

A caregiver's problem

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I have known Mary for a long time. We studied philosophical counseling together; she has also been studying nursing. Currently she is engaged with philosophical counseling services for the elderly with dementia and their families. Mary's mother also suffered from dementia; she worried about whether or not philosophical counseling was too subjective to help other people.

Mary said that although her mother has passed away, she thinks often about the process involved with taking care of her mom. Because of this, she is still feeling sad. I asked her: "What are you feeling sad about?" She said: "I wanted to do something, but I couldn't." I have a further question, "What do you mean by '*couldn't*'?" She answered, "I never have enough time and stamina for it." For example, while mother was in a nursing home, bathing time was set at a certain time according to the timetable. When Mary could not be there to help her mother with bathing, she was forced to ask other people to help. However, her mother would refuse to take a bath assisted by a stranger. Mary knew if she was at her mother's side instead, then her mother was willing to take a bath and was very happy. Another example was the time her mother experienced fecal incontinence upon which later she told Mary, "They blamed me for the diarrhea." Mary felt distressed at her mother's grievances, but she also knew that none of the staff had the intention to criticize her mom. Despite this, Mary still felt upset not taking total responsibility for her mother's sufferings.

To further confirm what I suspected was Mary's emotional reasoning, I asked her to distinguish her *can't*stipation from doing nothing. Mary mentioned that she had to work, do housework and study for her master classes. Sometimes she was far too tired and didn't have enough time to take care of her mother. She concluded then that she was lazy; therefore her mother did not get better care. Hence, according to her logic:

(Rule) It is my duty to take care of my mother. If I do not take care of my mother, then I must be lazy.

(Report) I'm tired and cannot take care of my mother.

(Conclusion) So I must be lazy.

In the process of discussing the difference between *can't*stipation and doing

nothing, I found that Mary was doing everything that she could do. Under the circumstances with restricted time and her own physical limitations, Mary utilized all of her professional skills to care for her mother. Because of this, I guessed that there may be a series of higher-order syllogisms affecting her logic. I wanted to know whether or not there are any other family members that can share the duty of caring for her mother. I asked her, "What does your brother or sister think of your mother suffering from dementia?" She said, "Perhaps, it is my professional experience, I am not surprised about my Mom not knowing me thanks to the dementia, but my brother is very sad. He can't accept this fact. Because of my expertise of nursing, I'm the key person to take responsibility for caring for her. I thought if in the first stage she does well, my mom can stay healthy...Actually, I didn't really face the facts, either."

I invited her try to do the syllogism by herself.

(Rule) If I don't do my best to take care of my mom, then I am not filial.

(Report) I can do better to take care of my mom, but I don't.

(Conclusion) So I am not filial.

From the above discussion, there're at least three fallacies in Mary's reasoning. These are "*can't*stipation", "demanding perfection", especially "bad things will never happen" and finally "damnation of self". However, as we've not enough time to discuss all three fallacies, I choose "demanding perfection" to refute. I asked her, "According to your expertise, what do you mean by if she 'does well' your mom can stay healthy?" She said, "What I mean by 'do well' is having a good quality of life, but from the professional point of view, I also realize the dementia itself will not get better."

Next, we're looking for an antidote to cure the "demanding perfection". I mentioned one of the Buddha's teachings, 'All things are impermanent.' Mary has been dedicated to caring for her mother in the first stage, and as long as she continues to take good care of her mother during the first stage, she will maintain a good quality of life. She ignored the fact that with the process of dementia, her mother's state is inevitably going to change. Mary said that she can change her behavior, though it is not consistent with her thinking; however, to transform her thoughts the concept of Buddha's teachings must be utilized.

From the practice of LBT, as long as the client is willing to talk, the counselor will be able to organize the reasoning, find the fallacy and the antidote to create a meaningful dialogue. Mary and I had established a trusting relationship before this meeting took place; therefore, I was able to use moments of silence in our conversation in order to promote Mary to think deeply. If we had enough time, I

would have invited Mary to select a fallacy to be discussed. In addition, I would be more direct in confirming her emotional reasoning about feeling sad. Finally, I want to thank Mary for her feedback; she told me: “Before I talked to you, I knew there was a problem in my mind, but it was hard to tell. Now, after this meeting, I feel better than before. Once you can speak out about what’s on your mind, it relieves the pain. The rest of suffering, you need to exercise by itself.” Overall, I think we’ve enjoyed and benefitted from the meeting.