feet.