



Deadly Emotions

Most family caregivers are familiar with the backlash of emotions that result from “trying to do it all” Before you blame yourself for not being superman and the perfect caregiver, take a read through these common emotions that caregiver’s experience.

1. Guilt stems from doing or saying what you believe is the wrong thing; not doing what you perceive to be enough or otherwise not always being perfect. Caregivers often burden themselves with a long list of "oughts," "shoulds," and "musts." A few examples: I must avoid putting Mom in a nursing home. I ought to visit every day. I shouldn't lose my temper with someone who has dementia. Caregiver guilt is an especially corrosive emotion because you're beating yourself up over faults that are imagined, unavoidable -- or simply human. That's counterproductive at a time when you need to be your own best advocate.

What you can do: Lower your standards from ideal to real; aim for a B+ in the many aspects of your life rather than an across-the-board A+. When guilt nags, ask yourself what's triggering it: A rigid "ought"? An unrealistic belief about your abilities? Above all, recognize that guilt is virtually unavoidable. Because your intentions are good but your time, resources, and skills are limited, you're just plain going to feel guilty sometimes -- so try to get comfortable with that gap between perfection and reality instead of beating yourself up over it.

2. Resentment is still so taboo that many caregivers won't even admit to it. Caregivers often feel put-upon and upset because of slights by others, especially siblings and other adult children who don't do enough to help. It is pretty normal to feel your life has been hijacked by the responsibility of caring for another. Without enough support or no caregiving outlets, feelings of being ignored, abandoned, or criticized can fester into anger and depression.

What you can do: Simply naming this tricky emotion to a friend can bring some release. Try venting in a journal or anonymous blog. Know that resentment is a very natural and common response to long-term caregiving, especially if your work life, marriage, health, or outside activities are compromised as a result. Know, too, that you can feel this complicated emotion and still be a good person and a good caregiver.

3. Anger is outwardly shown by some people more than others, but almost no one is *never* angry. We get mad for reasons both direct (a balky loved one, an unfair criticism, one too many mishaps in a day) and indirect (lack of sleep, frustration over lack of control, pent-up disappointment). Chronic anger and hostility have been linked to high blood pressure, heart attack and heart disease, digestive-tract disorders, and headaches. Anger can jeopardize relationships and even harm others. Managing caregiver anger not only helps your well-being but makes you less likely to take out your fury on your loved one.

What you can do: Rather than trying to avoid anger, learn to express it in healthy ways. Simple deep-breathing exercises can channel mounting anger into a calmer state. Talk yourself down with soothing chants: It's okay. Let it go. Ask yourself if there's a constructive solution to situations that make you angry: Is a compromise possible? Would being more assertive (which is different from anger) help you feel a sense of control? Laughing at absurdities and idiotic behavior can provide a healthier biological release than snapping.

4. Worry is caused by good intentions, love, and wanting the best for your loved ones are the wellsprings of worry. Focusing intensely on the what-ifs provides a perverse kind of comfort to the brain:

If we're worrying, we're engaged. Of course, that ultimately triggers more worry and upset because it doesn't accomplish anything. Being concerned is harmless. Over worry and obsessing, however, can disrupt sleep, cause headaches and stomach aches, and lead to mindless eating or undereating.

What you can do: If you notice worrying thoughts interfering with getting through the day or sleeping at night, force a break to the cycle. Try setting a timer and resolve to focus on something else when the five minutes is up. Then flip negative thoughts to their productive side: How can you help? Who can you call? Are there possible solutions? And don't be shy about seeking out a trained counselor to help you express and redirect obsessive worrying more constructively.

5. Loneliness Your world can shrink almost before you realize what's happened. Friends may back away out of uncertainty or a belief they aren't wanted. Intense time demands lead you to drop out of outside activities. If you're dealing with dementia or other condition that alters personality or behavior, the loss of your loved one's former companionship is another keenly felt loss adding to isolation. Your very brain is altered: People with large, rich social networks have different brain structures, new research finds. Loneliness seems to curb willpower and the ability to persevere, and it can lead to overeating, smoking, and overuse of alcohol. Lonely people also have more cortisol, the stress hormone, a big health risk factor.

What you can do: Expand your social circles, real and virtual. Arrange respite help, so you can add at least one outside activity, such as one you've dropped. Take the initiative to reach out to old friends and invite them over if you can't get out easily. Consider joining a support group related to caregiving or your loved one's illness. In online forums, you can find kinship with those who know just what you're going through. Taking care of a loved one is stressful to most family caregivers. There's never enough time for yourself – or so it seems. But meeting your own needs is vital for both you and the person you're caring for. Care for yourself, so you can care for them.

6. Grief: Although most people link grief with death, anticipatory grief is a similar emotion felt by caregivers who are coping with a loved one's long-term chronic illness, especially when there are clear losses of ability as in the decline when the diagnosis is almost certainly terminal. "Long good-byes" can trigger guilt as well as sadness if one mistakenly believes that it's inappropriate to grieve someone still alive. Mourning the loss of a beloved one is also a high risk factor for depression.

What you can do: Know that your feelings are normal and as painful as "real" after its over grief. Allow yourself to feel sadness and express it to your loved one as well as to supportive others; pasting on a happy face belies the truth and can be frustrating to the person who knows he or she is ill or dying. Make time for yourself so that you're living a life outside of caregiving that will support you both now and later.

7. Defensiveness Protecting yourself is good -- to a point. When you're doing so much, it's only natural to bristle at suggestions that there might be different or better approaches. Especially if you're feeling stressed, insecure, or unsure, hearing comments or criticisms by others, or reading information that's contrary to your views, can inspire a knee-jerk response of self-protection: "I'm right; that's wrong!" While nobody knows your loved one and your situation as well as you do, being overly defensive can make you closed-minded. You risk losing out on real help. You may be so close to the situation that you can't see the forest for the trees, for example; a social worker or friend may have a perspective that points to what really might be a better way.

What you can do: Try not to take everything you hear personally. Instead of immediately getting cross or discarding others' input, vow to pause long enough to consider it. Remember the big picture. Is there

merit in a new idea, or not? What you're hearing as a criticism of you might be a well-intentioned attempt to help your loved one. You may decide things are fine as is, and that's great, but if you start from a point of calm and confidence, the focus remains your loved one, -- as it should, -- not on you.

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