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Building Strong Families

CAN MEN BE GOOD CAREGIVERS?



Crossing the Gender Divide
Dr. Vicki Rackner
Founder, The Caregiver Club

Can Men Be Good Caregivers?



What's your reaction to the idea of a man serving as a caregiver? Many people have a strong visceral response. One woman said, "Oh, no. Women are the natural born caregivers."

I respectfully disagree. Then again, as a woman surgeon I'm a proponent of crossing the gender divide when it works.

I believe that men CAN be excellent caregivers, and I'll show you how and why.

How are men and women different?

A husband and wife meet for dinner at the end of a long day. She shares the blow-by-blow details of her big meeting. He fidgets, thinking, "Why won't she just get to the point?" She notices his impatience and thinks, "Why won't he just listen?"

This slice of life captures the juice that keeps marriages alive-- and brings couples to the brink of divorce. Call it what you want. The difference between men and women. Mars vs Venus or feminine energy vs masculine energy.



In broad strokes, here's the difference: a man's at his best when he fixes things and at his worst wading through a problem that has no solution. A woman's at her best when she's connected and at her worst when she feels alone.

What happens when the couple faces a problem that cannot be fixed? The woman wants to connect so she has the comfort of knowing she's not alone facing a tough situation. A man wants to turn his focus to something he CAN fix.

This difference has direct implications for caregiving. Loved ones who require care will often not be fixed or cured. Sure, every cancer patient hopes that the intensive medical care will restore health. However, most caregivers tend to loved ones with chronic, progressive medical conditions.

This, I believe, is the heart of the reason that women have been considered the natural caregivers. It's easier for them to find healing and wholeness in the face of illness.

Just as a man and a woman both contribute to strong marriages, so, too a man and a woman can collaborate to build a caregiving community that's stronger than either one alone can build.

If you're in a same-sex marriage

I do not mean to exclude you. Language comes with its own limitations.

The place you fall in this divide is often independent of your gender. In some heterosexual couples, the woman, and not the man, is the fixer. Some women are fixers professionally and connectors in the family.

If you are in a same-sex partnership, you will most likely find the one of you tends towards fixing and other towards connecting.



Moving beyond gender

As a practicing surgeon I had an office with side by side exam rooms. After my son was born, I converted one exam room into a nursery. As I stood in the hall facing the two doors one day, I had a flash of insight. As I walked through each door I was a caregiver—I represented the best interests of the care recipient in the room. However, I was like two different people as I walked through each of the two doors

When I went into the exam room on the left, I was a surgeon and the care recipient was my patient. My job was to focus on what was wrong, and fix it. I was successful when I cured my patient, and I fell short when my patient experienced anything less than a complete resolution of the symptoms.

When I went into the nursery on the right, the care recipient was my son. My job was to connect with him. My success was based on my ability to attune to my son. Was he happy or sad-- tired or bored—under stimulated or overwhelmed? I felt successful when I “got” him and unsuccessful when I did not.

As I walked through either door, I was stepping into either a being mindset or a doing mindset.

What makes caregiving work?

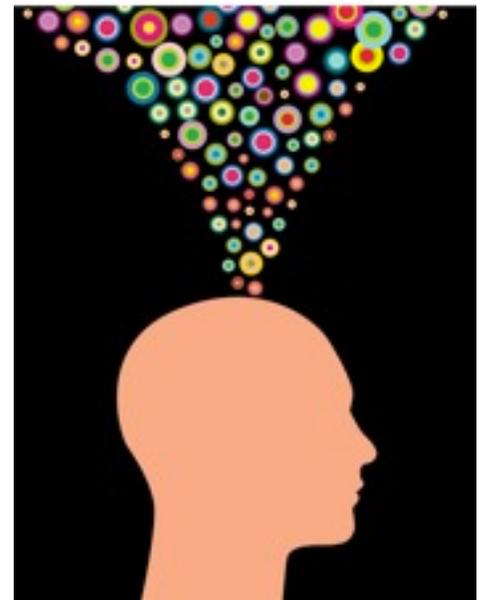
If you can answer these two questions, you will be a successful caregiver.

If your loved one--the care recipient-- were standing in the hall, which room would they enter? In any given moment a person in need is either like a patient who wants a problem fixed or like a family member who wants the comfort of knowing they are not alone.

Which room are you—the caregiver—entering? You engage with either the intention of fixing something or of offering companionship. .

Your goal is to align your actions with your loved one’s wants and needs. It means knowing if it’s time for a being mindset or a doing mindset

It seems so simple, but it’s far from easy. A loved one can shift between rooms on a moment-by-moment basis. No matter how skilled you are, you have human limitations that are hard to recognize. If a patient I operated on for breast cancer were pregnant, I would refer her to the OB. Sure, if it were life or death I could deliver a baby, but my patient would do much better in the hands of a skilled specialist. It means having clarity about the problem your loved one wants solved, especially if it’s different than the problem YOU want solved.



What would you do?

A woman fell and broke her hip. When her son arrived in the ER, she was in a state of panic. Who would feed her cat? The son was also in a state of panic. He wanted to know what happened and what the doctors planned to do. He would get the best results if he were to address his mother’s needs first, make a plan about the cat then move on to his agenda.

Do you favor a “*doing* mindset” or a “*being* mindset”?

Just as some people are left-handed and some people are right handed, so, too and some people are “fixers” and others are “connectors.” In fact, the fixing mindset may well be a left-brained function while being mindset uses in the right part of the brain.

Just as some people are ambidextrous, some people move fluidly between fixing and connecting.

One mindset is not better than another. They both have a place. Caregiving works better when you know which mindset is the best fit in any moment.

Here’s a comparison between the two mindsets.

Doing mindset

Goal: Cure
Attention: Blocks out distractions
Focus: Single-minded focus
Shifting gears: Challenging
Perspective: “My loved one is broken”
Value: Provide the things loved ones need

Jobs for a doing mindset
Organize the insurance records
Put the pills into the daily pill keeper.
Schedule doctor appointments

Being mindset

Goal: Connect
Attention: Distractible
Focus: Fluid focus
Shifting gears: Easy
Perspective: “My loved one is whole.”
Value: Provide the things loved ones want

Jobs for the being mindset
Phone regularly, even from a distance
Go on fun outings

The Doing Mindset



The doing mindset is good for plowing through the to-do list. Success—and everyone wants to be successful—if often measured by the number of items crossed off the list.

The primary fear of a doing mindset is the fear of failure. Imagine the anguish of the caregiver with a doing mindset who fails to help loved ones find relief from pain.

Here are some tips if you have a doing mindset and the situation requires a being mindset:

Tips for connecting

- Put on a smile before you enter the room.
- Make eye contact
- Synchronize body language
- Synchronize breathing
- Synchronize the loudness and speed of speech

Tips for saying “I love you.”

Caregiving is love in action. Dr. Gary Chapman describes five love languages.

- Words
- Touch
- Gifts
- Acts of service
- Quality time.

Speak your loved one’s love language.

Remember that pain alone is not the cause of suffering; it’s facing pain alone that leads to suffering. You make a measurable positive difference simply by being there. Want proof? As you enter the room, ask your loved one, “If you rated your pain on a scale from 1 to 10, what would it be?” Ask again after you spend some time together.

The Being Mindset



A caregiver expressing the being mindset often becomes the most cherished member of a loved one’s trusted inner circle. Most care recipients begin to feel invisible. They treasure the people who take the time to offer compassion and companionship.

The primary fear of a being mindset is abandonment and isolation. Imagine the anguish of the caregiver with a being mindset who will face the ultimate abandonment that death brings.

Here are some tips for people with a being mindset who need help getting through the to-do list

Delegate. There are family members and friends who want to pitch in, but they are just waiting for a chance to learn how. Give them specific jobs. Consider family planning software. Think about how good you feel when you’re able to contribute. When you allow someone to run an errand or contribute in any way, you’re offering them a gift.

Hire help. Remember that anyone can wash the dishes, fill the gas tank or get the medication at the pharmacy. You are the only one who can laugh about a shared vacation disaster, reminisce about the birth of your first child or tell a loved one how they made your life better.

Avoid burnout

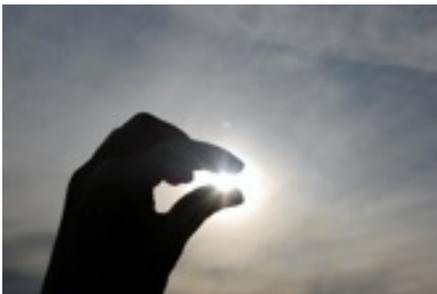
Both fixers and connectors run the risk of burnout, but for different reasons.

Those with a doing mindset avoid burnout by reframing what it means to win. While there may not be a cure for dementia, a loved one could spend more time smiling. *That* is an achievable goal.

Those with a being mindset face can avoid burnout by investing in relationships with people who can nurture them—and be there after the loved one is gone.



Division of labor.



Caregiving is like a Thanksgiving dinner. Some caregivers think they have to do all the cooking themselves. Caregiving can be a potluck in which the host coordinates the contributions.

It's a rare individual who can shift back and forth between a being mindset and a doing mindset. Successful families often call on one person to fix things and another to provide connection and comfort.

The final thought

Despite their differences, men and women share common ground. Both men and women want to make a difference. Both have a place in the caregiving team that is only strengthened by style differences.

As you look at your own family, the most important question is not, "Is the caregiver a man or a woman?" The best question is, "How is it working?"

Your goal is to get the best results.



Dr. Vicki Rackner is a former surgeon who now helps caregivers build strong, healthy families. She is an author and speaker frequently quoted in the national media about caregiving issues. Reach her at 425 451-3777 or visit her web site www.DrVickiRackner.com .

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