

# Robinsons on Parallel Care for the Caregiver By Jane Lawther Robinson

Unique it is when a caregiver has personal and professional expertise in helping older parents/people. Becky LaFountain, Ed. D., licensed psychologist and Assistant professor at Penn State University, shared both with us at ICASSI (the international Adlerian Summer Institute). Her 91-year-old father and her mother in the last stages of Alzheimer's gifted Becky with the insight to share with the professionals and the "personals" in the audience.

Adults caring for older parents are of the "sandwich generation," a phrase coined by Dorothy Miller in 1981. In other words, Baby Boomers often care for children and parents at the same time. Caring is defined as involving time and money! Caregiving is defined as having primary responsibility for another person. Generativity, as described by Erik Erickson, is the desire for the best for our children. Becky LaFountain thinks that we can extend this definition and add the desire for a good quality of life for the aging.

This situation we in the USA find ourselves in is a result of several factors:

1. People are living longer than they used to.
2. Women went to work. The US Census Bureau says that in 2000 2.2million were in the work force, but in 2007 3.6 million were in the work force—this is a 63% increase.
3. Studies by the Pew Research Center indicates that 1 in 8 middle aged American is currently caring for at least 1 child and 1 parent under the same roof.
4. Other studies show that is it estimated that 50-66% of all adult women will provide care for a parent on an in law.
5. Women (75%) are much more likely to be the care providers than are men (25%)

Aging is inevitable. How can we age gracefully? Something valuable to consider. Do we have a life plan? What are our personal goals for aging gracefully? We know to keep in mind the importance of exercising, eating better, drinking less, and quitting smoking.

There are important parallels between care for the aging and care of children: Being with them and seeing to their safety are two, for example. Dr. Rick Fiene, a colleague of Dr. LaFountain's, established national standards for childcare centers in response to a request by a national association. Recently he has been asked to do the same for long term care facilities, and he reports that he is using his childcare guidelines as a protocol.

Caring for the adults in the sandwich generation include a three-level simultaneous approach:

1. Educate the caregiver about what is going on developmentally. Their reaction is based on their perceptions. We know that **our perceptions/thoughts lead us to our feelings that lead us to our actions.** One example is an aging person's slow interpretation may be interpreted as an unwillingness to cooperate.
2. Attend to the caregiver's emotions.
3. Understand the caregiver's life style: **what are the strengths?** And what is the level of social interest/**willingness to reach out and help others?**

Two volunteers came forward to demonstrate how a care giver could learn how it is to be limited in mobility. Marcus had a heavy band tied around his ankles and tried to walk, of course finding it a challenge. Kristen was given a ball and a glove was pulled on over it. "Now, try to write, Kristen," Becky asked. Nearly impossible for Kristen. How about wearing glasses smeared with petroleum jelly? Or carrying on a conversation with really loud background noise. Such is the world of the elderly and aging. Caregivers who learn these tidbits of information are much more understanding and kind in their dealing with older folks.

Many myths about aging adults have been challenged (Sperry):

1. Elderly are poor in health. Many people with chronic health problems are not limited by them.
2. Older are senile. Only 10% of folks over 65 show significant memory loss.
3. Elderly are unproductive. Seasoned workers are still open to productivity via employment or volunteering.
4. Elderly are unattractive and sexless. Aging persons continue to experience sensual feelings and sexual activity into late in life.

Alfred Adler himself said in 1987 "Those who achieved something are convinced they are leaving something for posterity and that their spirit has accomplished something that will live on to eternity." As we all age, what more can we hope for than to leave something worthwhile behind us?

Adler also said, "Belonging and connectiveness are related to better health, adjustment and well being." This behooves the caregiver to connect with the elderly and help them to feel they belong to a group. On the other hand, the aging folks always have choices; they can choose to engage or withdraw.

According to Rasmussen, 1998, "**Elders can live their lives with purpose, become mentors, maintain generational continuity, and create meaning in their lives and others.**" The challenge for older adults is to remain active despite the obstacles placed before them by a prejudiced majority.

Caregivers react to their sandwiched responsibility in many ways.

1. Some are stressed by care giving; others get positive effects called "uplifts"
2. Some caregivers discover new strengths and capabilities.
3. Some begin to dislike the elderly patient; while others found their relationship improved.

4. Some were upset and angered by family members' some got closer.

Back to the perception of the role of caregiver; back to thoughts leading to feelings leading to actions. Dr. LaFountain provided us with a moving and knowledgeable presentation from which we all benefited.

Aging is what it is. Care giving is a loving, giving act that each of us hopes for as we ourselves move along in this life. It is all an adventure and a challenge, is it not?

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