

Guilt in the Holidays

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As we enter into the holiday season with wonder and worry and concern and angst, we are reminded of the struggles and perils our elders before us have faced. The challenges they tackled every day, for not months, but for years and decades. Soldiers left for the war and didn't return for years. No facetime, no emails, no voice over a clear line anytime.

People traveled and you got a postcard. Letters meant contact and touch and sharing of thoughts that you could retrace with your fingertips, kiss with your tears.

The elders among us have lived through dark times, scary times, the times that are a changing, to paraphrase Mr. Dillon.

By today's standards, it's just not fair. All that they have lived through and struggled against and now here it is December and we can't be with the ones we love. Heartbreaking, aching, longing fills our souls and threatens to overwhelm us and we are already overwhelmed.

So let's try a bit of reality. Let's look at what COVID is and what it does. Let's think about the hope we have as we turn our countenance towards the new

year. Let us share what our experts know, what we have learned thus far and balance that with the yearning we have to touch and hold those so dear.

But first, let's do a technique to get each of us centered and calm.

Greenstone's Awesome Ice Trick

You know that day when everything has gone wrong? Could even be today and right now. Your head is exploding, your brain can't stop spinning, you may feel overwhelmed and unable to focus. You can feel your heartbeat pounding in your chest, your blood pressure is rising, you are gritting your teeth, and you can't think about facing one moment more.

When that happens, and it could happen because of caregiving, the virus, dementia, finances, family issues, etc., stop everything you are doing.

- A. Go to the freezer.
- B. Pick up one or two pieces of ice.
- C. Go to the sink and hold the ice in one hand over the sink so as not to drip on your floor.
- D. Wrap your fingers tightly around the ice.
- E. Shut your eyes.
- F. Stop talking.
- G. Breathe only through your nose.

*Your brain's primary function is to monitor, order and oversee the body, and emotions. However, the body has first priority. Your body's instinctive behavior will take over.

*Your brain will immediately stop spinning. It will rapidly close down all the processes that are making you feel overwhelmed.

*The ice in your hand, remember one hand only, forces the brain back to its primary function of monitoring the body.

*You are tricking your brain because the ice cube sensation in your hand is extremely cold but also causing a burning sensation at the same time.

*You will be calmer within 10 breaths.

When we stress, our brain opens new windows for each "What if" scenario our worrying anxious mind creates. (Anxiety is the future and "what if" thinking, depression is the past and "shoulda woulda coulda" thinking.) As the hour or day moves along, you may find yourself becoming overwhelmed, as more cortisol is released, adrenaline fires, your autonomic and sympathetic systems kick in for danger and you may literally hang in high levels of stress hormones as your brain and body are flooded.

REALITY CHECK

Even if we didn't have a pandemic raging, I would not have recommended taking your loved one out of the community and home for the holiday. And there are

so many reasons why, that I hope can help you reconcile your guilt, your straining emotions, and your fear.

Your loved one has brain damage. Taking them out of the community designed for this disease causes great stress and distress. For people with dementia, stress and anxiety cause behaviors because the damaged brain can't make sense of the noise, movement, lights, sound, and especially all the questions.

Family members really believe that if your loved one was really sick; they would look sick. They really, really believe if they just stop coddling this person, then she will be forced to use her brain and will suddenly get better. They are not aware her brain is heavily damaged and she is doing the best she can each moment.

Guilty as Charged

Guilt is an emotion and a great destroyer of energy

1. Guilt can be brought on by something you did that caused physical or psychological pain, or you have violated a moral code, cheated, lied, stole, drank too much, ate too much, spent too much, or smoked.
2. Guilt can be caused by something you didn't do, but you want to.
3. Guilt can start because of something you think you did such as having jinxed a person or having had a bad thought about a person.
4. Guilt happens when you feel as though you didn't do enough to help someone.

5. Guilt can happen because you are doing better than others. You may feel survivor's guilt, or you may feel guilty for being more successful than other family members.

6. Or it's LEARNED GUILT and it's not real.

BIG Guilt Triggers

1. Not always there for family.
2. Saying "No."
3. Asking for help.
4. Taking time for yourself.
5. Family.
6. Culture.
7. Religion.
8. Society.

But remember this:

1. You are only responsible for you.
2. You are not responsible for someone's "happiness."
3. Your standards must be rational.
4. You are not guilty for thoughts or images, even if the thoughts or images are immoral or evil. For example, it is normal to think while your loved one has dementia about their death. It is normal to wish or wonder if they

could just pass tonight and be done with the disease. It is normal to think about your loved one catching COVID and maybe that will be the end. These are normal human responses to watching your loved one die bit by bit as their brain is destroyed, leaving you with only the shell of the former person.

Guilt and Caregiver Distress

1. You may have an expectation of a moral responsibility to provide care form relationships such as:
 - A. Marriage—feeling of duty, “till death do us part.”
 - B. Social or family decision shared by the group or by default.
 - C. Social Roles or an obligation of filial sense of responsibility with emotional or personal connectedness, because you love this person.
2. And with guilt comes negative and subjective appraisals and criticism of your own caregiving performance. These feelings include neglecting other roles you have in the family, and other responsibilities such as work and neglecting your own selfcare. This is especially true for adult children caregivers, the sandwich generation.
3. You may feel a sense of transgression or a violation of a moral standard as a caregiver or as a family member.

These are all normal responses to have.

Grief

Caregiver Grief and Distress

Grief is the emotional, cognitive and behavioral reaction to the recognition of a personally significant loss.

- 1) You will hopefully learn to cope with the stressful demands of addressing the increasing needs of a terminally ill loved one.
- 2) You will hopefully learn to cope with the interpersonal loss of a deeply meaningful relationship, including the loss of intimacy, communication, and support. ***For a negative relationship, the loss is for the inability to ever reconcile or repair the damage within the relationship.

Remember and Honor the Journey You Have Been On

*More than 60 percent of Persons With Dementia (PWD) show at least one daily disruptive behavioral symptom of that particular form of dementia that makes care and management difficult for providing care and drives home the realization that your loved one is changing.

And the Big Difference?

*Cancer family caregivers are caregivers for two years and in the end do approximately 55 percent of the person with cancer's care.

*Dementia family caregivers are caregivers for at least 10 years and may easily be doing 75 to 100 percent of the PWD's full body care before turning care over to Memory Care.

Grief and Guilt – Together to the end

***Grief** is similar to Post Death Grief, yet the PWD is still alive and here. Finally we are beginning to realize your grief level is as high as if your person has just died, yet they are still here in body. You see them, but it's no longer the whole person you knew and loved.

***The Long Goodbye**—the term used to describe the family caregiver's journey. Your grief is different because your loved one is dying a bit at a time.

***Ambiguous Loss**—experienced when a PWD fades in and out of reality and realistic consciousness, depending upon the type of dementia and the severity or stage of the disease process.

***Relationship Deprivation**—The loss of who your loved one was is evident to you, while others probably won't see it or appreciate the significance. Friendship, future plans, intimacy, physical touch and closeness, a lifetime together, all gone.

***Unrealistic Beliefs**—due to the unstable nature of the progression of the dementia, you (the caregiver) may hope/convince yourself the PWD has recovered in some way.

Brain chemistry may fire up, connections may connect a final time, a moment of sudden clarity, all of these can make you second guess where your loved one is at this moment.

Primary Stressors for Family Caregivers

*The level of decline (the stage) in your loved one. Stage Six is more distressing than Stage Five. Each time you think it can't be worse, there is more decline.

*The lack of clear and accessible information about the disease and its progression leaves you wondering and guessing what did that behavior mean and what comes next.

*People with dementia have behaviors, but they are not in control of those behaviors. The behaviors displayed by the person with dementia are directly due to brain damage and specific areas of brain damage.

*We are not good at treating pain in people with dementia because we keep expecting them to tell us that they hurt. The damaged brain doesn't work that way. It is their behaviors and our common sense that tell us they are in pain.

*The loss of the relationship. Good or bad, the relationship has been a big part of your life.

*The loss of physical touch or emotional connectedness. Human skin needs touch and dementia people get touched the least of all aging groups. Dementia family caregivers are next in line so give yourself a hug.

Secondary Stressors for Family Caregivers

*Family. Yup, those people.

*Family conflict.

*Work conflict.

*Financial concerns.

*Loss of social or recreational opportunities (retirement plans).

*Loss of dreams.

The Outcomes of Guilt and Grief

*Depression *Stress *Burden *Anxiety

*Death. Two out of 10 family caregivers of PWD die before their loved ones as the result of the stress of providing care. With COVID the numbers of family caregiver deaths have risen.

The Body's Response to Guilt and Grief

Your body will try to tell you it isn't doing well with the stress. You may have insomnia, nausea, digestive problems, stomach pain, headaches, muscle tension, body aches with no apparent causation, tearfulness, elevated blood, a pounding or racing heart, shortness of breath, or outbursts of frustration and anger.

All of these reactions are normal, but your doctor may not connect the dots back to guilt and grief. That's why Caregiver Burden Tests are helpful. They give you a baseline of your stress to share with your physician.

The Cycle of Despair

The emotional burden of coping with the loss of who the person with dementia was is more challenging and complex for family caregivers. It is even more stressful and damaging to you than coping with the physical demands of providing care.

Critical you share with your doctor the results of these tests:

Caregiver Burden Scale

Zarit's Burden Interview

Caregiver Self-assessment Questionnaire

MM Caregiver Grief Inventory

What to do?

*Learn meditation and breathing. Pray, coloring book, gardening, cooking, music, anything to slow down your breathing and let your brain rest.

*Fill out and continue to fill out the ADL Scale and IADL Scale and the Dementia Behavioral Assessment Tool. It helps to know what's coming next, it grounds you in reality.

*Write a letter or letters to yourself.

*List all the things you have done out of kindness and compassion.

*Draw a heart in lipstick on the mirror and give yourself a pep talk.

*Your loved one would be horrified to know the guilt and anguish you feel. Your loved one would be horrified to know how you are hurting yourself.

*Make your plan to move forward, with care for your loved one and care for yourself.

How Guilty do You Feel?

As professional caregivers, families look to the staff to understand and hopefully to explain the disease. One of the most stressful things family caregivers face is the decision to seek outside placement for their loved one. There are a number of reasons for having stress.

Typically care has been going on for a decade or more and the family caregiver is physically and emotionally exhausted. The caregiver may be afraid of what others will think of them, there may be no funds available, or the behaviors of their loved one may be embarrassing or challenging.

Spouses may see placement as the breaking of wedding vows. Cultural issues for African American, Hispanic American, and Asian American families mean folks in these groups frequently face severe backlash for placement of a loved one into dementia care. The move may be viewed as abandonment rather than as required medical care.

Addressing guilt, the giant elephant in the room, is critical for an ongoing partnership of care. Many people have made a promise to loved ones to never place them in a nursing home. Chances are people made this promise never realizing there were diseases like the dementias.

By Stage Five, people with dementia require a great deal of reminders, hands on assistance, socialization, exercise, care, and patience. In the beginning of Stage Five an estimated half of a pound of brain tissue is missing or heavily damaged and no longer functioning correctly. It takes a team of caregivers to complete daily care in this stage.

In Stage Six, two caregivers may be required for transfers, bathing, and toileting. Behaviors are now becoming a challenge because the person with dementia now has a pound or more of damaged tissue and doesn't understand the need for assistance.

Stage Seven means two or more caregivers may be required to do full care for the person with dementia. This is the stage of becoming bedbound and losing ambulation. The care is physically challenging and can easily be mentally exhausting as well. Brain damage is now encroaching on two pounds of missing or damaged cellular structures.

Other families may be dealing with social expectations of never placing a family member in nursing care. African-Americans and Hispanic Americans also have the high risks for Vascular Dementias and the least support for care. They may even face a loss in social standing or an angry family or social backlash. Other groups also face shame at home, places of worship, or in their neighborhoods, all

because the person with dementia requires fulltime medical care and support from trained professionals.

It is important to support all families in their decisions to turnover care of a loved one to strangers, to encourage them to join support groups and praise them for their loyalty to their loved one.

The lack of education about the dementias and the impact on the family caregiver is tremendous. The stress the caregiver faces is dangerous, with an estimated two in 10 caregivers dying first due to the stress of care. And these numbers were before COVID. It is expected the numbers have risen.

Reality with dementia is the involvement by the family once placement is required. Once we turn the corner of COVID and reopen the country, will you come back for breakfast or lunch or dinner with your loved one? Will you come to holidays, birthdays, parties, and education nights? Will your family will continue to visit and treat this person with dementia as an honored family member?

If the answers are “yes” then let the guilt go. No one expected dementias to appear, no one knew this would happen, and no one understands what the family caregiver faces, except for the professional caregiver.

Remember, these folks have known your loved one for weeks , months or even years. They take pride in their care and they grieve each loss.

The move into the community should allow the family caregiver to return to being a spouse or a son or daughter. Time together can be spent sharing a slice of pie or watching an old movie, not changing a brief, or arguing about a dirty shirt.

We don't discount the level of stress suffered by the family caregiver. That crabby, short-tempered exhausted person may be doing dementia care and working at a fulltime job and providing for a family still at home. There is significant stress suffered by the caregiver and a heightened risk of death. Being open and honest about the care for the person with dementia gives families the information they need to support professional care.

As dementia progresses, the grief you feel is impacted by your relationship with the person with dementia and by the stage of the disease they are in at this moment. If your loved one is already in the community, go ahead and skip to Stage Five. I tell you that because most people aren't diagnosed until Stage Five and Stage Five is when a person with dementia should be in memory care.

Grief Characteristics by Caregiver Type and the Stage of Dementia

The Adult-child Caregiver

Dementia Stage 2 (Mild Cognitive Impairment) & Stage 3 (Dementia)

*Denial and avoidance of the disease presence

- *Refusal to acknowledge future implication of the disease
- *Focused exclusively on the present
- *Very task oriented and intellectualized
- *Emphasis is on PWD maintaining current competencies
- *Avoidance of loss-related discussion until pushed
- *Losses are self-focused on lost personal freedom
- *Avoids or minimizes feelings
- *Struggles to contain all grief
- *Predominant Feelings: Surface –None, Underlying – fear, helplessness, anger, jealousy
- *Holds onto the present
- *Little manifested grief
- *No talk of memory care placement

Dementia Stage 4 (Moderate Dementia) & Stage 5 (Moderately Severe Dementia)

- *Rapid transition to the reality of necessary care
- *Burden of care is greater than expected
- *Raw emotions: Predominant emotion may be frustration and anger

Secondary emotions include feelings of guilt, wishing the parent would die, fatalism, pining, and feelings of sadness for what was

- *Grief is self-focused

- *Efforts to maintain normalcy have vanished

- *Loss focused on the other parent

- *Beginning to discuss memory care placement with reluctance and dread

- *Anticipatory grief—expectation of continued grief with some relief after death of parent

New Emotions begin: Fear of genetic transmission

Dementia Stages 5, 6 (Severe Dementia) & 7 (Very Severe Dementia)

- *Burden lifted primarily by memory care

- *Memory care stops being a major theme

- *New theme of interpersonal regret over the loss of the relationship

- *Losses: Lost relationship, lost opportunities

- *Emotional shift from earlier stages – raw to reflective

- *Predominant feelings of sadness, longing, loneliness, resignation, finalized loss

- *Secondary feelings of anger and frustration

*Focus on other and conjoint (such as lost parent, lost relationship, lost opportunities)

*Memory care placement produces feelings of: Initial feelings of turmoil and grief, but secondary feelings of relief

Broadened philosophical perspective

*Grief expressed as being at an apex – additive across time to this stage

*Anticipatory grief – expectation that death will bring relief

The Spousal Caregiver

Dementia Stage 2 (Mild Cognitive Impairment) & Stage 3 (Dementia)

*Lack of denial and avoidance

*Reality oriented with regard to future

*Focus on present but projects into the future

*Acceptance of current competencies and changes

*Recognition and acknowledgement of losses

*Losses are conjoint-focused, e.g. loss of companionship, intimacy, friendship

*Openly sad

*Openly experiencing grief

*Predominant feelings are sadness, little resentment, jealousy or fear

- *Allowance for slippage in the future
- *Anticipation of escalation of grief
- *Talk of avoidance of memory care placement

Dementia Stage 4 (Moderate Dementia) & Stage 5 (Moderately Severe Dementia)

- *Smooth transition to the reality of care
- *Increasing burden accepted with dignity and responsibility
- *Emotions are deeply felt but raw:
 - Predominant – sadness
 - Secondary – compassion, empathy, mild frustration
- *Grief is focused on your loved one
- *Maintaining the relationship becomes important
- *Normalcy vanished early on
- *Loss is focused on self – being alone
- *Thought of memory care placement brings increased sense of loss, grief and guilt
- *Anticipatory grief – belief that grief is at an apex and death will bring relief

Dementia Stages 5, 6 (Severe Dementia) & 7 (Very Severe Dementia)

- *Burden of care eased by memory care placement

*New burden of caring for self

*Losses include: identity as a couple, identity as a spouse, distance from family and friends

*Increase in emotional intensity and rawness:

Predominant – uncertainty about the future, confusion, frustration, aloneness

Secondary – anger about situation and noncaring others

*Focus on self – building a new, single identity

*Memory care placement produces: initial feelings of relief, secondary feelings of concern for self

*Grief may be expressed as bitterness and sadness

*Anticipatory grief – less certain death will bring relief

Quick Stress Relief Tips for Dementia Caregivers

Dementia family caregivers are often solo caregivers of a person with dementia for ten or more years before reaching out for help from skilled nursing facilities or assisted living and memory care communities. The stress, exhaustion, and intense level of care involved means dementia caregivers are placing their own health and in many cases their own lives at risk.

Being a dementia caregiver means you may not have the time or energy or financial means to take a vacation, go shopping, go to dinner or the movies, or go anywhere else, especially in these coming days and months.

The following are a variety of stress and mindfulness tools to use as you navigate your caregiver journey. These should only take seconds to a few minutes to complete and hopefully give you a moment's respite during care.

Perform these throughout the day as needed.

1. Cooling off quickly.

Stress can be so overwhelming and so can anger, frustration, and exhaustion, both physical and mental. Blood pressure rises and suddenly you may feel overwhelmed and even faint. Wet a cloth in cold water, wring it out, and place the cloth against your carotid arteries on both sides of your neck. Immediate relief should be followed by you sitting down in a chair, shutting your eyes, and taking 10 slow deep breaths in and out through your nose.

2. Ask For Help

Your children are still afraid of you; they just don't always understand that you need help. Too many times family caregivers have an appearance of having everything under control. The reality may be just the opposite. Give your family and friends, neighbors, church and synagogue family things to do. People want to help but they are scared and don't know what to offer for assistance.

*Children live in another state? Give them a list of things that would help you. Oil change, a book, groceries, flowers, conversations, etc., all help us get through these times.

*Ask someone to mow or snow blow your yard.

*Ask for a house cleaning.

*Someone you know really wants to make you a cake or pie.

3. Journal

Keep track of your journey. We know writing about our pain, our fears, and our hopes, makes us feel better. It grounds us and keeps us connected to ourselves. It makes the experience real. It supports us through the written witness of our days.

*Make one area in your book just for the funny stuff that gets said or happens. It will bring you great solace and joy as time passes.

*Daily or weekly, just do it!

*When you start thinking you didn't do enough, go read your journal.

* Congratulate yourself for the care you have given and remember you did the best you could every day.

4. Meditation Things

Meditation helps our bodies, blood pressure, heart, emotions, and fires up our brain's plasticity, connections and wiring. Meditation has a host of benefits for our brains and our stress levels. Your brain naturally produces stress hormones when

you become overwhelmed or anxious. The normal stress response is intended to be short term as a safety reaction to danger. But your stress levels go on and on. Meditation helps and it can be done in many forms.

The purpose of meditation is to focus and slow the brain, to allow it to be only involved with a few things going on around you and in your body. It is literally exercise for your brain. Meditation is not going to have the same results for your loved one, because their brain is dying. But the benefits for you are extraordinary. Meditation allows us to find perspective, relaxation, and peace. Meditation helps relieve physical aches and pains. The act of meditation refreshes our brains. Did I mention your brain loves to do these things?

A. Meditation with an Adult Coloring Book – These detailed pictures cause your brain to slow down and focus. They are available in every imaginable form, from flowers to animals to mandalas. The detail is what slows your brain down. Also note that since so many of us no longer write with a pen or pencil, liquid water brush pens may cause less hand and finger cramping. The books are available online, at bookstores, and at some family chain restaurants. Enjoy!

B. Gardening -- Even tending to a houseplant reduces stress!

C. Reading -- Anything you enjoy drops stress levels.

D. Spiritual Reading -- Humans have always found solace in spiritual works.

- E. **Daily Devotional or Humorous Reading** -- Starting the day with a moment of peace or a chuckle gives you a fresh attitude for the coming day.
- F. **Sunshine** -- A few moments outside in sunshine to just breathe. Not to focus on what's wrong, but to simply shut your eyes and breathe in the world around you. Listen for wind, leaves, birds, and other sounds of nature.
- G. **Walk** -- A walk to the mailbox takes only a few seconds or minute and yet that's all it takes to reduce blood pressure.
- H. **Cooking** -- For many people cooking is very relaxing.
- I. **Solitude** -- Sitting quietly outside.

Breathe Four Times

When we become too stressed, our Autonomic Nervous System (ANS) is overwhelmed. The ANS oversees the heart, blood pressure, upper and lower digestion, just to name a few of its functions. We all need and want it working correctly.

In order to realign your ANS, and kick in your Parasympathetic Nervous System and your Vagus Nerve, just try four breaths. You will breathe in through your nose to the count of four, hold the breath to the count of two and exhale to the count of six. Counting helps you to help your brain slow down. Repeat this breathing four times to start and gradually over a week or so, work up to ten

breaths. As you do this exercise remember to sit down, shut your eyes, keep your hands on your lap, and keep your feet flat on the floor.

Because you are a caregiver, your ANS may need multiple daily adjusting moments. Try this breathing technique throughout each day and when you recognize you are beginning to feel overwhelmed.

(The Vagus Nerve connects the brain, heart, upper and lower digestive systems. This is why stress makes your heart pound, blood pressure rise, pulse increase and upsets your stomach and digestive tract. Breathing in the 4-2-6 methods, activates the Vagus Nerve and makes your systems realign. You will feel better too!)

*If your loved one is in a community, breathe four times in your car before you step inside of the building. When you end your visit, breathe four times before you start for home.

*When you get to your home, breathe four times again.

*Breathe before you watch the news, better yet, stop watching the news.

*Breathe before you start your day.

*Listen to your body telling you when stress gets high and stop and breathe.

*Breathe before you start care.

*Step away and breathe when you feel yourself being overwhelmed.

*You can even think “Breathe in Peace” as you inhale and “Breathe out Pain” as you exhale.

Laugh for Pete’s Sake

What you are doing is hard! Cut yourself a break and watch comedy shows, listen to comedy radio or podcasts. Laughter attacks stress hormones, laughter makes the heart feel lighter, laughter gets us through dark times.

Avoid heavy dramas or horror or tear jerkers (unless it really is your genre of movie) and laugh out loud. Right now try to make yourself have a belly laugh. Think back to a funny joke or event, something that made you laugh out loud. Then laugh again!

You can also use Google or YouTube to find a daily joke or funny story. Try Carol Burnett, cat or dog videos, laughing baby videos, whatever makes you giggle or laugh out loud will help.

Grief Tears

Often, dementia caregivers will remark that they realize they want to cry and maybe even “need” to cry but they stop themselves from doing so. A common explanation is “if I start crying, I’m afraid I won’t be able to stop.” That is a very normal way to feel, especially when you are emotionally and physically exhausted. The chemicals produced and kept in our brains as we grieve loss are referred to as “toxic.” And these toxins are removed through “grief tears.”

Grief tears are different than “I stubbed my toe” tears. These tears cleanse us, allow us to move forward in our grief. The act of shedding these tears cleans our brain of the toxin, allowing us to take a deep breath and start again, oddly renewed. You will stop crying. It may take a lot of tissues, but you will run out of tears.

Remember when you finish crying to do something nice for yourself and, of course, chocolate always helps! (Hot chocolate is a serious stress and grief reliever!)

Scream About It!

Okay, this stress relief technique can scare you. It will certainly frighten your dog or cat. And if the neighbors hear you, well then expect a call from the local law enforcement.

Caregivers can be carrying a great deal of anger inside. Anger at the doctors. Anger at the disease. Anger that you didn't get better information. Anger at your loved one. Anger at retirement. Fear and anger about the financial cost of care. Anger that no one is helping you. Anger at what the disease is doing to your loved one.

All of your anger emotions are completely normal things to feel. But anger eats at us, it erodes us, it makes us behave in ways we may not be proud of. So let's get the anger out.

You will need a shower, radio, TV, and a kitchen towel.

1. Turn on the shower. Background noise keeps your dogs from freaking out.
2. Then turn on the radio and TV and turn them up really loud.

3. Place the dog or cat in another room so they cannot hear what you are doing.
4. I am assuming you are in your bathroom with the shower turned on, radio and TV blasting.
5. Take a moment to breathe and prepare yourself for the scream and sound you are about to make. It may frighten you due to the intensity of the sound and the emotion of the scream.
6. Twist the kitchen towel tightly, bite the center of the towel and scream as hard and as loud as you can.
7. Try not to cry. The purpose of this exercise is to tap into the anger and let it out, so try to scream for as long as you have energy. Scream out the anger before letting the tears come.
8. You may need to scream several times. Each time focus on removing the anger.
9. You may feel exhausted when you finish this. Your throat will feel sore for a few minutes or hours. You may nap or sleep afterwards.
10. Turn off the shower, radio, and TV, the dog and cat back out, and go to bed.

Reality Stomp

Sometimes as caregivers we are so overwhelmed, we begin to live in the “What If” time zone. What if this or that happens? What if my loved one dies? What if my loved one doesn’t die? What if I run out of money? What if?

None of us can tell the future, but all of us can handle right now. When you’re thinking begins to spiral out of control with the future and “What If” thinking, just stop.

1. Stand up.
2. Raise your left leg and foot and stomp back down. Remind yourself all you have is what is right here, right now.
3. Raise your right leg and foot and stomp down. Remind yourself all you have control over is right now.
4. Repeat and breathe.

Stretch

Our bodies naturally store stress in the muscles of our necks, shoulders, and upper arms. So stretch the stress out. Stretch in the morning before you get out of bed. Stretch when you stand. Stretch in the afternoon. Stretch before bed. And breathe.

Insomnia

Progressive Muscle Relaxation consists of techniques where we are breathing in and out through the nose at a slower pace. And as we breathe, beginning either

at the head or at the toes, we move through the body to tighten and relax each set of muscles.

Tensing and tightening the muscle tissue forces oxygenated blood out of the cells. When we relax the muscles, oxygenated blood floods the tissue, giving us a relaxed state in those muscles.

Use this technique before bed or if you wake up and can't go back to sleep. If you are doing this during the day, make sure your eyes are closed, you are sitting in a comfortable chair, your feet are flat on the floor, and your hands are in your lap.

1. Start breathing in and out through your nose.
2. Curl your toes and tighten your feet and continue to breathe through your nose for five breaths.
3. Relax your toes and feet. Tighten your legs and calves. Really tight, clinch hard for the legs. Continue to breathe easy and slow for five breaths.
4. Relax your legs and calves. Tighten your buttocks so tight you raise up a couple of inches in your chair or bed. Keep breathing slowly for five breaths.
5. Relax your buttocks and keep breathing. Tighten your back, pull your shoulder blades together, flex your arms and biceps like Superman, and make fists. Tighten your back, shoulders, arms and fists as tight as you can and breathe five times slowly in and out through your nose.

6. Relax your back, shoulders, arms and hands. Wrinkle your forehead, tighten your cheek bones, clench your jaw, and breathe five times.
7. Relax your face. Breathe.

WHAT CAN I DO INSTEAD?

Learn about Self-Compassion, Visit Dr. Kristin Neff's website. She studies how to be kind to ourselves. Take her five minute test on www.self-compassion.org and feel better.

Additional Resources

Dementias are disease of aging, but not normal aging. Most of us will live and die at home. Most of us will not require additional care. Most of us will have a functioning brain that continues to add experiences and memories. Most of us will reach wisdom. We can forget those things doing dementia care.

These are two books about normal aging and I encourage you to read them:

- **The Mature Mind** by Dr. Gene Cohen
- **The Creative Age** by Dr. Gene Cohen

Happy Holidays to you all. Stay safe and please feel free to reach out to me or your local Arden Courts for additional questions.

Best,
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“Inspire, educate and empower dementia caregivers.”

