

Rest.Stop.Ranch Guide Services

guidance for sustainable living and well-being

How to Claim Your We Moment: Caregiver & caregiver partner communication tips for connecting

Facts:

- When one family member becomes seriously ill, related family relationships often become stressed or changed.
- Primary family caregivers often feel alone and unsupported in their roles. A regular We Moment (we-care) practice with a partner (significant partner or spouse, family member or close friend) may significantly support the social/emotional/mental/physical/spiritual health of the primary caregiver.
- As a primary caregiver focuses on the care requirements of a single family member, the primary caregiver is often less able to nurture other family and friend relationships. Family members and friends may be able to offer a source of nurture and support to the primary caregiver that in turn benefits the whole family or friendship.

Partner We Moments (We-care)

The We Moments we speak of in this guide happen between a primary family caregiver and a partner that is supportive to the primary family caregiver, outside the main caregiver/care-receiver relationship. We-care is complimentary to self-care. It doesn't replace the need for self-care, but enhances the caregiver's sphere of support. The regular experience of being part of a "We" helps the caregiving experience to be shared by more than one individual, thereby easing some of the emotional weight that caregivers carry, and helps to confirm greatly needed additional social support(s) to caregivers.

Effective We Moments can happen once you:

- take the time to pay attention to your partner relationship
- turn the focus towards a shared connection of bodies/minds/spirits
- become aware of your individual and shared energy levels, feelings & thoughts
- affirm with positive self-talk and we-talk/we-listen your individual and shared needs

Below is a suggested progression of We Moment sessions. Each session could be its own We Moment, or the sessions could be experienced progressively in one sitting. Experiment with a one hour weekly We Moment practice that progresses through the four sessions or a ten minute daily We Moment practice that focuses on just one session. It is most effective to meet away from other family members including the loved one who is seriously ill, in a pre-determined private/safe space, in which you find temporary separation from other family relationships and are able to focus attention on the supportive partnership.

1. Rest.Stop.Breathe: We-breathe Session

(Pay attention to your partner relationship)

- Begin by sitting comfortably side by side or across from each other, on a couch or two chairs, and establish eye contact. The first step towards compassionate we-care is being in touch with and developing a compassionate self- and we-awareness and gentle voice within and with each other which we identify with as being genuinely loving and caring.
- Relax your bodies: pull your shoulders down from your ears, rest your hands comfortably on your lap or potentially hold hands, and begin to notice each other's breath.
- Begin to breathe more deeply and slowly, filling more of the body with oxygen. Relax the abdomen and allow it to gently expand and contract with each breath.
- Continue a comfortable breathing pattern with your partner while you remain connected by the hands and/or the eyes.

2. Rest.Stop.Receive: We-receive Session

(Begin to focus on the we connection of bodies/minds/spirits)

- Establish an initial we-care connection using the steps in number 1 above.
- Close your eyes. If you prefer, find a neutral focal point towards your lap/the earth.
- Begin to feel the support of your sitting surface, the presence of your partner next to you.
- Receive your partner's presence.
- Know that you are not alone.

3. Rest.Stop.Restore: We-restore Session

(Be aware of your individual and shared energy levels, feelings & thoughts)

- Establish an initial we-care connection using the steps in numbers 1 and 2 above.
- Begin to focus on your individual energy level, feelings, thoughts, wishes. These usually are different for two partners, which is normal and natural.
- Begin to think about the ways in which you need or desire restoration with your partner. Restoration restores life to each partner in the potential areas of physical, mental, emotional, social and spiritual connections and well-being.

4. Rest.Stop.Reconnect: We-talk, We-listen Session

(Express and affirm your individual and shared needs)

- Establish an initial we-care connection using the steps in numbers 1, 2 and 3 above.
- Take turns as listener and speaker as you begin to share your individual experiences.
- After listening, be sure to reflect back to your partner what you heard, so your partner knows you've really heard them. (e.g. "I heard you say...")

We Moments are Essential for Caregiver Well-being

The role of primary caregiver to an individual living with extended illness is one of the most demanding and precarious roles that exist today. The job of the extended family caregiver puts the caregiver at high risk for personal health problems. Chronic stress is inherent to the role. Without regular relief and respite, chronic stress can lead to increased stress hormone levels, decreased immunity, hypertension, heart disease, increased anxiety and depression. It is essential that caregivers find partners with whom they can take regular breaks from the extended caregiving job. It is essential that family and friends who are close to the primary caregiver extend their availability to be present to the primary caregiver for regular breaks: to breathe, to stretch, to cry, to joke, to laugh, to dance, to hug. It is essential that the practice of We Moments continues after the death of the loved one living with extended illness, as the stress of extended caregiving can linger with the caregiver years after they've left the active role.

Glossary:

we-care: care of the "we"; care of a partnership or group

we-awareness: a state of being aware of the "we," a partnership or a group

Related readings:

Bodnar, J.C., & Kiecolt-Glaser, J.K. (1994). Caregiver Depression After Bereavement: Chronic Stress Isn't Over When It's Over. *Psychology and Aging*, vol.9(3), 372-380.

LeRoy, A. 2007. Exhaustion, anger of caregiving get a name. *CNNhealth.com*.

Martire, L.M., Lustig, A.P., Schulz, R., Miller, G.E., & Helgeson, V.S. (2004). Is it Beneficial to Involve a Family Member? A Meta-Analysis of Psychosocial Interventions for Chronic Illness. *Health Psychology* vol. 23(6), 599-611.

NAC & AARP. (2009). Caregiving in the U.S. Executive Summary, 2009.

Schulz, R., & Beach, S. (1999). Caregiving as a risk factor for mortality: The Caregiver Health Effects Study. *Journal of the American Medical Association*, 282, 2215-2219.

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About Rest.Stop.Ranch Guide Services:

The wellness techniques I share are tested by my personal experiences of "what worked" while I was an unpaid primary caregiver. I lived with chronic stress for 24 months of active caregiving. The stress continued after the death of my loved one. I practice "being well" to keep in relative good health. I hold a MA degree in Pastoral Ministry and am a certified Kripalu Yoga Teacher. Be well ~ Mary