

HOLD FAST TO HOPE

**Help for Caregivers
of
Those with Traumatic Injuries**

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Resurrection Press

An Imprint of

CATHOLIC BOOK PUBLISHING CORP.

Totowa • New Jersey

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Foreword

MOST of us avoid thinking about death or dying. When we do allow our thoughts to turn to the reality of the end of life, we tend to view its arrival on our terms after a long, fruitful life and after all our affairs are in order. A traumatic injury immediately changes this view. When we, or someone we love experiences trauma, everything is turned upside down. Dreams and plans are shattered. The new order for the day is unraveling the mysteries of high-tech medical care and finding ways to pay for it. For anyone living through the turmoil of such an experience, Linda Rooney offers practical ways to sustain hope and survive.

Because of her personal experience following her husband's accident and subsequent brain injury, and her training as a Catholic chaplain, Linda displays a keen appreciation of the needs of the family members of those who suffer from traumatic brain injury. While hospital personnel work frantically to save the life of the person injured, family members must deal with the emotional, physical and financial aspects of what has happened, as well as the pressures of straddling the world of medical institutions and the everyday world of family and work. Linda addresses this tension. She explains what it is like to hear a group of doctors discuss her husband's condition and then tell her in cold, clinical terms what his chances for survival are. To

medical personnel he is a patient and there is little recognition of the familial bonds that tie him to a larger world, a world of intimacy and love. Linda is the one who must keep her husband's story alive.

This is a book filled with practical advice on how to keep hope alive, not only for the patient in the hospital, but also for the patient's family by attending to, rather than ignoring the many small details of living. Linda reminds caregivers that hope means appreciating God's presence wherever one finds it. She gives step-by-step advice on how to cope, such as allowing others to help, asking to see your loved one, and keeping your thoughts positive. Whether it is dealing with one's feelings or asserting oneself with medical personnel, Linda encourages the caregiver to be proactive.

The two pillars that support this book's approach to hope are "facts" and "prayer." Hope is not built on an illusion but on a correct understanding of reality. Linda provides facts about brain injury as well as a list of resources where one can go for more information. She also empowers patients and family members by informing them about their bill of rights and encourages them to actively participate in health-care decision-making. But she recognizes that there is much more to us as human persons than what the medical community can offer. We also have a spiritual dimension that needs to be nourished by prayer and she provides us with prayers and rituals to assist us on the journey.

One can't help but think of church as a community of the faithful when reading this book. Here we find a

member of the community who has undergone tremendous suffering and hardship, but rather than dwell on her personal loss, she turns her grief away from herself and uses it in the service of others. In the process, she, herself, becomes a source of hope.

—*Marilyn Martone, Ph.D.*

Chapter 1

A God of Life and Healing

In her book, *Finding Our Way Home*, K. Killian Noe observes that:

In order for someone to make the shift into a radically new way of life, he or she has to really want a new way of life. There has to have been a moment of decision, of choosing for oneself. It can't be something chosen under pressure or chosen for one's mother or father or husband or best friend. It has to be a choosing that comes from one's own depths. When Jesus approached the man at the sheep gate pool who had been crippled for thirty-eight years, the first question Jesus asked him was, 'Do you want to be healed? Do you want to be free?' You'd think the answer to the question would be an obvious yes, but that's not necessarily so.

CAREGIVERS do not choose their role. They do not sort among their many options, for the options of the caregivers of those with traumatic injuries are few. Caregivers are drafted into their role by the nature of their relationships. It takes every minute of every day for many months and years. For some, it takes a lifetime.

Yet, caregivers do have choices. They can be healed in the midst of being healers. Their choices center on what kind of person they want to be, how they want to honor their relationship with the one injured, what inner resources they have that have not been fully plumbed, and to what degree they want their values to shape the harsh reality of life.

The God of most major religions is one who cares—who brought into being all of creation and sustains it in life until it is time, within its natural cycle, to die.

As a Catholic Christian, I believe in a God of life and healing. I believe that the God who gave me life also gives me everything I need to live that life successfully. I believe that I was given the gift of making free choices and that each choice I make either reinforces good and sustains the quality of life; or weakens good and detracts from that quality, not only for me, but also for all those whom my decisions affect. Either way, I make the choices.

In the midst of the overwhelming fatigue and challenges of caring for another, faith plays a pivotal role in determining whether or not the caregiver can give what is needed over the long haul. The kind of God we believe in helps or hinders that process.

How Do We Recognize God in the Midst of Suffering?

Even for those who profess a belief in God, recognizing God's presence in the midst of suffering is a difficult task. First we look for a miracle—something or someone who will take all of this misery away. Then, after we