

Mike Rosmann

Communication Is Key For Relationships

BY DR. MIKE ROSMANN

How we communicate improves or worsens strained relationships. I have heard statements like those below in couples' counseling, farm family meetings, business discussions and a myriad of other situations.

Which of the following will contribute most to resolving tension around a financial matter involving a purchase?

a) "You wanted to buy that; isn't it your responsibility to pay for it?"

b) "You are a really hard worker; I wish I could work as hard as you."

c) "If you had just told me I wouldn't be so mad, but you didn't tell me."

d) "You are just like your mother."

e) "What should we do to resolve the situation?"

If you selected "e" you are correct. We can dissect each statement. Let's call the speaker "Jack" and the listener "Jill."

The first statement, "a," has some positive features in that it asks a question and perhaps because Jack reminds Jill to take responsibility for her actions.

However, Jack tells Jill what she wanted. Jack isn't a mind-reader and shouldn't assume he knows what Jill wanted.

The first part of Jack's statement will make Jill defensive. Then he adds to his provocation by telling Jill her purchase is solely her responsibility. Quite likely an argument will ensue.

Jack compliments Jill in the second statement, "b," which can promote respect, but it also diverts their communication away from resolving their tense feelings about finances.

Jack's admiration of Jill's ability to work harder than him places Jill in the position of superior responsibility for their situation and suggests that he believes he has less responsibility for their finances.

In the third statement, "c," Jack blames Jill for making him mad. He is provoking a quarrel. About the only redeeming characteristic of Jack's statement is that he is suggesting Jill communicate better with him, but his method of suggestion will probably increase the tension between them.

The fourth statement, "d," is just plain bad. Jack is labeling Jill as like her mother, not just behaving like her. His taunting sarcasm will likely deter finding solutions. Jill will probably stalk off, yell back or give Jack the silent treatment.

The fifth statement, "e," promotes solution-seeking. Jack suggests Jill and he both share in finding a solution to their financial concerns. He is not necessarily saying he has joint responsibility for purchases Jill might make, but he is promising his assistance in figuring out a solution to their financial issue.

Communicating respectfully is a skill that can be learned. Dr. Val Farmer, my predecessor in writing this column, was particularly adept at helping people learn how to communicate effectively and respectfully. I drew on his February 4, 2002 column for this article.

Val credited Dr. Jack Rosenblum, coauthor of several books on couples' relationships, for

some of what I am about to say.

Persons listen well when they show they care through interest, tone of voice and when they indicate attentiveness, concern and willingness to help. Don't interrupt when a person is speaking. After the person finishes, repeat back what you heard to indicate what you understand. Allow the speaker to correct any misinformation and to elaborate further if necessary.

Any two or more persons can disagree without being disagreeable. Making a person feel heard is more important than agreeing. Sometimes the most that can be accomplished in a conflictual situation is to agree to disagree and to table the discussion until further time and thought have occurred.

If the discussion has already deteriorated into conflict, acknowledge that the subject is too painful to resolve for now.

But do bring up the matter again in a tactful fashion when you and your partner are ready to try to resolve the matter. Not talking about the painful issue usually leads to more resentment.

Offer statements that advance the options to solving a problem and which broaden the thinking about an issue. You can do both yourself and you can encourage others involved in the conversation to do likewise.

Don't condemn any statement by showing disgust, anger, sarcasm or blockheadedness. Don't engage in name-calling, put-downs, or statements designed to hurt or throw others off target.

Use "Yes, but" statements, such as "Yeah, I hear what you are saying, but have you considered this...?" "Yes, but" statements validate that you heard what the speaker said before you offer an alternative.

Be willing to take turns discussing each other's concerns. Sometimes you have to temporarily put off an issue you want to air until you have discussed another person's concern and all are ready to move on. This takes self discipline but the skill becomes easier with practice.

Judicious honesty is important in discussing heated matters. Being blunt or critical usually leads to more conflict.

Be sensitive to your partner's feelings and needs. The old adage is true that "People are more apt to remember how you made them feel than what you said."

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Diabetes And Bone Health Advice

BY BRENDA PATZLAFF, RD, LN
Avera Sacred Heart Hospital Clinical and Consultant Dietitian

American Diabetes Association(r) Alert Day(r), held on the fourth Tuesday in March each year, is a one-day "wake-up call" asking the American public to find out if they are at risk for developing Type 2 diabetes. This year's Alert Day(r) is Tuesday, March 26, 2013.

Recent studies have shown there may be an increased risk of osteoporosis for people with diabetes. Osteoporosis is the most common bone disorder, causing reduced bone strength, low bone mass and an increased risk of bone fracture. Studies have shown that people with both Type 1 and Type 2 diabetes have a higher incidence of bone fractures than the general population. One theory is that high blood glucose levels can be hard on bone, causing what is often referred to as "brittle" bones. Also, some of the complications of diabetes, such as kidney disease, may

impair the function of Vitamin D and the absorption of calcium. In addition, people with diabetes can have impaired eyesight and decreased balance due to neuropathy leading to more falls. Although exact reasons for this increased risk are not completely clear, there are things we can all do to decrease our risk of osteoporosis:

- A DEXA scan (a type of x-ray) is recommended for all women 65 years or older; all men older than 70 years.
- Don't smoke
- Get adequate calcium and Vitamin D
- Stay physically active!

The National Osteoporosis Foundation recommends the following guidelines for calcium and Vitamin D: for women under the age of 50, 1,000 mg of calcium and 400-800 IU of Vitamin D. For women older than 50, it is recommended they get 1,200 mg of calcium and 800-1,000 IU of Vitamin D. For men who are under 50, it is recom-

mended they receive 1,000 mg of calcium with 400-800 IU of Vitamin D. For men age 50-70, the foundation recommends 1,000 mg of calcium and 800-1,000 IU of Vitamin D. For men older than 71, it is recommended they receive 1,200 mg of calcium and 800-1,100 IU of Vitamin D.

SOURCES OF CALCIUM

- Milk, yogurt, cheese
- Kale, broccoli, Chinese cabbage
- Fish with soft bones (canned sardines, salmon)
- Fortified foods - soy milk, rice beverages, cereals, fruit juices
- Supplements:
 - Calcium Carbonate - best absorbed with food
 - Calcium Citrate - absorbed with food or empty stomach
 - Take no more than 500-600 mg at one time

SOURCES OF VITAMIN D

- Sunlight!
- Fatty fish - salmon, tuna, mackerel
- Beef liver, cheese, egg yolks -

- small amounts
 - Mushrooms
 - Fortified milk, soy milk, orange juice
 - Supplements:
 - Vitamin D2
 - Vitamin D3

More studies are needed to determine the reasons for the increased risk of osteoporosis for people with diabetes. By managing blood glucose levels, getting regular physical activity and adequate calcium and Vitamin D, people with diabetes can decrease their risk for fractures.

SOURCES:

On the Cutting Edge: Diabetes Care and Education; Winter 2012; Vol. 33; No 6, pg 23-26.
www.DiabetesSelfmanagement.com; Diabetes and Bone Health; accessed 3/11/13
NIH; Office of Dietary Supplements; www.nih.gov
National Osteoporosis Foundation; www.nof.org; accessed 3/11/13

Schild

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While in Iraq, he said a majority of a soldiers' time was spent on missions and security.

"We would do a lot of work training the Iraqi police and working with them," Schild said. "We would also do route security missions, which included making sure there were no IED's (improvised explosive devices) in the area."

He said advances in technology made keeping in touch with loved ones back home a lot easier than it was for soldiers who served in previous decades.

"When I was serving in Iraq, we would each have to pay \$75 if we wanted Internet access," Schild said. "The Internet was slow for United States' standards, and was basically a dial-up connection."

Even with the slow Internet, he could still send and receive emails, and could video chat with work every once in a while.

However, Schild's tour of duty in Kuwait featured faster, wireless Internet, which gave him a more reliable way to video chat with his family members.

Nevertheless, he said getting

letters in the mail meant the most.

"Getting United States mail was really the cat's meow for us," Schild said. "Letters are things that we all really appreciated."

He said the strong community support that came from Yankton for service members overseas was priceless.

"Schools and organizations in the area sent us care packages, which we're really thankful for," Schild said. "Having the huge amount of support from the community back home was really nice. Soldiers that came before us, like in Vietnam, did not get the amount of support, or welcome home, that we got when we came back to the area."

He added that veterans who served in previous wars helped pave the way for soldiers today to be sure they are welcomed back home.

Schild's many experiences in Iraq also included a terrible 2005 IED attack in Baghdad, which killed his brother, Rich, and ultimately led to four Charlie Battery soldiers losing their lives.

Brooks, who teaches life sciences at Yankton Middle School, said he has a photo of Rich on

his desk at school.

"It was really bittersweet being over there," he said. "I lost my brother there, and three other soldiers were killed, as well, who I was close with. Two other people who I served with also sustained permanent injuries, so I can't say being there was a great experience."

As an educator, he noted that schools in Iraq were far different than schools in the United States.

Students in Iraq had beaten-up wooden desks in classrooms that had nothing on the walls. They also had few, if any, supplies, so U.S. soldiers brought them the supplies they needed for school.

"The students there really didn't have anything. We went in and there were schools with insurgents surrounding the area," Schild said. "Cars would get blown up in parking lots, so we went in to try to protect the kids."

He recalls one experience where he spoke to kids about being able to speak openly about their government.

"I remember when I was there, some kids were talking about

freedom of speech. They said they didn't like Americans being in their country," Schild said.

"They wanted their freedom. When we asked them that, if we weren't here, would they still talk about the government and Saddam Hussein, they got scared and said they wouldn't have been able to."

Looking back on his military tours, Schild said those who served abroad did the duty they set out to do.

"We did our duty there, served our country and made people proud of the mission we accomplished," he said.

He added that soldiers aren't the ones who start wars, or send others overseas.

"We just do what people tell us to do. It was our mission to go there, train the Iraqi police and make the country more stable," he said. "We just follow orders. We went there, did our jobs and came back. We put everything we have into the missions we are given."

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Introducing Dr. Adams Orthopedic Surgeon.

Yankton Medical Clinic, P.C. is pleased to announce the association of Brent Adams, MD, Board Certified Orthopedic Surgeon

Dr. Adams is originally from Yankton, completed his undergraduate degree at South Dakota State University, and is a graduate of The University of South Dakota School of Medicine.

Dr. Adams completed his orthopedic surgery residency at the University of Kansas-Wichita and a fellowship in spine surgery at the Twin Cities Spine Center in Minneapolis, MN. He is board certified in orthopedic surgery and has also been a faculty member for the University of Kansas-Wichita orthopedic surgery residency program.

He will provide care for a multitude of musculoskeletal conditions with a subspecialty focus in spine surgery. Conditions that he will treat include cervical and lumbar spinal stenosis, scoliosis, disk herniations, sciatica, arthroscopic rotator cuff repair, total joint replacement of the hip, knee and shoulder, fracture care, carpal tunnel surgery and athletic injuries.

He is a member of the American Academy of Orthopedic Surgeons, North American Spine Society, and Scoliosis Research Society.

Dr. Adams began seeing patients at the Yankton Medical Clinic, P.C. March 11, 2013.

Appointments can be made by calling 605-665-1722.

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