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“Comprehensive, street-wise, biblical, accessible, truth-filled, and compassion-centered. Every caregiver, from group leader to senior pastor, should keep this handbook close by at all times.”

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Willow Creek Community Church, South Barrington, Illinois

“Every believer who seeks to minister to cancer patients, grieving parents, husbands and wives in crisis, and victims of abuse will find this superb handbook a true guide for Jesus-like wisdom and compassion. Barb Roberts offers the distilled wisdom of decades of firsthand pastoral care experience. This practical work of spiritual direction will prove to be an invaluable tool in obeying Christ’s call to bear one another’s burdens.”

—DOUG WEBSTER, PhD, professor of pastoral theology,  
Beeson Divinity School, Birmingham, Alabama

“This book is a rich resource for those who desire to embody the healing presence of God to family and friends suffering through the losses and sadness of life. Barb Roberts has lived the experiences of a caregiver dependent on God for so long that she cannot help but overflow with sound and practical wisdom born of years of first listening to God and then listening to those in pain. The book is like a useful toolbox, pulled off the shelf on numerous occasions to prepare yourself for a work of caring service. In the modern world of mobility and the evaporation of natural support networks, this equipping of the church and its people to be a caring community could not be more crucial.”

—ROBERT CUTILLO, MD, Inner City Health Center,  
Denver, Colorado

“Barb Roberts is uniquely gifted to encourage people who are hurting. Drawing upon her wealth of personal experience, she has blessed us with this practical, compassionate, and Christ-centered guide.”

—BRAD MEULI, president/CEO, Denver Rescue Mission

“What can pastors and caretakers do when one of the members of their congregation has a personal crisis? Grab this handbook as a reference! When you are called on to support a hurting person, you need an easy-to-use reference to remind you of the specifics of serving those in that particular situation. This is the book that will be used over and over by people who want to be wise in caring about others.”

—RUTH GONZALEZ, PhD, psychologist and assistant professor,  
Lewis and Clark College, Portland, Oregon

“For ten years, I have watched Barb Roberts help those who hurt. When it comes to entering a crisis, she is very wise. She has raised the standard of care at our church and will help you do the same.”

—DONALD SWEETING, PhD, senior pastor, Cherry Creek  
Presbyterian Church, Englewood, Colorado

“*Helping Those Who Hurt* is an excellent resource for those who want to help loved ones and friends in crisis but lack knowledge with how to help in a meaningful way. Roberts’s rich insights reflect years of experience in ministering to those who are hurting. Her descriptions of the thoughts and feelings of those in difficulty are especially valuable, as they help you ‘put yourself’ in that suffering friend’s place.”

—DR. JEFFREY JEREMIAH, stated clerk, Evangelical  
Presbyterian Church, Livonia, Michigan

HELPING THOSE  
*Who Hurt*

A HANDBOOK FOR CARING AND CRISIS



BARBARA M. ROBERTS

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MY HEART OVERFLOWS WITH THANKS TO . . .

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making this a more helpful tool.*

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leave a legacy of godly care for those in need.*

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## AUTHOR'S NOTE

Whether you are in ministry or simply want to help a family member, friend, colleague, or neighbor, you can use this guide as an easy reference for how to care for and support those who are walking through difficult circumstances.

As a caregiver, it's critical that you never betray the confidence of the person for whom you are caring unless you have reason to believe that person is in danger of harming others or himself. It's been said that "a secret is something that is shared with just one person at a time." Christians often share confidences under the guise of "sharing a prayer request," as if it "sanctifies" their betrayal. It doesn't.

The call to care for others sometimes carries with it the unrealistic expectation that you will know everything you need to know to minister to the wounded. This book will give you some basic tools and information that you can utilize and refine. Each section focuses on some of the common problems and issues that people face, and includes the following:

- General information about the issue or problem.
- Specific information about what to do or say for the person in need of care.
- Specific advice the caregiver can offer to the person in need.
- Information written directly to those in crisis, to be passed along as needed. (These pages can be photocopied.)
- An annotated list of resources I've found helpful as a pastoral caregiver; they provide more detailed information than I am able to offer here.

The demands of caregiving can be draining, so as caregivers we need someone to confide in who will help us carry the burden. Jesus is, of course, our Chief Burden-Bearer, but Galatians 6:2 also reminds us that we must have others to help bear our burdens. For me, that person is my husband, Ken. He listens, encourages, supports, and prays for

me. Find someone who will do the same for you.

Always remember to prayerfully place those you are caring for into the hands of the One who really *does* know the perfect cure for the specific pain.

## A NOTE ABOUT DEPRESSION

Hurting people often struggle with depression, as it is a natural reaction to stress and tension. It can affect anyone, at any time. Depression ranges from mild to severe.

- *Mild* depression, which is often called “the blues,” is usually brief and does not seriously interfere with normal activities.
- *Moderate* depression brings feelings of hopelessness that are more intense and longer-lasting than mild depression.
- *Severe* depression is identified by a loss of interest in the outside world and serious, prolonged behavioral changes.

Your role as a caregiver is to listen to, support, and pray for those struggling with depression. Individuals with either moderate or severe depression should get the help of a professional counselor. Be quick to recognize when you are “in over your head,” and make a referral, providing resources and even offering to accompany the person to the first counseling visit.

Keep in mind that professional support is something that should be recommended *in addition* to your help, not *instead of* your help. Whether by phone, e-mail, or personal visits, be consistent in your contact with anyone you refer to a professional. Depressed people need hope, and it’s very important that you remind them that God is a God of hope (see Romans 15:13). Listen to the psalmist crying out to God in his depression:

Out of the depths I cry to you, O LORD;  
 O Lord, hear my voice.  
 Let your ears be attentive  
 to my cry for mercy.  
 If you, O LORD, kept a record of sins,  
 O LORD, who could stand?  
 But with you there is forgiveness;

therefore you are feared.  
I wait for the LORD, my soul waits,  
and in his word I put my hope. (Psalm 130:1-5)

*Illness and Hospital  
Visitation*

*He gives strength to the weary  
and increases the power of the weak.*

ISAIAH 40:29

## MINISTERING THROUGH ILLNESS AND A HOSPITAL VISIT

Because of the brevity of today's hospitalizations, pastoral caregivers have a narrow window of time in which to make an in-patient visit. Hospitalization is a crisis, both to the patient and to the family—a crisis that extends far beyond the person with the medical problems. To cope with the situation, everyone involved will need to draw on resources he or she doesn't ordinarily use. The patient and family may need your help in defining and implementing the use of these resources.

Many of those you minister to in this setting will be experiencing this trauma for the first time. They may be blindsided by things that are not directly related to their physical problem—for example, assault to their modesty and dignity, depression over the losses they are experiencing, loneliness, fears, and even anger.

People who are hospitalized may have lots of visitors, but no one to talk to about their concerns and feelings. The presence of one who cares and understands some of what they are experiencing, *and who really listens*, can be very comforting and encouraging.

One of the most important things you can do is help patients deal with their feelings about the illness, such as anger (“Why did God allow this to happen to me?”) or fear (“What will happen to my kids if I am not around for them?”). This may require you to deal with strong feelings and to be open to a patient telling you his or her story. You may also need to be comfortable sitting in silence with someone who needs to have you there but may not want conversation.

God calls us to minister to the sick; let us do so with His guidance and His sensitivity.

## DIFFERENCES BETWEEN A SOCIAL AND A PASTORAL VISIT

While a patient may have many visitors, there are few who actually *minister* through the visit. If you are in ministry, it is vital for you to bridge the gap between a social and a pastoral visit.

*Social conversation* concentrates on the following:

1. Discussing external subjects: weather, work events, local events.
2. Maintaining a congenial atmosphere.
3. Maintaining personal comfort through avoiding uncomfortable topics.
4. Sharing stories and mutual experiences.
5. Being pleasant and positive.
6. Generalizing and universalizing (for example, talking about what “they” say or what “people” do).
7. Discussing religion, but centering only on differences between churches, services, or clergy.

*Pastoral conversation* concentrates on the following:

1. Understanding the patient’s needs.
2. Accepting tension areas. (The seriousness of the surgery or illness has little to do with how seriously the patient views the situation.)
3. Offering comfort through empathizing with the patient’s pain.
4. Helping the patient talk about himself or herself.
5. Being understanding and empathic.
6. Asking specific questions: What do you think? How are you feeling about that? Where is God for you in this?
7. Asking if you can share a word of Scripture and pray for the person.
8. Identifying the patient’s spiritual or religious needs by paying attention to what is said, to what feelings are expressed,

to how questions are answered, and to the patient's body language. For instance, clenched teeth, tears, frequent sighs, and white-knuckled fists are signs of fear or anger. If you see any of these signs, say, "Are you afraid?" or "Tell me about the tears."

### **Some Possible Spiritual/Religious Needs**

*Need for community (church and friends).* Many patients are isolated, with very little support system around them, so ask them specifically about their support system and offer to assist in connecting them to others. After a patient is discharged from the hospital, follow up with your offer of assistance. Depending on the need, you might ask someone in a small group in your church to invite the person to the group. Eventually the patient could be drawn into the community of the larger church body.

*Need to tell one's story.* When you are visiting patients as a pastoral caregiver, ask open-ended questions, such as "Who have you been able to talk to about all of this?" "Where is God for you right now?"

*Need for reconciliation (with church, family, God, others).* As you listen to a patient's story, pay attention to unresolved relationships and the need for forgiveness or to forgive others.

*Need to express brokenness, hurt, and pain to God.* To open up to you, people need to feel that you are comfortable with expressed pain, whether it is expressed in anger or tears. Ask patients if they would like to have you talk to God about their hurt and pain. Then, pray, either with a step-by-step prayer, asking them to repeat phrases, or pray and quietly wait for them to join in when ready.

*Need for meaning and purpose in life (hope).* During the time that the patient is grappling with questions—Why did I get cancer? What will happen to me when I can't work because of my illness and subsequent treatment? Where is God in all this?—listen to the person's questions and remind her that God has a purpose and plan for her life (see Jeremiah 29:11) and that He is faithful (see 1 Corinthians 10:13).

*Need for expression of grief, anger, fear,* especially as it relates to God, church, or values. Be available to listen to expressions of anger or fear. In fact, if you sense that a patient is struggling with one or more of these emotions, ask, “Are you afraid?” “Are you kind of ticked at God right now?” If the patient answers you honestly, listen respectfully, without judgment. If the patient is not ready or willing to express emotions, redirect the conversation toward safer ground.

*Need for awareness of God.* Ask the patients for whom you are caring, “Where is God in all of this for you right now?” Then listen to just where they are. This is not the time for deep theological explanations; this is the time for simple spiritual truths. Tell patients, “God loves you. He really loves you.”

*Need for connectedness with God, communion with God (prayer, friends, answers).* Ask patients if you can pray for them right there, right then. Then pray, but first ask what they would like you to pray about specifically. As you listen to their prayer needs, you may hear things that you might not think to pray about.

*Need for grace and acceptance.* Ask God to help you not to judge or be critical of those for whom you are caring. Accept them right where they are—with their fear, anger, frustration, or whatever the immediate struggles are.

*Need to feel adequate, competent, autonomous.* Though you cannot help others feel adequate or competent, you do have the opportunity to protect their dignity by respecting their privacy and encouraging them to make whatever decisions are in their power to make.

*Need to feel that someone is in control.* Remind patients that God made them and understands them (see Psalm 139). Show them passages such as Hebrews 12:2-3, which talks about Jesus being the author and perfecter of our faith, and Hebrews 4:15, which emphasizes that Jesus understands our pain and struggles.

*Need for confession and for inner healing from emotional hurt and feelings of fear or of being punished, abandoned, or alienated.* Some patients may struggle with the need for forgiveness, and you as the pastoral caregiver have the opportunity to be sensitive to their need to confess

their sins to God and to remind them that God has promised to forgive (see 1 John 1:9).

*Need for comfort or to be freed from some form of bondage.* Second Corinthians 1:3-6 reminds us that we go through struggles and suffering to be able to comfort others, so tap into your own experiences in being comforted as you offer comfort as a caregiver.

*Need for inspiration, positive motivation, enthusiasm.* As a pastoral caregiver, be an encourager and supporter, sharing favorite Scriptures, readings, or poems that are meaningful to you and may be to those who are ill. Music can also be an inspiration to those who are struggling.

## DOS AND DON'TS FOR THE HOSPITAL VISITOR

Hospital visits can be spiritual in nature. If you are visiting someone in the hospital . . .

### Do

1. Dress in appropriate attire.
2. Check at the nurses station *first*.
3. Make a visit *before* surgery, if at all possible.
4. Be cheerful, but not jovial. Allow the patient to express feelings.
5. Allow the patient to choose topics of conversation, and listen carefully.
6. Be encouraging and optimistic, but don't give false hope.
7. Ask permission to read a suitable passage of Scripture and to pray. This shows respect for the patient and his or her needs. Ask the patient for specifics to include in your prayer.
8. Be sensitive to questions, apprehensions, or struggles the patient may be experiencing, especially terminally or seriously ill patients.
9. Be sensitive to the patient's desire to be touched or not touched. If you have any doubt, ask, for instance, "May I put my hand on your shoulder while we pray?"
10. Respect confidentiality of all information. Don't force information on a patient who is emotionally, physically, or spiritually ill equipped to handle it. Be cautious about asking too many questions to satisfy *your own* curiosity.
11. Be prepared to step out of the room if a physician or nurse comes in to examine, give an injection, or otherwise treat the patient, or if the patient needs to use bathroom facilities.
12. Stay with a relative who is alone at the hospital until the surgery is over and the surgeon gives a report to that family member.

13. Visit seriously ill or terminally ill patients at least once a week, either in the hospital or at home, and more often as death becomes imminent.

### **Don't**

1. Don't try to diagnose the illness or offer medical advice.
2. Don't help the patient out of bed without hospital personnel.
3. Don't undermine the patient's confidence in his or her physician or the treatment being received.
4. Don't give your evaluation of the patient's condition.
5. Don't relate similar cases in your experience or discuss personal problems.
6. Don't open closed hospital doors; you may be embarrassed, and so will the patient.
7. Don't sit on the bed with the patient, visit at mealtime, or stay too long.
8. Don't express repugnance when experiencing odors, the sight of blood, or other unpleasantness.
9. Don't probe into areas of privacy or say you know exactly how the patient feels.
10. Don't discuss church business, church politics, or church problems.
11. Don't give false hope to terminally ill patients.
12. Don't make decisions for the patient or family members that they should make themselves.
13. Don't preach or lecture, and do not be afraid of silences.
14. Don't encourage patients or families to do what they do not want to do or do not believe would help.
15. Don't analyze where the patient is in the dying process, and don't attempt to move or push a patient or family to the "stage" you think is next or preferred.

## POTENTIAL PROBLEMS OF PATIENTS

Issues and potential problems often become magnified during illness and hospitalization. When you are caring for someone who is in the hospital or rehabilitation facility, be aware of the potential for the patient to experience some of the following problems.

### Physical or Emotional Problems—or Both

- ❖ Loss of personal freedom
- ❖ Being subject to orders of medical personnel
- ❖ The presenting symptoms of the illness
- ❖ Crippling injuries, scars, wounds, infection
- ❖ Grief and loss issues related to illness
- ❖ Ignorance of human anatomy
- ❖ Ignorance of rules of health and hygiene
- ❖ Congenital defects
- ❖ Fear of the unknown, of pain, of depersonalization, of lack of control
- ❖ Fear of the process of the hospitalization, such as the fear of anesthesia, the fear of tests, or the fear of surgery
- ❖ Conflict with authority figures
- ❖ Boredom
- ❖ Difficult living conditions, such as roommate issues
- ❖ Depersonalization (loss of identity as a person)
- ❖ Strange procedures

### Financial Problems

- ❖ Cost of hospitalization or cost of co-pays
- ❖ Loss of employment
- ❖ Loss of income

### Social and Interpersonal Maladjustment Problems

- ❖ Conflicts in family, community, and peer relationships
- ❖ An asocial personality or antisocial personality
- ❖ Belligerence or anger

### **Job and Vocational Problems**

- ❁ Unemployment
- ❁ Being unemployable
- ❁ Misemployment
- ❁ Youth and inexperience
- ❁ Approaching retirement, or being in retirement

### **Sexual Problems**

- ❁ Premarital or marital problems
- ❁ Homesickness and loneliness
- ❁ Tension, inhibition, repression, exhibitionism, lack of control

### **Religious or Spiritual Problems**

- ❁ Doubt, a lack of faith, weakness of faith; agnosticism; atheism
- ❁ Feelings of guilt; religious legalism
- ❁ Feeling a need to be punished for sin
- ❁ Inability to pray or worship
- ❁ Relationship to church or organized religion
- ❁ Fear of the future; fear of dying; fear of the afterlife

### **Philosophical Problems**

- ❁ A lack of acceptance of own humanity
- ❁ The unfairness of creation
- ❁ The question of why there is sickness, suffering, evil, and death
- ❁ The question of whether the patient's life has purpose, or whether attempts at purpose are futile
- ❁ The validity of euthanasia or suicide

### *Recommendations*

1. You need wisdom, discernment, and sensitivity in observing, listening to, and responding to any of the above problems the patient may be struggling with.

2. Some problems may be obvious and surface quickly in caring conversation between caregiver and patient. Do not be judgmental but be grace-filled in responding to any of these problems.
3. If you observe needs that the patient does not express, refer to “Differences Between a Social and a Pastoral Visit” for help (pages 17–20).

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*Much of the above information is adapted and used with permission from Rev. Doug Overall, chaplain and pastor at an evangelical Presbyterian church in St. Louis, Missouri.*