



**THRIVE
PACKS**

**GOOD-BYE
DEPRESSION
& ANGER**

Depression & Anger

Anytime we suffer loss, we go through a grief process. Grief is an experience none of us want to suffer. It lets us know that we've lost something or someone dear to us. You and your loved one are both grieving, however, what you've lost is different. Your loved one has experienced the pain of an accident or illness that has robbed them of their physical or mental abilities. Your grief, however, is tied up with watching someone you love suffer. Your body and mind are still intact. But you've lost the life you used to live due to their current limitations. The Swiss Psychologist, Elisabeth Kubler-Ross, wrote about the 5 stages of grief in her book, *On Death and Dying*. They are: Denial, Anger, Bargaining, Depression and Acceptance, but it is the emotion of anger and depression that we will talk about here.

Anger is a way to release pent up feelings that one cannot identify or explain. By simply realizing that your loved one is in the anger stage of the grief process, you can exhibit much better control over your own emotions and avoid displaying inappropriate anger towards that person. Even though your loved one may not be in total control of their anger, it's important to hold onto the fact that you are not the cause of their disability or challenge. Take care to protect yourself emotionally from the anger that may be pointed in your direction. This stage of grieving is part of the normal process for your loved one. It is also important that you recognize that your anger is part of your emotional process as well.



There are so many differing types of anger, but I am going to discuss only a few here: There is a righteous anger - anger dealing with the true injustices of the world, the anger that can motivate one to start a movement of change. Martin Luther King is an example of changing

social injustice due to racism. There is a moral anger - the injustice of watching children starve around the world due to corrupt politics that create a moral anger to motivate them into starting organizations such as Feed the Children or World Vision. There is also a passive anger, a violent anger, a self-inflicted anger, a judgmental anger, and many, many more.

The anger of which I am referring to is a volatile anger, one of pure torment, fear and frustration. Anger is a powerful emotion that can be of some benefit, like a constructive anger which can drive people to want to join movements and groups. It's the feeling of being fed up with how things are going and cause you to want to make a positive change. However, it can also be very destructive if not properly channeled.

As the caregiver, it's important to take the high road and understand that the angry person you are caring for is not behaving rationally. I'll be the first one to admit that understanding this doesn't necessarily make it any easier to deal with. But it may help if you put yourself in your care receiver's place by imagining what they are going through. You will start to feel empathy towards them after these exercises, which is a very important emotion for a caregiver to possess.



Your care receiver has probably suffered some sort of loss that was very precious to them. It may be their health, their mind, their mobility, their speech, their understanding or even their youth. For this and many other reasons, empathy and compassion are essential ingredients for caregiving; this allows you to have the necessary ability of *feeling* their pain. Although there is no guarantee that this will fix anything, at least your

loved one will sense that you are trying to understand and empathize with them, even if you still have to do things that they do not like.

Sometimes, the anger stage lasts a little longer than expected, and may require you to take some extra breaks away from your loved one in order to survive caregiving. The goal here is to take care of *your* needs so that you won't be in survival mode. It is important to "teach" your loved one that as difficult as it may seem at times, they must be able to handle the truth, or else you may find it very tempting to *stretch* the truth or even worse, to lie to them.

It's easy to mistake depression for sadness, but they actually are very different. If you confuse these two emotions, you may respond to your feelings in a way that *increases* your chances of burnout, rather than avoiding it.

Sadness or sorrow is part of the *natural* grieving process. Clinical depression, however, is not. Sadness is a "normal" emotion that we all share when something difficult occurs, we lose something or someone we love or we're disappointed and hurt. We may be sad because a pet has gone missing, a job was lost or, in the case of this book's topic, a loved one became ill or injured. Sadness disappears once the situation changes for the better. If we find our lost dog, we're no longer sad. If we find a new job, we're ready to move on. And once we adjust to the changes in our lives as caregivers, our basic sense of happiness returns.

Clinical depression, however, is a chemical imbalance in our brain chemistry that is not natural or normal. We're not sad about something, we're depressed about everything. It's like living with a gray film over our lives. We're depleted of energy, hope and the ability to solve problems effectively. While sadness comes into our lives for a period of time, depression can go on for weeks, months, and even years.



Many people who *feel sorrowful* mistake that feeling for depression, which causes the confusion of why they don't feel better after the situation improves.

If you feel sad because of the difficulties you're facing, there's no need to be alarmed. You have suffered losses and stresses, and it's natural to experience sorrow. However, if you see yourself as getting stuck in the dark feelings, it's critical that you get professional help. Short-term use of anti-depressant medication can be of great benefit to you at this time. Once the proper chemistry in your brain is restored, you may no longer need medication.

Let me emphasize this for you. If you are depressed, it's extremely difficult to restore your balance without therapy and/or proper medication. Hopelessness is a symptom of depression, so it can be hard for those in depression to believe that anyone or anything can help them. If you are reluctant to ask for help, then consider that a sign that you are

depressed rather than sad. People going through a natural part of the grief process have hope and are able to make use of assistance. Some disabilities, however, like stroke or trauma to the brain, can actually *cause* a chemical imbalance that requires medication in a person who may have *never suffered* from clinical depression before.

It's very important for you to accurately assess your own feelings if you want to avoid burnout. Depression is a serious condition that will likely get worse if you ignore or deny it. Here are some distinctions between sadness and depression that can help you determine if you need assistance:

Sadness: About something

Depression: About everything

Sadness: Crying, talking, taking time alone, praying & other activities/relieve the pain

Depression: Nothing helps to relieve the pain.

Sadness: Sleep may be temporarily disrupted. After, you feel rested and rejuvenated.

Depression: Inability to fall or stay asleep. You still feel tired and depleted.

In a joint study done by AARP and The United Hospital Fund, 40%-61% of the 1677 caregivers studied felt "down, depressed or hopeless within the past 2 weeks." Whenever there is depression, we must always ask, "Is suicide very far behind?" Statistics show there is a higher incidence of suicides among caregivers.



If you suspect that you are struggling with depression, don't take it lightly. I've found that it's challenging for depressed people to reach out for help—they feel so helpless that they have lost hope. There is hope for you and it's available *if you ask for it*. Please contact a close friend you trust, a pastor or other spiritual leader, a therapist or other resource to get the help you need and deserve.

Questions

The last time I was angry, I felt _____

The last time I was sad, I felt _____

The last time I was depressed, I felt _____

The last time I felt like not eating or not getting out of bed was _____

Are you sad or depressed for the *majority* of the time? _____

Do you think that you would like to see a doctor and ask if you have any need for anti-depressants - to just take the edge off of your depression? Again, anti-depressants are not supposed to make you feel “weird, high, or drunk.” They are just supposed to restore the chemical imbalance in your brain to make you feel “normal” again. _____