

## **More Than a Bath**

**By Elizabeth Mulvaney**

Some details have blurred. Was it after the latest back surgery, the knee replacement, or something else? Yet, the scene itself is vivid. My parents resided at least five hours car drive from any of their children. In the tag team relay of caregiving, I had hugged my sister at the airport when I deplaned, collected my parents' car keys, and waved as she boarded. Verbal instructions preceded the written ones she'd left. These would accompany the ones provided by my mother, the person with the biggest health need that day. Now it was my turn. My brother would come in a few days via car, leaving half a day without coverage when I left.

Mom had been sleeping on the family room couch since her surgery and using the half bath on that floor. Dad was temporarily staying at a nursing home recovering from hip surgery followed by a heart attack. Somehow, I had helped my mother make it upstairs, the location of a bathtub. She scooted up one step at a time backwards; I spotted. Her idea not mine. I had suggested a bed bath; she emphatically declined. Safety arguments from my professional training failed. I assured her I could create a bath in a bag in the microwave (Carruth, Ricks, & Pullen, 1995). It would be warm and better than what the home health nurse did. She'd had enough. She didn't "feel clean. The dry shampoo didn't feel right." I understood her point. It had been over a week, and she was taking a proper bath. She waited at the top of the stairs as I ran back for the walker. Together, we lifted her from the floor and made it to the bathroom.

The bathroom had always seemed large, but today, it seemed long and narrow. I started rolling up bath mats. Another debate ensued about throw rugs and safety (Rosen, Mack, & Noonan, 2013). She reluctantly agreed to have them moved from certain places throughout the house. There was little room to turn a walker. I brought in her robe. While she went to the bathroom, I went looking for the bath bench purchased after a previous hospital stay. Found it exactly where Mom said. She continued to be very organized. The fit in the tub was poor. Had she used this before? In this bathtub? How? It was unsteady in the direction it was intended. The deep, soaker tub with the jets was in theory nice, but it was tapered and rounded. Lots of adjusting followed. Thirty minutes passed. I never quite got the bench to full stability; I settled for its being partially inside and outside the tub so she could sit, shift, rotate and slide into the position I knew would be safest (Pain, McLellan, & Gore, 2002). She said it was fine; my professional training said it was not. Fortunately, my brother had installed grab bars and a movable showerhead previously (Pain et al., 2002); we relied upon both that day.

I explained to her how I could support her and provide her with some semblance of privacy and dignity using towels that we would simply soak in the process. I knew many older adults lose their sense of autonomy and dignity (Black, & Dobbs, 2014); I wanted to help her maintain

hers. We placed toiletries within reach. She positioned herself on the bath bench (me spotting and worrying) while wearing her robe. I handed the shower head to her and mostly shut the shower curtain. Using the grab bar, she was able to remove the robe, sit back down, and hand it to me. She adjusted the water and began showering on the bench. She was managing fairly well on her own. We chatted. She wanted to really wash her back and bottom well. She wrapped herself in a towel, then I opened the curtain and washed her back. I pulled it closed. She used the grab bar to pull up but felt a bit unsteady. She wanted more support from me. She wrapped the wet towel around herself opening on the side. I opened the curtain to the front and provided support on the open side. She reached back to wash herself; then it happened—a tiny slip to a sitting position. There was no injury; my spotting had been the appropriate support. But the towel fell off, and she was exposed. I was far more distressed than she was. We had not succeeded with maintaining dignity this day. “Well, why shouldn’t you see me naked, it seems like half the medical professionals have,” she quipped. Her exhaustion and resignation saddened me, yet I too tried to brush it off as “no big deal.”

Something shifted that day. Caregiving moved to a new level of intimacy. Since then, I have increasingly helped both parents with very personal care. I knew then, yet did not admit, that she would not regain her previous level of independence; I had a moment of realization that having me, a geriatric social worker, in the family would not result in our family having better outcomes than other families. Some diseases, some transitions, some experiences are just hard.

My three siblings and I made 16 visits to my parents that year using vacation days, doing work in airports and cars, and at a cost of time spent with family. Time with our parents became very task focused at the expense of visiting, and every major holiday that year was marked by some major caregiving need. My parents were desperately trying to hold onto their independence and regain health. We hesitated to tell them what to do, fearing it would rob them of hope. There were countless phone calls. We attempted to get professional caregivers involved with mixed success as my father would forget they needed help and dismiss them. “Let’s hope for the best and plan for the worst”—a strategy I had employed many times as a geriatric social worker – was not effective. My parents shut down either due to poor health and exhaustion or the loss and grief which accompanied my father slipping into the abyss of Alzheimer’s. My mom was living with her husband of 44 years, and he could no longer partner while her physical health diminished. We were trying to support them. They were trying. We were all trying.

Cognitively, I know that our situation was like a million other long-distance caregiving situations (NAC, & AARP, 2004; NAC & Zogby International, 2004). It differed a little in that we were younger (only 18% of long distance caregivers are ages 35 to 49 (NAC, & AARP, 2004)). We also were all stably employed and could bear the financial burden of travel. Yet it was fresh and new to us as we adjusted roles and shifted caregiving responsibility from one generation to the other. Ultimately, my parents relocated near me. The cruel decline of

Alzheimer's marches on for dad, and mom has had additional health concerns. They live in a setting with formal support now, and that support allows us to enjoy time between caregiving tasks. We keep adapting with each change, seeking stable footing. We do what all families do—try.

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