

## Setting Limits and Healthy Boundaries

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The most difficult challenge for many caregivers is not the physical and medical issues affecting the person for whom they provide care, but the emotional and psychological impact of caregiving on themselves. Caregivers often experience a variety of complex emotions as they adjust to the changes that are required of them, the care receiver, and other family members.

Although the most common emotion that caregivers report is guilt, other emotions including frustration, anxiety, and more are also part of most caregivers' experience. Questions that caregivers may be dealing with, consciously or unconsciously, include, "Have I done enough?" "Have I done too much?" "Now what do I do?" "How can I keep doing what I am doing?" "Why do I feel so alone/frustrated/ (or any number of thoughts and feelings)?" "Why can't (other family members) see what all needs to be done and help out?" The answers are often elusive as the caregiver continues to struggle with the demands of caregiving.

At some point most caregivers also feel anger. The anger may be directed toward the care receiver because of past experiences, but most often it is directed toward the situation or disease, the feeling of helplessness, or the lack of control over the situation.

Knowing how much to do and when the needs are beyond your limits is often hard to identify. "I can do this" may become "I am overwhelmed" long before a caregiver acknowledges it. Frequently this is not spoken but comes out in irritability, anger, indecision, and even illness in the caregiver. It is not unusual for a caregiver to get sicker than the person for whom they are caring.

Numerous studies by National Alliance for Caregiving, Family Caregiver Alliance, AARP, and professional journals report that the health of caregivers is often affected by caregiving. In one well known study almost half of the caregivers surveyed reported that they stopped exercising after they become a caregiver. The same study reported that over half neglected their own health care when they became caregivers. What is this telling us? These caregivers may be facing serious health problems of their own because they have not taken good care of their own health. What happens to the person you care for if you are no longer around or become ill yourself? Who is your back-up or "Plan B?"

Setting limits or boundaries is essential to ensure that caregivers are able to continue to provide help and assistance to those for whom they care. Caregivers often ignore or deny that there are limits to what they can and should do.

Definitions for "boundary" include "a boundary marking the extremities of something," and "the outermost or farthest region or point."

Definitions for "limits" include "as far as something can go," "restrict: place limits on (extent or access)," and "specify the parameters."

Although there is no easy way to know when to set a boundary or limits, as caregivers, we need to learn rely on our own 'gut' feeling or what feels right. When you are continually tired, irritable, and have difficulty making decisions it is time to pay attention to yourself! Although recommendations abound for ways for caregivers to take better care of themselves, below are seven proven tips that have helped other caregivers.

1. **What would you tell your best friend or someone that you trust?** If someone else described your current situation to you, what would you advise them? This technique helps you detach and become more objective.
2. **Ask yourself, "What do I need?"** Many caregivers never ask themselves that question nor believe it is even possible to have what they need with the demands of caregiving. It

is not only okay to have your needs met but it is essential to maintaining your health as a caregiver.

3. **Write it down.** Writing thoughts, needs, ideas, and plans in a journal, diary, or even a small spiral notebook can be powerful. Writing can help you to clarify ideas, process answers, or see what you need to do. Write your name and “confidential” on whatever you use. These words will not only tell others to respect your privacy but it is a reminder to yourself to expect and practice healthier boundaries and limits.
4. **Consider worst case scenarios.** Ask yourself this question: “What is the worst that could happen if I don’t.....” Many caregivers continue to provide the same degree of care that was needed during an acute illness or injury, even as the care receiver may be recovering skills and abilities. Sometimes these habits make the care receiver more dependent and less strong and well.
5. **Get help.** Ask for what you need, starting with specific requests from other family members. Call the Area Agency on Aging and find out what help may be available for you, including possible respite care, and help for the person for whom you are caring. Ask your loved one’s doctor about things that can also help you. Also, identify friends and neighbors who live close to the older adult or contact a local church and find out what might be available.
6. **Go to the doctor yourself.** Often the caregiver neglects routine health examinations which can have serious consequences.
7. **Schedule some exercise time.** Although caregivers often believe that they don’t have time their overall quality of life and caregiving are improved with increased energy and the cleared thinking that are the benefits of exercise.

Remember that caregiving is a marathon and not a sprint. You have to identify techniques to not only care for your loved one but also to balance the demands of caregiving with the other parts of your life.