OUTLOOK ASSOCIATES of New England

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Anger in the Family Caregiver

At some point we realize that our parents will depend on us for assistance as they age. Whether by a sudden illness or simply the inevitable results of aging, family members struggle with a new role as caregiver. Along with these new responsibilities come a mixture of feelings including anger.

Reactions of family members differ based on family history, type of illness and available resources. Regardless, anger and resentment are predictable responses. Guilt and shame then arise as people judge themselves: "How can I resent taking my mother to appointments when she is so sick?" In traditional cultures, caregivers often follow expectations of duty and obligation with less conflict.

The cost of time and energy involved in taking care of an elderly relative is substantial. As an illness progresses, losses occur, sometimes in rapid succession. Watching a decline in a parent's physical health, self-sufficiency, and communication capacity is heartbreaking for everyone. Fear, sadness and conflicting emotions easily turn into anger if not recognized or directly expressed.

Three Stages

Clinical social worker Carolyn McIntyre describes three stages of caregiving. The Early Stage involves surprise, fear, denial, confusion and sadness which can fuel family conflict or bring a family together. The Middle Stage involves frustration, resentment, and guilt. Continuous demands tire caregivers. Losing connection with friends, partners, children, work and play often leads to anger and depression. The Late Stage involves grief, regret and closure. Regrets arise when a focus on care not given erases the extent of actual effort. Religious and spiritual practice can give solace.

Anger reactions are complex when long-standing family conflicts exist. A counselor can act as a mediator to defuse tension and provide the environment for smoother movement through these stages. It doesn't mean that family members will magically get along, but the focus will shift from strife to taking care of the parent.

Guidelines

The website of the Massachusetts Executive Office of Elders Affairs offers resources and tools. A stress self-assessment rates emotional reactions on a scale from 'never' to 'nearly always': "Do you feel that your loved one asks for more help than he/she needs?" "Do you feel angry when you are around your loved one?" "Do you feel.....that you don't have enough time for yourself?" The level of stress indicates when to take action for assistance and self-care. Here are guidelines to do just that, with a goal to reduce and manage anger:

⇒ <u>Set realistic goals and expectations of what you can do.</u>

Research the illness or disability. Assess the impact on caregiver and elder. Select specific short, medium and long-term goals based on this knowledge. Instead of hoping to keep a parent out of pain entirely, set up a consultation with a pain management clinic.

⇒ <u>Establish your limits regarding care.</u>

Define what you can and can not do and be clear with your parent(s). Find available resources to provide what you can't. It's reasonable for you not to visit your father every day. Keeping in touch with your other responsibilities and family/friends will decrease burn-out.

⇒ <u>Ask for help and accept help</u>

The martyr approach hurts everyone. Identify what you need and who in your life is suited to each task (e.g. babysit the kids, spend time with your parents. Seek professional guidance if

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if necessary. Ask if a support group for caregivers meets at the hospital or nursing home.

⇒ Take care of yourself.
Set realistic goals for self-care. Take time each day for yourself even if it's a few moments. At least stick to the basics: eat breakfast, take breaks, drink water, rest if you can't sleep. Be watchful of turning to alcohol, smoking or other drugs as a comfort. You may not be able to exercise in the usual way. Switching from the gym to walking and doing weights at home will fit exercise into your schedule.

⇒ Involve other people and reduce isolation.
Plan for brief, convenient social interactions. Notice feelings of isolation and reach out. Inviting someone to lunch near the hospital saves time, effort and energy. Talk on the phone, text message and/or email.

⇒ Use assertiveness skills.
Avoid blaming and acting impulsively. Don't expect others to read your mind. Use "I" statements. Roleplay with a friend how you will handle a particular caregiving situation. Keep a journal. Keep an anger log to flag triggers and chart reactions as a tool to more skillfully cope with your expressions of anger.

RESOURCES:

Massachusetts Executive Office of Elder Affairs:
1-800-AGE-INFO (1-800-243-4636)
http://www.800ageinfo.com/

ElderCare Online: Internet community of eldercaregivers: www.ec-online.net

Johnson & Johnson Caregiver Initiative:
http://www.strengthforcaring.com/

(This newsletter article was done with the research/writing assistance of Alice Miele, LICSW)

FROM OUR FILES:

Playing to Fight

For two years, researchers at the University of Bergen in Norway followed nearly 500 preteen boys who took Up boxing, wrestling, weight lifting and martial arts. These boys, on the whole, began to start fights, steal and skip school far more often than their peers. Compared with non-athletes or players of milder sports like soccer, "power sport" players were about 5 times more likely to be antisocial according to the study's researchers.

FROM OUR FILES: (Continued)

The researchers also emphasized that the high rates of bad behavior aren't because power sports simply attract rowdy kids as many coaches claim. For the first time, bullying experts observed boys both before and after they took up "power sports", so it became clear that aggressiveness followed sports, instead of the other way around.

One theory for these findings suggest that it is probably not the actual sport but the macho attitudes and ideals prevalent in the sports'culture that affect a boy's outlook. For instance, even contact-free weightlifting is linked to greater levels of aggression.

Psychology Today, November/December 2005

Anger in the Treatment of Trauma

Therapists who may work with clients with trauma symptoms often may experience intense anger from clients. The client may be accusatory, critical and demanding, and frequently react to growing intimacy by retreating or setting up a crisis. How should therapists respond to clients's angry outbursts or their own angry feelings in therapy sessions? A study that was done by Alliant University psychologist Constance Dalenberg and published in the journal *Psychotherapy:Theory, Research, Practice, Training* in 2004 tried to shed some light on the issue of therapist response to anger. Dr. Dalenberg interviewed 132 clients who'd suffered rape, traumatic loss, or childhood sexual abuse.

The traumatized clients that Dr. Dalenberg interviewed felt a stronger alliance with therapists who took responsibility for their own part in an angry outburst saying something like, "I wasn't aware of causing you to feel that way. But I can see you really do feel it. What did I do? What did you hear or see in me that made you feel like that?"

Unfortunately, few therapists dealt with outbursts that way. Nearly 19% of the clients in the study said that their therapists typically did not respond at all to disagreements. Another 66% reported that their therapists had been inappropriately angry at least once during therapy and then blamed the client for the incident.

Another complaint from the clients in the study was that their therapists became less empathic as time went on and eventually started to blame the client for rough patches in the therapy.

Psychotherapy Networker May/June 2005