



How to Advocate for Yourself and Your Family Member

Advocacy is an interesting concept for the family caregiver. A long time ago I remember reading about it in the book, *Witness to Illness*. I will speak to two of the difficulties that can arise unbidden: conflict of roles and the cognitive/emotional connections.

As a family member you are in a unique situation. You might know the person quite well, however, you know that person as a child does a parent or as a spouse does a spouse. You are emotionally invested in your long-standing (and impossible to deny) position relative to the person for whom you are caring.

Though this hand-out refers time and time again to how you will be perceived by another, I also invite you to become aware of how these suggestions also help you perceive yourself more clearly in the two distinct roles of family member and caregiver. This aids you in being a more effective advocate.

Just to alert you: because of this conflict of roles it will very easily be this connection, this familial role and not the caregiver role, that is taking precedence with whomever you are speaking. For example, if you are speaking with the person's physician, the physician may hear what you are saying, however, it is being heard within the context of it coming from the adult child or the spouse. Another example, if you are speaking with the person's neighbour, the neighbour may hear what you are saying and see what you are doing, however, it is being heard and seen within the context of it coming again from the adult child or the spouse. In neither case are you able to control how the other person perceives you. (Tip: this can be used to everyone's benefit)

A suggestion: speak to this reality and you may gain more credibility in any of your communications. For example, in speaking with the person's physician, admit that you are the adult child or the spouse. Through acknowledging your inability to be totally neutral while wanting to do the very best for the person for whom you are caring, you are more likely to capture the physician's attention. The intent here is to be on the same side as the physician as it is helpful to be seen as a caregiver just like the physician is seen a caregiver. The physician has knowledge about the disease and physical limitations whereas you complement this with your knowledge of the person's interior emotional health and current-day context. This reminds both of you of the caregiver role needing to be paramount.

Again, because of this connection, you might have all your responses being dismissed and clumped under the umbrella term of a family member's "emotionality". For example, if you are in distress about what you are witnessing, you will be taking centre stage whenever you are in communication with another rather than the person for whom you are caring. This is a delicate situation. It can't be denied, however, I urge you to use it again to your advantage.

I have two suggestions here which you may find helpful. One, speak to a friend, confidante, or therapist about your emotional distress and resolve as much as you can about your sorrows and frustrations. The more you are able to leave this out of any discussion while wearing the advocate's hat the more you will be successfully perceived. Two, I encourage you to briefly acknowledge that you are caring for yourself and that you are here to speak as an advocate. You may gain significant credibility as a result. The person for whom you are caring then becomes the focus of your conversation (and not you!).

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