

A CHRISTIANCAREGIVING.ORG BOOK



Tender  
**Hearts**  
Tired  
**Hands**

A CHRIST-CENTERED  
APPROACH TO **CAREGIVING**

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Planning | Advocacy | Handling Stress  
Relationships | Self-Care

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First printing, May 2026.

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## **Contact**

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## **Church Initiative: Providing help for people who are hurting**

Our mission is to offer comfort, care, and resources to people hurting from life crises. Church Initiative is the creator of GriefShare, a grief support group ministry found in churches worldwide ([griefshare.org](http://griefshare.org)). Our programs also include Loss of a Spouse ([griefshare.org/loss](http://griefshare.org/loss)), Surviving the Holidays ([griefshare.org/holidays](http://griefshare.org/holidays)), and DivorceCare ([divorcecare.org](http://divorcecare.org)).

## *Before you begin*

This season of caregiving you're facing is one that's close to my heart. My wife and I are walking a similar path in caring for loved ones in our lives. We understand the decisions, life adjustments, and exhaustion—as well as the blessings, new perspectives, and deep love.

My prayer is that through this book, you'll find highly practical advice for lightening your caregiving load, and you'll also gain daily strength and the true rest found in the Lord Jesus.

As you move forward on your caregiving journey, please know we are here for you. Our ministry has been coming alongside people for over 30 years as they walk through some of life's most difficult times. Our books, videos, articles, and other caregiving support tools can help you make it through your toughest days with a measure of hope, stability, and strength.

I am grateful to GriefShare's director of curriculum development, Dr. Jeff Forrey, and editorial director, Kathy Leonard, for their faithful perseverance in creating this book. We pray that God will meet you through these pages with His steady love and gentle care.

God bless you,

A handwritten signature in black ink, appearing to read 'S. Hodges IV', written in a cursive style.

Samuel J. Hodges IV  
President, GriefShare

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# Caregiving Videos

Extra Help for This Season of Life



## Exhaustion can feel like your new normal.

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- Preparing for end-of-life conversations

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# Introduction

**I**f you've picked up this book, your season of caregiving has likely begun. You've joined people like Lizette, Trevor, and Martha.

The journey for us started when my dad got sick at the tail end of COVID, and he was unable to take care of my mom. My husband and I had to step in. — Lizette

Getting lost started to happen more frequently with Mom. Pulling out in front of other vehicles was happening more frequently. How do we address this safety issue with Mom? — Trevor

Long before he died, he was not the man that I married. He became very withdrawn, and as the ALS affected his mobility, I couldn't hug him. He would lose his balance very easily, so hugging him would make him nervous because he was afraid he would fall. — Martha

Lizette's, Trevor's, and Martha's backgrounds may not be like yours, and they may be in different stages of life than you. But, like you, they volunteer their time and resources to help loved ones who can no longer care for themselves in the way they used to. And you probably all would agree with this take on caregiving:

Caregiving ... is one of the most complex, challenging, and rewarding projects you will ever design and execute.<sup>1</sup>

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1 Vicki Rackner, *Caregiving Without Regrets* (Medical Bridges, 2009), 6.

# The challenges—and prospects—of caregiving

Being a caregiver gives you an opportunity to show love that's profoundly meaningful to the person you're caring for. It gives you a chance to honor someone who's had a tremendous impact on your life. It is also one of the most difficult roles you'll fulfill.

You love this person and want to do what's best for them, but ...

1. Knowing what's best for your loved one is not always clear.
2. You have to do things for your loved one that neither one of you prefers.
3. Your loved one's needs might require skills you do not have (yet).
4. You are dealing with grief over your loved one's decline.
5. Your loved one might not agree with you (or the doctors) about what care is needed.
6. You struggle with your own attitude and responses to the stress.

These are typical challenges that come with caregiving. The way you face these challenges will impact not only your loved one but also yourself. Any time you are involved in a long-term or time-consuming activity with another person, it affects you personally. That's why we also need to talk about the "prospects" of caregiving. For example:

1. Knowing what's best for your loved one is not always clear. *Therefore, you have the potential to learn more about living in the midst of uncertainty.*
2. You have to do things for your loved one that neither one of you prefers. *Therefore, you have the potential to learn more about patience, humility—and perhaps gratitude.*
3. Your loved one's needs might require skills you do not have yet. *Therefore, you have the potential to learn skills that you might need in the future.*
4. You are dealing with grief over your loved one's decline. *Therefore, you have the potential to learn about relying on God.*

5. Your loved one might not agree with you (or the doctors) about what care is needed. *Therefore, you have the potential to learn more about resolving differences.*
6. You struggle with your own attitude and responses to the stress. *Therefore, you have the potential to learn more about becoming more adaptable when you can't control what's happening.*

Recognizing the challenges in caregiving allows you to be realistic about what lies ahead. Recognizing the prospects of caregiving can sustain you as you see how it can mold your character and deepen your relationship with your loved one.

Seeing the challenges and prospects of caregiving involves stepping back from the individual tasks and taking in a “big-picture” perspective.

## **A “big-picture” perspective on your caregiving**

In this book we will present a big-picture way of looking at your caregiving that:

- Helps you persevere when you're tempted to give up
- Gives you a realistic outlook
- Points you to practical suggestions and resources you'll need for daily challenges

This big-picture view is based on the teaching of the Bible—which is entirely reasonable, because *caregiving resonates with the heart of God*. Throughout the book you'll find “**Reflecting God in your caregiving**” sections. Each one highlights a character trait of the Lord that can transform how you fulfill your varied caregiving responsibilities. Colossians 3:12 gives a quick summary: “Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience.”

Our Lord's compassionate, merciful, and patient nature makes Him the Ultimate Caregiver. As you follow His lead, you will become more and more like Him. You become more patient, humble, compassionate, merciful, and gentle—and that growth shapes how you provide care for your loved one.



## CHAPTER 1

# If you think your loved one needs caregiving

**H**ave you noticed signs that your loved one needs more help with tasks of daily living than before? Can you relate to the unsettling concern Trevor and Byron felt?

My father was around 78. He came to me one rainy morning and said, “We need to get off the bow of the ship.” He had been a British merchant marine captain. He also had a sense of humor, so I thought initially that he was joking about the weather. But then while I was making breakfast, he congratulated me on the woman I was marrying; he told me it was fantastic that she was a doctor. But I wasn’t even dating anybody at the time! In the background, I could hear the television in my parents’ bedroom where a lady doctor was being interviewed. — Trevor

Mom had flown down to spend time with us. It was during that trip that my wife and I thought something was not quite right. Being out of her home and traveling on the plane was difficult for her; she was unusually fearful. . . . Then, when we visited her at her home, we saw more signs. My mother [had always been] super clean, and things around the house weren’t quite like we thought they would be. It’s disorienting when you begin to see things that you can’t quite get your head around—like what we were seeing. We didn’t know what we should do. — Byron

If you are noticing similar signs—or other changes that are hard to make sense of—you might be joining an estimated 59 million Americans providing care for adult loved ones who have a disability or chronic disease. Most of these caregivers are providing care for older relatives ...

- 47% for a parent
- 15% for a spouse/partner
- 8% for a grandparent<sup>2</sup>

As America ages and medicine continues to advance, a growing number of people will find themselves in the role of “adult caregiver.”

It might sound odd to think of yourself in a special category as a “caregiver,” since “taking care” of family members is usually part of what it means just to be in a family. And that’s true. But what we’re talking about in this book is *taking care of an adult who can no longer do regular tasks of daily living as they once did*. In that sense, it involves adding responsibilities onto your existing weekly or daily routines on behalf of someone who is becoming *increasingly dependent* on your help.

Initially, the types of tasks that get added onto a caregiver’s routine might involve running errands, helping with yardwork, housecleaning, and providing some meals. But as your loved one’s condition worsens, they can become progressively more limited in performing other more basic survival-related tasks, such as grooming, personal hygiene, eating, toileting, and walking.

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2 AARP & National Alliance for Caregiving, “Caregiving in the US 2025,” <https://www.aarp.org/content/dam/aarp/ppi/topics/ltss/family-caregiving/caregiving-in-us-2025.doi.10.26419-2fppi.00373.001.pdf>.

# The tension of caregiving

As a caregiver, you will feel both a “push” and a “pull” in your service to your loved one.

**The push:** You may feel “pushed” in the sense of fulfilling an obligation: “I *have* to do this, even though it adds complications and inconvenience to my life.” This sense of obligation might come from multiple sources:

- **Upbringing:** “Family takes care of family.”
- **Faith commitment:** “Honor your father and your mother” (Deuteronomy 5:16).
- **Extended family:** They say, “You owe it to them!”

Even when you agree with these values, the demands of the role still get in the way of your other routines and responsibilities. It’s hard, then, not to see your caregiving tasks—at least some of the time—as obstacles that must be climbed over in order to get on with your own life.

**The pull:** At the same time, you may also feel “pulled” toward the role in the sense of *wanting* to take care of a person who has been a blessing to you. Yes, the additional responsibilities will take up time (often more than expected), will alter your plans (sometimes suddenly), and may require learning new skills. But being able to show appreciation by caregiving can provide needed motivation to sustain the effort.

Biblically, it is legitimate to acknowledge both the push and the pull of caregiving.

Caregiving is an act of love and service; it will be something your loved one will greatly appreciate, even if it’s not easy or possible for them to say that. Caregiving is part of God’s design for how families are to function—and that means there will be blessings associated with doing it. And caregiving is one aspect of “honoring” family members.

“Honor your father and mother”—which is the first commandment with a promise—“so that it may go well with you and that you may enjoy long life on the earth.” (Ephesians 6:2–3)

If a widow has children or grandchildren, these should learn first of all to put their religion into practice by caring for their own family and so repaying their parents and grandparents, for this is pleasing to God. (1 Timothy 5:4)

The need for caregiving also confronts you with the reality that you live in a fallen and broken world—the kind of world you want to see fixed or restored. And according to the Bible, Jesus Christ will do that (Matthew 1:20–25; Titus 3:4–7)—but that kind of restoration, we’re told, will come in the future. That’s why pain, suffering, and sorrow are still part of our experience in life now.

There is a time for everything, and a season for every activity under the heavens: a time to be born and a time to die ... a time to weep and a time to laugh. (Ecclesiastes 3:1–2, 4)

Because there is both a push and a pull in caregiving, denying either is counterproductive. Acknowledging both keeps you from living in a fantasy world—a world where you deny or downplay the pain and stress of caregiving as if it doesn’t matter, which will not sustain you in the long run.

If you are at a place where you think your loved one needs caregiving, you’ll want to consider how to approach this sensitive topic carefully. The next chapter offers helpful suggestions.



## CHAPTER 2

# Starting the caregiving conversation

**W**hen you think your loved one needs extra help, it's usually better to broach the subject earlier than later and to be prepared to talk about it repeatedly (not in a pressuring way, but in a way that keeps the lines of communication open). There are two advantages to this:

1. Your loved one can still actively participate in assessing their needs, in thinking through why receiving help from others will make sense eventually, and in suggesting who might be possible caregivers.
2. As your loved one's capacity decreases, it's easier to *return* to the topic of caregiving rather than initiate it when it's more urgently needed.

## Tips for approaching this sensitive topic

As you prepare to discuss an anticipated need for caregiving, the following guidelines can help. (Be aware that more than one conversation might be needed.)

## Tip 1: Take note of your loved one's possible needs

As you're thinking about these conversations with your loved one, you should be prepared to share your own observations of possible needs. Such observations keep the conversations from being too abstract, which would make them more confusing and easier to dismiss.

### Know what to look for

Consider these questions to help you determine your loved one's needs, and write down what you've observed:

Are there obvious and unexpected changes in ...

1. The cleanliness of the living quarters?
2. Personal hygiene?
3. How bills are handled or money is spent?
4. Their driving or car upkeep?
5. Their ability to follow doctors' treatment plans (keeping track of medications, getting to appointments, trying suggested lifestyle changes)?
6. Their mobility?
7. Their ability to communicate?
8. Their memory (whether of recent events or events in the distant past)?

In addition to noting any of these changes yourself, ask other people who regularly interact with your loved one if they've seen any such changes. This is especially needed if you live at a distance from your loved one and can't visit them as often. Input from others is also valuable because it can be easy for you to explain away small shifts in your loved one's behaviors or habits. So pooling observations from a number of people is often the best way to proceed.

Keep in mind that you want to gather *observations* (what you can see, hear, smell) rather than *explanations* (proposed reasons why such changes are present). At this point it's the observations that are critical for assessing your loved one's circumstances. Observations are more helpful because:

- **Explanations can detract from the significance of the observations:** “Oh, I think she does that because ...” You might be correct in your explanation, but what if you aren't?
- **Explanations can lead to wrong conclusions about what to do with the observations:** “Dad's chest discomfort is probably just a little indigestion; it's happened before.”
- **Explanations can place *too much* weight on observations, leading to unnecessary stress:** “What if her memory lapse is not just a normal part of aging?”

Medical professionals are in a better position to assign significance to your observations, to determine if they are minor or serious. So your job is simply to share those observations.

## Tip 2: Look for opportune times for conversations

Timing is crucial when talking with your loved one about their potential need for help. Look for opportunities when the conversation won't need to be rushed and there are as few distractions as possible. It can also help to bring up these discussions when something naturally points to the topic—like a recent fall, a medical appointment, or an increase in your loved one's phone calls for help. Trevor's experience with his mother's driving is a good example: No one could deny when she started getting lost while driving in familiar places and pulling out in front of other vehicles more frequently.

### Tip 3: Give your loved one an opening to share

When you do talk to your loved one, start by asking how they are doing with regular tasks, such as driving, cooking, cleaning, or keeping up with bill-paying. Listen for any mention of greater difficulty in completing these tasks. “Greater difficulty” might mean taking more time to complete a task or not being satisfied with the outcome of their efforts.

Listen for—or ask about—any changes in your loved one’s strategies for completing the tasks. Have the changes been helpful? Are they safe changes? Is your loved one open to discussing alternative strategies if needed? Have your loved one’s comments included any of the observations you’ve logged in preparation for this conversation?

### Share what you’ve noticed with your loved one

Once your loved one has contributed to the conversation, it is time to mention some observations you’ve made that haven’t been mentioned yet. You can casually ask your loved one about a couple of the more significant observations, but be sure to adopt the perspective of an *investigator*, not a judge. Find out what your loved one thinks about the changes you’ve noticed. You might hear reasons that make sense and provide a measure of comfort. Even so, do monitor what happens with these changes over time; they might still be necessary to address later.

You also might hear reasons that don’t quite make sense or that raise other questions for you. Gently probe in these cases, being sensitive to how your questions are being received. Do what you can to preserve your loved one’s dignity without compromising their immediate safety.

## Tip 4: Pay attention to your demeanor

During your conversations, it's important to be aware of your body language, tone of voice, and volume. Are you genuinely interested in your loved one's point of view—or do you simply want your loved one to concede to your point of view? Are you willing to *explore* options with your loved one—or are you rushing them to your preconceived conclusions? Is “*your conversation full of grace*” (Colossians 4:6)—that is to say, does your desire to help come across as gentle and respectful? For older adults who struggle with needing help, feeling forced to accept it won't feel “helpful” to them.

It's certainly possible that your loved one will become stubborn and unwilling to discuss a sensitive topic (like giving up the car keys or allowing someone to help clean their house). However, you can reduce this possibility by prayerfully thinking about how you will ask questions and how you will make suggestions. Be as positive, encouraging, and tactful as you can be. Then watch your loved one's reactions to what you say. Are there inquisitive looks, nods of agreement, and follow-up questions—or are there quick one-word responses, frowns, and disagreement? Gently stop the conversation if you receive the latter responses. Trying to press on will most likely push up walls of resistance. Return to the conversation later—unless there is a clear and present danger.

By initiating these exploratory conversations, you are involving your loved one in their own care. Allowing them to be a part of decision-making on matters that are incredibly personal is one way of honoring them.



## REFLECTING GOD IN YOUR CAREGIVING

As you care for your loved one, and find yourself in new roles and uncertain territory, following God's example can steady and strengthen you. We'll begin with highlighting the Lord's kindness and gentleness toward others.

### Kindness and gentleness

The Lord expects us to be kind and gentle toward others:

Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience. (Colossians 3:12)

But the fruit of the Spirit is love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness and self-control. (Galatians 5:22–23)

Whoever oppresses the poor shows contempt for their Maker, but whoever is kind to the needy honors God. (Proverbs 14:31)

Let your gentleness be evident to all. The Lord is near. (Philippians 4:5)

Remind the people ... to be ready to do whatever is good, to slander no one, to be peaceable and considerate, and always to be gentle toward everyone. (Titus 3:1–2)

In the Bible, “kindness” and “gentleness” are not sharply distinct in their meaning. Together, they refer to being helpful and considerate in a mild-mannered way, as opposed to being mean-spirited or domineering. When you interact with your loved one this way, they will feel more calm and reassured. Kindness and gentleness are reflected in your word choice, your facial expression, and the tone and volume of your voice.

When you follow the Lord in kindness and gentleness, the benefits touch you and your loved one, which helps ease the burden of caregiving.

Those who are kind benefit themselves, but the cruel bring ruin on themselves. (Proverbs 11:17)

It is a sin to despise one’s neighbor, but blessed is the one who is kind to the needy. (Proverbs 14:21)

A gentle answer turns away wrath, but a harsh word stirs up anger. (Proverbs 15:1)

Whoever is kind to the poor lends to the LORD, and he will reward them for what they have done. (Proverbs 19:17)

To summarize, to be kind and gentle means *to show concern for your loved one’s welfare in a way that is inviting, calming, and reassuring to them.*

## Consulting with medical personnel

Your caregiving conversations most likely will include discussing what your loved one's doctors have said about their health. Or, in some cases, you might have to talk about *going* to the doctors to address some of the issues brought up in your conversations.

If your loved one has not been faithful in making and keeping their appointments, try to find out why this is not an established routine in their lives. Is it due to distance? Lack of transportation? Money? The doctor's lack of availability?

Another possibility to consider is your loved one's impression of their primary care provider (PCP). Sometimes there are personality clashes that become obstacles to a well-working doctor/patient relationship. Or there might be the impression that the doctor is too young and it's hard to take their advice—or too old and your loved one is not convinced the doctor is as well-informed. It's not always possible to find a different PCP, but if there are options, it might be best to pursue them.

One concern older individuals might have is not being able to interact directly with a doctor. Especially in rural areas of our country, the most accessible primary care providers might be physician assistants / physician associates (PAs) or nurse practitioners. Assure your loved one, if they have concerns about these professionals, that PAs and nurse practitioners are trained and licensed to diagnose and treat conditions under physicians' supervision.

Once you're convinced there is a good working relationship between your loved one and a primary care provider, suggest that your loved one make an appointment.

It's a good idea to write down your observations, concerns, and questions to hand to the PCP at the start of the appointment, even if you aren't in the examination room. Since office visits tend to

average 15 minutes or less, if the PCP has these questions in hand, they can devote some time to your questions as they meet with your loved one. (This recommendation should be followed for *every* appointment with a healthcare provider.)

Discuss with your loved one whether you might be in the room during the appointment and part of the conversation with the PCP. As these conversations are very personal, your loved one might be uncomfortable with your presence. Accept what your loved one concludes, and regardless of your presence in the room, make sure your questions are written down for the PCP to discuss with your loved one.

Note, it's not wise to pressure your loved one to allow you to be in the examination room. Maintaining the quality of your relationship will be necessary as your involvement with them progresses. Now, if you feel it's truly best for your loved one that you (or a person on your care team) be in the room—and your loved one doesn't agree—you might add this to the list of topics for the provider to discuss with them.

## **Additional guidelines for the appointment**

If you do accompany your loved one into the examination room, keep in mind the following: As a general rule, your loved one should provide the bulk of information about their symptoms. If something is not mentioned that you think is important to mention, you can *ask your loved one* about the symptom. Then your loved one can resume talking to the healthcare provider about the symptom. However, if there still is confusion about the symptom or concern, offer your understanding of it.

During this conversation with the PCP, listen for (or ask about) the following:

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**A diagnosis:**  
**The problem(s) that will be the focus of treatment.**

The PCP may need to order tests or scans to narrow down the possibilities. Or they might refer your loved one to a specialist. Be patient with the process. Medical professionals are not all-knowing; only God is. (So be sure to pray for them to arrive at good conclusions!)

**Treatment strategies:**  
**Pills, surgery, physical therapy, diet changes, etc.**

Ask about the least invasive effective treatments first. They are more likely to be accepted by your loved one, and they are less likely to produce annoying side effects.

**Prognosis:**  
**The likely progression of the condition(s).**

This part of the conversation may be more speculative than you'd prefer, but it can set parameters around your expectations for the future.

When it comes to prognosis, ask about the common experiences of people with that condition. You might ask:

- Are there *physical* changes to look for?
- Are there common *cognitive* changes that might occur (that is, changes in memory, judgment, and reasoning)?
- Are there common *emotional* and *social* changes to be aware of?

**Safety:**

**What can your loved one safely do without assistance?**

Again, this part of the conversation might not be as concrete as you'd prefer, but starting the conversation can at least get you thinking about issues that you might not otherwise have considered.

Taking careful notes during the appointments with medical personnel will help with follow-through on their recommendations and with later discussions about what was said in the examination room. While healthcare professionals often provide summaries of an appointment (which you can ask for a copy of), your own notes are valuable. They are more likely to reflect your concerns and have information you thought was significant that the professional's notes might not have. (See pp. 28–29 for additional ideas of questions to ask and information to share at medical appointments.)

**Notes:** \_\_\_\_\_

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## Research your loved one's condition

After hearing your loved one's diagnosis of a chronic medical condition, learn what you can about it. That starts with the physician who gave the diagnosis. But you also can find more information from these reliable sources:

- **Heart-related conditions:** The American Heart Association, [heart.org](http://heart.org).
- **Cancers:** The American Cancer Society, [cancer.org](http://cancer.org). The National Cancer Institute: [cancer.gov](http://cancer.gov).
- **Strokes:** The American Stroke Association, [stroke.org](http://stroke.org).
- **Breathing-related conditions:** The American Lung Association, [lung.org](http://lung.org). The COPD Foundation: [copdfoundation.org](http://copdfoundation.org).
- **Alzheimer's disease:** The Alzheimer's Association, [alz.org](http://alz.org). The American Brain Foundation: [americanbrainfoundation.org](http://americanbrainfoundation.org).
- **Diabetes:** The American Diabetes Association, [diabetes.org](http://diabetes.org).
- **Parkinson's disease:** The Parkinson's Foundation, [parkinson.org](http://parkinson.org). The American Brain Foundation: [americanbrainfoundation.org](http://americanbrainfoundation.org).
- **Arthritis:** The Arthritis Foundation, [arthritis.org](http://arthritis.org).

Of course, these sites can only give you general information about conditions. Your loved one's particular case is influenced by a variety of factors, such as age, other medical problems, and medications. But getting general information can help you have more realistic expectations for your loved one and formulate more questions to ask your loved one's doctor.

*Find a complete list of websites from this book, plus more caregiving resources, at [christiancaregiving.org](http://christiancaregiving.org).*

## Debrief with your loved one after appointments

Receiving the diagnosis of a condition that will require your loved one to receive extra help is usually unnerving to them. Even if your loved one had been living with limitations, hearing a diagnosis can highlight the permanence of those limitations. Knowing something about what might be expected as the condition progresses can deflate a person who had some measure of hope that “life will return to normal some day.”

For these reasons, debriefing with your loved one after medical appointments will be a good idea. In a debriefing, you simply try to find out how your loved one is handling the information received. You might use questions like these:

- What did you learn from the doctor in the appointment?
- What are you thinking about what the doctor said?
- What are you feeling after having heard that?
- Do you think the suggested treatment is workable? (If not, what would make it hard to do this?)
- Are you willing to give it a try?
- If there are recommended lifestyle changes: Are you willing to give them a try?

Ultimately, it's up to your loved one to implement treatment strategies and lifestyle changes. They might choose, in the long run, not to comply with the doctor's recommendations. Are *you* willing to accept that? If your loved one doesn't comply, it will undoubtedly mean ramifications for you at some point. That might mean being more involved in your loved one's daily life, or it might mean finding more outside help. Either way, consider these as opportunities to show compassion as you try to honor your loved one.



## REFLECTING GOD IN YOUR CAREGIVING

Jesus was well-known for His compassion on suffering people. Your loved one will also be blessed as you follow His example.

### Compassion/love

In the Bible, “compassion” refers to the desire to alleviate the suffering you see in others—a characteristic God expects to see in His people (those who have committed their lives to Him). God said to Moses: “If you take your neighbor’s cloak as a pledge, return it by sunset, because that cloak is the only covering your neighbor has. What else can they sleep in? When they cry out to me, I will hear, for I am compassionate” (Exodus 22:26–27).

The psalmists reaffirmed the compassion of God in their reflections about Him:

The LORD is gracious and righteous; our God is full of compassion. (Psalm 116:5)

The LORD is gracious and compassionate, slow to anger and rich in love. The LORD is good to all; he has compassion on all he has made. (Psalm 145:8–9)

Following the example of His heavenly Father, Jesus is known for His compassion. In fact, it is the most common emotional reaction recorded of Jesus in the Gospels. For example:

When he saw the crowds, he had compassion on them, because they were harassed and helpless, like sheep without a shepherd. (Matthew 9:36)

Jesus called his disciples to him and said, “I have compassion for these people; they have already been with me three days and have nothing to eat. I do not want to send them away hungry, or they may collapse on the way.” (Matthew 15:32)

“Compassion” is a particular expression of “love.” So, it’s not surprising to also read in the Bible:

This is how we know what love is: Jesus Christ laid down his life for us. And we ought to lay down our lives for our brothers and sisters. If anyone has material possessions and sees a brother or sister in need but has no pity on them, how can the love of God be in that person? (1 John 3:16–17)

“Love” is not merely feeling good toward others; in fact, it’s possible even to love one’s enemies (Luke 6:32–35). It has to do with *actively pursuing* the welfare of others. This is why love can be commanded in Scripture—and when you obey this command, you not only make a difference in people’s lives, you also display God’s character to them. For example:

“As I have loved you, so you must love one another. By this everyone will know that you are my disciples, if you love one another.” (John 13:34–35)

God is love. Whoever lives in love lives in God, and God in them. . . . We love because he first loved us. (1 John 4:16, 19)

This is how we know that we love the children of God: by loving God and carrying out his commands. In fact, this is love for God: to keep his commands. (1 John 5:2–3)

To summarize, “love” is the *passionate commitment to pursuing the welfare of your loved one by following the example of Jesus and obeying the Word of God.*