

# SHEILA

Sheila was referred to the CMHT for Older Adults for depression, which appeared to be related to the burden of caring for her husband, her own poor health and feeling unheard by the professionals involved in her husband's care and her family. Her story has generously been offered by Dr Michelle Hamill and with Sheila's permission

Sheila was in her seventies and described herself as a 'typical East End working class woman' who put her family first. She had many physical health problems, including poorly controlled diabetes, heart disease, hypertension, asthma, was prone to UTI and chest infections. She had decided to care for her husband at home rather than place him in residential care against the recommendation of social services. Consequently she had been labelled as 'difficult' by some members of the CMHT who attributed her depression solely to the practical burden of caring for her husband and which could be 'sorted out' by placing him in long-term care. Some of her children agreed that their father should move into residential care while others agreed with her wishes for him to remain at home.

Sheila was experiencing a range of painful emotions – grieving for the man her husband had been as well as for the man he had not been, exhaustion and frustration of caring and immense guilt for sometimes wishing he would die and free them both from pain. She blamed herself for not being able to take better care of him due to her own poor health. She told her therapist she feared the emptiness of the house should he no longer be around. As the condition progressed he became more suspicious, restless, agitated and was very confused. The pain of him no longer recognizing who she was left her all the more distraught but no less determined to continue to care for him at home.

Sheila had grown up as the youngest child of a very large family and was often looked after by siblings. She sometimes felt invisible. She described her mother as a caring and dedicated woman who worked hard to provide for her children. She reported her father to have been

a 'horrible husband', a drinker who had numerous affairs with other women in spite of which her mother stuck with him. As the youngest child it fell on Sheila to nurse her mother when she became sick. Sheila described her husband as 'an aggressive, controlling and possessive man' whom she felt sorry for as he had experienced a very abusive and neglectful upbringing. In spite of her mother's concerns, Sheila decided to marry him. There was a sense of history repeating itself, with both women experiencing neglectful and turbulent marriages to unreliable men but bound by sense of duty to stay and care for them for the sake of their children regardless of their own suffering. Despite the difficulties, she reported loving her husband for the children they had together.

Sheila reflected that she had been 'depressed all my married life'. She had one contact with a psychiatrist fifteen years before who had prescribed antidepressant medication but otherwise she had never opened up about herself to anyone.

Her reformulation letter read:

Growing up in a large family you learnt to rely on yourself and keep your feelings to yourself. You described hating having to rely on others for fear that they will take over. You seem to have taken after your mother, putting other's needs ahead of your own, deriving your self-esteem from caring. You explained that you have 'never been one to look after yourself' as well as expecting little from men as husbands or fathers. So although you may feel in control your own needs and wishes get neglected. Now you feel as if you are 'in prison', trapped by your own body, your husband's deteriorating health, your house, family and professionals, everyone telling you what to do and taking over your life. It seems that your dilemma is that either you are independent, in control but ultimately neglected (always put others' needs ahead of your own) or dependent, controlled and helpless (others making decisions for you but it may not be what you want), either way your needs go unmet. It is as though you are the young child again struggling to be heard, invisible and lacking control ... My hope for you in this therapy is to create a space for you, about you, where you feel heard and work towards you finding a balance between others doing for you and looking after your own needs as well as exploring these feelings of loss, which surround you at present.

Sheila's diagram helped her in her day-to-day life and to make links with her early experiences.

It was the manifestations of these patterns within the therapeutic relationship that formed the focus of the work. In the initial stages it was unclear whether Sheila would allow herself to trust and rely on the therapist due to her fear of being taken over and controlled as well as risk opening herself up to another loss when therapy finished. In the second session her therapist reflected that her being there for her might be difficult when she was so used to being there for others and ignoring

her own needs. Her eyes welled up and she said that she had never let anyone see her cry and 'did not want to be thought of as soft'.

The therapist told her that she thought she was brave for having taken a chance in displaying her emotions and accepting this time to reflect with genuine sadness on her feelings of grief. Sheila was also able to voice her worry that the therapist might also try to take over or persuade her to place her husband in care. She said she was surprised at being able to be honest about her feelings but could not see how she could do the same with other people. Her diagram helped her to make sense of this in relation to her worry of being controlled and her subsequent neglect of self.

In the middle sessions Sheila developed an infection on her leg, which the district nurse was attending to. She reported that her leg 'just won't stop weeping' and required frequent changes of bandages. The therapist suggested an emotional meaning and that her leg was symbolic of how she was feeling; that perhaps she was worried that, if she thought about her situation too much, then she may not stop crying either. Sheila thought for a while before saying that she was scared of breaking down, just like her body appeared to be doing. But by this time she was able to accept the district nurse attending to her leg. In allowing the therapist to attend to her feelings of grief and fear she could develop an internal resource to self-soothe. A few weeks later she said that she had cried during the week and was surprised when she experienced some relief afterwards.

Sheila was able then to explore alternative possible coping strategies, 'exits', which were also added to her diagram that she began to internalize and implement, attending to her own needs and receiving support from others as well as speaking up more for herself. Her response to using these alternative strategies was touching. She expressed surprise at how she was beginning to feel less overlooked and more in control in addition to attending to her feelings of loss. This healthy dependency on others enabled her to feel stronger in contrast to her fears of being taken over.

The exchange of goodbye letters, which were read to each other to mark the ending in the final session, was very moving. In her goodbye letter Sheila wrote:

I did not think that I could tell a stranger so much about myself. I think I will find it much easier to talk to my daughters now. Believe me, I think I have already started to look at myself in another light.

The therapist's goodbye letter to her read:

I hope that our relationship has shown you that another kind of relationship is possible – where endings can be managed differently and feelings expressed and thought about. I hope that you can continue to find a balance between

others doing for you and looking after your own needs as well as acknowledging and facing your ongoing feelings of loss. It seems that whatever decisions you make regarding your husband's care, there will be painful and difficult consequences. I hope that you can continue to allow yourself to experience the range of feelings that arise as things change.

As she completed therapy Sheila had improved in recognizing her patterns of feeling controlled and self-neglecting and was beginning to practise new ways of relating. She was being firmer with voicing her opinions to both her family and health care professionals and was learning the importance of using the time when her husband was in respite, to which she had newly agreed, in order to recuperate, catch up on her sleep and better attend to her own emotional and physical needs without feeling so guilty. Although she continued to report fluctuations in her mood, her appetite and sleeping had improved. These gains were maintained at her three-month follow-up.

Sheila's daughter contacted the therapist a year later to say that her father had moved into residential care a couple of months before and that Sheila's health had deteriorated considerably. The first thing Sheila said on her return to the therapist was that she had lost her 'voice' again and how much at a loss she felt since her husband had moved. Reflected back to her was the fact that, in requesting her daughter to call the therapist, she had found a way to attend to her own needs in asking for help and that, in no longer having her husband at home, she was all the more confronted with her own increasing health needs and sense of dependency on others. She said she worried that he was not being well looked after and how painful it was accepting that she could no longer care for him. The therapist wondered if she was also worried about who would care for her as her needs increased. She said that she wanted to die at home and that she needed to talk to her daughter about this. She agreed to six fortnightly booster sessions to go back over some of the themes from her therapy and create some space and containment around these feelings.

Sheila once again engaged in this process. Her extended family began to visit more frequently and, at the time of the second goodbye, she spoke of finding joy in spending more time with her grandchildren and holding in mind both her feelings of loss in addition to a sense of pride in having raised her family as she had done.

Sheila's husband died in late 2009. Sheila's daughter got in touch a few months later to say that her mother had died peacefully at home with her family around her, and expressed her appreciation for the CAT involvement over the previous couple of years.