THE
DAVIS FOUNDATION
FOR PROVIDING
EMOTIONAL COMFORT

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Letter of March 21, 2007

Dear Reader,

Many of us have found ourselves in the role of caretaker of someone who is ill. The person we care for may be a spouse, child, parent, other relative, or a close friend. The condition may have come on suddenly or gradually and the prognosis may range from excellent to very grave. In some situations the expected outcome is death.

Caregivers are taxed in many ways. The time and energy they expend on care giving takes away from the time they have to deal with their own needs. The costs of an illness or injury may create financial difficulties. Some conditions require caretaking activities that are quite tedious and therefore boring, or understimulating. With chronic conditions the unremitting responsibilities can lead caretakers to feel trapped. The struggle to find the best care may be exhausting and enraging. The pain that caregivers feel at seeing a loved one ill or dying can be very wrenching. And the helplessness they feel is frustrating.

Certain character traits in the caregiver can make matters worse. If you are compulsive, perfectionistic, or an overachiever, the extra work will overextend you. If you are impatient you will find tedious tasks very frustrating. If you are shy or inhibited you will have more difficulty advocating for your loved one. If you are judgmental you will criticize yourself for not doing even more. A streak of rebelliousness will create an exhausting conflict over doing what you need to do.

People who are already worn down by stress will become more so. If they deal with stress by smoking, overeating, or drinking these habits will become exacerbated. They may become preoccupied, which will lead to problems with concentration and memory. Their love for the ill person may cause them to avoid or deny painful realities. Doing so can put their loved one in more danger. Ambivalent feelings toward the ill person may cause feelings of guilt. As they become more stressed caregivers may become ill themselves. And as these difficulties strain caregivers their disequilibrations are perceived by the ill ones as well, even if subliminally, increasing their suffering.

Character traits such as shyness or rebelliousness arise early in life, as do many other responses to stress such as overeating or drinking too much. Most of these responses are *partial solutions* to disequilibrations. They decrease the distress without ending it completely. Arising initially in response to a specific disequilibration they become locked in and form habit patterns. Although they are helpful in the beginning, when options may be very limited, they often become counterproductive later and they also create a new disequilibration. It is uncomfortable to be shy or overweight.

Other responses to distress, such as denial or avoidance, are *false solutions*. The mental apparatus creates a double pathway: in one arm, out of awareness, the

disequilibrium continues undiminished while in the other arm a false experience occupies awareness. While this alternate experience may be a false perception, such as a delusion or hallucination, it is sometimes a lack of perception, as with denial or amnesia.

Preoccupation is a reaction to overstimulation and will occur following both pleasant and unpleasant stimuli. When something very good happens, such as winning a prize or getting a promotion, it is overstimulating. The mental apparatus handles the overstimulation by replaying the event over and over until its novelty wanes. While one is in the grips of this situation it is preoccupying but we don't tend to identify it as such because we are absorbed in the pleasure and the situation is usually short-lived.

When an unpleasant overstimulation such as an injury or sudden illness in a loved one occurs we are preoccupied with it for the same reason: to replay it until the novelty wanes. But with a chronic illness the situation is different. We are overstimulated by learning the diagnosis and making the initial arrangements for care but we gradually become accustomed to the situation. Yet each new change in the loved one's condition, even a small one, evokes the memory of the trauma, which gets replayed again. In this situation preoccupation can become chronic.

An Inner Guide, by solving maladaptive locked-in habit patterns, enables one to face caretaking situations without the traits that make this task more difficult. It also helps to direct preoccupation so that it is in the service of securing the best care. And when you know that you are doing your best for your loved one you will feel satisfied with your effort.

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QUESTION:

Why am I taken by surprise each time my husband shows some new sign of mental failure?

ANSWER:

You are aware that he will get progressively worse but your mind is using denial to protect you from being continuously aware of that. Your Inner Guide will help you become more comfortable with this painful situation.

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We extend our deepest condolences to G.M. and R.M., whose daughter passed away yesterday.

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I welcome your questions and comments, and will publish as many of them as possible. I look forward to hearing from you, either by post or at info@davis-foundation.org. If you would like to be anonymous, just let me know.

Cordially,

Judith M. Davis

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