

## Welcome to Caring with Confidence.

### Information and Resources for Today's Caregiver.



## Dealing with Anger and Resentment



It's an old joke: the crabby husband whose wife fought a losing battle to please him. For breakfast one day, he asked for two eggs, one poached and one scrambled. She carefully arranged them on his plate with toast and fruit only to have him say, "You scrambled the wrong one."

While some people are impossible to please, most of us are just crabby now and then. We all feel anger and resentment from time to time, and when we've had enough, we may even be tactless. President John F. Kennedy once raised eyebrows by referring to price-raising businessmen in the steel industry as "SOBs." In private, an aide suggested that his loss of temper was perhaps foolhardy. "Yes," said Kennedy, "It was not very wise. But it felt so good." For all of us who would have dumped the eggs on the head of the crabby husband, we know exactly what he means.

And that's the first lesson: When you explode in anger, don't beat yourself up. Whatever the situation, apologize, clean up the mess, but don't waste time berating yourself. Move on.

Many people think of anger as a volcano. It may rest dormant for years, suppressing its volatility under a façade of calm...but eventually it explodes, spewing molten lava that destroys everything in its path. Emotions like anger, resentment, and guilt are labeled as negative not because they are "bad" emotions, but because they are bad *for you*. Born of stress, these emotions can lead to high blood pressure, stomachaches, backaches, headaches, and dozens of other ailments. Negative emotions literally contribute to our ill-being.

Suppression and explosion are not the only choices if one changes the lava metaphor. Think of "going with the flow," changing the lava to a mountain stream. A mountain stream chooses the path of least resistance. It is willing to change course when there are obstacles in its path. It accepts that what is, is. Caregivers also know that new obstacles will keep appearing. In their book *Coping with Alzheimer's*, authors Rose Oliver and Frances Bock note, "While it is human to get angry, it is unproductive to stay angry. We exhaust ourselves and alienate others. Since anger is largely generated by our insistence that the world and its inhabitants conform to our demands, we can damp down our anger by giving up those unrealistic demands."

For example, it is the end of a long day and a spouse with dementia refuses to change into his pajamas to go to bed. His wife can be

angry at his perceived stubbornness, but chances are, what she is really angry about is the fact that he has dementia. Her life is full of responsibilities she never imagined. She wishes things were different. She wonders when she will ever get a full night's sleep. She can rail against the unfairness of this situation, but where does that get her? She can rail against her husband, but it is his illness that is causing him to refuse to change clothes, not his stubbornness. If she were not so tired herself, she might be able to figure out the reason behind his resistance. Right now, however, she feels defeated, frustrated, and resentful.

Oliver and Bock state that when people cannot change the reality and the circumstances they are in, they have to change their reaction to the situation. "Ask yourself: Does your anger facilitate or impede your making more adaptive decisions?"

Instead of saying, "This is an awful situation; he *shouldn't* have gotten dementia," try saying, "I *wish* he didn't have dementia. It's terrible for both of us." (This takes practice, but wishing he didn't have dementia is more rational than wishing it would go away magically.)

Instead of saying, "He's *ruined* my life," try saying, "Our lives have *changed*. That is our reality. How can I find some good in this bad situation?"

Instead of saying, "He's driving me crazy," try saying, "I am driving myself crazy about what he does. He cannot change, but I can. What can I do differently?"

The difference in the aforementioned approaches is the focus of the anger – not toward the person with dementia, but toward the dementia that is beyond the wife's control. Anger that doesn't lead to new thinking is like the cartoon in which Herman goes to the doctor, sticks his leg straight above his head like a Radio City Rockette, and says, "It hurts whenever I do this." Stop doing what hurts.

When dealing with anger, practice self-care. It's a lot easier to be a free-flowing mountain stream when you take a few moments each day to nurture yourself by meditating, writing in a journal, taking a walk, talking with a friend, reading a joke book, or doing whatever feeds your soul.

Some people say they climb mountains because they are there to climb; others say that it is precisely because the mountains are there that they instead choose to go around them. Perhaps the toughest kind of mountain climbing is getting out of the rut of one's anger.



## **Making the Hardest Decision**

*By Daniel Kuhn, MSW, Mather LifeWays Institute on Aging*

You know in your heart that the time is approaching. The notion has crossed your mind a hundred times, and you always let it pass – until now. Your relative's health is worsening despite your best efforts to care for him or her. Your own sense of exhaustion has set in. The need for relief is growing, and the help you have been getting is no longer sufficient. Feelings of guilt and despair become overwhelming.

These are some of the mixed thoughts and feelings involved in considering whether to move a loved one into an assisted living residence, even when the move may be necessary. Typically, this decision is considered as a last resort after other options have been explored. Though this decision is rarely made with ease and confidence, proper planning can make the transition less daunting.

The following suggestions can be starting points for addressing this difficult decision.

**Achieve a consensus with others.** Allowing trusted family members and friends to share the burden of decision-making for their loved one can be invaluable. Communicating facts about the situation and your feelings may enable all those who are concerned to accept a measure of responsibility for the person's care. Achieving a consensus takes time to develop, but it is worth the effort. A unanimous decision, however, should not be the goal; the unique role of the primary caregiver carries more weight than others, especially when making the final decision.

**Examine the care needs.** Progressive, long-term conditions such as Alzheimer's or Parkinson's disease become more complicated over time. A realistic assessment of your relative's needs can be useful when determining if those needs would be better met at home or in a residential care community.

**Take inventory of personal resources.** Do you have the physical and/or psychological strength to continue home care? Is your well-being in jeopardy?

**Take inventory of social resources.** Are others around you willing and able to provide practical help and emotional support on an ongoing basis? Identifying who is available in terms of time, energy, and commitment can be useful when making plans for your loved one's care needs.

**Take inventory of financial resources.** The availability of personal funds or eligibility for government-subsidized programs can make the difference between home care and care in an assisted living residence. Seeking information about available community resources and legal and financial planning may clarify these issues. Such information also can be found at many websites, including [www.aahsa.org](http://www.aahsa.org) and [www.seniors.gov](http://www.seniors.gov).

**Explore different facilities.** Visiting a few local assisted living residences and/or nursing homes can provide a frame of reference when evaluating the best available options. Consult professionals who can assist in making an objective assessment. The quality of a facility varies, depending on many different factors. It is advisable to check out staff credentials, staff ratios for all shifts, the physical environment, and the schedule of daily activities, the food, and the cost per month. In an effort to meet quality standards that go beyond the basic criteria set by government agencies, some facilities are accredited by the independent organization The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Checklists also are available for caregivers who want to conduct a complete assessment of a facility. A thorough checklist can be found [www.medicare.gov](http://www.medicare.gov), a website that also includes a comparison of nursing homes throughout the U.S.

The decision to relocate a loved one to an assisted living residence is usually a complicated one. The aforementioned ideas are intended to serve as a beginning guide when deciding whether this option is appropriate in your situation. Short-term counseling with a professional may help address the conflicting emotional issues that inevitably arise in the process of making this difficult decision.



## Daily Affirmations for Caregivers

*By Bernie Siegel, M.D.*

- I love myself.
- I respect my own needs.
- I am able to ask for what I need.
- I am open to receiving.
- I can ask for help and support.
- I am kind and gentle with myself.
- I deserve care.
- I know how to nurture myself.
- I replenish my energy by eating healthy foods.
- I take the time to exercise daily.
- I have all the energy I need.
- I am compassionate with myself and with others.
- I am able to feel and express all of my emotions.
- I forgive myself and others.
- I am able to renew and refresh myself.
- I take time for fun.
- I love and trust in the process of life.
- I am whole and alive.
- I am at peace with myself.
- I trust that I am doing the best that I can.
- I am enough.
- I am loved.



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