

CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

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The Question

Dear Caregiver,

Of course, family caregiving is about family (however it's defined). And while "family" can mean closeness, security, and comfort, it can also mean differences, challenges, and strife. Sometimes it can seem that our family members were hand-picked to offer us the greatest opportunity to learn about acceptance. But even if we're part of a harmonious family, there's no guarantee that each member of the family sees the world in the same way, and those unique perspectives can become especially evident during caregiving.

This issue is about families. From a primer on family dynamics, to a visit with a caregiver, reflections on past caregiving, and more, it looks at a variety of family issues. We hope it's helpful to you.

Take care.

The Editors

Family Dynamics 101

by Kathy Naman



What are Family Dynamics?

Each family is like its own country, with patterns of relating among its members, values and prescriptions for behavior, rules spoken and unspoken. We inherit legacies from past generations of our family. We have traditions and rituals. Like snowflakes, no two families are exactly alike.

It may be only as we leave home and create our own families that we recognize that our family is unique and that everyone doesn't do it like our family does.

Celeste grew up in a small town in Wyoming. Her father's drinking and her mother's overwhelm were a consistent undercurrent. At the same time, values of independence, toughness, and persistence were conveyed. There were different expectations for "the boys" and "the girls." The roughness of her paternal line was in counterpoint to Celeste's identification with her mother's French lineage. Celeste kept her head down below her father's unpredictable rages and didn't look up until she found herself out on her own in her twenties.

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Care Connections

Boulder County Area Agency
on Aging

P. O. Box 471

Boulder, CO 80306

303-678-6116 (ph)

303-678-6285 (fax)

InfoCaregiver@bouldercounty.org

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VISIT WITH A CAREGIVER

Cate, the oldest of six children, became a caregiver for her mother after her sisters had taken their turns and left the picture. Though she'd had a difficult relationship with her mother during her childhood and young adult years, Cate discovered that the path of caregiving led not only to reconciliation but also to a partnership based on mutual affection and respect.

Care Connections: Would you tell us about your mother and your relationship with her?

Cate: My mother had some disability her whole life—mainly emotional. She had several medications to stabilize her mood swings, and she was considered chronically depressed. My job early on was to recognize the signs of impending disaster and get the other five kids out of sight. I hated her lack of emotional control and her martyr behavior. And I hated that my childhood was spent caring for others and being an adult before my time. By the time I reached 18, I was ready to leave my family behind, and I was sure that I would never return.

CC: How did your mother's health problems begin?

Cate: With a heart attack. She was in her mid-50's and had continued working through pneumonia. The virus settled in her heart, and she became permanently disabled with a heart capacity of about 40%.

My sisters had already stepped in at the early stages and done what they could, but they had larger families and husbands who needed to be taken care of too. They also had unresolved issues with our mother that made it difficult for them to spend much time with her. I was a single mother with "only" one child, so they wanted me to come back and take care of her. My son and I packed the car and drove back to my mother's home. She lived in a duplex, and we moved into the other side.

CC: What strengths did you draw on to help care for your mother?

Cate: Looking at it in a different way, it became what strengths did my mother draw on to be cared for. At first, I was going through the motions of caring for someone that I had learned at an early age—handling the basics without dealing with the emotional pits that come with being close to someone. Staying in control.

But my mother, who finally wanted to have some control over her life, was unwilling to hand the reins over to me. She had done some growing in the years I was gone and had her own ideas about what she wanted in a caregiver. She knew that if she gave up all control, she would be giving in to her disability, so she created boundaries about how she wanted to be cared for.

She trained me by setting her limits, by showing how she could simplify her life in order to care for herself, and by insisting on her dignity. Caregiving, from the perspective of my childhood, was about hierarchies—who had power over whom. In my mother’s case, the caregiving was a two-way street: I was there for her and she was there for me. By laying down the rules for her care, she was able to maintain some dignity in the end years of her life.

CC: How did the time spent caring for your mother help you to see your relationship with her differently?

Cate: Being with my mother every day for six years helped me to see how my pretty picture of what a family was *supposed* to be like had affected my relationship with both my parents. During those

years, my mother and I talked enough to make forgiveness a foregone conclusion. In fact, that time healed my relationship with my mother and my father.

CC: What would you like to share with others who are caring for parents with whom they’ve had difficult relationships?

Cate: Childhood is a story. The things that you disliked about your parents when you were a child allow you to create a story about who they were and who you were to them. Adults are people who recognize the story and start seeing their parents as persons with their own stories, their own dreams, and their own expectations. Being a caregiver to a parent you didn’t like as a child is an opportunity for growth, because you can lose the story you created and put another in its place.

Of the six children that my mother raised, I was the only one who resolved my childhood story and created another. Five children felt guilt and sadness when she passed. Only one of my siblings came to the beach to watch my mother’s ashes being tossed into the ocean, and she spent the time crying in guilt and fear. But I and my son spent the time at the beach celebrating my moth-

er’s life. We chose joy instead of pain.

Condensed from an interview that first appeared in the September/October 2004 issue.



**“In dwelling,
live close to the ground.**

**In thinking,
keep to the simple.**

**In conflict,
be fair and generous.**

**In governing,
don’t try to control.**

**In work,
do what you enjoy.**

**In family life,
be completely present.”**

— Lao Tzu



Family Dynamics 101

(continued from page 1)

Why are Family Dynamics useful?

The term “dysfunctional family” has been in common use for some time now, as if we could sort out into two groups healthy and unhealthy families. Families, like human beings, are messy. We have the places we are aware and conscious in our decisions and behavior. We all have blind spots. Awareness of our family culture and the people moving in the circle of our family dance can bring compassion and greater clarity to ourselves and our family members.

Celeste had made a life for herself by keeping distance from her family, especially her father. Dad had been a mean drunk. Celeste had created a safe, satisfying life for herself and wasn't willing to have that tainted by her father, or her siblings, who for some reason Celeste could not fathom, were willing to ignore, much as they had as children, their father's ornery and abusive behavior. This standing outside the circle had worked perfectly well until her father had a stroke.

We take pride in creating our own iteration of family. We think we leave behind our family of origin and the ways dictated by the ones who hold the power, our parents. We believe we have broken free from the gravitational pull of our family. So it is often a great surprise, when crisis and caregiving issues arise, that we find old familiar patterns popping up.

Celeste has two brothers still living. Two other siblings had died tragically and young, and her mother had died ten years ago. They had been put to rest, with little observable disturbance of the family dynamics, as everyone could hold their disconnected positions and return to their lives. Now a new crisis was brewing. Since the stroke, Dad was not doing well on his own at home in his rural town. He wasn't able to eat

and take meds properly, his mobility was limited, and he was as cantankerous as ever, refusing to let any local caregivers in the house. Celeste's older brother, Tom, initially kept in touch and made a visit to Dad's, but he had always been cowed by Dad's anger. When Dad refused and fumed, Tom backed off. Celeste's other brother, Steve, was like Dad in many ways, most notably his anger and drinking. He was worried about his father but would express it in rants at his brother and sister, the doctors, or anyone who happened to be in his path.

In Celeste's family, daughters/women were caregivers. Her mother had instilled in her that doing the right thing was always and forever the most important thing. Family dynamics dictated that she care for her dad. Self-preservation dictated that she stay safe and far away.

Looking at three aspects of Family Dynamics

Looking at family dynamics allows us to take a step back and out, with a sense of curiosity. It can decrease the intensity of emotional reactions when we try to understand where individual behavior fits in the larger system. There are endless patterns to explore in families, and families are always changing. Here are three basic patterns to consider.

Who is in charge?

Families have hierarchies. Ideally, the parents are in charge. They, as we are growing up, hold the decision making, the resources. Under optimal circumstances, they are benevolent rulers. This role of the one in charge carries over most of a lifetime, perhaps with the parental role shifting to trusted advisor as grown children move through adulthood.

Obviously, there are all sorts of ways this can be compromised long before caregiving is an issue.

In Celeste's family, her father had been a tyrant until his wife became ill and he became her caregiver. His role of caregiver seemed to

modulate his gruffness. When their mother died, the children distanced themselves further. He was a ruler without subjects.

When a remaining parent becomes ill, family dynamics can be suddenly turned upside down. The powerful parent is dethroned, often resisting mightily, and the children may become caregivers for the parent. Imagine the disorientation as grown children take increasing responsibility for care and decision making. It can feel quite strange for all involved.

Celeste began to grudgingly make visits to her father primarily to coordinate care. She was astonished to see how vulnerable her father was. It was as if the blustery wind had been knocked out of him and he was adrift. He was still stubborn and gruff in his manner, but when Celeste made suggestions or presented decisions to be made, he listened. She noticed that he would initially refuse, but a day or two later he would present the idea as a good one as if it was his own.

Who is aligned?

Another marker of family dynamics is who is aligned. Think of it as family members who are closer, conflictual, or disconnected/neutral. This is one spot where that messiness can be found in areas like a parent emotionally turning away from a spouse and confiding in a child or two siblings building an alliance and leaving a third out of the loop. Like the television show *Survivor*, alliances can and do shift in families as circumstances change.

In Celeste's family, she and Tom built an alliance, strategizing how to take care of Dad. Much was decided without including Steve in order to avoid his angry rants. Celeste took a leadership role, filling the power vacuum left by an ailing Dad.

What's my role in the family story?

We refer to family roles in everyday language:

the black sheep, the good child, the rebel, the peacekeeper. It's interesting to look at your family portrait and to ask what each person's job is. In my family there are four children. My oldest brother, the eldest child, is the stand-in for my father. He and my father even have the same birthday. He is in charge. My next brother is the jokester. He can override or ease any family process with humor. My next brother is the one who left, moving away and cutting contact. I am the youngest and the only daughter. I am the (too) sensitive one who, when my mother was alive, was responsible for her well-being.

Celeste was the good daughter, the successful one who in many ways carried the conscience of the family. She could be counted on to do the right thing. As caregiving for her father unfolded, she found healing on a number of levels. It felt redeeming to be the leader of the family, and to have power and to be kind with it, as an antidote to a childhood in which she had felt powerless.

Celeste's willingness to step up seemed to help her brothers. Tom, who had taken the flight path, could now stay more connected with his sister, who provided a buffer between him and his father. Steve gradually recognized that he would be cut out of the process unless he managed his temper. Dad eventually required twenty-four hour care. All three children got to witness him interacting with the staff and his fellow residents with a softness they had never imagined.

I hope this introduction to family dynamics sparks your curiosity about your own family. What do you notice when you step back and watch the dance? Who is holding the power? What roles do members of the family play? What alliances exist? Asking ourselves these questions can help us to navigate the changing terrain of family. One person bringing a willing heart to the dance can begin to shift old patterns.

Kathy Naman (www.supportfordepression.com) is a psychotherapist in Boulder.



Last Dance with My Father

by Maria B. Greco, Ph.D.

When my father's days were growing short, he decided to leave his home of almost fifty years, a home which he had shared with my mother for most of that time. I remember being worried when my mother died that my dad would not be able to carry on without her. Though he missed her, he still was able to maintain his life without help and to welcome us home with the same hospitality and generosity of spirit that we had known when my mother was alive.

The day did come, though, when he became too weak to carry on alone. My sister lovingly opened up her home and her heart to him for the last two years of his life. Since my roots are on the East Coast and I was already living in Colorado, my home was not an option. Dad wanted to be on familiar territory for the last days of his journey.

Because my sister has always been a traveler, she looked to me to be with our dad when she was away. This became one of my life's greatest gifts. Being one of five children, I did not often get my father to myself. Having this time alone with him was unique, special, and restorative.

Over the years, we traveled a rocky road together. My father was a devout Catholic and truly felt responsible for the safe delivery of my soul at my life's end. So, because I had made mistakes in life, I had disappointed and confused him. My Dad was a very black and white kind of guy at first. Somehow, though, in those last times together, he became the most beautiful shade of gray. At that point, we became more than father and daughter; we became friends. In the process, I learned much about a life well lived, and I learned not to fear death. My father learned that despite my mistakes, I was a daughter for whom he might actually receive a "well done, my good and faithful servant" at the final

tally of his life. In our time together, he allowed me to capture his life story on video so that we might have it as a lasting memory. I cannot believe how much I did not know about my dad before that taping. It was a rare, precious look into the landscape of his long lifetime, one that spanned 88 years.

As my dad grew weaker and it became apparent that we would not share many more times together, I often asked him if he was afraid to die. He always said the same thing: "I am ready when the Lord calls me." When his time did come, he was ready and he was at peace. Somehow, in his peaceful passing my fear of dying disappeared.

That truth was tested within five years when I was diagnosed with ovarian cancer, an out-of-the-blue diagnosis, one that is often deadly. Somehow, despite that fact, I was filled with peace and hope. I was not often afraid of what the future held for me. I have been fortunate to become a long-term survivor of that illness. I will be forever grateful for my father's example as it sustained me in my time of uncertainty and upheaval.

Most recently, I have been working as a chaplain at an assisted living residence. I feel fortunate to have taken my experience with my father into my heart. Each new person I meet is a sweet reminder of the times I shared with my father. Each meeting is filled with the joy of recognition. There is so much to be learned from those who precede us on the journey. It is an opportunity and a gift. I once read that in order to know about the road ahead, we should ask someone on the way back. Though our elders are still on the journey, there is much to be learned from their travels.

I was lucky that my family situation forced me to show up when I might have chosen not to.

(continued on page 7)



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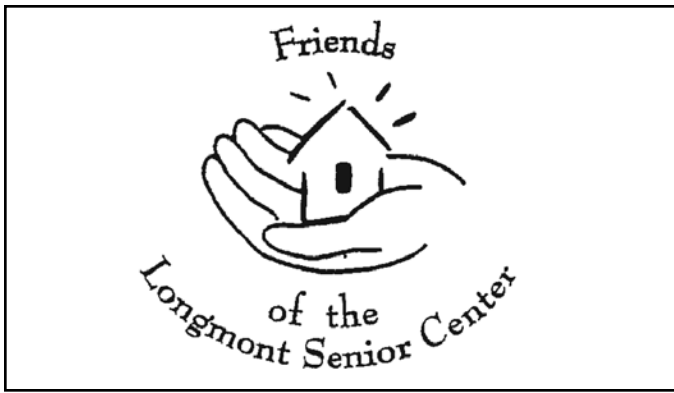
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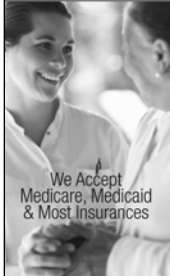
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Last Dance with My Father

(continued from page 6)

I also realize that the actual geographic distance between me and my father enabled me to compartmentalize my relationship with him. When I was with him, I was completely with him. When I was not, I was free to resume my normal routine without guilt.

I have seen family members at all points of the spectrum. There are those who put their own lives on hold for their loved ones. There are those who avoid spending time with them. There are those who have learned to balance their own lives with the times they share. This is never easy as one's own feelings of guilt or the overwhelming needs of the other make it difficult to achieve a balance. Sometimes there are aspects of spending time with our parents in their declining years that are fear provoking. This is especially true if they do not even remember us. It might feel easier to keep our distance. In the end, when our parents have left us, what we hope for most is a feeling of peace and completion. Each person must decide what it will take to achieve this.

I know from my memory of the time I spent with my father and my day-to-day experiences as a chaplain that this period is often filled with many life lessons and sweet surprises.

Maria B. Greco, Ph.D., is a Licensed Professional Counselor and an assistant chaplain at Balfour Assisted Living.

**“Any problem, big or small,
within a family, always seems to start
with bad communication.
Someone isn’t listening.”**

— *Emma Thompson*

Letting Go: The End of Life Process

by Ellen Knapp

It is an understatement to say that the end of life process has a big impact on a family. When one family member dies, the remaining family members go through one of the most transformative processes in their lives.

As the former owner of an assisted living home, I became very familiar with the process of adult siblings caring for their frail elderly parents, and witnessed the different ways that the deaths of those parents impacted each family.

I also draw from my own experience as a caregiver for my parents as they aged and then died at home. My brother, sister, and I were deeply changed by this passage. And so I now have a personal sensitivity for the transition people go through in losing their parents. It can be a bit like joining the Adult Orphan Club, where membership is unavoidable (unless parents outlive their children) and usually not sought after. In any case, it is a deeply personal and unique experience.

There are no two families alike. As is said in the world of dementia, “If you’ve seen one person with dementia, you’ve seen one person with dementia.” The same holds true for families going through the process of caregiving for parents and then the final loss of parents. We are letting go of a primal relationship unlike any other we’ll ever have again. Nobody is going to look at us or know us in the same way our parents did.

Usually, during the process, the dynamics that exist between siblings and in relation to their parents intensify. For example, in families with more than one child, very often there is a more dominant personality which in this situation can feel threatening. So making decisions may feel stressful in these systems—sometimes enough so that resolution seems impossible.

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COMMUNITY RESOURCES

This column provides information about coming events and classes, services, and other resources that may be of interest to family caregivers in Boulder County. Please remember that it is each person's right and responsibility to research a service provider or event before taking action. See "Information and Assistance in Boulder County" on the back page for ways to learn more about these and other resources.

Medicare Counselors with Boulder County Area Agency on Aging offer **Medicare Basics Classes**, for anyone wanting to learn more about enrollment, benefits, costs, and choices under Medicare, on September 5 or October 3, 2:00 – 4:00 p.m., at East Boulder Senior Center, 5660 Sioux Drive (call 303-441-1546 to register); on September 16 or October 22, 10:00 a.m. – noon, at Longmont Senior Center, 910 Longs Peak Avenue (call 303-651-8411 to register); and on September 19, 1:30 – 3:30 p.m., at Louisville Senior Center, 900 W. Via Appia (call 303-666-7400 to register). There is no charge, but donations are appreciated. **Medicare Annual Open Enrollment**, the time to review and change Medicare Part D (drug) and Medicare Advantage Plans, is October 15 – December 7. **Medicare Part D Clinics** will be held at local senior centers; after October 1, call your senior center to schedule an appointment with a Medicare Counselor to help review your plan choices.

The **Old Age Pension Dental Assistance Program** provides dental services for low-income seniors in Colorado. Boulder County Area Agency on Aging facilitates dental services through this program for residents of Boulder County. To qualify, one must be 60 or older and must receive monthly Old Age Pension or Medicaid benefits from the State. To learn more,

contact your local Resource Specialist (see back page for phone numbers).

PrestigePLUS offers **Advance Directives**, a class about considering and clarifying one's wishes for medical treatment in the event of incapacitation, with Peggy Arnold, on Fridays, September 13 or October 11, 9:30 – 11:00 a.m., at Longmont Senior Center, 910 Longs Peak Avenue. Pre-registration is required, at 303-651-8411. There is a \$5.00 fee for Longmont residents, \$6.00 for non-residents.

Activities during **Fall Prevention Week**, September 23 – 27, include free fall risk screening, talks by healthcare professionals and home modification experts, exercise demonstrations, and classes. See the full schedule of activities at local senior centers or at www.bouldercountyfallsprevention.org.

Boulder County Area Agency on Aging offers each of its two **caregiver training programs** this fall. **Powerful Tools for Caregivers**, a 15-hour course that gives family caregivers the skills to help ensure they take care of themselves while caring for older loved ones, will be held Thursdays, October 3 – November 7, 1:30 – 4:00 p.m., in Louisville. The **National Caregiver Training Program**, a 21-hour course, taught by a registered nurse, that helps family caregivers acquire the skills needed to provide safe, confident home care for frail older loved ones, will be held Wednesdays, September 25 – November 6, 1:30 – 4:30 p.m., in Boulder. There is no charge, but donations are appreciated. Financial assistance for respite care (substitute elder care) during class periods is available. For more information, or to register, call 303-678-6116 or email InfoCaregiver@bouldercounty.org.

Two wellness courses, sponsored by Boulder County Area Agency on Aging, are offered throughout the year. **Matter of Balance**, an 8-week program that helps participants learn ways to decrease fear of falling, increase activity levels, and make changes to reduce the risk of falling, will be held Tuesdays, October 1 – November 19, 1:00 – 3:00 p.m., at Longmont Senior Center, 910 Longs Peak Avenue; Wednesdays, October 2 – November 20, 1:00 – 3:00 p.m., at East Boulder Senior Center, 5660 Sioux Drive; Wednesdays, October 2 – November 20, 1:30 – 3:30 p.m., at Erie Senior Center, 450 Powers Street; and Thursdays, October 3 – November 21, 1:30 – 3:30 p.m., at Louisville Senior Center, 900 W. Via Appia. **Be Well**, Stanford University’s Chronic Disease Self-Management Program for people with chronic diseases and their caregivers, teaches techniques for changing one’s perspective and managing a chronic condition. It will be held Mondays, October 7 – November 18 (no class on November 11), 10:00 a.m. – 12:30 p.m., at Boulder Valley Christian Church, 7100 South Boulder Road. Both courses are free to Boulder County residents age 60 and over; donations are welcome. To register, or for more information, call 303-441-3599 or email mpruitt@bouldercounty.org.

A new **Caregiver Support Group** for Boulder County residents caring for a relative, partner, or friend who is 60 or over, or of any age if the person has dementia, is held the first Thursday of each month, 5:30 – 7:00 p.m., at Calvary Church, 3245 Kalmia Avenue, Boulder. (Note: In September only, the group will meet on the second Thursday, the 12th, because of the Rosh Hashanah holiday.) The group is sponsored by Boulder County Area Agency on Aging and is facilitated by Joanne Neiman, MA, LPC. There is no charge. For more information, call 303-678-6116 or

email InfoCaregiver@bouldercounty.org.

Alzheimer’s Association presents the **Annual Education Symposium and Early Stage Forum: Strategies for Alzheimer’s, Dementia, and Memory Loss**, which brings together local and national experts on Alzheimer’s who have revolutionized ideas about public policy and advocacy, research and treatment, and person-centered care for people with Alzheimer’s disease, on Friday, October 25, 8:30 a.m. – 4:30 p.m. (registration starts at 7:30 a.m.), at Denver Marriott Tech Center, 4900 South Syracuse Street, Denver. Register or get more information at www.alz.org/co or by calling 303-813-1669. Registration for family caregivers or care partners is \$59.

Save the date for the **13th Annual Lavender Gala**, sponsored by Boulder County Area Agency on Aging, for LGBT “rainbow elders” and their friends, families, and caregivers, on Sunday, December 8, 1:00 – 4:00 p.m., at Nissi’s, in Lafayette.

The **Respite and Companion Volunteer Program**, a service of Boulder County Area Agency on Aging, matches elder care recipients with trained volunteers who visit about two hours weekly to provide companionship-level assistance, as well as respite—time off—for family caregivers. For more information, contact program coordinator Katie Wade at 303-441-1543 or InfoRespite@bouldercounty.org.

For a list of **Caregiver Support Groups** that meet in Boulder County, email InfoCaregiver@bouldercounty.org or call 303-678-6116.

To share information about a resource for family caregivers, email InfoCaregiver@bouldercounty.org or call 303-678-6116. The deadline for the November/December 2013 issue is September 25.



Letting Go: The End of Life Process

(continued from page 7)

However, families can pull together and find strength in themselves and in each other, which seems like the ultimate blessing. So while the loss of parents is distressing, it is still a huge opportunity for siblings to work together in hopes that their future relationships can be sustained and workable.

It is beneficial to meet and talk as siblings when our parents start to become more dependent. We could ask questions: Do we value being a family through the end and beyond? What things need to be clarified? What are the big decisions and stressors ahead of us? Who can take on what roles and how can we prevent burnout or the sense of being left out? How can we ensure that all of our voices are heard?

It is generally recognized that there are three main areas during increased caregiving from frailty to death, where families might feel the intensification of dynamics. They are the zones of health and medical needs (which could include deciding if parents should move from their homes to a closer or safer environment); the role changes as siblings take on the parents' responsibilities of finances, driving, and so on; and the sorting and dividing of parents' possessions and property.

In all of these areas there is some degree of the parents' relinquishing of independence and important roles to their children. Even if a parent dies suddenly, there are role changes and a family process to go through with regards to property. As an example of what might happen with inheritance, I know of a family in which one of the children was disowned by their parents more than twice, which seemed to predict that this person would be left out of the will. In this case, since the siblings were compatible and looked out for each other, they all agreed that no

matter what the will stated, they would divide the estate in an equal way—which is exactly what happened. Another family was able to ask themselves: Is fighting to get the piano more important than being able to talk in the end?

Modern medical advances mean that many elderly people undergo surgeries or take strong medicines that allow them to survive serious illnesses and conditions that used to end life. But, as we are discovering, staying alive into our 90's and 100's does not promise freedom from other compromising conditions, more medicines, more doctor visits, and great financial cost.

My always healthy mother had an unexpected stroke in her early 80's. She recovered, but then had CHF, congestive heart failure. During the stroke she had a beautiful and heavenly Near-Death Experience which stayed with her in the most comforting way so that she was never afraid to die. The doctors offered open heart surgery to relieve the CHF. I was very hesitant to put her through major surgery, but my sister felt strongly that it would be fine.

One of my mother's most enduring principles was that we kids get along and respect each other. That legacy carried the day. My siblings and I really talked through our differences over a period of a few days. Mom did have the surgery and lived a few more precious years, and after both parents were gone, my siblings and I emerged from the process with the gift that all the devotion and commitment we had for Mom and Dad shifted to each other in an atmosphere of knowing mortality and deepened love.

So this is the time to ask ourselves: What is the end result we would like? Do we value being a family even after our parents have gone? What needs to be clarified? The best way to ensure that siblings come through after the loss of their parents with an intact relationship is to begin talking well ahead of time, with each other and with the

parents. Don't put it off. If facing each other and these issues is too much, then some kind of neutral counseling can help. It could be with a counselor or member of the clergy, or with a non-immediate family member who can listen neutrally and moderate gently. If a family can't work well together as a single group and outside resources are not available, then it may help to break the sibling gathering into smaller circles so that the usual patterns of power can be neutralized.

Bereavement is a process we can't control as we might wish. The more our identity was wrapped up with the deceased, the more difficult the loss. Our relationships occupy time and energy in our lives, and we really don't know what our lives will be like as mourners. All the more reason to cultivate and look to our relationships with our brothers and sisters so as to have unity as we face life without our parents.

Ellen Knapp (www.ellenknapp.com) is a Licensed Professional Counselor who has worked professionally with older adults and their families for eighteen years.

The Question

by Bunny Henderson



“Why am I here?” That's the question my mother asked as she approached the end of her life, and the older she got, the more she asked it. At first I answered her by saying that her family needed her and would be sad if she were no longer around. As time went on and she asked the same question, I said that maybe there was some Grand Plan, and it included her being alive. Finally, in the last year of her life, I couldn't think of anything else to say, and when she asked “Why am I here?” I responded honestly with “I don't know.”

I had read many articles about the emotions involved in caring for an aging parent. Most of the information talked about how the

experience brought the parent and child closer than they'd ever been. When this turned out not to be the case for me and my mother, not only was I sad, but I also felt guilty because it seemed that somehow I was failing as a daughter. My mother and I could always talk to each other, from childhood through my adult years. The bickering and meanness didn't happen until she moved out here after the death of my father. She had always been so supportive, and now I felt like I was letting her down. I should have been kind and understanding, yet I couldn't help getting angry and hurt by the things she said and did.

Looking back at it now, I wish I could have done a better job of putting myself in her shoes. She was used to being healthy, independent, and surrounded by a group of admiring friends. Now all of that was gone. We were both frustrated, and we never got to the place where we could give to each other what we needed.

Luckily for both of us, though, is the fact that despite the friction, we knew our love was strong. Our last words to each other were “I love you.” I will be forever grateful that we got to say this at the time of her death. However, even though it's been eight years since my mother died, the regret that she had to ask “Why am I here?” still lingers.

If I had another chance to relive my mother's last years with her, I would spend more time working together on a project that brought her some joy. I would try to find out how she became the person she was. I would ask her questions about the happy times of her life. I would try to make her aware that her life was a gift to so many people.

Bunny Henderson teaches Connecting Through Stories, a class that helps caregivers develop skills to produce a story of their care recipient's life.



CARE Connections
Boulder County Area Agency on Aging
P. O. Box 471
Boulder, CO 80306



INFORMATION AND ASSISTANCE IN BOULDER COUNTY

Within Boulder County, there are several key ways to access information and assistance about resources and services for older adults and their family caregivers:

- Check out **Network of Care for Seniors and People with Disabilities**, a comprehensive online service directory, at www.BoulderCountyHelp.org.
- Call the **ARCH Information and Assistance Line**, at 303-441-1617, and Boulder County Area Agency on Aging staff will respond to your message.
- Call the **Resource Specialist** in your community (numbers below). Services vary by community but include identifying needs, finding solutions, exploring options, and providing in-depth assistance.

Allenspark area	303-747-2592
City of Boulder	303-441-4388 (bilingüe: 303-441-3918)
City of Lafayette	303-665-9052, ext. 3
City of Longmont	303-651-8716 (bilingüe)
City of Louisville	303-335-4919
Lyons area	303-823-9016
Nederland area	303-258-3068
Niwot area	303-652-3850

