

CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Aging Services

July/August 2011

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Dear Caregiver,

Happy “Birthday” to *Care Connections*! Since 1994, Boulder County Aging Services has published 100 issues of this newsletter for family caregivers of older adults. (An earlier version of *Care Connections* was started in 1990 by Rosemary Williams at the Longmont Senior Center. We appreciate her vision!)

To celebrate the 100th issue milestone, we’ve gone back through the past issues and selected some of our favorite articles—and there are many more—to rerun in this issue. The ones that have stood the test of time and continue to be particularly meaningful to us are those that help us find the “light” in caregiving. The writers aren’t oblivious to the difficulties of caregiving, but they also see something *more*: an opportunity for personal growth, a chance to reconnect with a loved one, a powerful expression of love. Their perspective is fresh air that breathes life and meaning into our caregiving.

However long you’ve been reading *Care Connections*, we hope it’s helped you glimpse something that makes your own caregiving feel worthwhile. And, most of all, we hope that *Care Connections* has helped you feel special for the loving work you do. Congratulations and Hip-Hip-Hooray to us all!

The Editors

The Long-Term Caregiver

by David Chernikoff, M.Div., LCSW

“I feel so guilty,” says Jean as she looks at me, tears forming in the corners of her sky blue eyes. “No matter what I do, I never feel like it’s enough.”

I hold her gaze, silently beckoning her to continue. I know the place of guilt in my own heart, and I can feel our common humanity as she speaks.

“And even worse is the resentment. How can I resent him for being sick? It’s not like he wanted to get cancer. It’s the last thing either one of us wanted—seeing him so helpless month after month. And, yet, to be really honest, a part of me is really mad at him for being sick.”

Jean’s predicament is a familiar one to me. Having worked extensively with hospice families and having counseled many people in the caregiver role, I have heard words like these before, and while

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working in a residential retreat center for dying people, I did my share of hands-on caregiving, experiencing such feelings myself. It became clear to me, during that time, that emotions, by definition, are not rational.

For those of us who find ourselves in the role of long-term caregiver, the challenges we face are numerous and difficult. This is especially true for those who function as the primary caregiver for a loved one. One spiritual teacher put it bluntly when he said, “How do we keep our hearts open in hell?” How do we continue to do what needs to be done, to feel what needs to be felt, to give of ourselves when the inner well seems to be running dry? How do we keep from becoming bitter, angry, and resentful as days turn into weeks, weeks into months, months into years?

We begin by acknowledging that it’s human and natural to experience a wide range of emotions in such a situation. The Taoist philosophers of ancient China talked about “the ten thousand joys and the ten thousand sorrows.” There were times while doing hospice work that I felt as if I were seeing all ten thousand of the sorrows and few, if any, of the joys. To handle ongoing caregiving with skill and an attitude of loving service requires that we extend great compassion to ourselves as well as to the person we care for. We must accept the circumstances and recognize that we are human and have limitations, but those limitations must be acknowledged and fully embraced. We must not just “tolerate” them or view them as personal defeats. Self-judgment has a way of sneaking into so many aspects of life.

A key question is so obvious that people simply don’t ask it. What am I, as a caregiver, going to do to support myself when it’s the patient who is clearly the center of attention and the one who needs the greatest efforts to be healed and comforted? The primary caregiver is also experiencing a powerful and often life-changing process. Who supports the caregiver? Support can come from many places.

First are the inner spiritual resources of the caregiver. Whatever one’s religious or philosophical perspective, this is a time to draw upon it through prayer, meditation, journal writing, gardening, music, art, poetry, walks in nature. We each have the “still small voice within” to guide us in choosing the rituals and practices that quiet our thinking minds and soften our human hearts. In this way, we remind ourselves of the impermanence in life. We remember that “this too shall pass,” and we return to the present moment with an appreciation for life as it is.

Second is the support that comes from other people. A period of respite, for example, whether a few hours or a few weeks, enables a friend or family member to pitch in while the caregiver gets much needed rest and renewal. Close friends and family members are helpful, but the most skillful support is provided by those who can receive what we need to share without needing to fix the situation or take the pain away. True listening is one of the most loving acts we can ever offer to another. Rather than expecting people to be there, though, we must be willing to make our needs known. We have to ask clearly and directly for what we want or need.

Third, counseling and psychotherapy can be supportive in allowing caregivers to let their hair down and speak of feelings they see as awkward or inappropriate to discuss in other social settings. The therapeutic setting provides a safe container, a special context in which important personal growth issues can be addressed, like the difference between healthy interdependence and unhealthy dependence.

Fourth, many caregivers find support groups to be particularly beneficial. Other caregivers, whose stories may differ from ours but who know the experience from the inside, are often highly sensitive and intuitive when it comes to knowing what we need to put our best self forward and keep going.

It's of no use to avoid the emotional realities of a difficult caregiving situation. Rather, what's needed is to look with open eyes at the challenges and to view them as potential opportunities for growth. With proper inner and outer support, this is truly possible.

I think of a friend I knew years ago in New Mexico. John took care of his aging mother, Betty, for seven years, a long and difficult experience. John emerged as if a butterfly from a cocoon. Day by day, as he cooked his mother's

oatmeal and made her tea and brushed her hair, he ever so slowly transformed into a man of great patience, kindness, and compassion. I spoke to John after Betty's funeral. He explained that his sorrow intertwined with feelings of relief, exuberance, and satisfaction because he knew he had done his best to express love for his mother, and his work felt complete.

What John learned is what we all need to learn. In the words of T. S. Eliot, "Teach us to care and not to care." We do what we can, within the limits of our humanness, and we offer the fruits of our actions to Life, to God, to the great mystery of which we are all a part. In the end, however strange it may seem, we often find ourselves giving thanks for the incredible richness of the ten thousand joys and the ten thousand sorrows that are so much a part of what it means to be human.

From the May/June 1996 issue.

WANTED: CAREGIVERS WHO WRITE!

In honor of National Family Caregivers Month, the November/December issue of Care Connections will be devoted to the writing of family caregivers like you. Have you written about your caregiving experience—or would you like to try? Please share your words with our readers. Professional writing experience is not required, only the heartfelt expression of your thoughts. Submissions are due September 22. Email to ecooper@bouldercounty.org or mail to Care Connections, Boulder County Aging Services, P. O. Box 471, Boulder, CO 80306. Submissions cannot be returned. For more information, call 303-678-6116. *Thank you for sharing.*

Capture the Moment

by Kaelin Kelly

At the toileting in the wee hours,
I pull the underliner under you.
“Mmmm,” you say, “That’s soft,”
A note of pleasure in your voice.
“It’s cotton,” I respond,
“Soft like you.”
“No,” I correct myself,
Getting into the analogy,
“You’re more like a soft cloud.”
“A black cloud,” you say,
A tired pattern of self-denigration
Peeping through once again.
“Uh uh,” I respond,
“A white, fluffy, gentle cloud.”
I sense the black cloud image
Is an allusion to being gloomy.
“Mom, don’t you know
You’re so nice to be around?”

Your face relaxes in a smile.
I kiss your cheek
And move my cheek toward your lips.
Rewarded with a gentle kiss,
A wave of affection passes through me.
Spontaneously I kiss your forehead.
You laugh out loud and say,
“We’re having a kissing party!”

If we don’t grab these gentle moments
And let them work their magic on us,
What else is there
To sustain us in the darkness?

From the May/June 2004 issue.

Renewal of Connection

by Marsha McClanahan

Whenever I enter the room of an elder in a residential facility, I am aware of how small the space is compared to the other homes this person must have lived in. I often consider what I would choose of my current belongings to remind me of my life if I were moving into one small room. People often choose family photographs. My favorite is the wedding photo, taken when this person was young and handsome or beautiful. It’s an instant reminder of the grandeur of the life already lived, the fullness of experience I am coming to visit. I regard the photo as protection against any of the caregivers seeing only the diminishment and age in the room.

One of the blessings of becoming a caregiver for an elder family member is the renewal of connection with a person we may not have lived with or spent much time with since our childhood. Much has happened since we packed up our youthful hopes and waved goodbye to our family of origin. Now, as we renew, renegotiate, and intensify our relationship with our elder family member, we strive for a loving connection that will sustain us through the decisions and work ahead.

Part of renewing the connection is to deepen our appreciation of our elder and to see their wholeness. Think about who this elder has been over the course of their lifetime: an innocent baby, an energetic child, a young parent, a mature adult. Consider what they wanted for themselves, what hard lessons they learned, and what they accomplished during this precious life. We have to bring that whole picture into our awareness as we tend to the one who now may be frail, wrinkled, and full of firm habits and limits.

One way to deepen our appreciation of an elder is to get out all the old photos and put them around our house. We can talk to those photos to make them come alive. We can think about what was



happening in the world this elder lived in, perhaps the Depression or a World War or a time of prosperity. We can read magazines, old letters, and history books about earlier periods to give us a more thorough understanding, and we can let the elder teach us how it felt to be alive then. The elder we care for today is the sum of all their experiences and perhaps even more than that.

It is equally important that we, as caregivers, bring the fullness of our lives to the relationship. We cannot have a deep connection if we fail to bring along all of our experiences and the richness of our current life: our own family, our friends, our sustaining interests and activities, as well as who we have been in our younger years. These cannot be abandoned in order to care for our elder. Staying connected to our own needs for rest, fun, help, respect, love, solitude, and time with others will allow us to keep doing this important work. Within each of us is a source of inner strength we may reach through prayer, meditation, reading inspirational books, being out in nature, tending a garden, or in some other way that is uniquely ours.

All this we must bring to the caregiving relationship. Caregiving requires connecting in the present moment while bringing to that moment the whole of who we are and the whole of who we know the elder to be. That allows for a healthy and heartfelt connection.

From the July/August 2001 issue.

“Out of clutter, find Simplicity.

From discord, find Harmony.

In the middle of difficulty

lies Opportunity.”

— Albert Einstein

Let Go of Definitions

by Kathleen A. Negri

As you journey through a loved one’s Alzheimer’s, be prepared to let go of parts of yourself along the way if you are going to survive the journey. For me, the most difficult “letting go” happened when I realized how my definitions of self were getting in the way of my caregiving. Letting go of these roles was a painful, necessary process for me.

When I first visited my mother, I structured my time to make it *useful* around the house. I arrived with my own agenda, a list of chores I decided was important. I approached my time with my mother as a set of tasks to be completed, like the fact that my parents’ once immaculate house was in total disarray—and it was my job to clean it. After I left, my mother would yell at my father, accusing me of taking over her house. Learning this, I felt angry, ashamed, misunderstood, and unappreciated. In other words, I felt BAD.

In the end, feeling bad was the wake-up call that triggered the alarm clock in my head—the one that told me that something in my thinking was awry. I realized I needed to rethink my roles on this journey. What were my roles as daughter, sister, lawyer, caregiver, advocate, in this new landscape of dementia?

I discovered that each role was defined by my “doing,” by the ways in which I could be helpful. Underlying my role as substitute housekeeper was the specific belief that if the house was spotless my mother was not lost; that somehow I could put her back together again if I could keep her house clean.

By imposing my agenda upon my mother, however well intentioned, I was mirroring her parenting role with me. I was turning our relationship into a series of tasks to be completed, this time according to my schedule. But, as I scrubbed, polished and dusted her home, I was

inadvertently erasing an important part of my mother's identity, needlessly agitating her. I also was making a common mistake: I was equating doing with love.

Looking back, it's easy to see why I was so entrenched in my thinking. I had learned as a child to define my worth by output, my love by the things I did for others. But, did this definition serve me now? No, I felt bad.

It was time to change my interpretation of my role from *doing* to *being*. This wasn't easy, but as I witnessed the changes in my mother, I saw how dementia had set her free of her definitions of self-worth. Alzheimer's had erased her ability to do, leaving her to thrive in this new place of being. My mother's dementia presented me with the opportunity to set myself free of this definition too.

And so, I put away the broom. I walked past the piles of clothes. I resisted the temptation to dust surfaces or to sort through piles of newspapers, magazines, and mail. I stopped looking under beds and toilet bowls for evidence of neglect. Instead, I just sat down, face to face, to be with my mother. My mother—not the house—became the focus of my visits.

Our visits started to feel better! I discovered the richness of our interactions came from the quiet parts: the time we spent laughing or telling secrets, reading books, and looking at photos. My value was in simply being with my mother.

So, as you think about your caregiving situation, what are your roles in your family? Where did they come from? Are they getting in your way? If yes, let them go!

©2006. Kathleen A. Negri, www.SteppingStonesToPeace.com. From the May/June 2006 issue.



When the Going Gets Rough

by Beverly Bigtree Murphy

When Tom and I married eight years ago, we were full of hope and romance. Our life took a different turn when it became apparent that Tom's "ditziness" was more than charming idiosyncratic behavior. We were suddenly faced with making major decisions about how we were going to live our future together. While fear was the more obvious emotion waiting to fill our lives, we decided to fill our lives with as much love and joy and appreciation for what we still had instead.

While Tom had no choice in what was happening to him, I realized I had a choice in how I dealt with it. I realized my attitude towards his ever increasing needs was pivotal in helping both of us through the dark periods, and it was only by getting through the dark periods that we could hope to experience the good times. I learned to redefine what dignity is and what being productive means and what loving unconditionally is really all about. In a sense, Tom's view of himself was reflected through my eyes, and as long as I could give him regard and acceptance, he was able to face his losses with some element of peace and dignity.

Keeping my intentions positive is the only thing that helps me face our still uncertain future, that and an uncommonly stubborn personality. It hasn't been an easy journey. There is nothing easy about seeing someone through a devastating illness. But it has become easier, and I have managed to find and keep meaningful memories of our life together.

From the September/October 1994 issue (the first one published by Boulder County Aging Services). Beverly was Care Connection's first editor.

My Turn

by Amy Mann

The tumor was big, the doctor said. I fled to the chapel to pray that I would be able to care for Mom if she couldn't care for herself. The thought was terrifying. Though I knew that my turn to be a caregiver would come someday, I didn't feel ready for it yet.

I was no stranger to caregiving, as it had been a part of my family life for many years, beginning with my grandma. Grandma helped to care for my cousins and me when our parents worked full-time and couldn't afford childcare. Though she was in her 70's, Grandma made sure we had home-cooked meals, played bingo with us, and listened to our stories. We weren't easy children, but she loved us unconditionally.

When I was ten, things changed. Grandma needed help and Mom and I couldn't afford to live on our own anymore, so we packed up our house and moved to Grandma's. I wasn't happy. I didn't want to share my mom, I didn't want a full-time babysitter, and I certainly didn't want to take care of a 75-year old woman. Shortly after our move, Grandma was diagnosed with Parkinson's disease. I had no idea what the disease meant or what it would do to her, but over its fifteen-year progression, I learned. Her medication sometimes made her euphoric, her tremor made it impossible for her to cook, and within a few years she could barely walk.

As Grandma became more dependent on us, I watched my mother slide further into the role of caregiver. As I grew older and required less care, Grandma required more. Mom bathed her, dressed her, and cooked her meals while also working fifty hours a week. And though I was reluctant to do the "hard stuff," like changing Grandma's pants when she had an accident, I spent my free hours and lunch periods with her to make sure that she got her lunch and was safe and secure.

Mom struggled as she watched Grandma deteriorate. She wanted her Mama back: the woman who made cream puffs, who loved to shop for antiques, who reminded her to pray when times were tough. As the years passed, the physical burden of caregiving wore on Mom, and the emotional struggles were even harder. Mom rarely complained, and she always said that it was her turn to be the caregiver, but sometimes we both wished that Grandma would just let go. It was so hard to watch her drift slowly away.

When I was 25, Grandma died. I was on my own by then, but I drove to the house where she had lived, looked at her cold and empty body, and was amazed by her absence. It wasn't long, though, until the woman who had weakened before my eyes became strong again in my memories.

Becoming a caregiver at the age of ten was not ideal ... or was it? I learned early on that elders are to be respected and that love has no age limits. The women in my family taught me that caregiving is a normal part of life, and by involving me in the care they helped prepare me to take my turn as a caregiver when the time comes again.

The big tumor was successfully removed from my mom, and the treatments weren't as bad as we had feared. Yet the cycle has begun, and I am scared. I know what may be ahead, and I'm frightened about watching my mom decline and being her caregiver. I want my "old" mom back—to cook for me and hold me, to sing to me and make me feel secure. But I reflect on everything that she and Grandma taught me by their examples, and I know that, in spite of my fear, I'm well equipped to become a caregiver. Thanks to them, I'll be okay.

From the September/October 2004 issue.



COMMUNITY RESOURCES

This column provides information about coming events, helpful services, and other resources of special interest to family caregivers in Boulder County. (See “Where to Turn” on the back page for ways to learn more about local resources.)

Medicare Basics Classes, for anyone wanting to learn about benefits, costs, and choices under Medicare, are provided monthly by Medicare Counselors from Boulder County Aging Services. Upcoming classes are on Thursday, July 7, and Thursday, August 4; both 2:00 – 4:00 p.m., at 3482 N. Broadway, Boulder (call 303-441-1546 to register); and on Monday, July 18, and Monday, August 15; both 10:00 a.m. – 12:00 p.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont (call 303-651-8411 to register). Classes are free, but donations are appreciated.

The **National Caregiver Training Program**, a service of Boulder County Aging Services, is a 21-hour course, taught by a registered nurse, that helps family caregivers acquire the hands-on skills needed to provide safe, confident home care for frail older loved ones. It is offered twice more this year: Tuesdays, July 12 – August 23, 1:30 – 4:30 p.m., in Boulder; and Tuesdays, September 13 – October 25, 5:30 – 8:30 p.m., in Niwot. There is no fee, but donations (\$30 suggested) are appreciated. Respite care assistance is available. For more information or to register, contact Emily Cooper, Boulder County Aging Services, at 303-678-6116 or ecooper@bouldercounty.org.

Longmont Senior Services presents **Share the Care: It Takes a Community**, a discussion about a model of community that respects the

choices of people receiving help and those who can pitch in to help during a challenging time, with Kim Mooney, HospiceCare of Boulder and Broomfield Counties, on Monday, August 1, 9:30 – 10:30 a.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont. Register at 303-651-8411 (\$1.00 fee for Longmont residents; \$2.00 for non-residents).

PrestigePLUS offers an **Advance Directives Workshop**, about considering your wishes for medical treatment in the event of incapacitation and preparing the documents that express those wishes, with Peggy Arnold, M.A., PrestigePLUS Program Coordinator, on Friday, August 12, 9:30 – 10:30 a.m., at Longmont Senior Center, 910 Longs Peak Avenue, Longmont. Free; call 303-651-8411 to register.

The **2nd Annual Boulder County Senior Law Day**, for Boulder County seniors, adult children, and caregivers, presented by HospiceCare of Boulder and Broomfield Counties and Frasier Meadows Retirement Community and a host of sponsors, is on Saturday, August 13, 8:00 a.m. – 1:00 p.m., at The Plaza Hotel Conference Center (formerly Radisson), 1850 Industrial Circle, Longmont. The event features a continental breakfast, keynote address (“Health Care Reform: Who’s In Charge?”) by Jay Want, MD, access to attorneys and other community resource experts, and seminars on Veteran’s Benefits, Advanced Medical Directives, Shopping for Nursing/Long-Term Care, Reverse Mortgages, New Models in Health Care, Estate Planning, Community Resources, Dementia and Other Age-Related Illnesses, Investment Fraud, Nutrition Know-How, Medicare: What’s New, Medicaid: Myths and Mysteries, Consumer Fraud and Financial

Exploitation, Issues for LGBT Elders, Guardianship/Conservatorship, Financial Planning, Keeping Your Brain Active, Caregiver Rights, Organizing Your Life, Social Security: Issues and Answers, and more. Registration is free and required by August 5; call 303-441-1685 or go to www.seniorlawday.org and click on Boulder County.

CareConnect (formerly RSVP) now offers the **YardBusters Program**, which matches volunteers who love to work outdoors with seniors and adults with disabilities who need assistance managing their yard and removing fall safety hazards. To sign up for assistance, call Aaron at 303-443-1933, ext. 413 or visit www.careconnectbc.org.

A new support group, **Alzheimer's Association Early Stage Dementia Support**, meets on the fourth Friday of each month, 10:00 – 11:30 a.m., at the Louisville Senior Center. It splits into two groups that meet simultaneously: one for persons with the diagnosis and the other for their caregivers. For information, call Ken Helander at 303-813-1669.

Circle of Care, a non-profit organization, connects elders to the arts and the community by providing **free admission and transportation to cultural events** including the Colorado Music Festival, Longmont Theatre Company productions, the Quartet Program at UC Boulder College of Music, Chautauqua Silent Film Series, and Barbershoppers Harmony Festival. To register as a Senior Member, contact Jessica Harbeson at 303-449-8884 or Jessica@circleofcareproject.org.

For a list of **caregiver support groups** that meet in Boulder County, contact Emily Cooper, Boulder County Aging Services, at 303-678-6116 or ecooper@bouldercounty.org.

The Caregiver Handbook: A Local Guide for Caregivers of Older Adults in the Denver Region, a helpful and comprehensive publication of Denver Regional Council of Governments, can be viewed online at www.DRCOG.NetworkofCare.org (select Publications on the left).

To share information about a resource or coming event for caregivers, call 303-678-6116 or email ecooper@bouldercounty.org. The deadline for the September/October issue is July 27.



The Hardest Thing *by Stuart Feinhor*

The easiest thing I have ever done was to love my Aunt Marilyn. The best thing I ever did was to take care of her. And the hardest thing was to say goodbye on August 31, 2004.

Marilyn was that rare gift of a person who is so easy to love. She just made it so easy. You met her once and you were hooked: on her cheerfulness, her love of life, her gratitude, her politeness, her humor, her consideration of others, her generosity.

Among her many gifts, Marilyn had a phenomenal memory. She knew everybody who lived at Boulder Good Samaritan and their families, and she knew everybody who worked there and their schedules, and if you showed up when you weren't scheduled, she let you know it!

Marilyn's appreciation for the simplest things, like going to the beauty shop and going out to dinner and being with people,

taught me more than any other teacher I've ever had, and I've had a lot of teachers. She had a smile that lit up my day and a twinkle in her eye that I shall also never forget.

And it didn't take much for her to love you back: a kind word, a friendly smile, treating her with respect, and caring for her with affection. She had a way of making a lasting and positive impact on people, and that is a source of comfort for me. She made the world a better place by being who she was while she was here, and I know that her legacy will live on through the many people she touched. Marilyn was unforgettable. And there is a tremendous hole in my life where she used to be with me.

Marilyn didn't always have an easy time of it, and she certainly didn't always make it easy to take care of her. She was born mentally retarded and had a list of other mental and physical conditions, all of which conspired to bring her life to a close at the young age of 66. But we were able to celebrate the fact that she had outlived—"over-lived," she would say—both of her parents and her sister, my mother, and that was quite an achievement.

While Marilyn was a constant presence and an integral part of my entire life, we were together as a unit for the past five years, moving from Dayton to San Francisco to Boulder. She was my aunt, my friend, my companion, my champion, my "Moomie." I assumed full responsibility for her upon my mother's death in 1999, but the last three and a half years were the most challenging. She developed a condition in her spine that rendered her unable to walk, to feed herself, even to sit up.

So, she underwent surgery and was able to be rehabilitated to the point where she could do most things by herself. And the things she still could not do for herself, she asked for help with—something many find almost unbearable.

But she did it, for as long as she could. We did it together. It was not easy, and there were times I was not sure I would be able to manage it. But her determination and perseverance and will were also the factors that spurred me on to do all that I could to take care of her. Marilyn was the great blessing of my life, and I miss her terribly.

But I did not do it completely on my own, even if it often felt that way. Among those I thank, but to whom I can only express a fraction of the gratitude and indebtedness I feel, are the nurses and doctors and social workers and others whose skill and compassion and patience helped Marilyn live a happy and comfortable life at Good Sam. And all the aides—they are the ones on the front lines; they are the heroes I pay tribute to for contributing as much as, if not more than, anybody else in caring for my aunt. And I definitely could not have survived without the loving support and empathic understanding of the people in my caregivers' group. They became the family I needed to sustain me over the past year and a half. All of these wonderful people tolerated my ranting, supported my concerns, and acknowledged my efforts to provide Marilyn with the best care possible.

The easiest thing I have ever done was to love my Aunt Marilyn. The best thing I ever did was to take care of her. And the hardest thing was to say goodbye.

From the November/December 2004 issue.

“One thing I know.

**The only ones among you who will be
really happy are those who have sought
and found how to serve.”**

— Albert Schweitzer

Those Wonderful Pointing Trips

by Jean Pazour

In 1991, Dad had a catastrophic stroke which left him paralyzed on the right side, barely able to speak and unable to swallow, walk, or write. After serious deliberation and unhappy times with the nursing home, Mother decided to care for him at home. Mom hired help and her four children rallied around. She and Dad became strong together and were inspirational to everyone around them.

I told Mom I could take care of Dad on Thursdays, thanks to kind schedulers at work. As he grew stronger, I wondered if it would be possible to take him out in the car. Mom gave her assent. His physical therapist taught us to use a slide board to get Dad in and out of the car. Our first trip was to the barber. This was the first of many trips to follow, with Dad showing me where to go with his determined pointing.

Every Thursday, I was given a little treasure as Dad and I smilingly set out on those wonderful pointing trips. “Yeehaw,” I’d yell. “We’re off in a cloud of burro dust!” Dad would grin and point which way to turn at the end of the driveway. The wheelchair and slide board in the trunk, we’d head off to parts unknown by me.

Dad knew exactly where he wanted to go. My feet on the pedals were his feet. My hands on the steering wheel were his hands. I always went exactly where Dad pointed. If I was tempted to run a personal errand, he let me know in no uncertain terms that this was *his* trip. He was in control. He could convey every emotion imaginable with his face by using that index finger to point or to make a point. Each trip was limited by his physical condition to about three hours.

We went to grand exhibits at Denver museums. Sometimes we went up into the mountains. We listened to the elk bugle in the fall. Other times,

we drove around Boulder, where he pointed at homes he had plastered as a young man. We drove by our former home, which he had built on 8th Street. Friends understood unexpected visits, which were short by necessity. I noticed that our heads turned in synchrony as we both looked at scenery we thought interesting. We viewed spring flowers, winter snows, and summer greenery. Sometimes, Dad would take me to a bike path, where I would push him in his wheelchair until it was time to return. Companionship didn’t require conversation.

Tears welled in our eyes the first time Dad once again saw Brainard Lake and the mountains surrounding it, the first time he crossed the Colorado border into Wyoming. There were many “new firsts,” which everyone thought would never happen for him again.

Those Thursday trips lasted for nine years. What a fine time we had. How happy I was to have had such a gift. Dad passed away in August. How I miss those trips now.

From the July/August 2000 issue.

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- Check out **Network of Care for Seniors and People with Disabilities**, a comprehensive online service directory, at www.BoulderCountyHelp.org.
- Call the **CONNECT! Information and Assistance Line**, at 303-441-1617, and Boulder County Aging Services 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.

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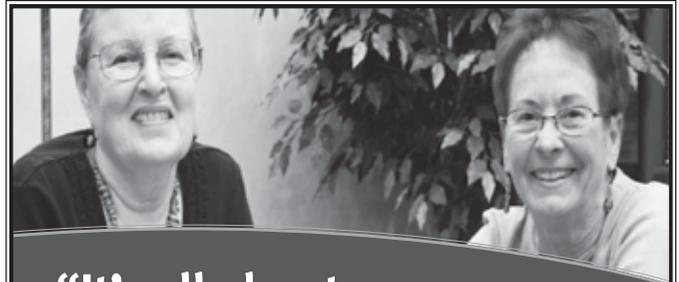
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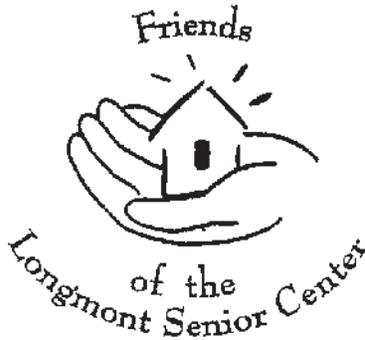
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