MIND MATTERS

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EDITORIAL

CARE FOR THE CAREGIVERS

Caregiving is an extraordinary task and requires multiple skills and sensitivities. It requires physical stamina, mental stamina, alertness, tolerance for stress, emotional sensitivities, optimism and lots of positive energy. Traditionally, women are the natural caregivers as nurturers of the family- babies, children, elders, and the ill. With shrinking families and women making careers, caregiving by the family has become a tall order, almost an impossible situation to handle. Hence entered the professional caregivers with their own set of limitations and challenges.

Caregiving as a role burdened by stress received recognition in the mid- 20th century as the theories and studies on stress became prominent by psychologists such as, Hans Selye, Walter Cannon, Richard Lazarus, Grad and Sainsbury and many others. **The stress theories provided the foundational framework** for understanding the various experiences of caregivers which led to stress. **By the 1980s-1990s caregiver stress became a distinct field** with marked research. Today concepts like 'caregiver burden', caregiver burnout' and 'compassion fatigue' have become commonplace.

One of the key studies on caregiver stress was by the **Nobel Prize winning scientist Elizabeth Blackburn** and her associates (2009). She successfully bridged the gap between molecular biology and psychology with her groundbreaking research on how **psychological stress leads to the process of aging and not due to your naturally growing biological age!!**

In collaboration with **Psychologist Elissa Epel, Blackburn (early 2000)** examined mothers who were caring for chronically ill children as well as spouses of dementia patients. 'They found that chronic stress shortened telomeres and reduced telomerase activity accelerating cellular aging equivalent to 10+years. Longer caregiving durations correlated with worse telomere metrics, suggesting causality from stress to biological damage and not vice versa'!

Blackburn studies suggest that chronic psychological stress may accelerate ageing at the cellular level! In her Nobel interview she highlighted the evidence of stress's causal role in decline of health. This influenced the views on the long- term burnout of caregiver. (A 'telomere' is a structure at the end of the chromosome which protects the chromosome. Elizabeth discovered an enzyme called 'telomerase' which replenished the telomere and saves it from decay and aging. Stress reduced the telomerase enzyme impacting the cell which dies, and aging takes place.)

'This molecular evidence elevated caregiver stress from a psychosocial issue to measurable physiological threat'. This inspired numerous interventions to protect, mitigate and prevent burnout, depression and subsequent health decline'. Thousands of studies followed this discovery and more findings which further spurred **interventions like mindfulness-based stress reduction (MBSR)** for telomere protection in caregivers. **For dementia caregivers, Kirtan Kriya meditation** (12 minutes daily) boosted mental health while slowing cellular aging. Lifestyle interventions by Dean Ornish addressed diet, exercise and yoga/meditation for stress reduction. Vigorous activity, Heartfulness meditation trials for well-being began for caregivers, which further influenced guidelines for stress management in geriatrics as well as with cancer caregivers.

Caregiving is a chronic stressor. It goes on for months and years and involves high responsibility with strong emotions attached. Caregivers are always 'on duty' so to say and on 'high alert' at all times. This impacts their sleep time, social life, work life and their own health needs. Members of the family and community need to pitch in and share responsibility.

In short, we need to care for the caregiver.

— Rita

-Rita Aggarwal.

STRENGTH OVER STRESS: LEARNING TO MANAGE EXAM ANXIETY

A 40-minute interactive session on exam-time mental health and stress management was conducted on 29th November, 2025 for the students at B.V.M. Srikrishna Nagar branch, focusing on calming anxiety, managing self doubt, and building confidence. The session was conducted by Rtr Devika Gokhale, counselling psychologist at Chaitanya Counselling Centre (a project by RCN) in collaboration with the school's Interact Club. Students from 9th to 12th standard were involved. The session opened with a light, relatable icebreaker that instantly helped students relax and feel seen. Through discussions, role-play, and quick reflective activities, students explored common worries, self-doubt, and exam pressure. They learned practical tools such as the Pause–Proof–Perspective technique, grounding strategies, and simple breathing exercises to regulate anxiety. The session concluded with a future-self visualization that left students feeling calmer, more confident, and motivated. Overall, the session was engaging, student-centred, and well-received, with active participation and positive feedback. Mrs. Manisha Sharma, the Vice Principal of the school and Mr. Nagnath Chaple, the teacher in-charge ensured smooth conduction of the session.

-Devika Gokhale

Counselling Psychologist, Nagpur

THE UNSEEN SIDES OF SACRED DUTY

Caregiving is a legacy for us in India, a familial treasure handed down with devotion and love. From Sravan becoming the eyes for his blind parents to Pundalik asking Lord Krishna to wait while he completed his duties, our stories remind us that tending to a loved one is sacred work. Caregiving has always been an act of love long before it was ever recognised as labour.

When my husband's ammamma fell ill, the caregiving naturally settled on my shoulders. It is neither assigned nor requested, just arrived as it often does in Indian families. In that overwhelming period, my mother reminded me gently, "Your own ammamma and nanamma live far away. If they ever need help, someone there will hold them just as you hold in your marital home now. The good you do here will reach them in ways you may never see."

Yet this beautiful legacy carries a shadow we rarely name. When caregiving becomes an endless offering, the caregiver's body bends first, the mind frays next, and the spirit, once bright with purpose, slowly learns the weight of exhaustion. **In homes where caring is expected, it is often forgotten that caregivers too, need care.** Many don't even notice when the strain begins.

Arunima, who cares for her post-stroke father, noticed her back pain only when she struggled to lift a bucket of water. Rama, mother of a neurodivergent child, once said she had forgotten the feeling of deep sleep; her nights had become a chain of micro-awakenings. These quiet confessions show how strain builds silently. **Sleep fragments. Meals get delayed. Metabolic rhythms shift. Energy slips away without a word.**

The emotional landscape follows the same slow decline. Burnout begins as irritability or numbness. Compassion fatigue leaves a quiet hollowness. Constant vigilance hardens into anxiety. Vinodh, a middle-aged man caring for his mother with dementia, told me life felt foggy. He loved her deeply, yet his mind felt too tired to process her repeated questions.

There is also a kind of grief that only caregivers understand. Loss begins long before death. Ranjana, caring for her paraplegic husband, once said, "His laughter used to fill the home. Now it feels like one-way communication. Earlier we lived; now we simply get through the days." This quiet sadness is rarely acknowledged, yet it shapes mental health in profound ways.

From my own experience, I feel that we bathe, feed, and clean our children with joy because they are growing. But **watching the once powerful figures of our lives slowly decline is a pain that cannot be fully expressed in words.**

Caregiving should never feel like a path that wears down one person. It should be a shared responsibility. **The future must offer gentler systems. Respite care. Community circles. Mental health check ins. Ergonomic training. Nutritional support that strengthens stamina.** A culture where asking for help reflects wisdom, not weakness.

When caregivers thrive, the entire circle of healing grows brighter.

Caregiving may be rooted in tradition, but its sustainability depends on recognising that every caregiver deserves rest, strength, and the reassurance that they are not carrying the world alone.

Dr Sripriya Shaji Ph.D
Counselling Psychologist & Nutritionist
Srisha Counselling, Kozhikode

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mindmatterseditor@gmail.com

WHEN CAREGIVING ENDS: THE SILENT GRIEF WE DON'T TALK ABOUT

Caregiving is one of the most intense acts of love that is given to another human being. It drastically changes our routines, reshapes our priorities, and in many ways redevelops our identity. When this caregiving journey, at last, comes to an end through processes of recovery, relocation, or the passing of a loved one, a person enters into a quiet zone, an emotional space that hardly anyone knows. **The world recognises the pressure of caregiving, but rarely does anyone talk about the aftermath.**

For many caregivers, when caregiving ends, they do not just "return" to life but instead enter a phase of adjusting their mindsets. The hours filled with medication reminders, hospital visits, and constant alertness become silent. **It is this stillness that changes their being, and the relief brings confusion and feelings of emptiness.** One caregiver expressed that they had lost not only a person but also their purpose.

This is a complex dual nature of grief: there is the loss of a loved one, their presence, voice, and, of course, the relationship. There is also a sense of loss related to the caregiving role that shapes daily life. **"If I don't have someone to care for, then who am I?"** Perhaps an identity crisis may ensue with feelings of guilt, restlessness, or a feeling of being invisible because society assumes life has become easier now that the caregiving has ended.

Very few post-caregiving adjustments relate to freedom; instead, they involve learning to sleep without worry, rebuilding routines from scratch, and confronting everyday situations that had previously become memories. Many feel lonely after the continuous emotional investment over weeks, months, and years of caregiving. **The body may show signs of fatigue, suppressed emotion, and burnout, all of which can become quite evident immediately after caregiving ends.**

It is through this very acknowledgement that healing can begin. **Naming emotions**—such as guilt, sadness, relief, and confusion-gives them form and makes them easier to manage. Gentle routines help the brain shift out of survival mode. **Reconnecting with friends, joining support groups, or seeking therapy can offer grounding and validation.** Making meaningful rituals part of life, such as writing letters, planting trees, or preserving memories, helps integrate grief rather than erase it.

No caregiver ever reverts to who they once were. They leave transformed, more aware of life's fragility, resilient, and compassionate. The emotional wisdom they carry afterward marks the beginning of something new. Some find their calling in advocacy or community work, while others shift their focus to rebuilding personal dreams that had been put on hold.

This is what the world needs to understand: caregiving does not end after completing the tasks. The heart carries all the stories of exhaustion, love, and grief. **A post-caregiving life requires the same compassion and attention as caregiving itself because behind every caregiver is a human being learning how to survive again, slowly, bravely, and beautifully.**

-Akanshaa Hirraani
Founder & head psychologist,
Calmfit Counselliing

HOLDING HEARTS WITH CARE: THE JOURNEY OF MINDFUL EMOTIONAL COMPANIONS

Caring for someone living with cancer, dementia, or autism requires far more than physical support - it demands emotional presence, patience, and a deep understanding of the human mind. As medical care advances, it is increasingly clear that healing is not only about medicines and therapies; it is also about creating a safe emotional environment where individuals feel understood, valued, and connected. This is where the role of a **Mindful Emotional Companion** becomes transformative.

A Mindful Emotional Companion is a caregiver trained to offer emotional support with awareness, compassion, and intentional presence. This training equips caregivers - whether family members, volunteers, or professionals - to understand the psychological and emotional experiences of the people they support.

For **cancer warriors**, the journey is often filled with fear, uncertainty, and physical exhaustion. Mindful companionship helps reduce emotional distress by creating moments of calm and connection. Caregivers learn techniques such as grounding exercises, active listening, emotional validation, and simple mindfulness breathing practices. These small interventions can significantly lower anxiety, improve resilience, and help patients feel less alone during treatment cycles.

When supporting **persons with dementia**, caregivers face unique challenges. Memory loss, behavioural changes, and communication difficulties can cause misunderstandings and frustration for both the individual and the caregiver. Mindful Emotional Companion training focuses on patience, empathy, and non-verbal communication. Caregivers learn to observe emotional cues, maintain a soothing tone, and create structured routines that offer comfort and predictability. Mindfulness-based strategies also help caregivers manage their own stress, preventing burnout and encouraging compassionate interactions.

For **individuals with autism**, emotional companionship involves understanding sensory sensitivities, communication differences, and the need for predictable and calm environments. Training includes techniques for co-regulation, visual communication tools, mindful breathing for children and adults, and developing trust through consistent and respectful engagement. Instead of trying to “fix” behaviours, caregivers learn to honour the individual’s unique way of experiencing the world.

Across all three domains, the most important element is **mindfulness** - the ability to stay present without judgement. Caregivers trained in mindful emotional support learn to pause before reacting, observe without criticising, and create safe emotional spaces where healing becomes possible. They also learn self-care practices, recognising that their well-being directly influences the quality of care they provide.

Ultimately, **Mindful Emotional Companion training** nurtures a compassionate ecosystem around individuals who are already fighting enormous battles. When caregivers are emotionally aware and mindful, they become powerful pillars of strength. Their presence not only brings comfort but also improves the overall quality of life for cancer warriors, persons with dementia, and individuals with autism - one mindful moment at a time.

-Sourish Choudhary
Director, Sound ‘n’ Mind Foundation, Kolkata

INTERVENTIONS AND MANAGEMENT OF CAREGIVERS

Have we ever thought how much our Caregivers invest in any kind of organisation but how much there are cared about. Are they really given what perceived for.

Lets see what to look for in an informal or family caregiver.

Caregiving is rewarding but stressful

Caregiving can have many rewards. For most caregivers, caring for a loved one feels good. And it can make your relationship stronger.

But the demands of caregiving also cause emotional and physical stress. It's common to feel angry, frustrated, worn out or sad. And it's common to feel alone.

Caregiver stress can put caregivers at risk of changes in their own health. Factors that can increase caregiver stress include:

- Caring for a spouse.
- Living with the person who needs care.
- Caring for someone who needs constant care.
- Feeling alone.
- Feeling helpless or depressed.
- Having money problems.
- Spending many hours caregiving.
- Having too little guidance from health care professionals.
- Having no choice about being a caregiver.
- Not having good coping or problem-solving skills.
- Feeling the need to give care at all times.

Signs of caregiver stress

As a caregiver, you may be so focused on your loved one that you don't see how caregiving affects your own health and well-being. The signs of caregiver stress include:

- Feeling burdened or worrying all the time.
- Feeling tired often.
- Sleeping too much or not enough.
- Gaining or losing weight.
- Becoming easily irked or angry.
- Losing interest in activities you used to enjoy.
- Feeling sad.
- Having frequent headaches or other pains or health problems.
- Misusing alcohol or drugs, including prescription medicines.
- Missing your own medical appointments.

Tips to manage caregiver stress

The emotional and physical demands of caregiving can strain even the strongest person. Many resources and tools can help them care for their loved one and yourself. But do they ...

Lets help manage caregiver stress:

- **Ask for and do accept help.** Ideas include taking regular walks with the person you care for, cooking a meal for you and helping with medical appointments.
- **Focus on what you can do.** At times, it feels like what you're doing is not enough. But you're doing the best you can.
- **Set goals you can reach.** Break large tasks into smaller steps that you can do one at one go….leave rest for other day…you also need care
- **Join a support group.** A support group also can be a place to make new friends.
- **Seek social support.** Stay connected to family and friends who support and do seek help when required.
- **Take care of your health.** Find ways to sleep better. Eat and drink healthy to stay fit.

-Ar. Nivedita Singh

COPING STRATEGIES AND SUPPORT SYSTEMS FOR CAREGIVERS' MENTAL HEALTH

(Just a real conversation)

If we were sitting together right now, your coffee already lukewarm because life keeps pulling you away, I'd quietly tell you: you're juggling more than anyone gives you credit for. Caregiving doesn't come with medals, applause, or even lunch breaks, yet here you are, showing up every day. And while you may not think much about your own mental health, it quietly shapes how much you can give without burning out.

So here's the thing: this isn't about some flawless self-care plan. Just a few real, doable ways to keep yourself going when everything feels heavy.

Honestly, the first thing to know is: **You're allowed to feel how you feel.** The good days, frustration, love, sadness, guilt that pops up out of nowhere, and the exhaustion in the moments where you think "I can't do this today." Most caregivers try to power through everything without admitting how tired they are. Overwhelm happens. It doesn't make you less caring or strong—it just means you're human. Even saying to yourself, "Okay, today is heavy" is allowed.

Now, let's talk coping—real coping, not the kind you read in wellness posters.

First: Take small breaks. I know—what breaks? But small moments. The kind where you breathe for a moment before answering someone. Or step outside for a minute for some fresh air. Or stretch the way you always do when your back feels stiff. It seems small, but it gives your brain a tiny bit of breathing room.

Second: Please don't isolate yourself. Caregiving can get lonely very fast. Even having one person you can reach out to, who listens without giving advice or solutions, can lift a little weight off your shoulders. Just sharing a joke, or a complaint helps more than you think.

Third: When someone says, "Can I help?" take it. It's okay to resist and say, "I'll manage," but you don't have to do it all. Let people take care of small things—running errands, sitting with your loved one, or just checking how you're holding up.

And lastly—don't lose sight of who you are. You're not only a caregiver. You're still you—a person with your own likes, quirks, humor, tiredness, and dreams. Keep a little corner of your life that's yours.

If no one has told you this lately: **You matter too.** Caregiving is an act of love, yes—but caring for yourself is what keeps you steady enough to keep giving that love without losing pieces of yourself along the way.

You're doing enough. And you deserve support just as much as you give it.

-Anjali Anil Salani
Therapist

TYPES OF CAREGIVERS AND THEIR UNIQUE CHALLENGES

Caregiving is one of the most meaningful yet emotionally demanding roles in society. From caring for aging parents to supporting a loved one with chronic illness, caregivers form the invisible foundation that keeps families and communities functioning.

Understanding the **different types of caregivers** and their **unique mental-health struggles** will help us build a better support systems.

1. Family Caregivers: Parents, spouses, children, siblings, or relatives providing unpaid care at home, out of love and responsibility.

Challenges

- **Emotional overload:** Watching a loved one suffer often leads to anxiety, guilt, and grief.
- **Role conflict:** They juggle identities—parent, spouse, employee—alongside caregiving.
- **Relationship strain:** Emotional closeness can complicate decision-making and boundaries.
- **Invisible burnout:** Family caregiving is often unpaid and unrecognized, leading to isolation.

2. Professional Caregivers: Nurses, home-health aids, hospice workers, and in-home trained care providers—who support others as part of their career.

Challenges

- **Compassion fatigue:** Constant exposure to illness and loss can dull emotional reserves.
- **High stress & low control:** Long hours, staff shortages, and emotionally intense environments.
- **Emotional detachment pressure:** They must stay empathetic yet professional, which is exhausting.
- **Stigma in seeking help:** Many fear that admitting burnout may impact their career.

3. Long-Distance Caregivers: Individuals managing care for relatives living in another city or country.

Challenges

- **Chronic worry:** Not being physically present fuels guilt and helplessness.
- **Logistical stress:** Arranging care, finances, and emergencies by phone or video call.
- **Travel burden:** Frequent travel is emotionally and financially draining.
- **Feeling excluded:** They often feel judged by siblings or relatives who live closer.

4. Sandwich Generation Caregivers: Adults - often in their 30s to 50s - caring for aging parents *and* raising children simultaneously.

Unique Challenges

- **Double emotional load:** Two generations depend on them in different ways.
- **Financial stress:** School fees, medical bills, and household costs pile up.
- **Time scarcity:** They rarely get rest or personal time.
- **Identity loss:** Constant multitasking leaves them feeling stretched and invisible.

5. Spousal Caregivers: Partners caring for their spouse through chronic illness, disability, or aging.

Challenges

- **Emotional grief:** They mourn the slow loss of the relationship they once had.
- **Physical exhaustion:** Many undertake physically demanding tasks alone.
- **Isolation:** Their social life shrinks as their world becomes centered on care.
- **Loss of partnership balance:** They shift from spouse to caretaker, which affects intimacy.

6. Parent Caregivers of Children with Special Needs: Parents caring for children with physical, developmental, or cognitive challenges.

Challenges: Exhaustion, social isolation, financial pressure, and constant future uncertainty.

Unique Challenges

- **Continuous vigilance:** A 24/7 role with little downtime.
- **Future uncertainty:** They constantly worry about long-term care when they're no longer around.
- **Social isolation:** Many experience judgment and lack of understanding.
- **Mental fatigue:** Navigating therapy, schools, doctors, and financial planning is overwhelming.

7. Informal Community Caregivers: Neighbors, friends, volunteers, and community members who step in to help those around them.

Challenges

- **Lack of recognition:** Their work is often underestimated or overlooked.
- **Boundary issues:** Without formal training, saying "no" becomes difficult.
- **Emotional drain:** They often give more than they receive.
- **Burnout from compassion:** They may not realize their own needs until they collapse.

Why These Challenges Matter

Every type of caregiver experiences stresses differently, but the emotional toll is universal. Their role is essential—yet often invisible. Acknowledging their struggles is the first step toward building support systems that include mental-health services, respite options, flexible work, and community networks.

-Dr. Aabha Pimprikar
Co-Editor

Designed by Khushi Agrawal -8668577600