



# Caring From Within

Dr. William Watson III

The profound impact of nurturing  
relationships through care

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01

Introduction: The  
Unexpected Caregiver

# My Story, Your Story

I never anticipated that caregiving would become such an integral part of my life. It wasn't part of my plan. I had my career, my routine, a clear sense of self. Then one phone call, one diagnosis, and everything changed. Suddenly, I found myself learning terms like "neurodegenerative" and trying to support someone I cherished while my own life felt like it was falling apart. I recall standing in the grocery store aisle, staring at cans of soup, unable to make a choice. The fatigue wasn't merely physical; it was the burden of desperately wanting to do it right and feeling like I was failing day after day.

Maybe you know that feeling. The one where you lie awake at night replaying interactions, wondering if you said the wrong thing, pushed too hard, missed a cue. You read books and articles. You ask the doctor questions you barely know how to frame. But nothing really prepares you for the moment your loved one looks at you and doesn't recognize your face, or for the ache that settles into your chest when you realize you can't fix this. I felt that ache. I carried it for years before I started to understand what it was trying to teach me.

I didn't set out to create a method or start a movement. I was just a person in the trenches, fumbling for a lifeline. I wanted someone to tell me it was okay to not have all the answers. I needed to hear that my exhaustion wasn't a character flaw and that guilt wasn't proof I was doing something wrong. What I found instead was a world full of checklists and clinical advice that never spoke to the messy, human heart of what I was living. So I started paying closer attention to my own experience. I began noticing the moments when I felt connected to my loved one, even in the middle of chaos. And I started building something from those fragments.

That something became Caring From Within. I created Caring From Within because I wanted caregivers to have the kind of support I wish I had earlier. Not another list of activities to execute, but a way of being. A place to start when you feel like you're drowning. I believe joy isn't a reward for getting everything right. It's a tool you can use right now, in the thick of things, to find your footing. This book is the result of everything I learned by getting it wrong before I started to get it right. And it begins with the story of how I stumbled into this work, because I think you'll recognize yourself in it.

I want you to know this isn't a story about a perfect caregiver who discovered a secret formula. It's about a regular person who felt scared, guilty, and unprepared, and slowly found a different way to show up. A way that brought moments of lightness back into a very heavy season. I'm going to share that story honestly, because I think it matters that you see someone else has been where you are. Not to compare journeys, but to know you're not alone in the dark. There is a path forward, and it doesn't require you to be someone you're not. It starts with acknowledging how hard this really is.

## The Weight of Joyless Care

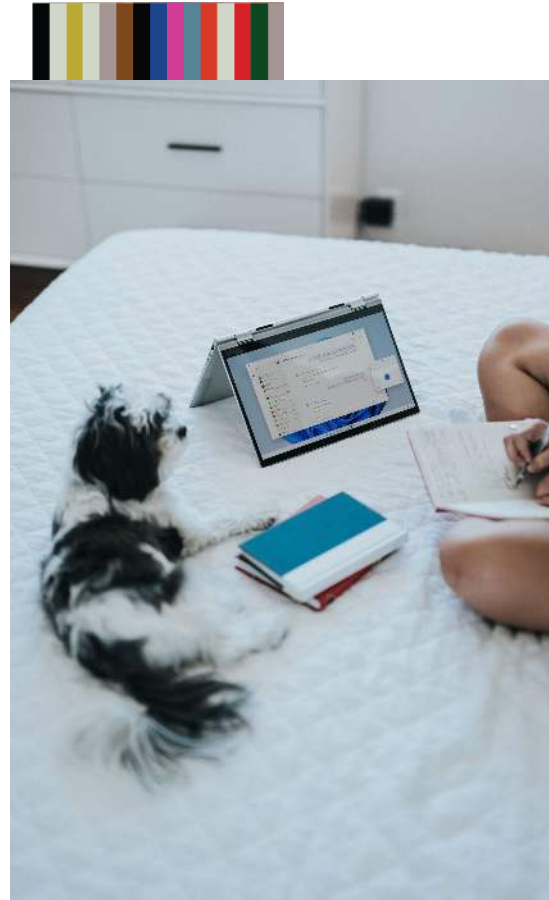
I called it joyless care, and I lived inside it for a long time. It wasn't that I didn't love my person. I did. Desperately. But love and joy had become separated. Caregiving felt like a long, gray corridor with no windows. I'd wake up already tired, already bracing for the next crisis. Meals, medications, appointments, the constant scanning for signs of decline. I was doing all the things, but I wasn't really there. I was a shell going through motions, and the guilt of that ate at me. I thought if I could just be more organized, more patient, more selfless, then the heavy feeling would lift. It never did.

The isolation was staggering. Friends drifted away, not because they didn't care, but because they didn't know what to say. And honestly, I didn't know how to tell them. How do you explain that you're grieving someone who is still sitting right in front of you? That you feel guilty for wanting a break, and then guilty for feeling guilty? The world kept spinning, and I was stuck in a strange bubble where time moved differently. I'd see families laughing at a park and feel a sharp pang of something I couldn't name. Envy? Loss? A memory of what "normal" used to feel like?

There were days I'd snap at my loved one over something small, and then the shame would crash in. I'd apologize to someone who couldn't understand my apology. The cycle was brutal: try harder, fail, blame myself, try even harder. I was so focused on being a "good" caregiver that I lost sight of who I was as a person. I stopped listening to music. I stopped calling old friends. Joy became something I thought I didn't deserve. It felt indulgent. How could I experience anything good when the person I loved was fading? That belief nearly broke me.

One afternoon, after a particularly rough morning, I sat on the back steps and just let the tears come. I didn't have a solution. I didn't have a plan. I just knew I couldn't keep living in that hollow place. That was the moment the seed of Caring From Within was planted, though I didn't know it yet. I started to wonder: what if joy wasn't something I had to earn after all the caregiving was done? What if it was something I could reach for in the middle of the mess? The idea felt radical and a little terrifying. But the alternative was more of the same gray corridor, and I couldn't go back there.

The weight of joyless care isn't just emotional. It settles into your body. My shoulders were permanently hunched. I caught every cold that came around. Sleep was a joke. I'd lie in bed, my mind spinning through to-do lists and worst-case scenarios. I was running on fumes, and I knew it. That's the thing about caregiving without joy: it drains every reserve until there's nothing left to give. And when you're empty, you can't be present for the person who needs you. So the very thing you're sacrificing yourself for slips further away. It's a painful paradox.



What I started to understand, slowly and in fragments, was that joy isn't a luxury in dementia care. It's a tool. A practical, powerful tool for building connection and resilience. This was a complete flip from everything I'd been telling myself. I'd always thought joy was the cherry on top, the thing you got if you did everything else perfectly. But here's what I learned: joy can actually be the starting point. When you bring a spark of lightness into an interaction, it changes the atmosphere. It grounds you. It reaches your loved one in ways that a perfect schedule never can.

# A New Way Forward

This isn't about pretending things aren't hard. They are hard. Some days are brutal. But within those brutal days, there are tiny openings. A shared laugh over a song you both remember. The way your loved one's hand relaxes in yours when you stop trying to direct and just sit. These moments don't erase the grief, but they do something else. They remind you who you are and why you're here. They refill something in you that the exhaustion keeps draining. I began to chase those moments, not as an escape, but as a compass. They pointed me toward what was still possible.

Creating Caring From Within meant building a framework around this idea. I didn't want it to be vague advice like "just be positive." Caregivers hear that and want to scream. I wanted something tangible, something you could actually use when your loved one is agitated or you're on your last nerve. The principle is simple: joy flows from who you are, not what you do. Your inner state shapes the interaction. That means you start with yourself. You pause, you breathe, you find your own footing before you try to help someone else find theirs. This isn't selfish. It's the foundation that makes everything else possible.





I started testing this in my own caregiving. On a day when my loved one was restless and pacing, instead of launching into a prepared activity, I sat down and put on a piece of music I loved. I let myself feel it. I wasn't performing for anyone. I was just being a person who needed a minute of calm. And something shifted. The pacing slowed. The agitation softened. My loved one didn't suddenly become "happy," but we connected. It was a fragile, fleeting connection, but it was real. That moment taught me more than any caregiving manual ever had. The tool wasn't the music. The tool was my willingness to show up as myself, not as a flawless caregiver robot.

This book is going to walk you through that shift. I'm not going to promise you a carefree journey. I'm not going to give you a script. What I will do is share what worked, what failed, and what I learned about finding light in very dark places. I'll give you practical tools—small, doable things you can try tomorrow. But more than that, I hope to give you permission. Permission to let go of the pressure to be perfect. Permission to experience moments of joy without guilt. Permission to believe that you, right now, are enough. Because you are. And that truth is where everything begins.

# What This Book Will Do for You

My hope for you is simple but profound: I want you to find meaningful, joyful interactions that sustain both you and your loved one. Not every interaction. Not perfectly orchestrated moments that belong on a greeting card. Just real, human moments of connection that remind you why this relationship matters. Through these pages, you'll hear stories of other caregivers navigating similar waters. You'll learn why the perfection trap is so seductive and so damaging. You'll discover how to reframe joy so it becomes a compass you can follow, even on the hardest days.

I'm not here to lecture you or hand down expert advice from a pedestal. I'm walking this road alongside you, and this book is a conversation. I'll be honest about my own missteps because I think those are the most useful parts. I'll share the activities that actually worked for me, and the simple tools I still use when I feel myself slipping into old patterns. My promise is that you'll finish this book with more than inspiration. You'll have a practical, repeatable approach to caregiving that starts from the inside out. You'll have a way to access joy even when circumstances are heartbreaking.

This isn't a long book, and I hope you'll forgive me for that. I know you're tired. I know your reading time is stolen in five-minute chunks. I've tried to make every chapter count, to give you something you can put into practice immediately. You can read it straight through or skip to the chapters that speak to your current struggle. There's no wrong way. The point is just to start. To give yourself the chance to experience caregiving differently. Not as a relentless duty that grinds you down, but as a relationship that still holds the capacity for tenderness, humor, and grace.

I also want you to know that you don't have to do this alone. The isolation of caregiving is real, but it's not permanent. As you move through these chapters, I hope you'll feel less alone. I hope you'll see your own struggles reflected in these stories and realize that your guilt, your frustration, your exhaustion are not signs of failure. They're signs of being human in an impossibly difficult situation. There's a community of caregivers out there who understand. I hope this book feels like one voice in that chorus, reminding you that you're seen.

So let's begin. Not with a list of rules, but with an invitation. Read with an open heart. Be gentle with yourself. And if something in these pages sparks even a tiny flicker of hope, let yourself hold onto it. That flicker might seem small, but it can light the way forward. I know, because it lit mine. Welcome to *Caring From Within*. I'm so glad you're here.

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02

Chapter 1: The Hidden  
Toll of “Doing It Right”

# The Perfection Trap

James stood in his kitchen at 10:42 a.m., holding a basket of laundry against his hip, watching his wife Margaret stare at the puzzle he'd set out an hour ago. She hadn't touched a single piece. The coffee he'd made her sat cold on the side table, and the morning's carefully planned activity—a simple sorting exercise he'd read about online—had dissolved into nothing. His chest tightened with a feeling I know too well: the quiet, desperate belief that he was failing her. That if he were a better caregiver, he'd know exactly what to do.

I want to name this feeling because it lives in so many of us without ever being spoken aloud. It's the perfection trap. It tells you that if you just research enough, plan enough, and try hard enough, you can outrun the chaos of dementia care. You can make every interaction meaningful, every activity successful, every day a small victory. And when that doesn't happen—when an hour of effort produces a blank stare or a turned back—you don't just feel frustrated. You feel ashamed. You feel like you're the problem.



I used to believe this trap was about high standards. But I've come to see it's actually about fear. We're terrified that if we stop performing caregiving perfectly, the relationship will crumble. That if we admit we don't know what to do, we'll lose them entirely. So we double down. We read another article. We buy another activity kit. We schedule our days into tight, hopeful blocks, convinced that the right puzzle or the right playlist will finally unlock the person we remember.

But here's what the perfection trap steals from you: your presence. When you're obsessed with doing caregiving right, you're not actually with your loved one. You're in your own head, measuring outcomes, comparing today to yesterday, bracing for failure. Your hands are folding laundry, but your mind is running a scorecard. And your loved one feels that distance. They may not be able to name it, but they sense when your attention is on the task instead of on them.

I remember talking with a woman named Irene, who cared for her mother with vascular dementia. She told me she'd spent forty-five minutes preparing a reminiscence activity—old photos, a timeline, gentle questions—only to have her mother push the photos away and ask for toast. “I felt so stupid,” Irene said. “Like I'd wasted all that time.” But the real waste wasn't the preparation. It was the forty-five minutes she'd spent believing her worth as a caregiver hung on whether her mother engaged with photos. That's the trap: we tie our self-worth to outcomes we can't control.

The perfection trap also isolates you. When you believe you're the only one struggling—that other caregivers have figured out the secret formula—you stop talking about what's really happening. You smile during the brief doctor's visits. You tell your sister, "We're managing fine." You bury the afternoon you spent crying in the pantry because the fourth activity in a row went nowhere. And that silence amplifies everything. It convinces you that your struggles are evidence of personal failure rather than the natural, expected texture of dementia care.

I'm not going to tell you to lower your standards. That advice always felt dismissive to me, like I should care less. Instead, I want you to see the perfection trap for what it is: a thief. It steals your peace, your presence, and your ability to notice the small, real moments that actually matter. The goal isn't to stop trying. It's to stop measuring yourself against an impossible ideal that dementia will never accommodate.

Here's a scene that plays out in thousands of homes every day, though we rarely talk about it. You've carved out a half-hour for an activity. You've gathered supplies, cleared the table, maybe even watched a tutorial. You sit down with your loved one, your voice bright and encouraging, and you begin. For a few seconds, maybe even a few minutes, it seems to work. Then something shifts. They frown. They push the materials away. They get up and walk to the window and stare outside, and you're left sitting there with the pieces of something that was supposed to bring you closer.

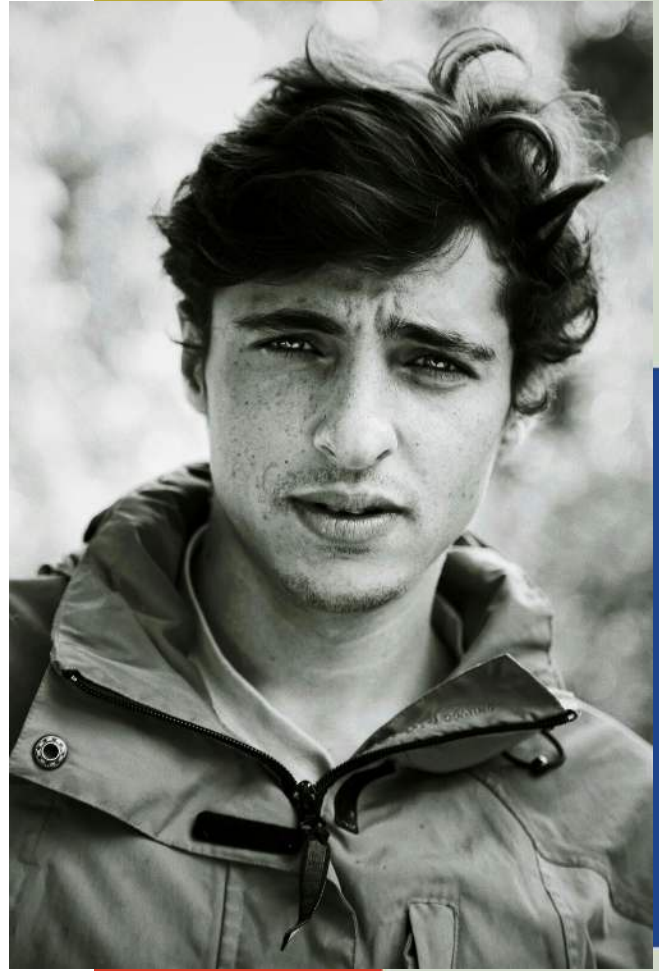


Moral Compass in  
Action - Navigating  
Ethical Dilemmas is a  
part of journey and  
experiences.

## When Activities Fail

The emotional crash that follows is physical. Your stomach drops. Your shoulders tighten. You feel a wave of heat or a sudden, hollow exhaustion. I felt this crash dozens of times before I understood what it really was: grief, showing up as frustration and shame. Grief that the person in front of you can't meet you in the activity the way they once could. Grief that the life you shared has changed so much that a simple puzzle feels like a negotiation. Grief that you're working so hard and getting so little back.

But here's what I wish I'd known earlier: the crash isn't evidence that the activity was wrong or that you're incompetent. It's evidence that the activity was out of sync with the moment. Dementia shifts by the hour. The activity that worked beautifully on Tuesday morning might be impossible on Tuesday afternoon, not because you did it differently, but because your loved one's brain is processing the world differently right then. Their agitation, their disinterest, their confusion—it's not a verdict on you. It's information about where they are right now.



I once worked with a man named Thomas whose father, a former carpenter, had late-stage Alzheimer's. Thomas spent a weekend building a custom sorting board with different textures and shapes, thinking his father would respond to the familiar feel of wood. When he presented it, his father glanced at it, said "no," and turned his chair toward the television. Thomas stood there holding the board, feeling like the whole weekend had been a waste. But it wasn't the board that failed. It was the timing, the presentation, the pressure Thomas had attached to it. His father didn't need a thoughtful gift in that moment; he needed stillness.

The shame of a failed activity often sends us spiraling into what I call the fixing reflex. We immediately try to adjust the activity, or switch to a backup, or coax and plead. We become salespeople for an experience our loved one didn't ask for. And the more we push, the more they resist, because they feel our urgency and it makes them anxious. The fixing reflex is driven by our own discomfort with failure—we want to erase the moment, to prove we can still make something work. But what our loved one often needs in that moment is for us to simply stop trying and just be with them.

Let me say something that might feel uncomfortable: a failed activity is not a failed interaction. Often, the most connected moments happen after we put down the puzzle pieces and just sit. After we stop performing caregiver and become simply a person who loves them. The activity was always just a bridge. And sometimes the most powerful thing you can do is let the bridge collapse and stand together in the space that remains.

## **The Loneliness of the Caregiver**

There's a particular loneliness that comes with dementia caregiving, and it's different from the solitude of a quiet house. It's the loneliness of being with someone who can't fully be with you. You share a room, a meal, a routine, but the reciprocity that sustains human connection—the shared laugh, the remembered story, the easy conversation—has thinned or vanished. You're together and alone at the same time. And that strange, aching isolation rarely gets named because it feels like a betrayal to admit it. How can you be lonely when you're never actually alone?

This loneliness is compounded by the way caregiving slowly shrinks your world. Friends stop inviting you places because they assume you can't come. You stop calling because you don't have the energy to explain what's happening or answer the well-meaning but exhausting question, "How is she doing?" Your social circle narrows until it's mostly doctors, pharmacists, and the cashier at the grocery store where you buy the same things every week. Your life becomes organized around someone else's needs, and somewhere in that process, you start to disappear.

I remember a woman named Patricia telling me she hadn't had a conversation about anything other than her husband's dementia in eight months. Not a single lunch with a friend where someone asked about her work, her dreams, her fears. Not one phone call that didn't begin with an update on his symptoms. "I don't even know what I'm interested in anymore," she said. That's the loneliness of the caregiver: it's not just the absence of other people. It's the gradual loss of the parts of yourself that other people used to reflect back to you.

And yet we're supposed to be grateful, aren't we? We're told it's an honor to care for someone we love. And it is. But that honor doesn't cancel the loneliness. It doesn't fill the silence at 2 p.m. when you've finished the chores and there's nothing left to do but sit with the weight of everything. Grief and gratitude can coexist. You can love the person you're caring for and still mourn the life you used to have, the conversations you used to share, the version of yourself that felt known and seen.

The loneliness also feeds the perfection trap. When you're isolated, you have no reality check. You can't see that other caregivers are also struggling, also fumbling, also standing in their kitchens feeling like they've failed. All you see is your own private disaster, and it feels damning. This is why I believe so strongly in breaking the silence around caregiving. Not with performative vulnerability, but with honest admissions: today was hard. I lost my temper. I don't know what I'm doing.

I want you to hear this clearly: loneliness in caregiving is not a sign that you're doing something wrong. It's a sign that you're human, carrying an enormous weight, often without the community that should be holding it with you. Naming that loneliness is the first step toward loosening its grip. Not solving it—I can't promise that—but loosening it. Because the moment you admit you're lonely, you stop pretending you're fine. And that truth-telling, even if it's just to yourself, is where real connection begins.

# Why “More” Isn’t the Answer

When I first entered caregiving, my instinct was always to do more. More research, more planning, more effort. If an activity failed, I assumed the problem was insufficient preparation or the wrong choice. So I’d double down: a more elaborate setup, a longer list of options, a tighter schedule. I was like someone trying to fill a leaky bucket by pouring faster, never questioning whether the bucket itself needed mending. It took me a long time—and a lot of exhaustion—to understand that more was not the answer. Slowing down was.

Here’s the paradox: the more desperately you try to create connection, the harder it becomes. Because your loved one feels the effort. They sense the pressure behind your cheerful voice, the tightness in your smile, the way you’re watching them for signs of success or failure. That pressure registers as anxiety, and anxiety shuts down engagement. So the very thing you’re doing to bring them closer—trying harder—is actually pushing connection further away.

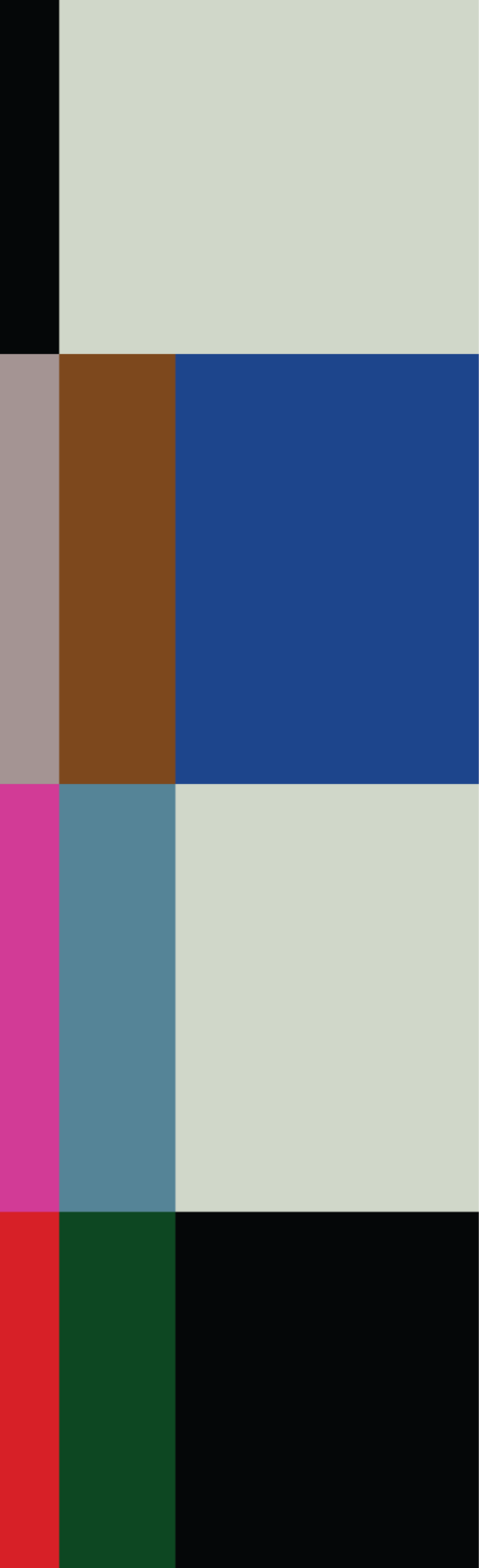
I saw this play out with a daughter named Cynthia, who cared for her mother with mixed dementia. Cynthia created elaborate themed afternoons: a garden party with real flowers and classical music, a baking session with pre-measured ingredients and an apron laid out just so. Each event took hours to prepare. And each time, her mother would engage for a few minutes before becoming restless and withdrawing. Cynthia was heartbroken. “I gave her the best of everything and it wasn’t enough,” she told me. But it wasn’t about the quality of the activities. It was about the sheer density of effort, the weight of expectation that filled the room before her mother even sat down.

The real shift happened when Cynthia stopped planning and started responding. Instead of scheduling an afternoon, she’d watch her mother after breakfast and ask, “What do you feel like doing?” Sometimes the answer was nothing. Sometimes it was sitting on the porch. Sometimes it was folding napkins together—a task Cynthia would never have considered an “activity.” But those unplanned, low-effort moments often held more connection than all the garden parties combined. Because there was no script to fail. Just two people in a room, figuring it out together.

I want to be clear: this isn't about lowering your standards or giving up on engagement. It's about shifting where you place your energy. Instead of pouring it into preparation and performance, you pour it into presence. You learn to trust that being calm and attentive is more powerful than being busy and impressive. You discover that a shared silence can be more intimate than a completed activity. And you realize, with some relief, that your worth as a caregiver was never about how much you could do.

The fear of slowing down is real. I know it. Slowing down feels like giving up, like you're admitting you can't handle it. But in practice, slowing down is the most courageous thing you can do. It means facing the silence you've been running from. It means letting go of the identity of the super-competent caregiver who has it all under control. It means trusting that connection isn't something you manufacture—it's something you create space for. And that space, once you stop filling every minute with effort, is where joy actually lives.



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# 03

## Chapter 2: Joy as a Compass, Not a Destination

# Reframing Joy

One evening, I sat with a woman named Celeste, whose husband had vascular dementia. He no longer knew her name. She had spent the day trying to cheer him up—playing old records, showing him photos, fixing his favorite sandwich. Nothing landed. She told me, “I just want him to be happy.” I asked her what she meant by happy, and she paused, tears in her eyes. “I don’t know anymore,” she whispered. “Maybe just... not so lost.” That moment changed everything for me. I saw that we caregivers often chase a kind of happiness that dementia makes impossible—the bright, recognizable smile, the thank-you, the glimmer of the person we miss. But chasing that version of happiness is what breaks our hearts. Joy, I came to understand, is something else entirely.

Joy isn’t about your loved one feeling entertained or even comfortable. It’s about connection—a fleeting but real moment where two people feel each other’s presence. I remember a man named Harold who cared for his wife, Edith. She would often become agitated in the afternoons, pacing and pulling at her sleeves. Harold stopped trying to “fix” her mood and instead just stood beside her, gently matching her rhythm, saying nothing. After a few minutes, she would reach for his hand. No smile. No words. But something in her body softened. That, Harold told me, was joy. He felt it as a quiet click of recognition between them, even when her brain couldn’t name him. Joy, I learned, lives in the spaces between achievement and expectation.



Think about the last time you felt truly connected to your loved one, even for a second. Maybe it wasn't during a planned activity. Maybe it happened when you were both just sitting, or when you hummed a tune and they looked up, or when they squeezed your arm after a long silence. That's the thread we're following. Joy is not a destination where all is well and everything feels good. It's a compass you can use in the thick of disorientation and grief. It points toward what is still possible, not toward what you've lost. And once you start looking for that compass instead of hunting for happiness, the weight you carry shifts. It doesn't disappear—caregiving is too hard for that—but it becomes something you can hold together.



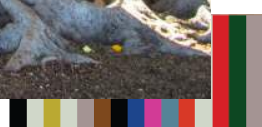
Many of us got into caregiving with a deep desire to help, but then we found ourselves in a landscape where helping feels impossible. Dementia rewrites the rules daily. What worked yesterday doesn't work today. The loved one who used to laugh at jokes now stares through you. In that environment, happiness is a moving target you can rarely hit. But joy? Joy can be as small as the way the light falls across their hands while they sleep, and you notice it. Or the fact that they still tap their foot when they hear a certain song. When I started noticing those micro-moments in my own caregiving, I realized I had been measuring success with the wrong ruler. I had wanted the big return—gratitude, recognition, visible comfort. But joy doesn't demand those. It only asks for my attention.

This isn't about lowering your standards. It's about changing what you're reaching for. If you're aiming for happiness, every failure feels personal. But if you're aiming for connection, you can find it even on hard days. Connection can be a shared breath, a quiet moment of eye contact, the way you adjust their blanket and they settle for two minutes longer. Those are wins. They build a different kind of caregiving—one where you're not constantly depleted because you're constantly measuring yourself against an impossible ideal. So when I say "joy," I'm not talking about putting on a happy face or pretending everything is okay. I'm talking about finding the compass points that remind you why you're here, even when the terrain is brutal.

It's a quiet, sturdy thing.

## The Caring From Within Principle

I didn't come to the idea of Caring From Within through theory. I came to it through failure. In my own caregiving, I used to walk into interactions like a performer stepping on stage, determined to get a reaction. I'd try a joke, an old photo, a song. And when nothing came back, I'd crumble inside. I thought the problem was my activity choice—so I'd try harder, prepare more. But the problem was never in the activity. It was in me. I was showing up with tension in my shoulders, a tight smile, and a desperate need for my loved one to respond in a way that made me feel like I was doing enough. They could feel my anxiety, even if they couldn't name it. And my anxiety was louder than my presence. That's when I realized: joy doesn't flow from what you do; it flows from who you are in the moment you do it.



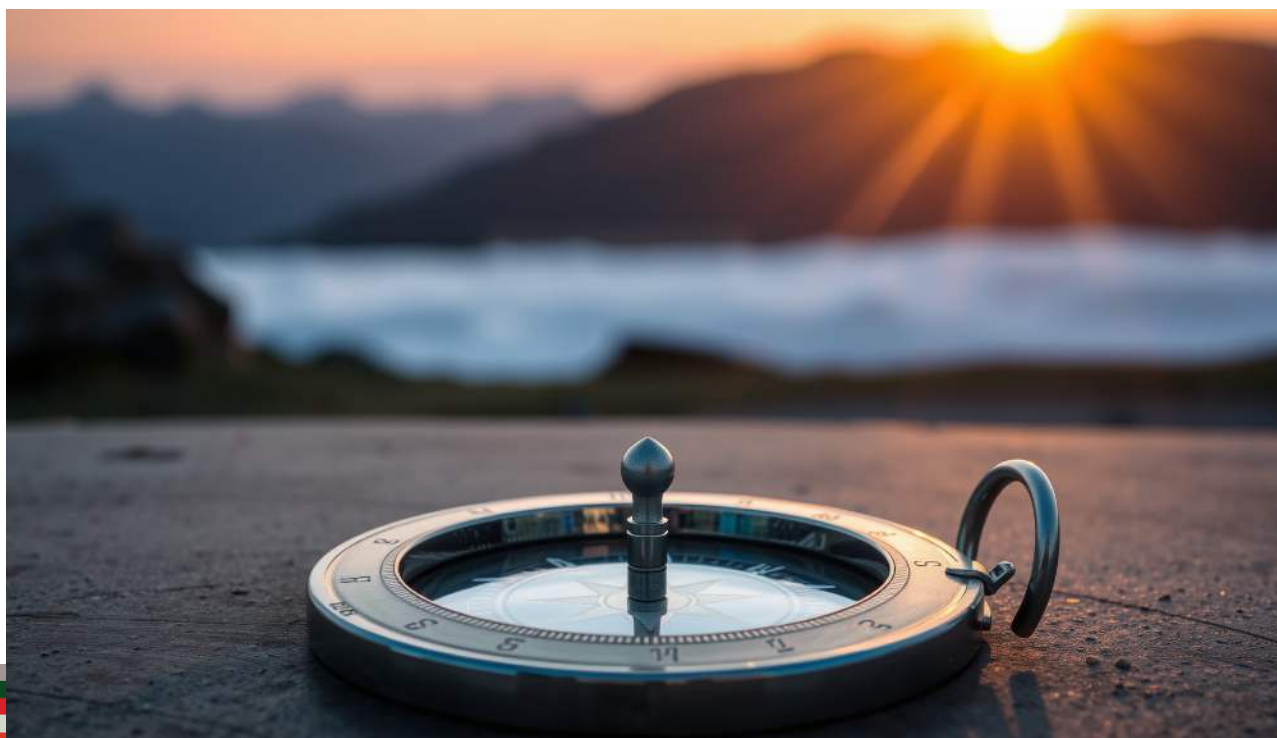


The Caring From Within principle is simple to understand and brutally hard to practice. It means that before you offer anything to your loved one—a meal, a walk, a hand to hold—you first check your own internal state. Are you calm? Are you present? Or are you rushing, frustrated, exhausted, and hollow? The truth is, people with dementia are often highly attuned to emotional energy. They may lose words, but they rarely lose the ability to sense tension, impatience, or sorrow in the people caring for them. If you approach them filled with those things, you're not offering an activity; you're offering your distress. And they will reflect it back at you. This isn't a judgment on you—caregiving is overwhelming. It's simply the emotional physics of the moment.

I once worked with a daughter named Priya who cared for her mother with Alzheimer's. She told me she felt like a failure every afternoon, because her mother would get restless and nothing would help. I asked Priya what she was feeling right before she approached her mom. She said, "I'm already bracing myself. My stomach is in knots. I know it's going to be bad." So I suggested something small: before she walked into the room, she would pause at the doorway and take three slow breaths, releasing the knot in her stomach. Not to fix her mother, but to settle herself. The first time she tried it, she told me, the restlessness didn't vanish—but she didn't add to it. And for the first time in weeks, her mom let her hold her hand without pulling away. That's not magic. That's the principle in action. Joy begins within the caregiver and radiates outward—or it doesn't begin at all.

This principle is countercultural because it asks you to stop managing your loved one and start managing yourself. Most caregiving advice jumps straight to what you should do: try music, try a walk, try a memory book. But if you're a storm inside, none of those activities will land. I can't count the times I sabotaged a potentially good moment because I was so focused on the outcome that I couldn't just be with my loved one. I'd sit down with a photo album, but my mind was racing: Is this working? Do they recognize anyone? Am I wasting time? That mental noise was a barrier they couldn't cross. When I learned to pause, breathe, and drop my agenda even for ten seconds, something shifted. The activity became secondary. My presence became the real offering.

Caring From Within is not about being perfect. It's about being honest about what you're carrying before you walk into the room. Some days, you're carrying grief, resentment, bone-deep exhaustion. You can't always set those things down. But you can name them. You can say to yourself, "I'm really sad right now, and that's okay. I'm going to be sad and still sit with them." That's still a form of presence. Joy can coexist with sadness—I've seen it happen. A caregiver weeping quietly while holding her husband's hand, and him, for no reason she could explain, lifting his head and meeting her eyes. That moment held something real. It wasn't happy. It was true. And truth, in this work, is often the most direct route to connection. You don't have to pretend. You just have to be there, as you are, with them as they are.



# What Your Loved One Really Needs

We spend so much energy on activities because we believe they're what our loved one needs. But after years of caregiving and working with families, I've come to believe something different: what a person with dementia needs most isn't an activity at all. It's emotional resonance. They need to feel safe, validated, and connected to someone who isn't afraid of them. Think about it—imagine living in a world where you can't track conversations, can't remember what happened five minutes ago, can't always recognize faces. That's terrifying. Your loved one lives with a baseline of fear and confusion that most of us can't comprehend. What they crave, more than anything, is the felt sense that someone is steady beside them. That's emotional resonance. It's not about words or tasks. It's about creating an atmosphere where they can exhale.

I remember a woman named Gloria who cared for her mother, Ruth. Ruth had advanced Alzheimer's and rarely spoke. Gloria used to fill the silence with chatter—stories from the news, updates about the grandchildren, anything to break the quiet. But Ruth often seemed agitated. One day, Gloria was too tired to talk, so she just sat in the chair next to her mom's bed and held her hand. For twenty minutes, neither of them said a word. Ruth's breathing slowed. Her fingers stopped picking at the blanket. Afterward, Gloria said, "I think that's the most peaceful I've seen her in months." She had accidentally stumbled into validation. Not through words, but through quiet, nonjudgmental presence. When you stop trying to pull your loved one into your world and instead join them in theirs, you meet a deep need they can't articulate. That need is for someone to say, without speaking: I see you. You're still here. You matter.

Safety is another piece. People with dementia often feel unsafe—because the world doesn't make sense, because they're being rushed, because someone is always correcting them or trying to make them remember. Every time we say, "Don't you remember? I'm your daughter," we're not providing information; we're creating pressure. They feel the pressure to perform, to be the person they used to be, to bridge a gap they can't cross. That's exhausting for them. What if, instead, we gave them the gift of not having to remember? What if we simply said, "I'm here with you," and let that be enough? That's not giving up on them—it's recognizing the reality of their brain. Safety can look like a calm voice, a slow approach, a face that isn't demanding anything. When you offer that, joy often sneaks in through the back door, unplanned.

I've seen this need met in small, profound ways. A man named Ken who would sit beside his wife during her sundowning episodes and simply hum an old hymn. Not to distract her, but to let her know she wasn't alone in the darkness. She would sometimes hum along, faintly, but even when she didn't, her clenched fists would uncurl. Another caregiver, a son named David, started telling his father, "You're safe with me," every time he helped him shower. David said it felt silly at first—his father didn't seem to understand. But one day, in the middle of a confusing, frightening moment, his father looked at him and whispered, "Safe." One word. That's all. But it was everything. These moments don't come from elaborate plans. They come from tuning in to the emotional frequency your loved one needs, and offering exactly that—no more, no less.

If you're still trying to figure out what your loved one needs, I have a simple suggestion. Stop asking, "What activity can I do?" and start asking, "What emotion are they feeling right now, and how can I meet them there?" Are they afraid? Be a calm presence. Are they confused? Offer a gentle, steadying touch. Are they angry? Don't argue—just acknowledge the feeling: "I can see you're upset. I'm here." Meeting an emotion doesn't require fixing it. It just requires recognizing it. When you do that, you're not just a caregiver anymore. You're a companion in the truest sense. And that companionship—that shared emotional space—is the soil where joy can grow, even in the hardest conditions. Your loved one needs you to be with them, not to perform for them. That is the heart of this work.

## Letting Go of Outcomes

I used to be a collector of invisible trophies. Every time an activity went well—my loved one smiled, hummed along, said something coherent—I mentally pinned it to my chest. And every time it didn't, I felt like I'd failed an exam I desperately wanted to pass. I think many of us live this way. We treat each interaction like a test we're taking, and the loved one is the grader. But dementia is a neurological condition, not a personality. Your loved one's response—or lack of response—is not a report card on your care. The hardest thing I ever had to accept is that I can't control the outcome of a single moment. I can only control what I bring to it. When I finally let go of outcomes, something surprising happened: I started having more genuine, connected moments. Not because I tried harder, but because I stopped trying so hard.

Letting go of outcomes doesn't mean you stop caring. It means you stop clinging. The difference is subtle but enormous. When you're clinging, you're gripping the interaction like a steering wheel, trying to guide it toward a particular destination—a smile, a laugh, a sign of recognition. When that doesn't happen, you crash. When you're letting go, you still show up fully, but you release your grip on how the moment should unfold. You become a companion rather than a director. I remember a wife, Leigh, who told me she used to end every visit with her husband in tears because he never seemed to enjoy the things she planned. One day, she decided to try something: she would sit with him for fifteen minutes with no plan at all. No photo book, no music, no agenda. She just sat. And he reached for her hand. That small gesture meant more to her than all the successful activities combined, because it was his, not hers. It came without her pulling for it.

The fear behind our need for outcomes is often this: if nothing happens, then what am I even doing here? That fear is real. Caregiving can feel like shouting into a void. You pour out energy, love, time, and often get silence in return. But what if the value of your presence isn't measured by output? What if just being there, consistently, kindly, is the gift? I have a sticky note on my mirror that says, "Presence is the activity." It reminds me that my job isn't to produce a reaction—it's to be available for one if it comes. Sometimes it comes. Sometimes it doesn't. Either way, I've done my part. That shift saved me from burnout more than once. It allowed me to walk into a room without a knot in my stomach, because I wasn't carrying the weight of expectation. I was just showing up.

Now, I know this sounds lovely in theory and impossibly hard in practice. How do you sit with someone you love, who is vanishing before your eyes, and not desperately want something—anything—back? You don't stop wanting it. You just stop requiring it. You feel the ache, acknowledge it, and then choose to be present anyway. Some days you'll be better at this than others. I still have days where I get hooked on the hope of a moment working out, and when it doesn't, I'm flattened. But here's what I know: the more I practice releasing outcomes, the more often I find unexpected joy. It's like the universe rewards a loose grip. When you're not white-knuckling the interaction, space opens up for something unplanned. A shared laugh at a bird outside the window. A moment of eye contact. Peace that falls like a blanket over both of you. Those moments are gifts you can't manufacture. You can only receive them.

I invite you to try an experiment. For one visit, or one afternoon, or even just one hour, let go of outcomes. Go into the time with your loved one with a simple intention: I am here. Not I am here to make them happy, or I am here to get through this list of activities. Just: I am here. Notice what happens inside you when you release the pressure to perform. Notice if anything different happens between you and them. You might be surprised. The most meaningful moments in caregiving often arrive not when we're doing, but when we're simply being. And those moments have a strange way of sustaining you longer than any trophy ever could. They become your compass points, reminding you that connection doesn't depend on a perfect plan. It depends on your willingness to be present, open-handed, in a world that rarely makes sense.

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04

## Chapter 3: The Joy-Filled Activity Toolkit

# The Three-Question Pause

Linda, a retired nurse who cares for her husband Tom with Lewy body dementia, told me about a Tuesday afternoon that nearly broke her. Tom was pacing the hallway, his socks skidding on the wood floor, muttering fragments of sentences she couldn't piece together. She'd planned a simple puzzle activity, something they used to enjoy, but he wouldn't even look at the table. Her chest tightened. I tried everything, she thought. And then she remembered a tool from one of my workshops, something I called the Three-Question Pause. She stopped walking, planted her feet, and asked herself three things: Am I calm right now? She wasn't—her breath was shallow, her shoulders up by her ears. Am I present, or am I already ten steps ahead worrying? She was definitely worrying. Am I curious about what Tom needs, or am I just trying to fix this? That last question made her exhale.

This pause is not a magic trick. It's a door you open to yourself before you try to open a door to your loved one. You can't fake calm or presence; dementia has a way of reading your actual state like a transcript. When Linda admitted to herself that she was anything but calm, she could finally do something about it. She didn't force a deep breath or count to ten—she just acknowledged it. I'm not calm. That honesty, by itself, softened something in her. It broke the cycle of pretending she had it together when she clearly didn't. And once that cycle broke, she could see Tom not as a problem to solve but as a person having a hard moment. The pause takes five seconds, sometimes ten. It doesn't require you to leave the room or even stop walking. It just asks you to stop performing for a moment.

What makes this tool so sticky is that it's not about getting the "right" answer. You don't need to be perfectly calm to move forward; you just need to know where you're starting from. If I'm honest that I'm agitated, I can choose an activity that works with agitation rather than fighting against it. If I'm not present, maybe I can do something that gives me thirty seconds to land in the room—run my hands under water, open a window, hum a few notes. And curiosity? That one is revolutionary. Curiosity says, "I wonder what's going on inside you" instead of "Why won't you cooperate with me." It shifts the power. You're no longer a frustrated manager; you're an explorer looking for a crack of light. I've watched caregivers use this pause hundreds of times, and the most common thing they report back is surprise. "I didn't realize I was holding my breath." Or, "I didn't realize I was angry until I asked myself." That awareness is the first tool in your kit—it's free, invisible, and always with you.

The Three-Question Pause works because it interrupts the autopilot that takes over when we're overwhelmed. Caregiving triggers a kind of tunnel vision where all you see is the behavior in front of you and all you feel is the pressure to manage it. The pause widens that tunnel. It reminds you that you are a variable in the equation, the most powerful one. I think of it like tuning an instrument before you play a duet. If your strings are off, the music will be off, no matter how skilled your partner might be. Many caregivers resist the idea of checking in with themselves because it feels selfish or slow when someone needs you. But what Linda discovered, what I hope you'll test for yourself, is that the pause actually saves time. It prevents the twenty minutes of escalating frustration that comes from matching agitation with agitation. It keeps a small spark from becoming a wildfire.

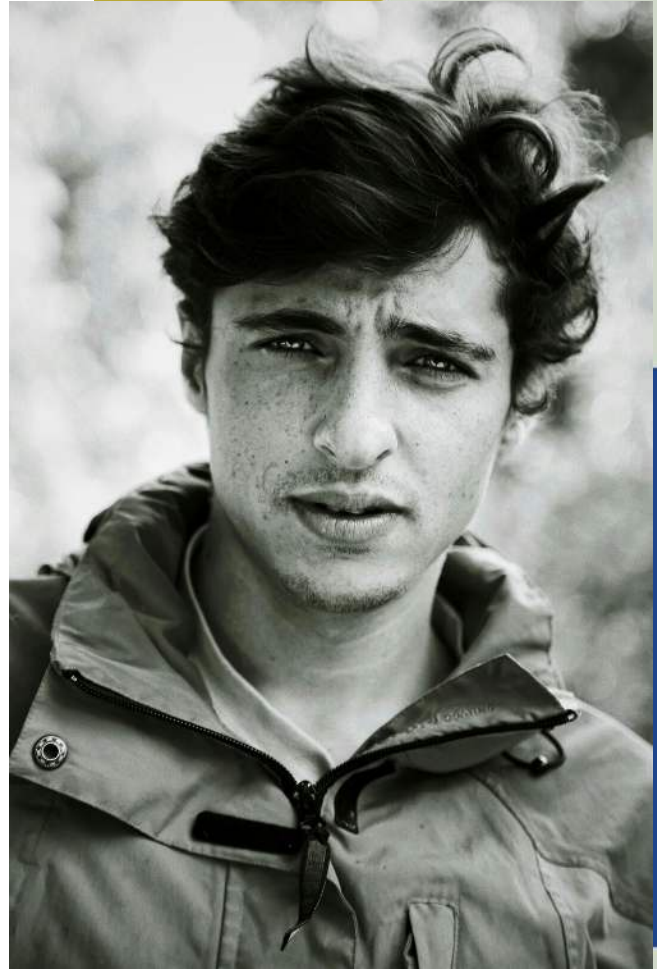


And it builds a habit: the more you pause, the more natural it feels to approach caregiving from a centered, curious place, which is where every joyful moment starts.

Moral Compass in Action - Navigating Ethical Dilemmas is a part of journey and experiences.

# Activities That Match the Moment

Most activity advice for dementia caregivers is built around a schedule: ten o'clock is puzzles, noon is music, after lunch is a walk. But dementia doesn't run on a clock. Your loved one's nervous system has its own timing, and if you impose an activity that clashes with their internal weather, you're both in for a rough ride. A better approach is to read the mood first and choose an activity that matches the moment. Think of it like picking a song for the room you're actually in, not the room you wish you were in. If your loved one is agitated, a complex puzzle or a conversation with too many questions will only add fuel. If they're withdrawn and distant, a loud group activity could make them retreat further. The activities themselves aren't the problem; the mismatch is. So the skill I want to give you is not a list of "best" activities but a way of pairing an activity with an emotional state, so you work with the grain of the person instead of against it.



For agitation—pacing, repetitive motions, verbal outbursts or tight jaw—you need activities that are rhythmic, sensory, and undemanding. Music is the most powerful tool here, but not just any music. Something with a steady, slow beat, ideally a song your loved one knew before the dementia progressed. I once watched a woman named Ruth calm her mother by putting on an old Johnny Cash record, the one her mother used to play while cooking. Within thirty seconds, her mother stopped wringing her hands and started tapping her foot. She didn't even seem aware she was doing it. That's the power of rhythm to organize a disorganized brain. Other agitation soothers: rocking in a chair, folding soft laundry together, squeezing a stress ball or a plush toy, or simply walking side by side without talking. The goal isn't to distract; it's to give the nervous system something predictable to hold onto.

When your loved one is anxious or fearful—wide eyes, clinging, repeated questions about safety or home—you need activities that provide grounding and containment. Tactile play works beautifully here. A shallow bin of sand or kinetic sand, worry stones, a soft brush for hand or arm stroking, even a bowl of warm water with a washcloth to squeeze. One caregiver I know, a man named Patrick, carried a small zippered bag of smooth river rocks in different colors. When his wife grew anxious in the late afternoon, he'd pour the rocks into her lap and let her sort them by color. The task was simple, repetitive, and gave her hands something to do while her mind settled. He never told her to “calm down” or “stop worrying.” He just handed her the rocks. That's a matching activity. It says, “I see you're anxious. Here's something that might feel good right now.” No pressure, no lesson, no correction.

For the moments when your loved one is calm and receptive—perhaps after a rest, or in the quiet morning—you can invite activities that create shared meaning. This is where you can try storytelling prompts, looking at a photo album together, listening to a poem, or reading a short, simple book aloud. The key is to keep it open-ended. Instead of, “Do you remember this picture from your wedding?”, try, “I love this photo. Look at the color of that sky.” You're not testing memory; you're offering a small gift of shared attention. If they engage, wonderful. If they drift, that's fine too. Matching a calm mood with a calm, gentle activity preserves the peace and often leads to the kinds of micro-moments I'll describe next. These moments don't need to be long or profound. They just need to be true to the mood of the person sitting beside you. When you choose activities based on what's actually happening rather than what's supposed to happen, you trade frustration for flexibility, and that trade is everything.

# The Art of the Micro-Moment

We tend to think that meaningful connection requires a meaningful block of time—at least thirty minutes, maybe an hour, something we can point to and say, “We did an activity together.” But in dementia care, length and depth are not the same thing. Some of the most powerful connections I’ve witnessed lasted under five minutes. I call these micro-moments, and they are the secret weapon of joyful caregiving. A micro-moment is a tiny, complete unit of connection that doesn’t demand preparation, clean-up, or sustained attention from someone who may not have sustained attention to give. It’s a hand held while humming a half-remembered tune. It’s three deep breaths taken together. It’s a single photo passed back and forth. The beauty of the micro-moment is that it lowers the stakes. You’re not trying to create a whole afternoon of joy; you’re just opening a small window and letting a breeze come through.

Let me give you three concrete micro-moments you can try today. The first is a hand massage. You don’t need training or special oils; you just need your hands and a little lotion if you have it. Take your loved one’s hand and gently press your thumb into the center of their palm, making small circles. Move to each finger, squeezing lightly from base to tip. Go slowly. Talk or don’t talk—it works either way. I’ve seen this simple act quiet a restless afternoon more effectively than any verbal reassurance. Touch is a language that dementia often preserves long after words fail. The second micro-moment is shared humming. Pick a melody almost everyone knows: “Twinkle Twinkle Little Star,” “Amazing Grace,” some old show tune. Start humming it softly, not as a performance but as an invitation. You might be surprised how many loved ones join in, even those who rarely speak. Humming bypasses the language centers and taps into deep musical memory.

The third micro-moment is photo viewing, but with a specific twist: use just one photo. Not an album, not a slide show—one single image that you can hold between you. Maybe it's a picture of a garden, a pet, a beloved vacation spot. Sit beside your loved one and look at the photo together. After a moment, say something simple about what you see: "Such bright flowers" or "What a good dog." Then be quiet. Give them space to respond or not respond. The power is in the shared looking, not the conversation. I learned this from a woman named Marisol, who cared for her father with advanced Alzheimer's. He had stopped speaking almost entirely, but when she held up a photo of his old orange tabby cat, his whole face changed. He reached out and touched the photo. He didn't say a word. Marisol later told me, "That was our whole visit. Two minutes. And it was the best visit we'd had in months." Micro-moments work because they match the capacity of the dementia brain—brief, concrete, sensory—while still delivering the human connection we all need.

You can scatter micro-moments throughout your day like breadcrumbs. One in the morning, one after lunch, one before bed. Each one is a deposit of presence that accumulates, even if no single moment feels dramatic. I want you to let go of the idea that you need to engineer a big joyful event. Big events are exhausting to plan and often collapse under their own weight. Micro-moments, by contrast, are almost fail-proof because there's so little to fail at. If a hand massage only lasts thirty seconds before your loved one pulls away, you still had thirty seconds of touch. If your humming gets no response, you still gave your own nervous system a moment of vibration and breath. The act itself is the benefit. In a life that can feel like an endless series of long, hard hours, micro-moments are small rebellions against despair. They are proof that connection is still possible, right now, in the time it takes to hold a hand or hum a tune. You don't need more time. You just need to see the pockets of time you already have.

# Creating Your Own Joy Menu

All the tools in this chapter—the pause, the mood-matching, the micro-moments—are most useful when you can reach for them without thinking. That’s why I ask every caregiver I work with to create a Joy Menu. A Joy Menu is a personalized list of ten low-prep activities that you know work for your loved one, written down in one place, easy to scan when your brain is fried. It’s not a schedule and it’s not a prescription. It’s a crib sheet for connection, and making it is simpler than you think. Grab a piece of paper or open a note on your phone. Think back over the last few weeks: what moments, however small, felt even a little bit good? Maybe it was the way your mom tapped her fingers when you put on Motown. Maybe it was the ten minutes your husband spent smoothing a blanket over his knees. Write those down, even if they seem too small to count. They count. Then fill in the rest of the list with things you haven’t tried yet but suspect might fit your loved one’s personality. Love music? Add a specific playlist. Used to garden? Add “smell fresh herbs” or “hold a smooth stone.”

Your Joy Menu should cover different moods, because your loved one won’t always be in the same state. I suggest dividing your list into three sections: a few go-to’s for agitation, a few for anxiety, and a few for calm, receptive moments. For agitation, maybe you list: play Frank Sinatra on low volume; fold kitchen towels together; offer a cool, damp washcloth to hold. For anxiety: sort buttons by color; look at a single photo of the grandchildren; stroke a soft scarf. For calm: read a short poem aloud; do a five-piece puzzle; watch birds out the window together. Keep the activities simple enough that you can start them in under a minute, using items you already have. This is not a craft project that requires a trip to the store. The best Joy Menu is the one you actually use, not the one that looks impressive. I’ve seen menus scrawled on the back of an envelope, and I’ve seen them typed and laminated. Both work.

One caregiver, a man named Sam, created a Joy Menu for his wife that he hung inside a kitchen cupboard door. It had ten items in big, clear handwriting: “1. Hum ‘Edelweiss.’ 2. Rub her shoulders. 3. Open the window for fresh air. 4. Show her the red blanket. 5. Spoon clink game. 6. Look at wedding photo. 7. Bounce balloon. 8. Smell coffee beans. 9. Rock together in chair. 10. Say ‘I’m glad you’re here.’” He told me that on bad days, when his mind went blank and panic crept in, he’d walk to the cupboard like it was a fire extinguisher. The menu didn’t solve everything, but it gave him a place to start. That’s the whole point. When you’re depleted, you don’t need to invent; you need to remember. The menu remembers for you. And every time you use an item, you can tweak it based on what happened. If “bounce balloon” got ignored, swap it out for something else. If “coffee beans” made her smile, do it again tomorrow. The menu is a living document, a record of what brings even a flicker of light.

Building your Joy Menu is also an act of self-kindness. It’s you, in a clear moment, making a plan for when you won’t be clear. It’s a gift from your best self to your tired self. And it’s a statement that you believe joy is worth planning for, even in small doses. Some caregivers resist putting things on paper because they think they should be able to remember, or because writing it down makes the situation feel too real. I understand that hesitation. But I’ve also seen how a little list can restore a sense of agency. You can’t control the disease, but you can control having ten ideas in your back pocket. So take fifteen minutes this week, maybe after your loved one goes to bed or during a quiet moment, and draft your Joy Menu. Don’t overthink it. Just start with what you know. One item, then another. You’ll be surprised how quickly the list fills up, and even more surprised by how comforting it feels to know it’s there, waiting, the next time you need a thread of connection to follow.



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05

Chapter 4: When Joy  
Feels Impossible

# The Hard Days Are Not Failures

I want to share a memory of a Tuesday morning with my mother. She sat in her chair by the window, her shoulders tense, and everything I offered—tea, music, a stroll to the mailbox—fell flat like a stone thrown into a well. She wouldn't meet my gaze. Her fingers kept tugging at the hem of her sweater, a small, repetitive movement that revealed her world had shrunk to a single thread. I felt the familiar sting behind my eyes, the feeling that I've given everything and it still falls short. I stood in the kitchen doorway, thinking, This is it. The joyless day. The one I couldn't have prepared for.

Hard days are not glitches in the caregiving system. They are the landscape itself. And I know that's terrifying to hear because you've probably been taught that a good caregiver keeps the mood steady, the activities engaging, the atmosphere calm. So when your loved one resists everything, or cries without words you can decode, or simply stares past you like you're not even there, the shame rushes in. You think you've missed a step. You think you are the failure. But what if the hard days aren't a sign you're doing caregiving wrong? What if they're exactly where the real caregiving happens?

I used to believe that a bad day meant I wasn't doing enough. I would replay the morning, searching for the mistake: Did I move too fast? Should I have used a softer voice? But the truth is, dementia doesn't respond to optimization. It's not a puzzle you can solve by arranging the right pieces in the right order. Your loved one's brain is changing in ways you cannot control, and some days that change is going to feel like a locked door between you. The gift hidden inside that painful recognition is this: it was never your job to prevent every hard day. It's your job to stay with them through it.

I remember a client named Helen, who cared for her husband, Roger. Roger had frontotemporal dementia and would sometimes stand in the hallway shouting the same phrase—"Where's the car?"—for hours. Helen had tried reasoning, distraction, even sitting beside him in silence. One afternoon she called me, utterly broken, and said, "I can't find any joy in this. I'm just surviving." And she was right. In that moment, there was no joy to find. But the next week, she told me something remarkable: she had started to sit on the floor near him during these episodes, not trying to stop the shouting, just letting her presence be a quiet anchor. "I don't know if it helps him," she said, "but I feel less panicked. I'm not fighting it anymore." That was her joy on a hard day—a single strand of steadiness in chaos.

What Helen discovered is something I want to offer you now: hard days don't require joy. They require companionship. Your own. The kind where you stand next to yourself and say, This is awful, and I'm still here. When your father doesn't recognize you, when your wife screams at you for trying to help, when nothing you've learned in this book so far seems to work—you are not failing. You are meeting the truth of this disease head-on. And that, in itself, is an act of profound love.



Normalizing hard days means releasing the hidden curriculum of caregiving that says your emotional state should always be calm and generous. It's not. You will feel anger. Resentment. Despair. You will sometimes look at your loved one and wish, just for a moment, that you could walk out the door and never come back. These feelings are not evidence of a bad caregiver. They are evidence of a human being doing the hardest work there is. I want you to hear that from me directly: your hardest days do not disqualify you. They are the days you need the most tenderness, especially from yourself.

## Troubleshooting the Joy Toolkit

In Chapter 3, I shared the Joy Menu and the Three-Question Pause because I believe every caregiver deserves a set of tools that work on ordinary days. But ordinary and hard are not the same. When your father won't engage, when your mother pushes your hand away, when the playlist you lovingly curated gets met with a blank stare, the toolkit can feel like a cruel joke. That's when troubleshooting begins. And troubleshooting doesn't mean forcing an activity to work. It means switching your entire orientation from doing to being.

Let me give you an example. Rachel called me after a catastrophic attempt at a photo-sorting activity with her mother, who has vascular dementia. She had printed pictures of old family vacations, her mother's garden, the grandchildren. Her mother took one look, swept the photos off the table, and turned her chair toward the wall. Rachel felt heat rise in her chest. She wanted to scream. Instead, she froze. I asked her to describe the room, not the activity. She told me the light was soft, her mother's shawl was slipping off her shoulder, and she could hear a bird outside. "What if you stopped trying to do anything?" I asked. "What if you just fixed her shawl and sat down?" The next call I got, Rachel said she had done exactly that. Her mother didn't suddenly become cheerful, but the tension in the room dissolved. They sat in silence for twenty minutes, and before Rachel left, her mother had reached over and patted her hand. That was the connection.





The first rule of troubleshooting is this: when active engagement fails, switch to passive presence. Active engagement is anything you're doing to, with, or for them. Passive presence is simply being. It's sitting in the same room. It's breathing audibly so they know you're there. It's humming to yourself. It's touching their shoulder without expectation. This shift is deceptively hard because our culture has convinced us that value equals output. But in dementia care, presence is the purest output there is. A loved one who cannot respond may still be deeply soothed by your quiet company. You might not see evidence, but your nervous system speaks to theirs without words.

There will be times when even passive presence feels like too much. Your loved one is agitated beyond reach, your own body is shaking, and you're twenty seconds from breaking down. In those moments, I want you to remember a practice I call "the doorway pause." Before entering the room, place your hand flat on the doorframe. Take three breaths. Notice your feet on the floor. Ask yourself one question: What is the smallest thing I can offer right now? The answer might be nothing. It might be a glass of water left on a side table. It might be you walking away for five minutes to cry in the bathroom. The doorway pause is not about abandoning your loved one. It's about protecting your own threadbare presence so you can return, even slightly more regulated, to the room.

Another troubleshooting approach is to abandon the idea of "activity" entirely and shift into sensory companionship. Activities, by definition, imply a goal—complete the puzzle, finish the song, look at all the photos. Sensory companionship has no goal. It's holding an orange under their nose so they can smell it. It's brushing their hair without talking. It's putting a smooth stone in their palm and closing their fingers around it. These micro-sensory offerings often work on hard days because they bypass cognition and land in the body. When your father can't follow a story, he can still feel the cool weight of a marble in his hand. When your wife can't hum along, she can still hear the rhythm of a rains tick. You are not failing to connect; you are finding the channel that's still open.

Here's what I want you to remember when troubleshooting feels like giving up: it is not giving up. It is listening. The toolkit isn't a prescription; it's a conversation. And when your loved one says no—with their words, their body, their silence—they are telling you something about what they can hold right now. If you can hear that no without internalizing it as rejection, you are doing something far more advanced than any Joy Menu can teach. You are honoring their agency in a moment when so much of their agency has been stripped away. That is not failure. That is respect.



# Recovering Your Own Spark

Earlier I talked about hard days requiring companionship. But there is another kind of hard day, one where the well isn't just empty—it's scorched. You feel it in your body first. Your jaw is tight. Your shoulders are up around your ears. Every sound your loved one makes scrapes against your nerves. You've given and given and given, and now there's nothing left for anyone, least of all yourself. I have been in that scorched place more times than I can count. And what I learned—slowly, painfully—is that you cannot wait for the caregiving demands to stop before you recover. You have to recover inside the storm.

I created a five-minute ritual I still use on days when I feel myself coming apart. It requires no special tools, no app, no quiet room you don't have. It works because it acknowledges your body, not just your thoughts. Here it is. Step one: get to water. A sink, a bathroom, a faucet—anywhere you can turn a knob and feel cold water on your skin. Step two: cup your hands under the stream and bend forward until the water hits your closed eyes. Stand there for thirty seconds, breathing. The cold on your eyelids triggers something ancient in your nervous system—a mammalian dive response that slows your heart and quiets panic. Step three: with your eyes still closed, say out loud one thing you can feel that isn't emotional. The tile under your feet. The scratchy towel. The water dripping down your wrists. Step four: open your eyes and look at your reflection—not with judgment, just with recognition. Say, "I am still here." That's it. Five minutes, sometimes less.

But it pulls me back from the edge.

I want to address something that rarely gets said in caregiving books: the rage. Not frustration, not sadness—rage. The kind that makes you want to slam a cabinet or scream into a pillow or say something unforgivable to the person you're supposed to love unconditionally. If you've felt that rage, you are not broken. You are a human being with limits. Dementia steals not just memory, but reciprocity. Your loved one cannot thank you, comfort you, or even acknowledge the cost you're paying. That absence, day after day, can curdle into fury. Ignoring it doesn't make it go away. Naming it—even just to yourself—can release some of its grip.

One practice that helped me with rage was a simple permission slip tucked into my journal: I am allowed to be angry at the disease, and I am allowed to be angry at the person, too. Those are not the same anger, but they both exist. On my worst days, I would sit in the car before walking into the house and let myself say the terrible things out loud. "I hate this. I hate that you don't see me. I hate that my life is small." No one heard me. The windows were up. But speaking it made space. It was like draining an infected wound. Afterward, I could walk back inside not as a saint, but as a person who had named her truth and could now choose a different action. You need a container for your rage that doesn't hurt anyone—including you. Maybe it's a voice memo you delete. Maybe it's an unsent letter. Maybe it's a trusted friend who knows not to fix it. Find your container.

Recovering your spark isn't about becoming happy again. It's about recovering your sense of yourself as someone who exists beyond the caregiving role. I lost that for a long time. I forgot what music I liked. I stopped reading anything longer than a news headline. I wore the same sweater for three days because choosing clothes felt like too much effort. Small, daily erosions of identity happen so quietly you don't notice until you look in the mirror and think, Who is that? Recovering your spark means stealing back tiny pieces of yourself. A podcast while folding laundry. A square of dark chocolate you eat slowly, eyes closed. A two-minute phone call with someone who doesn't ask about caregiving at all. These are not indulgences. They are acts of resistance against the erasure that long-term caregiving inflicts.

I need to say one more thing about recovering your spark, and it's the hardest truth I know: sometimes you will not feel any spark at all. You'll do the ritual. You'll name the rage. You'll take the tiny piece of yourself back. And still you'll feel flat, gray, utterly disconnected from any sense of joy. This does not mean the practices failed. It means you are in the deep water now, and the only thing to do is float. Stop striving. Stop measuring. Just float. Trust that your spark is still there underneath the exhaustion, like embers buried under ash. You don't have to blow on them today. They will wait for you. And when you're ready—days, weeks, months from now—they will catch.

## **When to Let Go of an Activity (and Your Guilt)**

I once spent three hours preparing a reminiscence activity for my mother. I had gathered photographs, fabric swatches from dresses she used to wear, a recording of my father's voice from their wedding. I laid everything out on the dining table like a museum exhibit, so sure this would be the thing that broke through. She walked in, glanced at the table, and said, "Who are all these people?" I felt the room tilt. All that effort, all that love, met with a question that undid every assumption I'd made. I wanted to grab her shoulders and say, That's you! That's your life! But I didn't. I cleaned up the table piece by piece, and I cried while I did it. That was the day I learned that sometimes the most caring thing you can do for your loved one—and for yourself—is to let the activity go.

Letting go sounds simple, but for someone who has been steeped in the perfectionism I described in Chapter 1, it can feel like giving up. We've been taught that a good caregiver keeps trying, adjusts the approach, finds the key. But dementia doesn't always have a key. Some days the lock is simply gone, and you're left holding your beautiful, loving plans with nowhere to put them. The guilt that rushes in is immediate and sharp. It says, You didn't try hard enough. It says, If you loved them more, you'd make it work. And underneath those lies is a deeper one: that their engagement is your responsibility. It is not. You can offer. You can invite. You cannot make them receive.

I want to give you a framework for deciding when to let go of an activity. Ask yourself three questions. First: Is my loved one showing any sign of interest—even a flicker? If the answer is no, and you've given it a genuine try, releasing the activity is not abandonment; it's attunement. Second: Am I continuing this activity because I think I should, or because I genuinely sense a connection? If the "should" is louder, let go. Third: What would happen if I simply sat here with nothing to offer but my presence? If that feels impossible, it's worth noticing why. Often, we cling to activities because they give us something to do with our hands, our voices, our anxiety. They are our shield against the vulnerability of simply being with someone in silence.

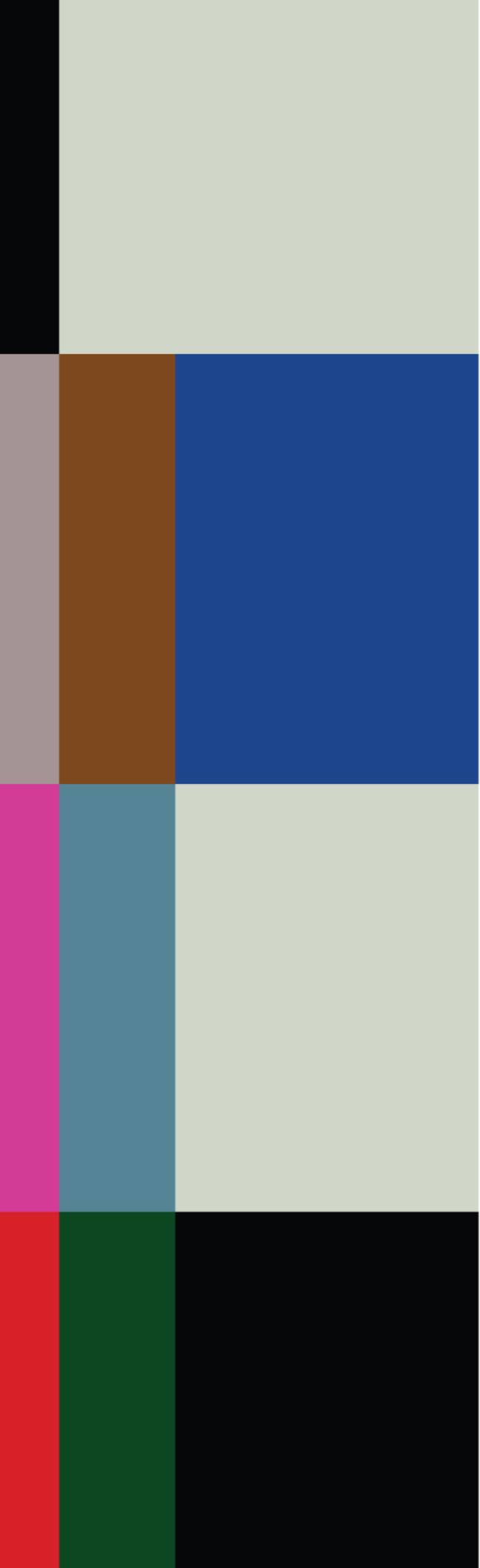
Letting go of the guilt is a longer, slower process than letting go of the activity. Guilt doesn't evaporate because you tell it to. It's a shape-shifter; it will turn into regret, into self-blame, into a story you tell yourself about what kind of person you are. I've spent many nights replaying the moment my mother didn't recognize her own wedding picture, convinced that somehow I'd failed her by not using a different frame, a different story, a different time of day. But here's what I eventually understood: the guilt was a way of insisting that I had control. If I blamed myself, I could believe that next time, with enough effort, I'd get it right. The truth was scarier: I had no control over her memory's landscape. Letting go of guilt meant letting go of that illusion. It hurt. It also freed me.

A practical step that helped me was creating a small "Let It Go" ritual. After a failed activity, I would physically gather the materials—the photos, the music player, the puzzle pieces—and place them in a designated box I kept in the closet. As I closed the lid, I would say aloud or in my head: I offered love. She couldn't receive it today. That's okay. The box became a concrete symbol that I could set something down. I wasn't throwing the activity away forever; I was putting it aside for a different day. But more importantly, I was practicing the muscle of release. The more I used that box, the less the guilt clung to me. It didn't disappear, but it stopped running the show.

There's a deeper invitation here, one that goes beyond activities. When you let go of the pressure to always "do something" that works, you make room for something quieter: the truth of the moment you're actually in. Maybe that truth is sad. Maybe it's boring. Maybe it's just two people sitting in a room, breathing, with no agenda at all. That kind of emptiness can be terrifying if you've built your identity around being a capable, engaged caregiver. But I have found that in that empty space, something unexpected often appears. A hand reaching out without being asked. A shared glance that holds more tenderness than any planned activity could engineer. A moment of peace that asks nothing of either of you. Joy, as I said in Chapter 2, is not about happiness. It's about connection. And sometimes connection is simply consenting to be in the same silence together.

Letting go is not a failure of love. It's the most honest form of love there is. It says: I see you as you are, not as I wish you would be. I release my expectations. I am still here. That message, offered without words, is one of the greatest gifts you can give a person with dementia. And it's a gift you give yourself—a release from the impossible burden of fixing what cannot be fixed. You are not a bad caregiver for setting down the activity. You are a brave one, choosing relationship over performance, presence over perfection.



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06

Chapter 5: The Caregiver  
You've Become

# From Duty to Identity

Eleanor, a 68-year-old retired librarian, didn't notice the shift at first. She'd been caring for her sister Helen, who has frontotemporal dementia, for nearly four years. The days blended into one another—mornings of gentle coaxing, afternoons of redirecting agitation, evenings of silent exhaustion. But something had changed. She realized it one Tuesday when her neighbor asked, "How do you do it?" and Eleanor didn't flinch. She didn't launch into a list of tasks or a complaint about the healthcare system. Instead, she said, "I've learned to find moments that matter."

That sentence hung in the air, and Eleanor felt a quiet pride she hadn't felt in years.

That's the identity shift no one talks about. It doesn't arrive like a thunderclap. It seeps in slowly, through the daily choices you make when no one is watching. When you pause before an interaction to check your own state—am I calm, present, curious?—you're doing more than preparing for an activity. You're practicing a new way of being. And over time, the practice stops being a technique and becomes who you are. You stop feeling like a person who does caregiving and start feeling like a caregiver who has discovered a source of strength.



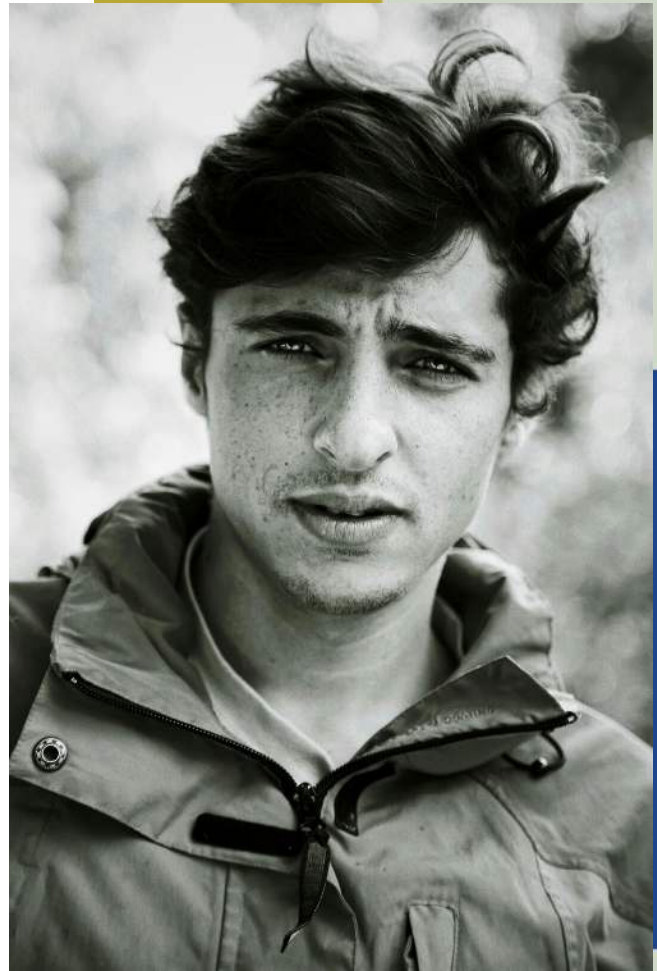
Moral Compass in  
Action - Navigating  
Ethical Dilemmas is a  
part of journey and  
experiences.

I used to think identity was something fixed—a set of roles I'd chosen. But caregiving reshuffles everything. It takes your job title, your hobbies, your social life, and it rearranges them around a single, consuming focus. The danger is when that focus becomes purely dutiful. When you wake up each morning bracing for the next thing to go wrong. When your internal monologue is a loop of "I have to" and "I should." That's when caregiving stops being a role and starts being a cage.

But when you anchor your care in moments of joy—real, small, imperfect moments—something starts to loosen. You begin to see yourself not as a martyr or a machine, but as a person who can create connection even in the fog of dementia. You become the one who notices the sunlight hitting the windowsill, who reaches for the lotion to rub your sister's hands, who hums a half-remembered tune because you know it settles something inside her. You're not just surviving. You're crafting meaning out of the raw material of each day.

I remember talking to a caregiver named Thomas, who'd been caring for his wife for six years. He told me, "I lost myself for a while. I became the man who managed her medication and tracked her sundowning. But then I started just sitting with her in the garden—no agenda, no plan. And I remembered I was the man who made her laugh for thirty years." That's the identity return. It's not about going back to who you were before. It's about integrating the care you give with the person you've always been—the one with a sense of humor, a tender heart, a love of birdsong.

This shift isn't about positivity. It's about accuracy. When you're trapped in duty-mode, you're only seeing half the picture—the tasks, the losses, the endless list of needs. Joy-based care widens the lens. It lets you see the full reality: the hard days and the moments of grace, the grief and the unexpected laughter. You become someone who holds both, and that makes you stronger. Not in a hollow, inspirational-poster way. But in the bone-deep way of someone who has faced the worst and still chooses to look for the light.



So if you're wondering whether you've changed, whether you've become a different person because of this journey, the answer is yes. But maybe not in the way you fear. You've become someone who knows how to find a moment of peace in chaos. Someone who understands that love is not always grand gestures but often just showing up with a calm heart. You've become a caregiver, yes. But you've also become the kind of person you might not have been otherwise—the kind who carries joy quietly, like a small flame, into every room.

## Joy as a Legacy

What we leave behind is rarely a list of completed tasks. When I think about the caregivers I've known—the ones who really stayed with me—it's not their efficiency I remember. It's the way they looked at their loved one. The softness in their voice. The stories they told about the person before the disease, not in mournful tones, but in celebration. This is the legacy of joy. It's not a monument you build; it's a way of being that lingers in the air long after you've left the room.

Here's something I wish someone had told me earlier: the moments of connection you create with your loved one are not just for now. They shape the way you'll remember this season of your life. And they shape the way others—family, friends, the next generation—will understand what it means to care. When my niece watched me sing an old folk song to my mother, she didn't see a burden. She saw a bridge. She saw that dementia could invade a mind, but it couldn't erase the human need for melody and touch and a familiar voice.

Legacy sounds like a big word, and it is. But in the context of dementia care, it's made of small things. It's the way you respond when someone asks, "How is she doing?" and you don't just recite symptoms—you mention the moment she smiled at a butterfly yesterday. It's the photo you take, not of the decline, but of two hands holding a warm cup of tea. It's the note you write to yourself after a surprisingly good afternoon, so you can read it on a hard day and remember that joy is possible.

I've noticed that caregivers who embrace this mindset start to shift the narrative around dementia in their own circles. Instead of participating in the collective dread that surrounds the disease, they become quiet ambassadors of a different story. Not one that denies the loss—never that. But one that insists that even within the loss, there are pockets of meaning. This is radical. It's countercultural. And it's desperately needed in a world that equates cognitive decline with the end of personhood.

Think about the legacy you want to leave for your loved one, too. They may not be able to articulate it, but the quality of their days is being written by your choices. When you choose a moment of presence over a task, you're adding something to their story. You're ensuring that their experience—even in the grip of a cruel disease—includes warmth, safety, and pleasure. That's not nothing. That's a profound gift, and it's one only you can give in quite this way.

There's a legacy for yourself as well. I've talked to caregivers years after their loved one passed, and many of them carried a heavy burden of regret—regret over things left unsaid, patience lost, opportunities missed. But those who practiced joy-based care spoke differently. They grieved, of course. But they also carried a quiet satisfaction. They knew they had given the best of themselves, not in some perfect, scripted way, but in the messy, real, human way that actually matters. They had filled the time they had with moments of genuine connection, and that sustained them in the aftermath.

So when you think about what you're building, don't measure it in care plans or doctor visits. Measure it in the look of recognition that flashes in your loved one's eyes when you walk in. Measure it in the shared silence on the porch that somehow says more than words. Measure it in the way your own heart feels less brittle, more open, despite everything. That's the legacy of joy. It outlasts the disease. It outlasts the grief. It becomes part of who you are forever.

## Creating a Support Circle

Most advice about building a support network starts with asking for help. And asking for help is important—necessary, even. But it's also exhausting. The thought of calling a friend and trying to explain what you need, only to risk a well-meaning but useless response, can feel like more work than just doing it yourself. So let me suggest a different starting point. What if you built your support circle not around complaints and needs, but around joy?

I stumbled on this approach by accident. My sister came to visit, and I was bracing for the usual dynamic—her offering suggestions I didn't want, me getting defensive, both of us frustrated. Instead, I handed her a photo album and said, "Mom loves looking at these. Just sit with her and let her talk." My sister looked relieved. She didn't have to know the medical details. She didn't have to navigate a meltdown. She just had to be present. And afterward, she said, "That was actually beautiful." For the first time, she saw a piece of my caregiving world that wasn't just pain. She saw the possibility of connection.

That's the joy-based invitation. Instead of saying, "I'm drowning, can you help?" you say, "Mom loves it when someone brushes her hair. Would you like to do that for ten minutes on Saturday?" You're not hiding your struggle. You're simply giving people an entry point that feels manageable and meaningful. Most people are terrified of dementia. They don't know what to do or say. They're afraid of making things worse. But when you offer them a specific, simple, low-stakes way to engage—especially one that has a potential for warmth—they often surprise you.



Eleanor, the retired librarian I mentioned, tried this with her neighbor. The neighbor had been awkward since Helen's diagnosis, always keeping conversations short and surface-level. Eleanor decided to take a risk. She invited the neighbor over for coffee and, while Helen sat in her favorite chair, Eleanor said, "She loves it when I read poetry out loud. Do you want to read one?" The neighbor hesitated, but she read a Mary Oliver poem. Helen didn't respond verbally, but she closed her eyes and a slight smile crossed her face. The neighbor saw it. She looked at Eleanor with something like wonder. Now she comes by once a week to read for twenty minutes, and Eleanor gets a chance to take a shower without rushing.

This isn't about manipulating people. It's about recognizing that most humans want to be helpful—they just don't know how. And dementia makes that "how" especially unclear. When you frame the invitation around a moment of potential joy, you're doing several things at once. You're educating your circle about what dementia care actually looks like. You're giving them a successful experience that builds their confidence. And you're expanding the web of people who can contribute to your loved one's quality of life, which is good for everyone.

There's another benefit, too, that's less obvious. When you invite someone into a joyful moment, you get to see your loved one through fresh eyes. You've been in the trenches so long that you might not notice the small wonders anymore. But the friend who visits for the first time in months—she sees the way your father's face lights up at Sinatra. She hears the rhythm of your mother's humming and sees the peace in her expression. Her reaction can remind you that, yes, this is meaningful. This is beautiful. This is worth noticing.

Of course, not everyone will respond. Some people will still be too uncomfortable, too busy, too walled off. That's not your failure. It's just the reality of human limits. But you might be surprised by who shows up. The distant cousin, the quiet neighbor, the friend from a past life you thought you'd lost. Joy has a way of drawing people in. It's magnetic in a way that despair is not. And when you start building your circle around these small, beautiful invitations, you're not just getting help. You're creating a community that sees your loved one as a person, not a patient.



So try it this week. Pick one person. Think of one activity your loved one genuinely enjoys—something simple, sensory, almost foolproof. Invite that person to share it. Don't explain the disease. Don't detail your exhaustion. Just say, "This is something beautiful we do. Would you like to be part of it?" You might just find that your support circle grows not from your desperation, but from your determination to keep joy alive.

## The Ripple Effect

When I talk about the ripple effect, I'm not reaching for a metaphor. I mean it literally. The way you show up for your loved one doesn't stay in that room. It radiates outward, touching relationships you might not have considered. I've seen caregivers become better parents, better friends, better partners—not because they had more time or energy, but because they'd learned something profound about what it means to be present with another human being.

Think about what you've been practicing. Day after day, you've been training yourself to pause before reacting. To read someone's mood without words. To offer comfort without needing to fix anything. To value small gestures over grand solutions. That's not just caregiving skills. That's emotional intelligence at a high level. And it doesn't turn off when you step out of your loved one's room.

I noticed it in my own life with my daughter. Before caregiving, I was the kind of parent who tried to solve every problem. If she came home upset about a friend, I'd launch into advice—who to talk to, what to say, how to handle it. But after months of practicing the Caring From Within approach with my mother, something shifted. One day my daughter sat down, teary-eyed, and I didn't say a word. I just put my hand on her back and waited. She talked for twenty minutes, and at the end she said, "Thanks, Mom. That really helped." I hadn't done anything. I had just been there—calm, present, curious. The same way I was learning to be with my mother.

This isn't a coincidence. Presence is a transferable skill. When you learn to sit with someone's agitation without becoming agitated yourself, you're building a capacity for steadiness that carries into every interaction. You become the person at work who doesn't escalate conflict. The friend who can sit with grief instead of rushing to fill the silence. The spouse who can let a disagreement breathe instead of forcing a resolution. These are gifts you develop in the crucible of dementia care, and they make you a different kind of human.

There's also a quieter ripple: the way you start treating yourself. I've watched caregivers move from punishing self-criticism to a kinder, more patient inner voice. When you've learned to extend grace to a loved one on their worst day—not because it's easy, but because you've practiced—you eventually learn to extend some to yourself. You stop berating yourself for losing your temper. You stop expecting to have all the answers. You start giving yourself the same compassion you offer so freely to someone who cannot give it back.

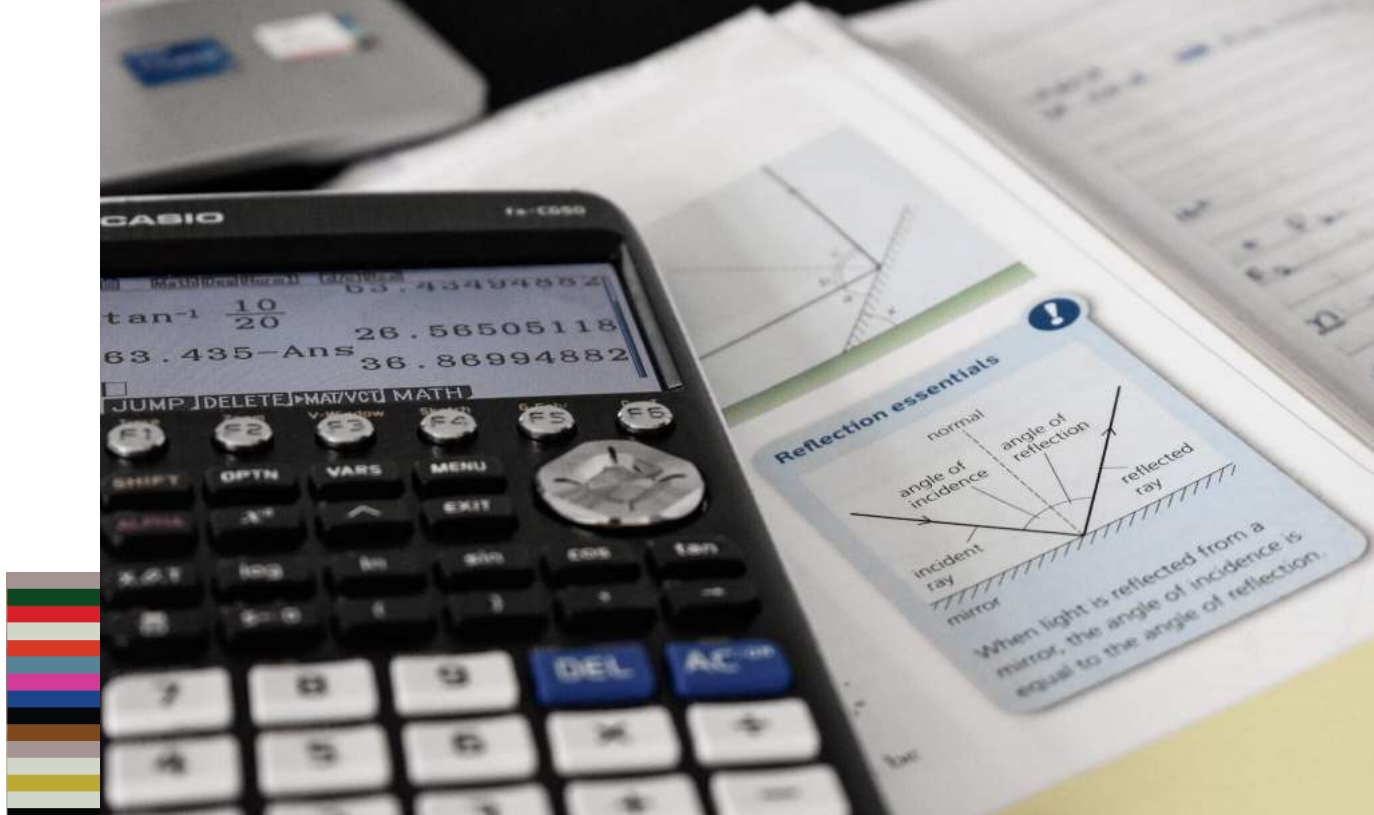
And then there's the ripple that extends beyond your lifetime. The friend who watched you care with tenderness now knows a little more about how to show up for someone in need. The niece who saw you read poetry to her grandmother now carries a picture of dementia that isn't just about loss. The neighbor who now comes by every week—she tells her family about it, and they start to see caregiving differently, too. You are changing the culture around you, one person at a time. You are teaching, without words, that people with dementia are still worthy of presence and pleasure and dignity.

So when you feel small—and you will, because caregiving can make you feel very small—remember the ripples. Remember that the way you hold someone's hand today might shape the way another person holds their own mother's hand ten years from now. The patience you practice in a difficult moment might diffuse a conflict at the grocery store or soften a tense family dinner. You are not just managing a disease. You are radiating something into the world. And the world, whether it knows it or not, needs exactly that kind of deep, steady, quiet love.

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07

Conclusion: A Letter to  
the Caregiver You Are  
Today

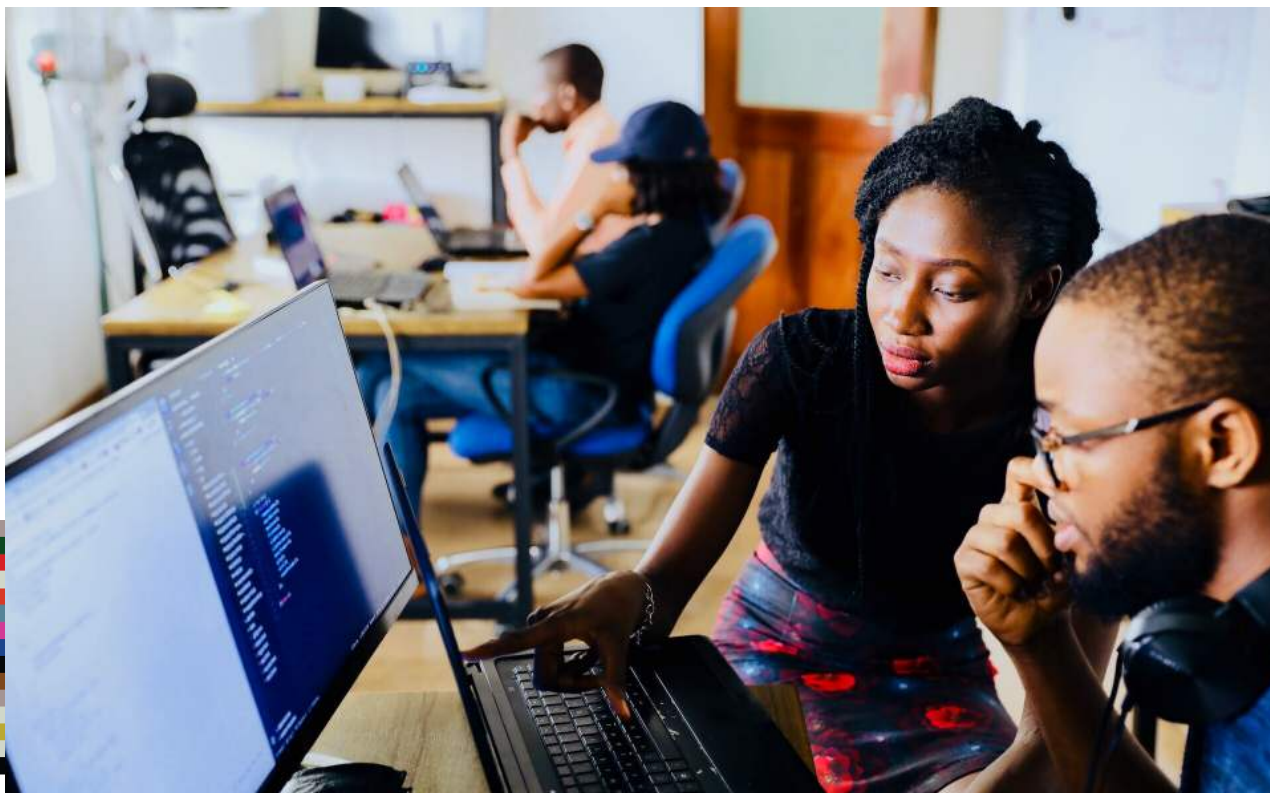


## You Are Not Alone

I want you to pause for just a moment. Put down the list you're holding in your mind—the medications to track, the appointment to remember, the worry about whether today will be a good day or a hard one. Take a breath with me. Right now, in this quiet space between finishing this book and stepping back into your caregiving world, I want you to hear something I mean with my whole heart: you are not alone. Everything you've felt—the guilt that crept in when you raised your voice, the shame when an activity fell flat, the desperate hope that there must be a better way—so many of us have felt it too. I have felt it. And I wrote this book because I wanted you to have what I didn't: a voice that says your struggle is real, your exhaustion makes sense, and your desire for joy is not frivolous. It's the most human thing about you.

I never expected caregiving to become such a personal part of my life, and I know you probably didn't either. That's what makes this journey so disorienting. We step into it without a map, armed with love and determination, only to find ourselves lost in a landscape of grief and relentless tasks. The loneliness you've felt—standing in a room full of people who don't understand, or sitting alone at two a.m. when your loved one finally sleeps—that loneliness is not a sign you failed. It's a sign you cared deeply enough to show up. And somewhere along the way, maybe you stopped showing up for yourself. This book was my attempt to hand you a compass—not one that points to perfection, but one that points back to your own capacity for presence and connection.

Remember the heavy, joyless days I described in the beginning? The ones where you moved through routines like a ghost, checking boxes but feeling nothing? That wasn't your destiny. It was a symptom of a culture that tells caregivers to sacrifice everything, including themselves. But you've now walked through chapters that dismantled that lie. You've seen how the perfection trap isolates us, how joy can be redefined as something quiet and real, how even five-minute micro-moments can crack open a door to connection. This isn't theory. It's lived experience, tested in the messy, unpredictable reality of dementia care. And if you've tried even one small thing—a shared hum, a hand massage, a moment of simply breathing before reacting—you've already started to change the story.



I want to acknowledge something here that often goes unsaid: reading a book like this can also stir up grief. You might be thinking, "But my situation is different. My loved one is further along. I don't have support. I'm too tired to even try." I hear you. Grief doesn't take a break just because we have new tools, and some days, the idea of reaching for joy feels like an insult to the loss you're already experiencing. Please know that grief and joy can coexist. They are not opposite emotions; they are neighbors. A small moment of connection doesn't erase the sadness—it sits alongside it, offering a hand to hold. You don't have to choose between honoring your pain and seeking lightness. Both are true. Both belong.

As you stand here now, at the end of these chapters, I want you to recognize how far you've already traveled. You're not the same caregiver who opened the first page. Even if you feel just as tired, even if your loved one's condition hasn't changed, something has shifted: you now carry a different perspective. You know that joy isn't a distant destination requiring perfect circumstances. It's a compass you can consult in the midst of chaos—a tool for navigating, not a reward for arriving. You know that your inner state matters more than any scripted activity. And you know that caregiving can be a path of becoming, not just a series of losses. That knowledge is power. It lives in your bones now, even on the hard days.

## **The Invitation**

Here's what I'd like you to do next: nothing big. Nothing that requires planning or energy you don't have. Just one small, joyful moment today. Not tomorrow. Not when things settle down. Today. It might be pausing to look at your loved one's hands and remembering what they've held, what they've built, what they've touched. It might be humming a few notes of a song you both used to love, even if they don't respond. It might be stepping outside together for sixty seconds of fresh air, no agenda attached. The size doesn't matter. The intention does. This is the heart of the \*Caring From Within\* approach: not grand gestures, but small, genuine moments that say, "I'm here with you. We're here together."

I know what you might be thinking: "But what if it doesn't work? What if they don't react, or what if I feel nothing?" That's okay. The point isn't a perfect outcome—as you learned, letting go of expectations is where real connection begins. The point is that you tried. You showed up for that moment with an open heart, not a script. And sometimes, the ripples of that small act won't be visible until later, or maybe never. But you'll know you did it. You'll have planted a seed of presence in a day that could have been empty. That matters. It really does.

I also want to invite you to return to your Joy Menu—that personal list of ten low-prep activities you created in Chapter Three—not as a rigid checklist, but as a gentle friend. Tape it to the refrigerator. Keep it in your pocket. When you feel stuck or numb, glance at it and pick the easiest thing. Maybe today it's just sitting beside your loved one in silence. Maybe it's playing a familiar piece of music on your phone. These aren't tasks to conquer; they're doorways to connection you've already identified. Trust yourself. You built that menu from your own knowing of your loved one, and it's waiting for you whenever you're ready.

And if today is truly impossible—if you're in the thick of a hard day, as Chapter Four described, and even the smallest gesture feels like too much—then let this invitation be for you alone. A five-minute reconnection ritual just for your own spark. Breathe. Place your hand on your chest. Remind yourself: "I am enough. This moment is enough." You are still a caregiver even when you stop doing. You are still worthy of tenderness, especially on the days that break your heart. The activities can wait. You cannot.

One more thing about this invitation: I hope you'll share it. Not in a grand, public way, but with one person you trust. Maybe a friend who's asked, "How can I help?" and you never knew what to say. Tell them: "There's a small thing I'm trying—a moment of joy with my loved one. Could you just ask me about it tomorrow?" That's how support circles begin, as Chapter Five explored. It's not about dumping your burdens or performing happiness. It's about letting someone witness your effort to find light in a hard place. You might be surprised how that simple invitation changes the texture of your loneliness. You deserve to be seen, not just as a caregiver, but as a person fighting for connection.

## Final Words of Hope

Before you close this book, I want to leave you with something to carry in your pocket—figuratively or literally. It's this: the care you give flows from who you are, and who you are matters. Not just as a pair of hands that bathe, feed, and soothe. But as a person with a history, a sense of humor, a tender heart that gets bruised. The *\*Caring From Within\** approach isn't about becoming a perfect caregiver. It's about remembering that your presence is the most powerful tool you have, and that your own well-being is not a distraction from care—it's the foundation of it. Joy isn't something you manufacture for your loved one; it's something you cultivate within yourself and then offer, quietly, imperfectly, as a gift.

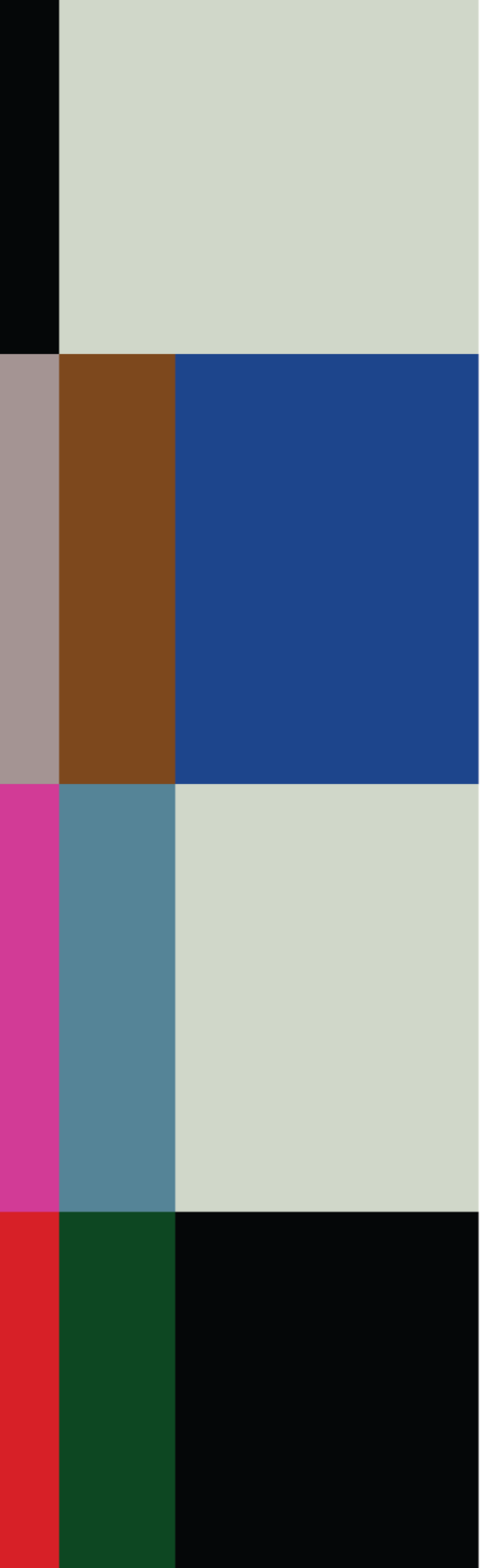
I think about the caregivers I've met along my own journey—people who told me they felt invisible, drained, and guilty for wanting more than just survival. And I think about how many of them, after trying just one micro-moment or pausing with the Three-Question breath, looked at me with tears in their eyes and said, "I felt like myself again, even for a minute." That's what I want for you. Not a lifetime of manufactured happiness, but those fleeting, real moments where you recognize your own humanity in the midst of a dehumanizing disease. Where you look at your loved one and see not just the dementia, but the person who once danced, who once laughed at a silly joke, who once held your hand on a hard day. Those moments are still available. They're just quieter now. You have to listen differently.

I also want to speak directly to the guilt you may still be carrying, even after all these chapters. The guilt that says you should be doing more, that joy is selfish, that if you were a "good" caregiver you wouldn't need a book like this. I want you to hear me clearly: guilt is not a compass. It lies. It tells you that your exhaustion is a moral failing instead of a natural response to an impossible load. The true measure of your care isn't how much you suffer—it's how present you are. And presence is impossible when you're running on empty. So, when guilt whispers its accusations, I hope you'll remember the reframing we explored: joy is a tool for connection. Choosing a moment of lightness isn't abandoning your loved one; it's filling your own cup, so you have something real to offer.

As you step back into your caregiving days, with all their unpredictability and weight, I hope you'll carry a new mental image: you're not pushing a boulder uphill alone. You're walking a winding path, sometimes in fog, sometimes in sunlight, and you have a compass in your hand. That compass points toward connection—with your loved one, with yourself, with the small moments of beauty that still exist. Some days you'll lose the path. Some days the compass will feel broken. But you'll know how to pause, breathe, and reorient. You'll know that you're not failing; you're learning. You'll know that joy is not a destination you reach once the caregiving is over—it's a choice you make, over and over, in the middle of the mess.

I believe in you. Not because you're perfect, but because you're still here, still reading, still hoping. That hope is the soil where joy grows. Water it gently. Protect it from the voices that say it doesn't matter. It does. You do. And the small, imperfect, beautiful moments of connection you create from this day forward—they will ripple out in ways you may never fully see. That's your legacy. That's the caregiver you've become. And I am so grateful to have walked even a few steps of this journey beside you. Now, take a breath. Close this book. And go be with the person you love—just as you are.



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08

## About the Author



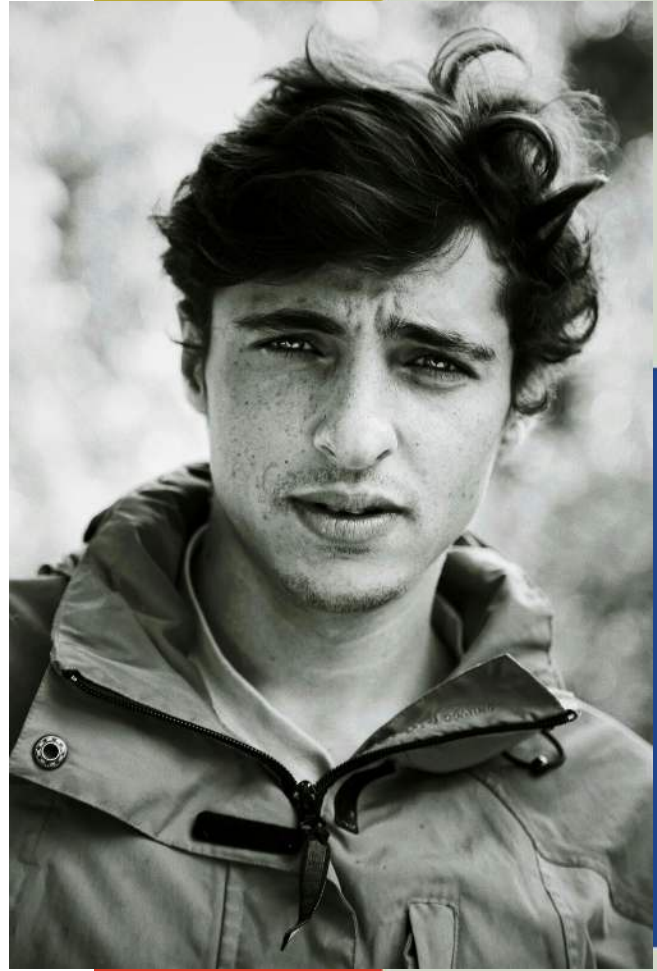
Moral Compass in Action - Navigating Ethical Dilemmas is a part of journey and experiences.

## A Different Beginning

I still remember the afternoon I sat on the edge of my mother's bed, her hand limp in mine, the late sun casting sharp lines across her quilt. She had just called me by her sister's name—someone who had been gone for twenty years—and I nodded, smiled, and felt something inside me fracture. I wasn't new to care, but I was new to this hollow, bone-tired ache. Before dementia entered our lives, I worked in community health, teaching classes on stress reduction and running wellness circles. I thought I understood compassion. I had no idea. The systems I trusted didn't prepare me for the daily invisible work: the way I'd rehearse a conversation three times before walking into her room, the guilt I carried when I simply wanted to be anywhere else. I started writing notes to myself on scraps of paper—reminders that her agitation wasn't rejection, that a quiet moment together watching birds could be enough. Those scraps became the seed of something larger, a collection of hard-won lessons I wished someone had handed me on my first impossible day.

# The Work I Do Now

I'm a caregiver advocate and dementia support educator, and I understand what it feels like to stand exactly where you are right now. When my mom's condition escalated without warning, I faced the same overwhelm, guilt, and uncertainty that every first-time caregiver faces. Alongside this, I continue my clinical practice, integrating what I've learned about presence and emotional attunement into broader wellness work. My credentials matter because they ground me in evidence, but what matters more is that I've sat where you sit. I've cried in the shower so no one would hear. I've snapped at my loved one over a spilled cup of water and then apologized to a face that didn't understand why. I wrote this book because the caregiver I was needed a companion, not a checklist. I needed someone to say, "You are not failing. You are learning a language no one taught you." That's the ally I want to be for you.



# Why This Book, and Why Now

Caregiving is often framed as a crisis to manage or a duty to endure. I wanted to write something different: a book that holds space for the messy middle, where love and exhaustion coexist. Every tool and story in these pages comes from real moments—my own and those shared with me by caregiver's brave enough to whisper their struggles. I didn't set out to create a method. I set out to survive, and in surviving, I found a way to connect that changed everything. *Caring From Within* isn't a program you have to master. It's an invitation to start exactly where you are, with whatever scraps of energy you have left, and discover that even a flicker of shared presence can illuminate a dark day. Thank you for letting me walk this path with you. More than anything, I hope this book reminds you that the care you give is valuable, but the caregiver you are is priceless.



# Caring From Within

In "Caring From Within," discover the transformative journey of caregivers navigating the emotional and practical challenges of supporting loved ones with dementia. This heartfelt guide offers essential tools and insights to help you reclaim your identity while nurturing genuine connections, encouraging you to embrace joy amidst the chaos. With wisdom drawn from real experiences, this book empowers you to find lightness in caregiving, reminding you that self-care is not only vital but integral to the love you give.



Dr. William Watson III

