

**Care Giving and Care Taking**  
**by the Rev. Ann Schranz**  
**Monte Vista Unitarian Universalist Congregation**  
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As a teenager, I dutifully took babysitting classes at the YWCA. Babysitting was about the only way for a young teenage girl to earn money in my hometown. Once I became certified, I began babysitting. I cannot say that I liked it. My mother and sister still tease me about “walking around Bozo.”

Bozo the clown was an inflated bowling pin shaped clown about four feet tall. Bozo was weighted on the bottom so that a child could push Bozo over and Bozo would bounce back to vertical. A child could punch Bozo, and Bozo would bounce back to vertical. The two little boys that I was babysitting neither wanted to push him over nor to punch him. They wanted to march around Bozo – and around him and around him and around him again. According to the boys, this was not something that I could *observe*. Oh, no. I must *march* in the circular parade along with them. ;)

At the end of the evening, after viewing the couple of dollars now in my pocket and sorting through my feelings, I concluded “Life is too short to march around Bozo.” Life is too short to repeat the same behavior over and over. Life is too short to allow boredom to be a frequent visitor and lethargic pal. What I did not know as a young teenager is that repetition is not always boring. Only on the surface does repetitive behavior look boring. Beneath the surface of behavior, the vibrant world of feelings and thoughts shapes our consciousness.

Enhancement of the depth dimension of life may, in fact, be assisted by repetitive behavior. Walking a labyrinth, touching prayer beads one at a time, hiking the same trail in different seasons, weeding the same patch of soil again and again, attending the service here every Sunday – these repetitive actions may allow us to sink down into ourselves and feel a stronger connection to all that is. From the vantage point of today, I now believe that I gave up on the merits of “marching around Bozo” too soon.

Opportunities bypassed at one stage of life sometimes come around again. As I move into coordinating care for my dear elderly friend Fred, the depth of feeling accompanying repetitive acts surprises me: Driving the same route to the nursing home to visit him, washing his clothes, hanging his clothes in his locker, making small talk with the nursing home staff, cheerleading during his walks down the hall with the physical therapist. I glimpse the way that repetition is one flavor of intimacy. I am awestruck by the fragility of the human body and by the range claimed by the human spirit – its fragility and its strength.

Care giving has moments of befuddlement and confusion – doing things for the first time and not doing them well. Last Friday, I met Fred at the surgeon’s office for a routine post-operative checkup. I have been the custodian of his wallet; his wallet has been at my home. It did not occur to me to bring the wallet to the doctor’s office. After the doctor’s appointment, as Fred was on his way to the X-ray department, I left the building to attend to matters related to this congregation. Later that day, Fred told me that the billing folks wanted policy number information which he kept – you guessed it – in his wallet. It pained me to realize that his only form of identification was his last name, written with a laundry pen, in full capital letters on the inside collar of his shirt!

Befuddlement and confusion relate not only to practical matters, such as the location of a wallet, but also to existential questions, such as “What good am I if I cannot live independently? Will this pain ever end? Do I always have to ‘hang in there’? Says who?” At times such as these, we need each other more than ever. We need resources – practical resources and resources for the spirit.

I asked a friend who happens to be the primary care giver for her disabled partner to recommend care giving resources. Several of the websites that she found helpful are printed at the bottom of this morning’s Order of Service. I asked a minister colleague, Lee Marie Sanchez, who is the primary care giver for her elderly mother, for readings which brought her comfort and strength. She shared this favorite: “The Cure” by Alfred Huffstickler.

“We think we get over things.

We don't get over things.  
Or say, we get over the measles,  
but not a broken heart.  
We need to make that distinction.  
The things that become part of our experience  
never become less a part of our experience.  
How can I say it?  
The way to "get over" a life is to die.  
Short of that, you move with it,  
let the pain be pain,  
not in the hope that it will vanish  
but in the faith that it will fit in,  
find its place in the shape of things  
and be then not any less pain but true to form.  
Because anything natural has an inherent shape  
and will flow towards it.  
And a life is a natural as a leaf.  
That's what we are looking for:  
not the end of a thing but the shape of it,  
Wisdom is seeing the shape of your life.  
without obliterating (getting over) a single instant of it.”

In this congregation, we witness the shape of others' lives, and they witness the shape of our life. This loving witnessing alters life's shape and adds to its beauty. Witnessing does not mean fixing. Henri Nouwen puts it this way, “When we ask ourselves which persons in our lives mean the most to us, we often find that it is those who can face the reality of powerlessness . . . and have chosen rather to share our pain, and touch our wounds with a gentle and tender hand. The Friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing . . . that is a friend who cares.”

In spiritually fragile times, we long for someone to listen to us. “When you listen to me without interruption or anything that feels like a judgment, you allow me the time and space to get more in touch with the many facets of me,” says Bennett Kilpac. “Thank you for never playing with my words, getting a laugh or recognition at my expense. When you allow me to revise or restructure what I have said, I feel that you are truly committed to understanding me and what I am all about. Thank you for not feeling that you necessarily have to do something about what I share. When you listen, I feel that you are listening not only to my words but the feelings behind them.”

As we get older, it is likely that we will become care givers or will need care giving. The statistics are dramatic. [The following paragraphs are quotes.<sup>1</sup>]

### **“Almost One-Third of U.S. Adult Population Plays Caregiver Role in Households Across America: 65.7 Million Caregivers**

December 9, 2009 -- Caregiving is still mostly a woman's job and many women are putting their career and financial futures on hold as they juggle part-time caregiving and full-time job requirements. This is the reality reported in Caregiving in the U.S. 2009, the most comprehensive examination to date of caregiving in America. The sweeping study of the legions of people caring for adults, the elderly, and children with special needs reveals that 29% of the U.S. adult population, or 65.7 million people, are caregivers, including 31% of all households. These caregivers provide an average of 20 hours of care per week . . .

Among the findings: American caregivers are predominantly female (66%) and are an average of 48 years old. Most care for a relative (86%), most often a parent (36%). Seven in ten caregivers care for someone over age 50. One in seven caregivers provides care, over and above regular parenting, to a child with special needs (14%). Caregiving lasts an average of 4.6 years . . .

The main reasons people need care are old age (12%), Alzheimer's disease (10%), mental/emotional illness (7%), cancer (7%), heart disease (5%) and stroke (5%). However, the

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<sup>1</sup> See <http://www.strengthforcaring.com/util/press/news/article.html?id=42>.

list of illnesses/problems for which children need care is quite different. It is led by ADD/ADHD, autism, mental/emotional illness and developmental delay/mental retardation. Caregivers of children provide the most time-intensive care. Increasingly, the study reports, there is a use of prescription medication for adult care recipients . . .

‘Now in addition to family and work, boomers have added caregiving, the equivalent of a part time job, to their responsibilities,’ said Elinor Ginzler, AARP Senior Vice President for Livable Communities. “Their work, health and time with family and friends already bear some of the cost for this amped up juggling act. Caregivers need help and information to continue to keep all the balls in the air and assure that they don't end up paying further with their own retirement security.’”

I conclude with a reflection on the difference between care giving and care taking. *Care taking* generally refers to property – building and grounds. *Care giving* generally refers to people – caring for people. However, there is another way to look at care *giving* and care *taking*. The care recipient might indeed be said to be “taking” (or “receiving”) care. Yet the care giver and the care recipient are in a relationship of mutual regard, mutual influence, mutual challenge, and mutual support. *Caring* is good for individuals and good for society.<sup>2</sup>

Then there is the deepest level of connection between us and among us. The Buddhist author Jon Kabat-Zinn writes, “At the deepest level, there is no giver, no gift, and no recipient . . . only the universe rearranging itself.” May we *give* care and *receive* care with an open heart. May we do our part to rearrange the universe with our caring. May it be so!

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<sup>2</sup> I believe that “Caring is good for people and good for society” was said by Nicky Grist, the executive director of the Alternatives to Marriage Project ([www.unmarried.org](http://www.unmarried.org)).