Care Giver Witness Entries

"There are only four kinds of people in this world: those who have been caregivers, those who are currently caregivers, those who will be caregivers and those who will need caregivers." *Rosalyn Carter*

Quote from the 1987 founding of the
Rosalyn Carter Institute for Caregivers
at Georgia Southwestern State University

The following journal entries were written by FUMC members who have served as care givers in a variety of situations. Select from the following categories to read a narration of their personal journey, receiving their contribution of their first-hand experience in the same spirit of love it was shared. The Care Giver Ministry is grateful for their witness and celebrates their care and support for all those involved with providing care for loved ones.

Witness Entry Topics

Aging and Illnesses

Aging and Independence

Alzheimer’s

Cancer

Parkinson’s

This Care Giver Witness was contributed by an FUMC member who shares the story in support of all those who are called to organize and provide care for loved ones.

Aging and Illnesses

My mother suffered a massive stroke on September 13, 2017. The neurologist at St. Vincent recommended we place her in hospice, but he didn't know my mother - he didn't know the fierce and determined fighter that she had been her whole life. He didn't know that this little 92-year-old raked leaves the morning of her stroke, that she picked pears and made three pear pies (including homemade crusts) the day before, that she made soup and delivered to three of her friends with health issues the week before.

As a family – my dad, my husband, my cousin and I – we could not give up without giving her a chance. Dad wanted her moved to Conway for rehab, so it would be easier on me (always putting me first). Dad moved in with us. During rehab, Mom gained movement in her right leg, but no ability to use it; she made no progress with her right arm; the speech therapist worked with her and I worked with her, but progress was minimal. I worked to get her to sing "Happy Birthday," and she sang it to my son on his birthday October 31. Other than that, Mom could say very little that we could understand.

Although her speech was affected, her mind was not. It was easy to see that she understood what we were saying and she would answer our questions with yes or no, although we often had to ask her to say one of those words (two words she could say, along with "I love you"). She plateaued out of rehab the end of October. Dad wanted to try living at home (Dumas), so we moved Mom to a nursing home in Star City – the closest one to Dumas. I went to Dumas weekly for a couple of nights – I would stay with Mom during the day and drive to Dumas at night. My cousin and her husband went once a week to see her. They live in Benton and my cousin is more my sister than my cousin. Her husband would drop her at the nursing home and drive to Dumas to visit Dad.

Dad did not drive to Star City on days my cousins or I were there. I had told Dad he could live by himself as long as it wasn't hurting his health. About the second week of December, my cousin's husband said he was worried about Dad. Dad had waited on him to come so he could take a shower – he was worried about falling in the shower and being there by himself. When I went the next week, I had decided that I would have to tell Dad I didn't think he should be living alone—but before I could, he told me that he could not live alone. We transferred Mom back to Salem Place and moved Dad in with us. 2018 was a challenging year for Dad. He had a procedure in February to remove a gall stone from his bile duct. It was discovered on third trip to ER; we knew he was losing weight, but we attributed it to depression. He weighed 130 pounds – my dad was 6'2".

Appetite improved and he began to gain weight. In June he had his parotid gland removed due to a skin cancer that two different dermatologists in Pine Bluff failed to properly diagnose. In November, he had a hip replacement due to severe pain in his knee. Dad went to residential rehab at Salem, but the pain returned worse than ever until he was using a wheelchair most of the time. He was just down the hall from Mother and they spent their days together when he wasn't in rehab. He plateaued out of rehab about the third week of December. I told Dad he could come live with us – we would love to have him – and I would take him to Salem every day he felt like going or he could stay at Salem with Mother. Before he could ask the question (what would be best for me), I told him to think about it, and that what would be best for me is for him to do what would make him the happiest. He chose to stay at Salem and he and Mother became roommates.

I visited my parents daily, unless I was sick or out of town. My cousin and her mother came weekly, with very few misses, until my aunt passed, then my cousin and her husband came weekly. I was my parent's advocate, which was an easy job with the nurses, CNAs and staff at Salem. They kept me informed and understood that I was a very involved daughter. We weathered Covid – both my parents got it, but had mild symptoms. The video visitation did not fulfill my needs for the caregiving role I had assumed. It was a happy day when I could hug my parents, again.

We celebrated their birthdays and anniversaries with family, friends and cake. The last anniversary they celebrated was number 81 on October 17, 2023.

Dad developed dementia and began sleeping more and more in 2023. When the family went to celebrate Christmas with them, it was easy to see how much he had declined mentally and physically. He passed on February 25, 2024, just six weeks before his 100th birthday. We were able to take Mom to his graveside service in Star City, but she was past exhausted by the time we got back to Salem.

Mom obviously did not feel well on her birthday, August 1, 2024. She passed on August 9, 2024. She was 99.

That was just about one month shy of seven years since her stroke. Those seven years challenged me mentally and emotionally - especially the times Mother would try tell me something and I couldn't figure it out quickly. In the beginning, I could ask her 'yes and no' questions and eventually learn what was on her mind. As time went on, she began to indicate yes when she meant no and vice versa. As more time passed, I realized she was not listening to my question – she was listening to the question she wanted me to ask – and her answers didn't make any sense. It was frustrating for both of us. My heart broke for her

– Mom was a conversationalist and her not being able to communicate was almost unbearable.

Although I prayed to God the night of Mother’s stroke that if she could not be somewhat independent, to please take her to heaven. In hindsight, maybe it helped Dad to have her those (almost) seven years.

In the summer after her stroke, I was at church on a weekday and Pastor Lauren asked how I was doing. I told her I needed someone to talk with who was not family or a close friend. She invited me into her office. After I told her my feelings, she told me I was experiencing grief; that although Mom was still living, she was not the mom I had known my whole life. Her words lifted a burden from my shoulders. I had lost the mother that had always been my rock and now the roles had reversed and I needed to be her rock. Dad had lost his life partner as he knew her and I needed to help him cope, too.

A big support for me was friends whose mothers were also in a nursing home. I shared with one that I felt guilty for not being able to care for Mom at home. She said she had, too. Then one of the staff members at her mother's home pointed out all the people it took to care for her mother and asked, "Could you do that?" Although a nursing home is the last place we want our parents to live, sometimes it is the only place staffed to care for them.

There are a few things I wish I had done differently as a caregiver. I wish I had prayed more with Mom and Dad. I read to Mom almost daily. Dad was there, too, but usually fell asleep or crawled into bed. I bought several books of uplifting and funny stories – mostly “Chicken Soup” books and and my daily Guidepost. It always lifted my spirits to hear Mom laugh at the stories. I wish I had prayed with them every day before I left rather than occasionally. I also wish I had played more music for Dad – he loved country music and especially hymns. Although Mom wasn’t crazy about listening to the CDs, I should have played them for Dad.

I don’t know which is less painful, losing a loved one suddenly or having his/her journey to heaven take more time, whether that is a few weeks or a few years. I am thankful for the time I had to process losing my parents and time to prepare. I am thankful they are whole again. And I am thankful I can channel them in my everyday living.

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Aging and Independence

In 2019, I convinced my 95-year-old mother to let me order her groceries and pick them up so she would be protected from the COVID virus. I thought I had made progress towards a new relationship with this strong, independent, educated, opinionated, socially active woman. Mother had always been the decider in our family, and I was complimented to have facilitated a course of action that she initially thought was unnecessary.

During COVID, my sister and I took turns checking in, grocery shopping, doing errands, returning and picking up books at the Faulkner County Library and generally making sure she avoided groups of potentially unvaccinated people due to her co-morbidities. She loved to drive, even having me drive her through the new Lewis Crossing Roundabout so she could learn how to negotiate it (It took me 3 times to get it right!). She did her best to negotiate the social separation that COVID imposed on all of us: but the shrinking of her social life was as unacceptable as having to work with us to protect her from being exposed! Her circle was smaller, but she and her good friends remained connected: they had a history of exchanging phone calls, of trading cookies and muffins, and sending legions of cards to each other. It was endearing to see them make accommodations to the new normal: for which we were profoundly grateful.

My sister and I settled into the regimen of going to doctor's appointments, getting the COVID vaccines, picking up medications, etc. And in doing so, we addressed an ongoing complaint: stomach pain. My mother had mentioned it to her primary caregiver/nurse practitioner several times, but the pain was attributed to the aches and pains of aging. Eventually, circumstances demanded that we insist on an ultrasound. It revealed a mass near her left kidney. My sister and I went with her for an additional consultation. The doctor advised her against—at her age—any invasive procedure, confirming that the mass was probably cancerous. Who would have imagined a different outcome? Mother agreed: no invasive procedures. No tests. She was philosophically prepared to accept the diagnosis.

Thus began my sister's and my journey into assisting our mother whenever possible—when she would let us. Mother had been the primary caregiver for our younger brother and our father. She knew how to be in charge, had always been incredibly organized and we knew she would be determined to take charge of any decisions for as long as possible. So for several months, we accepted that she wouldn't agree to speak about or discuss any arrangements for her ongoing health and personal care. She wasn't in denial—she trusted the doctor. She just didn't want to give up her autonomy. At that time, she felt confident that she would be fine with me being 15 minutes away, my sister being 30 minutes away in LR, and her housekeeper of long standing available weekly. We would be "on call" and she assured us she could organize friends to "pinch hit" should it "come to that."

The mass in her stomach continued to grow. We noticed an ongoing loss of weight, periodic confusion, a shortened attention span, impatience with changes in her routine, exhaustion, and a propensity to lose her balance and fall. Over time, she became anxious about intruders entering her home to rearrange my deceased father's clothes that had remained in their walk-in closet, or to move the accessories that decorated her living room, or to hide important papers or file folders in her office. She had the wherewithal to call the Conway Police Department: I commend the several officers for their patient visits and empathetic responses on several occasions. To ease her mind, we changed all her doorknobs and installed deadbolt locks—finding, in the process, that two exterior doorknobs were inoperable and would have been problematic in case of fire.

My sister and I followed suggestions from friends about independent caregivers. Well-meaning, those we hired were not prepared to meet her expectations. So we initiated conversations with caregiving agencies. Mother agreed to be present, only to refuse to participate in or agree to any contract for care. It was a painful time. She insisted that she could organize her care with her friends, even when it became evident that personal functions were becoming difficult to manage. We understood her preference and knew her friends would come if my sister or I couldn't be reached immediately.

We rocked along for some months, adjusting to the come and go of part-time caregivers. Mother continued connecting with good friends, enjoying watching the Sunday morning televised services provided by Pulaski Heights Methodist Church (my sister began that initiative before COVID, thank goodness), logging on to attend zoom meetings of social organizations, and letting us shop for some new clothes that turned into fashion shows. And friends were glad to drop by to talk her through a worry, stay with her after an imagined home invasion, pick her up off the floor, bring her muffins... But the uncertainty of her balance, her exhaustion, her diet and the several medications that weren't taken as directed took a toll on us all. She required 24-hour supervision.

We found an independent caregiver, a retired nurse, who had a blunt conversation with the three of us about managing personal care through illness, hospice and end-of-life. She was available for a limited number of hours per week and would come only if we had a caregiver service to complete staffing. Her professional expertise was the catalyst for Mother's decision to let us organize a team. Not one team, but several were required because it took all of us: in the end, we worked with over 19 different caregivers, independent and agency-based. I grieved for Mother's frustration: she was a conversationalist surrounded by people who just couldn't keep up with her intellectual interests. She was an extrovert who wanted to visit but lacked the energy to meet her own standards for a good conversation. She had been an administrator who expected elevated results and who found fault with agency protocols. At one point, she realized the disconnect and admitted, "I know what I have to do. I have to contend with dull people."

She continued to weaken. Hallucinations began and became threatening. Days ran into days, highlighted with a terrible fall requiring stitches and a harrowing experience in the ER when I was out of town. In the time it took for my sister could arrive from Little Rock, disorientation had taken its toll even though a caregiver was with her the entire time. We had honored her wish to be at home and worried that our decision had put her in peril. We installed rails to keep her from falling out of bed and secured a Hoyer to facilitate personal care and regular bed maintenance. I was surprised when I learned that she didn't realize she was still at home: she confided to me that, "My daughters put me in here thinking I would like it." I asked, "Well, how's it so far?" She responded with a shrug. It wasn't long until our retired nurse called with an early morning revelation: the cancerous growth had burst. The mass must have been an ovarian cyst. Mother's stomach was completely flat, and she was suspicious of our understandably amazed reactions.

Confusion set in, sharpening Mother's self-preservation instincts. For a brief period, she snapped forward to rail against the missed diagnosis and our lack of awareness. She became vehemently self-protective about the visiting hospice's nurse's examinations and procedures, the medicines and meals we presented, and the presence of new caregivers often refusing everything. She felt we weren't sufficient to her caregiving and insisted on being her own advocate until she was too weak to do so. I am still sad that Mother's final diagnosis was based on a lack of information—a terrible outcome for a woman who loved to learn and know about her health. Perhaps our approach to planning would have been different had we insisted on further testing. The "what ifs" of caregiving are the hardest.

I take comfort that we worked with Mother to enable what she insisted upon: to stay in her own home where she could maintain some semblance of authority for as long as she could. It comforts me that when I entered her bedroom, she would often say, "Oh, good—it's you (until I did something she didn't like!), or "Good thing you're here—we have a mess to fix." It comforted me to know that her faith—always strong—was grounded in the gift of grace, the belief that God loved and intended good things for her, and a history of service and dedication to our church. It comforted me and my sister to be present with her for her end-of-life transition. Holding her hands, encouraging her with gratitude and love, is a treasured memory for my sister and me. She died about 2 months before her 98th birthday.

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Alzheimer's

The Alzheimer's brain sometimes works fine and the person may be able to "fool" you or others that nothing is wrong. However, the longer you are around that person, you will see that they might be able to carry on a logical conversation for 20 or 30 minutes, but not over a longer time.

Long before we were able to convince our mother to get tested, I noticed that she had become very rigid about her daily life. Any change to her regular routine was upsetting. Her conversational patterns became repetitive. She started to have trouble keeping track of appointments and normally recurring activities due to not knowing what day it was. We tried to help with a digital clock that stated the day as well as the time. But when my sister and I took her on a trip to Branson with us, we noticed that she had trouble making decisions about what to eat at a restaurant and that she was having trouble keeping up in the games we had enjoyed playing for years as a family. We were not surprised that she was later diagnosed with Alzheimer's disease: her mother had it and her grandmother had it. This began my caregiving journey of 9 years.

We finally got her to agree to get tested and she started to see a Geriatric Psychiatrist. My mother had done a great job of hiding her situation from her friends. But they did notice changes and would call us to let us know that she had gotten lost driving, or not been able to keep up with bridge games, etc. Having people who would listen, having those who would come visit my mother and help me and my sister keep tabs on her were a blessing. The rapidity that changes could occur surprised me the most. Sometimes, a change would occur and my sister and I would make modifications to accommodate that change. Sometimes that modification would be sufficient for months, other times only days. I marveled at my mother's ability to adjust to those modifications.

Mom would get mixed up on her medications, taking the wrong day's meds or forgetting to take them. She didn't want to give up that autonomy, but we had to assume that responsibility. We began filling up her daily pill box and started locking up the rest. We then had to adjust to locking it all up and personally going to dispense her meds. She tried to break into the locked box and then went to the pharmacy to get refills. The pharmacist called me, but they had to refill them (mom had to pay full price because she wasn't due to have them refilled) because we hadn't thought to take her medical POA to the pharmacy. When she continued to get lost driving to familiar places such as the hairdresser, restaurants and her bank, her Geriatric Psychiatrist recommended that we take her car keys away. The hardest time was keeping up with her prior to her moving into the nursing home.

First, we had Home Instead come in for housecleaning. Then we added a person 5 days a week in the mornings. Her duties included cleaning up breakfast dishes, making sure mom had taken her morning medications, light housekeeping and fixing lunch. My sister or I would go each evening to make sure mom took her evening medications and we would cover the weekends.

After losing driving privileges, mom decided she wanted to move to College Square. Not long after, she passed out from high blood sugar and had to begin insulin injections. This complicated her medication situation. We then hired a caregiver who had multiple clients at College Square. She came in the morning and administered mom's insulin injection and supervised her taking her other medications. She would also come in the evenings for the same. My sister and I covered the weekends. Over time, my sister and I continued to coordinate our schedules so that we were never both out of town at the same time. If we were, that couldn't be for more than a weekend and we had to make other caregiving arrangements. We were lucky to each have a child living in town who could take over. After mom's death, my sister and I were able to take a trip together.

My mother walked away from College Square and got lost. It took us 2 hours to find her. She had no explanation of where she thought she was going, but she had her UCA football tickets in her purse. She then could no longer stay at an unsecured facility. We moved to what was then called Southridge. It was classified as Assisted Living Level 2. Mom had her own small apartment. After 5 weeks, she had a confrontation and tried to throw a chair at another client. The client wasn't injured, but the director stepped in. We then took mom to Transitional Care at Conway Regional. The geriatric psychiatrist recommended she be moved to a 24-hour care facility. It was a relief. She lived at Heritage Nursing Home in the Alzheimer's unit for 7 years. Over time, we utilized In-home care, Geriatric Psychiatrist, Senior Apartment Complex with minimal in-home care, Assisted Living Level 2, Full 24-hour care in a Nursing Home.

Being a caregiver requires being knowledgeable about medications. I was already familiar with Haloperidol due to my aunt. She had vascular dementia and was a large, strong woman. She was in a nursing home and became combative. She was given large doses of Halperidol and became a babbling vegetable. My parents were concerned and had her sent back to transitional care where they weaned her off the medication. Unfortunately, she was never able to walk again and was confined to wheelchair. For this reason, I was always monitoring Mom's medications. We were fortunate to have mom in a facility close to our homes. We informed the staff of ALL SHIFTS that we were only a phone call away and preferred they call us first rather than give meds first. Mom had a medication on an "as needed" basis to control her behavior. We were often able to calm her down and avoid the need for her to be given this medication.

Being a caregiver is stressful. You never know when you might get a call. My mother's HVAC drip pan rusted out and leaked through the ceiling when she was still in her home.

She was frantic and called me at 6:30 a.m. Getting phone calls in the middle of the night from her always made my blood pressure go up. You never knew what might happen. While she was in transitional care, she had fallen and complained of dizziness. They decided to send her to the Heart floor to do tests. I got that call in the middle of a rehearsal at school. I had to leave immediately. When I arrived, mom was being difficult when the nurse tried to insert an IV. There were 2 nurses, 2 aids and a doctor all yelling at her. The RN was on her way into mom's room with a syringe and I asked what she was going to inject mom with. She replied Haloperidol. I asked her and the others to clear out and let me talk with mom. I was able to get her to calm down and she finally allowed the nurse to put in the IV. Incidentally, they never used the IV! I wish I had known earlier about the Teepa Snow videos. She is an occupational therapist who has YouTube videos for caregivers. Those videos and the Frank Broyles book were incredibly helpful, as was the Church Caregiving Support Group.

I missed getting to do a number of things during this time. That didn't bother me as much as having to constantly reschedule or dealing with the chaos of the situations. Mostly I missed who my mother used to be. She was no longer the invincible person I had known. Her personality changed, partly to obscure her mental difficulties and partly due to the disease.

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Cancer

My brief introduction to my journey as a caregiver for my husband of 62 years.

Seven years before my husband's death we had early signs of something going wrong with his health. For example, he developed an unusual pattern of walking due to a "hitch" in his step with his left leg. After many attempts trying to figure out why this was happening followed by exercises, no apparent improvement happened. We turned to the medical community. Tests were done with no sign of why this was occurring. We went on with life.

Four years later during annual routine checkups with our family physician and cardiologist, test results showed nothing abnormal except for an unusual and very high PSA. The next morning the cardiologist called at 6 a.m. to say that, while his heart and arteries were pristine, my husband's PSA was extremely high. The doctor had already made an appointment with an oncologist in LR the next day. Bottom line: the diagnosis was stage 4 metastatic prostate cancer that had spread to bone and lymph nodes.

For more than a year he had chemical treatments. Then there was an opportunity for him to receive a new type of treatment that became available in Arkansas: we called him "our Little Chernobyl". Treatments were once a month and successful. But after about 6 months of treatments, the company in China producing the product was forced to shut down for several months. My husband was put back on the previous treatment schedule while time and cancer marched on as we waited to return to the more successful treatment of nuclear radioactive medicine therapy.

And it did return. Treatment schedules began again, and for the first few he was improving. But, too much time had lapsed and his health started spiraling downward. After a few more treatments, he couldn't do it anymore. So we came home with plans for palliative care. Hospice continued to work with us, but more hospitalizations happened until the last time he entered the hospital: he then requested a DNR (do not resuscitate). We brought him home and that day I hired a full-time nurse to help us. Family arrived while he was in the hospital and stayed for the eleven days until he died. It was September 11, 2023. I think of it as our 911.

The care giving experiences that surprised me included the extreme ends of emotions - from the tender and gentle care giving moments to the brutality of the viciousness of the process. The more brutal aspects of the process were hard on everyone. Nothing hidden.

The incredibly good part that kept on surprising me was the perpetual stream of help with food (especially when family members were here), thoughtful presents for me and my husband, personal visits, and reaching out in many different ways. Gift cards and get well cards sent were a means of a flood of caring and giving; food left at the door: it all was a way of community sharing, doing, caring, giving, and then giving again and again. Heart-warming, heart-filling, and so strongly appreciated.

The physical effects on me during the last year were unexpected and difficult. My hair began to fall out: I didn't lose it all, but it thinned considerably. I had to be taken to the hospital four different times. Two of those times I was admitted to the local hospital or transferred to the LR Heart Hospital. I had a stroke and had speech impediments for 4 days –thankfully, I recovered. I suffered from extreme high blood pressure other times, managed by hospitalizations, due to the nuclear radioactive treatments—although we took the recommended precautions. I now have to take thyroid medicine daily. There is more: exhaustion and tiredness. Yes, the caregiver knows to take care of self, but the time for that to happen usually isn't available. Or you go to rest, and rest does not come.

I am beginning to be able to exercise again and play bridge. I had to give up tennis. Reading is good, but I am not able to do the amount of reading that I want to do yet. And I am not able to get into routine gatherings, like social groups with purposes for better community services.

I missed getting up early with energy and enjoying the sun rises and the sun sets; visiting with friends casually; taking off from doing more of the list of things that need to be done; taking deep breaths and watching the activity of the community.

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Parkinson's

My husband was diagnosed with Parkinson's Disease in 2012. He responded well to the medication, and for seven years, we didn't see much of a change in our daily lives. He continued to work and maintain our big yard. Even after he retired in 2018, things were going well even though I noticed symptoms of the disease: occasional paranoia and hallucinations, for example: when he thought he saw someone on our property. But by and large, things were OK. We made it through the COVID shutdown even though his symptoms continued. We hired his niece to stay with him for a few hours during the day to make sure his meal and medicine routines were maintained while I went to work. My employer was very supportive, allowing me to go in later and work from home a couple of days a week.

On the Sunday before Thanksgiving 2022, we went to the ER with pneumonia, spending a total of three weeks between the hospital and rehab facility. That was the beginning of the end. I stayed with him day and night and have no doubt he would have slipped further and quicker had I not been with him. However, he lost a lot of strength during that time. On December 15, we left with a wheelchair and other adaptive equipment. I was hopeful that we were on our way back. We did outpatient therapy for several weeks, and I drove him to every appointment and stayed with him to learn strategies for us to do at home. Even so, we had a few other situations that required ER trips or hospitalization in March, May and July. I stayed with him through all of those complications, even sleeping (or trying to) in the hospital bed with him.

However, we just could never get back to where we'd been before Thanksgiving.

Physically, the caregiving burden grew more difficult for me. Our niece was a wonderful companion, but he soon required my assistance for his personal care during the day. My employer remained wonderfully supportive as family demands increased. There were occasional bouts of paranoia that resulted in him lashing out at me. That may have been the hardest part. Sometimes it was difficult to be kind in return, but I knew that was not my husband talking. It was the disease. As one of the nurses had told me, they often lash out at those they are closest to. Still, those incidents hurt.

On August 17, 2023, my mother died unexpectedly. I regret that, because I had my hands so full with my husband in those last months, I wasn't as in-tune with my mother's deteriorating condition. I didn't realize how much she had slipped. The last time I saw her she was coming out of a successful heart valve replacement. I thought that would fix a lot of her issues, but she died three weeks later. I was very torn to leave my husband to be with my family during those few days after her passing. His niece stayed with him while I was gone and told me he'd begun coughing again. I returned home on Monday, and on

Wednesday our doctor sent us to the ER, where they diagnosed him with pneumonia again. I stayed with him 24/7 until he died at the hospital the following Monday, August 28.

I think what surprised me the most about my caregiving journey was that you just do what has to be done. There's no other choice. Another surprise was other people's reactions. Some people whom I'd thought would be helpful weren't, and others whom I wouldn't have expected to be were. Obviously, I was physically, mentally, and emotionally exhausted. Restful sleep had been hard to come by for most of those nine months. Since Thanksgiving 2022, I had missed out on family birthday parties and other activities. I couldn't join friends for after-work gatherings because I had to get home to my husband. It was a pretty solitary nine months. My main respite through the summer had been a couple of walks with the dogs every day, and I found myself wondering on those walks how long I could hold up.

But caregiving wasn't all bad. I'm not sure that there's a purer love than when you're helping your loved one with the daily care that he could no longer do for himself. He hated having to depend on me so much, but I've never felt so close to him. I am honored to have been his anchor. I am forever grateful I was able to see him through until the end.

Obviously, losing him devastated me. All my energy had been directed at him for so long, and afterward there was a tremendous void. Seventeen months later, though, I'm able to look back with gratitude for what I had with him, and what I've had since losing him and my mother that I didn't have before — a sweeter, closer relationship with my father and siblings; the love and care of my friends and co-workers; unexpected friendships; the unwavering support of this church, including many people I didn't know.

I've been very intentional about my grief and my process. I've read books, lit candles and marked special days. I took a solitary trip during the week of our anniversary to revisit several places we'd been together, and I expanded that trip to visit family and go to new places as well. It was very good for me. Now I don't cry every day like I did for so long. Every day I wake up and thank God for the blessing of the lives of my husband and my mother, and that I know where they are and who they are with, and that I will be with them there someday.