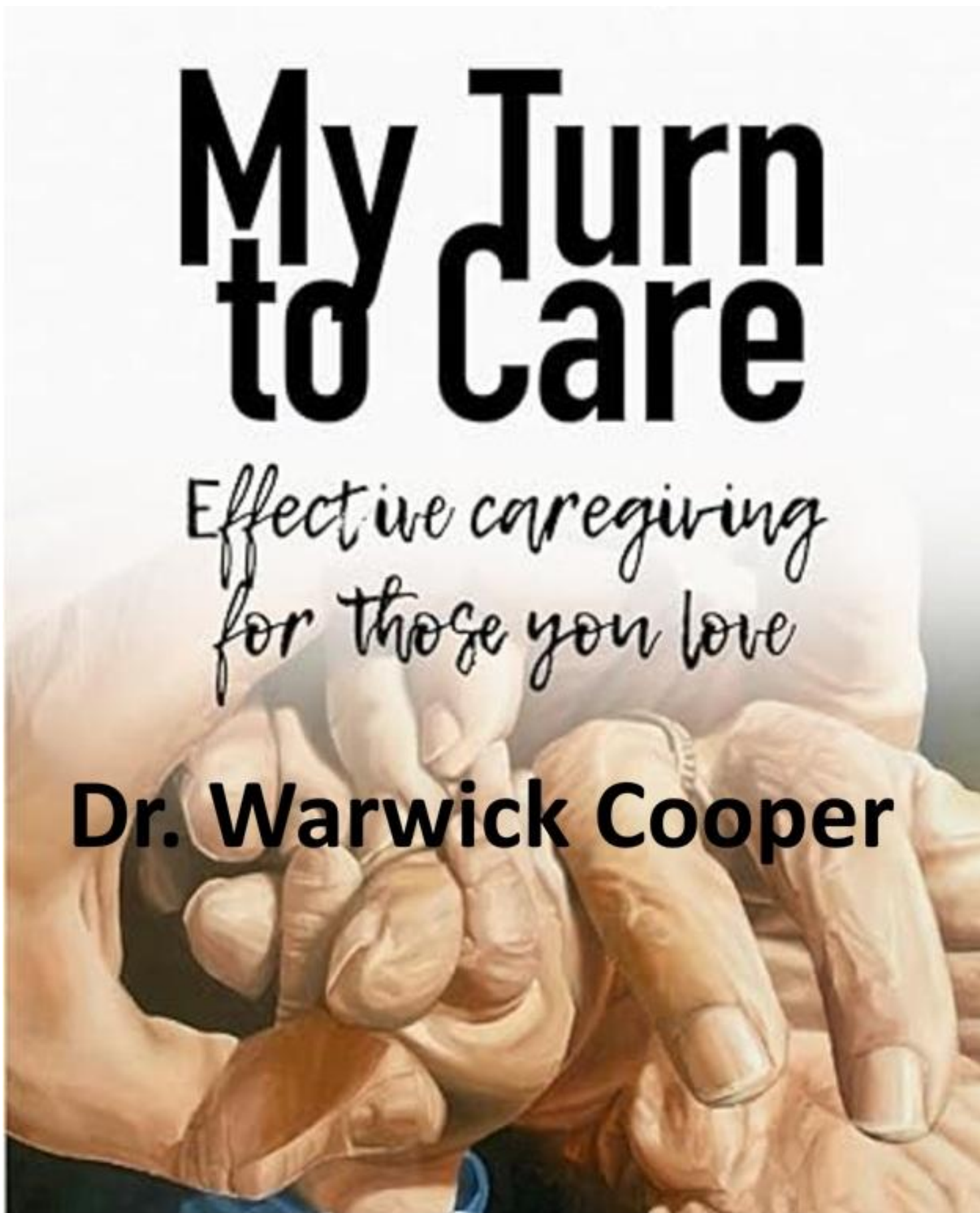


My Turn to Care

*Effective caregiving
for those you love*

Dr. Warwick Cooper



MY TURN TO CARE

Effective Caregiving for Those You Love

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C O M P R E H E N S I V E B O O K S U M M A R Y

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A Note to the Reader

Caregiving is one of the most profound and demanding callings a person can answer. Whether you are caring for an aging parent, a seriously ill spouse, a child with special needs, or a friend walking through crisis, you bring your whole self into the work — your history, your faith, your fatigue, and your love.

My Turn to Care, written by Dr. Warwick Cooper, is a companion for that journey. With over forty years of experience in ministry, counselling, and family therapy — and service across six countries — Dr. Cooper brings hard-won wisdom, spiritual depth, and genuine compassion to every page. This is not a clinical manual. It is a conversation between someone who has walked this road and those who are walking it now.

This summary has been prepared to give readers a thorough, accessible overview of the book's ten chapters. Each chapter is presented with its central narrative, key insights, and practical takeaways — all in a consistent format that invites reflection as much as instruction.

Whether you are new to caregiving or years into it, whether you are thriving or barely holding on, this summary will meet you where you are. Use it as a preview before reading the full book, as a refresher between chapters, or as a standalone guide in a caregiver support group or church setting.

My Turn to Care is available on Amazon. We encourage you to read the full text for the stories, Scriptural depth, and personal warmth that no summary can fully capture.

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CHAPTER 1

The Art of Listening

Tuned In: Mastering the Skill of Effective Listening

The chapter opens with a quietly powerful story: an elderly couple, married fifty years, on the verge of divorce. After careful counselling, the root cause emerged — the husband had lost hearing in one ear, and their bedtime conversations had been happening on his deaf side. A simple solution, hearing aids, restored their connection and reversed the path toward separation.

Dr. Cooper uses this story to establish the book's most foundational principle: listening is the cornerstone of all effective caregiving. Communication breakdowns are rarely the result of neglect. More often they are caused by unawareness — physical, emotional, or spiritual. As caregivers, cultivating the discipline of intentional listening is how we unlock healing, build trust, and enter meaningfully into the lives of those we serve.

Beyond the Words

True listening means hearing what is not being said. Body language, tone of voice, eye contact, and muscle tension all reveal what lies beneath the surface. Dr. Cooper draws on the work of Kenneth Haug'k, who encourages caregivers to pay close attention to non-verbal cues — clenched fists, rapid breathing, forced laughter — as signals that invite deeper inquiry.

Jesus modelled this in His healing ministry. In Mark 10:51, He asks a blind man, “What do you want me to do for you?” Though He surely knew the answer, the question acknowledged the man's agency and dignity. Listening, in this sense, is always about relationship — not merely gathering information.

Creating Space to Be Heard

The environment in which a caregiving conversation happens matters enormously. Dr. Cooper encourages caregivers to reduce distractions, lower the volume of the room, and sit at eye level. Even small gestures — turning off the television, holding a hand during prayer, or pulling a chair close — communicate that the person is worth full attention.

He introduces the SOLAR technique as a simple, memorable framework for active listening:

- Sit slightly forward to signal engagement
- Open posture, arms uncrossed and welcoming
- Look attentively at the person speaking
- Actively focus on their words, tone, and feeling
- Reflect on what has been shared before responding

Even casual conversation is an act of offering. When someone shares small talk, they are extending a piece of themselves. Receiving it well — without rushing to redirect or advise — is itself an act of care.

The Power of Good Questions

Caregivers who ask the right questions open doors that years of silence have kept shut. Closed questions — those inviting a yes or no — limit connection. Open-ended questions invite reflection, memory, and the courage to speak what has never been spoken:

- “How did that feel?”
- “What would you say to your father if he were still here?”
- “Tell me more about that time in your life.”

Dr. Cooper illustrates this with moving accounts of veterans and children healed not through medication but through the simple, radical act of being heard.

Listening at the End of Life

Spiritual listening takes on particular weight in end-of-life caregiving. When independence is gone and the room is quiet, deeper questions surface — often for the first time. What am I proud of? Who do I need to forgive? What legacy am I leaving behind?

The caregiver's role is not to force these questions or provide answers to them, but to create the kind of steady, unhurried presence in which they can emerge naturally. This ministry of accompaniment — walking alongside rather than leading the way — is where true spiritual care begins.

The Courage to Stay Present

Listening well is exhausting work. It demands vulnerability, humility, and the willingness to sit with another person's pain without trying to fix it. Dr. Cooper gently warns caregivers against feigning empathy — saying “I know exactly how you feel” when you don't is rarely helpful. Instead, he invites honest reflection, careful questions, and non-judgmental presence.

The caregiver does not need to have answers. What is needed is a witness — someone willing to stay, to hear, and to honour what is shared. That is where healing begins.

KEY TAKEAWAYS

- Listening is an act of healing — it restores connection and reveals unspoken needs.
- Ask open-ended questions that allow the care receiver to reflect and process freely.
- Create calm, focused spaces by reducing distractions wherever possible.
- Read non-verbal cues — people communicate as much through body language as through words.
- Use the SOLAR method as a daily discipline of full, attentive presence.
- Spiritual listening is essential, especially in life's final seasons.
- Resist the urge to fix. Being fully present is often the most powerful gift you can offer.
- Genuine listening is tiring — that tiredness is a mark of real engagement.

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CHAPTER 2

The Person of the Caregiver

Recognizing the Journey You Bring into Caregiving

Caregiving is often thought of purely as a role or duty — something you do for someone else. But in this chapter, Dr. Cooper turns the lens around. He asks caregivers to consider not just what they do, but who they are — because effective care is impossible without self-awareness.

Every caregiver carries their history into every act of care: the messages they received about emotions and strength growing up, the wounds that shaped them, the faith that sustains them. Those who experienced warmth, availability, and grace in their own upbringing tend to bring those qualities into their caregiving. Those who experienced harshness, emotional distance, or absence may struggle with intimacy, boundaries, or the discomfort of another person's vulnerability.

This chapter is a gentle but necessary mirror. Before we can give ourselves to others in healthy, sustainable ways, we need to understand what we carry and what may be holding us back.

Self-Awareness as the Foundation of Care

Dr. Cooper invites caregivers to examine the patterns they have inherited or unconsciously adopted. If you learned that your value came from performance, you may now strive for caregiving perfection — and burn yourself out in the process. If you were taught to suppress emotion, you may shy away from real connection, or find another person's grief deeply uncomfortable.

Understanding these patterns is not about assigning blame. It is about freedom. You cannot pour into others from an empty or cracked vessel.

He introduces the concept of the “False Self” — the image we project to appear competent, strong, and in control. Many caregivers live in this space, especially

when they feel obligated to be “the strong one” in the family. But authentic, life-giving caregiving flows from the “True Self”: the self that is honest about its limits, rooted in God’s love, and free to say “I need help too.”

The Danger of Denial

A significant section of the chapter addresses denial — not just the denial of a loved one’s decline, but the denial of the caregiver’s own exhaustion, grief, or overwhelm. Some caregivers hold tightly to the belief that they can do it all, that accepting help is weakness, or that admitting struggle is a failure of faith.

Dr. Cooper challenges this directly. Scripture, he reminds us, is saturated with lament. The Psalms are filled with raw honesty before God. To deny pain in the name of faith is not biblical courage; it is a form of spiritual suppression that ultimately harms both the caregiver and those they serve.

We are not called to perform our way through suffering. We are called to pray through it — with trembling hands, broken hearts, and fierce hope.

Releasing the Weight of Guilt

Guilt is one of the most constant companions of the caregiver. Guilt for not doing enough. Guilt for feeling angry or frustrated. Guilt for privately longing for rest or even freedom. Dr. Cooper addresses this with pastoral directness: most caregiver guilt is rooted in unrealistic expectations and a misunderstanding of grace.

God does not call caregivers to martyrdom. He calls them to presence, compassion, and humility. Accepting our limits is not failure — it is maturity. And one of the most freeing truths in this chapter is simply this: you were never meant to carry this alone. You don’t have to be the only one. There is grace in inviting others in.

Reflection, Support, and Sustainable Care

Dr. Cooper encourages regular practices of personal reflection and spiritual renewal: journalling, counselling, meeting with a trusted mentor, or simply finding one honest friend. These habits are not luxuries. They are necessities. Without them, burnout is not a possibility — it is a certainty.

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Community also matters. Whether through a church group, a caregiver support circle, or a single trusted relationship, speaking openly about the struggles of caregiving breaks isolation and revives the soul. The most powerful caregiving, Dr. Cooper writes, flows from people who are themselves being cared for — by God, by community, and by themselves.

KEY TAKEAWAYS

- You bring your whole story into caregiving — understanding your history helps you care more authentically.
- Self-awareness is the foundation that prevents burnout and emotional fatigue.
- Watch for denial: be honest about your limits, emotions, and spiritual state.
- The False Self performs; the True Self gives. Let your caregiving flow from identity, not image.
- Guilt is not the voice of God. Learn to extend to yourself the same grace you give others.
- You are not meant to carry this burden alone — asking for help is strength, not weakness.
- Spiritual honesty, including lament, is central to biblical caregiving.
- Regular reflection, counselling, and community are essential — not optional — tools.
- The most powerful caregiving flows from healed people. Pursue your own growth.

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Navigating Your Emotions

Understanding, Expressing, and Managing the Emotional Storm of Caregiving

One of the most overlooked dimensions of caregiving is the emotional life of the caregiver. This chapter confronts that reality directly. Dr. Cooper shines a light on the deep and often turbulent undercurrent of caring for someone who is aging, declining, or approaching the end of their life — and he invites caregivers not to suppress what they feel, but to name it, examine it, and work through it.

Many caregivers carry significant guilt about their own feelings: guilt for feeling overwhelmed, irritated, resentful, or even angry at the person they are trying to help. Dr. Cooper is clear that these responses are not only normal — they are honest. You cannot show up authentically for someone else while pretending you are not falling apart inside. Emotional honesty is not a threat to caregiving; it is its very foundation.

The Emotional Landscape of Caregiving

Dr. Cooper identifies several emotions that caregivers encounter most frequently, each carrying its own texture and weight:

- **Anger:** Often arising from frustration, exhaustion, or the sense of being trapped. Anger is a signal, not a sin. It tells us that something needs attention.
- **Guilt:** Caregivers face many forms of guilt — for not doing enough, for resenting the role, or even for feeling relief when a loved one dies. Most of this guilt is false, rooted in perfectionism rather than truth.
- **Grief:** Not only the grief that follows death, but the anticipatory grief of watching someone change — mourning the relationship that was, the future that will not come.
- **Fear:** Of the unknown, of failure, of loss, of being alone. Fear grows quickly in the uncertainty of long-term illness or cognitive decline.

- Loneliness: Caregiving can be profoundly isolating. Friends drift away, plans are cancelled, and the caregiver often feels invisible.
- Resentment: When caregiving extends over months or years without adequate support or boundaries, resentment is a predictable and understandable response.

All of these emotions are valid. The problem is not that caregivers feel them. The problem is when they pretend they don't.

Emotional Expression Is Not Weakness

In many faith communities and family systems, expressing sadness, anger, or grief is treated as a lack of faith or a spiritual failing. Dr. Cooper firmly refutes this. He draws on Scripture to remind us that lament is a biblical language — David cried out in the Psalms, Jesus wept at Lazarus' tomb, Paul admitted to despair. Emotion is not an obstacle to faith. It is an invitation to a deeper reliance on God.

Rather than burying what they feel, caregivers are encouraged to journal honestly, speak with a trusted friend or counsellor, pray raw and unfiltered prayers, and attend support groups where they will feel less alone. When emotions are acknowledged and processed, they become stepping stones toward healing rather than stones around the neck.

Healthy Coping vs. Harmful Numbing

Dr. Cooper draws an important distinction between healthy coping and harmful avoidance. Some caregivers escape through busyness, overeating, alcohol, or emotional withdrawal. These behaviours temporarily dull pain but do nothing to bring peace. They delay healing and deepen the wound.

He calls caregivers instead toward life-giving practices: time in silence and Scripture, physical exercise and rest, creative expression through music or writing, and the simple nourishment of a conversation with a friend. Self-compassion is not indulgence — it is the foundation on which sustainable care is built.

You Don't Have to Be Okay All the Time

One of the most quietly liberating insights in this chapter is the simple permission Dr. Cooper grants to caregivers: you do not need to be okay all the time. You can

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love deeply and still feel drained. You can be faithful and still feel lost. Caregiving is holy ground — and it is also genuinely hard. Naming this truth, without shame, is the first step toward healing.

KEY TAKEAWAYS

- Caregiving stirs up complex emotions. Anger, guilt, grief, and fear are all normal responses.
- Emotional honesty is the foundation for healthy, sustainable caregiving.
- Don't suppress what you feel — speak, write, pray, or share in a safe and trusted space.
- Examine your guilt: is it rooted in truth, or in perfectionism and unrealistic expectations?
- Anticipatory grief is real. You can begin grieving long before someone dies.
- Loneliness is common among caregivers — actively seek community and connection.
- Replace numbing behaviours with spiritual and emotional practices that genuinely renew you.
- You do not need to be strong every day. Permission to feel is permission to heal.
- God meets us in our tears. Emotional honesty deepens, rather than diminishes, your spiritual life.
- You matter just as much as the person you are helping.

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Distinctively Christian Caregiving

Bringing Christlike Presence, Grace, and Hope into the Caregiver Role

What sets Christian caregiving apart from general caregiving is not superior technique or more thorough task completion. It is something altogether different: it is rooted in Christ's example and empowered by God's presence. Dr. Cooper opens this chapter with a clarifying reminder — Christians are not simply volunteers doing good deeds. They are servants reflecting the love of the One who first served them.

Christian caregiving, at its heart, is a form of ministry. It is less about performance and more about presence. It is not merely helping with daily physical needs, but being with someone in their suffering — without judgment, without pressure, without agenda. The caregiver becomes a vessel of peace, mercy, and healing even when words are few or entirely absent.

Following the Example of Christ

Jesus was the ultimate caregiver. He noticed the forgotten, touched the untouchable, and asked questions that restored dignity. He did not rush to fix problems. He entered pain with compassion and unhurried presence. Christian caregivers are called to reflect this same posture.

Notably, Jesus often asked people what they wanted rather than assuming. In doing so, He respected their autonomy and invited relationship rather than dependency. Dr. Cooper holds this up as a model: listen first, serve second, and always honour the personhood of the one in your care.

Jesus also withdrew regularly to pray and be renewed. Christian caregivers are urged to follow this example — not simply working for God, but walking with Him. When spiritual nourishment is neglected, caregiving can become performative, hollow, and ultimately unsustainable.

Grace-Centred Rather Than Task-Oriented

A central distinction of Christian caregiving is that it is grace-centred. Tasks — bathing, feeding, transporting — are necessary, but they are not the heart of what makes Christian care different. The heart is love expressed through humility, gentleness, and deep, attentive compassion. Task-oriented care may get things done while missing the soul of the person entirely.

In a world that prizes efficiency and usefulness, Christian caregivers push back. They affirm the sacred worth of every person — especially those who are no longer productive, no longer coherent, or no longer able to express appreciation. This affirmation of worth is itself a form of witness.

You Are Not the Source

Many caregivers operate under the unconscious assumption that they must carry the burden themselves. Dr. Cooper reorients this entirely: you are not the source of hope or healing. God is. Christian caregiving means actively inviting the Holy Spirit into each room, each task, and each silence.

This does not require preaching or religious pressure. It may be nothing more than praying quietly for strength before entering the room, or sitting in silence while holding someone's hand. God's presence flows through the smallest moments when we remain spiritually connected. Even when the care receiver does not notice, does not remember, or does not respond, that care is deeply meaningful — and deeply transformative, for both the giver and the receiver.

Sustained by Prayer and Scripture

While you may not always be able to speak openly about your faith, Dr. Cooper urges caregivers to remain privately anchored in prayer and Scripture. These practices are not extras. They are the oxygen of Christian caregiving. When opportunities arise naturally, faith can be offered gently: a verse written on a card, a prayer whispered aloud, or a hymn softly sung. The goal is not to evangelize but to accompany — bringing peace, truth, and comfort in whatever form is welcome.

KEY TAKEAWAYS

- Christian caregiving is a form of ministry — it reflects Christ's love through presence, not performance.
- You are not the healer. God is. Your calling is faithfulness, not fixing everything.
- Grace-centred care sees the person, not only the need.
- Jesus modelled caregiving by listening, touching, asking questions, and showing unhurried mercy.
- Prayer, Scripture, and solitude sustain the caregiver's heart for the long road.
- Being fully present is often the most healing gift you can offer.
- Every person has sacred worth. Christian caregiving affirms this, especially in decline.
- Invite the Holy Spirit into every act of care, especially the hard and thankless ones.
- Gentle faith expression — a verse, a prayer, a silent blessing — can carry profound comfort.
- Approach caregiving as holy ground: with reverence, humility, and dependence on God.

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Assertiveness — Relating Gently and Firmly

Setting Healthy Limits While Remaining Compassionate

Caregiving often feels like walking a tightrope between compassion and exhaustion. In this chapter, Dr. Cooper introduces a crucial and frequently misunderstood skill that helps caregivers maintain their balance: assertiveness. He defines it not as aggression or selfishness, but as gentle firmness — the capacity to express one’s needs and values clearly while fully respecting the dignity of the person in your care.

Many caregivers — particularly those who see themselves as nurturers or who are motivated by faith — struggle deeply with saying no or asking for help. They fear it will appear unkind, selfish, or unspiritual. But Dr. Cooper reframes assertiveness as an act of love: not only for the caregiver, but for the care receiver, who deserves honest, consistent support rather than silent resentment.

Understanding the Four Communication Styles

Dr. Cooper carefully distinguishes assertiveness from three other communication patterns that often show up in caregiving:

- **Passive:** Withholding your needs or opinions, leading to internal frustration and eventual burnout. The unspoken message: “Your needs matter more than mine.”
- **Aggressive:** Forcing your views or dominating others. The unspoken message: “My needs matter more than yours.”
- **Passive-aggressive:** Surface compliance masking inner resentment, expressed indirectly through sarcasm, withdrawal, or subtle sabotage.
- **Assertive:** Honest, respectful, and direct. The message, spoken and lived: “Your needs and mine both matter.”

Of these four, only assertiveness creates the conditions for genuine, sustainable care.

Why Caregivers Struggle to Be Assertive

Many caregivers grew up in environments where saying no was punished, or where their worth was tied entirely to meeting others' needs. In Christian communities, the value of "serving others" is sometimes taught in ways that collapse into self-erasure. But Dr. Cooper challenges this interpretation. Jesus served wholeheartedly — and He also withdrew to rest, said no to certain demands, and held clear limits on how He gave of Himself.

Assertiveness is not a betrayal of faith or compassion. It is evidence of maturity and wisdom. It creates the space for rest, authenticity, and the long-term sustainability that faithful caregiving requires.

Practical Tools for Growing in Assertiveness

Dr. Cooper offers a set of grounded, actionable practices:

- ✓ Use "I" statements: Speak from your own experience without blame. "I feel overwhelmed when I don't get a break" rather than "You always dump everything on me."
- ✓ Be direct but kind: You can say no with genuine warmth. "I'm not able to do that today, but I can help tomorrow."
- ✓ Stay calm and focused: Assertiveness thrives on clarity, not volume or emotional intensity.
- ✓ Anticipate pushback: Some care receivers will test limits through complaints, guilt-trips, or manipulation. Remain firm, loving, and consistent.
- ✓ Rehearse your limits: Practice in safe settings before having the harder conversations.
- ✓ Don't wait until you're at the end of your rope: Address needs early and respectfully, not in the heat of frustration.

The Grace of Imperfect Progress

Even as caregivers grow in assertiveness, they will slip back into old patterns. Dr. Cooper extends grace for this reality. Growth is a journey, not a single decision. And when assertiveness is misread or resisted, the response should not be retaliation or withdrawal, but a return to core values: love, honesty, and compassion.

Forgiveness — of oneself as much as of the care receiver — is woven through this entire chapter.

KEY TAKEAWAYS

- Assertiveness is essential — it allows you to care for others without losing yourself.
- It is not aggression or selfishness. It is honest, respectful communication rooted in love.
- Use “I” statements to speak clearly about your needs without blame or accusation.
- Set limits early — waiting until you are overwhelmed leads to poor outcomes for everyone.
- Expect some resistance and remain firm, calm, and consistent.
- Jesus modelled assertiveness: He loved boldly and held clear, consistent limits.
- Saying no can be an act of love — it prevents resentment and protects your capacity to give.
- Extend grace to yourself as you grow. Progress is more important than perfection.
- Assertiveness protects relationships by making space for honesty, trust, and mutual respect.
- Your wellbeing matters. Caring for yourself is not selfish; it is wise.

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Crisis — Danger and Opportunity

How Moments of Crisis Can Lead to Growth and Deeper Trust in God

Caregivers are no strangers to crisis. Medical emergencies, emotional meltdowns, sudden diagnoses, moments of deep despair — these are not exceptions to the caregiving journey. They are part of it. In this chapter, Dr. Cooper introduces a psychological and spiritual framework for understanding how people respond to overwhelming events, and why those responses matter far more than we typically recognize.

The core insight is both challenging and liberating: a crisis is not merely a dangerous breakdown. It is also an opportunity for transformation. The Greek word from which “crisis” derives means “decision” or “judgment.” Every crisis is, in this sense, a pivotal moment — a fork in the road that can lead either toward growth or toward harm, depending on how we engage with it.

What Crisis Actually Is

Dr. Cooper defines a crisis as a situation in which the usual strategies for coping no longer work. It may be external, like a sudden hospital admission, or internal, like the slow realisation that a loved one will never fully recover. In a crisis, caregivers typically experience a disruption of routine, emotional shock, heightened anxiety, loss of control, and an urgent need to adapt.

These elements feel chaotic, but they are not the end of the story. With support, honest reflection, and often faith, people can and do emerge from crisis stronger, wiser, and more compassionate than before. Psychologists recognise this as post-traumatic growth — the deepening of empathy, spirituality, and clarity about what truly matters.

Danger and Opportunity, Held Together

Dr. Cooper draws on the widely known metaphor that the concept of crisis carries within it both danger and opportunity. The danger is readily apparent: physical

decline, emotional collapse, spiritual confusion. But the opportunity is equally real. Every crisis holds the possibility of deeper trust, clarified priorities, renewed relationships, and a more honest encounter with God and with oneself.

For caregivers, crisis moments can strip away the illusions that accumulate around daily routine and reveal what genuinely matters. They can become, in Dr. Cooper's framing, sacred intersections — places where heaven breaks into ordinary life.

How to Navigate Crisis Well

Dr. Cooper offers a practical pathway through crisis that moves caregivers from reactive victims to active participants in their own resilience:

- ✓ Pause and breathe. Even in urgency, take a moment to ground yourself before acting.
- ✓ Name what is happening. State the situation clearly, without minimising or catastrophising.
- ✓ Reach out. Do not face a crisis alone — contact medical professionals, trusted friends, spiritual mentors, or support lines.
- ✓ Use grounding truths. Return to Scripture, to past moments of God's faithfulness, or to a simple affirmation that steadies your soul.
- ✓ Adapt your plans. Crisis disrupts control, but it also invites creative, flexible response.
- ✓ Debrief afterward. Once the immediate crisis passes, reflect: What did I learn? What needs to change? Where did I see grace?

Faith in the Midst of the Storm

Dr. Cooper reminds us that much of the biblical narrative unfolds in the middle of crisis. Joseph in the pit. David on the run. Jesus in Gethsemane. God does not avoid crisis. He meets us in it. The miracle is not always the removal of the storm; sometimes it is the transformation that happens within it.

Caregivers are encouraged to pray boldly in crisis — not only for resolution, but for clarity, peace, and the capacity to remain present. Even when the outcome is uncertain, inner transformation is possible for those who stay open to what God is doing.

KEY TAKEAWAYS

- Every crisis holds both danger and opportunity. It disrupts but also opens the door for transformation.
- A crisis occurs when normal coping strategies fail — it signals the need for new responses and support.
- Reacting is natural; responding is powerful. Pause, name the truth, and reach for help.
- Caregivers face many kinds of crisis: relational, spiritual, medical, and emotional.
- God meets us in crisis. He does not abandon us. He often refines us through it.
- Post-crisis reflection reveals deeper maturity, clearer faith, and renewed priorities.
- Ground yourself in Scripture, prayer, and trusted people to anchor your response.
- Never isolate in a crisis. Connection, not withdrawal, is the path through.
- Even when the outcome is uncertain, staying open means inner transformation is possible.

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Maintaining Boundaries in Caregiving

Preserving Your Identity and Wellbeing While Serving Another

Caregiving calls for compassion, sacrifice, and wholehearted service. But it must never come at the cost of the caregiver's identity, health, or dignity. Without clear and consistently held boundaries, caregiving becomes unsustainable — and ultimately destructive to both the person giving care and the person receiving it.

Dr. Cooper begins by dismantling a common and damaging myth: that self-denial and boundarylessness are the marks of true love. In reality, he argues, caregiving without limits breeds resentment, burnout, and a kind of enabling that does not serve the care receiver well. Loving wisely means being honest about what you can and cannot do, and about who you are and who you are not.

What Boundaries Actually Are

Boundaries are not walls that shut people out. They are fences that protect a garden — creating the conditions in which trust, honesty, and authentic care can grow. In caregiving, they protect the caregiver's time and energy, emotional and spiritual health, sense of role and identity, and core values and priorities.

Without them, caregivers risk what Dr. Cooper calls enmeshment: the gradual loss of self in another person's needs, emotions, and expectations. When this happens, the quality of care itself suffers. Boundaries do not diminish love; they make it sustainable.

Signs That Boundaries Are Eroding

Dr. Cooper identifies several warning signs that boundaries have weakened or collapsed:

- You feel guilty every time you say no.
- You are frequently angry, resentful, or emotionally numb.
- You have given up your own relationships, hobbies, or personal needs.

- You feel used but cannot seem to stop helping.
- You are confused about your role: parent, spouse, nurse, servant, friend.

Recognising these signals early gives caregivers the opportunity to take corrective action before lasting harm is done.

The Biblical Basis for Limits

Boundaries are not selfish. They are biblical. Jesus Himself set them with consistency and without apology. He withdrew from crowds to pray. He declined certain demands (Mark 1:37–38). He did not entrust Himself to everyone (John 2:24). He chose, with discernment, when and how to give of Himself.

Jesus demonstrates that even the most loving person who ever lived honoured His human limits and trusted the Father with the results. Christian caregivers are encouraged to follow His example — not proving their love through endless sacrifice, but embodying it through discernment.

Common Boundary Violations

Dr. Cooper names several scenarios in which caregiving limits are frequently tested or broken:

- Emotional enmeshment: Feeling everything the care receiver feels to the point of losing emotional independence.
- Role confusion: Acting as parent, therapist, or spouse in ways that exceed or distort your actual role.
- Over-responsibility: Taking on tasks or decisions the care receiver could still manage themselves.
- Under-responsibility: Withdrawing entirely to avoid the discomfort of emotional engagement.
- Manipulation and guilt-tripping: Being coerced into agreement out of fear, obligation, or exhaustion.

How to Reestablish Healthy Limits

Dr. Cooper offers a clear, compassionate framework for repairing and maintaining boundaries:

- ✓ Clarify your role. Define what you are responsible for — and what you are not.

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- ✓ Identify your limits, assess your time, energy, emotional bandwidth, and skills.
- ✓ Communicate openly. Use “I” statements to express your needs and limits with clarity and kindness.
- ✓ Stay consistent. Do not move your limits out of guilt or under pressure.
- ✓ Anticipate resistance. Your limits may be tested. Remain firm and loving.
- ✓ Invite God’s guidance. Ask for discernment, strength, and peace.

When you say no to something that exceeds your capacity, you are also saying yes to sustainable love, enduring presence, and long-term health — for both yourself and the person you serve.

KEY TAKEAWAYS

- Boundaries are not optional in caregiving — they protect both the giver and the receiver.
- The absence of limits leads to burnout, resentment, and confusion.
- Boundaries are not selfish. Jesus Himself modelled consistent and loving limit-setting.
- You are not the saviour. Your role is to care, not to control or carry everything.
- Know your role and your limits — then communicate them with clarity and kindness.
- Saying no with grace is a form of love, not a failure of compassion.
- Expect pushback. Stand firm without guilt or hostility.
- Healthy limits bless everyone. They create safety, clarity, and sustainability.
- God honours your limits. Invite His wisdom and strength in establishing and keeping them.

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Ministering to Those Experiencing Grief

Walking With Others Through Loss with Compassion and Reverence

Grief is one of the most universal human experiences, and yet no two people grieve in the same way. In this chapter, Dr. Cooper guides caregivers through the emotional and spiritual terrain of walking alongside those who are mourning — whether they have lost a spouse, their independence, their health, a cherished dream, or the person their loved one used to be.

Rather than offering formulaic responses or a structured programme, Dr. Cooper calls for something harder and more sacred: a ministry of presence. This means honouring the grieving person's pain exactly as it is, without trying to explain it, accelerate it, or spiritualise it away. Grief is not something to get over. It is something to live through, integrate over time, and carry with increasing grace. The caregiver's role is to accompany, not to direct.

The Complexity of Grief

Dr. Cooper explains that grief is multidimensional, affecting every layer of a person's life. Emotionally, it brings sadness, anger, numbness, and confusion. Physically, it manifests as fatigue, loss of appetite, and unexplained body aches. Cognitively, it disrupts concentration and memory. Spiritually, it can produce doubt, anger toward God, or — for some — an unexpected and tender closeness to Him.

Grief rarely follows a straight line. The commonly referenced stages — denial, anger, bargaining, depression, acceptance — are not sequential steps but fluid experiences that return and recede unpredictably. A morning of peace can give way to an afternoon of raw sorrow. Caregivers must resist the urge to diagnose, predict, or rush someone's healing.

The Myths That Cause Harm

Dr. Cooper lists several well-intentioned but damaging phrases that grieving people regularly hear from those trying to help:

- “Time heals all wounds.”
- “At least they lived a long, full life.”
- “You need to move on.”
- “God must have needed another angel.”
- “Stay strong.”

These phrases, however kindly intended, carry an implicit message: that grief is an inconvenience or a failure of faith. They close down what needs to stay open. True comfort does not come from explaining loss. It comes from bearing witness to it. Grieving people do not need answers. They need someone willing to sit with them in the not-knowing.

Practical Ways to Minister Through Grief

Dr. Cooper offers concrete, grounded guidance for caregivers accompanying those in grief:

- ✓ Show up and stay present. Your presence matters far more than your words. Silent companionship can be sacred.
- ✓ Listen without trying to fix. Let the grieving person lead. Ask open questions such as “What is this like for you?”
- ✓ Avoid clichés. Do not reach for easy phrases that soften your discomfort at the expense of theirs.
- ✓ Validate their feelings. Acknowledge the weight of the loss: “This must be so hard,” or simply, “I’m here with you.”
- ✓ Offer specific help. Rather than “Let me know if you need anything,” say “Can I bring you a meal on Thursday?”
- ✓ Respect their pace. Do not rush them toward recovery or push them back toward “normal.”
- ✓ Include spiritual support when welcomed. Offer to pray, but never impose. A gentle invitation is enough.
- ✓ Remember important dates. A message or visit on anniversaries and milestones can be profoundly meaningful.

Boundaries Within Grief Ministry

Walking closely with grieving people requires that caregivers maintain a clear sense of their own role. A caregiver who accompanies someone in grief is a compassionate listener and a steady presence — not a therapist, a grief counsellor, or a spiritual director. When the weight of what someone is carrying exceeds what peer support can address, the most loving response is a warm, gentle referral to appropriate professional help.

Caregivers must also tend to their own emotional lives. Grief is contagious in the best possible sense — it opens the heart. But it can also exhaust and overwhelm those who accompany it without adequate support. Regular reflection, prayer, and honest conversation with a trusted mentor are not optional for those who walk regularly with the grieving.

Christian Hope in the Presence of Loss

Grief is not a sign of weak faith. Dr. Cooper is unequivocal on this point. Jesus wept — publicly and deeply — at the tomb of Lazarus. Christian hope does not erase grief; it holds it within a larger and more enduring promise.

This means that while the comfort of Scripture is real and precious, verses must be offered at the right moment, in the right tone, and only when welcomed. To reach prematurely for Romans 8:28 or Revelation 21:4 can feel dismissive rather than comforting. Faith is most powerfully expressed through the tenderness of our presence, not the speed of our theology.

KEY TAKEAWAYS

- Grief is unique to each person. No two people experience it on the same timeline.
- Do not try to fix grief. Offer steady, compassionate presence instead.
- Avoid clichés — well-intentioned phrases often cause more pain than comfort.
- Grief is holistic: it affects emotions, body, mind, and spirit simultaneously.
- Presence over performance. Show up, be still, and honour the weight of the loss.
- Christian hope is real, but does not erase pain. Share faith gently and only when welcomed.
- Jesus grieved. His example gives us permission — and the theology — to grieve well.
- Practical support speaks volumes: meals, remembered dates, simple acts of kindness.
- Know your role. Refer to professional support when the grief exceeds peer accompaniment.
- Tend to your own emotional life as you walk with others through loss.

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Providing Spiritual Care

Helping Others Connect With God in Times of Need

Spiritual care is one of the most profound and delicate dimensions of caregiving. It is also one of the most commonly misunderstood. In this chapter, Dr. Cooper clarifies what spiritual care actually is, distinguishing it sharply from religious instruction, theological correction, or evangelistic pressure.

Spiritual care is not about what you say. It is about how you accompany. It is the art of creating space in which a person's deepest longings — for peace, for meaning, for forgiveness, for connection to something greater than themselves — can surface and be honoured. You do not need to be a pastor or theologian to offer spiritual care. You need only be present, attentive, and genuinely open to sacred conversation.

What Spiritual Care Actually Addresses

Spiritual needs are universal, even among those who do not identify with formal religion. Dr. Cooper names them plainly: the longing for connection with something greater than oneself; questions about purpose, suffering, and mortality; the desire for peace, forgiveness, and hope; the search for meaning in the midst of chaos and loss.

Spiritual care addresses these needs through listening, presence, and — when welcomed — prayer and the sharing of faith. Always, it follows the care receiver's lead rather than the caregiver's agenda.

The Ministry of Presence

At the heart of spiritual care is presence — the gift of being genuinely and unhurriedly available. Many people facing illness, significant loss, or the approach of death begin wrestling with ultimate questions they have never before had to face: Why is this happening to me? Have I lived well? Am I loved? Am I forgiven?

Caregivers often feel pressure to answer these questions. But Dr. Cooper writes that the goal is not to resolve them. It is to honour them. Asking “What’s been on your heart lately?” or “Where do you find peace when things are hard?” can open doors to rich and healing conversation. And sometimes, silent companionship alone carries more spiritual weight than any words.

Honouring Diversity in Belief

Spiritual care is most effective when it is genuinely non-judgmental. Care receivers vary widely — some hold deep religious convictions, others feel angry at God, still others may have no faith framework at all. Dr. Cooper urges caregivers to resist the temptation to assume shared beliefs or push for agreement. Instead, open questions create space:

- “Do you ever pray, or is that something you’ve moved away from?”
- “What brings you comfort when you’re afraid?”
- “Are there any spiritual practices that still mean something to you?”

If someone declines spiritual engagement, that choice deserves full respect. Your role is to be a compassionate, attentive presence — not to redirect the conversation toward faith.

Gentle Tools for Spiritual Accompaniment

When it is appropriate and welcomed, Dr. Cooper offers several spiritual practices caregivers can draw on:

- Deep listening: Often more powerful than any theology or advice.
- Scripture: Shared gently, verses of comfort or hope can bring peace when timed with sensitivity.
- Prayer together: Always ask first. If declined, you can still pray silently in your own heart.
- Music: A hymn or worship song can open the heart when words alone cannot reach it.
- Storytelling: Invite the care receiver to share their life, their memories of faith, their values. These stories carry dignity and healing.
- Sacred space: A candle lit, soft music played, or simply a comfortable silence can signal that this moment is holy.

The Caregiver's Own Spiritual Life

Spiritual care flows most naturally from caregivers who tend their own inner lives. Dr. Cooper is direct: if you are spiritually dry, you will not be able to offer what others need. Daily prayer and reflection, honest engagement with your own doubts and questions, connection with your faith community, and the practice of bringing your caregiving experience before God — these are not extras. They are the source.

KEY TAKEAWAYS

- Spiritual care is relational and accompanying, not instructional or agenda-driven.
- Everyone has spiritual needs, even those with no formal religious identity.
- Presence is the foundation. Be available, attentive, and honour the questions people carry.
- Never force faith. Invite spiritual conversation and let the care receiver lead.
- Open-ended questions explore where people find peace, meaning, and strength.
- Spiritual tools — Scripture, prayer, music, silence, storytelling — are offered gently and only when welcome.
- Your own spiritual life is the source of what you give. Tend it faithfully.
- Respect different beliefs and honour diverse frameworks without judgment.
- Healing happens through connection — to God, to others, and to one's own deeper self.
- The Holy Spirit works through your care even when you cannot see or measure it.

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Dealing with Depression

Recognizing, Responding to, and Walking Through the Shadows

Dr. Cooper closes *My Turn to Care* with a powerful and compassionate chapter on one of the most common, most misunderstood, and most painfully hidden struggles in the caregiving journey: depression. He brings to it the same warmth and honesty that characterises the entire book — removing the stigma, naming the reality, and offering a path forward that is grounded in both clinical wisdom and deep faith.

Caregivers are, Dr. Cooper notes, among the most vulnerable to depression. Long-term, emotionally intense care; relentless exhaustion; accumulated grief; unresolved guilt; the grinding reality of a loved one's ongoing decline — these are fertile conditions for depression to take root. And yet the caregiver is often the last person to acknowledge it, and the least likely to seek help.

He defines depression as far more than sadness. It is a persistent condition that affects emotional, cognitive, physical, and relational functioning — one that deserves to be taken seriously, treated professionally, and accompanied with grace.

Recognising the Signs

Dr. Cooper urges caregivers to be attentive to these indicators of depression, in themselves as much as in those they care for:

- Persistent sadness, emptiness, or a flat emotional tone
- Loss of interest or pleasure in activities that were once meaningful
- Disrupted sleep — either sleeping too much or far too little
- Pervasive fatigue and low energy despite adequate rest
- Feelings of worthlessness or disproportionate guilt
- Difficulty concentrating, making decisions, or following through
- Withdrawal from friends, family, or social engagement

- Thoughts of death or suicide

These symptoms should not be ignored, minimised, or prayed away. “You matter too,” Dr. Cooper reminds the reader directly. Depression left untreated does not improve on its own, and the cost of ignoring it is borne by the caregiver and everyone who depends on them.

Understanding Depression Through a Spiritual Lens

One of the most powerful sections of this chapter confronts the way depression is often treated within Christian communities. Many people assume that depression reflects a lack of faith, unresolved sin, or a spiritually weak character. Dr. Cooper dismantles this harmful assumption with both biblical evidence and pastoral clarity.

Elijah collapsed under a tree and begged for death. David wrote Psalms saturated with despair. Job raged at his suffering and demanded explanation. Jesus Himself cried out from the cross, “My God, my God, why have you forsaken me?” Faith and depression are not incompatible. The presence of one does not eliminate the other.

Depression is most accurately understood as a complex interplay of biology, trauma, life circumstances, and emotional depletion. It is not a spiritual problem with a purely spiritual solution. Theological humility and genuine compassion — not diagnosis or judgment — are what those in depression most need from the people around them.

Practical Steps Toward Healing

While depression can feel immobilising, Dr. Cooper outlines a clear and compassionate pathway forward:

- ✓ Talk about it. Name the struggle. Depression gains power in silence. Begin with one trusted person — a friend, a pastor, or a doctor.
- ✓ Seek medical help. Depression often requires clinical treatment. A combination of medication and therapy is effective for many people.
- ✓ Reduce isolation. Stay connected, even in small ways. Brief social contact matters more than it may seem.
- ✓ Restore rhythms. Return to life-giving practices: gentle exercise, regular sleep, adequate nutrition, prayer, and time in fresh air.

- ✓ Adjust expectations. Healing takes time. Do not demand fast progress from yourself or from others.
- ✓ Lean into grace. God's love is not contingent on your performance or your mood. He sees you, holds you, and is not ashamed of your pain.
- ✓ Take suicidal thoughts seriously. If there is any hint of suicidal thinking — in yourself or in the person you care for — treat it as the medical emergency it is. Seek immediate professional help.

How to Support Someone Living with Depression

For caregivers who are walking alongside someone in depression, Dr. Cooper offers specific, grounded guidance:

- Be patient. Avoid the impulse to cheer them up or minimise what they are experiencing.
- Do not offer shallow answers. Phrases like “just pray more” or “count your blessings” cause harm.
- Sit with them. Your presence is often more therapeutic than any advice.
- Encourage professional help, warmly and without pressure.
- Remind them gently of their worth — not their performance or their usefulness, but their inherent dignity as a person.
- Offer to help with small, concrete tasks that may feel impossible to them.
- Remain alert to signs of suicidal thinking. Take them seriously and act immediately.

There Is Hope

This final chapter ends where the entire book has been pointing: toward hope. Not a shallow optimism that minimises the reality of what caregivers carry, but a deeper assurance grounded in the character of God. Depression can feel like a pit with no way out. But many people do recover. Many emerge with a deeper compassion, a richer faith, and a more honest relationship with themselves and with God.

Just as there is no shame in needing a cast for a broken bone, there is no shame in needing help for a broken heart or a weary mind. You are not alone. God does not abandon us in the dark. And in caring faithfully for others through the hardest seasons of their lives, you are doing something genuinely sacred.

KEY TAKEAWAYS

- Depression is not weakness. It is a real, serious, and treatable condition.
- You can have deep faith and still experience depression. Many biblical figures did.
- Break the silence. Depression strengthens in isolation and weakens when spoken.
- Seek professional help. Medication, therapy, and support groups are legitimate and often essential.
- Avoid clichés. Depression does not need a pep talk — it needs presence, compassion, and care.
- God does not abandon us in depression. His love remains steady in the darkest valley.
- Take suicidal thoughts seriously. Act immediately — this is a medical emergency.
- Rebuild rhythms of rest, movement, connection, and prayer as foundations of recovery.
- Support others with patience, presence, and practical help.
- There is hope. Healing is possible, and no one is ever truly alone.

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My Turn to Care is available on Amazon.

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