



# Easing Caregivers' Burdens

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**F**rom 2015 to 2020 the number of caregivers in the U.S. grew from 43.5 million to 53 million (Center for Disease Control, 2021). That number will continue to spike as nearly 73 million people in the United States will be 65 or older in the next six years. Many caregivers are walking with their loved ones through years of pain and suffering.

Caregivers are defined as family members or friends who provide daily assistance for loved ones, frequently without monetary compensation or benefits. They can become a caregiver when their loved one is diagnosed with a degenerative disease, like multiple sclerosis or ALS, age-related decline and illnesses, or psychiatric disorders such as bipolar and schizophrenia. Many provide decades-long care.

This can be a lonely and taxing experience that affects so many in our community, often without others' awareness. Understanding the needs and challenges of caregiving can help us offer them a sense of hope as well as a community that cares well. Here are a few ways to provide caregivers with ongoing support.

# 1

## Caregivers need practical support.

Whether a caregiver is facing a loved one's new diagnosis or they have been providing care for years, they need practical support. This can look like providing meals or running errands to allow them more time to directly care for their loved one and for themselves. Churches often provide meals when a loved one dies or a couple has a baby, but caregivers benefit from these services over the long run, not just for a short season. We can offer transportation to and from medical or therapy appointments. They and their loved ones often accrue unexpected expenses such as legal and medical-related debt, so practical support may include financial aid. Check in with caregivers to ask what they might need for practical support.

# 2

## Caregivers need emotional support.

Caregivers experience an array of emotions when facing the long-term illness of a family member or a friend. They may feel surprised and guilty that they have anger toward their loved one because providing care long-term is emotionally draining. Long-term suffering can bring out emotional and behavioral reactions from both the caregiver and their loved one as familial patterns resurface and old wounds get triggered. Cycles of conflict can develop between them and their loved one.

The way caregivers view themselves may change under the pressure they experience.

They might see themselves as helpless, powerless, lost, or unworthy. They may over-identify with the people for whom they are caring and develop compassion fatigue. They often burn-out physically and emotionally from exerting themselves beyond their capacity.

## We support caregivers by validating their emotional reactions and teaching them skills to manage stress and overwhelm.

We may increase caregivers' self-awareness by helping them identify the habits and coping mechanisms associated with their feelings. To minimize burnout, check-in on how they are caring for themselves. Some ways they might practice good self-care are taking daily walks, listening to soothing music, socializing with friends, and doing other activities they enjoy. Remember that looking after their own needs may be particularly challenging for caregivers as they often feel too tired or stressed to consider adding anything to their full schedule. As we help them develop healthy routines and provide our comforting presence, we can point them to the One who heals emotional wounds, transforms the heart, and affirms our identity in Christ.

# 3

## Caregivers need spiritual support.

Caregivers' faith is often tested. They may feel angry at God, abandoned by Him, and wonder how He could allow this suffering to happen. They may find it hard to believe in God in the midst of their personal suffering and the suffering they witness daily. Allow

them to fully express their feelings instead of trying to defend God or rushing to counteract their feelings with Scripture. The Spirit of God groans for them in their suffering (Romans 8:26).

Because family members or friends may not experience physical or psychiatric healing on earth, they can start to lose the hope they once had. We can continue to model Jesus to them, showing the same compassion He gave to caregivers seeking healing for their loved ones throughout the Gospels (Mark 5, 9; Matthew 8). His presence in us can offer hope to even their darkest, longest struggle. This may mean praying with and for them when they are unable to pray themselves.

## 4

### Caregivers need referrals to resources.

There are a growing number of resources available for caregivers including therapeutic resources, such as individual and family counseling, as well as support groups. Home health aides and advocates are good resources, as well. Many people want to care for their loved ones in their homes rather than pursuing nursing homes or assisted living facilities. In those cases, many states provide compensation for family members or friends who are unable to take outside employment while caregiving.

The costs of providing long-term care are exorbitant. Whether assistance is provided in the home or in a facility, caregivers need support. Because finding outside help is often overwhelming, consider going with caregivers to visit care facilities or meeting home health aides. Help them feel less alone.

### Financial Assistance for Caregivers

- <https://www.usa.gov/disability-caregiver>
- <https://freedomcare.com/>

### Support Groups

- <https://www.nami.org/support-education/support-groups/>
- <https://www.caregiver.org/>
- <https://www.alz.org/help-support/community/support-groups>
- <https://www.cancer.org/support-programs-and-services/acs-cares.html>

## 5

### Caregivers need churches that care.

As the Body of Christ, “when one part suffers, every part suffers with it” (1 Corinthians 12:26). We can cultivate communities that recognize caregivers’ long-term suffering. Consider starting peer-led support groups for caregivers in our churches or speaking about our personal care-giving experiences from the pulpit. Keep an updated list of local resources for caregivers and professional counselors. A surprising number of people in our congregations may experience food insecurity as a result of medical and housing expenses. Elders, diaconates, or care teams can periodically check-in on them to assess their level of need and create teams to fulfill their practical needs. Remember that in all this we have a long-suffering, caring Father who is our ever-present help.