

◆ TIMES OF CHANGE ◆
TIMES OF CHALLENGE

When You Are
Living With
An Illness
That Is Not
Your Own



RON DELBENE

with

MARY & HERB MONTGOMERY

*Let us therefore
approach the throne of grace with boldness,
so that we may receive mercy
and find grace to help in time of need.*
—Hebrews 4:16

*May this book
be a source of help and hope
as you strive to meet the challenge
of living with an illness that is not your own.*

*All titles by the authors
in the
Times of Change, Times of Challenge Series*

- When You Are Living With An Illness Which Is Not Your Own*
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When You Are Facing Surgery
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When Your Child Is Baptized
When Your Son or Daughter Divorces

When You Live with an Illness That Is Not Your Own

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Keep watch, dear Lord,
with those who work, or watch or weep this night,
and give your angels charge over those who sleep.
Tend the sick, Lord Christ; give rest to the weary,
bless the dying, soothe the suffering,
pity the afflicted, shield the joyous
and all for your love's sake.

Amen.

—Book of Common Prayer

In my work as pastor and counselor, I am well aware that illness and disability confront families in many forms. I have always had a great deal of empathy for the afflicted, as well as for their loved ones. But it took the illness of my own daughter for me to more deeply comprehend the daily struggles and victories of those who care for persons with chronic illnesses.

Illness has a ripple effect that touches the whole family. Changes occur whether we are ready for them or not. Hopes and dreams have to be reassessed. Fear of what the future may hold overwhelms us at times. Yet when we learn to embrace the moment and accept life as it is, we can experience peace and sometimes even joy.

In this book I share with you some of what I have learned about the impact an illness or disability of a loved one has on our lives, and I discuss practical ways to help meet that person's needs as well as your own.

Ron DelBene

Editor's Note: The stories in this book are true. Personal names and some details have been changed to protect the privacy of individuals involved.

What Are We Getting Into?

If one member suffers, all suffer.

—1 Corinthians 12:26

Short-term problems tend to bring out the best in people. In a medical crisis such as pneumonia or appendicitis, family and friends rally in support. Within a few days or weeks the crisis is over and soon forgotten. It's quite different however, when a family member or someone else we love is diagnosed with a chronic disease. The days and weeks become months and possibly even years during which we experience what it is to be a caregiver. It is a time when we are tested and our lives are profoundly affected.

Since my daughter's illness began, our family has lived through fear, anger, sorrow, and extreme frustration. At the onset of Anne's disease, which has still not been conclusively diagnosed, I felt it was my role to fix her. After all, I was her father and had, along with Eleanor, been responsible for her well-being since she was born. But as time went on, I realized that I could not fix Anne, nor was it my role to do so. Instead I was to support her in her healing process and help her continue to become independent. Anne functions well in a wheelchair and is now enjoying life in college.

Every caregiving role is different because every illness and every family is different. Even though the roles differ, caregivers have a great deal in common. Sometimes we become so responsible for the well-being of someone else that we neglect ourselves. Often we feel overburdened and over

tired. For me there were so many bills from so many different places: hospitals, doctors, x-ray labs, blood labs, physical therapists. Along with the bills came the frustration of matching them with difficult-to-understand insurance forms. All this came on top of the pressure to make decisions that we often felt unqualified to make about doctors and treatments.

As so often happens in caregiving situations, changes occurred in our family. More than ever we became aware that nothing is static; life is a process and over time we change and adapt. Dreams we once had get revised and out of the old dreams new ones emerge. At times worries roll in like storm clouds, and there are moments of panic. In all this process the major shift occurred for me when I accepted that it was not *my* role to fix Anne's condition. I came to know that for Anne to get on with her life and for me to get on with mine and for Eleanor and me to get on with ours, I was being called to accept what was and to live into what would be.

The *Why?* Questions

*For everything there is a season,
and a time for every matter under heaven.*

—Ecclesiastes 3:1

Serious illness causes us to wonder why: Why her? Why him? Why our family? Why did it happen *now*? If we believe that nothing we have done merits what has happened to us, we are likely to question the goodness of God. This is especially true for those who believe that living a virtuous life should spare them from misfortune. Audrey was such a woman. When her husband was diagnosed with incurable cancer, she couldn't accept it. "I thought of good health for John and me as a kind of reward for living according to our religion," she said. "Everything that I had believed for so long came into question. I doubted God's love and God's mercy. I even doubted that there was a God."

Adversity puts our faith to the test. Perhaps we never before have had occasion to question, and thus no reason to doubt. Recognizing how difficult it is to have faith, the apostle Paul wrote, "Welcome those who are weak in faith" (Rom. 14:1). Even if our faith is weak, or if we feel we have lost it altogether, God remains faithful to us. Like the parent in the parable of the prodigal child, God waits with open arms to enfold and comfort each of us.

Anyone who has ever asked why afflictions fall to certain people knows there are no satisfactory answers. Only by accepting the situation as it is and by being open to the

lessons of love that caregiving has to teach can we come to healing and peace.

As Audrey's days of caregiving became weeks and then months, she turned back to God. But instead of asking God to change the situation, she simply asked for the strength to carry on. "Through the ordeal of John's illness, I lost the faith I once had," Audrey said after her husband's death. "Now I simply have faith in God's faithfulness."

The Need to Communicate

Speak the truth to one another. . . .

—Zechariah 8:16

The belief that adversity creates strong relationships is largely a myth. The reality is that disease and long-term suffering often have the opposite effect. Marriages get tested and a severe strain is put on all the relationships within the family. Persistent stress wears people down and leads to depression. This is true whether the illness or disability involves a spouse, a child, or an aging relative.

To keep a marriage together and to help a family function in a healthy manner, good communication is a must. One of the kindest things families can do is to talk openly and honestly with each other. But often when illness strikes, we try to spare one another our worries, and we fail to share what we are thinking and feeling. In families where people have never talked frankly with one another, a crisis makes communication even worse.

Shortly after the onset of our daughter's illness, Eleanor and I realized that there was a need for more than medical help. Even though we considered ourselves to be a family that communicated well, we as parents needed an outsider to listen to us and help us deal with the emotional impact of everything that was going on. Anne also needed someone outside the family to share with, so she too met with a counselor. Eleanor and I often joined Anne and her counselor for family conversations about the issues we faced. All of this

continues to help us think more clearly and communicate better with one another.

A professional counselor or therapist is just one of several sources of help. Family members can draw great strength from meeting with a member of the clergy, a social worker, someone in a mental health program, or a trusted friend who is a good listener and who can be objective. Being able to talk freely to someone who is not directly involved in the problem helps clear our thinking and makes us better able to communicate with those we love.

Sincere and forthright communication isn't easy. Often there is a need to unlearn old habits of relating and to learn new skills that enable us to listen and respond more effectively. Those who are accustomed to being fixers often do not listen well because they immediately offer a solution. They believe they have the answer, when what would be more helpful is a listening ear. Basic to good listening is hearing what is implied but not said, as well as what *is* said.

Whatever time and effort is invested in learning how to communicate well is repaid many fold. The honesty that is part of good communication is freeing. It makes us more open with ourselves and those around us because we understand that all of us are challenged in some way and are doing the best we can.

Grieving the Losses

*Be gracious to me; for I am lonely and afflicted.
Relieve the troubles of my heart.
—Psalm 25:16*

When Frank first noticed the tremor in his left foot, he denied that anything was wrong. Only when he began stumbling for no apparent reason did he go to a doctor. After Parkinson's disease was diagnosed, Frank went through a period of disbelief and then bargaining: If the disease could be miraculously cured, he would tithe his income and be more loving toward his family. As Frank came to realize that the disease was not going away and he would have to live with it, he was alternately angry and depressed. His caregiving daughter suffered the brunt of his outbursts and endured long periods when he encased himself in gloom and refused to speak.

Like so many other people who have a chronic illness, Frank was grieving. Although grief is most often associated with death, we grieve anytime we suffer a significant loss—loss of a job, a valuable possession, a relationship, and certainly the loss of health.

Different diseases determine what the losses are. Frank gradually began to lose his income, his independence, his mobility, his image of himself as a fully-functioning man. At times he was resigned to his illness, but as losses occurred, anger flared and depression settled in. Because his losses were ongoing, his grief, like his illness, was chronic.

Anger is one of the more difficult aspects of grief for caregivers to deal with. Often the ill person's anger needs a focus, and we become the targets simply because we are there. Understanding this makes it somewhat easier not to meet anger with anger. Those times when we do respond in kind, we need to be as understanding and forgiving of ourselves as we try to be of the person in our care.

Depression is hard on the one suffering from it, but it is also painful for family and friends to see a loved one consumed by sadness. Trying to cheer someone up often has the reverse effect. What we can do is be available and give our unconditional support no matter how gloomy the mood. Sorrow comes in waves, and because someone is depressed does not mean that the feeling is permanent, nor does it mean the person who was making progress emotionally has regressed.

Dealing with emotions of someone who is ill can be difficult. But when the feelings that are part of grief can be expressed in a supportive atmosphere, we help ourselves and the person in our care progress toward a happier, more realistic future.

Respecting Their Dignity

*He gives power to the faint,
and strengthens the powerless.*

—Isaiah 40:29

Do not do for them what they can do for themselves, is a rule for dealing with those who are chronically ill or disabled. It is a rule I violated many times when Anne was first in her wheelchair. I pushed her too fast or pushed when she didn't want to go anywhere. "Here, let me do that for you" was part of my well-intentioned caregiving when what my daughter really wanted was to do things herself.

I finally caught on to Anne's desire to be in control of her own activity when she told me about an incident at camp. While she was sitting on the edge of a brick wall, a friend asked if he could try out her wheelchair to see what it was like. As he was wheeling around, someone suddenly came up behind him and starting pushing him fast. The unexpected push made him feel panicky. He yelled, "Stop! Stop!" and braced his legs to try to stop the chair. Afterward he said to Anne, "I didn't know how fast that guy was going to go or if he was going to make me crash. Now I know what it was like for you when I pushed you so fast the other day and you yelled, 'Stop!'"

To retain their dignity, the ill and the disabled need to have some control over their lives and be recognized as people with contributions to make, Following are guidelines for respecting the dignity of the person in our care:

- Expect the person to participate in life to the extent possible: attending school, working, doing household chores, answering the phone, coming to the table for meals.

- Allow for participation in decision making. A child or adult who helps make a decision maintains a sense of self-worth. Instead of assuming a decision-making role by saying, "You must be hungry. I'll get you something to eat," say instead, "Let me know when you want something to eat."

- Expect a wide range of emotions, but make it clear that we must all take responsibility for our actions. Illness or disability are not excuses for verbal or physical abuse.

- Maintain physical expressions of affection to the extent possible. Avoiding contact leaves a person feeling untouchable and unloved.

- Ask questions of those who are ill or disabled. Often strangers and sometimes even friends direct their conversation to the caregiver when they should be speaking to the person receiving the care.

- Give forthright answers about medical matters.

- Help people understand that one disability does not imply another. The blind, for instance, complain that people often talk louder to them because they assume they are also hearing impaired.

- Hold conversations that might have a negative effect on the ill person out of hearing range.

- Realize that we each have our own values and standards for happiness. We may think of someone using a cane or a walker as being unfortunate, but that person may be thanking God for the ability to remain mobile.

When It Is Difficult to Pray

*Rejoice in hope, be patient in suffering,
persevere in prayer.*

—Romans 12:12

When prayer does not come easily—or perhaps when we cannot pray at all—there is a simple way to pray that speaks from the heart and lets us feel the nearness of God. It is not a prayer that uses other people’s words. Rather, it is a short, personal prayer that lies within each of us, a prayer we discover for ourselves. Known as the breath prayer, it comes as easily and naturally as breathing. In saying the prayer we feel assured that we are not alone: God is there, comforting, guiding, and sustaining us.

To discover your breath prayer, follow these simple steps:

Step 1

Sit comfortably and try to relax. Close your eyes and remind yourself that you are in God’s loving presence. Recall a passage from scripture that puts you in a receptive frame of mind: perhaps, “The Lord is my shepherd” (Psalm 23:1) or “Be still, and know that I am God” (Psalm 46:10).

With your eyes closed, imagine that God is calling you by name. Hear God asking, “(*Your name*), what do you want?”

Step 2

Answer God directly with whatever comes from your heart. Your answer might be a single word: *peace* or

perseverance or guidance. It could be a phrase: to feel your presence or to know your comfort. Your answer might be a sentence: I want to bear my responsibilities with patience or I want to be more loving or I want to persevere.

Step 3

Combine your name for God with your answer to the question, "What do you want?" You then have your prayer. A caregiver's prayer might be: *Let me feel your presence, God or Please, Lord, grant me patience or O Creator, be my light and my guide*

Some prayers are more rhythmic when God's name is placed at the beginning; others require it at the end. When your prayer seems right for you, use it again and again throughout the day: while combing your hair, preparing a meal, tending to caregiving tasks, waiting for a phone call to be answered. Also use it when you go to bed or wake up in the night or anytime when you want to be more aware of God's nearness. With continued use this prayer, which is a personal response to God, will become as much a part of you as breathing.

Sharing the Breath Prayer

Although the breath prayer is personal, many people choose to share theirs with friends and family. This is a way for people to pray not just for you but with you—a way for them to be united with you in spirit by being united in prayer.

Caring for a Child

Comfort those who are in any affliction, with the comfort with which we ourselves are comforted by God.

—2 Corinthians 1:4, RSV

When something is wrong with our children, we feel it is up to us to make it right. A problem over which we have no control leaves us feeling helpless—and sometimes desperate. But once we realize that we cannot move forward with our lives unless we accept our situations as they are, we look for ways to make all our lives as normal as possible.

My daughter's illness did not fully manifest itself until she was fifteen. Because Eleanor and I were very involved in her care, the doctors talked to us, of course; but they also spoke to Anne as though she were an independent individual, which is the way she wanted it. She became knowledgeable about her disease and has had a lot of input into the management of it. Eleanor and I were there to support her as she found creative ways to deal with her changed life.

Researchers tell us that at an early age, children are perceptive about their own health. From as young as four, they tend to know the seriousness of their diseases without being told directly. If we don't talk about the illnesses, or if we fail to admit how serious they are, children feel all alone with the problem; they think others don't know what they are experiencing, or that it is too terrible to mention. The

question is not, "Should I tell my child about the illness and its complications?" but rather, "How will I go about doing it?"

When children are given the facts, it is a good idea to have them repeat what they have heard. This can be done by gently asking, "Now, can you tell me what I just told you?" Any misconceptions can then be corrected. The same kind of conversation should be held with other children in the family. Siblings need reassurance of our love when so much of our attention is focused on the child who is ill.

Children who are made to feel comfortable asking questions will seek information when they want it. If children do not ask questions, they still need to be kept current about the condition. Otherwise they may get secondhand information from classmates or other persons, causing them to lose trust in their parents.

Children with serious medical problems think about death. Although they might not bring the subject up directly, they give clues by wondering aloud about angels or what it's like to die, or if we see people who have already died when we get to heaven. Responding with, "Don't worry about that" or "It's foolish to think about those things," discourages children from sharing their thoughts with us. Sometimes we use dismissing remarks because we don't know what to say. When we have no answers, we should say so. Children readily accept an honest response like, "I don't know about that."

By pursuing the subjects children bring up, we learn of their worries and fears, their hopes and dreams. When children honor us with their confidences, they are inviting us into their world. Once we know their thoughts and feelings, we are better able to understand their needs.

What Are We Feeling?

Give me understanding.

—Psalm 119:34

Kay was in her late thirties when she began having problems with her vision and felt a tingling, prickly sensation in her legs. The diagnosis was multiple sclerosis. At the onset of the disease, Kay had long periods in which she was almost symptom free, but over the years her condition worsened and she needed increasing care. Her two teenage sons took on a lot of the responsibilities at home until they went away to college. Then all the caregiving fell to her husband, Jack, who spent evenings and weekends doing household chores and tending to Kay's needs.

"Kay has suffered so much, that I feel selfish calling attention to myself," Jack said, "but so often I feel like a forgotten person. People are always inquiring about Kay, but hardly anyone asks how things are going for me."

As caregivers we think it is our role to put up a brave front and handle whatever comes along. Even though emotions may be churning within us, we feel we have no right to them. We feel that the one we are caring for has troubles far greater than ours. But the emotions we try to ignore will not be denied, and they often surface in unexpected ways. A movie might cause us to cry uncontrollably when the source of our sadness is the emotional pain we are holding inside. Jack found himself being rude and sarcastic toward co-workers when what was

really bothering him were the added responsibilities at home and the feeling that his caregiving was going unacknowledged.

Just as the seriously ill grieve over what they have lost, so do caregivers. Circumstances determine what our losses will be. Caregivers typically experience loss of privacy, freedom, time for themselves, intimacy, income, and the relationship as it once was. When the illness is progressive, the grief becomes chronic because the losses are ongoing.

As I look back over the past few years, what I once viewed as losses or hardships I now see simply as experiences along the way. When Anne was first in a wheelchair, I remember having to haul it up and down the fifteen stairs to our house every time we wanted to go somewhere. Now a ramp enables her to come and go as she pleases. Having hand controls put on Anne's car was an especially difficult experience for Eleanor and me; it forced us to look squarely at what needed to be done. But now that Anne has the hand controls, we can't imagine it any other way. That is not to say that we no longer feel pain over our losses, because we sometimes do. At times we get angry too.

Anger, guilt, impatience, empathy, helplessness, love, dislike—these are but a few of the emotions we can expect to feel. And possibly we will feel them all at the same time! We are likely to tell ourselves that some of our emotions are good and others are bad. Regardless of how we label them, all our feelings are normal. No feelings are wrong. Instead of trying to talk ourselves out of certain feelings, it is best to admit they exist and then put our efforts into dealing with them.

“Why Doesn’t She Just Die?”

Live and walk in the way of insight.

—Proverbs 9:6

Helen’s mother was an independent, resourceful woman who had lived alone during the fifteen years since her husband’s death. But when she began to have memory lapses, Helen feared for her mother’s safety and insisted that she come and live with her and her family. The arrangement worked for several months, but as her mother’s mental state deteriorated, Helen realized that she could no longer care for her at home.

After Helen put her mother in a care facility, she visited her daily. At one point her feelings grew so troubling that she came to see me. “Today I really got scared,” she said. “I didn’t want to go visit Mother. While I was getting ready, I felt terribly resentful and angry toward her. Why is she punishing me like this? I said to myself. Why doesn’t she just die? And then I broke down and cried because I felt so bad even thinking those thoughts.” For a moment Helen was silent. Then in a hushed voice she added, “And that’s not the first time I have felt that way and have said those things in my head.”

I shared with Helen that she was not alone in feeling as she did. In my years of ministering to people whose loved ones were in terrible pain or leading profoundly diminished lives, virtually all of them told me that at times they had

wished that God would take that person home. Like so many other caregivers, Helen just wanted what was best for someone she loved. I suggested to her that perhaps Mary and the others who stood at the foot of the cross watching Jesus slowly die prayed for the end to come.

Whenever people tell me about the guilt they feel over being resentful or angry or wanting the person in their care to die, I always urge them to be gentle with themselves. Caring for a loved one who has a debilitating illness is physically, mentally, and emotionally draining. It is normal and understandable to want relief not only for the person who is suffering but also for ourselves.

Of course it would be wonderful to be a caregiver who is always patient and loving. Yet how many of us can live up to that ideal? At times we are irritable and short-tempered. Fatigue and the responsibilities of the moment influence what we say and do. That does not mean we are bad caregivers; it only means we are human. During those times when we are less than the loving person we want to be, we need to extend to ourselves the same compassion and understanding we give to the one in our care.

Caregivers Need Care Too

Come to me, all you that are weary and are carrying heavy burdens, and I will give you rest.

—Matthew 11:28

Rita's sixty-year-old husband suffered a stroke that left him permanently disabled. For six years Rita cared for Mac at home. But then he needed more care than she could provide and was transferred to a nursing home. Although Rita no longer had the everyday care of Mac, she visited him daily and was mentally and emotionally in the caregiving role until he died some two years later.

Looking back, Rita said, "I was fortunate that I was physically healthy. And I tried to take care of myself. When I was having a bad day, the best thing I could do was get out of the house and go for a walk. It always cleared my mind."

While Mac was being cared for at home, his well-being depended exclusively on Rita, so it was essential that she not exhaust herself. Many caregivers, however, become so focused on the person they are caring for that they neglect themselves and their own health suffers. Following are steps we can take to care for ourselves:

- Get adequate rest. If night sleep is interrupted, try to nap during the day. Meditation and relaxation techniques can also be used to rest both the body and the mind.
- Exercise regularly. This can be anything from playing tennis to going for a walk to exercising in the living room.
- Eat a well-balanced diet.

- Treat your physical ailments promptly.
- Find ways to express emotions. Repression of emotions is one of the most common causes of fatigue among caregivers. Ideally we need a close friend or confidante we can call frequently. Some caregivers express their feelings by writing in a journal.

- Keep current with world events and local news.
- Join a support group for caregivers. If there is no such group in your community, consider starting one. As Anne got involved in the wheelchair community through her participation in sports, that community—though technically not a support group—became significant for Eleanor and me. While attending tennis and basketball games, we met other people in wheelchairs and their families. Talking with people who were in situations similar to ours gave us an awareness of the various ways life goes on.

- Do something just for yourself. Watch a TV program without interruption, go out once a week, take a vacation, buy yourself a present, listen to a symphony or ballgame (use headphones if necessary), watch a sunset.

- Cultivate the habit of laughter.
- Be attentive to your spiritual health. Seek a regular quiet time each day in which to collect your thoughts, pray, read scripture, and find the inner strength to continue providing care.

- Take one day at a time. Living with an illness that is not your own can overwhelm you if you dwell on problems that may lie ahead. But by resolving one crisis at a time and by dealing with matters in the order of their importance, you retain the strength to face each new day.

Getting the Help We Need

If one member suffers, all suffer together.

—1 Corinthians 12:26

When Rita's husband had his stroke, friends and neighbors rallied around, expressing concern and offering support. "People were there at the beginning," Rita recalled, "and they were there at the end for the funeral, but through the eight years of Mac's illness, they pretty much forgot about us."

In looking back, Rita felt that some of the people who disappeared from their life genuinely wanted to help, but they didn't know what to do. And she, being a gentle, non-assertive person, did not make her needs known.

After people offer assistance that is not accepted, they tend to think their help is either unneeded or unwanted. Others fail to offer assistance because they have no idea what they could do, or they don't want to interfere. Unintentionally we may even discourage people from offering to help by appearing to have everything under control when we're actually overwhelmed. Even people who haven't volunteered to help are usually willing to do so when we are specific about our needs.

If we look at our responsibilities, most of us can find ways to use the help we are offered. Someone could take over caregiving while we shop or have a much-needed break. We might enjoy being taken out to eat or for a drive. Perhaps we would find it helpful if someone came in and spent time

visiting or playing cards or just watching TV with the person in our care.

Whatever our situation, we have to define our needs in order to get them met. Is having a friend who gives you an occasional rest from caregiving responsibilities enough, or do you need a regular helping arrangement? Do you need help with meal preparation? nursing care? household chores? transportation to medical appointments?

To get some of our needs met, we can turn to agencies and programs that assist the homebound and their caregivers. Although assistance varies in different communities, services such as home health aides, homemaker assistance, adult day care, and home delivered meals are widely available. Agencies such as the United Way fund a variety of these programs and give referrals. County social service agencies, churches, and senior centers are also sources of referrals and help. For diseases from AIDS to cystic fibrosis, from scleroderma to cancer, organizations exist that can supply information and be sources of help for the treatment and management of the disease.

Accepting the help of friends and utilizing available services eases our burdens and helps us feel less lonely in our caregiving role.

Where Is God in All This?

My grace is sufficient for you.

—2 Corinthians 12:9

When chronic illness enters our lives, it is natural to want a healing. Indeed healings do occur, and some can only be termed miraculous. But most seriously ill people and their caregivers do not have miracle stories to tell: A husband blinded by complications of diabetes does not have his vision restored. A champion diver disabled by a spinal cord injury does not regain her athletic abilities. Rather, their stories, and those of their caregivers, are lessons of learning to live with the situation and struggling to find meaning in what is happening to them. That in itself is a kind of miracle.

Scripture does not promise that God will spare us from adversity. However, we are told, “I am with you always” (Matt. 28:20). That promise has special meaning for those who live with someone who has a disease or disability. Much as we would like to be delivered from our responsibilities, the one in our care is likely to stay the same or get worse. Yet no matter what we face—a depressing medical report, a painful decision, or just the day-to-day tedium of caregiving—we are not alone. God is with us.

Some days we feel God’s presence more surely than on others. Some days we may not feel God’s presence at all. This inconsistency can be troubling until we understand that it is natural. In all our relationships there is an ebb and flow, and our relationship with God is no exception.

Certainly all of us have prayed and not had our prayers answered in the way we had hoped. But that does not mean prayer is wasted. Even though our prayers may not appear to change the situation, prayer changes us. From my own experience and experiences others have shared with me, I know that through prayer we find inner resources of strength and hope we didn't know we had. When we pray, we know that we are no longer facing our responsibilities alone; God is beside us, renewing our spirit and helping us carry the burden of the moment.

We also feel God's presence through the caring actions of others. Scripture tells us that God is love, so whenever someone gives a helping hand or listens to us with understanding or offers words of encouragement, God is made manifest. I have only to recall all the ways I have been touched by love over the past years to know that God has been and continues to be with me.

Illness is part of the mystery of a person's life. So, too, is the caregiving situation in which we find ourselves. When we know in our mind and heart that God is always with us, we can move into our difficulties with greater confidence and perhaps through them come to an even deeper awareness of God's presence.

About the Authors



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Since 1980, Ron's organizational system's leadership has been primarily in churches, empowering them in understanding their mission, goals and structure for effective and creative ministry. Ron and his spouse, Eleanor, reside in Trussville, Alabama, and have two grown children and two grandchildren.

Mary and Herb Montgomery are full-time writers who have created numerous books and educational projects to help both children and adults grow in faith. The Montgomerys live in a Minneapolis suburb.

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