

FAMILY CAREGIVER NEWSLETTER FEBRUARY 2012

Support Group and Event Information Inside

THE POWERFUL CAREGIVER

This column is named after the class "Powerful Tools for Caregivers", a six-session workshop on helping caregiving families thrive (not just survive). It is offered in Racine County several times a year

When a Loved One has Died

Sandra's mother died two weeks ago. Sandra quit her job four years ago to bring her mom into her home and become a full-time caregiver. Over those years she has not had much time or energy to give to her other family members. Some of her siblings have become estranged, insisting that she "put mom in a nursing home" and refusing to give Sandra any help. Now Sandra feels lost. Her daily routine has fallen apart. She has emotions that seem to conflict with each other. Sometimes she enjoys having time for herself, but immediately feels guilty for feeling relief. She wants to spend more time with her grandchildren, but they seem too busy. She needs to find a job but feels frozen at the thought after so much time away from the workforce. She has little appetite, and her husband is growing impatient that she's not cooking much. Sandra misses her mom terribly. She has lost the only person who has always been part of her life. She wishes she had shown more affection and had been at her side when she died. Sometimes thoughts and emotions crowd into her mind, and she cries a lot.

Death is usually part of the caregiving journey. We dread it, yet in the depths of caregiving we may think of it as "the only way out." When it comes, we may not be as prepared as we thought. It is a loss,

and it leaves us with the tasks of grieving, mourning, and healing. <u>Grief</u> is an internal process. It is universal among human beings and unique to each person. It is normal, natural, and necessary. Mourning is the expression of grief - having a memorial service, wearing black, lighting a candle,

crying, talking, or writing about your internal experience. <u>Healing</u> is learning new ways to live well, despite, the necessary sadness that comes with loss.

Grief has been described as a series of these four tasks:

• Accepting the reality of the loss.

Early grief may include shock disbelief, and/or "howling protest". These are temporary shock absorbers for the human psyche. Accepting a loss does not mean being OK with what happened. It means realizing that indeed it <u>has</u> happened, and regaining the ability to do what is needed. Acceptance does <u>not mean</u> being OK with something! It is acknowledgement of unwanted change and regaining the ability to do what needs to be done.

• Experiencing the pain of the loss

Losing what gave us joy brings huge pain. Losing a relationship that <u>didn't</u> bring joy can be just as upsetting because it means the loss of hope that the relationship will ever get better. The pain of grief may well be harder than you imagine and take longer than you expect. Be patient with yourself and reach out for help. Grief shared is diminished. Talk to caring people as much as you can.

• Adjusting to an environment in which the deceased loved one is missing.

Perhaps this means giving away your loved one's clothes, rearranging the furniture, or cooking for one. Maybe it's learning to speak of the dead loved one in the past tense. For caregivers this can be an especially difficult task because you have lost a role in life as well as a person. You may feel a great relief, and then overwhelming guilt. The relief is common and to be expected. The guilt is a punch in the gut from your own head. You are not guilty of anything. You have done a job well, and it is finished, It's OK to adjust to an easier daily life.

• Taking the emotional energy you gave your loved one and reinvesting it in other aspects of life without feeling guilty.

Maybe there are grandchildren or other people in your life to whom you can give more time and attention. Maybe there is a hobby or some travelling you would enjoy. It's OK! It's what is needed for you and everyone. You can think of your healing as a final gift to your loved one.

Contrary to the popular adage, time itself does not heal wounds. Time must be well-spent in the tasks of grief in order to lead to a new life. So what CAN you DO to bring about this transformation? Here are a few suggestions:

<u>Cry</u> when you need to. Tears can be cleansing and relaxing.

Express yourself. Talk, write, email, etc. Telling your story can be uplifting to you and can also help your listener along life's journey. That person may have a similar experience in the future.

Re-engage in other relationships. This may be difficult if relationships have been neglected during those busy caregiving years. Be patient.

Remember good times, bad times, funny times. Don't avoid talking about the person who has died. One grieving mother said to another, "Keep the door to her life open."

Exercise patience with yourself and with those who don't know how to comfort you.

Live healthfully. Eat, drink, rest, and exercise for wellness.

Plan one day at a time in the beginning. Then be flexible.

<u>Reach out</u> – join a support group, see a clergy person, phone or email a friend.

<u>Express the meaning in your life</u> e.g. by worshipping according to your faith, practicing prayer and/or meditation, volunteering, telling someone how much they mean to you.

Spend time with nature where you can witness life and death, renewal and splendor.

Anticipate anniversaries such as the person's birthday, your wedding anniversary, or the time of year the death occurred. Expect some sadness at those times. Try to balance remembrance with being engaged in activities.

<u>Practice Gratitude</u> – Make a list of the good you still have in your life.

<u>Observe yourself</u> for signs of depression that needs medical attention. Clinical depression is characterized by:

- Being unable to experience any pleasure
- Feeling hopeless and pessimistic about the future
- Feeling worthless
- Having suicidal thoughts or attempts

If you are experiencing any of these, get professional help from your doctor, clergy, a grief counselor, or a mental health professional. Grieving is a normal process. It shouldn't seem like the end of your meaningful existence.

Some things to avoid:

Don't numb your pain chemically by drinking alcohol or taking medicine that hasn't been prescribed for you.

Try not to make major decisions such as a major move in the first year of grieving.

Earl may need medical attention for clinical depression. Sandra could probably use some coaching as she looks for a job. If they use some of the tools we've mentioned, they can both return to fulfilling, lives, incorporating their necessary sadness into many other aspects of lives well lived.

NOTE: This article was requested by a former caregiver who is working on the tasks of grief. If you aren't in that situation now, you may want to save it for future reference.

Community Resources

This column highlights some of the many resources in our community. For more, see the Community Resource Directory available from the Aging and Disability Resource Center (638-6800 or www.adrc.racineco.com)

Caregivers are welcome to come to our Caregiver Support Groups as long that is helpful.

The National Family Caregiver Association offers free membership to any family caregiver. Among the benefits is a Bereavement Kit containing useful, supportive materials. Call 1-800-896-3650.

The following local churches sponsor grief support groups: Grace Church – Griefshare Group, 13 weeks starting in January Contact Carol Blascoe, **632-2111**, Ext. **108**

St. Paul the Apostle – Grief Support meets every other Wednesday evening Contact church office at **886-0530**

Wilson Funeral Home sponsors workshops on topics related to grieving, presented by professional grief counselors. Call **634-3361**

Available for loan from our Caregiver Library:

<u>Living When a Loved One Has Died</u> by Earl A. Grollman; an expert describes grieving poetically <u>Healing After Loss</u> by Martha Whitmore Hickman; Daily readings for a year. Call **833-8764**.

A website support group that is professionally monitored: www.griefnet.org

SUPPORT GROUPS FOR FAMILY CAREGIVERS

First Friday 10:30-12Noon ** This group will meet on Thursdays starting March 1.

Alzheimer's Association Group - | FEB. 3

For Families Dealing with Alzheimer's and other Dementias

Lincoln Lutheran Office Building, 2000 Domanik Drive, 4th Floor

Second Tuesday 1:30-3:00 pm

FEB. 14

Yorkville United Methodist Church 17645 Old Yorkville Rd. (3 Miles West of I-94, Just N. of Highway 20)

Second Saturday 10:30AM-12N

FEB.11

Mount Pleasant Lutheran Church, 1700 S. Green Bay Road

Third Wednesday 1:30-3:00 PM

FEB. 15

Burlington Senior Center, Eppers Room, 209 N. Main Street

Third Thursday 6:00-7:30 PM

Alzheimer's Association Group FEB. 16

For Families Dealing with Alzheimer's and other Dementias Mount Pleasant Lutheran Church, 1700 S. Green Bay Road

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OTHER EVENTS FOR CAREGIVING FAMILIES

From the Alzheimer's Association:

Paulette Kissee, Outreach Specialist, will be available for two <u>family consultations</u> on Feb. 22nd between 2 and 4 pm. at the ADRC satellite office at All Saints Hosp. (3801 Spring Street, Racine) across the hall from the café. For an appointment call **Felicia Elias, 833-8761**

<u>Savvy Caregiver</u> – Six sessions beginning February 16, 6-8 PM "Clinical level training for caregiving families" Facilitated by Paulette Kissee, Outreach Specialist

COMING IN MARCH: <u>Caregiving Relationships</u>, A 3-session workshop about caregiving issues, Saturday mornings, March 24, 31 and April 7th.

I wish you the privilege of giving and receiving love in its many forms this month, starting with self-love!

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