**EPISODE 206 - When Being a Caregiver Means You’re Neglecting Yourself: Key Advice From A Palliative Medicine Physician**

**With guest Dr. Delia Chiaramonte**

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DC: “The number one mistake that I think all people who have ill loved ones make is they think they should ask for help when they're hanging on by their fingernails and sliding down the wall, like they don't have one ounce of ability to cope left. The time to ask for help is about six months to a year before that. You don't want to wait until you have to have help to ask for help.”

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hey there, and welcome back to the Doctor's Crossing Carpe Diem podcast. I'm your host, Heather Fork, and you're listening to episode number 206. Have you ever found yourself in a situation where you're working a full-time job, raising kids and suddenly needing to care for an elderly parent? Or maybe you're juggling the demands of work and home while caring for a child with special needs or an illness. Or perhaps you have a spouse who is battling a serious illness and you're working a demanding job while trying to attend to your loved one with hardly any time for yourself.

If you can relate to any of this, today's episode is for you. We're diving into the realities of caregiving, whether it's for an aging parent, a sick child or one with special needs, an ill spouse or other family member, and how to navigate this role without losing yourself in the process. Many of us in the sandwich generation find ourselves balancing the needs of our families, careers and loved ones, and it can feel overwhelming.

I'm honored to have Dr. Delia Chiaramonte with us today. She's an integrative palliative care physician, host of the Integrative Palliative Podcast and author of Coping Courageously, a heart-centered guide for navigating a loved one's illness without losing yourself. In her book, Dr. Chiaramonte offers heartfelt, practical advice on how to care for others while also caring for yourself. Today, we'll also talk about setting boundaries, asking for help, addressing challenging emotions, and learning to prioritize our own health and well-being. Whether you're a physician or someone in a caregiving role, this conversation is for you. I'm very excited and honored to welcome Dr. Delia Chiaramonte to the podcast. Well, hey, welcome Delia.

DC: Hey, thank you so much for having me.

HF: Oh, it's a pleasure and I have your book right here. You can see it. I love this book and I've recommended it and given it to a number of people. Congratulations. I'm sure this took some time to put together. It has a lot of great exercises in it too.

DC: Thank you. Yeah, it did take some time, but it really wanted to be born to be honest with you. And it came out of what I learned from practicing palliative care because I saw there really were two groups of people. There were families who had a very sick loved one who were doing okay. They were sad. Of course, they were grieving, but they were talking to each other. They were present. They were getting closer. And then there's this other group of people, equally ill loved ones, who are just imploding and falling apart and not talking to each other and retreating to their own corners and making a really hard situation even harder.

And so, what I wondered was if I teach the people who are struggling the things that the families who are doing well are doing, will they do better? And of course, they did do better. And so that was some of what I learned in my own caregiving experiences, why this book just was begging to be born.

HF: Well, I was really gripped by the story about your daughter when I read the book. And not to give away the whole story, but when I was a kid, I was in horseback riding, too. And I fell off on a lot of occasions, broken arm. And those helmets that we wore way back then, they were just for show. Basically, they fell off, too, when you fell off. And so what you struggled with your daughter, I'm sure, informed a lot of what you put into this book and also what you teach. But I love it if you just share some of your story that you think would be helpful for the readers to get a sense of you and how your own journey has informed how you help.

DC: Sure. So yes, my daughter fell off. One of my daughters fell off a horse onto her head and had a really challenging, prolonged recovery. And what I saw was a couple things. It really disrupted her sense of self and her life. And we, as her family, didn't really know exactly how to help. And one thing that really struck me was as a physician, and my husband's also a physician, I felt like we should know what to do. It's hard, but we should know exactly what to do.

We did not know what to do. And we couldn't find anybody, honestly, to help us. There was no captain of the ship. The ship was just running in circles and it was going nowhere. And it was really hard for everybody. It was so hard for my daughter, who felt like, “Why doesn't anybody know what to do here?” It was very hard for me because I felt like, “Oh my gosh, I'm supposed to know these things. And despite all that I know, I still can't make this better.” And even I don't have a clear plan and nobody else had a clear plan.

Ultimately, what I did was I became the captain of the ship and I created an integrative treatment plan for her that was very aggressive medically and also very aggressive, if you want to use that term, in the complementary modality world. And it really was that combination, that integrative palliative care. And palliative in the sense of fixing symptoms, not that she had an end-of-life condition, because she did not, but she definitely had symptoms for years that made her life kind of unlivable.

And that's really what worked, ultimately. So it took about three years, but she got her life back and the end of the story is she's doing fine now, doing great now, actually. But the thing is, when you're in it, you don't know the end of the story. If somebody could have told us it would have been okay at the end, it would have been easier, but you don't know the end of the story while you're in it.

HF: Well, that's a very powerful story. And it's true, we can't change the things that happen to us, but how we respond can be two different ways. We can spend a lot of energy resisting what it is, or we can let it awaken us. And I like how Eckhart Tolle, who wrote The Power of Now, that adversity awakens us, so it gives us an opportunity to find the silver lining. I'd like to think about some of these scenarios that I described in the intro.

DC: Sure. Let's pick the aging parent, because that, I think, is so universal. People, physicians and non-physicians, really struggle when a parent gets old enough that they're really struggling to live safely alone, or if they have dementia and are not safe alone. And so I think number one thing that people do wrong, if I can say it that way, is they hide their eyes, they don't want to see it, and they don't ask for help. Those two things, I think, really set yourself up for having more stress in an already stressful situation than is necessary.

So let's take them one at a time. The hiding your eyes part, not wanting to talk about it or think about it or look at it, is understandable because when things are hard, denial feels better than having your eyes wide open. But the problem is that sets you up for potentially having regret later. And my feeling is if you have somebody in your family who's very ill, one of your primary goals is to not have regret later on. And regret can come from a whole bunch of reasons.

It can come from we didn't talk about the things that we needed to talk about, or we pretended everything was fine and then it wasn't fine and the house burned down or they wandered and got hurt or got hit by a car or we didn't take away the keys because we didn't want to and then they hurt themselves or somebody else. Avoiding regret is really important. And in order to do that, you have to be eyes wide open of what's happening.

Often as physicians, if we really thought about it, we might understand what's happening with our person who's ill. But if not, ask the doctor, ask the neuropsychologist, ask the geriatrician, if it's an issue of cancer, ask the oncologist. That's number one, is really look at what's happening. Open your eyes and be willing to see it yourself. And by doing that, you can talk about it with your loved ones. That's also important.

But then the other thing that is so important is asking for help. But I know it's cliché to say, “Oh yeah, everyone should ask for help.” But the truth is, that is the number one mistake that I think all people who have ill loved ones make is they think they should ask for help when they're hanging on by their fingernails and sliding down the wall. Like when they don't have one ounce of ability to cope left.

That is not the right time to ask for help. The time to ask for help is about six months to a year before that. So you don't want to wait until you have to have help to ask for help. And that's because, here's why. If you're a caregiver and someone you care about is sick, they really do deserve a filled up caregiver. We feel on the one hand, like, “Well, I can do it. I don't need to get any help. I'm fine.” Even though we're so not fine and we're so depleted and our cup is so empty and we're overwhelmed at work and at home and with caregiving, but we somehow feel like we're stronger or tougher if we don't get help.

But what that does is it makes us depleted. And when we're depleted, our empathy goes down. And when our empathy goes down, we're not as good caregivers for the person that we love. And so, if you think about it that way and you think, if you were sick, would you want the person to be caring for you to be really burned out? Is that the kind of caregiver that you want for yourself? Obviously not. Or do you want your caregiver to be taking care of themselves so when they show up, they have empathy and they want to be there and they want to give to you because they also are giving to themselves. So the concept there is, even if you can't get help for yourself, you should get help so that you're a better caregiver for the person that you love. You can show up as the kind of caregiver that they deserve.

HF: Now that makes obvious sense. Now, if you have a situation where someone is caring for their parent in the home or that looks like that's going to be the way things are going to go, how do you deal with this conflict between I really rather have my parent in a facility where it's not all on me, but I feel guilty because what I should do or what maybe other siblings are saying you should do or maybe someone else, like maybe it's even your in-law and you're battling this feeling of what I should do but what I really want to do.

DC: Yeah, it's such a great question. Now, what I think, this is me, of course, but what I truly think watching all of these families that I have seen care for ill-loved ones is that the right thing to do is the thing that you can do and still stay kind of filled up. So it's not about the thing, it's about how it works for you in your life. Some people can have a loved one in the house, they bring in a ton of help, 24/7 help, they have a separate part of the house and it doesn't drain them terribly to do that. So for that family, it might be fine to have somebody, have a loved one in the home, that might be okay.

But if you have someone in the home and either you don't have enough help or you don't have enough space or it just doesn't fit with your family dynamic or with you and what you feel that you can do and it's draining you and you're getting depleted and burnt out and have compassion fatigue, it's not right for you. And it is perfectly fine if that's the case to have a loved one be in a place where there are people around to care for them.

And I think, honestly, for many of us, that's the right answer because what that allows you to do is be the daughter or son as opposed to the nursemaid. And when you are the caregiver as in you're doing the bathing and changing diapers and doing laundry, you're not their child anymore. That is a special relationship that persists even if a person has dementia. The ideal scenario is you get as much help as you can in the home if you want that or in a facility so that you can show up as the daughter or show up as the son and not as the person changing the beds or wiping the rear end.

HF: Obviously, finances weigh into this and each situation is different and help is very costly. And how do we weigh the financial piece? For example, if maybe there's this family member and they don't have a lot of money and they can't afford to be in a place and you could spend the money, but it's a stretch for you. And so, there's this equation of, we could save money if they're in the house, but that's going to be stressful. And maybe they feel like we don't love them as much if we put them somewhere else, it's complicated.

DC: It is complicated. There are a bunch of different ways that people work out the finances. Sometimes the person themselves, the sick person themselves has the finances. Sometimes they do. Or sometimes they have long-term care insurance that can help. Sometimes they have very minimal resources and they may spend down and actually get care in a nursing home once they've spent down all their money. That sometimes happens. Sometimes they'll stay in the home and if you can't afford, it's very expensive to do 24-hour care from an agency. For a short-term situation, that's not a bad plan or if you have a lot of resources. But if you don't have a lot of resources and it's going to be a long time, that can be expensive.

But sometimes people will, if they have room in the home, but not a lot of money, will actually make an arrangement with a private person through care.com or someone you find at your religious organization or in your neighborhood where you exchange care for being able to live in the home for free. That's a way that a fair amount of people get care without having a lot of money.

The other thing is what I recommend honestly, and in the book, there's a whole chapter on making an imperfect plan, which is basically this plan. You write down all the things that have to be done. So, let's assume that the parent is still in the home for now. Who knows how it's going to go later, but right now they're okay in the home, but they definitely need help. So write down all the things that need to be done. So somebody needs to do meds every week. Someone needs to go with them to the doctor. Someone needs to clean the house. Someone needs to bring the food. Someone needs to check on them every day.

Whatever all the tasks are that need to be done, write them down. Then write down all of the potential helpers and think outside the box a little bit. So there's the two kids say, but are there any cousins around? Are there aunts and uncles around? Are there best friends around? Are there neighbors around? Anyone from her book club? Anyone from a religious organization? Anyone from aging services with volunteers? Look for all the people who could do something, even if it's one day a month or sending cash. How about the rich cousin that you have who lives somewhere else who's not going to come clean the house, but they might be able to give some monthly money towards hiring a caregiver, for example.

Write down all the possible caregivers and then find out from those caregivers what they wholeheartedly feel like they can do. And this is the hardest part because this is not what you think you should do or what you feel guilty, so you're going to agree to even though you really don't want to. It's really literally what can you do without feeling depleted? You might say, “Look, I'm not wiping butts. I can't do that. I can't do it, but I can come every Saturday and do meds and clean the house. I could do that.” And someone else could say, “I don't want to clean the house, but I'll take her twice a week to doctor's appointments. I'll do that.” Someone else might say, “I don't want to clean anything, but I'll sit with her and I'll do personal care. I don't mind that at all.”

What can everybody kind of wholeheartedly without depleting themselves do and then fill in the grid. There will be holes for sure, but there aren't as many holes as if you just throw up your hands and go, “Oh my God, nobody can take her in and do 24-hour care. We're doomed. What are we going to do?” There will be fewer holes. And when you look at those holes, sometimes you can hire for those holes. So that is where I would start.

HF: And you do a good job in the book of giving plans like that. And then I think you can even go to your website to get templates and things. You can help organize this care. Delia, do you have any suggestions for physicians out there who might be in a kind of chronic care situation? They might have an ill child or even one who has autism. That's a challenge that's going to be lifelong or perhaps they have a spouse that has a debilitating illness, but it's gone on for years and years. And just the sense of, “When are things going to feel good? How do you deal with this kind of chronic stress?”

DC: Yeah, there's no question that chronic stress is tough. But are there things you can do? 100% yes, there are things that you can do, even if the situation itself is not going to get better. There's a couple of things that come to mind. One is really focusing on only what you can control. And anything that is stressing you out that you're agonizing about in your head, asking yourself, “Is this in the bucket of things I can control? Or is this in the bucket of things I cannot control?” Because weirdly, you'd think we would automatically do that, but we don't. Sometimes the thing we agonize about all day long is the literal thing we cannot control.

And so, all that does is break us. Empty our cup, reduce our own well-being for literally no benefit whatsoever. If there is a thing that you cannot control, we'll put that in the bucket to the side for a second. And in a minute, we'll talk about what to do about those.

But you want to focus only on the things that you can control. So what are the things, and what I ask people to do, honestly, is write down every single thing that's stressing them out, everything. And then check the ones that they can control, that have some control about them. And if they are physical things you can control, like this is a silly example, it's not about illness, but it will make the point. For a while, I had a dog, a male dog who peed on this couch because he decided it was his and he was like owning it. And it made me crazy and it happened all the time. And then I learned that there's a belly band that you can buy for a dog so he can't pee. It goes around his penis and around his belly. And just that changed my days completely because every single day I was mad at this dog and then I changed the thing and then all of a sudden it evaporated. I was not mad at him anymore.

So, if there are things like, “Gosh, there's so much laundry, I can't stand it anymore.” Send out the laundry or hire someone to come in and do the laundry. “I'm sorry, my house is a mess. My God, I'm caregiving and I'm working and I have kids and the house is a mess.” Hire someone to clean the house if you can do that. If you can't afford to hire someone to clean the house, trade something. Have a teenager come in and exchange, help them with a resume or whatever you can do. But try to change the things that you can change. So that's one piece.

Now, there is a lot of inside stress that we create that comes from inside our own head. That we can always change. And that is extremely important and worth working on. So the concept is if we say, “My husband has this terrible thing, why did this happen? This is so terrible. This is unfair. This is awful. We'll never be happy again. My life is ruined.” All of that is internal stress that only serves to make you feel worse and does not improve anything at all. I am in no way saying you should put toxic positivity on yourself. Not at all. And we can talk about that because I think that's very important.

But being stuck in only the poop and not the flowers is a recipe for just feeling crappy about life. And so, there's a little sentence that I use myself all the time that I teach people and people find very helpful, which is this. “I don't like blank, but at least blank.” Whatever it is. I don't like that he has this terrible illness, but at least I have a great friend next door. Or I don't like that he has to take all this medicine, but at least my dog is really cute. It can be totally unrelated. I don't like that I have to be a caregiver, but at least I had a great sandwich today at lunch. It doesn't have to be related at all.

The idea is you're holding space for two things. There's the poop of life and there's the flowers of life. And that's just literally the way it is. And both are true. And so saying I don't like, or even I hate the bad thing acknowledges I hate that thing. But it just teaches you the skill of turning your head to the side just a little bit and saying, “But at least whatever. He has great doctors. He has great nurses. Our house is big. We can afford a caregiver. Our garden is blooming. Our kids are great.” It doesn't matter what it is. It just is the idea of “This sucks, but at least this.” And you can do that a hundred times a day, which I recommend. And we can all do it anytime we complain. Even in our head, every time we're like, “Oh my gosh, I can't believe that thing. But at least something else. But at least my car runs. At least I have air conditioning. At least my toilet flushed.” There's always an at least.

HF: It's good because it's so common when we're under stress and we have fear that we have this negative thinking. They're very much intertwined and we get those neural pathways and they become autobonds because we keep having these repetitive thoughts. But I love how you're interrupting that thought by something that can even be incongruous. Like you said, it doesn't have to match in a way. It can be totally unrelated, but you're interrupting that neural pathway to create something that creates a different emotion and a different way of seeing things. I love that.

Now, I'm curious if you have any advice for boundary setting. Say, for example, it's in a family where someone is, maybe they're a type two on the Enneagram. They are the helper type. They generally love to help, but they also are very much at risk of overdoing and setting boundaries with people and they can feel selfish and they can really get into a space of resentment. And so, sometimes even the languaging around asking for help, “Do you have any suggestions on maybe they're asking their spouse or another sibling or something and how to do it so it doesn't come out from that resentful, angry place, but it can come out from a more empowered place?”

DC: Yeah, I totally get that. I'm a two on the Enneagram, so I totally understand. I totally get that. Yeah, it's a great question. The thing that I think is most important here is to work on the skill, which is hard, but the skill of asking for help before you are depleted, because if you wait until you are depleted, it will come out as resentment and it will come out with an edge that makes other people in the family less likely to help.

And so, I think because I am a two on the Enneagram, meaning like a helper type, I think that's why for me, the way that it is helpful often to frame for other people is, as I mentioned before, you want to be a helper, but the truth is you're a human being. And if you get depleted, there's evidence behind this, your empathy will go down. This is what happens. When we get compassion fatigue or we get burned out, our empathy goes down. Our healing presence goes down. We become worse helpers, worse caregivers.

And so if you, if someone has trouble with boundaries and they feel like, “No, I can do it. I'm fine. I don't need help. I'll keep going.” But they are, their cup is getting emptier and emptier and emptier. They will become a worse caregiver and they will be giving this worse care to the person that they love. Sometimes it helps people to see it from that perspective that I want my loved one to have the best of me.

And the only way they can have the best of me is if I am not depleted, if my cup is not empty, if I don't have compassion fatigue. I must, cliché, but I must fill myself up. I must put my oxygen on first. Otherwise, I cannot help them well. I will be cranky and short and they'll feel it. And even if they have dementia, they're going to feel it. They will feel it and they won't get the care that they deserve because I love them. I want them to have a caregiver who really shows up filled up. I cannot do that if I am depleted. And so because of that, I must ask for help, even though it feels uncomfortable.

And turning it upside down. Yeah, the hardest thing for you is not the caregiving. The hardest thing for you is getting help, setting boundaries, getting other people to help you, whether you pay them or not, figuring out a plan where you're not doing all of it. That's hard, but I have faith in you. You can do it. You can do hard things.

The hard thing for you is not the caregiving. The hard thing for you is setting limits, but you need to do it if you want to show up as the kind of caregiver that your loved one deserves. You can do it.

And here's the other thing. It's going to feel bad and that's fine. It's fine. I think that's important to know. It's not going to feel good and that's totally fine. And other people may respond in a way you don't want them to. That's fine, too. It's fine. No, they don't have to be happy about it. You don't have to find it easy, but you need to do it anyway. So that you can show up for your loved one with empathy and care because you are not depleted and burnt out.

HF: I think that's a really good point just to say it's not going to feel good because it's going against your grain and to just expect that and know that it probably gets easier as you do it more.

DC: Correct.

HF: I know we're getting close to the end of the podcast here on this very important big topic, but I want to dive a little deeper into having dark thoughts and what to do with them. We're human and I'm sure in these situations with really chronic care, perhaps your loved one has dementia or Alzheimer's and it's been 10 years and you just want peace. You just want peace. And you have some dark thoughts.

DC: Yeah, I wish it were over. I wish this were done. Yeah, normal.

HF: Or even blaming yourself. Maybe you have a child who has some type of illness or autism and maybe you're thinking, “Did I do something to create this? Or was I working too hard? Should I not have done all those shifts and I should have taken better care of myself?” Or maybe there's some accident that happened, someone fell off a ladder. All these things that can happen where we might be blaming ourselves where you have several kids and you feel like you're really prioritizing the one that has the illness and you're not able to be the parent you want to the other kids. There's so many things where guilt can come in and shame.

DC: Absolutely. The first thing I want to say is whatever dark thoughts you're having are normal, it’s fine. If you feel like I wish this were over, even I wish they had died, I wish they weren't here anymore and then you feel terribly guilty, that's a normal thing to feel. You're not a bad person. It's totally fine. And every caregiver has thoughts like that. It's normal.

Number two is this is hard not because you're doing it wrong. This is hard because it's hard. Caregiving is just hard all the time. Even if you're smart and you try and you show up and you do all the things, it's just hard. Period. It's hard. Sometimes something's hard, and then we make the stress worse because then we say, “Well, why is it so hard? Did I make it happen? Am I doing it wrong?” And we sort of add stress that is unnecessary on top of the stress that is there, which is that it's just hard.

But the other thing that I think is really important is this idea of, you mentioned Ecretolia, of being in the now. So you can't see it because it's audio, but I'll show you anyway and explain. I have a little paper that I always, always show to patients, and I keep it right by my computer where I have meetings, and it says “Past – Now – Future.” And the Now has a square around it. “Past – [Now] – Future.”

And the idea is our mind can only really be in one of those places at any given moment. We could be in the past thinking, “Oh my gosh, why did I do that? Why didn't I do that? Why did this happen to me?” Ruminating about things in the past. Now, those are done. You cannot fix them. Anytime you spend ruminating about how it could have been or what you did only reduces your wellbeing and does nothing positive whatsoever. That's the past.

We might have our mind be in the future, which is often worrying. “Oh my gosh, what if she falls? What if I can't do this anymore? What if my husband leaves me because of this?” What if, what if, what if, what if, what if, what if I'm always, what if this, what if that? “What if we run out of money? What if I lose my job? What if my kids get messed up because they're seeing me like this? What if I yell at my mom and then she dies and I regret it?” A million and 500,000 “what-ifs”.

Those also don't help you. They haven't happened yet and that doesn't change the now at all. The best that we can do is spend as much time as we can intentionally focusing on the now. The literal now, which means you and I talking on this podcast. That's our now. Anybody listening, your now is you're listening to this podcast.

In the beginning, you might spend two seconds in the now. “Okay, I'm listening to the podcast” and then your mind goes, “Yeah, but what if that medicine doesn't work out and then she gets confused and then she falls and then she breaks her hip and then she's in the hospital and then we won't know what to do with it.” None of that has happened yet.

The task is just notice where your mind is and when it's either in the past or in the future, just gently bring it back down to the now. And there's some tricks to that. The first is just to notice. So what I recommend is that people write this “Past – Now – Future” on a sticky note and a few sticky notes, put it around the house so that when you see one, you ask yourself, “Oh, where has my mind been? Because your mind could have been in the future catastrophizing for hours and you didn't even notice it.

The first is to notice is “Where is my mind?” And then when you notice that it's either in the past or in the future, bring it back to right now. And the trick for that, there's a few tricks. You can do something physical like you can rub your hands together. You can take some deep breaths. You can notice, “Okay, what do I see?” Right in the now, let's pretend I'm cooking. I see the red peppers. I hear the sizzling garlic. I smell the sizzling garlic. I feel the knife in my hand. Yeah, but what if she falls? No. Rub my hands together. Take a big breath. I hear the garlic. I smell the garlic. I feel the knife. I see the red pepper. And you just do it over and over and over.

It's like lifting weights. When you don't lift weights one time and then you didn't get strong and then you say, “Oh, it doesn't work.” The way you get strong is the lifting of the weights. The way you learn to focus your attention in the now is by noticing when it isn't in the now and asking it gently to come back. And you do it again and again and again.

Each one is lifting a weight. The more you do it, the better you get at it. And the more time you spend in the literal right now, honestly, the less guilt you have, the less regret you have and the less worry you have. Because generally, in the actual moment where your mom's in the bed and she's sleeping and you're cooking dinner and maybe you turn on some nice music and you're dancing around, if you're really like, “How is this literal moment?” It could be okay.

HF: That is the simplest thing in terms of being in the now. It's simple, but it's probably one of the hardest things to do. But I love that you brought it out because we all are going to be in the past. We're all going to be in the future. We all have this mind that's the monkey mind, and this is a lifetime practice. But it is often the most powerful thing that does work when you need to feel differently. And so, thank you for sharing those techniques. It reminds me of this podcast I did, “See One, Hear One, Feel One”. After “See One, Do One, Teach One”, just to remind us to see, to hear, and to feel, to be in the moment. That's a great reminder.

Now, I want to ask you, since we're wrapping up here, do you have any resources that you'd like to share with the audience and we can put the links in the show notes?

DC: Sure, yeah. I do think actually that reading the book, Coping Courageously: A Heart-Centered Guide for Navigating a Loved One’s Illness Without Losing Yourself, is a really great read. It's easy because it's got a lot of stories, but it has a lot of very practical things. And it's the things that I saw that the families who are coping well used that worked to help the families who are struggling. So, it really is filled with just practical stuff that helps, including some of the things that we talked about today. You can get that on Amazon or copingcourageously.com.

And then please, you're welcome to listen to the podcast, The Integrative Palliative Podcast, which is on Apple and all the places you listen to your podcasts. And also you can get to it through my website, which is integrativepalliative.com.

HF: Fabulous, Delia. And I will share all of this in the show notes. And I do highly recommend this book. It weaves in her story, the family story with practical advice. It's very user-friendly and it's also very compassionate. So if you're struggling, I think this will be a real companion for you and help you with the emotional aspects as well as the practical and logistical aspects of caring for a loved one. Thank you again, Delia, for coming on the podcast. I'm so grateful to you.

DC: Thank you so much for having me. I really enjoyed it.

HF: You're very, very welcome. I have an announcement for you, my dear listeners, is that for the past four years, we've been doing the podcast on a weekly basis, having now 206 episodes. And I am going to be going biweekly. Starting November, the podcast will be every other week. And so, that will start on November 13th. We won't have a podcast a week before, but they will be every other week.

And the reason for this is it takes a lot of time to create a podcast if you've never done one before. There's a lot of moving pieces. I always like to try to be intentional about the content and the guests and serve you as well as possible. And there's some other courses I want to work on for you. But in order to have that time, I need to dial back a bit on the podcast.

But it will still be coming out and I would love to have you as a listener and have you sharing the podcast. I appreciate all your support and suggestions for episodes. So, thank you so much for being here. I appreciate you. And don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

You've been listening to the Doctor's Crossing Carpe Diem podcast. If you've enjoyed what you've heard, I'd love it if you'd take a moment to rate and review this podcast and hit the subscribe button below so you don't miss an episode. If you'd like some additional resources, head on over to my website at doctorscrossing.com and check out the free resources tab. You can also go to doctorscrossing.com/free-resources. And if you want to find more podcast episodes, you can also find them on the website under the podcast tab. And I hope to see you back in the next episode. Bye for now.

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Podcast details

END OF TRANSCRIPT