Visiting Sick and Hurting People: Course Outline
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I. Why we visit and care for people in times of illness and suffering (theological/biblical framework)

a. Jesus as healer—Gospels show God intimately involved in suffering of human persons; deeply compassionately present with them in times of illness and grief. God shows/reveals God's love for us through solidarity with suffering humanity.
b. Biblical emphasis not only on Jesus as healer but also on importance of our care for sick, hurting, suffering persons of community and world.
   1. Matthew 25—'I was sick and you visited me.'
   2. James 5: 14-15 Church leaders told to pray over the sick and that God will raise them up
   3. I Cor. 12:9 Healing as a gift of the Spirit; 12:26 'When one member of the body hurts, all are affected'

c. Purpose of visiting sick and hurting people = incarnational; communicating the presence of God with them, through our being with them in care.

II. Approaching persons who are sick and hurting:

Can be the most difficult aspect of this ministry—caregivers often unsure what to say or feel ill-at-ease. Good instinct—we don't want to make someone feel worse! Or, fearful of embarrassing ourselves by saying/doing 'wrong thing.' Or, in church often need to visit someone with whom have no prior relationship, so feel awkward. Some hints to help ease the initial contact:

a. Have in mind the basics of 'pastoral visit' or conversation: 1. **Connect:** Invite connection/relationship with person; 2. **Listen:** Communicate Good News of God's care through your caring, listening presence; 3. **Attend to spiritual needs:** Obviously not separate from listening and connecting. Attend to particular spiritual needs as appropriate (prayer with/for the person; reading scripture; conversation about matters of faith); 4. **Follow up:** taking care beyond this meeting together—e.g., if appropriate, getting permission to communicate with others in the church (e.g., prayer list); follow up on particular needs—e.g., churches have recordings or podcasts of services; need someone to see to pet care etc. in event of hospitalization; connection with Stephen minister; referral to a particular helper or resource such as support group)

b. Remember your job description! Not there to fix them, not there to entertain. Visiting to manifest God's care/love/compassion through our presence with them. Nicholas Wolterstorff in *Lament for a Son*: "If you think your task as comforter is to tell me that really, all things considered, it's not so bad, you do not sit with me in my grief but place yourself off in the distance away from me. Over there, you are of no help.

What I need to hear from you is that you recognize how painful it is. I need to hear from you that you are with me in my desperation. To comfort me you have to come close" (1987, p. 34).

c. Spiritual preparation: helps to engage in time of centering—prayer for person, for your visit, asking God's Spirit to be at work.

d. Concrete, material preparation—do you have what you need with you, e.g., taking copy of bulletin from worship service if appropriate; Bible and/or prayer book; Eucharistic elements and provisions.

e. People bear illness/suffering differently. Take initial cues from person—calm gentle tone always appropriate, especially until you know their situation. If you enter with boisterous, 'here-to-cheer-you-up' agenda, risk increasing their sense of discomfort. If approach them with long face and sorrowful words, that too may 'miss' where the person is in their feelings and experience. *Let the hurting or sick person tell you how they are experiencing what is happening to them.* Introduce yourself and why you're there (I'm Joyce Mercer, one of the pastoral staff from First Presbyterian church; here to visit with you.)

1. Opening Statements: "I understand you haven't been feeling so well lately." "It's getting close to the anniversary of your husband's death—that must be hard for you."
2. Opening questions: "Can you tell me about what brought you into the hospital/ what is happening for you?" "I don't know much about your situation. Can you tell me a little of your story?"

III. Listening:

Listening is a profound gift to offer someone in a world filled with noise and distraction. It is the most basic form of pastoral care, and the central pastoral care skill underlying nearly all other aspects of such ministries.

a. Listening is a *relational ministry* based upon:

1. trust in the presence of the Holy Spirit
2. acknowledgement of another person as a child of God
3. willingness to be truly present with and for another

b. Listening is grounded in *incarnational theology:*

1. An embodied act: congruence between words, gestures, posture, facial expression
2. An act of self-giving: the focus is on the other person
3. A contemplative act: being together in silence is a crucial part of listening

c. Basics of Listening Well:

1. Situate yourself in the environment so that the opportunity for good listening is optimized.

   - Ask to turn TV/Music/other noise sources off or down
   - Position yourself in a manner that communicates your attention to the person (while also using good judgment about boundaries—especially in hospital situations where persons may feel sensitive to bodily exposure) and is culturally appropriate
   - Eye contact

2. Remember that it's a conversation, not an interview! Use questions sparingly, and avoid closed-ended questions that may be answered with a yes or no response.

3. At the completion of the conversation, you may or may not wish to pray with the person (a pastoral judgment), but it is always appropriate to let them know you appreciated talking with them.

4. A basic pattern for listening that communicates your desire to understand, and your care:

a. Listen for the *content* of their communication (what are they talking about?).

b. Listen for the *feeling* in their communication, which may or may not be articulated in words.

c. Offer back to the person in one simple sentence a statement in your own words that puts both (a) and (b) together.

IV. Supporting family members of those who are ill, suffering

a. It helps people to know others care and are concerned.
b. Sometimes opportunity for care through listening is with family members—especially in situations of long term or chronic illness; dementia/confusion.
c. Remember concrete/material support—a meal, respite care, house cleaning or yard help.
d. Prayer with/ for family members

V. Praying with and for persons sick and hurting: brief, authentic

a. Ask if they'd like you to pray with them now, or if they'd prefer that you pray for them in your own prayers later.

b. Ask person if there are specific things they'd like prayer for

c. If using prayer book, don't be afraid also to personalize the prayer

d. If uncomfortable with spontaneous prayer, memorize short, appropriate prayer from liturgical resource.

e. Remember that prayer is communication with God—doesn't depend on getting the words right! Silence is okay.

f. "Those who sing pray twice."—e.g., Susan, not able to talk much, hard to understand, but could sing. Also with confused elderly, persons with dementia.

VI. Communion/Eucharist/Lord's Supper:

a. Know norms of your denomination/congregation re: who can offer Eucharistic ministry to the sick.

b. Know requirements of hospital/treatment facility if applicable. Sensitive to any health issues with receiving communion, e.g., not taking alcohol into rehab facility; persons with swallowing problems; etc. Pastoral care/chaplains as good resources.

c. Ask, don't impose or assume people want communion.

d. Ritual integrity: authentic but brief. Create context—table/altar space on coffee table or bedside table; use of abbreviated rites e.g., *Ministry to the Sick; BCW Pastoral Edition.*

VII. Things to avoid

a. Platitudes that try to put a happy face on someone's suffering

b. Rush to share 'war stories'; own experience, e.g., "My aunt had that—she said the treatment was really awful."

c. Assuming that you know how someone feels or how they make sense of their situation

d. Violating boundaries—visiting sick people means encountering a person who is vulnerable in a relatively intimate context (e.g., often in home or hospital bed). Need to take care to uphold good boundaries, i.e., avoid sitting on bed in hospital; if able to meet in kitchen or living room unless person is bedridden; Take care not to share information without permission.

VIII. Keeping in touch

a. Follow up emails, post card or note, phone call (if not likely to be disturbing)

b. Visit again

c. Chronic and long term situations—people experience many others "getting tired of them"; increasing isolation. Opportunity to engage in what Pamela Cooper White and others name as the sacred practice of witness to suffering: being with someone over the long haul; deep recognition of another's pain and act of solidarity, or standing with another person, in midst of their suffering. Keep checking in.