

## CAREGIVING – A KIND OF GRIEVING

Are you a caregiver? Have you recognized that you may be grieving? You may not be grieving because you lost a loved one in death. You may be grieving because you've lost something significant in your relationship with your care recipient. It may be that your loved one, because of dementia, now doesn't recognize who you are.

As you spend more time in caregiving, you spend less time in experiencing and sharing the joys of past times. You may be grieving because the amount of time and effort now spent in caregiving has imposed on the enriching relationships you used to have with friends and relatives who are so much a part of your past and present. You may be grieving because your once close relationship with your siblings has become strained because of their lack of understanding and appreciation of what you do. They may misjudge and criticize or become apathetic. Caregiving for family members often times becomes a disunifier within a family culture rather than a unifier.

As a caregiver your health may deteriorate because of the stress. If so, then grieving for losing one's own previous good health is understandable.

Grieving is built into caregiving. When caregivers recognize this, 50% of the solution has been found.

Sometimes grieving leads to clinical depression, but does not have to.

What does grief look like, assuming that grief is a normal reaction to a significant loss and is characterized by sadness, loneliness, pangs of exhaustion, emotional roller coaster ride, confusion, restlessness? Other characteristics are reflection, a sense of humor when with others, animation (body language), variability in mood and activity level, variations in appetite, sleep and sexual interest. The most characteristic feature, however, are episodic (not all the time) "pangs of sadness, severe anxiety and psychological pain."

The stages of grief caused by death are:

Denial, i.e., "it really didn't happen," "buying time" to adjust.

Anger, i.e., "it really did happen, but why me, O God?", Bargaining with God.

Depression (not necessarily clinical, but resulting in sadness)

Acceptance, i.e., "I can live with this."

Here are the Caregiving Stages of Grief. Isolation, Denial, Over-involvement, Anger, Sadness, Acceptance/Relief. It should be pointed out that, if the care recipient dies, grief starts all over again.

Why look at the stages of grief? If done, it serves to look at grief as a process, to recognize that grief is more than just sadness, to identify patterns, to create self-awareness and to normalize grief reactions.

Someone once compared grief to a tunnel. You need to get through it to get to the light. Therefore, if one wants to get on with their life and achieve some normalcy in their life, they can't avoid the tunnel.

When someone does avoid the tunnel the results may be clinical depression so that the pain does not go away. He/she stays in denial, gets stuck in sadness (having few if any "good" days), lives in the past and cannot move into the future. Some may justify avoiding the tunnel to stay "strong" for others (a parent for the kids' sake).

Suggested treatment for those grieving a death are joining support groups such as Grand Rapids Widowed Persons Services, Hospice of Michigan, Gilda's Club, etc. Many churches have grief ministries (for example: Sr. Ann Michael of St. Roberts).

One of the best resources for Support Groups for Caregivers can be found at [www.caregiverresource.net](http://www.caregiverresource.net), the website of Caregiver Resource Network, supported by the Area Agency on Aging of West Michigan.

St. Robert Church has a Caregiver Support Group which meets on a voluntary basis every second Thursday evening of the month (except July) at 7:00 PM and is facilitated by parishioner Jerry O'Bee of Ada with extensive experience in facilitating groups and in handling long term care situations whether in the home, assisted living or nursing home facilities.

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*This article is based on a presentation recently given to Caregiver Resource Network members by Cathy Brady, LMSW, of Pine Rest Christian Mental Health Service.*