

# The Gifts You Bring

## Doug Manning



Your Gift of  
Participation

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InSight Books, Inc.  
Oklahoma City Oklahoma

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## Your Gift of Participation Second Edition

Doug Manning

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P.O. Box 42467

Oklahoma City, Oklahoma 73123

800.658.9262 or 405.810.9501

[www.InSightBooks.com](http://www.InSightBooks.com)

[OrdersAndInfo@InSightBooks.com](mailto:OrdersAndInfo@InSightBooks.com)

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# The Care Decision

I promised both my parents and my in-laws that they would never live in a nursing home. They said they would rather die than live there and I said they had nothing to worry about. They would have a home in my home as long as they lived. My mother-in-law and my father spent their last days in a care facility. My mother spent hers in an assisted living center. Like thousands of others, I found myself making decisions I never thought I would have to make.

Like thousands of others, I was forced to make those decisions with little or no support from the rest of the family. I inherited the task of being the primary caregiver by default. Families tend to hang it on one person and then feel free to sit back and criticize everything that person does. Mine did not criticize, but neither did they help. When they came for a visit they spent most of their time telling us how hard it was on them to see a parent like that. This made us feel even worse and very small indeed.

My wife and I sat in stunned silence wondering what happened the day her mother became a resident. How could it be that we were there? How could we be so cold and uncaring? Did we give up too soon? Could there be a better solution? Is this how loving children act? I could go on, but I am sure you get the idea.

The truth is, we made a promise and we kept that promise, our parents just outlived the promise. We are now living beyond our family's ability to care for us. Modern medicine and technology now allow us to live far beyond the life expectancy of just a few years ago. The evidence of that fact is apparent all around us.

We are living longer. What is not apparent is that we do not live longer because we stopped getting sick. We live longer because we can now live with diseases that once took our lives. In the process of that we can demand much more care. I never saw a walker until I was grown. I wish I had invented them, but if I had done so as little as fifty years ago I would have starved. Fifty years ago people did not live long enough to need walkers. People who were sick enough to need walkers died. Now they do not die. They can live for many years. Our parents lived beyond our ability to give that care. We wanted to do so. We tried to do so. They outlived our promise.

Major social changes also played a part in bringing us to this decision. We have become a scattered society. There was a time when most of the family remained in the general area of their birthplace. Now almost all of them are scattered across the globe. There is no longer a core group of family present to give care to aging loved ones, or to aid an aging loved one in the care of a mate.

We did not face our decision because we stopped loving our family members. This generation did not build nursing homes because they love their parents or spouses less than other generations. We face these decisions out of necessity caused by these realities in our lives. When I realized these facts, I could face the decision with far less guilt and fear.

## Adjusting to the Decision

Almost immediately I found out I needed to make some major adjustments in my thinking. I had no idea how nursing facilities functioned. I had no idea what services they performed and what I was expected to do. I thought they were some kind of hospital for senior citizens with the nursing staff in track shoes waiting

for some patient to press the call button so they could zoom down to meet whatever need they found. Gradually I discovered that this kind of care is an impossible dream. Most facilities would love to be able to staff for that kind of response but, if they did, there would be no way for anyone to afford the cost. Hospitals must be staffed and prepared for all medical emergencies. Nursing centers are there to create a more homelike atmosphere where they can meet the long-term needs of people who do not need critical care.

There were some realities I had to face. Nursing home care is a process of trade-offs. I travel and speak, so I am in a lot of nursing centers, assisted living centers, and care centers for Alzheimer's disease. I have been impressed with the advances in design and care that I find. The specialization of care has been a wonderful development. A family can now match the level of care needed by their loved one with a facility that offers that level. I have been impressed by the beauty of the buildings. I have been impressed by the care and concern of many of the professionals I have met. I have walked through buildings with administrators or other staff members and watched them call each resident by name and give each one a hug. It was evident this was not some special show they were putting on to impress me. Each resident seemed accustomed to such a greeting. Even in these kinds of facilities with this kind of care, no nursing home can do everything you want done for your loved one.

## Understanding the Realities

No one can cook for a large group and have it taste like it does when you cook for a single family. No one can guarantee that a family member with a history of falling will never fall while under their care. No one can guarantee there will never be a

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*It is only too easy to compel  
a sensitive human being to feel  
guilty about anything.*

*-Morton Irving Seiden*

# Your Gift of Peace

Most books are written one slow agonizing word at a time, but every author dreams of having a book idea capture them so deeply that the entire book is born in a moment. In 1982, after speaking at a grief conference, a nursing home administrator and a director of nurses who were in attendance asked me if I had ever written anything for people whose loved ones had become residents in a nursing home. I said that I had not, but that I was currently involved in making that decision for my mother-in-law. They said, “If they feel guilty, there is no way for us to please them.” Bells went off in my head and a book was born. *When Love Gets Tough, The Nursing Home Decision* came to life on the spot. It took me two weeks to write it and two months to publish it.

Suddenly so much of what I was feeling made sense. The problem was guilt. I knew a nursing home was the only answer and that we had no choice in the matter, and yet the guilt was almost overwhelming. I felt as if a giant pall was hanging over my life and that I had somehow failed miserably. I almost felt unclean and unworthy. Those simple words made it all clear. Not only was guilt the problem, but in the same burst of inspiration I could see some of the reasons for the guilt that seems to automatically accompany long term

care decisions.

## Cultural Guilt

Some of the guilt we feel is cultural. This is especially true in the case of aging parents. Humans are the only animals God ever made that do not know how to get rid of their children. Other animals run them off, kick them out of the nest or eat their young, but we humans parent them until the day we die. The hardest thing about being a parent is knowing how to quit being one.

Recently, a woman said her mother, who is past eighty, was injured in a car wreck. When she entered the emergency room where her mother lay bleeding on a gurney her mother opened one eye and said, “When are you going to do something about that hair?” We can’t seem to stop being parents.

The problem is that if the parenting does not progress to an adult-to-adult relationship sooner or later the only communication between them will be guilt based. The parents continue to try to direct their child’s life, but they have lost the position and power to do so. Hinting, pouting, or whining are the only methods left for them to use. All of these create guilt. I urge people to build adult relationships with their parents even if it means conflict. I also urge parents to turn their children loose. They are grown. The parenting job is over.

There is also cultural guilt between spouses. A husband never gets past the need to care for his wife. We are fixers and we don’t know how to stop. A wife also is culturally patterned

to take care of her mate. Many couples find themselves facing nursing home decisions after fifty or more years of marriage. The guilt can become so deep that they don't want to live any longer. As I travel around I see spouses who are wrecking their own health giving care to a husband or wife who is in the nursing home. Often they are there all day long every day. No time off. No time to take care of their own needs. They are programmed to care and can't find any way to stop.

## **Guilt Proneness**

Some people are just guilt prone. They seem to thrive on it. If they wake up in the morning and don't feel guilty, they feel guilty about it. Usually they have spent their lives trying to earn love. They have never known unconditional love, either because it was never offered, or because they could never accept it when offered.

It is a strange phenomenon in our world that the child who feels the most unloved and struggles with this need the most will usually be the one who gives care to the aging parents. They see it as their opportunity to finally be loved. Then the parent lives beyond their ability to give the care, and they must be the one who makes a nursing home decision. That is a grief incubator.

Many spouses have the same struggle. The wife that spends her time serving her husband in hopes of a loving response, can be forced to face a care decision that is almost

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*If someone listens, or stretches out a hand,  
or whispers a kind word of  
encouragement, or attempts to  
understand a lonely person, extraordinary  
things begin to happen.*

*-Loretta Girzartis*

## The Gift of a Listening Ear

If I could give one gift to anyone who is a resident of a nursing home, it would be the simple act of being heard. Listening does not sound profound nor does it seem very important in the overall scheme of what a resident must face. But nothing that I know of is as helpful as simply being heard and understood.

No matter what the circumstances are that surround the decision to move to a care facility, the one being moved is going through some dramatic changes in life style and some serious losses that must be faced.

Most nursing home decisions happen because a death has occurred in the immediate family. Often the death of a spouse triggers the need for the remaining spouse to seek care. This means the resident is not only facing the loss of a love, but all of the other losses involved in such a move as well. This means the move begins in grief.

They have lost a home. Some of them have lived in the same house for many years. They know the sound of every creaking board in the whole house. They have treasures there. Some of these treasures would not be picked up if offered free at a rummage sale, but they are treasured by the owner. A home is a place of comfort. There is no rest like that found at home in your own bed. Even your own bed feels different in any other setting. Comfort demands the combination of bed and place. Home also offers a sense of security found nowhere else on earth. Suddenly they must move, and the home is gone. That is a grieving experience. Grief is not limited to someone dying. Grief is the natural response to any loss.

They face the loss of youth. No one knows they are old. Everyone thinks they are about twenty years younger than they really are. I know better, but I think I am about forty-five. My father used to say he was going to the nursing home and visit the "old people." He was 85 at the time, but he had no idea he was old. It never dawns on us that we are old, until our health breaks and suddenly we must face the fact that we are old. Life has whizzed by so fast we have no idea where it went, and we wake up in some family conference while decisions are made about our care. That, too, is a loss.

They face the loss of their "stuff." Most nursing care, assisted living center, and retirement facilities allow a person to bring their own furniture of course, but a house full of treasures cannot fit into one or two rooms. Things long loved must be disbursed. No one, not even family members, can



## About the Author

### Doug Manning

Doug's career has included minister, counselor, business executive, author and publisher. He and his wife, Barbara, were parents to four daughters and long-term caregivers to three parents.

After thirty years in the ministry, Doug began a new career in 1982 and has devoted his time to writing, counseling and leading seminars in the areas of grief and elder care. His publishing company, InSight Books, Inc., specializes in books, video and audio productions specifically designed to help people face some of the toughest challenges of life.

Doug has a warm, conversational style in which he shares insights from his various experiences. Sitting down to read a book from Doug is like having a long conversation with a good friend.