



## June 2021

### **Resistance in Accepting Care: Why does this happen?**

*“My husband is refusing to have his memory loss evaluated.”*

*“My mom and dad are 90 years old and need help with everything; I worry about their safety.”*

*“My wife and I know we should update our Advance Health Care Directives and we keep finding excuses for not getting that done.”*

I have heard comments like these and 100's hundreds more that might be interpreted as resistance. This is especially frustrating when you are the caring or concerned family member; losing sleep with worry about a loved one's health or safety.



In this newsletter we are going to look at some of the patterns of resistance, what the brain function is that comes into play during these times and the how and when to proceed with an intervention and/or the steps needed for success.

I am going to start with the number one reason many older adults refuse help especially when suggested by adult children or a spouse; control or the fear of loss of independence. The second reason could be denial and if the person you are concerned about has a dementia it might be denial and impaired judgement, both hallmarks of the illness.

Other words for resistance are: blocking, defiance, fight, refusal, struggle, friction, obstruction, rebuffing, withstanding and and protecting...and more..

Here are some of the behaviors associated with resistance:

- Wasting time
- Making excuses
- Avoidance
- Distraction
- Delaying
- Perfectionism
- Inertia and feeling stuck
- Overthinking or paralysis by analysis
- Taking a break from change
- Giving up and falling off the wagon

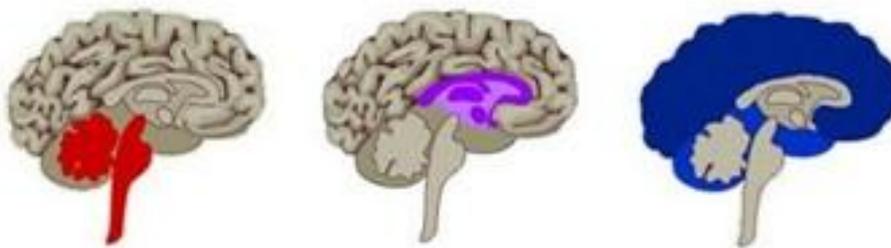
You might actually see some of these behaviors in yourself. Resistance is normal and when you look at nature, this response can be protective in a positive way. As a counselor these behaviors might also buy you time to make a better decision; it is only when the behaviors gets in the way of the quality of your life, your health or safety that they become problematic.

The brain's process in "resistance" is seen in something that scientists call the "triune brain." It starts with the pre-historic portion of your brain, located near the brain stem called the amygdala. It is sometimes referred to as the (lizard brain), something we share with reptiles – a brain that focuses on the basics of food and shelter. It's responsible for fear, anger, revenge, sex and survival. When the amygdala is aroused, when it feels threatened, when there is a sense that people might laugh at you, it takes over. It rises up in rage and fear and shuts you down. This is often referred to as the hidden brain.

The 2nd and 3rd layers of resistance in our brains are: The limbic system (mammal brain) that has the protective role keeping us from changing in favor of the familiar; then there is the Prefrontal Cortex (human brain) which is the reasoning part of the brain. Think of it as the central processing unit of a computer. Using this part of our brain is hard work. The brain uses 20% of our energy.

## Triune Brain Theory

Lizard Brain	Mammal Brain	Human Brain
Brain stem & cerebellum	Limbic System	Neocortex
Fight or flight	Emotions, memories, habits	Language, abstract thought, imagination, consciousness
Autopilot	Decisions	Reasons, rationalizes



The Triune Brain in Evolution, Paul MacLean, 1960

If the family member you are concerned about has a dementia, keep in mind that their frontal cortex is impaired thus they can't make decisions based on rationalizing, reasoning or their earlier patterns of coming to conclusions and making decisions. The change or care you want to add will most often be resisted because that "reptile" brain and the limbic system is protecting the status quo. You will need to be creative or wait for an organic opportunity (such as an illness, accident or hospitalization) to present the intervention. Do not ask their permission. I know this is a challenge, but use the excuse of "doctor's orders" or "when you get well, we can go back to "X" (knowing that will not happen). You become the "neo-cortex" for your family member and make all the decisions around safety and health at the same time as respecting their dignity.

If your family member does not have a dementia, but is resisting more out of fear of change or the limbic part of the brain, you can assist them by using “I” messages and giving them options (but just a few to reduce anxiety.) An “I” message is something like, “I am concerned about your weight loss and recent falls, so I am going to do some research on how we can help you stay more independent.” Avoid using “should” and “you need to X.” What you want is to give options so that the decision is theirs and they understand the “why.”

If you hear something like “I just can’t keep up this house,” you might respond with a question to get the conversation moving before you give suggestions. That question would be something like “What can you tell me about the options you might have to keep the house like you want it?” Then you could talk about hiring a housekeeper or caregiver who might also do the cooking that Mom is not really doing either. Often older adults are stuck because they don’t know where to start or how to secure trusted help and that is where you can be a help and still let them make the final decision.

Sometimes the best way to deal with resistance is to plant seeds by telling stories about others you know who have made changes resulting in greater happiness in their lives.

Affirmation: I make decisions with safety and quality of life being the primary reason for change.