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# A Ministry of Care

*Pastoral Care Guidance for  
Deacons, Stephen Ministers,  
and the Congregation of  
River Road Church, Baptist*



RIVER ROAD CHURCH  
BAPTIST

+ thoughtful faith +

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## ***Grief Following a Significant Death or Loss***

There are several grief responses to the loss of a loved one, and each person grieves in their own way (we tend to express our grief as our families did). Grief can be *anticipated*, *arrested* or *delayed*. Grief occurs in major changes: miscarriage, divorce, moving, retirement, etc.

1. *Shock*: The stunning reaction to the news of a sudden loss leaves us in disbelief; we say little, express little, feel little, appear dazed, disoriented. Denial may set in for a while (“it didn’t really happen—it’s a bad dream”).
2. *Numbness*: We go through the routine of necessary chores, mechanically doing what we have to do; feeling is distant; there is a protective “anesthesia” to our pain and loss.
3. *Flow of emotions*: We eventually “let go,” cry, and release stored-up feelings. The tears may come unexpectedly, and for long periods of time. Weeping may surprise us by its suddenness—or length.
4. *Depression*: Feelings and emotions are often internalized as a “flat” feeling and depression, a listless and dreary sense, and a withdrawal into private pain (and often very negative “internal” conversation).
5. *Bouts with Anger, Guilt, Shame*: Normal reactions to death next involve struggles with anger (at ourselves if we think we could have prevented it/at others, for unrealistic expectations about their actions/at God, for allowing the death). Guilt usually focuses on things we did, did not do, said or did not say, as lack of control and lack of closure haunt us; shame often prevails in families after suicide—as if they could have prevented it.
6. *Stabbing memories*: Unpredictable moments of sudden “flashback” returns to the memory of a conversation, an event, a gesture, a habit, an experience shared with the deceased; flow of strong emotions, heavy “emptiness.”
7. *Selective reflections*: Quiet, difficult moments when we tend to “go back” and reflect on either all the “bad” memories, or only the “good” memories, so that we dwell on what seems unresolved or unforgiven in the wake of the sudden interruption of contact and death of the person. Idolatry can set in (“everything they did was right,” “they were perfect”, etc.).
8. *Return to a routine*: We take up our schedule and our daily routine, doing what has to be done, with little joy or excitement, but performing required tasks and necessary behaviors “to keep going”; feelings are “flat” and joy is rare.
9. *Recovery of hope and joy*: Tears & depression fade slowly; interest and commitment for new develop emerges—like healing a wound (over a year).

## ***Visiting an Ill Church Member***

People who are ill at home, in the hospital, and in nursing homes need care far beyond medical attention. Especially at this time of year, we can find ourselves in hospital elevators or pulling into unfamiliar driveways to offer a kind word and warm presence. Before you visit, though, consider the following suggestions.

1. Always call before you visit. Even in rural and informal settings, there are too many unpleasant surprises and awkward possibilities for the family and caregiver. For example, you may find someone so ill that they need no visitors; you may come during a mealtime; you may find the person sleeping, not needing to be disturbed; or you may find only one person at home, creating a delicate situation if they are of the opposite gender.
2. Calling ahead is also good use of your time because you can avoid an unnecessary trip. If calling on the telephone is not an option, always respect the family's privacy by asking questions like these before you enter the home: "Is this a good time to visit?" "Would you rather I come by another time?" "When is the best time for visitors?" Sometimes a quick visit at the door provides all the information you need for rescheduling, and your mere presence communicates your interest.
3. Only carry flowers if you know the parishioner has no breathing problems. Only carry food if you know ahead of time that it will be appreciated. Only stay longer than fifteen minutes if the person you are visiting is anxious and truly desires to talk longer about a concern.
4. Make sure that you position yourself in a way that makes it easy for a bedridden person to see and talk with you. Avoid getting close to the bed or jarring a recovering surgery patient.
5. Offer to shake hands or touch only after you know that it will neither hurt nor bother the patient. Be aware of sore arms from IVs.
6. If a patient whispers, they may have a sore throat from tubes placed in the mouth during procedures. Be considerate and don't overwhelm them with questions they feel obligated to answer.
7. If a sick parishioner invites you to stay longer when you prepare to leave, consider it a gesture of kindness on their part, but don't linger. Sick or recovering patients often don't realize how tiring a visit is until it ends.
8. If you are comfortable doing so, offer to pray as you conclude your visit. Focus on the patient's needs, avoid long prayers and "empty phrases" (Matthew 6:5-7), and ask the parishioner if there is anything they would like for you to pray about.
9. Before you leave, ask if there is anything you can do for them—an errand, a message, a favor, a call, etc.

10. Make sure someone at the church office knows that you visited and knows what you learned about the patient's needs and preferences. This information will help them schedule other visits.

This article is an excerpt from [Crisis Ministry: A Handbook](#) by Daniel G. Bagby and originally appeared on [Coracle](#).

## ***Assumptions I Make about Relationships with Challenging People***

1. I am only in control of how I relate to another person.
2. I do not/cannot change another person—only set boundaries on what they are allowed to do.
3. Persons who choose to can alter/change the way they themselves act/relate.
4. I have no choice *not* to relate to some challenging persons—the only choices I have are when to initiate, how to initiate, and how to respond to them.
5. The patterns of responses I find *difficult* to relate to are partially a function of my emotional history with certain relational dynamics.
6. Anxiety and frustration are emotional responses I can learn to exercise some control over (I can become a “less anxious presence”).
7. Some persons learned difficult behaviors in order to cope with stress, some out of poor modeling, some out of anxiety, some out of a desire to control (power), some out of pain, some out of self-care.
8. Some patterns of responses that are difficult for some people may not be difficult for others (we collect our own).
9. Some dysfunctional (unhelpful) ways of relating are systemic and have developed in families for several generations.
10. It is neither irresponsible nor inappropriate to choose to avoid some difficult relationships as much as possible.
11. Humor, realistic expectations, prayer, and self-talk all contribute to an increased capacity to respond well to the people I find “difficult.”
12. Stress and accumulated frustration add to the challenge of responding effectively to strained behavior.
13. Some persons are actually very difficult to relate to—period (I cannot relate well to everyone—ask Jesus).

## ***Forgiving Others: Issues and Challenges***

### **Issues that affect our willingness to forgive:**

1. We want someone first to *take responsibility* for the harm or hurt they caused.
2. Sometimes we want someone to understand the amount of pain caused.
3. Sometimes the people to forgive are “invisible” or unknown.
4. In early stages of healing the pain is still too great to “release” the offender.
5. Sometimes we want the offender to suffer for a while—because we have.
6. We struggle with whether offering forgiveness takes the deed too lightly—or betrays a cause or person.
7. A major myth: that withholding forgiveness only harms the *offender*.
8. We suspect that forgiving restores a relationship to its *original* place.
9. We may believe that forgiving is an expression of weakness.

### **Presuppositions that shape Biblical forgiveness:**

1. Retaliation does not satisfy; it multiplies injury and alienation.
2. Unresolved forgiveness injures and debilitates the offended (victim).
3. Forgiveness assumes taking anger, pain, and sorrow seriously.
4. Forgiveness is a process, not only an act of the will (first step).
5. Forgiveness is an expression of strength (not weakness).
6. Processing forgiveness creates an experience of freedom—not control.
7. Forgiving need not depend on acknowledgment or accountability.
8. Initiative in the journey of forgiveness is critical to reconciliation.
9. Forgiveness does not mean returning to the same prior level of trust with the offender (some people are not capable of our prior level—need boundaries).

### **Steps in Forgiveness:**

1. Acknowledging the hurt, betrayal, or failure.
2. Expressing the pain, anger, and sorrow the offense creates.
3. Employing the anger, pain, and grief as expressions of care in a relationship.
4. Gradual willingness to let go, heal, and move on.
5. A redefining of the relationship to account for the change (boundaries, caution, trust, vulnerability): Some people deserve the gift of “partial trust.”
6. An individual journey, with chapters and a story all its own.



## ***Forgiving Self: Why we Struggle and How to Heal***

### **For what do we have the most trouble forgiving ourselves?**

1. For something never done, or something never said.
2. For a tragic incident or event that defines us in our eyes.
3. For repeating irresponsible behavior (Obsessive/Compulsive).
4. For the “shadow side” in us for which we are ashamed.
5. For sin/sins for which we believe we have not “fully” paid.
6. For irreversible loss which we cannot repair (regrets).
7. For abuses in which we may have participated (emotional/physical/sexual/spiritual).
8. For being angry at God—or not ready to forgive someone.
9. For not being someone else (someone better?).
10. For whatever we consider unforgivable (Judas vs. Peter).

### **Common toxic messages we carry:**

1. If people really knew what I did, they would reject me.
2. I make so many mistakes that I am inadequate as a person.
3. I am ashamed of something which has blemished me for life (universal).
4. Unless I can permanently conquer a weakness I have, I am of no value.
5. What I’ve done is unforgivable. I must pay for the rest of my life (I will never be joyful again).

### **How we heal:**

1. We acknowledge/recognize the wound.
2. We face our need to punish ourselves/free ourselves.
3. We struggle, regret, and repent (a season of sadness).
4. We confess (to safe, grace-filled people).
5. We identify how we must atone in order to accept forgiveness.

6. We move on (emotionally & spiritually): I'm not the sum of my mistake.
7. We embrace the future as a means to make repair (a season of grace).

**Recurring steps to practice:**

1. Acknowledge the hurt or failure.
2. Express the pain, anger, and sorrow the offense creates.
3. Employ the pain and grief as expressions of care in a relationship.
4. Gradual willingness to let go, heal, and move on—to avoid doubling the harm.

## ***Forgiving God: Issues and Questions***

### **For what do people have trouble forgiving God?**

1. A significant loss or tragedy in life.
2. A perceived breach in a covenant or agreement with God.
3. A strong sense of the injustice or unfairness of an event.
4. Perceived silence of God in the face of a crisis.
5. Extended personal suffering (physical/emotional/spiritual).
6. For having power to change a tragedy, and not doing so.

### **Assumptions that affect our forgiveness of God (modified from Lewis Smedes):**

1. We hurt.
2. We hate (rage).
3. We heal.
4. We come together.

### **How do we forgive?**

1. Slowly.
2. With mystery.
3. Partially.
4. With caring anger.
5. Surrendering our need to control.
6. Grieving and wishing it weren't so.

## *After Suicide Care*

1. When a suicide has occurred, the surviving family faces not only the trauma of sudden loss (deep grief), but the sense of helplessness, questions about whether they could have prevented it, and struggle with talking about it. So do some of the closest friends of the deceased person.
2. A suicide survivor is anyone who is grieving the loss of someone who took their own life. (In this country more people take their own life (suicide) than are killed (homicide).)
3. What's ahead for the survivor? A "gaping hole" that cannot be replaced by anyone else, and a lot of pain, anxiety, and heartache. Survivors need continued care. They will grieve for a long time, and many of their friends will say nothing to them for fear of saying the wrong thing. Help them share a word of care—even: "I don't know what to say—but I continue to think about you, and pray for you."
4. Help survivors understand that there are very few people who can understand how they feel. Help them know that grief will take a long time—and that they will become dejected several times during the first and second year after the death.
5. Bewilderment and guilt are natural reactions among family members and friends, who try somehow to understand why the person killed themselves—or if they themselves could have been more responsible and prevented the death. We cannot keep someone from committing suicide if they want to—but loved ones struggle to deal with the complicated mystery of such a disturbing way to die.
6. Nightmares, bouts with shame, and deep feelings of sadness occur repeatedly. If the deceased person had suffered for a long time, the survivor is usually also relieved that they are not hurting anymore—then feel guilty that they feel relieved....
7. Anniversaries and holidays can prove to be quite difficult for the survivors; those left behind not only remember a birthday or a special occasion, but the day of the death on a weekly, then monthly, then annual basis. A note or a call to them can mean a great deal, especially with a prayer and a wish for God's presence for them.
8. Let a minister help survivors with how to talk with children and young people about suicide. Though some people would prefer to pretend that a death was not a suicide, it takes a great deal of energy to hide that reality—and it is a favor to family and friends if the truth is stated—without long explanations.
9. One of the best gifts surviving adults can offer young people and children in their communities (churches) is to model the normal expressions of grief as they experience them themselves: sadness, tears, numbness, depression, anger, bouts with guilt, helplessness, painful memories, privacy, and struggle with words. Children/youth not only learn from adult behaviors about what is normal in grief

but are reassured that their own thoughts and feelings are natural and appropriate (and can be shared).

10. Family members and friends at some point will inquire or wonder about God and suicide. Much has been said that confuses people about suicide (an “unforgivable sin?”) that many people have only heard that common misperception. Make sure a pastor (or a mature layperson) is available to spend some time interpreting the love and grace of God in the face of suicide (how do any of us know what is between God and a dying person in the agony of a pain sufficient enough to elicit suicide?). Contrary to what some people may think, the Bible says very little about suicide—and mostly treats it as an occurrence in the struggle with human failure (1 Samuel 31:4; 1 Kings 19:4; Matthew 27:3-5).
11. There is an organization called Suicide Awareness/Voices of Education (SAVE) available in some localities, offering support groups for survivors of suicide. Your town may have an American Suicide Foundation support group, or one established by the American Association of Suicidology. If a support group is not available for survivor recovery, ask clergy and congregations in your area to help provide one—and invite suicide survivors to join grief support groups like it.

## ***When Someone Has Lost a Loved One: What to Say, What not to Say, What Helps***

1. Don't say: "Please don't cry!" Tears release the pain & stress. It's a trust.
2. Don't give unsolicited advice—especially on what to feel or how to feel.
3. Don't remind the survivor of the deceased's faults.
4. Don't say, "It's all in God's plan." How do you know what God wanted?
5. Don't avoid the survivors because you do not know what to say. Listen.
6. Let them say, "I'm glad she's no longer suffering," first.
7. Don't say, "It's time to get on with your life. Move on," or "get over it."
8. Avoid criticizing or judging.
9. Don't interrupt a survivor when they start talking about death/loss.
10. Don't say, "I know how you feel"—unless you've had the same loss!

## ***Common Myths Regarding Grief, Loss, and Recovery***

1. If I don't bring it up, they won't hurt (they are already hurting).
2. People who grieve want me to "fix" their pain (grieving people need acknowledgment).
3. The best way to deal with loss is to "move on" (grief takes its own time).
4. Grief anger is bad for people (anger can be a form of care).
5. If people don't show emotion, they're "over it" (some people are private, some delay grief).
6. People of strong faith don't grieve deeply (loss and pain are signs of love).

## ***Care of Children in Grief***

### **General Principles:**

1. Death education (thanatology): Should occur at each stage of childhood.
2. Create a caring relationship (children suffer more from loss of parental support than from the death itself).
3. Questions are often asked not so much for information, but to process reality.
4. Sensitivity and warmth/ communication of acceptance/ desire to understand.
5. Any child mature enough to love is mature enough to grieve.
6. Factors influencing a child's response: developmental age of child, relationship with the person, nature of the death, the child's personality, availability of support, former experiences with death.
7. Common childhood responses to grief:
  - a. lack of display of feelings
  - b. physiological changes
  - c. regression/"adult" role
  - d. disorganization & panic
  - e. explosive emotions
  - f. acting-out behaviors
  - g. fear/guilt/self-blame
  - h. relief (extended crisis)
  - i. loss/emptiness/sadness
  - j. reconciliation
8. Skills in caregiving: Attending/acknowledging/listening/responding with empathy/paraphrasing/perception checking/pacing/questioning/summarizing (see Alan Wolfelt, *Helping Children Cope with Grief*).
9. Tell-A-Story exercise.

**Grief can also be:**

1. Ambiguous (MS, Alzheimer's, Mental Illness)
2. Anticipated (Separation, move)
3. Arrested or Inhibited (somatic symptoms)
4. Delayed / Conflicted / Chronic
5. Disenfranchised Grief (AIDS, Abortion, Suicide, Rape)
6. Unanticipated (Accident, Homicide)

**Caregiving issues:**

1. Make sure you do your own grieving.
2. Examine your own foundational attitudes/beliefs about grief/death.
3. Gather grief information/resources.
4. Be prepared for the intimacy of sharing someone else's grief.
5. Recognize our limits: know when to introduce/refer.
6. Let the griever teach you about her/his grief road.
7. Know that you are not alone.



## ***Caring for the Aging***

1. Allow parents as much independence as they can handle: every autonomous activity taken away reduces freedom and self-esteem.
2. Prepare mature adults by regular dialogue on changes: Even those who face imminent change will adjust better with several opportunities to discussion needed or upcoming changes.
3. Where possible, provide options a senior adult may choose from; choices extend independence, self-governance (state remaining choices clearly).
4. Where major changes are necessary, invite/solicit family member participation (the gathered family symbolizes joint responsibility).
5. Review options and study available choices in independent living, nursing care, total care, critical care, hospitalization, finances, and insurance coverage. Consult on “power of attorney” needs.
6. Remember that you and your family member are both moving through a grief transition, and that denial, depression, bargaining, anger, and cooperation are normal stages toward acceptance of change (and loss).
7. Personal safety is a major issue: if driving, cooking, or living alone are no longer safe, secure “witnesses” to ensure changes: ministers, police officers, doctors, nurses, and other authorities may be needed to convince family member to disengage from an activity; offer options if possible!
8. Read material on senility, Alzheimer’s, and other possible events in your family life, so that you will understand when it is “not your mother or father talking” when you are “told off” or abused.
9. Exercise as much patience as prudence allows, listening longer, expecting less, adjusting to the loss of your parent as you knew her/him; you may need to prepare to say goodbye gradually to a loved one who is only a shadow of the person you once knew.
10. Energy and perspective are needed in the care of a parent; expect consumption of much emotional energy in caring, especially if at home; make sure all who live with you have been consulted before you bring any older adult to live in your home (the whole family system is traumatized).
11. Rely on the church as a community of faith to offer activities and opportunities of service for a senior adult, and support for you, along with workshops where you may be equipped and encouraged as you make tough decisions because you love.
12. Join (or form) a support group for children of institutionalized parents, so that you have a compassionate and understanding sub-group to meet with regularly.

## ***Caring for the Guilt-Ridden***

Realization that one has done wrong by violating an ethical, moral, or religious principle held by the community to which we are linked. Usually *associated with an act or behavior*, but not always with feelings (we can “be” guilty without “feeling” guilty).

Theologically interpreted as a sign that one is alienated either from God, others, or self (or all three). Developmentally appears after shame, around the third to sixth year of life, and in response to an awareness (“consciousness”) of right and wrong.

### **Forms of Guilt:**

1. Arrested guilt: an intense preoccupation with behaviors or thoughts that prevent progress, resolution and healing in guilt.
2. Existential guilt: Awareness of a moral order, and our own fallibility.
3. Responsible Guilt: The capacity to realize error/fault, accept responsibility for it, and express remorse for its occurrence.
4. Unresolved Guilt: An inability to manage guilt in a responsible way as a member of a community:
  - a. Dysfunctional/Pathological Guilt: Internalizing guilt so that one is debilitated (neurotic or psychotic): “unforgivable”
  - b. Absence of Guilt: antisocial or dys-social (psychopathic).

### **Can guilt provide healing?**

1. The church over the centuries has provided some avenues for the resolution of guilt: Contrition, Confession, Restoration, Declaration of forgiveness, etc.
  - a. We often struggle with whether we feel “sorry enough.”
  - b. We frequently want someone to whom we may confess.
  - c. We are often seeking ways to “atone” or pay back the wrong.
  - d. Sometimes we fail to receive the confirmation that we have been forgiven.
2. We need a community of caring people who remind us regularly that we are accepted and loved regardless of our frailty—that all of us are fallible.

### **Considerations regarding doubt/faith issues:**

1. Believers who doubt are often struggling with doubt as an enemy of faith. Help them understand doubt as “foyer to faith.”

2. Believers who grow in their spiritual journey are often shedding “second hand beliefs” while searching for “first hand beliefs”—help them find patience “in between.”
3. Persons who struggle with doubt often believe they have quit believing in God—when they have actually quit believing in themselves (Elijah).
4. People who struggle with doubt often believe that they no longer believe—and may need to be reminded that the absence of belief is a form of belief...
5. Doubters wrestling with faith are often dealing with an unidentified barrier behind the presenting issue.
6. Sincere doubters may need to be reassured that God and Christ have shown patience and grace to struggling humans throughout history.
7. Discouraged people often describe themselves as without faith, identifying mood changes and disillusionment with absence of faith.
8. Some doubt issues relate to genuine struggles with inconsistent or literal interpretations of God’s action in the world.

**A few suggested responses:**

*When someone wonders if they can be forgiven:* Try reading Romans 8: 1, 35-39. “The Scripture reminds us that NOTHING can separate us from the love of Christ—if we ask for forgiveness.” All of us have sinned at some point and fall short of who we could and should be—but the power and beauty of God’s promise is that we can be forgiven—and are forgiven. John 3:17 also reminds that “God sent his son into the world NOT to condemn the world, but in order that the world might be saved through him.”

*When someone wonders about a person who took their own life—and their relationship with God,* I usually say—We have no idea what private communication anyone has with God in troubled times; and I also know that God understands the heart and the pain of anyone whose struggle is so intense that they want relief from its power. Only God knows what transpires between a troubled believer and God—and I trust God’s nature of grace and mercy to preside over and embrace any of His wounded children. Isaiah 53—He is acquainted with grief and suffering...and by his stripes we are healed....

*When someone wonders if they can forgive themselves,* I ask them to consider whether they have a deeper insight than God—as to how much God will forgive—and who has already forgiven them...

*When someone has said that they don’t believe in God,* I usually ask them what kind of God they don’t believe in—and after they’ve described that “God”—I usually tell them that I don’t believe in “that” God either. Then wait let them ask me more....

## ***Abortion, Miscarriage, and Pastoral Care***

### **Theological presuppositions (questions—and how they are answered—shape individual responses):**

1. Is every impregnation (sperm meets ovum) willed by God?
2. Does life begin at conception?
3. Is an action to prevent fertilization an interference in God's will for life?

### **My Own personal theological assumptions:**

1. God has given human beings the power to exercise their own will.
2. God's will is not always done on earth.
3. Every human being has been given the equipment to participate in creating life (unless physiologically impaired).
4. Not every human being has been called to be a parent.
5. Not every fertilization is God's will.
6. Life does not begin at fertilization.
7. Life does begin prior to viability (mystery).
8. The safety and preservation of a mother's life is a priority.

### **Practical Care:**

1. Almost everyone in a church dialogue setting on abortion bases their position on moral issues—and believes in the sanctity of life.
2. Every impregnation, miscarriage, abortion, birth, and adoption are identity modifying events.
3. Every experience of fertilization introduces the reality of loss.
4. Privacy and prayerful evaluation are family issues.
5. Reflection and reassessment are cyclical (recurring).
6. Dialogue should include both parties.
7. Interpretation of sin should include perspective (nothing is unforgivable).

## *Caring for those who are Homebound*

### **Questions for homebound member visits:**

1. In what ways may the church be more sensitive and responsive to your needs as a church member here?
2. What have been your most challenging adjustments in the last few months (years), and in what practical ways may members of our church assist—or care for you?
3. Which of the following are your greatest concern here: personal security (living where you do), physical limitations, emotional isolation from friends/church members, spiritual adjustments (losing contact with fellowship, feeling distant from faith of yesterday, winter changes, discouragement, etc.)?
4. How frequently do you wish to be contacted—by telephone, by a member of the church (deacon, particular friend)? How often would you prefer that the pastor call—or visit? Is there someone in particular you'd like to see come by?
5. Do you need any care or consulting in regard to your financial or personal affairs (confidentiality kept, of course)? How secure do you feel about your present arrangements, living plans, etc.?
6. Is there some errand any of us in the church may run for you—or something that needs repair? Would you like one of our deacons to stop by to make sure that all is well in your house?
7. Is there some ministry that you'd like to participate in that the church is doing—or something you'd like to do from your home—and need more information about? (Our homebound members did a lot of calling and letter writing to members and visitors).
8. Are you receiving our newsletter—and is there more information about what the church is doing that you need to receive?
9. What are the best times to visit, call, or write you?

## ***Praying with a Church Member***

1. There are occasions when a prayer early in a conversation will not only reassure a parishioner (that you really are a deacon or caring church member), but also give you a clue about their major concerns: “I can see that you are distressed. Is there anything in particular that you would like for me to pray about for you?” Listen to their answer. Take it seriously.
2. Sometimes we can use the “Pauline” example of telling people that we are going to pray for them—and telling them in the process what we are going to pray about: “I’m going to be praying for you, that God may give you peace of mind during this pressured time, and that you may sense God’s presence when you feel most alone or isolated; I will also pray that God may give you courage and strength as you face some of the news you’re waiting for, and that God will give your family sensitivity and understanding to help you in ways you most need help right now. My prayer also is that God will give you patience when you need it, wisdom for choices you may have, and comfort when you hurt and need relief....” (this is longer than usual, for an example). Sometimes the setting or situation is not conducive for praying at that moment; but you can state what you will be praying about. Such specific prayers also tell your friend that you have been listening to her/his heart and words.
3. Prayer can sometimes instruct and offer care to persons who have certain unmentioned needs which you surmise are there—but which they have not acknowledged. Your prayer then helps them accept some normal feelings they might be trying to deny; it may also assist them to understand how to pray for themselves: “Dear Lord, you understand this dear person’s struggle as no one else; help her in this distress, to trust you with her pain; when she is in pain, strengthen her through her anger and misery. When she wonders if you care, help her remember your agony as You watched your own son die, and waited helplessly by. Remind her if she becomes impatient and frustrated with you, that you love her enough to outlast all the bitterness she may feel, even as you did so many times with your beloved Israel....”
4. Don’t pray too long; few people need it. Remember to pray for family members, and concerns expressed. Avoid generalities; Jesus called them “vain repetitions.”
5. Don’t promise things in prayer you can’t deliver—and God may not. When asked if you would pray that your patient may be delivered from terminal cancer,(what’s your theology?) respond : “I’ll be glad to pray for your healing, and know that miracles can happen; I will also pray that if it is not possible for you to heal, that God may grant you every possible comfort, and the strength to face the pain you feel, and that God will walk with you as a sure presence even if it must be through the valley of the shadow of death....”

## ***How to Care for and Listen to those who are Detached or Alienated from Church***

**The marginal church member often fits one of these experiences:**

1. The alienated
2. The depressed
3. The detached
4. The grieving

The caregiver in a local church represents the congregation and its care, and can evoke all the parishioner's past and recent experience with the church, God, and the unfinished business of their spiritual journey, its hopes, pains, and prejudices.

**The caregiver often encounters:**

1. Polite dismissal and avoidance
2. Overt rejection or anger
3. "Masking" of feelings ("religious talk" to please the religious)
4. Suspicion and caution
5. Apathy
6. Need to talk

**Factors in the Marginalizing of Church Members:**

1. General sense of alienation from institutions today.
2. Attempt to protect oneself and establish boundaries & privacy.
3. Seasons of the soul: What I needed then I don't need now.
4. Change: This is not the same congregation I joined.
5. Unclear covenants: I only joined for certain rituals .
6. Unvoiced/unmet expectations: unattended crises/perceived lack of initiative.
7. Fear of exploitation/disappointment with the "church."

8. Church's failure to assume responsibility for mistakes; its irrelevance.
9. The reluctance of the church to bless the need for renewal/recovery.

### **Signals as folks create distance:**

1. Change or pattern of distance in attendance record.
2. Specific crisis & prolonged disability (never returns).
3. Evolution of "spiritual plateau."
4. Pattern of isolation or dysfunction in family system.
5. Characteristic evidence of private lifestyle.
6. Expressed concern by friends/ suggesting need for investigation.
7. Disengagement consistent with "family involvement" patterns .
8. Pattern of sequential church affiliations (three to seven years).
9. Dissociation from other significant affiliations.

### **How to approach marginal members:**

1. Respect privacy by calling on the phone to identify your role. Describe your purpose, ask for input, give permission not to get it.
2. Write a note, indicating your role and your desire to be of service. Suggest information about personal journey of last year, the year ahead, and family preferences: call me (when), I'll call, write me, visit me.
3. Listen on the phone (but some people hate it); drop a note on certain anniversaries. When listening: validate feelings, affirm value of opinions, ask for suggestions. Ask if a pastoral/deacon visit is desired. No agenda.
4. Give them permission for privacy, for sabbatical, for feelings, for conflict.
5. Call periodically to inform them of special events—AFTER you gain permission to leave such information on the recording.
6. Express care for the fellowship if a crisis occurred and no one knew.



## ***Impact Scale for Change and Stress Events***

(Adapted from Thomas H. Holmes, MD)

Death of a Child .....	100
Death of a Spouse .....	92
Divorce .....	73
Marital Separation.....	65
Jail Term .....	63
Death of a Close Family Member .....	63
Personal Injury or Illness.....	53
Marriage .....	50
Loss of Job.....	49
Marital Reconciliation .....	45
Retirement.....	45
Pregnancy .....	45
Broken Relationship .....	45
Geographical Move.....	42
Sexual Adjustments .....	39
Gain New Family Member .....	39
Business Readjustment.....	39
Change in Financial Status .....	38
Death of a Close Friend.....	37
Change to a Different Line of Work .....	36
Increase in Spousal Arguing .....	35
Mortgage over \$200,000.....	31
Foreclosure/Bankruptcy .....	30
Child Leaving Home .....	29
Trouble with In-Laws .....	29
Outstanding Personal Achievement.....	28
Spouse Begins or Stops Working .....	27
Child Secures Driver's License.....	23
Trouble with Boss .....	23
Local Change in Residence .....	20
Reduction of Family Get-Togethers .....	15
Loss of a Pet.....	12
Christmas .....	12

### **Notes about stress:**

1. Stress activates the body's "fight or flight" immune system; symptoms include hyperactivity of adrenal cortex, shrinkage of the thymus gland & lymph nodes, and appearance of gastrointestinal ulcers.
2. The primary cause of stress responses is an internal (self) evaluation that a situation(s) is exceeding one's capacity to cope. Rapid change can challenge

people's confidence; responses are physiological, but also emotional: anxiety, depression, irritability, rapid mood swings. Lower immune system protection.

3. Physical stressors: noise, crowding, etc. Organizational: group demands and expectations. Interpersonal: angry, demanding, aggressive, pessimistic persons. Intrapersonal: demands on oneself (irrational guilt, unrealistic expectations, distorted evaluations of self and situations).
4. Stress management: Body has restorative powers. Relaxation and exercise help much (three times weekly); meditative prayers are significant; nutrition balance; assertiveness, time management, and self-conversation are essential.

## ***Stress and Anxiety Care***

### **Ten main stressors:**

1. Compressed time: Frazzled from hectic daily schedules.
2. Communication overload: Information glut (cell phone/texting).
3. Disconnection of significant relationships.
4. Cost and enticement: What it costs to live.
5. Competition: for adequacy/place/recognition.
6. Depersonalization: Rudeness, loss of respect.
7. Dependence on technology: pace requires flawless perform.
8. Change: Happens at quicker pace; out of our control.
9. Struggling with expectations.
10. Complexity: Balancing more demands than ever.

### **Questions to ask:**

1. Feel continually rushed and pressed for time?
2. How long since you did anything fun?
3. Become more irritable or impatient as the month progresses?
4. Neglecting your health in any way?
5. Feel dissatisfied or discontent with the past year?
6. Feel apprehensive about the family gathering?
7. Anticipating a change in your life you've been resisting or avoiding?
8. A relationship in your life that needs attention?
9. Plagued with the nagging sensation that something is missing in your life?
10. Headaches/anxiety/muscular tension/sleep/stomach/spending/  
appetite/irritability/tight, clenched jaw/worry/distracted/resentful?

## ***How to Find Sabbath in the Midst of Stress***

1. Light a candle, read Scripture.
2. Dinner table self-awareness & sharing: In what ways do you need hope, peace, joy, and love? Share with family, a friend .
3. Monitor your commitments and schedules (we include too much).
4. Make conscious choices and intentional choices about travel/family.
5. Combine reflection with exercise (gently) three times a week: What are my choicest memories of the season? What do I want “birthed” in my life? In what ways can I show the “Gift of Presence” to someone else?
6. Surround yourself with support; choose safe people/limit time with naysayers: Who raises your stress level—and who reduces it?
7. Schedule two sacred musical events into your season, and at least two worship events. Listen to your self-talk: Shed preoccupations while listening.
8. Connect with three persons a day: Invest in relationships by blessing them with a phone call, an e-mail, or a written note; don’t isolate yourself.
9. Choose compassion: Contempt and kindness are hard to hold together.
10. Take a nap on Saturday or Sunday: it’s sacred care of the soul.

### **When stressed, ask yourself these questions:**

1. Is this a *small*, *medium*, or a *large* annoyance?
2. How upset do I want to get, and for how long?

## ***God and Human Suffering***

The history of the Hebrew people reflects several biblical understandings of human suffering and healing. The Scriptures also interpret God's action in human affairs in a variety of ways. Here are the most frequently recognized and taught interpretations:

1. All human suffering is a consequence of sin, and people who are sick have sinned. This is probably the earliest of biblical answers for suffering, and it was based on the struggle of primitive believers to understand the mystery of disease.
2. Since God is all-powerful and omni-present, the early Hebrew also believed that God caused all suffering—for particular reasons.
3. Noting, however, that good people also suffered and fell ill, the people of God soon began to interpret sickness and suffering as also coming from evil sources—since a good God would certainly not punish good servants with suffering and pain. (the book of Job)
4. During the Exile, aware that their enemies fared well, the Jewish nation began explaining the human condition in terms of good and evil, and suffering as either from God—to teach a lesson—or from evil consequences to selfish decisions.
5. Some believers, having prayed to God and waited centuries for relief, began to expound the idea that good and evil each had their day, and that it mattered little how much one might pray—relief would only come in a life hereafter. (Ecclesiastes)
6. After the Exile, a new priestly class rediscovered a “theology of creation,” and identified a God Who gave people freedom (made in God's image) to participate in good or ill. (Genesis 1). Suffering is seen then as a consequence of choosing good or evil.
7. Jesus himself taught that “the sun and the rain falls on the just and the unjust,” further bewildering those who felt that God favored the believer. (Matthew 5)
8. The entire created order was soon understood to have been set free, and not following God's will in this world. Consequently creation, not always following God's will, also waits for redemption. (Romans 8) Hence three sources are now identified as capable of generating pain and suffering: chaos (accident), good (God), and evil (Satan: a personification of evil which appears by the fifth century before Christ, during the Persian Exile).
9. Jesus Christ instructs his disciples (who want to learn how to pray) to ask for God's Kingdom (power) to be exercised on earth, and God's will to be done (Matt. 6). Obviously to Jesus (a) God's will is not always done, and (b) we can ask to be part of God's kingdom and will.

10. Prayers of intercession occur early in the Hebrew Scriptures, and continue in the Early Church. The apostles and leaders of the church teach the value of intercessory prayer. (Romans 12, Ephesians 6)
11. Christ in Gethsemane is a reminder that in petitionary prayers we ask for what is possible in this world-and then defer to God's will in the mystery of some afflictions
12. Paul himself is aware that regardless of the faith of the believer, requests for healing do not always occur. He asks for the removal of his own "thorn," only to be told that God's grace was to be sufficient for him-suffering and all. (II Corinthians 12)
13. We know enough now about the human body to understand that certain chemicals are released in our blood stream (endorphins/peptides) and body which contribute to recovery and healing-even mood changes. We also understand that people who believe and have faith contribute to their recovery time. God works in our bodies for healing in every circumstance.
14. Perhaps the most difficult two issues for Christians over the centuries has been the challenge of:
  - a. reconciling how a good God can allow suffering and injustice to occur, and
  - b. how an all-powerful God can activate Self-limitations and not be totally in control in this world. My theological answers:
    - i. It is impossible to create the possibility of freedom for human beings without giving them the freedom to choose poorly and to destroy rather than to help and heal. In order to truly make us in God's image (free to choose for ourselves, among other things), God had to give us the freedom to reject what God wills and what God designed.
    - ii. The only way to provide freedom also means that God must give up control in this earthly sphere. Though in Jesus Christ God came to return the created order (the Kingdom of earth) to God's will, it is still being redeemed, and will not be completely redeemed until we all attain to eternal life—beyond this age. In the age to come, God will have the last say, and will exercise full control—but not now (or God would be playing a game with us in which we may choose whatever we want, but God will always make it immediately good. In such a world, there is no need for us to be moral—God will always fix it). So God cannot employ all of God's power in this world.
15. Healing and recovery in this world follow the design of renewal, recovery, and re-formation which God has placed in all the created order-as a natural expression

of God's grace and hope. Yet the healing and recovery forces in God's human creation must contend with the chaotic and evil forces in this world, which still have destructive power and dysfunctional influence. Our prayers of intercession are for all of God's creative, healing forces on earth to be focused on a loved one, and for the cooperation of that loved one in faith for the healing process.

Personal experiences of harm and tragedy have often raised the question among struggling loved ones: "Where was God when this happened?" And, in my sense and understanding of God, I've responded: "God was the first one crying...."

We can ask for God's divine power to interfere in the suffering of this world—but we then ask for a mystery we cannot explain. It is evident that divine power sometimes intervenes in unexplainable ways to create a miracle of recovery. We cannot know if/when that will happen—but we know it is not because anyone earned it—it is by grace—or not all—that anyone is miraculously healed. All that we can ask is "if it is possible..."

## ***Boundaries: Caring for Yourself While Caring for Others***

Setting proper *boundaries* in relationships is neither non-responsible nor selfish, but a thoughtful stewardship of time, energy, and opportunity—so that we may offer our best self to another. Jesus rested, paused, slept, and absented himself regularly—in order to be available and useful at appropriate times.

1. Know your stress signals: Stress signals are our body's advanced warning system that we are on "overload" —physically, emotionally, and spiritually. Pay attention to difficulty focusing, irritability, drowsiness, change of sleep or eating patterns, headaches, etc.
2. Listen to your expectations: We often place impossible and inappropriate requirements on ourselves: ("I will always be available," "I will please everyone," "I will feel cheerful about all requests," "I will make everything fit," "Loving someone is always doing what they want," "I will make them happy," etc.) Check toxic messages. Note "family scripts" also: "rescuer?"
3. Set limits so you will be available: If you do not choose when you will NOT be available, you will be unable to be available at most important times. Rest so that you can offer strength; withdraw so that you can offer perspective; resist so that you can properly accept. Indiscriminate care is irresponsible care. You need time for reflection and assimilation.
4. Monitor your own grief: In the face of change and loss, caregivers experience grief and sorrow—which requires some attention and energy to process. Don't pretend you need not do so; find time and place where you can (church groups?)
5. Schedule personal renewal: If you offer yourself some space to do a few things that nurture you, you will have strength and resources to nurture another. Otherwise, the "well runs dry". Exercise. Play.
6. Don't confuse emotional/spiritual fatigue with lack of faith or love: There are "winters of the soul" and days of shadows when we wonder about what we believe, where God is, and whether we will survive. Most of such struggles are not lack of faith in God—but in ourselves. Allow yourself to doubt—without fearing that you will lose all faith. But be careful not to isolate yourself.
7. Seek community—and Safe People: Don't try to care all by yourself—let others help—because it will be a gift to them. Choose carefully with whom to associate in crisis times—some "friends" are not safe people, but highly critical folks who draw energy from us—rather than give it to us.
8. Monitor your anxiety: The less anxious you become, the freer you are to help/serve others. As your anxiety increases, check your self-expectations, fear of inadequacy, and personal limitations. Watch over functioning and control issues.



## ***Dejection, Discouragement, and Depression and their Associated Myths***

Everyone experiences moments of disheartening, when “we lose heart” or find our spirit lowered. Continued low spirits introduce discouragement, which again carries the double term of “losing courage.” Increased intensity of discouragement can evoke depression, which is a more pervasive and enduring sense of loss of interest, joy, and passion in life.

Either of these distracting emotions occur in everyone’s life at some point. The heavier side of these distressing times are often misunderstood. Some of the common *myths* associated with levels of discouragement and depression are:

1. Depressed people want to be depressed.
2. I can beat depression with willpower.
3. Depression is caused by unconfessed sins.
4. People who are depressed have a weaker faith.
5. You’re only depressed because you are feeling sorry for yourself.
6. It is easy to tell when you are depressed.
7. Depression is really just boredom.
8. Depression is a waste of time.
9. Christians understand & show support of depression.
10. I can avoid depression by working harder/longer.
11. I’ll never get over my depression, or have more energy.

## ***Principles for Handling Differences When Providing Care***

1. Differences in the ways we think, feel, react, and respond can be enriching and provide perspective; they need not be divisive.
2. When expressing a difference, it is possible and desirable to focus on the issue, not the *person* with whom we differ.
3. If we can offer an opinion or a point of view without feeling that any questioning of it is a personal challenge or rejection, we can hear different issues better.
4. It is possible to differ with what someone says, while still *respecting the person* who said it (as made in the image of God).
5. Some points of view are not “right” or “wrong”; they simply are different ways to look at an issue.
6. How we resolved differences at home growing up has a lot to do with how we handle differences today: avoidance, appeasement, attack, capitulation, etc.
7. Sometimes the issue identified as the “problem” is not the main issue—but the “presenting problem.”
8. How we present or express a point of view will have a lot to do with how well it is received—understood.
9. Choosing not to resolve or dialogue on our differences does not eliminate the discomfort or energy of handling the conflict: it mainly determines how we shall process the pain, energy, and distress in the relationship.
10. Different people process differences and conflict in different ways: some want immediate resolution, some need to “take it away” and think about it—they bring it back, etc.
11. Conflict occurs because people care about an issue—they are passionate—and involved.
12. Conflict can be a way of creating distance, closeness, and clarity!
13. Conflict resolution is often a long-term process, not immediate.
14. Some differences we perceive are created because of assumptions we may make, issues we have not resolved, and transitions we may going through.

## ***For Further Reading:***

Johann Christian Arnold, *Why Forgive?*

David W. Augsburger, *Helping People Forgive*

Daniel G. Bagby, *Healing our Hurts: Coping with Difficult Emotions*

Daniel G. Bagby, *Seeing Through our Tears*

Henry Cloud & John Townsend, *Boundaries*

Kenneth Doka, *Living with Grief after Sudden Death*

Raslyn Karaban, *Complicated Losses, Difficult Deaths*

David Karp, *The Burden of Sympathy*

Doug Manning, *Don't Take my Grief Away*

Robert J. Schreiter, *Reconciliation*

Lewis B. Smedes, *Forgive and Forget: Healing the Hurts We Don't Deserve*

Howard Stone, *Suicide and Grief*

Tim VanDuivendyk, *The Unwanted Gift of Grief*

Granger Westberg, *Good Grief*

Alan Wolfelt, *Helping Children Cope with Grief*

Adina Wroblewski, *Suicide: Survivors (A Guide for Those Left Behind)*