

Daughterhood The Podcast Episode #37: Compassion Fatigue with Patricia Smith

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SUMMARY KEYWORDS

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SPEAKERS

Rosanne, Patricia Smith

RESOURCES:

Patricia Smith's Compassion Fatigue Awareness Project© - www.compassionfatigue.org

Professional Quality of Life Questionnaire - <http://proqol.org/>

Julia Cameron's Morning Pages - <https://juliacameronlive.com/basic-tools/morning-pages/>

Meditation – Insight Timer <https://insighttimer.com/>

Disclaimer 00:02

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Rosanne 00:42

Hello, and welcome to Daughterhood the Podcast. I am your host Rosanne Corcoran Daughterhood circle leader and primary caregiver. Daughterhood is the creation of Anne Tumlinson who has worked on the front lines in the healthcare field for many years and has seen the multitude of challenges caregivers face. Our mission is to support and build confidence in women who are managing their parents care. Daughter hood is what happens when we put our lives on hold to take care of our parents. We recognize this care is too much for one person to handle alone. We want to help you see your efforts are not only good enough, they are actually heroic. Our podcast goal is to bring you some insight into navigating the healthcare system provide resources for you as a caregiver as well as for you as a person and help you know that you don't have to endure this on your own. Join me in Daughterhood, compassion fatigue. as caregivers we've heard the term but what does it mean? And how can we prevent it from happening? Today, my guest is Patricia Smith, a certified compassion

fatigue specialist with 20 years of training experience. As founder of the Compassion Fatigue Awareness Project, she writes, speaks and facilitates trainings nationwide in service of those who care for others. She is presented to caregivers in numerous helping professions, and has authored several books and training materials for caregivers, including the award winning to weep for a stranger, compassion, fatigue and caregiving. In September 2016, she presented a TED talk on the subject. Today, Patricia shares not only how compassion fatigue happens, but the strategies we can use to support ourselves through our caregiving journey. I hope you enjoy our conversation. Patricia as caregivers, we hear about compassion, fatigue, and then you wonder what is it? And do I have it? And what do I do about it? Could you tell me what is compassion fatigue?

Patricia Smith 02:29

I'm gonna read actually, so I make sure I always just one paragraph, but I like to make sure I get it all in there. Compassion Fatigue is a secondary traumatic stress syndrome that can include emotional, physical and spiritual depletion, in those providing care to another. It's associated with caregiving where people or animals are experiencing significant emotional or physical pain and suffering. As empathetic people, we open our hearts to the suffering of others, and as compassionate people are moved to act to alleviate that suffering. That's where compassion fatigue lives in there.

Rosanne 03:02

I mean, to hear to hear you say it's a traumatic stress syndrome. I don't think I don't think we give ourselves enough credit as caregivers of it is really hard. It's really hard. Yes. To to put that carrying out every single day, whether you feel good, bad or indifferent. You're still putting that out? Yes. And it's it's hard, it takes a toll on you.

Patricia Smith 03:28

That's that's definitely you know, the case and so many, particularly family caregivers, which I know we're addressing today, it happens quickly. All of a sudden, you're a caregiver, and you don't see yourself as a caregiver, and you don't have the tools and you don't have the time and you don't have the resources and you don't, you don't have the wherewithal to do this, and you're thrown into it. And even though you know, we try to prepare ourselves, we're never prepared for what we experience, especially one that we you know, someone we love. And what I find, working with family caregivers is if there are past dysfunctions within the relationship, particularly mothers and daughters, and I hate to be say that, but let's face it, mothers and daughters have some very unique, you know, situations, it just bubbles over and I have had caregivers, you know, in sessions, or, you know, presentations just stand up and say, you know, I can't stand my mother, and I'm taking care of her and she is bitter and angry. And I'm getting all of that directed at me, which is making me feel even worse. I'm trying to do what's you know, right to do. And, you know, years ago, I remember it happened once in a family caregiver session, and I said, Oh, you know, I was more, you know, like, it's your mother. You know, it's a gift to be able to take care of her and, you know, is much more idealistic, but over the years, my answer that would not be my answer right now. Right? Yes, you deserve to be treated well. Many years ago, 2003 I went I was doing some elder care was living on the coast of California then. And I was working at an elder care facility and we lost people all the time, which you do in those facilities. But what I noticed was the way that the the residents were treating the caregivers, it was horrible. So I went home that night, and I wrote the caregivers Bill of Rights, you know, we have a right to be treated well, we have if we're

professional caregivers, we have a right to be paid for what we do. And a lot of countries and states now are actually looking into paying family caregivers, or having tax benefits for them. Because it's very taxing. It's very difficult on families, it's very difficult on the person, something like 53% of caregivers and up ill themselves. And I have heard story after story of you know, I took care of my mother for 10 years and then two weeks later, I found out that I had breast cancer, right takes its toll on body, mind and spirit.

Rosanne 05:58

It does, it absolutely does. And when you speak of paid caregivers, caregivers that work in in a community in a facility and they say, you know, well, when you get off of work, you do bah bah bah. But with family caregivers, we never get off of work. Our work never ends. So whether we have jobs outside of the home, and then we're caring, or we're caring full time for our person, our care partner, we don't get that downshift, right. And it doesn't, you know, we have these feelings, but we just dive stuff stuff stuff stifled down, stifle down and keep going. Right? And that it has to it has to affect you. And it sits in our bodies, it lives in our bodies, because we just keep going keep on truckin.

Patricia Smith 06:44

Right, and the pattern of a healthy healthy caregiver is deplete fill up, deplete fill up. And that doesn't happen. Like one hour at the gym every week. It's every single day. And of course, the biggest complaint I hear from family caregivers is no one's helping me, I'm doing it by myself, or perhaps they're an only child, and they are taking care of their elderly parents. And to that I say you absolutely have to get help. If family members or friends or community members or church members or whatever, aren't there to help you, you've got to find some help. And caregivers have a real hard time asking for help. It's almost like I don't have time to ask for help.

Rosanne 07:27

Exactly,

Patricia Smith 07:27

you know, I'm very, busy with caregiving. And you have to find that help. It's it's imperative that you get away from it.

Rosanne 07:34

And it's hard. It's hard for a caregiver. Because in any situation, there's a level of training that goes with that. So we have learned everything, or we're trying to learn everything about whatever condition our care partner has. So we've done all of that. And we have, you know, we have our schedules down, we have the medications down, we have whatever, but we have it all down. And then you can't just pull somebody in and say, Okay, you got this, I'm gonna go. That's part of the struggle. That's, that's the part that makes it difficult to get out of the house. Right?

Patricia Smith 08:06

It's like, your little ones with a babysitter. Right? Exactly. It's like, gotta eat at this time. And if they don't eat, you get in. And it's this whole thing, and right. That's why professional caregiving is very helpful. If you can afford to call someone in or, you know, someone who says, I've got it don't, you know, don't

worry about it. That's what actually happened with my mother many, many years ago, she's been gone for, gosh, nine years now. My sister and I were both working full time. And I was a single single parent. And my sister, of course has her family. And my mother became ill my little background, my older sister died unexpectedly. And my mother's generation where they held it all in and they you know, pick themselves up by the bootstraps. And after my sister died, her firstborn, she couldn't do it. And she didn't have the resources. She didn't have the skills to grieve. And of course, my my other sister, we were crying all the time, the four of us were always together, we went on trips, we call it the old lady traveling show. And it losing Terry was just a tremendous shock to us. And my mother never recovered. And she kept saying, I can't cry, I can't cry. My sister Anna and I were crying all the time. We got that grief out, you know, and my mother's health just started to decline. And she was already in her 90s. And we say if Terry hadn't died, she'd still be with us, be with us. She'd be younger than five. She was an amazing, strong matriarch of our family. And it's just, you know, really, really difficult. As she started to decline, we were taking care of her at home. And then basically, she had to go into a wheelchair. And they, they told us, you know, do you think you can learn how to use that machine that takes them out of it? And we looked at each other and said, There's no way there's no way that's going to happen. And so, at the time, I was working for the Daughters of Charity, and they had a beautiful nursing home called Villa Sienna, and they had a five year waiting list. And they found a bed for her. And so she lived her last years in the most beautiful place ever. Wow. So we were very lucky. But we went and saw her every single day, including weekends. We just needed to do that, you know, but that's what made us decide. We needed to put her she wanted to stay in your own home. But that wasn't. Those decisions are heart wrenching. Yes, absolutely heart wrenching. You know, if they really want to live, you know, go at home, you've got to figure out a way to do that. And I know my sister, my sister just went through it with her mother in law. Three weeks ago, she died. And she was also a matriarch with nine children enormous family. They her husband has an enormous family. And they're moving through it just beautifully. But she, her name was Pat, actually, and she wanted to die at home. So they brought in the hospital bed, and they brought in the caregivers. And it went really, really well. And as they say, we were all on our best behavior. And she died very peacefully at home. But sometimes that's not possible. It wasn't my mother. You know, we both had to work. Our jobs were very important to having a life. And so there's all kinds of challenges and it changes constantly, you know, you can do your spreadsheet, and have your medications and you're feeding schedule. They're changing schedule. And then the next day, something happens. Yeah, there it goes. So be very flexible is part of it?

Rosanne 11:25

Absolutely. Well, yes. And the decisions, the decisions aren't paid, you want to wear a red shirt or a blue shirt today, there are decisions, everything is at the highest level. And it's no wonder the stakes are high, the stakes are high they are and all of that adds up into this compassion fatigue, because how could it not?

Patricia Smith 11:49

Right? And it's not just compassion, fatigue, it's stress and burnout as well. Absolutely. And that's something that I've been talking a lot about with COVID people were asking me to do presentations or organizations and they want to know what's the difference between stress and burnout and compassion, fatigue, stress is real or perceived, okay, real stress is dealing with the everyday thing that precedes stress is I can't handle this, I can't do this. We can't do it. And mantras and those kinds of

wonderful things like meditation, all help. I'm a huge meditator, and I tell you, it's brought me through some really rough times. So you want to first of all, identify if your stress is real, or if it's perceived. And if it's real, get the help you need. You know, that's again, I can't stress that enough burnout. And stress is too much, you have too much coming at you. So many things to do. You've got your family, you've got your home, you've got the person you're caring for, you've got things that you do in your life, and it's all coming at you it's too much burnout becomes not enough, you don't have enough time, you don't have enough information, you don't have enough of the things you need to do your caregiving, right, it's and we burn out, we become apathetic, you know, and all that compassion fatigue is a secondary traumatic stress syndrome, you're actually being traumatized by caring for the person. So those are the you know, the differences between all of that. And I did two two presentations last week for this St. Louis Zoo, 14,000 animals, couple of 1000 people on staff. And at the very end, we had a very lengthy question and answer period, which was wonderful. They were really opening up and talking about things and one woman came on and she said, this has been really helpful to me. I thought I was compassion fatigue. And now I find out I've burned, yeah, I have gone out. And there's different things you can do. You know, if you have all three, sometimes you need professional help. But we can work our way through all of it, how we're intelligent people, and we can we can do this. And that's one of my big messages with COVID. COVID is the loss and grief we are all experiencing. If you think you're fine, you're not it's that simple. We live last, I saw that the expression, the loss of familiarity. Yeah. And I love that expression, everything that was shown a or I know when my life is gone, all my traveling, going to see my family, socially events, all kinds of things. They're gone. We've lost our whole way of life. And we have to grieve it. Yes, we have to grieve it and we don't know what our new lives are gonna look like yet, because we're still fighting all of the challenges that we're dealing with with COVID. Right, that on top of caregiving is, is a bit much

Rosanne 14:26

Well, it's as caregivers, our lives are normally contained. And then with COVID It kind of went it went from four walls to a phone booth. Yeah, yeah. Because then you couldn't you couldn't go out. You couldn't have helped come in, it changes everything. And trying to figure that out is only adds to your stress, right? So it's like a hamster wheel of stress.

Patricia Smith 14:49

It is it is and somehow it needs we need to stop it. I'm an analyzer and I've been working really really hard on stopping analyzing your Everything, I think it's a form of control. I'm in the middle of trying to figure some of this out and doing some reading. And I don't have a background in mental health. I'm actually a journalist spent many, many years in academic publishing. And I fell into this work. Never ever thought this would be my life, working in animal welfare work. And my life, I was a single mom with three kids. And when my last one went off to college, I wanted, I love books, I love reading, that's what sustains me. But I had been in academic publishing for a long, long time, and I wanted to do something different. And I love animals. So I thought I'll go work with animals. So when I got to training and development certification from UC Santa Cruz, because I was still in the San Francisco Bay Area, and I got a job at the Humane Society, Silicon Valley, which is an enormous county shelter. And I was only there a week. And I kind of looked around and thought, What's going on here, I didn't understand or recognize the underbelly of that kind of caregiving work. And at the same time, the IDI, this was in the late 90s, she came to me and said, I'd like you to do a compassion fatigue workshop for our staff. And

I'd never heard of that before. And long story short, I went to Dr. Charles Figley, who was then at the Florida State Traumatology Institute, and told him that I had worked with academics for many, many years. And I thought I could take all of his work and translate it into, you know, vocabulary and semantics that normal people like myself could understand. And Dr. Figley was wonderful. He backed me up, sent me all those books, and has been my mentor for many, many years, making sure I get all this right. And Dr. Beth had an all stamp who was also the originator of the self test. So I put together this training. And I took the self test. And I realized at that point that I had very, very high levels of compassion, fatigue, and probably had for many, many years of my life. I was a very young caregiver, I took on the role of family caregiver and started my path on you know, doing this work. I never expected to do it. So we never know, you know, where it's going to take us know, for me, it was a wonderful thing. I've been able to help a lot of people and write several books on the subject. And, you know, my sister in law keeps saying, When are you going to retire? I said, I'm not there's work to do. Yeah, especially now.

Rosanne 17:12

Well, yeah, exactly. Well, and I want to get to the how but the the professional doctor stamps, professional quality of life self test, is this something that caregivers can take themselves to see?

Patricia Smith 17:25

Yes, I actually just got off the phone with Dr. Beth, she's in Montana, she's retired, never retire. But this is her life's work. It's the measurable that we use, the professionals use it I keep hearing people are trying to upgrade, not her tests, but other tests to make them you know, as good as yours is. But it's still the the measurable that we all use, and it is available at the www.proqol.org. professional quality of life test. It's on my website, www.compassionfatigue.org. It's free. It's in several languages, anybody can take it. And I always say there's not a right or wrong answer just an honest one. If we're honest with ourselves, we get really good numbers about where we are with our burnout, our compassion, fatigue, and our compassion, satisfaction. Satisfaction is the pleasure we derive from caring for people or animals. And you probably know that from your own caregiving experience. Absolutely. You know, my sister and I would go in after work to see my mother and she would like my nail polish, she'd say, Oh, I love that nail polish. And then next day, I bring her a bottle of it. And they actually had a beauty salon in the facility she was in and she'd have that on and that satisfaction of knowing I was doing something for her life that made her you know, the women's still wore jewelry. And they even though they were in their wheelchairs, and all of that, you know, they still have that pride in themselves. That generation and that's where the satisfaction came from.

Rosanne 18:58

Yes. It's It's hard because you're trying to bring that on a daily basis. You're trying to bring that happiness and that joy. Yes, yes. And when you're when you feel defeated, and when you feel exhausted, and when you feel like you have nothing in the tank that also adds to not only the fatigue, but your own stress and your own Oh Mike like how how can I do this? How can I continue to do this, which is what you said the perceived stress but it's hard. And I don't know what advice you have for caregivers that are in that because you do you keep going you keep trying you're doing but you feel like you have no time to you know, take care of yourself. You've got to do this and you've got to do that. It's like listen, I can barely stay vertical and do my carry. Do you know like I know I'm supposed to be

meditating and jogging and walking and eating well and drinking water. And all I can do is you know have ice cream and wait for my next cup of coffee.

Patricia Smith 19:58

Oh you have nailed it so beautifully. Oh my goodness. Two things. Number one, recognize our bodies will tell us when we need help. Yeah, it's called empathic discernment. When you get that headache, when your stomach is in a knot, when your back goes out, when you've got the scratchy throat, when you're hurt back here, that's your body saying, Stop, stop and recognize it and force yourself to stop. Once you stop, you have to have coping skills. And the wonderful thing about learning new skills is you can teach an old dog new tricks. I mean, I learned so much of this in my 50s, I was already in my 50s, when the great Haas came to me, you have to have your coping skills and whatever they are, it has to be authentic and sustainable to you. When I work with professional like nurses, they say we are right, you know, we can't go off the floor and go take a walk around the block and see what a beautiful day it is. I said, well, the things you can do, you can have a buddy system, you can build it into your schedules, we can do anything we need to do a family caregiver, hopefully when that person your person is sleeping, or watching a television show, hopefully that they can do things like that maybe even reading if they can continue to read that your time. Part of our issues as caregivers is we're trying to control the situation, we want our person to get better, and they're not going to get better. And that's one of the things is accepting the fact that it's not chances are very good. It's not going to get better, right? These degenerative diseases and the aging, it's not going to get better. And that is a form of grief. We've lost already. And it's called anticipatory grief. When we're actually going through the process of caring for someone who we know isn't going to make it. There's a thing called anticipatory grief. And we're actually dealing with it in real time, every single minute.

Rosanne 21:48

On a daily basis. Yes.

Patricia Smith 21:50

All three of my adult children are together right now to scatter their father's ashes. He died a couple of weeks ago. And my older son became the caregiver the last year, which absolutely shocked all of us. He called me about three weeks ago, he said, Mom, I have your new book, your new book, The title is The Reluctant caregiver. He said, I have been reluctant the whole time I've been taking care of Dad, I don't want to do this. They never had the greatest of relationships. And yet he was the one that stepped up to take care of his father. And now that he's taking care of everything and closing down everything, you know, as you do at the end, which is also extremely taxing. It's like it's never going to end and I kept telling Blake, it will end it will end because you will send off the last report it will and he's doing really, really well. And he couldn't wait to have his brother and his sister fly in in San Francisco today to pick them up so that they can look at old pictures and do stuff. And he said, I'm doing really, really well. And I said that's because you experienced anticipatory grief for the last 910 months like you've been dealing with it. I've never seen someone so frustrated. So it serves a purpose. That's one point. The other thing is the coping skills, and it has to be authentic to you. It can't be something someone tells you. It's like, oh, let's go out and see Ryan Gosling movie and you'll feel so much better. Well, turns out you're not really crazy about Ryan Gosling is not gonna help you. When people tell me Oh, if you run, you're gonna feel good. I hate and I'm a walker, I walk several miles a day. And that's what clears my

mind and fills me up again. You know, when life gets difficult, so find out what it is and then find a way to do it and do more of it. It's about coping skills. It's okay, I'm I'm having trouble situation. The person I'm caring for is ranting and raving because she's so unhappy in her situation. What coping skill can I pull on? Okay, deep breathing. Deep breathing relaxes me. I can't do much to help her because she needs to get that out. But what will help me is it centered me. So have a toolbox full of coping skills and know yourself well enough to pull on those coping skills. If it's to go outside the front door and look at the blue sky or listen to the rain or whatever it is you're dealing with. Go do that. If it's to run in place. The other day I dropped a wooden box on my foot. Oh, oh, yeah, it hurt. It hurt. And I did something I've never done before. I jumped around the house saying every bad word. I know. There are many because I'm kind of a good Catholic, good Catholic, little girl. But I used every bad word for probably three minutes. And you know what, it got it out. And my foot didn't hurt as much. And I thought oh, that's a new coping skill. No one's gonna hear me You know, I can do that. But right. Like we said we push it down and push it down. And one of the symptoms of compassion fatigue is the emotional outbursts. We pushed it down so much and maybe even years that the human Nobody says that's enough. I can't take it anymore. And it comes out as emotional outbursts. So now I know that when I've got something that's building up, one way to get rid of it is just the primal scream or the bad words or don't take it out on someone else. And that's what lots of humans do. You know, your partner, your spouse, your best friend walks in the door, and we slime in them. You know what just happened blah blah blah. No, we want to do it all within ourselves. Healing is an inside job. We have to heal from the inside out. We don't heal from the outside in having good friends and family members. My sister is my soulmate. I can tell her anything, but it's better if I deal with it myself. You know, if I want to share it, I can share it. But coping skills is the answer recognizing and managing it.

Rosanne 25:47

I love it's an inside job. I love that.

Patricia Smith 25:50

Yeah. So were you able to do that with your own situation?

Rosanne 25:54

I would I used to scream in the car. I mean, honestly, there you go. But then COVID hit. And I wasn't going out. So it was like, Well, what do I do? And it was a definite change. It was it was really hard because there was no leaving. So sometimes I would go out and yell in the backyard. But you know, you're in a neighborhood. Hearing people scream, it's really not a good thing. So I did have a plastic when my kids were little I had a plastic wiffle ball bat. So I start hitting, I would I would hit that.

Patricia Smith 26:30

Oh, that's wonderful. See that those are coping skills.

Rosanne 26:33

Yeah, I eventually broke the bat. But you know, it worked. It worked for when it did so.

Patricia Smith 26:40

And there are things too, you know, I mean, we brought up things like screaming and saying bad words and all with the bat. But they're also kind of gentle things we can do. If indeed you have a pet, you can hug that pet, you can pet that pet, you can fix yourself a nice meal and feel good about it. You can bake chocolate chip cookies and allow yourself to eat four instead of one

Patricia Smith 27:01

Or eight

Patricia Smith 27:03

Yeah or eight. Also self compassion. Caregivers do not have self compassion. We have it for everyone else, but we don't have it for ourselves. And we really need to start building that self compassion.

Rosanne 27:17

Totally agree with you. And I started to listen to celebrity memoirs on Audible. So instead of being with Wheel of Fortune, or for the 8,000th time I would listen to celebrity memoirs and it kind of that kind of helped and breathing because I never breathed. I don't think caregivers know how to breathe sometimes it's it's gone.

Patricia Smith 27:38

Number one, number one, easy free, do it. It will center you it will stop you. No one else knows you're doing it. I really recommend this when I work with ER people. You know paramedics, emergency room, people, firefighters, law enforcement, take that deep breath, no one even knows you're doing it and it will clear your mind so that you can look for a solution to the problem and not be part of the problem. I want to go back to the celebrity memoirs. That really strikes me because I have been just devouring historical memoirs, and autobiographies Jefferson, Charles Schultz. Right now I'm reading Milton Hershey chocolates I'm reading. And I keep asking myself, why am I keep buying these books on people's lives? And I think it's, I don't know, you can share why you're drawn to that. But it gives you an overview of someone's life. There's ups and downs. Yeah. When you're in the downs, you don't see the UPS. Yes. read someone's whole life of Thomas Jefferson and John Adams and Abigail Adams and those people, you see, oh, they had ups and downs. Does that. Do you think that's why you do it?

Rosanne 28:53

Absolutely. Well, and it's an I couldn't reading was difficult because I couldn't concentrate. Yeah, I was exhausted. My eyes weren't going to work. And I kept, I would read the the sentence. And I think, Wait, what did that say? And I'd have to read it again. Well, that's not productive. You know, come on. So I thought, let me listen. And I started listening to books about other caregivers, celebrity caregivers. And the interesting thing was that their issues were the same issues I was having.

Patricia Smith 29:22

Oh, yes. They're human issues, all the same.

Rosanne 29:26

Exactly. So it doesn't matter who you are, it doesn't matter what you do. The basis of caring for another person comes with its own set of issues, and we all experience them. That's right. So it was very, it was

very interesting to me. And then I switched to just regular, you know, memoirs because it was like, alright, well, I know, I'm not losing my mind. Totally. Because this other person did the same thing. But and that's the beauty of connection too. It's the beauty of connecting with other people who have been there done that.

Patricia Smith 29:56

Yes, that's exactly that's, that's, you know, reading, reading someone's memoir or an autobiography or something, you're connecting with the writer, the person and Derek COVID. And I haven't left the island in two years, I haven't seen my sister in two years, which is extremely painful. But it was just it's been the right thing to do. But you know, the feelings of loneliness can really overwhelm us, yes. And about other people and reading other people's words connects us. And I like the way that you changed. It's like, this doesn't. And I have the same thing with with certain meditations that I become very, very fond of, after about the fifth time I go, Oh, I know what they're gonna say. And I've read it that I need something different be able to change, it's okay, we want to control the situation because we don't like it. We don't like the fact that this is happening to this person that we care about that our lives have been disrupted, all our time is being eaten away, this is my life, too. And look what's happening. We all have those feelings, and they're all okay, whatever you feel is okay, let it work through you.

Rosanne 31:01

Well, and I think it's very important, because I think we also hold ourselves to these standards, well, I should be able to do this, and I should be able to do that and should doesn't work for you, like you need to should act to me, it doesn't work for you. And I think part of a great big part of caregiving is acceptance and expectation. Because when you do accept, listen, you are one person, you can only do so much. And that part of accepting I mean, you know, I, I'm a sandwich. I'm Italian. So I'm a panini sandwich. There you go. So I, at the end of the day, I always felt like I was letting somebody down. It was it was either my mother, my husband, or my kids. And you have to switch out of that to survive this because you are human. And you matter in all of this, right? You're the caregiver, but you still matter. And you have to find a way to get to that point. But it's hard. Patricia, it's hard when you're exhausted and you're running and you're you're stressed out. And you're just done. How can a caregiver in that position of being at the lowest that you are still be able to access that toolbox that you talk about?

Patricia Smith 32:12

Yeah. And it comes with practice, in practice is huge. And the other thing that you kind of brought up is the expectation. And it's not just expectations on ourselves. It's the expectations of the other family members. And I really like to address that because one of the things I hear is, no one helps me Well, right. First thing I always ask myself when I get into a situation is okay, what part do I play in it? What am I what have I done to create this? Okay? And that's where we find the real healing and the real like, Oh, yeah. And one of the things is, we label people, oh, they won't help. They never help. We need to ask for help. And one of the things I noticed with with my mother situation is my brother, he had a real hard time watching my mother go downhill for two years. I mean, they went, his wife went to the gorillas, Santa and visited her in a beautiful picnic lunches to have outside and all that, but he had a really, really hard time seeing his mother that way. So you know, we called on him, he did all the paperwork, he made sure the will was all in shape. He, he's wonderful as an executor of an estate. He's been at like three or four times already. That was his helping, and we didn't try to get him to do this or

do that. That's what he brought to the table. And we were so grateful that he was taking care of that while we were doing the other work, you know, that people do. If you've got, you know, a sister who loves to cook, ask if she can bring meals twice a week, you know, for dinner, call on people's strengths, not call on their weaknesses, that doesn't help the situation at all. And like I said, my sister's going through that right now the one, the one brother, he said, I will do anything, I will take care of the garden, I will come over and mow the lawns of the house, I will go to the market, I will do anything, but I ain't doing no bathing. Right, son, I don't want to see their mothers that way. Not and that's the strongest one I've seen. I know it's difficult. daughters, fathers no matter what it is. It's difficult. But I have found that sons and mothers seems to be a step above, it's very hard for them. So call on their strength, Don't diss them for not being able to come and do physical work. They can't they're grieving in their own way. And I think that the fact that oftentimes, you know, family members have expectations of us as caregivers, and we want to measure up but we can ask for help. It's not a weakness, it's a strength.

Rosanne 34:37

Well, and and, you know, the hard part in all of that is that you're dealing with other people who have their own relationship with your parent.

Patricia Smith 34:46

Good point.

Rosanne 34:47

So you can't force them to see something they're not willing to see. That's right. But that adds the aggravation to you as a caregiver who can see it all right, and you're trying and They're not getting it. And that adds to your frustration and to your isolation. And to all of that.

Patricia Smith 35:06

I have a wonderful family caregivers story that just hits that nail right on the head. There were only about six of them in this small group. And five of them were, I would say in pretty good shape. They were all in the throes of caregiving mostly for their mothers. And this one dear lady was taking care of her husband, who was terminally ill. And the daughters brought her in and sat her down and then left. And she, I don't know how many boxes of Kleenex, she went through that poor, dear lady sobbed and wept through the entire, you know, one hour session that we had. And you know, as a facilitator, I tried to get her to open up, you know, I said, Well, what about without your daughter's that brought you in? And she said, Yes, they were. She said, I have three beautiful daughters. And I said, Well, can they help us? Because she was saying, I can't get out. I can't go to a movie. I can't even go for a walk. I can't, I can't, I can't. I said, can they help? And she said, Oh, they want to help. But But I won't let them. And I won't you won't let them. She said no. And I said, Well, why, you know, they want to help? Why aren't you taking advantage of that and taking better care of yourself to be there for your husband, she said, Because I'm the only one who can take care of them. No one can care for him better than I can. And the other five kind of their jaws dropped. It's like, Oh, my goodness, this poor dear woman. So we all kind of chimed in. And I love to do that. Because I learned so much from the people in these these workshops and trainings. And we tried to get her to see how important it was. And the main thing was, those three daughters might have had unfinished business with their father. And it speaks to exactly what you said, it may look like everybody's happy, and he was a wonderful father. But that one child

may have some feelings like he never came to my baseball games, but he always went to Jones baseball games, wreck gifts or chance to tell their father that they love him. And thank you for taking care of them. She was denying those last days hours of those daughters with their father. And I don't know what she did after that, you know, I never heard. But I hope that maybe she allowed that because she was like I said she was denying them the right to spend time with their father and have those partying, I love you. And thank you for taking care of us and right, and trying to get some answers maybe if he was in shape enough to do that. So I think you're exactly right. You know, the caregivers are watching from a perch above. And allowing others to do that. Plus, you know, if their end of life issues that need to be taken care of, do they have their directives? Do they have their will in order? Do they have anything they want to leave to someone, someone else might be able to do that better than you? I did my mother's oral history. Oh, wow. When she was still well, yes, they're gone. And that generation, they're, they're going, and my kids sent me some pictures and said, Who is this person? And I said, I don't know. And I never met them, that history is gone, that history is gone. So try to get your person when they're well enough and do those things with them. It's not easy to do. And you have to be open to it. When we got to World War Two with my mother, she lost her. There were seven of them. And the next one down was her younger brother and he went off to war and he was killed over Germany. He was a gunner in an aeroplane. And we've got to that I could see all those years after she was still holding that. So I just glossed right over that. You know, you have to always be aware of where they are.

Rosanne 38:32

And also with that. If there are people that are just like I am not, I can't help. I don't I'm not I don't want to help. I'm not interested. As a caregiver. You have to let that go. Yes. Because that's poison for you. Oh, good point. Yes. You know, you you're hanging on. Yeah, you keep hanging on to it. You keep you ruminate and you ruminate. Well, if they were just what they you have to let that go for your own well being.

Patricia Smith 38:58

Yeah. And how what is your process for letting go? There are letting go rituals that we can devise a lot of letting go rituals and we get to make it our own, we get to make it authentic to ourselves?

Rosanne 39:12

Well, because because the trick is you can say I've let it go. But it's still living in your body. Right? So I don't know. Yeah. I don't know what that what that removal looks like, what is that complete removal? Because you can say I'm not going to talk to them anymore. I'm just going to let that go. But it's still that are so what do you do?

Patricia Smith 39:34

And you have to find what's authentic to you and what's sustainable? What will bring you through it. One thing I did when I worked in elder care again, in Santa Cruz, I worked in many different professions, caregiving professionals, but I lived in a little tiny studio on the ocean and I'm a word person being a writer. And when I had a particularly bad day, I would go down to the beach and I would find a stick. And I would conjure up a word that kind of told me what the De was, sometimes it wasn't a nice word, but it was correct. That's okay. And I wrote that in the sand. And then I stood back, and I

watched the waves come and take that sand away. And that that did it for me. Oh, wow. You know, if you have someone you can debrief with debriefing helps as well, I was the program director at Ronald McDonald House at Stanford for many years, and we lost little ones. You know, yeah, that was a rough one. And there were only eight of us on staff for 47 families, but 300 volunteers that helped take care of the house. And that was a big part of my job was getting the volunteers trained and getting to know the families. And when we would lose a little one, the eight of us would go into a room with lots of Kleenex, and we would debrief and we wouldn't talk about the gory details about, you know, the processes they went through and the medical system and all of that we would talk about, what was your favorite toy that they took out of the toy box and the time that they brought us a ball because they wanted to play, how wonderful their families were, how wonderful the mother was, because usually the mother stayed in the house and the rest of the family went home and tried to keep some semblance of order in their lives. And we would cry and get it out. And then we kind of look at each other and say, Okay, we've got 47 families out there who need us. And we would let it go so that we'll continue doing the work we do. So doing that with a friend or a close relative is a good way to do it. People do all kinds of things I hear it's one of the things I always ask in presentations, what is your letting go rituals. And like I said, there's it's authentic to you, one young social worker who said she was going to be in big trouble if she doesn't do something because she got home after her husband. And he was standing there at the door with the dog and the baby on the hip and the two year old on the leg, and he was tapping his foot and she said if I didn't do something, my marriage was going to be in trouble. And so she would drive her car into the driveway, and she go around the side of the house and she would open up the trash can. And she would just psychologically dump the day into the trashcan. She said after I did that, I close the lid and I was 100% present for my family. And but it was authentic to her. It was garbage. Yeah, she didn't want it anymore in her life. And then we'll say, yeah, people are wonderful things they do.

Rosanne 42:16

Yeah, that's awesome. It's almost like you have to tie. Is it better to tie a physical movement in with what you're doing?

Patricia Smith 42:23

I there's something to that. Okay, thank you that I think so I think it's a whole body experience. Yep. Those of us that live in our brains have a hard time with that. Because we want to analyze it. We want to ruminate, we want to figure things out. So But oftentimes, we can't figure it out. No, I have many things that I have not been able to figure out. And one of the main things in loss and grief is grieving what could have been, or what should have been. And that one has been a real theme in my own life. And I've had to just let it go. It should have been but it wasn't it could have been but it wasn't except the mistakes except the fact that it's loss and move on. Julia Cameron has the the Artists Way. Do you know Julia's work? I do. And she has morning pages, I tell you, I did that for the first 10 years when I was on this path. Every every morning, I take out three sheets of paper and you just do stream of consciousness writing, you write your dreams, if you had any you write, you know, if fears about going into work or seeing somebody or whatever it can be whatever you want, you can use whatever word you want, you can name names, you could do exactly what you want. Because at the end of those three pages, you're gonna rip them up, you're gonna burn them, you're gonna shred them. It's just for you alone, but it's a way of taking what's in there and putting it out there. So that that difficult thing again, say, Yes, self compassion and caregiving. And all of these things are so individualistic, and

they're so specific to us. And people want answers. They want me to answer all their questions. And this is what works for me, you can give it a try, but figure out what works for you. And caregivers tend to be other directed. We take care of everyone else before we take care of ourselves. And that's a pattern that we learn very, very young, we have to unlearn that the path to healing is, is going from other directed to self directed, what are my boundaries? What do I allow in my life? What don't I allow, and oftentimes, that means letting go of friendships. Personally, I've had to let go of three long, long term friendships in the course of the last 10 years, because the friendships weren't working anymore. And I realized that and letting go of them was very, very difficult in my head to have critical conversations, which is horrible, but I did it and I've never looked back. So we have to have those boundaries for ourselves and people who raise their hand to go What if it's your husband or your partner that I said, well, then you've got a real critical conversation and you may need professional help. Yes, we can't do it alone sometimes. No, and that's okay. That's okay. And we don't know that No, because not now. I can do it. I've always done it. Well, as you get older, you can't do it all. It's all too much. And with COVID I'll tell you all bets are on wheels now, aren't ya? Yeah. Two things on my list here that I wanted to mention. I wrote, If we can't handle the situation, we can't help Oh, and we're helpers. Yes, we're helper. We're managing a situation with someone who's ill or

Rosanne 45:27

Needs help.

Patricia Smith 45:27

We're not, we're not, well, in some cases, we do need to manage the person. But we can't change the person. They are who they are. But we can manage ourselves. And we can manage the situation where helpers we want to help. How do we do that? As we said, deep breathing is one way, you know, this is getting out of hand. If I can center myself, I can think and I can help the situation. The other thing I wrote down, and I came to this too late to help myself, I tried to keep everything going. When when my mother became ill, I tried to continue to do some volunteer work. You know, of course, I had to do my job, I was selfless. I've always been self supporting for this 35 years, I tried to keep my friendships, I tried to keep up my walking, I tried to keep my life intact, your life falls apart. And I didn't realize that there were things I could have let go of that were shoulds open, I should I promised that person, you know what, that you can let go of that. Create a self plan. Look at your life. If you're doing volunteer work, particularly, it will be there. When you're done. You can come back to volunteer work, if it's dealing with a difficult person in your life. Maybe someone else can do that. Let it go don't ruminate over that anymore. You know what I'm saying? I do let go of all of those things. You know, instead of walking the dog, 45 minutes each day, walk the dog 20 minutes every day until you go back to that 45 minutes. Self Compassion is what it's about. You can't do everything. And if you have children at home, make sure they help. It's a beautiful lesson. I still think caregiving is a beautiful thing. I think it's sacred. I think those of us that are called to caregiving are blessed. The lessons we learned we will never forget. There's sorrow, there's joy, there's God, you know, every possible human emotion involved. It's sacred. And we learn and we carry it with us for the rest of our lives, and our children. That's one of the reasons Blake decided take care of his father. He said, I watched you and Nan take care of grandma. And he said I you know, wanted to emulate that. It was my duty as the eldest son to do that. It comes back it comes back to you and a compassion satisfaction. What can you do? Your satisfaction comes from

volunteering. It comes from calling on your elderly neighbor three times a week it comes from the earth and it's like well, if I don't do that, what am I going to be satisfied about find new things to be satisfied?

Rosanne 48:31

A big thank you to Patricia Smith for being my guest today. For more information about Patricia compassion, fatigue resources, and the compassion fatigue awareness project, check out her website, Compassionfatigue.org I hope you enjoyed our podcast today, head over to Daughterhood.org and click on the podcast section for Show Notes including the full transcript and links to any resources and information from today's episode. You can find and review us on Apple podcasts or anywhere you listen to your podcasts. We are also on Facebook, Twitter, and Instagram, at [daughter hood](https://www.facebook.com/daughterhood), the podcast and on my blog [hay row.com](http://hayrow.com). Feel free to leave me a message and let me know what issues you may be facing and would like to hear more about. Or even if you just want to say hi, I'd love to hear from you. Also a very special thank you to Susan Rowe for our theme music, the instrumental version of her beautiful song Mama's Eyes from her album Lessons in Love. I hope you found what you were looking for today, information, inspiration or even just a little company. This is Rosanne Corcoran. I hope you'll join me next time in Daughterhood.