



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

**MICHIGAN ALZHEIMER'S
DISEASE CENTER**

June 2021

Monthly Wellness Update



Self-care approaches which do not leave room for faltering, suffering and distress undermine well-being, self-trust and lived experience. Passively, and sometimes aggressively, these exclusions in wellness spaces suggest that we are somehow to blame for not feeling okay -- that we are doing something wrong.

It's a damaging message and it's not true.

It's okay to not be okay.

Understanding this is an important part of well-being practice.

It's actually where we begin again.

~Laura Rice-Oeschger, LMSW

Decisions. Consider your last difficult decision and the time you spent preparing for your choice. Setting details aside, call to mind the feelings you recall as vividly as you can.

Revisit your passage through this decision as if you were floating above all of the twists and turns, the obstacles and the openings, the way you would observe a map. **What do you see? What would your footprint look like? Where would you place yourself on the map now? Is it how you thought it would be? What do you know now that you didn't know then? Perhaps even ask yourself, gently, how you feel about yourself after this decision? Would you make the trip again?** Keep your bags packed. Inevitably another decision will be coming. Though we may not wish to go through hard decisions, our travels carry the impression of previous decisions and will likely influence how we embark the next time into new territory.

Decisions expose our vulnerabilities. This can feel destabilizing, depending on the stakes involved. It may feel scary coming to terms with changes alongside the parts of our situation and the parts of ourselves we don't want to see, and the parts we'd also prefer for others not to see. It's distressing and though we may feel overexposed, this can also be a sign of growth, a green flag, and an opportunity to build self trust -- to experience our own strength and to see ourselves on through to the other side. As one brave caregiver kindly said to her peers in a wellness program this week, *"You came up with a workable solution. Give*

yourself credit for that! Make it work for you, too.”

Did you question your judgment or yourself during your last decision? It's an intelligent and thoughtful response to experience doubt in the face of complexity. We may walk the edges between feeling incompetent and feeling empowered. It's wise to leave room for the unknown, for possibilities which also include our insecurities, though this is a hard balance without self-trust and resilience. The presence of doubt isn't a problem, though staying in that place and allowing it to run the show will be. **What gave you the extra oomph to make the call? What ultimately helped you? Do you trust yourself now?** Again, a gentle look. We spend a great deal of emotional and mental resources anticipating decisions and naturally attempting to control outcomes, safety and minimal harm for all involved. Even when a decision is largely considered a positive one or a “best” choice, after all options are weighed and with support and understanding from others, we *still* may doubt ourselves and discover hardships we did not anticipate. This is normal, too. As confounding and disappointing as it is, it's okay to encounter, and it's something to consider: **how do you foster self-trust through and after a hard decision?** With so much effort spent on the front end, we are apt to neglect the preparation needed in the days and months following. Essentially, trusting our future selves. It can feel disorienting -- like a free fall, the ultimate letting go. It's reasonable to want relief or at least to be met by certain facts (we may even long for other people to save us) to buoy our decision with more certainty. In the end, it's just us. We need to trust ourselves, know ourselves well and recognize how it's painful when things don't line up the way we had hoped. Both are true; the success of a decision well made *and* any grief or regret which may follow. New information will present itself and the challenge is trusting our future self to integrate it. Knowing this and anticipating pain as a possibility after a decision is part of self-care practice. In this instance, radical self-care practice.

Self-care approaches which do not leave room for faltering, suffering and distress will undermine our well being, self-trust and lived experience. Passively, and sometimes aggressively, these exclusions in self-care spaces suggest that we are somehow to blame for not feeling okay. That we are doing something wrong. It's a damaging message and it's not true. It's okay to not be okay. Understanding this is an important part of well-being practice. It's actually where we begin again. The time after a decision is a tender and important time to care for vulnerabilities and anticipate meeting hard feelings with fierce compassion and self-care strategies. It's a deep ache which caregivers know quite well. An aching that lingers through daily life that is often only recognized by their caregiving peers. It's unimaginably hard when we don't know how to or struggle while responding to our discomfort. It's inevitable to experience and yet much of the billion dollar self-help industry is geared toward circumventing pain, not including it. In our culture, self-care is primarily discussed in a light of positivity. It's woefully incomplete and particularly damaging to caregivers.

We make it harder for caregivers when there isn't room for pain in self-care and time to grieve following a decision. Time alone is not enough. It requires safe space for reappraisal, realignment, repair, and renewal. Only then will the map before us change to include more rest and readiness to meet hard feelings with a fierce wellbeing regimen. It's normal and okay to feel regret, anger and guilt through a decision. There is valuable information within each and the opportunity to examine their presence in our lives opens the door to wisdom. We may not want to make the trip, though the destination will be entirely different when we do not trust our own capacity to walk through the fires of discomfort. Additionally, for the naturally optimistic readers, we're often too quick to look for meaning when it's necessary to first address and spend time looking at the meaningless.

The ethical dilemmas which surfaced as a result of the pandemic have left many caregivers in significant, life altering distress. They have navigated excruciating decisions through more complexity than we've ever encountered as a society, exposing their deepest fears and the fragility of our systems to meet them where they are and with the resources, understanding, advocacy, and support they need. While we cannot solve our broken systems easily, we can immediately begin to address a caregiver's sense of brokenness and dive into their experiences to prevent further harm. The risks in caregiving are well known, but what about the risk of caregivers continually blaming themselves through hard decisions and internalizing fault for circumstances outside their control? It's not their fault and it's a feature of toxic positivity to expect otherwise. It requires serious skill to withstand the recurring distress in a caregivers life, in any life, and to build resilience through change. We can do better and we can begin by acknowledging the presence of these obstacles in self-care.

In gratitude,

—Laura Rice-Oeschger, LMSW



Catching Your Breath

A monthly well-being and mindfulness program for family caregivers of adults living with memory loss. The program varies each month and newcomers are welcome any time.

June 14, 10:00 - 11:30AM

Registration is required to receive the virtual log-in information.

Register

Have a Seat

Have a Seat is a free weekly, online, guided meditation program. No registration is required, just use the link below to join the program on Thursdays at noon.

Thursdays from 12:00 - 12:30PM

If you would like to subscribe to receive weekly reminders for Have a Seat, click [here](#).

Join Have a Seat

Mitten Minds Support Group

This support group is available specifically for individuals with mild cognitive impairment or early-stage dementia.

June 15, 3:00 - 4:00PM

Registration is required for each session to receive the virtual log-in information.

Register

Please pause here and take a few slow, intentional breaths. If possible, close your eyes and allow this brief rest in the moment

Soothing word of the month



Retrouvailles (re-trou-vay)

French, noun: literally "rediscovery"; a reunion (e.g., with loved ones after a long time apart).

Care Partner Resource at EMU

Dialectical Behavior Therapy program at EMU for Care Partners

Doctoral students at Eastern Michigan University, supervised by Dr. Claudia Drossel, have created a virtual program to coach care partner skills, cognitive remediation strategies, medical care navigation, and more. This 8-week virtual group teaches dialectical behavior therapy caregiving skills, such as mindfulness, emotion regulation, interpersonal effectiveness, and distress tolerance in hopes these skills can help improve relationships among care partners.

For more information, contact the team at emu.canh@gmail.com or 734-627-7620. A flyer with more information can be found at the link below.

More information

Upcoming Virtual Events

What's Your Style? How Your Caregiving Style



Impacts The Care You Provide and Your Own Well-Being

June 22, 12:00 - 1:00PM

This event will be presented by Amanda Leggett, PhD, Research Assistant Professor within the University of Michigan Department of Psychiatry. Dr. Leggett currently has a study looking for participants. More information about the study [here](#).

Register



Calm Connections: Caregiving and Living in the Moment

July 21, 10:00 - 11:30AM

This event will be presented by Laura Rice-Oeschger, LMSW, Managing Director of our Center's Wellness Initiative. **Registration is required below.**

Register

New Research Studies Looking for Caregivers

The STYLE Caregiving During COVID Study (COVID STYLE):

Help us understand your dementia caregiving experience during the COVID-19 pandemic and how the pandemic and shelter-in-place policies impact caregivers' mental health and health services use. Study is recruiting primary caregivers for a friend or family member with a diagnosis of dementia. Contact Amanda Leggett and the COVID STYLE team at covidstyle@med.umich.edu or 734-623-9911. This study is entirely virtual (online survey and Zoom/phone) and takes approximately 2 hours.

More information

Identifying Factors Predicting Accurately End-of-Life in Dementia with Lewy Bodies and Promoting Quality End-of Life Experiences (PACE-DLB)

We are excited to be a part of a new longitudinal research study in Lewy body dementia led by Dr. Melissa Armstrong, Director of the Mangurian Clinical-Research Headquarters for Lewy Body Dementia at the University of Florida. The *PACE-DLB* study aims to understand what changes might predict the end of life in people living with Lewy body dementia. This information will help patients, caregivers, families, and health care professionals know what to expect in later stages of LBD. The U-M site for this study is led by Drs. Susan Maixner, Associate Professor of Psychiatry, and Henry Paulson, Lucille Groff Professor of Neurology and Director of the Michigan Alzheimer's Disease Research Center. The study is looking to enroll individuals with at least moderate stage LBD and their main caregiver who must be able to answer questionnaires related to the LBD and caregiver experience. The study is conducted via Zoom or by phone. For more information, please contact Kelly Mattingly at mattinke@med.umich.edu or 734-223-9297.

More information

WeCareAdvisor: A Web-Based Tool to Improve Quality of Life for Military Veterans with Dementia and their Caregivers (WeCareAdvisor):

This study is seeking caregivers to test the WeCareAdvisor, a web-based tool that aims to help users learn more about and manage behavioral and psychological symptoms of dementia like wandering,

repeated questioning, anger, depression or apathy. This study is looking for participants who have access to a computer or mobile device with internet and are also the primary in-home caregivers for a military Veteran who is living with dementia. **This study does not require any in-person visits; it will be completely virtual.** Contact Barbara Stanislawski at bstanisl@med.umich.edu or 734-232-0323.

[More information](#)

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