EMMANUEL CHRISTIAN SEMINARY

EQUIPPING THE MEMBERS OF APPLETON CHRISTIAN CHURCH THROUGH TRAINING AND SUPPORT TO INCREASE THEIR PARTICIPATION IN PASTORAL CARE VISITATIONS IN HOSPITALS, NURSING HOMES, AND HOSPICE FACILITIES

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Dedication

I am amazed at our Father in Heaven for the gift He has given me in the opportunity to study and complete this degree. It is for His service and His glory then that it is now completed.

I also thank my wife Jeanne for all the encouragement and patience throughout my program and I am so blessed by God for His gift to me in you. I thank my kids, Jim, Jon and Katie for their support and encouragement. And I want to thank my brother Fred for his help and editorial experience and my sister Janet for all the support and a peaceful place with plenty of encouragement to start writing this project.

I am so very blessed to have served two different churches during this degree program and want to thank First Christian Church in Kernersville for encouraging me to begin the program. I am so very blessed to serve a wonderful body of believers at Appleton Christian Church in Grand Junction Colorado. It was their encouragement and cooperation throughout the project that made it all possible. Thank you all for your love and support.

With all my love,

Dr. Daniel P. Baker, D.Min.

Table of Contents

INTRODUCTION & RATIONALE **1**
Purpose 1
Setting of the Ministry 1
Rationale 3

LITERATURE REVIEW **6**
Biblical and Theological Foundation of the Project 6
The Exegesis *7*
The Exposition *14*
The Application *17*
Conclusion *18*
CONTEMPORARY LITERATURE 20
On Pastoral Care *20*
Involving Laity (Church Members) *33*
Giving Care – Preparation, Techniques, and Warnings *41*
Sharing Our Faith – Discussions on Evangelism *53*

RESEARCH METHODOLOGIES **61**
Surveys 62
Pre-course Survey *62*
Post-course Survey *64*
Focus Groups 65
Interviews 66
Pre-course Survey Sample Group *66*
Pre-course Survey Follow-up Phone Interviews *67*
Care Staff Interviews *67*
Course Evaluations 68

FINDINGS AND CONCLUSIONS **70**
Pre-Course Survey 70
Pre-Course Survey (form used) *71*
Pre-Course Survey Graphic Summary and Analysis 75
Responder Demographics *75*
Responder Experience (Hospitals) Questions 7 - 15 .... *77*
Responder Experience (Nursing Home, Long-term Care) Questions 16 – 24 .... *83*
Responder Experience (Hospice/Palliative Care Facility) Questions 25 – 33. .... *89*
Training for Pastoral Care Visitation. Questions 34 – 36 .... *95*
Sharing Your Faith *96*
Pre-course Phone Interviews 99
Phone Interview Questionnaire *99*
Telephone Interview Summary and Analysis *100*
Care Facilities Staff Interviews 109
Hospital Staff - Nursing Supervisor *110*
Hospice Staff - Chaplain *112*
Course Evaluations – Results and Considerations 115
Content and Design of the Appleton Care Class *115*
Course Evaluation Instrument and Results *122*

POST-COURSE FOCUS GROUP 130

DISCUSSION OF CONCLUSIONS AND ACTIONS TAKEN 135

What was Learned 135

Delimitations to the Study 138

Importance of the Conclusions – What they reveal for Ministry 139

BIBLIOGRAPHY 141

APPENDIX A 144

PROJECTED PROJECT SCHEDULE AND TIMELINE 144

APPENDIX B 146

TRAINING COURSE MATERIALS 146

APPENDIX C 173

FIRST VIEW SURVEY – DEMOGRAPHIC STUDY FOR APPLETON CHRISTIAN CHURCH 173

INTRODUCTION & RATIONALE

Purpose

The purpose of this project is to determine if equipping the members of Appleton Christian Church through training and support will increase their participation in pastoral care visitations in hospitals, nursing homes, and hospice facilities.

Setting of the Ministry

The ministry project took place in the setting of Appleton Christian Church in Grand Junction Colorado. The members of Appleton Christian live throughout the Grand Valley, which consists of the surrounding communities of Clifton, Fruitvale, Orchard Mesa, Palisade, Fruita, Loma, Whitewater, and Mack. As of 2019, the population of the Grand Valley was listed as 146,673.[1]

Appleton Christian began as a church body in the mid-1970's as a church plant from the Intermountain Bible College and several area churches. Originally located in the Redlands area of Grand Junction, the church changed its name from Redlands Christian Church to Appleton Christian when the body moved into its current location in 1994.

Appleton Christian Church is an independent church that can trace its history back to the Stone-Campbell Movement. There are several Christian churches in the Grand Valley that enjoy a strong fellowship and support from each other.

Appleton Christian is led by a group of elders that includes the Senior Minister and the Associate Minister. The elders have chartered the diaconate to lead the various ministries of the church while encouraging greater participation throughout the membership. The deacons also manage, along with the paid staff, the operation and finances of the church. This current structure

[1] First View Report, Percept Group 9/2019, Area Profile page 4 (see Appendix C)

was put in place in the past two years to follow more closely the model in the New Testament. Before these changes, the church was directed by the church board, consisting of all the elders, one deacon, one secretary, and the treasurer.

The founding minister retired seven years ago after leading the church the previous twenty-seven years. His replacement lasted less than two years when, after one year away, the founding minister came back to the church and accepted the role as an elder in the church. The founding minister stayed on as an elder for the first three and a half years of my tenure then resigned and left to join another Christian church in the area. I have been with the church for five years, and my associate minister has been in place for the last four-and-a-half years.

The church has a listed membership of 190 people; however, the average attendance for each Sunday is around 150 people over two services. There has been a shift in membership over the last five years, with over 50% of the current membership attending Appleton Christian for less than five years. The average age of the church members is over fifty years old, but there are a few young families with children who have begun attending within the last couple of years.

In the last five years, the church has seen its involvement in the community grow. The church now hosts the local Hope of the Grand Valley ministry. This parachurch ministry focuses on helping families that make too much money for government assistance yet too little money to actually live successfully on their own. This ministry teaches families financial planning and budgeting skills, parenting skills, and food preparation and health skills. It also provides food assistance and helps to secure transportation and housing.

For the past two years, Appleton Christian has sponsored the summer and Christmas celebrations for the local Foster Care Kin program. Foster care is a concern throughout the nation and is especially needed in the Grand Valley. The Kin program supports family members who

have taken on, either temporarily or permanently, the children of other family members who have lost their parental rights.

The members of Appleton Christian Church also work with a local nursing home to provide worship services on a rotation basis with several other churches, as well as shut-in communion for the members who cannot make it to church. The church sponsors a booth at the Summer Farmers Market to hand out water and pray for those who ask for it. This past year, the church ordained the current Mesa County Jail Chaplain into his ministry leading the volunteers in the jail and ministering to the inmates and the sheriff's office personnel.

This past year sixty-five members of Appleton Christian participated in a "Pray and Go" ministry initiative. This initiative involved walking throughout the surrounding neighborhoods praying for homes and families and leaving a door hanger on each house. Houses that could not be reached were sent letters written by other members. The prayer team prayed for anyone in the homes who contacted the church using the information on the door hanger. Over 3000 homes have been prayed over and received a door hanger or have been contacted by letter.

Rationale

For the first twenty-seven years of Appleton Christian Church, the Senior Minister did the pastoral care visits to all the care facilities. When the Senior Minister retired and left the church for a year, he would still visit the members who were hospitalized, and the new minister (his replacement) would either not be told of the need or was told and expected to visit the patient. The other members of the church seemed to see pastoral care and hospital visits as something only the paid staff would do. When the retired minister came back to the church after a year away, he became an elder and took over the pastoral care duties from the minister. The new minister left the church a few months later and I replaced him after six months of not having a paid minister on staff.

I am much older than my predecessor. I came in with twenty years of experience in ministry from serving in three churches. My background included extensive pastoral care experience. Having served as the Pastoral Care Minister for a church of 2000 members in my previous position, I experienced a similar expectation there, as the paid staff did an overwhelming majority of the pastoral care visits to hospitals, nursing homes, and hospice facilities.

Although the current membership level at Appleton Christian Church suggests that one paid staff member could provide adequate pastoral care at the hospitals, nursing homes, and hospice facilities, there are several reasons that the church members need to actively participate in this important ministry function of the church.

The first and most important reason for membership involvement in pastoral care is that the Bible tells us that the members should comfort one another and that those called to lead the church should prepare them to do so. In 2 Corinthians 1:3-5, Paul directs the church to comfort each other with the comfort they have received from God. In Ephesians 4:11-13, Paul presents that as God has gifted and called some in the church for specific roles, the purpose behind the calling is “to prepare God’s people for works of service, so that the body of Christ may be built up until we all reach unity in the faith and in the knowledge of the Son of God and become mature, attaining to the whole measure of the fullness of Christ.” (Eph. 4:12-13)

The second reason to involve church members in pastoral care involves church membership growth. The church will not grow beyond 150-200 members if the paid minister is the only one caring for them. In their book, *How to Break Growth Barriers,* Carl George and Warren Bird wrote, “In a smaller church of up to 200 members the pastor can do all the work, and many do. But such a church will not be able to grow past that point without lay ministry.”[2]

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[2] George, Carl F. and Warren Bird, *How to Break Growth Barriers: Revise Your Role, Release Your People, and Capture Overlooked Opportunities for Your Church.* (Grand Rapids MI: Baker Books, 2017), 30

As Jesus directed His disciples, and the church, in Matthew 28:18-20, we are called to grow the church and we are called to continue to go and make disciples.

As stated earlier, the average age of the membership of Appleton Christian is over fifty years old. The third reason to include members in pastoral care hospital visitation is that the need is only going to become greater as the church membership ages. This is especially true due to the increasing aging population who are visiting and attending, and this leads us to the fourth reason.

The Grand Valley senior population is higher than the national average. The population is growing faster in that segment due to the desirable location for retirees (mild weather, activities and healthcare). Recent statistics indicate the Senior Life Lifestyle Group is 80.7% higher than the national average. In fact, the three oldest generations are all above the national averages: Boomers (59-76) +11.1%, Silents (77-94) +18.4%, and Builders (95 and over) +20.5%.[3] The demographics of the Grand Valley indicate that there is an opportunity for membership growth in the older age groups and the church members need to be ready to care for these people.

For all the above reasons, the members of Appleton Christian Church need to take on a greater role in pastoral care visitations at hospitals, nursing homes, and hospice facilities within the body.

The purpose of this project is to determine if equipping the members of Appleton Christian Church through training and support will increase their participation in pastoral care visitations in hospitals, nursing homes, and hospice facilities. To answer this question, it is important to discover the reasons members do not generally participate in visitation to be able to work toward equipping them to provide pastoral care. This information will then be used to

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[3] Ministry Area Profile, Percept Group 9/2019, page 4 (see Appendix C)

design and deliver training to equip and encourage the members to take part in this aspect of ministry.

LITERATURE REVIEW

This literature review consists of two sections. Section one will be an exegetical study on 2 Corinthians 1:3-5. This passage is the Biblical foundation for this project and the results of the study were used to guide the mission and support the training. The second section is a review of contemporary literature focusing on defining pastoral care, the history of pastoral care, involving laity in pastoral care, techniques and warnings in giving pastoral care, and ideas and techniques on sharing our faith (evangelism).

Biblical and Theological Foundation of the Project

"Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles so that we can comfort those in any trouble with the comfort we ourselves have received from God. Just as the sufferings of Christ flows over into our lives, so also through Christ our comfort overflows." (2 Corinthians 1:3-5 [NIV])

In the above passage, the Apostle Paul wrote to the church in Corinth identifying God as the source of comfort in troubles and instructing them how the church is to apply His comfort to others. Scripture indicates that believers in Jesus Christ will have troubles and trials in this world (John 16:33, James 1:3). This section will review the historical context behind Paul's writing to assist in the exegesis to determine what Paul was writing in the text, expound on the theological meaning of the text, and finally apply the text to ministry in the church today.

The Exegesis

Historical Background
City of Corinth

The ancient Greek city of Corinth was destroyed and effectively depopulated in 146 BC after a rebellion against the Roman government. It was ordered to be rebuilt in 44 BC by Julius Caesar and was populated predominately by freedmen and soldiers.[4] Those settling in Corinth were not of the aristocracy, but freed slaves, common citizens, and merchants. Those with wealth became the aristocracy which affected the culture of the city.[5] Since the resettlement consisted primarily of Roman citizens, the culture was much more Roman than Greek. [6]

The city gained wealth and power as a center of trade due to its central location, which allowed merchants to avoid the risky sea travel around the southern coast of Greece. Scott Hafemann wrote, "By the first century, 'Roman Corinth had roughly eighty thousand people with an additional twenty thousand in nearby rural areas.… In Paul's day, it was probably the wealthiest city in Greece and a major, multicultural urban center.'"[7] This wealth also allowed Corinth to be a center for the slave trade, with as much as one-third of the population consisting of slaves.

A temple dedicated to Aphrodite was located on the hill above Corinth and history indicates that it housed up to 1000 temple prostitutes. Aphrodite was not the only pagan deity represented in the city; archaeologists have found evidence representing the worship of at least

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[4] Ralph P. Martin, *2 Corinthians*, vol. 40, Word Biblical Commentary (Dallas: Word, Incorporated, 1998), xxx.

[5] Scott J. Hafemann, *2 Corinthians*, The NIV Application Commentary (Grand Rapids, MI: Zondervan Publishing House, 2000), 23–24.

[6] David E. Garland, *2 Corinthians*, vol. 29, The New American Commentary (Nashville: Broadman & Holman Publishers, 1999), 21.

[7] Hafemann, 23.

thirty-four other gods and goddesses.[8] The worship of these gods, as well as the drive for wealth and power, caused much corruption and immorality in Corinthian culture. Ralph Martin wrote, "its reputation for moral corruption made the 'Corinthian life' synonymous with luxury and licentiousness..."[9] It was into this morally corrupted, Roman-cultured city in Greece that the Apostle Paul planted a church.

The Church at Corinth

As has been established, Corinth was a major city in the Apostle Paul's time, with a culture that was incredibly self-serving and ambitious. The Apostle Paul's evangelistic travels took him through the major cities in each region, so it was somewhat inevitable that Paul would find himself in Corinth. When he finally arrived there, the challenges that greeted him were many.[10] Hafemann wrote:

> Into this world God sent Paul to suffer as an apostle of the crucified Christ, carrying his treasure in a "jar of clay" (4:7). As such, Paul's message and life were an affront to Hellenistic Jews and Gentiles. The materialism and self-serving individualism that dominated Corinth, together with the reigning pluralism and status-oriented civil religion of the day, all fueled by the self-glorifying entertainment and sports subculture, presented a formidable front for the gospel of the cross and for its cruciform messenger (cf. 1 Cor. 1:17–19 with 2 Cor. 2:14–17).[11]

These issues would be cause for many of the problems referred to in Paul's letters to this church.

The establishment of the church in Corinth by Paul found in Acts chapter 18 follows the Apostle's normal pattern of evangelism, preaching first in the synagogue and then, when asked to leave, preaching in another location. Garland wrote of Paul's effort, "The result was a thriving

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[8] Ibid., 25.

[9] Martin, xxx.

[10] Ben Witherington III, *Conflict and Community in Corinth: A Socio-Rhetorical Commentary on 1 and 2 Corinthians* (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1995), 18.

[11] Hafemann, 27.

and brilliant congregation composed of persons from mixed backgrounds and social standings. It was an explosive mix that led to dissension and rivalry that caused Paul much anguish and concern."[12] Paul stayed eighteen months in Corinth (Acts 18:11) establishing the foundation of the church there.

Reason Behind the Writing of 2 Corinthians

Paul's second letter to the Corinthians is written to address opposition by some people in the church to Paul's teaching and his position as an Apostle. Culturally, it would have been difficult for the wealthy and ambitious members of the church to respect a self-supporting tent-maker who refused patronage and endured so much suffering and persecution.[13] It was due in great part to the suffering of Paul for Christ (Acts 9:16) that he was open to attacks by his adversaries. Paul writes 2 Corinthians to defend his Apostleship and to bring repentance and restoration to the church in Corinth.[14]

The Verses

2 Corinthians 1:3

> *Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, (NIV84)*
> *Εὐλογητὸς ὁ θεὸς καὶ πατὴρ τοῦ κυρίου ἡμῶν Ἰησοῦ Χριστοῦ, ὁ πατὴρ τῶν οἰκτιρμῶν καὶ θεὸς πάσης παρακλήσεως,(NA27)*

In most of Paul's letters, he begins with a thanksgiving, yet in this letter, he begins with a traditional Jewish liturgical blessing of God for benefits received.[15] It is important that Paul

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[12] Garland, 25–26.

[13] Martin, xxxiii.

[14] Murray J. Harris, *The Second Epistle to the Corinthians: A Commentary on the Greek Text*, New International Greek Testament Commentary (Grand Rapids, MI; Milton Keynes, UK: W.B. Eerdmans Pub. Co.; Paternoster Press, 2005), 52.

[15] Murray J. Harris, "2 Corinthians," in *The Expositor's Bible Commentary: Romans through Galatians*, ed. Frank E. Gaebelein, vol. 10 (Grand Rapids, MI: Zondervan Publishing House, 1976), 320.

includes the description of God as the Father of our Lord Jesus (*θεὸς καὶ πατὴρ τοῦ κυρίου ἡμῶν Ἰησοῦ Χριστοῦ).* Garland wrote:

> This affirmation has two implications. First, as the Father of Jesus Christ, God is no longer to be known simply as the Father of Israel. Through Jesus Christ all, both Jew and Greek, have access to the Father (Eph 2:18). One can only truly know God as Father as the Father of Jesus Christ. Second, it declares that Jesus is the foremost blessing God has bestowed on humankind (see Col 1:12).[16]

Paul first recognizes Jesus Christ as God's primary blessing, then moves on to the introduction of God as the Father of compassion (*ὁ πατὴρ τῶν οἰκτιρμῶν)* and the God of all comfort (*καὶ θεὸς πάσης παρακλήσεως).*

Οἰκτιρμῶν, the word translated as compassion, is defined by W. E. Vine as, "to have pity, a feeling of distress through the ills of others (Rom. 9:15)."[17] Another use of the word in its various forms is often translated as mercy.[18] Although some in the members in the Corinthian church did not understand Paul's suffering as part of his Apostleship (and our lot as Christians), Paul instructs the church here that God the Father understands and has compassion for them.

God is also the "God of all comfort" (παρακλήσεως). Paul uses this word often in his writings, especially in this letter. In the verb form, Paul often conveys the idea of encouraging or exhorting and also comfort. [19] As a noun, he uses it mostly as meaning encouragement, yet here in this passage, the idea of comfort (consolatory strengthening) is recognized by most commentaries and translations.[20]

Paul uses the word πάσης, translated here as all, or also every, to present God as the source of comfort. In his commentary, Murray Harris presents it in a more active way when he

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[16] Garland, 58–59.

[17] W.E. Vine and F.F. Bruce, *Vine's Expository Dictionary of Old and New Testament Words* (Old Tappan NJ: Revell, 1981), 218.

[18] Martin, 8.

[19] Witherington, 357.

[20] Harris, *The Second Epistle to the Corinthians: A Commentary on the Greek Text*, 143.

wrote, “The compassionate Father and the God who always gives comfort.”[21] Either way it is applied, Paul is clear that God is the source of all comfort.

2 Corinthians 1:4

> *who comforts us in all our troubles so that we can comfort those in any trouble with the comfort we ourselves have received from God. (NIV84)*
> ὁ παρακαλῶν ἡμᾶς ἐπὶ πάσῃ τῇ θλίψει ἡμῶν εἰς τὸ δύνασθαι ἡμᾶς παρακαλεῖν τοὺς ἐν πάσῃ θλίψει διὰ τῆς παρακλήσεως ἧς παρακαλούμεθα αὐτοὶ ὑπὸ τοῦ θεοῦ. (NA27)

Paul continues the focus on God as the source of all comfort (noun) by now writing that He actively comforts (verb) us in all our troubles. Of the thirty-one times these words (παρακαλέω and παρακλήσεως) are used in the New Testament as comfort, seventeen of them are found in 2 Corinthians and ten occurrences here in this greeting.[22] Hafemann wrote, “Indeed, the vocabulary in this section confirms that the main theme of 2 Corinthians is the ‘comfort’ that comes from God in the midst of affliction and suffering.”[23] Considering that Paul had been greatly persecuted at the time he wrote this letter, adding to that the challenges from members of the church at Corinth, it is easy to understand why comfort is a main theme of the letter. The comfort that Paul is referring to here is not that of being put to bed and tucked in, it is more of an encouragement and a strengthening. God comforts with resolve and power, as well as a gentle hand yet, in the end, His comfort strengthens.[24]

The word used here for “us” (ἡμᾶς) is applied in various ways in the Greek. Here it could be used by Paul to indicate himself (“apostolic we” referring to God’s personal comfort for Paul’s tribulations), he and those he has been traveling with, or actually applied to “all”

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[21] Ibid., 142.
[22] Hafemann, 59–60.
[23] Ibid., 59.
[24] Garland, 60.

Christians. From the context of the verse, it seems here Paul is referring to all Christians, and then later in 1:6-7 more to his personal (and probably missionary team's) suffering.[25]

The noun θλίψει, translated trouble in the NIV, is used in various ways in the New Testament and can be referring to someone under pressure, distressed, afflicted, persecuted, in anguish, or just general suffering.[26] It is evident in the life of Paul that all these applications of the word applied to him at one time throughout his ministry for Christ.

It was Paul's intimacy with tribulation that caused some of the problems he was having with some of the members of the church at Corinth, yet Paul was guiding this church to understand what part tribulation and God-given comfort played in God's plan for them. They were to take the comfort they received, and comfort others in the same way. Harris wrote, "To experience God's 'comfort' (i.e., help, consolation, and encouragement) in the midst of all one's affliction is to become indebted and equipped to communicate the divine comfort and sympathy to others who are in any kind of affliction or distress."[27] There was a reason for troubles in our lives, and one of them was to prepare us to comfort others. Paul continues in verse five with an example of this with Christ.

2 Corinthians 1:5

> *Just as the sufferings of Christ flows over into our lives, so also through Christ our comfort overflows. (NIV84)*
> *ὅτι καθὼς περισσεύει τὰ παθήματα τοῦ Χριστοῦ είς ἡμᾶς, οὕτως διὰ τοῦ Χριστοῦ περισσεύει καὶ ἡ παράκλησις ἡμῶν. (NA27)*

Jewish thought of Messianic sufferings indicated there would be a time of trial before the Messiah would come (Isaiah 26:17, Jeremiah 22:23, Micah 4:9-10). This period referred to as the

[25] William R. Baker, *2 Corinthians*, The College Press NIV Commentary (Joplin, MO: College Press Pub., 1999), 65.
[26] Vine and Bruce, 38–39.
[27] Harris, "2 Corinthians," in *The Expositor's Bible Commentary: Romans through Galatians,* 320.

"birth pangs of the Messiah" would be a sharing of this tribulation. Paul would have been aware of this idea, so presenting the idea of sharing in the sufferings of Christ is one he used in his letter to the church in Rome (Rom 8:22-23). Craig Keener expanded on this thought when he wrote, "Jewish people also believed that they corporately shared the experience of those who had gone before them. They were chosen in Abraham, redeemed with their ancestors in the exodus from Egypt and so on. Paul believed that Jesus' followers became sharers in his cross in an even more intimate way by his Spirit who lived in them."[28] Paul viewed all of the trials and suffering that he experienced as an expression of the kind of sufferings Jesus Christ also experienced.[29]

Another aspect to consider is that Paul saw Christ's suffering as ongoing through the suffering of the Body of Christ, His church (Acts 14:22).[30] Paul suffered as he served God and the churches he planted, and the churches suffered because they too belonged to the Body of Christ. Yet the passage goes on to say that, as much suffering as there is, there is an equal measure of comfort promised by God.

The word Paul uses in this passage for flow and overflow (περισσεύει) is normally used in business contexts referring to surplus or profit. The picture here then is of a business ledger or balance sheet, with suffering and comfort being more than balanced out, as comfort overflows from God through Christ.[31]

In these three passages, Paul is laying the foundation for his defense of his Apostleship and the repentance and restoration of those in the church who are persecuting him and causing division. To do this, he praises God as the Father of Jesus and the source of all comfort, he

[28] Craig S. Keener, *The IVP Bible Background Commentary: New Testament* (Downers Grove, IL: InterVarsity Press, 1993), 2 Co 1:5. *Logos Software*

[29] Hafemann, 62.

[30] Harris, "2 Corinthians," in *The Expositor's Bible Commentary: Romans through Galatians,* 320.

[31] Garland, 65.

acknowledges Christ as Lord and explains to the church that, though all will suffer as Christians, there is comfort given from God. Paul also presents the expectation that the church should comfort one another from the comfort they receive from God through Christ. Although the presentation can be seen simply as written, the theologian in Paul supports what he has written from his understanding of God.

The Exposition

> *"Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles so that we can comfort those in any trouble with the comfort we ourselves have received from God. Just as the sufferings of Christ flows over into our lives, so also through Christ our comfort overflows." (2 Corinthians 1:3-5 [NIV])*

Paul's complete theology is not found in any of his letters because they are all written to address different issues or occasions.[32] In the passage being reviewed, Paul gives a glimpse of his understanding of God, of Christ, and his theology of suffering.

God

An important aspect of Paul's thought about God is that He is constant. Although God is revealed to Paul through the things He does and the direction He gives, these actions and directions come from God's unchanging character; they themselves do not define God. Hafemann wrote, "*Because* God is the God of *all* comfort, therefore he comforts Paul, and the comfort Paul experiences must come from God." [33] To Paul, this unchanging character of God demonstrates God's sovereignty over all, even as it is seen manifested through the circumstances and events in Paul's own life with Him (2 Cor 1:8-11). Paul presents that the ultimate purpose of

[32] Harris, *The Second Epistle to the Corinthians: A Commentary on the Greek Text*, 115.
[33] Hafemann, 66–67.

our lives surrendered to our sovereign God (1 Cor 8:4-6) is to reveal the majesty of His character to the world and thus bring Him thanksgiving and praise (2 Cor 1:3, 11). This is especially seen through Paul's understanding of God as the source of all comfort, who constantly displays His mercy and compassion in the lives of those who have their faith in Him (Romans 8:28-39). [34]

Jesus Christ

Paul presents Jesus Christ as Lord throughout his letters. Paul opens the letter to Corinth by modifying a traditional liturgical praise to include a reference to Christ as Lord (1:3). Garland wrote:

> For Christians, God is now revealed as the God and Father of our Lord Jesus Christ. This affirmation has two implications. First, as the Father of Jesus Christ, God is no longer to be known simply as the Father of Israel. Through Jesus Christ all, both Jew and Greek, have access to the Father (Eph 2:18). One can only truly know God as Father as the Father of Jesus Christ. Second, it declares that Jesus is the foremost blessing God has bestowed on humankind (see Col 1:12). [35]

To Paul, it was God who declared Jesus Lord and gave Him honor and authority over all to the Glory of God Himself (Phil 2:11). Paul clearly believed that those who call Christ Lord owe Him full obedience and worship (1 Cor 8:5-6). [36]

Though God is the God of all comfort, Paul believed that the comfort of God came through Christ (1:5). As God comforted Christ with the authority to lay down His life and take it up again (John 10:18), we are also comforted with the promise of sharing in the resurrection of Christ. Just as Paul believed he shared in Christ's suffering, he also believed we share in His comfort. [37] Harris wrote:

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[34] Hafemann, 66–67.
[35] Garland, 58–59.
[36] Ibid.
[37] Hafemann, 62.

> Whenever Christ's sufferings were multiplied in Paul's life, God's comfort was correspondingly multiplied through the ministry of Christ. Paul discerned a divinely ordered correspondence (καθὼς ... οὕτως ... καί, "just as … to precisely the same extent") between the intensity of his suffering and the adequacy of God's comfort. It was precisely because the divine comfort always matched his apostolic suffering (v. 5) that Paul was enabled to mediate that comfort to others (v. 4).[38]

Paul believed strongly in the Lordship and sufficiency of Christ as the foundation of his life and ministry. [39]

Paul's Theology of Suffering

Some of the members of the church in Corinth struggled with the idea of Paul suffering as severely as he did (2 Cor 2:12-13, 4:8-9, 6:4-10). To them, it seemed to indicate that Paul was lacking in something with God to be subject to all he suffered through. Paul suffered physically, emotionally, and spiritually just as his Lord had. Hafemann wrote, "For Paul, suffering is not intrinsically good, nor is it a Christian virtue. Rather, suffering is a page in the textbook used in God's school of faith (cf. vv. 8–10). It is not suffering *itself* that teaches us faith, but *God*, who uses it as a platform to display his resurrection power in our lives, either through deliverance from suffering or by comfort within it (vv. 4–6, 10)."[40] Paul understood suffering as a part of being a Christian (1:5).

As stated earlier, suffering and comfort are a major theme in Paul's letter to the church in Corinth. Paul expounds on God's purpose behind the suffering of believers throughout the letter. The first purpose is found in verse four, where Paul explains that Christians need to experience the comfort of God to be able to comfort others. [41] Jack Cottrell wrote, "God has promised that

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[38] Harris, *The Second Epistle to the Corinthians: A Commentary on the Greek Text*, 145.
[39] Hafemann, 62.
[40] Ibid., 67.
[41] Baker, 65–66.

all things will work together for the good to those who love him and are called in accordance with his purpose (Rom 8:28). Thus, even the suffering which he permits can be used for the benefit of those who experience it or for the benefit of those whose lives are touched by it."[42] Paul's Apostleship was questioned in Corinth because his suffering for Christ was so severe, yet Paul made it clear that it was through his suffering and the comfort he received from God, that made it possible to minister to them.

The Application

> *"Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles so that we can comfort those in any trouble with the comfort we ourselves have received from God. Just as the sufferings of Christ flows over into our lives, so also through Christ our comfort overflows." (2 Corinthians 1:3-5 [NIV])*

The historical setting of Paul's Corinth has some striking similarities to our culture today. Like ancient Corinth, there is still a drive for wealth and power, for glory gained through sports, and gratification of selfish personal needs. [43] The church today struggles with the same struggles Paul addresses in his letter. Many in the church do not understand or even accept suffering as part of being a Christian, seeking instead those who preach the doctrine of "health and wealth."

Paul presents the need of commitment and endurance to the church at Corinth yet, those two words are resisted by people in our culture and even our churches. Hafemann wrote:

> Paul's experience of God, his understanding of Christ, his authority as an apostle, and his willingness to suffer for the sake of the gospel because of his love for Christ's people call into question the easy believism of our contemporary Christian culture. His gospel unmasks the cheap grace of today's repentant-less forgiveness, the legalism of those who attempt to remedy this problem by calling for more "obedience to God," and the complacency we feel over the spiritual condition of others. Moreover, Paul's letter reveals that ministering Christ to others is not a matter of technique, program, and

[42] Jack Cottrell, *The Faith Once for All: Bible Doctrine for Today.* Joplin, MO: College Press, 2002, 223.
[43] Hafemann, 25.

> performance, but of mediating to others the same truth, mercy, and comfort we have experienced in trusting the God "who raises the dead" (1:9). [44]

In 2 Corinthians, Paul is speaking truths to the church today which are as viable and applicable as they were to the church in his day.

Many in churches today are unaware of what the Bible teaches about Christians sharing in the suffering of Christ. This ignorance allows the enemy to shake the foundations of their faith, yet the trials and troubles still come because the truth is Christians will suffer (1:5). God uses this suffering to grow the church. Garland wrote:

> We know God's promises best when we are in the direst need of them, when we are, as Paul says, "harassed at every turn" with "conflicts on the outside, fears within" (7:5). We learn in such circumstances that God's comfort is sufficient to overcome the slings and arrows that cut us to the quick and the sorrows that break hearts. The same power that raised Christ from the dead is available to comfort us. Christians also learn that, unlike the Greek pantheon of gods who are quite unconcerned about human anguish, their God cares for them.[45]

As we share in Christ's suffering, we also share in His comfort.

The church today needs to be taught the truth and purpose of suffering, as well as its responsibility to share God's comfort with others. Thomas Oden wrote, "It is by analogy with Jesus' own ministry of comfort that we understand our ministry of comfort to be illumined and empowered."[46] Paul clearly directs the church toward a ministry of comfort and encouragement.

Conclusion

> *"You always know the man who has been through the fires of sorrow and received himself, you are certain you can go to him in trouble and find that he has ample leisure for you. If a man has not been through the fires of sorrow, he is apt to be contemptuous,*

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[44] Hafemann, 35–36.
[45] Garland, 60–61.
[46] Thomas C.Oden, *Pastoral Theology: Essentials of Ministry.* (San Francisco, CA:Harper Collins Publishers, 1983), 297

> *he has no time for you. If you receive yourself in the fires of sorrow, God will make you nourishment for other people."*[47]

The Apostle Paul wrote to the church he planted in Corinth because they were in trouble. They were questioning Paul's Apostleship because of the severe suffering and tribulation he was experiencing. Paul needed to instruct the church about the truth and purpose of sharing Christ's suffering and the promise of God's comfort, so they could be reconciled with him and encourage him and each other in ministry.

What was true with the church in Corinth in the middle first century is still true today in Grand Junction, Colorado. Those who follow Jesus Christ need to know that they will have troubles and receive God's comfort, so they can comfort others with the comfort they received from God.

[47] Oswald Chambers, *My Utmost for His Highest: Selections for the Year* (Grand Rapids, MI: Oswald Chambers Publications; Marshall Pickering, 1986).

CONTEMPORARY LITERATURE

On Pastoral Care

The purpose of this project is to determine if equipping the members of Appleton Christian Church through training and support will increase their participation in pastoral care visitations in hospitals, nursing homes, and hospice facilities. Although the focus of the project narrows pastoral care, in reference to visitation to care facilities, the subject of pastoral care spans a much broader scope. As William Clebsch and Charles Jaekle wrote in their work, *Pastoral Care in Historical Perspective*, "The Christian ministry of the cure of souls, or pastoral care, has been exercised on innumerable occasions and in every conceivable human circumstance, as it has aimed to relieve a plethora of perplexities besetting persons of every class and condition and mentality."[48]

A Brief History of Pastoral Care in the Church

Pastoral care has been a part of the church from the very beginning. As Ronald Hughes concluded in his doctoral dissertation, "Historically, from the book of Acts in the New Testament and throughout history, pastoral care has been an integral part of the church."[49] Ann Kerlin notes, "From the inception of the church as the body of Christ, its members have been called to help one another. In fact, 80% of the verses found in the New Testament using the phrase "one

[48] William A Clebsch and Charles R. Jaekle, Pastoral Care in Historical Perspective. New York, NY: Harper & Row, 1967. Kindle, part 1, chapter 2

[49] Ronald Edwin Hughes. "Shepherding the Flock: C.A.R.E. – A Model for Pastoral Ministry." (DMin diss., Liberty Baptist Theological Seminary, 2015) 32.

another" refer to supporting and affirming people."[50] Kerlin observed that writings on pastoral care went beyond these New Testament references and wrote, "In addition to Scripture, in particular the Pauline epistles, there are some extant writings addressing the topic of pastoral care, at least in general form, dating back to the early centuries of the church."[51]

Clebsch and Jaekle cited writings throughout history that in some way addressed the subject of pastoral care (or the care of souls). One particular writing stood out for them. They wrote:

> In all the literature about pastoral care under Christian auspices, there is no writer of greater importance than Gregory the Great… At the end of the sixth century, he wrote his remarkable treatise, *Pastoral Care*, in response to his elevation to the episcopacy. It quickly became an exceedingly influential book, even to the extent that it became customary for newly ordained bishops to receive a copy of this work along with the Canons of the church.[52]

Expanding on the content of this work, Clebsch and Jaekle wrote:

> Gregory's treatise, previously cited, earnestly warned against persons who, while pretending to be pastors, concentrated upon worldly or transitory matters. He exhorted pastors to be concerned for both the inward and outward affairs of persons in trouble. Gregory, like other spokesmen of the long traditions of pastoral care before and after him, perceived that, while the troubled person's hurt or difficulty called for amelioration, the helping act, when pursued in depth, inevitably involved such problems of the soul as the issues of meaning or futility, of obedience or disobedience, of faith or doubt, of humility or pride.[53]

Gregory's understanding of pastoral care (helping act) focused on the care of the individual in trouble, however, throughout history the focus and definition of what pastoral care is has changed. One example of this can be found from a writing in the 13th Century. As

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[50] Ann Kerlin. "Pastoral Care: From Past to Present." Journal for Biblical Ministry. Fall 2014. 26.

[51] Ibid.

[52] William A Clebsch and Charles R. Jaekle, Pastoral Care in Historical Perspective. New York, NY: Harper & Row, 1967. Kindle, part 1, chapter 1

[53] Ibid. Kindle, part 1, chapter 2

observed by William Campbell, "During the thirteenth century, we can see an emerging consensus on the definition of 'pastoral care.' In 1287, Pecham wrote to the parish clergy of his diocese that the *cura animarum* operated through the preaching of sermons and the celebration of the sacraments, most especially the hearing of confessions."[54] Pastoral care at this time became focused more on the functions of the clergy and helping individuals personally with their sin. Campbell expands on this in a quote from another writer of the time, Robert Grosseteste (Bishop of Lincoln from 1235 to 1253). Campbell quotes this excerpt from Grosseteste's work, "The work of pastoral care consists not only in administration of the sacraments and saying the canonical hours and celebration of masses… but also in the true teaching of the truth of life, in terrifying condemnation of vices, in tough and masterful cutting-off of inflexible castigation of vices when that is needed."[55]

In *Pastoral Care in Historical Perspective,* Clebsch and Jaekle break down their study of pastoral care throughout history in what they describe as "eight epochs of the history of Christian pastoring."[56] Throughout these periods, pastoral care/soul care varied in focus and breadth of application. Clebsch and Jaekle's research is extensive and although showing the variations of pastoral care throughout history, they identified two features that could be found throughout. They wrote:

> Although only a tiny fraction of the total activity of pastoral care has been recorded, the range that is documented is overwhelming. The records, even when only sampled, reveal immediately two features of soul care under Christian auspices. First, the richness and inventiveness of pastoral ingenuity defy all efforts at complete comprehension, so great is the variety of ways that troubled people have

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[54] William Campbell. The Landscape of Pastoral Care in 13th-Century England. (New York: Cambridge University Press, 2018), Introduction, Kindle

[55] Ibid.

[56] William A Clebsch and Charles R. Jaekle, Pastoral Care in Historical Perspective. New York, NY: Harper & Row, 1967. Kindle, part 1, chapter 2

> been helped pastorally. Second, each intimate and unique act of pastoral helping in the past stands discrete within its own specific conditions – human, historical, personal, cultural, and ecclesiastical. Paradoxically, then, nothing proposed today as a novelty in soul care is really new, yet each pastoral act is, as each has always been, fresh, distinct, and unrepeatable.[57]

Many of the published works on pastoral care today focus on pastoral counseling of individuals. For example, Kerlin's work *Pastoral Care: From Past to Present* which was cited earlier, focused entirely on the history of the counseling aspect of pastoral care and the use of psychology. E. Brooks Holifield, in his work *A History of Pastoral Care in America, from Salvation to Self-Realization,* focused his entire work on the changes and development of pastoral counseling in Protestant churches in America. Holifield recognized however that pastoral care is not just pastoral counseling. He wrote:

> It has become common within Protestantism to distinguish between pastoral counseling and pastoral care. The latter term often designates the whole range of clerical activity aimed at guiding and sustaining a congregation; the former specifies a more narrowly defined relationship between a pastor and a person in need. I find such a distinction useful, and though I believe a history of pastoral counseling can illumine changing notions of care, I do not claim to have written a comprehensive history of pastoral care in Protestantism. I should add, however, that the modern 'pastoral care' movement was, for a brief period, singularly preoccupied with counseling. That preoccupation has now diminished.[58]

Holifield acknowledged that although included as an aspect of pastoral care, the preoccupation with pastoral counseling as pastoral care has seemed to diminish. This change could well come from the realization that pastoral care is not just the responsibility of professionally trained clergy.

[57] Ibid. Kindle, part 1, chapter 1

[58] E. Brooks Holifield. A History of Pastoral Care in America, from Salvation to Self-Realization. Eugene, OR.: Wipf & Stock Publishers, 1983. 12

In his book, *The Care Revolution: A Proven New Paradigm for Pastoral Care*, Dr. John Bosman writes of how he and his leaders became aware of the need to expand pastoral care to members of the church. He wrote:

> 1 Corinthians 12:25-26 says, But that the members should have the same care for one another. And if one member suffers, all the members suffer with it; or if one member is honored, all the members rejoice with it. Somewhere along the line, we have missed this reality in the body of Christ and erroneously made pastoral care the sole responsibility of the pastor. This mindset held on over centuries and became the traditionally accepted norm for congregational care to most people. In spite of the restoration of the priesthood of the believer during the First Reformation, the conviction remained that the clergy are the ones that do ministry, while the laity watch ministry being done. For church members to be involved in pastoral care was almost viewed as heresy. Unfortunately, this mentality remains stuck in many people's mind even to this day.[59]

The idea of professional clergy serving the church and being responsible for all pastoral care goes well beyond Holifield's modern focus on pastoral counseling. According to Bosman, the mindset dates back to before the First Reformation. Simon Doniger sees this mindset towards professional clergy serving the members of the church as more of a professional/client relationship, and he calls for it to change. He wrote:

> No matter which substantive description of service is used, formally the relationship is that of a professional serving clients. The problem in all this is that while such a view is centuries old and while it is indeed based on part of the New Testament picture of the Church, it is a truncated view. Neither in the relationship of Jesus to his disciples nor in the Apostolic Church was the primary function cast in a professional-serves-client form. Rather, in the New Testament the Church is consistently seen in mission terms and in community terms. In other words, the basic nature of the Church is to be a community-in-mission.[60]

Everyone in the church is supposed to be part of the mission. Donna Mack-Tatum wrote: "The care of the congregation is not just the job of the pastor. As the body of Christ, congregation

[59] Dr. John W. Bosman. The Care Revolution: A Proven New Paradigm for Pastoral Care. Colorado Springs, CO: Equip Press, 2019. Kindle, 18019

[60] Simon Doniger. "Pastoral care as a function of the Church." *Pastoral Psychology* 22, no. 2 (1971): 57

members are intended to care for one another."[61] Although he agrees with this idea, Paul Bernier still sees a challenge in implementing it. Bernier wrote, "Mention the word 'ministry' in any church group, and most people will automatically think of the ordained ministry… Ministry, in other words, is generally seen as a function of only a small minority of people. The laity are somehow excluded from any active role in the life of the church. Authentic ministry, however, is not the private preserve of the vowed and ordained. It is the service that God requires of all the baptized."[62] The good news is that excluding laity from pastoral care ministry seems to be changing.

Bruce Petersen suggests that a current trend in pastoral care involves including members in the ministry. Petersen observed, "In the last quarter century pastors have been awakening to the truth that for much of the Church's history it has operated on a wrong premise—that paid pastors were the only ones who could and should do ministry. In fact, every believer is called to be a minister… Lay ministry is essential to the church's health and its ability to express concern for others."[63] The involvement of members of the church in pastoral care can come in various forms.

Lynne Baab researched the current practices of pastoral care in the church and was surprised by the various ways church members are becoming involved. Baab wrote, "Most pastoral care today happens in small groups—the kinds of groups I later saw mentioned when I explored church websites. It took me quite a few years to wrap my mind around the clear truth

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[61] Donna Mack-Tatum. "Developing a Congregational Care Ministry Model: Mount Olive Baptist Church." (DMin diss., Liberty University Baptist Theological Seminary, 2013), 102.

[62] Paul Bernier. Ministry in the Church, A Historical and Pastoral Approach. (Eugene, OR: Wipf & Stock. 1992.) v

[63] Bruce L. Petersen. Foundations of Pastoral Care. Kansas City: Beacon Hill, 2007. Kindle chapter 3

that in congregations, small groups are the setting for a lot of healing, sustaining, guiding, reconciling, nurturing, liberating, and empowering."[64]

Pastoral care in the church has been a part of the church since Jesus commanded the disciples in John 13:34-35, "A new command I give you: Love one another. As I have loved you, so you must love one another. By this everyone will know that you are my disciples, if you love one another." Although the form and function of pastoral care has been applied in various ways throughout the history of the church, the command by our Savior has not changed. Today, like it was in the beginning of the church, pastoral care is becoming the responsibility of all believers.

Defining Pastoral Care

In studying the subject of pastoral care, several of my sources cited William Clebsch and Charles Jaekle's definition. Clebsch and Jaekle wrote, "Pastoral Care consists of helping acts, done by representative Christian persons, directed toward the healing, sustaining, guiding and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns."[65] After presenting their definition, Clebsch and Jaekle clarified their meaning behind those involved in the act of pastoral care.

Clebsch and Jaekle acknowledge that "Representative Persons" are Christians who do not necessarily have to hold a specific office in a Christian church, however, they recognize that there is something needed to make pastoral care pastoral. Concerning the qualifications of these "Representative Persons" they wrote, "Yet to perform pastoral care, they must in some way

[64] Lynne M. Baab. Nurturing Hope: Christian Pastoral Care in the Twenty-First Century (Living With Hope). (Minneapolis, MN: Fortress Press, 2018). Kindle. 23-24.

[65] William A. Clebsch and Charles R. Jaekle, Pastoral Care in Historical Perspective (New York: Harper & Row, 1967), Kindle. Part 1, chapter 2

possess and exercise, or be taken to possess and exercise, the resources of the Christian faith, the wisdom distilled from Christians' experiences, and the authority of a company of Christian believers."[66] For pastoral care to be pastoral, the caregiver must be grounded in Christ and a part of the church. Allan Cole Jr. expands on this idea in his book, *What Makes Care Pastoral?*:

> The pastoral caregiver is a professor—that is, one who professes. She professes the Christian faith. She professes belief in and embrace of a particular story, the Christian story. In so doing, she lives her life in accord with what it proclaims and the responsibilities to which it calls its adherents. Furthermore, she rightly sees herself—and is seen by others—as caring for souls in the foreground of this story. Why? Because this story encompasses her own story. Her faith and its practices *ground* her calling and training as one who offers care to souls because her faith and its practices *ground her life.*[67]

Care is pastoral when it is given by those whose foundation for life is found in their faith in Christ.

In defining care that is pastoral, John Patton purposes that for pastoral care to be pastoral, the caregiver must be present. Patten purposed, "Pastoral guidance includes the same three elements described in the discussion of presence: the personal involvement of the pastor with all of his or her awareness of self and others; responsible use of the pastor's role, function, and identity as a representative of God and the religious community; and the pastor's presence communicated by the way she responds to the presence of the one cared for."[68] Pastoral care requires the caregiver to be engaged with the person to whom they are giving guidance and care.

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[66] Ibid.

[67] Allan Cole Jr., "What Makes Care Pastoral?" Pastoral Psychology. 59. (2010): 719, https://doi.org/10.1007/s11089-010-0296-5.

[68] John Patton. Pastoral Care an Essential Guide. (Nashville, TN: Abingdon Press, 2005.) Kindle. 35. Edition.

Going back to the elements of Clebsch and Jaekle's definition of pastoral care, pastoral care cannot exist unless there is someone in need of care. Clebsch and Jaekle refer to these people as "troubled persons." For pastoral care to occur, more is required of this "troubled person" than just being in trouble. The authors explain, "Pastoral care begins when an individual person recognizes or feels that his trouble is insolvable in the context of his own private resources, and when he becomes willing, however subconsciously, to carry his hurt and confusion to a person who represents to him, however vaguely, the resources and wisdom and authority of religion."[69] Clebsch and Jaekle correctly recognize that for pastoral care to actually occur, the person in trouble must understand and agree that she or he is in need of help and subsequently seek it out from a believer in Christ.

There are many times in the life of the church when members reach out to people in the community to offer physical assistance in some form. Biblically, we understand this as loving our neighbor (Mark 12:31) and as exercising our faith when seeing others in need (James 2:14-18). Yet, according to Clebsch and Jaekle, meeting the needs in the community is not pastoral care because although those receiving help may understand that they need it, they have not carried "his hurt and confusion to a person who represents to him, however vaguely, the resources and wisdom and authority of religion."[70]

This understanding of the role of the troubled person in pastoral care is sometimes seen in the actions and reactions of church members, who, become hurt and angry when someone from the church does not reach out to them in a caring way. The problem is, often these members do

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[69] William A. Clebsch and Charles R. Jaekle, Pastoral Care in Historical Perspective (New York: Harper & Row, 1967), Kindle. Part 1, chapter 2

[70] Ibid.

not carry their "hurt and confusion"[71] to other members of the church. For care to be pastoral, both parties must be engaged and present.

In their definition of pastoral care, Clebsch and Jaekle also describe what type of care is given. They wrote, "Pastoral Care consists of helping acts, done by representative Christian persons, directed toward the healing, sustaining, guiding and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns."[72]

In pastoral care, healing comes with the idea of restoring a broken person back to a state of wellness/wholeness which should include growing in his or her faith. Clebsch and Jaekle wrote, "Pastoral healing, thus, involves recuperation from a specific ill, but it is distinguished by the fact that it regards cures as advancements in the soul's ability to reckon on illness and health as experiences fraught with spiritual significance."[73] Scripture tells us that God loves us (John 3:16, 1 John 4:16) and that God is Almighty and All Knowing (Psalm 147:5). A pastoral caregiver then, who is grounded in his or her faith in God and His Word and is responding to a troubled person who needs healing and is seeking help from someone representing the "resources, wisdom and authority of religion,"[74] will convey these scriptural truths in a way to promote healing and spiritual growth.

In pastoral care, the idea of helping sustain someone usually involves the troubled person being in a situation that probably cannot be made whole or resolved. For example, the news of an advanced illness with little chance of recovery, or the death of someone they loved. Clebsch and

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[71] William A. Clebsch and Charles R. Jaekle, Pastoral Care in Historical Perspective (New York: Harper & Row, 1967), Kindle. Part 1, chapter 2

[72] Ibid.

[73] Ibid.

[74] Ibid.

Jaekle wrote, “The sustaining function normally employs the means of compassionate commiseration. But it goes beyond mere resignation to affirmation as it attempts to achieve spiritual growth through endurance of unwanted or harmful or dangerous experiences.”[75] The authors offer an example of sustaining in action as they wrote, “Perhaps the commonest form of sustaining is found in the pastoral ministry to bereaved persons, whose loss is indeed unredeemable but whose experience opens up the significant spiritual implications of death as confronting the bereaved and as having confronted the deceased.”[76]

Guidance in pastoral care involves the caregiver helping the troubled person “make confident choices between alternative courses of thought and action, when such choices are viewed as affecting the present and future state of the soul.”[77] This guidance can come from the pastoral caregiver guiding the troubled person through their previous experiences in a loving way looking for insight, or by sharing their own life experiences while living and practicing their faith. Pastoral caregivers can also call upon previous guidance gained by others through pastoral care, however, this must be done with great care to ensure the anonymity of the other person involved.

Reconciliation in pastoral care can involve helping the troubled person “re-establish broken relationships between man and fellow man and between man and God.”[78] In practical application of this type of care, according to scripture (1 John 4:20), if there is a broken relationship with another person, there is also a broken relationship with God. Pastoral caregivers

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[75] Ibid.

[76] Ibid.

[77] William A. Clebsch and Charles R. Jaekle, Pastoral Care in Historical Perspective (New York: Harper & Row, 1967), Kindle. Part 1, chapter 2

[78] Ibid.

often need to help the troubled person understand their part of the relationship, as well as the role of forgiveness (God's example through Christ). Sometimes, it may be necessary to bring both parties together in a safe environment, to help facilitate reconciliation.

Lynne Baab shares a problem she finds in Clebsch and Jaekle's definition of pastoral care. Baab wrote:

> Look at the closing phrase of the definition: "whose troubles arise in the context of ultimate meanings and concerns." Personally, I like nothing better than talking with people about ultimate meanings and concerns, and Christian pastoral care often includes deep conversations that may help people trust and pray to the God in whom we find ultimate meaning. But what about someone who can't pay a utility bill because of an unexpected job layoff? What about someone who is just home from the hospital and can't cook dinner? Helping a person with dinner or a utility bill is not excluded from pastoral care just because the troubles did not arise in an area of ultimate significance.[79]

Although I understand the point Baab is trying to make, I disagree with her premise that the inability to pay a utility bill or make dinner does not come in the context of something that encompasses ultimate meaning and concern. In my personal experiences, it is through caring for people in these types of challenges that God has opened the door to help people seek the ultimate meaning of things.

Clebsch and Jaekle's definition of pastoral care and the depth of their explanations of the people involved (representative Christian persons and troubled persons) were incredibly helpful as I prepared my training course. Knowing the criteria of the people involved to make a care situation pastoral, gave my students a clear understanding of their responsibilities as caregivers and what to identify in those for whom they are caring.

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[79] Lynne M. Baab. Nurturing Hope: Christian Pastoral Care in the Twenty-First Century (Living With Hope). (Minneapolis, MN: Fortress Press, 2018). Kindle. 62.

There were two other quotes found in my studies that I really appreciated which gave insight that I could share with my students. The first helped remind me and the students that pastoral care may not just involve the current members of Appleton Christian Church. John Patton wrote, "Pastoral care is the action of a community of faith that celebrates God's care by also hearing and remembering those who are in some way cut off from the faith community."[80] There are several reasons people find themselves cut off from the faith community, however, in their pastoral care visits to other members in care facilities, it is very possible that they may encounter one of those people. God may make this divine appointment and the pastoral caregiver needs to be open for it to happen.

The second quote was from Thomas Oden. Oden wrote, "Pastoral visitation of persons is one way of reflecting the glory of God's own visitation of humanity in Christ, seeking the lost, redeeming sin, mending pain."[81] Understanding that pastoral care visits to members in care facilities reflect the glory of Christ visiting us to save us was inspiring and comforting to my participants. It also fit very well with our theological study of 2 Corinthians 1:3-5.

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[80] John Patton. Pastoral Care an Essential Guide. (Nashville, TN: Abingdon Press, 2005.) Kindle. 1.

[81] Oden, Thomas C. Pastoral Theology, Essentials of Ministry. (San Francisco, CA: Harper Collins, 1983.) 171.

Involving Laity (Church Members)

This project is focused on increasing participation by members of Appleton Christian Church for pastoral visitation with other members in various care facilities. As was previously mentioned, there is a growing movement in churches to gain more involvement from their members (laity) in pastoral care ministry. This section will review some of the literature on the subject for a greater understanding and potential use in the training class.

Laity is the term used in many churches to designate those members of the church who are not paid staff or ordained into ministry. Laity is derived from the Greek word λαός (Laos) and usually is defined as the people of God. Dr. John Bosman explains the linguistic background of this term in his book, *The Care Revolution:*

> The term *Laity* comes from the Greek word *Laos*, which is merely a word used to describe *people*. For the most part, in a biblical context, it refers to ALL the *people of God*, better known as Christians—the *called-out* ones. It is essential that we understand this. Paul, quoting Ezekiel 37:27, says, "I will be their God, and they shall be my people" (*Laos*) . . . (2 Corinthians 6:16) *Laity* is merely a term loosely used to describe those who are not in so-called vocational ministry. It indeed does not reference novices, and neither does it mean unqualified or unskilled people. The Apostle Peter says, "But you are a chosen people (Laos), a royal priesthood, a holy nation, a people (Laos) belonging to God. Once you were not a people (Laos), but now you are the people (Laos) of God" 1 Peter 2:9–10 (Words in parenthesis added) So, again, in its purest form then the word *laity* means *the people of God*.[82]

James Garlow expands on understanding by noting that two Greek words are often used to denote laity. Garlow wrote:

> "The Greek language has two words from which we derived the term 'laity.' One is *laikos;* the other is *laos. Laikos* means layperson in the sense of uneducated masses, a person who is not a specialist, who knows little about the subject matter. In contrast to that, *laos* means 'people.' In the New Testament it generally means

[82] Dr. John W. Bosman. The Care Revolution: A Proven New Paradigm for Pastoral Care. (Colorado Springs, CO: Equip Press, 2019.) Kindle. 362.

> 'the people of God.' It is important to note that the word *laikos* ('uneducated masses' never appears in the New Testament. In contrast, the New Testament repeatedly uses the word *laos* ('people of God'). In other words, when you find yourself admitting, 'But I am just a layperson,' you might as well say, 'I am just *one of the people of God.'*"[83]

I appreciate Garlow's point here. Of the two words from the Greek from which laity is derived, the New Testament never uses the term for uneducated masses. So, how did the term layperson ultimately come to be applied with this connotation? In his research, James Garlow believes he identified the source. He writes, "The first use of the word 'layperson' in Christian writings in this sense was sent in a letter written by Clement of Rome to the church in Corinth about A.S. 95 (1 Clement 40:6). In that letter, he contrasted the masses of people with the priests or Levites. Unfortunately, this distinction has continued through the centuries, and the dichotomy between clergy as the trained and laity as the untrained has remained."[84]

In many churches, this dichotomy remains, and often hinders the ministry of the church. Again, we see this in the words of Paul Bernier, "Mention the word 'ministry' in any church group, and most people will automatically think of the ordained ministry… Ministry, in other words, is generally seen as a function of only a small minority of people. The laity are somehow excluded from any active role in the life of the church."[85] In his studies on the subject, James Garlow discovered something rather surprising to support this and wrote, "Unfortunately, most

[83] James L. Garlow. Partners in Ministry; Laity and Pastors Working Together. (Kansas City. MO: Beacon Hill, 1998.) 41.

[84] Ibid. 53.

[85] Paul Bernier. Ministry in the Church, A Historical and Pastoral Approach. (Eugene, OR: Wipf & Stock. 1992.) v.

laypeople are unemployed – in that kingdom of Christ, that is. Some have suggested that perhaps as many as 95 percent of God's people are unemployed… God did not intend it that way."[86]

What God did intend and instruct is something entirely different. Bob Russell is a retired Senior Minister from Southeast Christian Church in Louisville, Kentucky and currently heads Bob Russell Ministries which focus on encouraging ministers and helping churches. He has authored many books on ministry. In his book, *When God Builds a Church,* Russell explains what God did intend concerning laity (church members). Russell wrote:

> "According to the New Testament, the purpose of church leadership is not to do all the work of the church, but to equip the church to minister to one another. Paul wrote, 'It was he who gave some to be apostles, some to be prophets some to be evangelists, and some to be pastors and teachers. To *prepare God's people for works of service,* so that the body of Christ may be built up' (Eph. 4:11-12, author's emphasis). It's the task of the leaders to train God's people for ministry."[87]

Dr. Bosman agrees with this point, he wrote, "I discovered a long time ago that it's not possible for pastors to do all the work of the ministry by themselves. It's just not possible, and it's undoubtedly not Scriptural. The same applies to pastoral care. Paul says in Ephesians 4:11 that Christ gave some to the Church to be pastors—to shepherd the flock, and then to equip the saints to partner with them in the ministry of caring for the congregation.[88] Yet, as was previously noted, most churches still operate with the ordained ministers doing most of the ministry. With this mindset then, as the minister approaches his or her limit, the inclination is often to hire more ministers. In response to this Bob Russell wrote:

> As a church begins to grow, there's a temptation to hire more staff to do the work of ministry. But this practice runs the risk of reducing the congregation to an

[86] James L. Garlow. Partners in Ministry; Laity and Pastors Working Together. (Kansas City. MO: Beacon Hill, 1998.) 23.

[87] Bob Russell: When God Builds a Church (West Monroe, LA: Howard Publishing. 2000), 175

[88] Dr. John W. Bosman. The Care Revolution: A Proven New Paradigm for Pastoral Care. (Colorado Springs, CO: Equip Press, 2019.) Kindle. 20.

audience. The ministers assume that if they make it as easy as possible for the new members, then the church will continue to grow. But if that happens, it actually has a negative effect. If the members of the congregation begin to sense that they are not needed, then growth will be stifled."[89]

So, what is keeping member involvement in ministry from happening in more churches? Bosman shares two impeding sources that he has identified in his research. First, there is a problem with the members themselves. He writes, "What adds to this already crippled function of ministry is the belief of many church members that providing care to one another systematically is not their responsibility, but exclusively that of the pastor. And it's not that they don't love other people, because that is not the case. It's more a matter of them not understanding that they too have a role to play in providing congregational care."[90] This new understanding of their responsibility in ministry must come through teaching from church leaders (Eph. 4:11-12). Yet, that brings us to the second impeding source to membership involvement in ministry, the pastors themselves. Bosman wrote:

> Dr. Mel Steinbron asks the question in his book by the same title: Can the Pastor Do It Alone? And we know the answer to that statement-question is an unequivocal, no! But when it comes to pastoral care, it seems we, as pastors, just press on, having made peace with the traditional mindset that we have no option other than to do it on our own. Now, we know, there is an option! The sad part is that in the modern-day church, with all the busyness we face, pastoral care has become a neglected necessity even for pastors. We only have time to handle crisis situations, and even at that, often miss the opportunity. We often see the results in the many burnt-out pastors and frustrated church members around us.[91]

Bosman continues:

> Pastors often impede the health and growth of their churches by having the notion that they should be available to all the people all the time. Wrong mentality. An exceptionally gifted pastor can do most of the pastoral care up to 200 people, but

[89] Bob Russell: When God Builds a Church (West Monroe, LA: Howard Publishing. 2000), 177

[90] Ibid. 47.

[91] Ibid. 20.

> when it goes beyond that number, he or she burns out, or the church collapses. There should be a meaningful system of pastoral care in every congregation, regardless of its size. Sincere care is at the heart of the life of a congregation; if your pastoral care fails, so will your mission. The solution is to enlarge the footprint of your ministry by involving church members to provide ongoing congregational care to each other.[92]

Diane Detwiler-Zapp and William Dixon have seen the same problem and they suggest the same solution to it. In their book, *Lay Caregiving,* they wrote, “Pastoral care, on the other hand, often has been seen as a ministry exclusive to the clergy. In the area of caregiving, lay people are often unrecognized, frequently unappreciated, and usually neglected. Yet they have an abundance of undeveloped resources for caring. Lay people are the greatest untapped potential of the church.[93] Due to trying to do every aspect of ministry alone, Detwiler-Zapp and Dixon understand that ministers are often overextended and ultimately, they burn-out. Yet, they offer this advice to their pastor readers, “If you find yourself in this pinch, we encourage you to look to the members of the church for help.”[94]

So, what then is to be done with the perception of the differences between clergy and laity? James Garlow suggests we acknowledge that there is a difference, yet we need to understand the scope of that difference. Garlow wrote, “The difference between clergy and laity is a *legitimate difference,* but it is a difference *based upon function, not essence.* Any perception

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[92] Ibid. 20-21.

[93] Diane Detwiler-Zapp and William Caveness Dixon. Lay Caregiving. (Philadelphia, PA: Fortress Press, 1982.) 8.

[94] Ibid. 1.

of clergy and laity that separates them by status is a misunderstanding of the universal call to ministry of *all* who are the people of God."[95]

Dr. Bosman sees these differences as part of God's design to accomplish the mission of the church. Bosman wrote:

> The obedience of the Church to her God-given mission determines the Church's health, strength, and growth. It is inconceivable to entertain the thought of ignoring what the Word instructs us to do concerning the building of the Church. There is a reason there should be diverse ministries in the local church, and why there should be distinct leadership roles. The body of Christ, like the natural body, consists of many parts with different purposes. The clergy and laity share the same responsibility for the work of the ministry even though there are distinctions in their functions and offices, and their assignments may differ significantly.[96]

Bob Russell also presents that for the mission of the church to be accomplished everyone in the church must be a part of the work. He wrote, "One of the keys to advancing the gospel is for the church to be made up of individuals who consider it their task to do the work of the ministry, rather than having a congregation of people who expect the paid staff to minister to them."[97]

Gary R. Collins recognizes there is a need for the whole church to collaborate to accomplish God's plan for the church. Collins wrote, "To be a true helping community that it was meant to be, the church first must return to the biblical pattern of *every* member committing his or her life to Christ, developing individual spiritual gifts, and actively using these (including the gift of helping) to minister to others as we move toward Christian maturity."[98]

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[95] James L. Garlow. Partners in Ministry; Laity and Pastors Working Together. (Kansas City. MO: Beacon Hill, 1998.) 54.

[96] Dr. John W. Bosman. The Care Revolution: A Proven New Paradigm for Pastoral Care. (Colorado Springs, CO: Equip Press, 2019.) Kindle. 360-361.

[97] Bob Russell: When God Builds a Church (West Monroe, LA: Howard Publishing. 2000), 175

[98] Gary R Collins: How to Be a People Helper (Carol Stream, IL: Tyndale House Publishers, Inc.1995), 174

As Christians, the Word of God directs us to mature (Heb. 6:1). Bob Russell wrote, "Nothing helps you grow as a Christian like service. If you want to be stretched, visit a nursing home, … If your church is not providing opportunities for your members to serve, you are stifling their spiritual growth."[99] Adding to this idea Dr. Bosman wrote, "It is the prohibition of church members in ministry that has made many people apathetic, unconcerned, and uninvolved."[100]

To summarize up to this point in this review, laity (member) involvement in the ministry of the church is necessary to be obedient to God's design for the church (Eph. 4:11-13); to accomplish the mission God gave to the church (Matt. 28:19-20, 1 John 4:7, Heb 10:25); and to have all members mature in Christ. The good news is that many church leaders are leading their churches toward greater member (laity) involvement in ministry.

Bruce Petersen recognizes this trend of increasing involvement in ministry by laity and suggests one reason that this is happening. He wrote, "What is driving this new emphasis on lay ministry? In part, it is because laypeople have demonstrated that they are capable of doing a wide variety of ministries, both inside and outside the church. There are many skills and tasks where laypeople are actually more qualified than their pastor…. This can give a person a sense of belonging as he or she is contributing to the ongoing ministry of the church.[101]

Peterson continues, "More and more churches are placing high expectation on those who join the church. For them, being a member is more than just showing up on Sunday. Involvement means finding a ministry and doing it. Lay people have discovered that ministry provides an

[99] Bob Russell: When God Builds a Church (West Monroe, LA: Howard Publishing. 2000), 178

[100] Dr. John W. Bosman. The Care Revolution: A Proven New Paradigm for Pastoral Care. (Colorado Springs, CO: Equip Press, 2019.) Kindle. 50.

[101] Bruce L. Petersen. Foundations of Pastoral Care. (Kansas City: Beacon Hill, 2007.) Kindle. chapter 3.

opportunity to make an eternal difference, and that in itself provides motivation and reward. Almost all ministries are in some way, directly or indirectly, acts of caring for others.[102]

Membership involvement in ministry energizes a church. Dr. Bosman shares many of his experiences with membership involvement with his readers. He wrote:

> We established an efficient and workable system that connected members to each other and found practical solutions to assimilate new members. What was furthermore uplifting was to see the large numbers of people who enthusiastically participated in this life-giving ministry—greater than any other ministry activity we ever launched. There is nothing that can catapult the enthusiasm of a congregation quicker than getting people involved in the life of the church.[103]

Dr. Bosman's experiences excited me and encouraged me to work toward the completion of this project and gave me ideas on how to share my enthusiasm with my class.

Reviewing these various sources of literature focusing on involving members in ministry challenged me to look for barriers for involvement that may be in place at Appleton Christian Church and remove them, even if some of those barriers were to be found in me.

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[102] Bruce L. Petersen. Foundations of Pastoral Care. (Kansas City: Beacon Hill, 2007.) Kindle. chapter 3.

[103] Dr. John W. Bosman. The Care Revolution: A Proven New Paradigm for Pastoral Care. (Colorado Springs, CO: Equip Press, 2019.) Kindle. 21.

Giving Care – Preparation, Techniques, and Warnings

If this ministry project is going to be successful, it is necessary to equip the participants in my training class with information on how people involved in pastoral care provide care to others. This literature review will include a collection of various suggestions on preparing the caregiver, what to be aware of when visiting, actions/techniques to include in a visit, and warnings on what to avoid in a pastoral care visit.

A pastoral caregiver, by definition, must be grounded in her or his faith in Christ and His wonderful word. That faith reminds us that we are never alone in our caregiving. Lynn Baab encouraged her readers to remember this when preparing for and giving care. She wrote, “The incarnation of Jesus—God with us in all situations, God with all people, including those on the margins—lies behind a commitment to “sentness” as foundational for Christian living, to serve and be sent as Jesus was. This approach shapes pastoral care in our time.”[104]

Understanding that Christ is within is crucial in preparing to care for others, because by doing this we understand that He is the true caregiver. Kenneth Haugk understands this and suggests to his readers, “Your motivation and preparation is not diminished when you rely on God as the curegiver; rather, your reliance on God empowers your preparation.”[105] Haugk expanded on this when he wrote, “Your ultimate motivation for caring is Jesus Christ. He provides purpose and power so that your caring relationships are transformed by his love. Knowing this will affect your identity, attitude, confidence, and perspective as a caregiver.”[106]

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[104] Lynne M. Baab. Nurturing Hope: Christian Pastoral Care in the Twenty-First Century (Living With Hope). (Minneapolis, MN: Fortress Press, 2018). Kindle. 60.

[105] Kenneth C. Haugk. Christian Caregiving a Way of Life. (Minneapolis, MN: Augsburg, 1984.) 22.

[106] Ibid. 32.

Anticipating a pastoral care visit with someone in the hospital, especially if the caregiver does not know him or her well, can produce anxiety and worry within the caregiver. Haugk suggests, "When you as caregiver realize that God is the Curegiver, you are freed from worry and false expectations. Demands on yourself to get results are silenced, and so are any demands for the care receiver to shape up or change."[107] Throughout the Gospels we see examples of Christ healing those who are sick (Mark 5:34, John 5:1-47, Matt. 12:15). Jesus Christ is the Great Physician. As the pastoral caregiver prepares to visit someone in need, it is calming to realize that the Great Physician is going with them. As Paul wrote "Christ in you, the hope of glory." (Col. 1:27b)

In preparing for a pastoral visit, Susan Sontag believes it is important for caregivers to remember that caregivers have also been care receivers. She wrote, "Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place."[108]

Lynn Baab also finds it helpful for the caregiver to remember that they have also needed care and comfort. Baab wrote:

> This new understanding helps carers not to view themselves as somehow immune from suffering or somehow better than the care recipient. Carers are pilgrims on a journey toward wholeness, just like the recipients. Carers who see themselves in this light are less likely to "commit the heresy that they are God." Way argues that this perspective gives strength and hope to the people who are care recipients in this moment, because it assures them that some other time they might be caregivers. This encourages care recipients to find their own strength so that later they will be able to help others.[109]

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[107] Ibid. 21.

[108] Susan Sontag, Illness as Metaphor and AIDS and Its Metaphors (New York: Anchor, 1990), p. 3.

[109] Lynne M. Baab. Nurturing Hope: Christian Pastoral Care in the Twenty-First Century (Living With Hope). (Minneapolis, MN: Fortress Press, 2018). Kindle. 84.

Baab recognizes that in preparing themselves in this way, pastoral caregivers not only approach the care visit humbly and with understanding, but this perspective also introduces the idea to the care receivers that in the future they too might be caregivers. Baab suggest that it is comforting to pastoral caregivers in their preparation to realize this process of caregivers helping care receivers who in turn become caregivers is the way God designed it. She wrote:

> The apostle Paul, early in his second letter to the Corinthians, writes, Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and the God of all consolation, who consoles us in all our affliction, so that we may be able to console those who are in any affliction with the consolation with which we ourselves are consoled by God (2 Cor 1:3–4). We console because God has consoled us. We learn how to console from the way God consoles us, using a variety of people and circumstances to show us love. We care because we have received care. This perspective enables carers to come alongside people in need in a way that reduces hierarchy and contributes to empowerment.[110]

Knowing that what the pastoral caregiver is doing is part of God's design and direction to His people, can give the caregiver peace and empower him or her as each anticipates their opportunity to give care.

During my research, there were several things the authors suggested that pastoral caregivers consider doing, or at least be aware of, while they are in a care facility for their visits. When pastoral caregivers are coming into a care facility, they become part of the care for the patient in that facility. Because of this, John Patton suggested that caregivers present themselves to the staff as a visitor. Patton wrote, "Because the hospital visitor is an outsider, it is also appropriate and important that the visitor, lay or ordained, identify himself or herself to persons in authority on the floor where the patient is located, indicating that he or she is a pastor or lay visitor who has come to see a particular patient."[111] This allows the caregiver to ensure that the

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[110] Ibid. 85.

[111] John Patton. Pastoral Care an Essential Guide. (Nashville, TN: Abingdon Press, 2005.) Kindle. 64-65.

patient he or she has come to visit is available and lets the nurse (staff) know the caregiver is there to support them and the patient.

If the patient is going to be at the care facility over an extended period of time, John Patton suggests, "Persons who will be visiting regularly in a particular hospital unit should usually become acquainted with the person in charge of that unit or the nurse regularly assigned to the care of the patient being visited. Such a procedure is respectful of the authority of the nursing staff and allows them to advise the visitor of any limitations on visitation or procedures that need to be observed."[112]

Lynn Baab believes that caregivers also need to be aware of others that God may reveal to them while they are visiting a care facility. Baab wrote, "Eugene Peterson believes that we limit pastoral ministry when we focus it only on people who we perceive to be troubled. Rather, much of the task of pastoral care is to help people see where God is already at work and how they can join in."[113] I have often been in care facilities visiting a member of the church when God has presented other opportunities for me to offer pastoral care to others. I have often heard these types of encounters referred to as "divine appointment." Pastoral caregivers should always be aware of the opportunities God may be giving them to care for others.

For pastoral care to be effective, the caregiver must remember to create and maintain a safe and open environment for care to take place. Kenneth Haugk suggests, "What Christian caregivers do is prepare the ground for the Great Curegiver. Preparing the ground means doing

[112] Ibid 65.

[113] Lynne M. Baab. Nurturing Hope: Christian Pastoral Care in the Twenty-First Century (Living With Hope). (Minneapolis, MN: Fortress Press, 2018). Kindle. 25.

the best possible job to create a therapeutic situation and then waiting on the Lord expectantly. It is God who provides emotional, mental, physical, and spiritual growth according to his will."[114]

According to Patrick Riecke, a safe care environment that allows the care receiver to be relaxed and free to engage in conversation is one in which the receiver is assured that what they say will be held in confidence by the caregiver. Although HIPAA Privacy Rules generally do not apply to pastoral caregivers affiliated with the church, privacy is still important to the pastoral care environment. In his book, *How to Talk with Sick, Dying, and Grieving People: When There are No Magic Words to Say,* Riecke provides his readers with a list (Table 2.1. below) of practices that can help pastoral care providers ensure they respectively maintain the privacy of those for whom they are providing care.

There were several things on this list of which I had not been aware. Now, when members notify the church that they are patients at a facility, the staff member that takes the call suggests that they tell the facility that they are members of Appleton Christian Church. They are also to ask if the member would like visitors and if those visitors could be from the Appleton Care Ministry.

[114] Kenneth C. Haugk. Christian Caregiving a Way of Life. (Minneapolis, MN: Augsburg, 1984.) 19

Table 2.1. Privacy basics for faith communities[115]

Privacy Basics for faith communities
• Ask your congregants to identify with your place of worship to the Healthcare Facility (Registration). • If they have identified with your place of worship, you can call and get a list of your patients. • If they have asked not to be in the public registry, staff cannot tell you they are at the facility. However, that does not mean you cannot visit. You will need to discover their location from family/friends. • Do not share patient identification with others (name, room number, etc.). • If you share patient information without the patient's permission, it is a violation of HIPAA law in the United States. • Hospital staff may leave a voicemail at your place of worship about your patient ONLY if your voicemail box identifies your place of worship by name. • Encourage your parishioners to let you know they are coming to the hospital beforehand when possible. • Treat their information like news of a new pregnancy—let them tell their story—do not tell it for them. Many of the reasons for a hospitalization are very private in nature.

There are several actions/techniques that pastoral caregivers should include, or at least be prepared to include, during their visit with the person receiving care. John Patton believes it is important that the person receiving care knows that the pastoral caregiver is truly present in their conversation. He wrote, "The carer is present by the way she responds to others. That response can be described most usefully in terms of listening: how one listens and what one listens for.

[115] Patrick S. Riecke. How to Talk with Sick, Dying, and Grieving People / When There are No Magic Words. (Fort Wayne, IN: Emerald Hope Publishing, 2018.) Kindle. 151-152.

Listening as we will discuss it here is not just a matter of using one's ears and hearing words. It is a total response to the way that the carer is experiencing the other."[116] To give his readers a better understanding of what he means by listening, Patton offers:

> A particularly helpful example is found in Luke 8:18, which the New Revised Standard Version translates as "pay attention to how you listen." The Greek word literally means "see" how you listen. It denotes sense perception or being able to see as distinct from blindness, and it calls for all the senses to be used for full awareness of the message being conveyed. This text challenges the pastoral carer to be "care-full" in the way that she listens and remembers what she hears.[117]

Patton continues:

> Just as "seeing how we listen" involves bringing together two senses, sight and hearing, how we listen needs to involve at least two things. Pastoral presence—being with this person where he is—requires, first of all, listening carefully to whatever the patient or parishioner tells the pastor about his present situation, the condition of his illness, his family, loss of a job or significant person in his life. The pastor listens to understand as much as he can about the immediate challenge to this person's life.[118]

Listening is critical to the effectiveness in pastoral care. The care receiver must know the caregiver is present with them and listening well is key for that to happen. Lynn Baab suggests that caregivers need to prepare themselves to listen through love. She writes, "Love motivates us to work on improving our ability to listen. In order to listen well, we have to want to listen. In order to want to listen, we have to expect that something is worth listening to, that something real and significant is happening in the lives of the people we encounter."[119]

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[116] John Patton. Pastoral Care an Essential Guide. (Nashville, TN: Abingdon Press, 2005.) Kindle. 29.

[117] Ibid. 29.

[118] Ibid.

[119] Lynne M. Baab. Nurturing Hope: Christian Pastoral Care in the Twenty-First Century (Living With Hope). (Minneapolis, MN: Fortress Press, 2018). Kindle. 128.

During a pastoral care visit, it may become evident to the caregiver that the person receiving care may be anxious or upset. Gary Collins offers some good direction/advice to a caregiver who finds themselves in this situation. Collins wrote, "How to help reduce anxiety… This is not done by encouraging the helpee to think about something else. Sometimes we steer the conversation to other topics because we feel the need to reduce our own anxiety, but this doesn't do much to help people in crisis. Often, they want and need to talk about the situation, describe what happened, think back to happier times before the crisis, and feel free to express their emotions of sadness, grief, remorse, or anger."[120]

Pastoral care is given for the comfort and healing of the person receiving care. Pastoral caregivers must be careful not to react in a way that makes them more comfortable, or in a way that would shift the conversation to be more about them. John Patton cautions caregivers, "If a person is sad or depressed, the pastor's own experience of sadness can help her understand the patient or parishioner's experience, but if she gets too deeply into her own experience she may be unable to respond to the other person."[121] The focus on the pastoral care event must remain on the person receiving care and on how God is leading.

Prayer is often a part of a pastoral care visit. John Patton offers some very helpful directions on what to do when prayer is requested. He wrote:

> In situations where prayer is explicitly requested, it is often helpful to talk briefly about the request itself and what the person is seeking through it. In any case, when prayer is offered, it is important that it express something of the life situation as experienced by the patient and family, including their hopes, fears, and desires (without resorting to magical or unrealistic thought), while also setting these human concerns in the context of the mystery of God's reality and love.[122]

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[120] Gary R Collins: How to Be a People Helper (Carol Stream, IL: Tyndale House Publishers, Inc., 1995.) 117.

[121] John Patton. Pastoral Care an Essential Guide. (Nashville, TN: Abingdon Press, 2005.) Kindle. 41.

[122] Ibid. 66.

Wisdom most often comes from experience, and experiences that usually teach us the most, are from those times when we have failed or have felt pain. In my research, several authors gave their readers warnings on what to avoid during pastoral care visits. In each of these cases, their knowledge came from doing what they suggested their readers avoid. John Patton became aware of one of these issues when he was talking with a hospital chaplain. Patton wrote:

> A hospital chaplain once commented that the warmest appreciation for his ministry that came to him from patients and families was, "You never seemed in a hurry." This certainly does not mean that visits to the sick must be long visits, but it does mean that one of the most important things that a pastor brings to those who are separated from their customary life by illness is his or her patience. The pastor whose visits convey primarily how busy he or she is with other things is not able to do much toward restoring the soul of the one who is ill.[123]

A pastoral caregiver should plan the visit when there is enough open time in her or his schedule to accommodate whatever God may have planned for the visit. There should never be a time when a caregiver should feel rushed going into a pastoral visit, because that will be noticed by the person receiving care and potentially inhibit any care given. However, Patton also points out that this does not mean that all visits should take a long time. He wrote, “Pastoral visits, for example, should ordinarily not be very long; fifteen or twenty minutes is often sufficient, and more can easily become a burden to the patient, especially when he or she is tired or in some discomfort.”[124]

Patrick Riecke has a lot of experience giving pastoral care to those who are experiencing very severe challenges, either those who are coping with a terminal diagnosis or those who are grieving the loss of a loved one. From his personal experiences and with confirmation through his research, he has identified, “Five natural inclinations for those of us who want to help a

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[123] Ibid. 61-62.

[124] Ibid. 64.

person in the midst of a difficult time."[125] These inclinations are actually counterproductive to an effective pastoral care. The following list comes from Riecke's book, *How to Talk with Sick, Dying, and Grieving People / When There are No Magic Words.*

1. Defending God
   I just walked with him, listened to him, and kept saying, "I'm so sorry." Why? Because his question was an emotional one–and quite a natural response. To respond with a logical answer would not have helped him. Perhaps he could have had a logical conversation later. Probably months later. At that time maybe someone could have said some of those things I felt rising inside of me. But twenty minutes after his wife died was not the right time to defend God. Defending God is one of the natural inclinations at a time like this. Actually, let me be more honest. Our inclination is to defend our understanding of God and faith, life and death. But we have to ask ourselves, "Am I defending God, my faith, my point of view, as a way of helping this person, or justifying my own internal thinking and belief?" If it's the latter, then we are helping ourselves, not the person in the midst of their dark time.[126]

2. Teaching Theology
   Similar to defending God, sometimes we are inclined to teach theology to people who are in pain. We want to tell them what our faith says about times of difficulty, or about how God is good all the time, even when it doesn't feel that way. These things may be true, but we are making a mistake when we follow this inclination. Again, their questions at this time are usually emotional, not theological, such as "If God is good, why is he doing this to me?" When we give a theological answer to an emotional question, we aren't really communicating. We aren't really helping.[127]

3. Only focusing on the afterlife
   I hope you have never had to go to a funeral where someone stood up and told everyone there not to be sad because the person was in heaven. Even if the family and friends are 100% sure that the person is enjoying an eternal life of extreme bliss, trying to tell someone not to be sad, for any reason, seldom helps them.[128]

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[125] Patrick S. Riecke. How to Talk with Sick, Dying, and Grieving People / When There are No Magic Words. (Fort Wayne, IN: Emerald Hope Publishing, 2018.) Kindle. 69

[126] Ibid. 72-73.

[127] Ibid. 73-74.

[128] Ibid. 74.

4. Cheering people up
   Again, young people usually understand the emotional nature of difficult times better than the more mature among us. I can remember a young man who was a part of my youth group years ago. When he learned that a good friend's mom had died, he told us all he just wanted to punch the wall. Then, at the funeral service, he stood with his friend over to the side, just talking. And laughing. That kind of ebb and flow of emotions is totally natural during dark times. Don't try to cheer people up. Just ride the waves of emotion with them. If they are sad when you are with them, let them be sad. If they are happy don't try to talk them out of that, either![129]

5. Praising people in Phase Three for 'being strong' or 'moving on'
   What do we communicate when we praise people for being strong (i.e., not crying uncontrollably at the funeral)? We are telling them that this is a more appropriate or admirable way to respond when someone dies. It's the same with people in emotional pain. It's totally okay for them to cry and not be strong. And when we praise them for being strong and moving on, we are basically saying, "That's the preferable response. If you are sad or depressed that is less desirable. It's more convenient for me if you are less sad, because I am not confronted with as much pain when I think about you."[130]

I decided to include his whole list with explanations because when I read them, I recognized that many of these inclinations are my own. This was a very helpful list to me and I felt it was important to share with my students.

This last item was not so much a warning, as it was offering pastoral caregivers good advice and direction. Kenneth Haugk wrote, "The problems of the person you are caring for may be more than you can handle alone. The individual may need the service of another caregiver – a psychologist, psychiatrist, pastoral counselor, psychiatric social worker, psychiatric nurse, or other similarly-trained professional. Find the best resource for the person in your community and make the referral.[131] The reality is that the depth of some people's problems/situations may require much more training and expertise to effectively offer true care. That does not mean that

[129] Ibid. 77-78.

[130] Ibid. 78-79

[131] Haugk, Kenneth C. Christian Caregiving a Way of Life. Minneapolis, MN: Augsburg, 1984 p 48

anyone offering pastoral care to someone in that depth of challenge should avoid the person needing care. The Lord is present in all pastoral care situations and He is the Great Physician. It is His presence that truly brings peace to everyone. Yet the advice is important to remember. Just as a pastoral caregiver has neither the training or the ability to prescribe physical care for a patient, nor do they have the training or the ability to prescribe emotional care. The important thing for a pastoral caregiver to remember is to stay within their training.

As was presented in this review, there are many things the pastoral caregiver can do to prepare themselves for time with the care receiver. There are several things of which to be aware and various actions/techniques that may help the caregiver be more effective during the visit. There are several things that should be avoided by the caregiver to protect and nurture the person receiving care.

Sharing Our Faith – Discussions on Evangelism

As was established previously in Clebsch and Jaekle's definition, care is pastoral only if the caregiver is rooted in his or her faith in Christ and His Word, and the troubled person recognizes their inability to solve the problem on his or her own and seeks help from someone seen as possessing the "resources and wisdom and authority of religion."[132] This is not to say that the person receiving care is already a believer in Christ, only that when in need, they are drawn to someone who is a believer in Jesus. If this is the case, then the heart of the troubled person may well be ready to accept Christ's invitation. It is important then for those members who will be participating in pastoral care visits at care facilities to be able to share their faith with others.

This review will consider sources on discipleship and evangelism and prepare information that will clearly show God's desire to reach the lost, the mandate for His followers to seek the lost, and ways His followers can share their faith.

"For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life. For God did not send his Son into the world to condemn the world, but to save the world through him." (John 3:16-17) It is not surprising to me that this is often one of the first scriptures people memorize. I remember I was first led to read this passage when I saw it on television at a football game. Why all the attention? This verse clearly shows that it was God's love for us and His desire to be with us that caused Him to send Jesus.

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[132] William A. Clebsch and Charles R. Jaekle, Pastoral Care in Historical Perspective (New York: Harper & Row, 1967), Kindle. Part 1, chapter 2

God created man to have relationship with Him. In Genesis chapter 3, we read of the fall of mankind through the first sin of Adam and Eve. From that point on, relationship with sinful man was impossible with a Holy God. Yet, right after that first sin we get a glimpse of God's plan to redeem mankind and bring them back into relationship with Him in Genesis 3:15. The offspring of women (virgin birth) would crush the head (have victory over) of the serpent (Satan), though the serpent would bruise His heal (Christ would suffer). God sent Christ Jesus to this world to pay the price of sin (judgment and punishment) so that we could be justified in His eyes and enter again into fellowship with Him, and all of this to God's eternal Glory.

C. S. Lewis understood the connection between sharing our faith (evangelism) and glorifying God. In his work, *Reflections,* Lewis wrote, "The glory of God, and, as our only means of glorifying Him, the salvation of souls is the real business of life."[133] If, as the bible tells us, the purpose of man is to glorify God (Isaiah 43:7), then according to Lewis, sharing our faith is a means to glorify Him.

We need to understand evangelism (sharing our faith) in light of God's desire for relationship with mankind. Michael Simpson wrote, "Evangelism always requires faith, and always grows our relationship with God. We must believe he desires more than anything for the lost to be found, and we must believe that he has changed us. We must understand that change in a way that we can express to others and then we must have faith that God can use us. We also must learn to discern his voice and go where he leads, even when it doesn't make sense."[134]

Robert Coleman powerfully presents this idea in his book, *The Master Plan of Evangelism.* Coleman wrote, "When will we realize that evangelism is not done by something,

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[133] C.S. Lewis. Reflections. (Grand Rapids, MI: Eerdmans, 1967.) 14.

[134] Michael L. Simpson. Permission Evangelism; When to Talk, When to Walk. (Colorado Springs, CO: NexGen, 2003.) 147.

but by someone? It is an expression of God's love, and God is a person. His nature, being personal, is only expressed through personality, first revealed fully in Christ, and now expressed through his Spirit in the lives of those yielded to him. Committees may help to organize and direct it, and to that end they certainly are needed, but the work itself is done by people reaching other people for Christ."[135] Sharing our faith with others is expressing the love that God has for them. It is also clearly mandated in scripture.

The disciples and the early church understood this mandate to evangelize the lost. Dave Earley and David Wheeler wrote, "Jesus' followers did not consider this Great Commission to evangelize the world as an option to entertain but rather saw it as a mandate to fulfill whatever the cost."[136] That mandate has not changed.

Bill Hull believes Christian evangelism is mandated by scripture to all the followers of Christ. Hull wrote:

> Jesus told us to be disciples and to make disciples. When he issued the Great Commission, he could have spoken about contemplation, study, worship services, or gathering people together for revival meetings in the temple. He could have restated the Great Commandment. But he didn't. Instead Jesus got straight to the point with simple words: "All authority in heaven and on earth has been given to me. Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age" (Matthew 28:18-20). With the Great Commission, transformation became mission. Jesus' words reveal his heart and priority. They also indicate a method that will fulfill God's plan to rescue the world. A commitment to be and make disciples must be the central act of every disciple and every church.[137]

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[135] Robert E. Coleman. The Master Plan of Evangelism. (Grand Rapids, MI: Baker Publishing Group, 2014.) Kindle. 108-110.

[136] Dave Earley and David Wheeler. Evangelism Is…; How to Share Jesus with Passion and Confidence. (Nashville, TN: B&H Academic Publishing, 2010.) 21

[137] Bill Hull. The Complete Book of Discipleship: On Being and Making Followers of Christ. (Colorado Springs, CO: NavPress, 2006.) Kindle. 25-26.

Every believer in Jesus Christ is mandated to share his or her faith in Him, there is no excuse. William Fay and Linda Shepherd address this idea of excuses in their book, *Share Jesus Without Fear,* when they wrote, "God has called each of us to share our faith, in obedience. He has called each of us to evangelize. If one of your excuses for not sharing your faith is, 'I don't have the gift of evangelism,' then you need to examine Scripture. You will find the command of the Great Commission: to evangelize, to encourage evangelism, and to urge evangelism."[138] Fay and Shepherd expand on this idea of excuses, "I find the excuse that 'I don't know enough' usually comes from someone who has been a Christian for ten years or more. When I meet someone who tells me this, I like to tease him by saying, 'The problem is you have been sitting around accumulating information for so long you're spiritually constipated. You need to get rid of some of this information!'"[139] There are no excuses.

Bill Clem believes that evangelism is not only a mandate, but also urgent and specific. In his book, *Getting Your Identity from Jesus,* Clem wrote:

> Mark's version of the Great Commission reads, "Go into all the world and proclaim the gospel to the whole creation. Whoever believes and is baptized will be saved, but whoever does not believe will be condemned" (Mark 16:15–16). Clearly, then, the imperative is urgent. As the writer to the Hebrews reminds us solemnly, "Just as it is appointed for man to die once, and after that comes judgment, so Christ, having been offered once to bear the sins of many, will appear a second time, not to deal with sin but to save those who are eagerly waiting for him" (Heb. 9:27–28). Not only is it urgent; it is specific. In this time between Christ's two comings, the church's task is to "proclaim the gospel to the whole creation."[140]

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[138] William Fay and Linda Evans Shepherd. Share Jesus Without Fear. Nashville, TN: B&H Publishing, 1999. 15.

[139] Ibid. 24.

[140] Michael Horton. The Gospel Commission: Recovering God's Strategy for Making Disciples. (Grand Rapids, MI: Baker Publishing Group, 2010.) Kindle. 88.

In obedience to God's mandate, every believer should proclaim the gospel. Proclaiming the Gospel of Jesus may well be more accepted in a pastoral care setting. Dave Earley and David Wheeler understood that this caregiving and acts of love draw others to Christ. They wrote, "One of the requirements Jesus gave His followers was to love one another. He told them that by loving one another they would attract those who were not yet following Him."[141]

Though the actions of love from a believer in Christ may draw an unbeliever to Him, Kenneth Haugk insists caregivers must be prepared to share their faith. He wrote: "Just as I am called by God to be a Christian caregiver, so I am also called to evangelize. But I need to look at how I evangelize, how I communicate this good news. True Christian evangelism is caring; distinctively Christian caring is one vital aspect of evangelism."[142]

During pastoral care, the caregiver is transparent before the person receiving care so that Christ can be seen through her or him. Jonathan Dodson believes this is important for evangelism to occur. Dodson wrote, "Making disciples requires not only 'sharing our faith,' but also sharing our lives—failures and successes, disobedience and obedience."[143]

Giving pastoral care, then, is an aspect of evangelism, but by itself is not enough. Richard Leach and David Wheeler observed, "Ministry is incomplete if it doesn't lead to a communication of the gospel. When you meet someone's physical needs, always be ready to introduce them to Jesus, the only One who can meet their spiritual needs."[144]

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[141] Dave Earley and David Wheeler. Evangelism Is…; How to Share Jesus with Passion and Confidence. (Nashville, TN: B&H Academic Publishing, 2010.) 201

[142] Haugk, Kenneth C. Christian Caregiving a Way of Life. (Minneapolis, MN: Augsburg, 1984.) 133.

[143] Johnathan K. Dodson. Gospel Centered Discipleship. (Wheaton, IL: Crossway, 2012.) 15.

[144] Richard Leach, David A. Wheeler: Minister to Others (Nashville, TN: LifeWay Press. 2010), 56.

In fact, that introduction to Jesus has to be intentional. Dave Earley and David Wheeler wrote, "Evangelism is more than merely sharing information and telling inspirational stories. Through the leadership of the Holy Spirit, it is also being intentional about *inviting* people to follow Christ!"[145] Earley and Wheeler also suggest that believers need to, "Seek to become more sensitive to the not-yet Christians in your life. Start each day by asking God to bring someone into your life who needs a Christian witness."[146]

Even if a caregiver does not feel ready to share her or his faith in Christ, Gary Collins writes that there is good news. Collins wrote, "Let us not forget, however, that God is sovereign and powerful. He does not require people – including you and me – to have perfect theology before he uses us to touch lives."[147]

So how can a caregiver go about sharing one's faith? Richard Leach and David Wheeler understand that it is through more than just words. They wrote, "James 1:22 reminds us that communicating the gospel involves both word and deed. Acting and speaking complement each other. Serving is to acting as a complete gospel presentation is to speaking. Acting without serving is incomplete, and speaking without getting to the truth about Jesus Christ is incomplete."[148] If a caregiver is not living out his or her faith in front of others, the message of faith in Christ will not be accepted.

When sharing one's faith, it is the caregiver's story that people want to hear. Michael Simpson wrote, "When truth-seekers engage with you and work their way through the process,

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[145] Dave Earley and David Wheeler. Evangelism Is…; How to Share Jesus with Passion and Confidence. (Nashville, TN: B&H Academic Publishing, 2010.) 283.

[146] Ibid. 203.

[147] Gary R Collins: How to Be a People Helper (Carol Stream, IL: Tyndale House Publishers, Inc.1995), 140.

[148] Richard Leach and David A. Wheeler: Minister to Others (Nashville, TN: LifeWay Press. 2010), 57

they reach the point of asking you to tell them about grace. That grace is best described through your grace story – your personal account of your experience with God. This is the story they have asked to hear."[149]

Michael Horton expands on this idea of giving a personal testimony by suggesting it is helpful and often valuable to prepare more. Horton wrote:

> I find it easy to talk about myself. I can relate my interpretation of "how I got saved," and who can argue? It's my experience. However, believers witness to facts of history with which all people are obliged to reckon. Many believers, much less unbelievers, have never heard an intelligent defense of the Christian claims. So we have to learn the story and the doctrines that arise from it. We have to live in that story, as regular recipients of the ministry of preaching and sacrament. In other words, we have to become disciples.[150]

Horton is correct, there is more to the story than the caregiver's story, there is also Christ's story to share.

Jonathan Lunde suggests that there is more to sharing your faith with someone, because the goal of evangelism does not end when someone accepts Christ. Lunde wrote:

> Overemphasizing salvation by grace through faith gives people only half of the covenantal story. Rather, we need to think long and hard regarding how we might communicate the gospel, always safeguarding God's free grace but also being honest about the nature of entering into covenant with him. Presenting Jesus not only as the Servant who redeems and forgives, but also as the King who demands loyalty and devotion, is an important task facing the church today. Unless we do a better job at the front end of people's Christian experience, we are likely to draw them into an inadequate version of discipleship that may never be corrected. We must help people not only to fall in love with the Savior, but also to fall at the feet of the King.[151]

[149] Michael L. Simpson. Permission Evangelism; When to Talk, When to Walk. (Colorado Springs, CO: NexGen, 2003.) 100.

[150] Michael Horton. The Gospel Commission: Recovering God's Strategy for Making Disciples. (Grand Rapids, MI: Baker Publishing Group, 2010.) Kindle. 182.

[151] Jonathan Lunde. Following Jesus, the Servant King: A Biblical Theology of Covenantal Discipleship. (Grand Rapids, MI: Zondervan, 2010.) Kindle. Chapter 18

Sharing our faith with someone must be more than our conversion story. It should also include how our lives have changed in service to and relationship with our amazing Savior.

With the goal of this project increasing the involvement by members of the church with pastoral care visits to members in care facilities, the members of Appleton Christian Church need to be trained and empowered to do all that this responsibility requires. As Oscar Feucht wrote in his book, *Everyone a Minister,* "The recovery of the ministry of the laity can come only as the church revises its structure by training its people not to be institutional maintenance men and women but God's messengers in everyday life."[152] Amen.

[152] Oscar E. Feucht, Everyone a Minister (St. Louis: Pillar Books for Concordia Publishing House, 1974.) 82.

RESEARCH METHODOLOGIES

The overarching research question of the project is: Will equipping the members of Appleton Christian Church through training and support increase their participation in pastoral care visitations in hospitals, nursing homes, and hospice facilities?

To complete the project, several secondary research questions needed to be answered:

1. What is the level of participation by the members of Appleton Christian Church in pastoral care visitations to hospitals, nursing homes, and hospice facilities before and after the training?
2. Are there differences in the level of participation in pastoral care visitation to care facilities based on age, length of time as a Christian, time at Appleton Christian Church, or past affiliation with other church denominations?
3. What are the reasons members have not participated in pastoral visitations in care facilities?
4. What are the reasons members may be reluctant to visiting care facilities that need to be addressed in the training?
5. What are the expectations and restrictions care facilities have for those who visit their patients that should be included in the training?
6. Are there institutional barriers within the church that need to be addressed (removed) to improve participation by members in pastoral care visitations to care facilities?

The research methods used were surveys, focus groups, personal interviews, and course evaluations. The sample group varied according to the method used.

The outbreak of the COVID-19 pandemic at the beginning of this Doctoral Project created some challenges due to the restrictions implemented on any visitation in all types of care facilities. These restrictions also affected the types and number of people allowed for in-person

gatherings. Modifications to the data collection were made to comply with these restrictions while still maintaining the integrity of the research and the data collected.

Surveys

The initial design for the project included a pre-course survey and a post-course survey.

Pre-course Survey

The pre-course survey was initially given to Dr. Jordy Johnson and Ms. Ann Brown to review and evaluate for wording, structure, and implied bias. Dr. Johnson has a Doctorate Degree in Education focusing on Occupational Education and Ms. Brown has a Master of Science degree in Human Resource Management. Dr. Johnson and Ms. Brown have extensive experience in qualitative and quantitative research methodologies and data collection. They reviewed the survey and suggested a few changes in wording and a simplification of the Likert Scales to five clear options. These five clear options made it easier for the respondents and clearer for data analysis.

I then gave the modified pre-course survey to a small sample group consisting of twelve people randomly selected as they arrived at church. They were asked to complete the pre-course survey independently and then review the survey with me when completed. When these individuals returned the survey, I sat down with them individually and reviewed the instrument, noting their need for clarification on given questions. From their comments I modified some of the descriptions used in the Likert Scales to make it clearer for the respondents and I modified some of the follow-up questions to focus on the information I needed to answer my secondary questions listed previously.

The pre-course survey was mailed, with a stamped pre-printed envelope with the church return address to ensure anonymity, to every regular attendee at Appleton Christian Church aged

sixteen-years-old and older. Sixty-five men and eighty-five women received the pre-course survey.

I included the following introduction letter with the pre-course survey to introduce church members to the Doctoral Project focusing on increasing participation in pastoral care in the church. The introduction also gave members instructions on how to consider the challenges of the COVID-19 pandemic restrictions in their responses.

Appleton Christian Church Family

My family,

I received some amazing news three weeks ago; my Doctoral Project had officially been approved and I can move forward with my dissertation. Since I am working to complete my Doctor of Ministry degree, my project must involve something for our church, so I need your help and participation with the following process.

Enclosed you will find a Pre-Course Survey. Please have everyone over the age of 16 complete it and return it to me in the provided self-addressed envelope by April 29th. The survey consists of 41 questions, most of which are multiple-choice, however, some of them offer an opportunity to give examples and experiences that would be very helpful as I collect the data.

******Please Note:*** *I know that during this COVID-19 crisis, there is nothing normal about visiting care facilities. For the purpose of this project, please answer the questions as if there were no restrictions in place for visitations at any health care facility. Also, please know that no names or contact information will be used in my dissertation.*

As I collect these surveys, I will be asking some of you to participate in a focus group where I will be asking open-ended questions to further clarify the information I will need for the project.

I will then be offering a class on pastoral care visitations to hospitals, nursing homes, and hospice facilities. When that is scheduled, some of you will be specifically asked to participate in that class (according to demographic need), while I will also open it up to anyone who would like to participate.

A month after the class, there may be further small focus groups and I will be sending out Post-Course Surveys to the entire church family to complete so I can compare the data for my conclusion.

I greatly appreciate your help with this, and I am very excited to be working with you through this project. If you have any questions, please give me a call at (970)822-2717. Even if you do not have a question, I would still love to hear from you.

Thank you for your help and cooperation with this, I love you all, Dan

Including the initial sample group of twelve, I received eighty-four pre-course surveys from the one hundred and fifty mailed out. Most of the respondents returned their completed survey in person. Many members told me that the experience of completing the survey was, in and of itself, valuable because it helped them identify memories and personal biases they had not considered before. They would often point to one question and want to explain their answer or ask me to clarify that question. I had never used a survey instrument with a church I was serving. I found the experience very valuable and noticed that the respondents did as well.

Post-course Survey

As I approached the implementation of the post-course survey, I was forced to consider the viability of the instrument due to continued and increased restrictions to visits in all care facilities due to the COVID-19 pandemic. The primary question that the post-course survey would address was whether there was any change in the level of participation by the members of Appleton Christian Church with pastoral care visitations to hospitals, nursing homes, and hospice facilities before and after the training. Any change could then be analyzed considering the number of participants in the class against the number of overall responses and would have been useful in formulating conclusions on the effectiveness of the training and considerations of the impact of an increased focus on the subject of pastoral care within the church.

For the six months between the pre-course survey and the projected distribution of the post-course survey, no one was allowed to visit anyone in a care facility. The pandemic restrictions also discouraged home visits as well. With the restrictions in place, there could be no documented change noted before or after the training course, so the information to be gained from the post-course survey would not be viable and the instrument was not used.

There was still a need for documenting some change or effect from the training and the overall increased focus within the church for member involvement in pastoral care and visitation,

so I decided to hold a focus group with members who had volunteered to be part of the new Appleton Care Ministry. This group consisted of thirteen people, some of whom attended the class and some who had just heard about the ministry and desired to be part of it. I will discuss this process in the next section.

Focus Groups

The initial plan was to select a group of people from the pre-course survey respondents and have them meet in a focus group setting. The goal was to clarify initial survey findings and expand on the data to answer the secondary questions more sufficiently and help in the design of the training course. The group was selected from the returned pre-course surveys and a couple of people who did not return a survey to achieve maximum variation sampling considering various demographics (age, gender, church background, and experience).

In response to the COVID-19 pandemic, the state of Colorado imposed restrictions on the gathering of people to less than ten individuals and only then for specific and necessary reasons. With these restrictions and considering the advanced age of several of the participants, I decided to change the pre-course focus group to individual phone interviews (see below). I did consider an online meeting format using a computer application like ZOOM, however, many of my focus group participants were not adept enough with the technology needed to accomplish it and all in-person help I could have given them in their home was discouraged by the state, as well as my participants.

My research design was initially to include a post-course survey with a post-course focus group selected from those who had responded. Since, as was discussed previously, I did not conduct a post-course survey, the participants for my post-course focus group included the members of the newly established Appleton Care Ministry. This new ministry came about through data from both the pre-course survey and pre-course phone interviews that identified an

institutional/administrative need for increased communication and structured member involvement in pastoral care visitation.

I prepared three areas of discussion for the group. Since none of the participants had been allowed to visit anyone in a care facility, I could not ask questions from their experiences in the application of what they had learned in the class. Instead, I began by asking their impression of the training class. I asked questions about what they remember from the class, in what areas they would have liked more information, or in what areas they would have liked to have more practice.

The second area of discussion focused on the church and on any barriers that were perceived by the participants that would get in the way of their ability to visit members in care facilities. Most of the discussion focused on communication and logistics.

The third area of discussion concerned the focus and structure of the Appleton Care Ministry. The focus group was the first time the members of the ministry had come together so the discussion helped them design the ministry.

Interviews

There were three different times I used interviews in my research.

Pre-course Survey Sample Group

As was discussed previously, I sat down with those participants from the initial pre-course survey sample group. These interviews focused on reviewing the survey instrument and noting areas of questions and lack of clarity. Twelve people participated in these interviews and were selected randomly as people arrived at church. The information gained was valuable, and the participants in the interview felt empowered by being asked to participate.

Pre-course Survey Follow-up Phone Interviews

Due to the COVID-19 pandemic restrictions by the state of Colorado I was unable to hold a pre-course focus group. I decided to conduct phone interviews with a cross-section of people who attend ACC regularly. Not all of the nineteen people selected had responded to the initial pre-course survey, although the majority had. The selection of each of these individuals was made to gain the widest variety of demographic representation that I could. The group consisted of thirteen women and six men. The age range of the participants was from twenty-four to eighty-one years old. Four of the phone interviews involved couples.

I prepared a list of clarifying questions based on the initial reading of the pre-course survey responses and developed questions that focused on the secondary questions listed earlier. I prepared eight questions with follow-up questions if appropriate, however, I allowed the conversations to go where the participant(s) wanted to take them. I began the interviews with prayer and by expressing my appreciation for their participation. I also assured each of them of the anonymity of their participation and responses. The average interview lasted between forty-five minutes to an hour. The information gained from these interviews was very helpful in designing the training program.

Care Staff Interviews

The initial design of my research methodology included staff interviews from each of the three types of care facilities being addressed in my project. Again, due to restrictions related to the COVID-19 pandemic, staff members at each of these facilities severely limited their contact with non-patients and staff. I was able to interview one nursing supervisor at a hospital and a chaplain from our hospice care facility.

The nursing supervisor who I interviewed had twenty-one years of experience in nursing. I began the interview by introducing the focus of the project and explaining that I was preparing

a training class for members who would be visiting patients in her facility. I prepared some questions based on the responses in the pre-course survey and my phone interviews to gain information that I could use in the training. The nurse began by telling me some of her experiences with people who had visited her patients. She was very supportive of visitations as she had seen the positive results in people who had visitors compared to those who had no one visit them. She also gave me a list of ways our members could help the nurses in the care of the patient and the ways she has seen visitors get in the way. This interview was a very valuable source of information for my project and the development of the training class.

My second care staff interview was with Chaplain Scott Hogue. Chaplain Hogue has extensive experience as a chaplain at a hospice facility in addition to experience as an educator and pastor. After explaining the focus of my project, I began the interview by sharing the results of the pre-course survey and asking Chaplain Hogue to comment on them. The information he provided was very clear and appropriate for the training course I was preparing. During the interview, Chaplain Hogue informed me that he had developed a course that he has taught many times to train non-staff visitors to care facilities. As he reviewed the responses, I had received in the pre-course survey and interviews, he began to share his training material with me, and it was decided that Chaplain Hogue would present his material at the training course.

Course Evaluations

Included in the research methodology of my project were course evaluations for my training class participants. The evaluation consisted of fourteen questions. The first thirteen questions used a Likert Scale from Strongly Agree to Strongly Disagree. These questions addressed administrative issues (facility and timing) as well as content and skill application issues. The last question on the evaluation was an open-ended question asking for comments and

suggestions. I received evaluations from each of the twenty-seven participants of the training course. The results of the evaluations will appear in the Findings and Conclusions section below.

FINDINGS AND CONCLUSIONS

Each of the research methodologies discussed in the previous section presented valuable information that I was able to utilize and build upon as the project progressed. In this section, I will present the research methods I used in the order I used them and present a summary of the information with my findings and conclusions.

Pre-Course Survey

As mentioned above, over half of the members of the church responded to the survey. As I compiled and reviewed the responses, I was truly pleased to note the maturity evident in the amount of consideration and depth of the answers. Although the overwhelming majority of our members are over fifty years of age, my experience over twenty-four years of ministry has shown that physical maturity does not always indicate spiritual maturity. One specifically telling answer was that ninety-five percent of respondents had previously shared their faith with someone, a statistic that is the exact opposite of national averages.

Understanding that the questions in this survey are virtually the same in wording across the three types of care facilities, there were answers that were similar throughout the survey, and there were a few answers that were unique to a particular facility type. These insights were incredibly valuable in preparing my focus group questions, as well as selecting issues to include in the design and deliverance of the training class.

This section will review the pre-course survey responses and discuss the findings and conclusions of each question.

Pre-Course Survey (form used)

Pre-Course Survey					
Name		Gender	☐ Male ☐ Female		
Age	☐ 15-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60 plus				
How long have you been a Christian?	☐ N/A ☐ 0-2 ☐ 2-5 ☐ 6-10 ☐ 11-20 ☐ 20 plus years				
How long have you been attending Appleton Christian Church?	☐ 0-2 ☐ 3-5 ☐ 6-10 ☐ 11-20 ☐ 20 plus years				
If applicable, what church / denomination did you attend before Appleton Christian?	If more than one, please list last two churches you attended.				
Hospital Visitation					
Have you ever visited someone in the hospital?	☐ Yes	☐ No			
Have you ever visited another member of Appleton Christian Church in the hospital? (other than a family member)	☐ Yes	☐ No			
What is your level of comfort when visiting someone in the hospital?	Very Uncomfortable 1	Uncomfortable 2	Neutral 3	Comfortable 4	Very Comfortable 5
How likely are you to visit a family member or friend in the hospital?	Definitely Not Visit 1	Probably Not Visit 2	May Visit 3	Probably Will Visit 4	Definitely Will Visit 5
How likely are you to visit someone you do not know in the hospital?	Definitely Not Visit 1	Probably Not Visit 2	May Visit 3	Probably Will Visit 4	Definitely Will Visit 5
How likely are you to visit a member of Appleton Christian Church in the hospital? (other than a family member)	Definitely Not Visit 1	Probably Not Visit 2	May Visit 3	Probably Will Visit 4	Definitely Will Visit 5
In 3-5 sentences, please share any concerns or comfort issues you may have when visiting someone in the hospital.					
In 3-5 sentences, please share any bad experience or memories you have had when visiting someone in the hospital.					
In 3-5 sentences, please share any reasons you may not have visited a member of Appleton Christian in the hospital.					

<table>
<tr><th colspan="6">Nursing Home Visitation</th></tr>
<tr><td>Have you ever visited someone in a nursing home or long-term care facility?</td><td colspan="2">☐ Yes</td><td colspan="3">☐ No</td></tr>
<tr><td>Have you ever visited another member of Appleton Christian Church in a nursing home or long-term care facility? (other than a family member)</td><td colspan="2">☐ Yes</td><td colspan="3">☐ No</td></tr>
<tr><td>What is your level of comfort when visiting someone in a nursing home or long-term care facility?</td><td>Very Uncomfortable
1</td><td>Uncomfortable
2</td><td>Neutral
3</td><td>Comfortable
4</td><td>Very Comfortable
5</td></tr>
<tr><td>How likely are you to visit a family member or friend in a nursing home or long-term care facility?</td><td>Definitely Not Visit
1</td><td>Probably Not Visit
2</td><td>May Visit
3</td><td>Probably Will Visit
4</td><td>Definitely Will Visit
5</td></tr>
<tr><td>How likely are you to visit someone you do not know in a nursing home or long-term care facility?</td><td>Definitely Not Visit
1</td><td>Probably Not Visit
2</td><td>May Visit
3</td><td>Probably Will Visit
4</td><td>Definitely Will Visit
5</td></tr>
<tr><td>How likely are you to visit a member of Appleton Christian Church a nursing home or long-term care facility? (other than a family member)</td><td>Definitely Not Visit
1</td><td>Probably Not Visit
2</td><td>May Visit
3</td><td>Probably Will Visit
4</td><td>Definitely Will Visit
5</td></tr>
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<tr><td colspan="6"></td></tr>
<tr><td colspan="6">In 3-5 sentences, please share any reasons you may not have visited a member of Appleton Christian in a nursing home or long-term care facility.</td></tr>
<tr><td colspan="6"></td></tr>
</table>

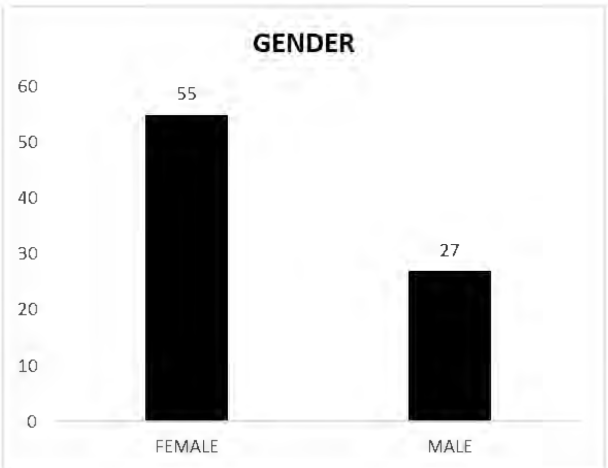
Hospice/Palliative Care Facility Visitation					
Have you ever visited someone in a Hospice Care or Palliative Care facility?	☐ Yes		☐ No		
Have you ever visited another member of Appleton Christian Church in a Hospice Care or Palliative Care facility? (other than a family member)	☐ Yes		☐ No		
What is your level of comfort when visiting someone in a Hospice Care or Palliative Care facility?	Very Uncomfortable 1	Uncomfortable 2	Neutral 3	Comfortable 4	Very Comfortable 5
How likely are you to visit a family member or friend in a Hospice Care or Palliative Care facility?	Definitely Not Visit 1	Probably Not Visit 2	May Visit 3	Probably Will Visit 4	Definitely Will Visit 5
How likely are you to visit someone you do not know in a Hospice Care or Palliative Care facility?	Definitely Not Visit 1	Probably Not Visit 2	May Visit 3	Probably Will Visit 4	Definitely Will Visit 5
How likely are you to visit a member of Appleton Christian Church a Hospice Care or Palliative Care facility? (other than a family member)	Definitely Not Visit 1	Probably Not Visit 2	May Visit 3	Probably Will Visit 4	Definitely Will Visit 5
In 3-5 sentences, please share any concerns or comfort issues you may have when visiting someone in a Hospice Care or Palliative Care facility.					
In 3-5 sentences, please share any bad experience or memories you have had when visiting someone in a Hospice Care or Palliative Care facility.					
In 3-5 sentences, please share any reasons you may not have visited a member of Appleton Christian in a Hospice Care or Palliative Care facility.					

Training for Pastoral Care Visitation		
Have you ever had training on how to visit someone in a care facility?	☐ Yes	☐ No
If yes, when, and where have you attended the training?		
Are you willing to attend a training course on visiting someone in a care facility?	☐ Yes	☐ No
Sharing your Faith		
Have you ever shared your faith in Jesus Christ with anyone?	☐ Yes	☐ No
Are you willing to share the reason for the faith you have in Jesus Christ with someone?	☐ Yes	☐ No
Have you ever had training on how to share your faith with someone?	☐ Yes	☐ No
If yes, when, and where have you attended the training?		
Are you willing to attend a training class on how to share your faith?	☐ Yes	☐ No

Pre-Course Survey Graphic Summary and Analysis

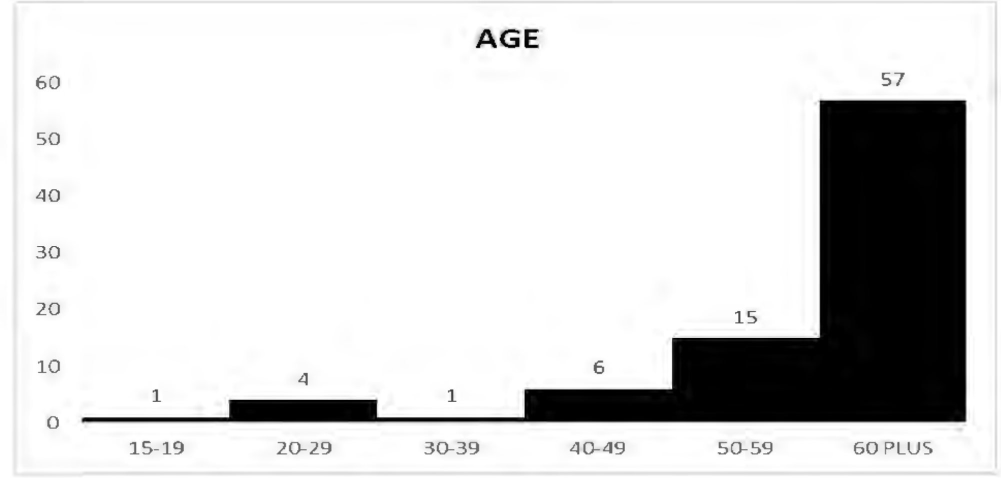
Responder Demographics

Table 4.1. Gender of respondents



Of the sixty-five men and eighty-five women receiving the survey, only forty-two percent of the men responded with sixty-five percent of the women returning the surveys completed. Cursory review of the responses did not reveal gender-related trends of comfort or experience related to care facility visits.

Table 4.2. Age of respondents



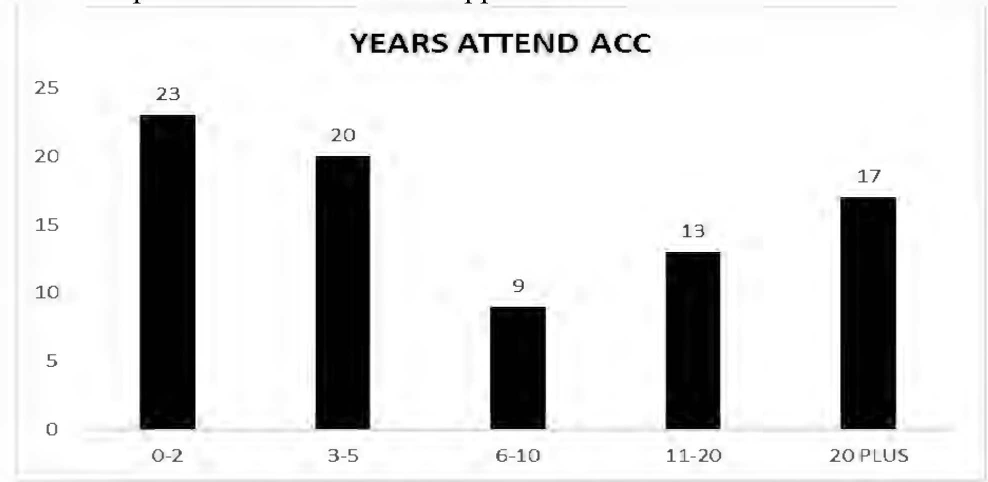
As noted in the Introduction and Rationale, the average age of the members of Appleton Christian Church is over fifty years old. This is reflected graphically with over two-thirds of the

respondents of the Pre-Course Survey are over sixty years old. With over ninety-four percent of the respondents over forty years old, the sample size of the younger ages was too small to note significant variations in responses according to age.

Table 4.3. Number of Years as a Christian

Ninety-four percent of the responses received were from members who have indicated over twenty plus years of life as a Christian. Although one responder left this question blank, none of the other respondents to the survey had less than six years of life as a Christian. Although the sample size for people with under twenty years of life as a Christian was too small to make any general assumptions or conclusions, it was interesting to note that the responses from these four people indicated a consistently high comfort and experience level related to visiting patients in care facilities.

Table 4.4. Years respondents have attended Appleton Christian Church



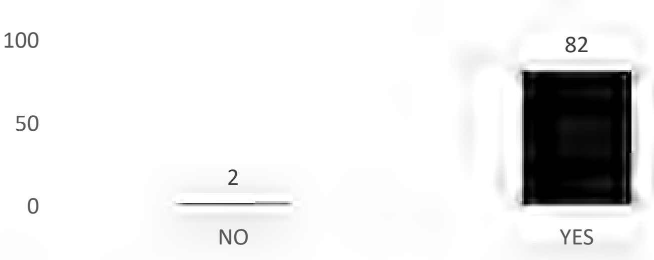
The majority of members/attenders of Appleton Christian Church have been attending the church five years or less (I began my ministry at ACC just five years ago). The percentages of those responding to the Pre-Course survey were higher among the members/attenders that have been coming to the church for less than five years. In noting members' comfort and experience in visiting members in care facilities, there was no discernible difference between those who has been at Appleton less than five years and those who had attended longer.

When asked, "What church/denomination did you attend before Appleton Christian? (list the last two if applicable)", the respondents listed churches from thirteen different denominational backgrounds. Most of the responses included Christian Church (Church of Christ) and non-denominational churches. Of the eighty-three respondents, only fourteen had received previous training in visiting people in care facilities, and their denominational background varied without a noticeable advantage to any one denomination.

Responder Experience (Hospitals) Questions 7 - 15

7. Have you ever visited someone in the hospital?

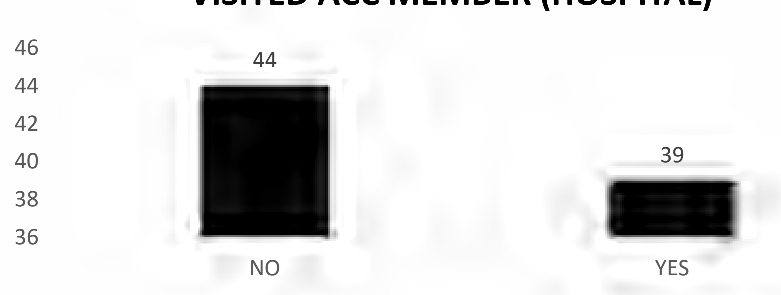
Table 4.5. Respondents that have visited someone in the hospital.



This question was asked to establish a base for understanding the remaining responses. Almost all of those responding to the survey have experience visiting someone in the hospital. I was surprised to have anyone respond as not having visited someone in the hospital.

8. Have you visited another member of Appleton Christian Church in the hospital? (other than a family member.)

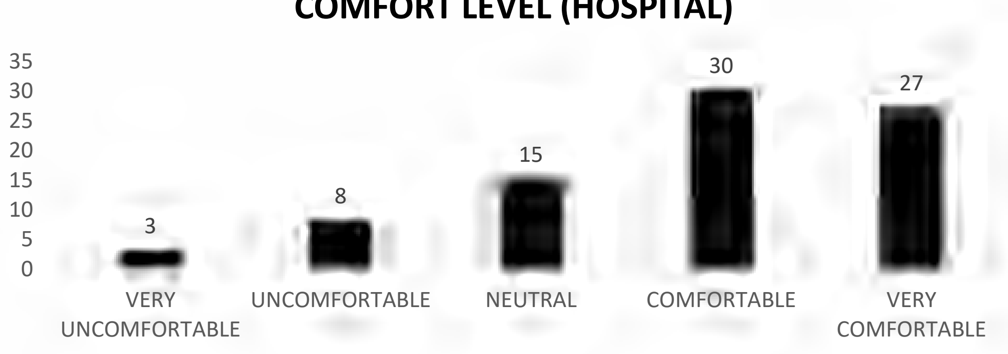
Table 4.6. If respondents have visited a member of Appleton Christian at the hospital



Although the entire sample of 83 respondents had visited someone in the hospital, for a slim majority those visits were not made to see a member of Appleton Christian. With the majority of our members/attenders of ACC attending less than five years, it was not surprising to have the numbers we received. The responses were consistent with the answers to the next four questions focusing on the level of comfort and willingness with visiting people in a hospital.

9. What is your level of comfort when visiting someone in the hospital?

Table 4.7. Respondent comfort level in conducting hospital visits.

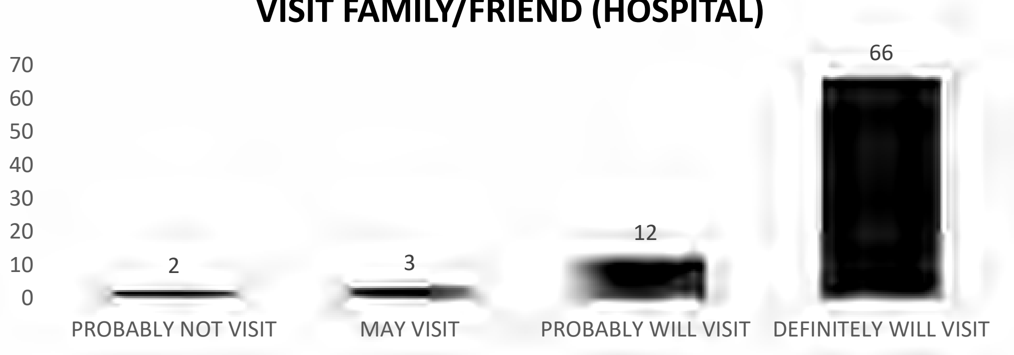


The results for this question were as I expected, due to the relative maturity of the congregation. With no qualifications as to whom they were to visit, this question reveals the general comfort level of my respondents in visiting someone in the hospital as comfortable to very comfortable. I included a couple of the people who responded very uncomfortable and

uncomfortable in my focus group. Their responses were consistent with the statements I received in the survey.

10. How likely are you to visit a family member or friend in the hospital?

Table 4.8. Likelihood of respondents visiting a family member or friend in the hospital.



The results to this question mirror the results from question seven above with the two that answered they had not visited the hospital, also answering they probably would not visit. The responses to this question expand the information from question seven by indicating a quality of willingness involved in their decision to visit. This question compared with the following questions indicate that most of my responding members' experience with visiting people in the hospital was for family and friends.

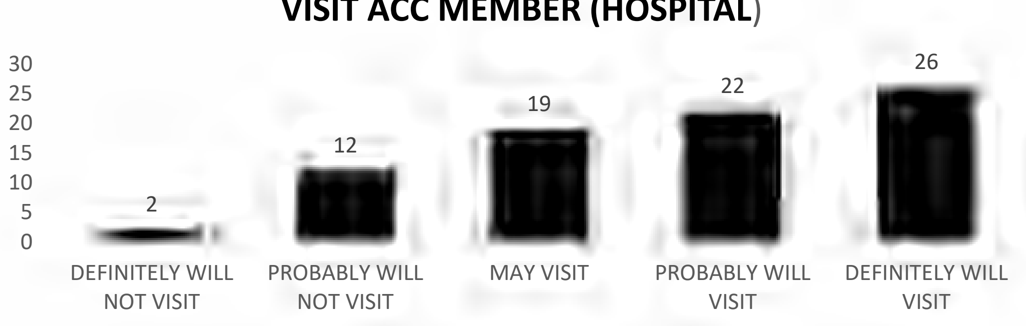
11. How likely are you to visit someone you do not know in the hospital?

Table 4.9. Likelihood of respondents visiting a person they do not know in the hospital.

It was rewarding that many of the respondents wanted to discuss some of the questions. One of the questions they talked to me about was question 11. They shared that one of the concerns they had about visiting people they did not know was that they would not have anything to say to them. I included a question relating to this for my focus group to get further information on the issue. This concern was also addressed in the training class.

12. How likely are you to visit a member of Appleton Christian Church in the hospital? (other than a family member)

Table 4.10. Likelihood of respondents visiting another church member in the hospital.



Comparing this result with the results from the previous two questions led me to consider if knowing the member needing a visit would affect the responses. Since Appleton Christian has had two different service times for years, most people from one service do not know many people who attend the other service time. Those who talked with me indicated that they would feel more comfortable visiting someone from their service than they would be visiting someone from the other service. I added a question related to these findings for the focus group. The focus group indicated that the difference to more affirmative responses between the results from question 11 (visiting someone you do not know) to question 12 (visiting a member from ACC) was having Appleton Christian Church in common, which would make it easier to visit someone they did not know well.

13. Please share any concerns or comfort issues you may have when visiting someone in the hospital.

The responses to this question brought several common answers which can be summarized in these areas of concern:

a. Concerned about finding things to talk about / unsure of what to say during a visit / afraid of saying the wrong thing / feeling awkward / comfort varies on how well I know the person.
b. Bringing germs home to my family / not knowing how to use the right PPE / not knowing the rules in different areas of the hospital.
c. I do not feel comfortable going alone.
d. Knowing how long I should stay / the right time to stay / what to do if they are sleeping.
e. Uncomfortable in hospitals / my history at hospitals left me not liking to go there / do not like the smell.
f. Have difficulty getting to the hospital now / not as mobile as I used to be / do not know my way around the hospitals / I hate the parking at St. Mary's

In the training, there was a long discussion addressing what our members could say during visits and how to determine the length of their visit. Issues of germs, how to be careful with washing, and how to use the Personal Protection Equipment (PPE) were also addressed during the chaplain's portion of the training class. The issues of bad memories and not liking the smell were addressed as reasons to visit and comfort others because those in the hospital may feel the same way and need encouragement.

14. Please share any bad experience or memories you have had when visiting someone in the hospital.

The responses to this question brought several common answers which can be summarized in these areas of concern:

a. Most of the responses shared experiences attending the death of a loved one, friend or co-worker / some being in the room during emergency treatment.
b. Visited someone that was in pain / on drugs / and were hostile or rude to them when they visited. *("acted like I was just visiting them to get a star in my crown.")*
c. Several recounted bad experiences with the other patient in a shared room.
d. Experiences when people they loved did not seem to get the care they needed / or the staff relied on the family to provide care.
e. The sadness they feel watching people in pain / knowing they will probably never go home again.

Several of these areas of concern were addressed in the course by focusing on using the experiences they could draw from to give comfort to others. As the members have been comforted through their experiences, they can comfort others. Also, since most of our hospitals only use single rooms, the other patient in the room is less of an issue, however, in class, the discussion pointed out that if there is another patient in the room, the situation may be a great opportunity to minister to someone outside the church.

15. Please share any reasons you may not have visited a member of Appleton Christian Church in the hospital.

The responses to this question brought several common answers which can be summarized in these areas of concern:

a. Did not know they were in the hospital.

b. Others had already visited / did not want to be a bother

c. Did not know the person.

d. Did not know if they wanted / were up to visitors.

e. Others are better at visiting than I am.

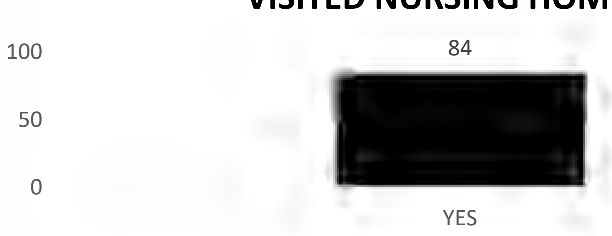
f. I have difficulty getting to the hospital.

These concerns are being addressed administratively by listing members in the hospital (who have said they were ready for visitors) at the office and notifying the leader of the Appleton Care Ministry. The members of the Appleton Care Ministry will be notified of people in the care facilities that are available and amenable for visits.

Responder Experience (Nursing Home, Long-term Care) Questions 16 – 24

16. Have you ever visited someone in a nursing home or long-term care facility?

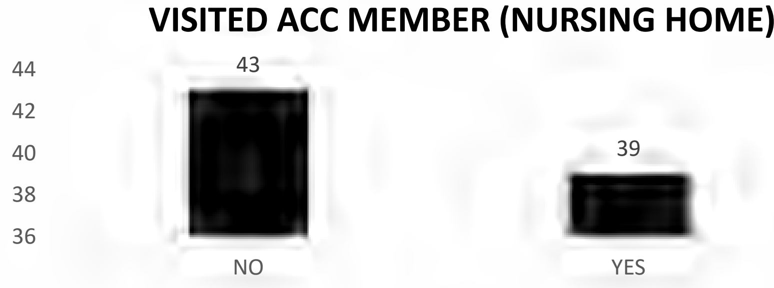
Table 4.11. If respondents have visited someone in a nursing home.



Every one of the responding members had visited someone in a nursing home. This is true even for the two from the previous section that had never visited someone in a hospital.

17. Have you ever visited another member of Appleton Christian Church in a nursing home or long-term care facility? (other than a family member)

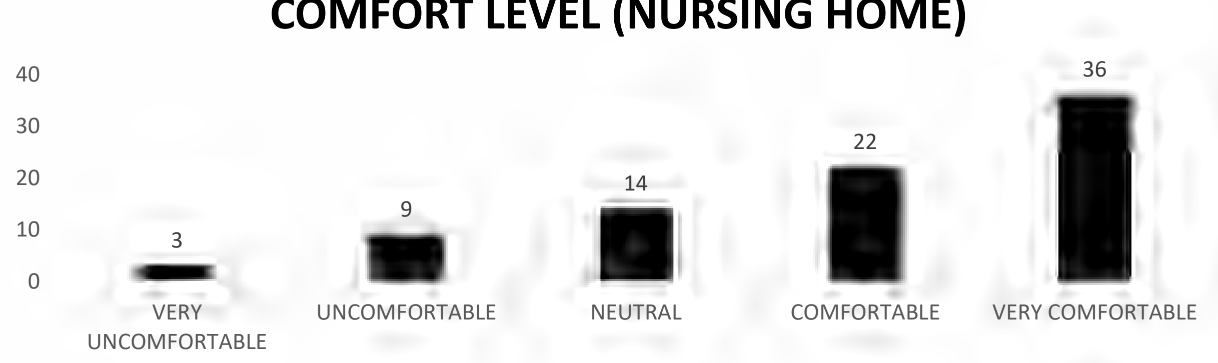
Table 4.12. Respondents that have visited a church member in a nursing home.



Since I have been at Appleton Christian, we have had several members in these types of facilities, so the opportunity has always been there for every one of the respondents. However, as I read the responses to the follow-up questions, it became clearer that there is a challenge in communicating these opportunities to the members. This is one of the concerns that is being addressed by the Appleton Care Ministry volunteers.

18. What is your level of comfort when visiting someone in a nursing home or long-term care facility?

Table 4.13. Respondent comfort level in conducting nursing home visits.



These numbers were very similar to the responses for levels of comfort visiting someone in the hospital, however, more people felt very comfortable to visit someone in a nursing home or long-term care facility.

19. How likely are you to visit a family member or friend in a nursing home or long-term care facility?

Table 4.14. Likelihood of respondents visiting a family member or friend in a nursing home.

The results for this question were also very similar to that of the likelihood of visiting a family/friend in the hospital. This question, however, received two "Definitely Not Visit" responses while Hospital question #10 did not receive any responses in that category. When reviewing the comments for this section with those who responded that they are "very uncomfortable" and would definitely/probably not visit a family/friend in the nursing home, their responses included watching a "family member waste away." The experiences and the memories were keeping them from returning.

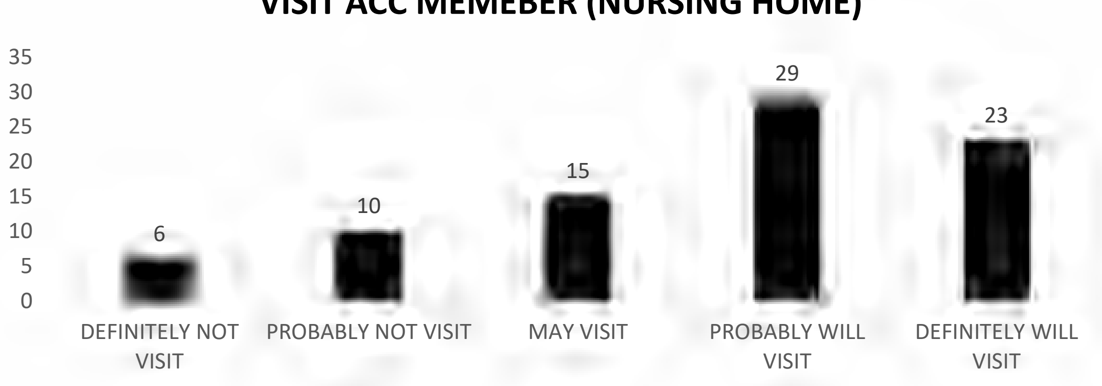
20. How likely are you to visit someone you do not know in a nursing home or long-term care facility?

Table 4.15. Likelihood of respondents visiting a person they do not know in a nursing home.

Although the numbered responses of visiting someone unknown to you at nursing homes are very close compared to visiting someone you do not know in the hospital (Q11), there were less respondents who showed reluctance (may visit) for nursing home visits. Eight more people responded with a stronger affirmative for the nursing home visit than they did for the hospital visit.

21. How likely are you to visit a member of Appleton Christian Church in a nursing home or long-term care facility? (other than a family member)

Table 4.16. Likelihood of respondents visiting a member of Appleton Christian in a nursing home.



Unlike the responses to the previous questions, the numbers for not visiting a member of Appleton Christian in a nursing home actually increased compared to the responses concerning visiting members in the hospital. The numbers were only slightly different, yet they did not follow the trend from the other questions, indicating respondents were more comfortable and were more likely to visit people in nursing homes (long-term care facilities) than hospitals. Follow-up questions on this particular response from the focus group yielded concerns about not knowing cognitive abilities of those in the nursing homes and whether they would upset those they were visiting. This is being addressed by the Appleton Care Ministry to better prepare those who are planning to visit members in these facilities.

22. In 3-5 sentences, please share any concerns or comfort issues you may have when visiting someone in a nursing home or long-term care facility.

The responses to this question brought several common answers which can be summarized in these areas of concern:

a. Concerned about not knowing the person they are visiting and whether the visit would be beneficial or confusing to the patient. Several responses mentioned concerns over how to visit a person with dementia or Alzheimer's disease.
b. Finding things to talk about / unsure of what to say during a visit / afraid of saying the wrong thing / feeling awkward / comfort varies on how well I know the person.
c. Concern about bringing infection to the person they are visiting, and concern about being infected.
d. Many again commented that they would like to go with someone when they visited.

Many of these responses were similar to the responses found relating to hospital visits, with the exceptions of distinct smells and the concerns about cognitive issues with the patient being visited. In class, Chaplain Scott gave suggestions to the participants on how to approach patients with various levels of dementia and how to prepare themselves for the experience.

23. In 3-5 sentences, please share any bad experience or memories you have had when visiting someone in a nursing home or long-term care facility.

The responses to this question brought several common answers which can be summarized in these areas of concern:

a. The smell of the facilities is off-putting. Some facilities seem drab and dreary.
b. Very sad to see other patients that are just sitting in their rooms alone and in the dark. Concern about them and whether they receive visitors.

c. Other patients wanting to stop and talk with them or walking around a bit confused throughout the facility.
d. Staff – some experiences were really complimentary, and some were concerned about the lack of staff support and response.

Staff concerns were not as prevalent in the experiences for the hospital visits as they were in the nursing homes (long-term care facilities). There were also many more instances of exposure/incidents with other patients in the nursing home facilities. A brief discussion in the training class addressed members' experiences with approaching the staff or care facility administration with concerns. Class participants also shared experiences and suggestions on ways to work with and minister to other patients that may become involved with a visit.

24. In 3-5 sentences, please share any reasons you may not have visited a member of Appleton Christian in a nursing home or long-term care facility.

The responses to this question brought several common answers which can be summarized in these areas of concern:

a. I did not know they were there.
b. Cognitive concerns / I used to visit them, but they stopped remembering who I was, and it seemed to upset them when I visited / Afraid I would confuse or bother someone if I visited them and they did now know me.
c. Would rather go with someone else / I cannot travel on my own.
d. I do not know the person in the facility. Not sure I have the right/permission to visit them, especially if they are "vulnerable and dependent when they really don't want to be in that shape."
e. I would not feel comfortable visiting a stranger/someone I did not know.

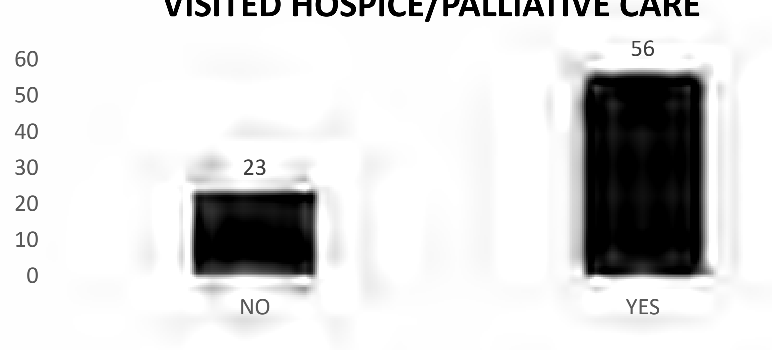
These responses were similar to the previous comments concerning hospital visits, again with the exception of cognitive concerns. There was more concern about the comfort of the person being visited in a long-term care facility as compared to a hospital setting. From some of the comments in my focus group interviews, as well as some of the comments in class, the sense was a long-term care facility was more like their home, and the patient's familiarity with those surroundings made a visit feel more intrusive if not invited or known to the person.

As in the previous question, the communication challenges of letting people be aware of someone in a particular long-term care facility that is available to visit has been addressed administratively through the church secretary and the leader of the Appleton Care Ministry.

Responder Experience (Hospice/Palliative Care Facility) Questions 25 – 33.

25. Have you ever visited someone in a Hospice Care or Palliative Care facility?

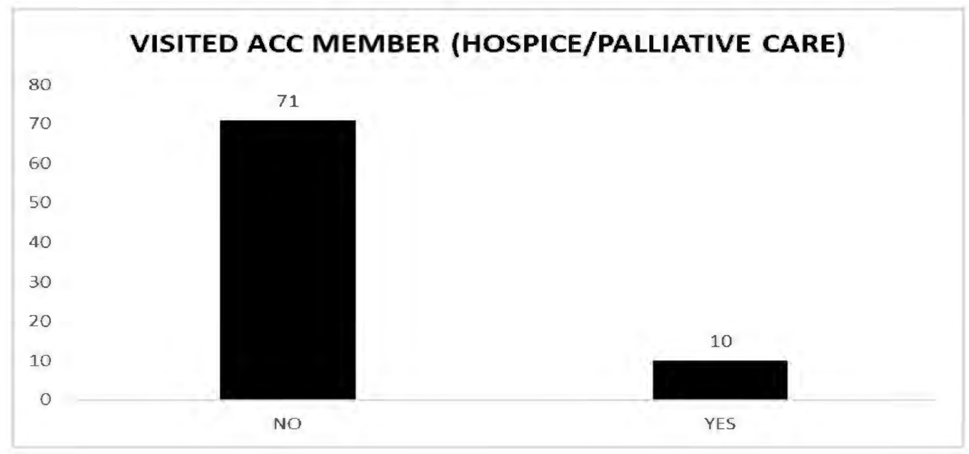
Table 4.17. If respondents have visited someone in hospice or palliative care.



Not all of the survey respondents answered this question. Of the three different types of care facilities, Hospice/Palliative Care had the most negative responses to whether responders had ever visited someone. As with the other facilities, this question was asked to establish base data to help understand the next few questions.

26. Have you ever visited another member of Appleton Christian Church in a Hospice Care or Palliative Care facility? (other than a family member)

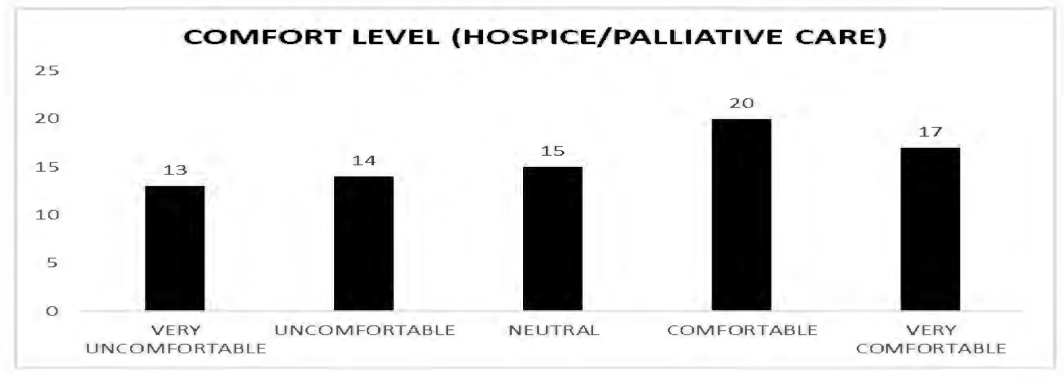
Table 4.18. If respondents have visited a member of Appleton Christian in hospice or palliative care.



Since I have been at Appleton Christian Church (five years), there have been only five members who have spent time in a hospice facility and the most recent member was there for only two weeks during the pandemic restrictions. After reviewing the responses, I am aware that most of the ten who responded that they have visited a member in hospice visited one of our elders who passed away three years ago.

27. What is your level of comfort when visiting someone in a Hospice Care or Palliative Care facility?

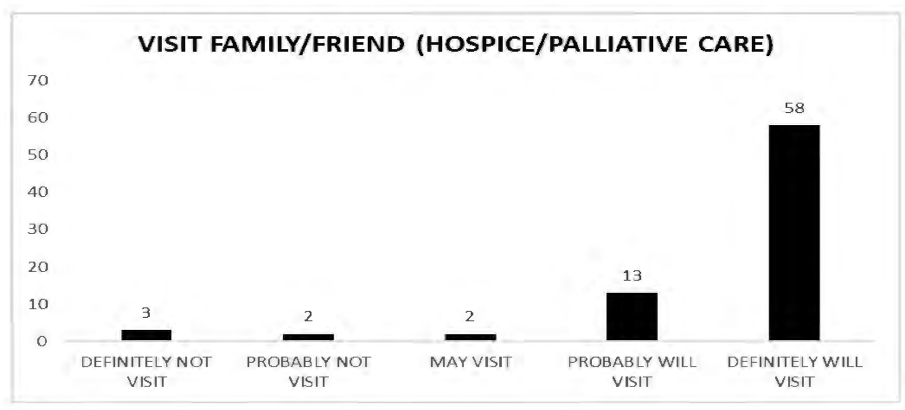
Table 4.19. Respondent comfort level in conducting hospice/palliative care visits.



Of the three types of care facilities, overall, the respondents felt much less comfortable with visiting someone in hospice/palliative care than they did with the other two facilities. The difference in comfort was substantial enough that I asked for further clarification in my focus group interviews. This section of answers also led me to seek more information from the hospice/palliative care facilities themselves. It was during this meeting that I met with Chaplain Scott Hogue and we reviewed the responses and comments together. Based on his personal experience as a chaplain with Hope West (Hospice), Chaplain Hogue was surprised that the comfort responses were as high as they were. After reviewing my project objectives with Chaplain Hogue, he agreed to present part of the training class.

28. How likely are you to visit a family member or friend in a Hospice Care or Palliative Care facility?

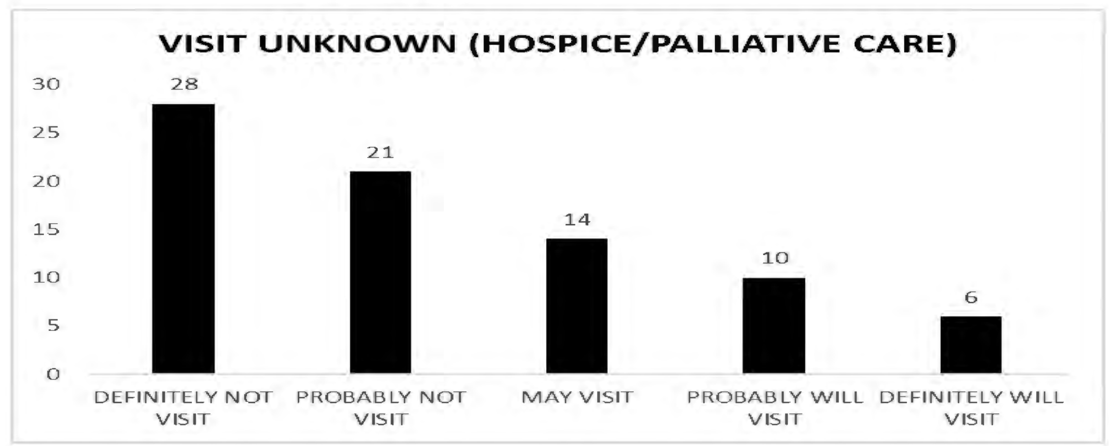
Table 4.20. Likelihood of respondents visiting a family member or friend in hospice/palliative care.



Although the numbers are a little different than the responses from visiting family/friends in a nursing home (Q#20), the overwhelming majority of the respondents would visit family/friends in a hospice/palliative care facility regardless of their previously stated comfort level.

29. How likely are you to visit someone you do not know in a Hospice Care or Palliative Care facility?

Table 4.21. Likelihood of respondents visiting a person they do not know in hospice/palliative care.



According to their answers, most of the respondents would not visit someone they did not know in a hospice/palliative care facility. From their written responses and my conversations with the focus group, dying seems a much more intimate environment to many of them, and without a relationship, they felt like they would be intruding more than they would be providing comfort.

30. How likely are you to visit a member of Appleton Christian Church a Hospice Care or Palliative Care facility? (other than a family member)

Table 4.22. Likelihood of respondents visiting a member of Appleton Christian in hospice/palliative care.

As discussed earlier, often members from one service may not know a particular member from the other service; however, compared to the previous response, shared membership in Appleton Christian Church seemed to greatly increase the probability that our responder would visit a member in a hospice/palliative care facility.

31. In 3-5 sentences, please share any concerns or comfort issues you may have when visiting someone in a Hospice Care or Palliative Care facility.

The responses to this question brought several common answers which can be summarized in these areas of concern:

a. I have never had an opportunity to visit someone in hospice, my family member died at home and the staff at hospice came to us. The hospice staff are wonderful people.
b. Great experiences at Hope West (local hospice facility), they were very supportive and considerate.
c. Concerns on intruding on family time with loved one, depends on the family and how they react. Much more comfortable with the patient than the family.
d. Not sure when is a good time to visit and whether the visit would be helpful or bothersome. Need to know the mental state of patient.
e. Not comfortable with this environment. “I think I would spend most of the time on the verge of tears, not knowing what to say.”
f. I would much rather visit with someone with me.

The answers to this question, as well as the next two questions, were helpful to Chaplain Hogue and me as we considered what to include in the training. One specific answer was very helpful, and I referred to it in the training. The respondent wrote, “Again, my discomfort gets in the way, after answering this question multiple times, I realize I’m too focused on myself. It shouldn’t be about me.” When I mentioned this quote in class within my presentation, many

participants agreed with it, and the discussion was very supportive and encouraged several participants to sign-up for the Appleton Care Ministry.

32. In 3-5 sentences, please share any bad experience or memories you have had when visiting someone in a Hospice Care or Palliative Care facility.

The responses to this question brought several common answers which can be summarized in these areas of concern:

a. Many respondents had memories of loved ones dying. / Although not many of them had experiences in an actual hospice facility, in most of the situations, hospice staff was involved. The memories were not necessarily bad, and many actually were good, however, all of them were meaningful.
b. Several responses included an opportunity to share the patient's hope in Christ with their visiting family.
c. Much more difficult watching a person die when you are unsure of their relationship with Christ.
d. Sad when a patient has no family to visit them.
e. Difficult when patient has deteriorated and does not look or act like what I remember.
f. Several respondents felt like they were intruding or were afraid they would be intruding.

33. In 3-5 sentences, please share any reasons you may not have visited a member of Appleton Christian in a Hospice Care or Palliative Care facility.

The responses to this question brought several common answers which can be summarized in these areas of concern:

a. Not aware of members that have been in hospice.
b. I have not known the person well enough to visit them.

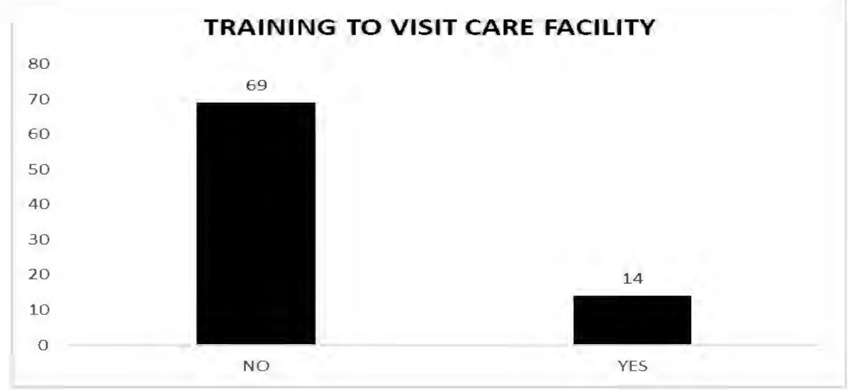
c. Have not had the opportunity but would visit if I knew someone was there and desired a visit.
d. Did not want to intrude on the family.

Several of the responses mirrored those from the other care facility questions. Communicating the opportunity to visit to others in the congregation that have an interest is something that we have begun to address through the Appleton Care Ministry structure.

Training for Pastoral Care Visitation. Questions 34 – 36

34. Have you ever had training on how to visit someone in a care facility?

Table 4:23. If respondents had received previous training in visiting someone in care facilities.



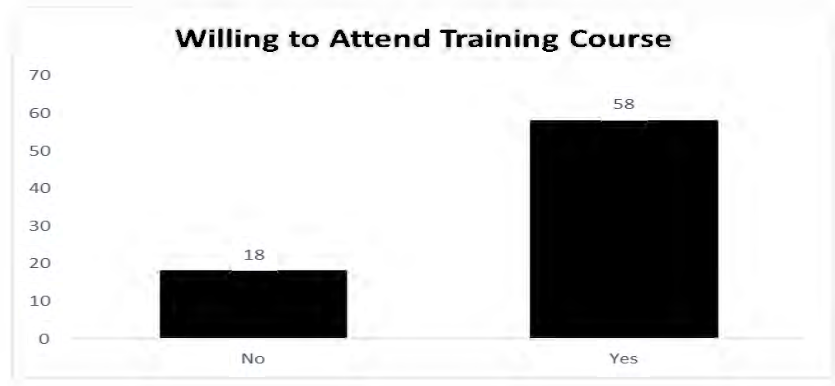
Most of the respondents had never received training on visiting people in care facilities.

35. If yes, when, and where have you attended this training?

Of the fourteen positive responses, five of them received training when they worked at or volunteered at a care facility, four of them received some training through Stephen Ministry at another church, three attended a care class at a previous church, and the last two received some instruction in Bible College. All but three of those who had previously received training were willing to attend a training class on this subject again.

36. Are you willing to attend a training course on visiting someone in a care facility?

Table 4.24. Are respondents willing to attend a training course in care facility visitation?

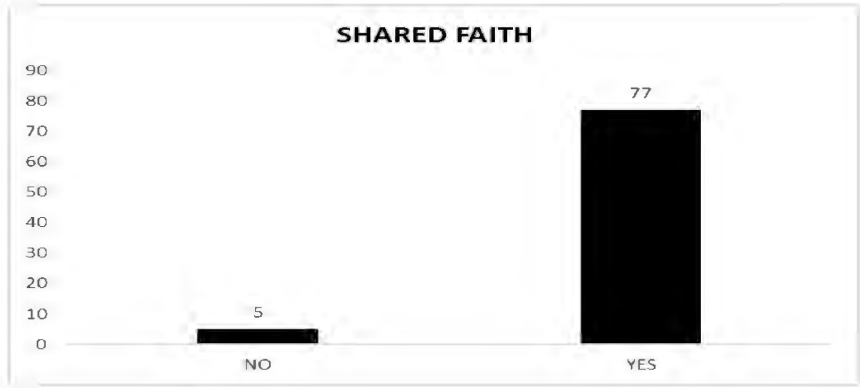


Of the fifty-eight affirmative responses, twenty-three of them attended the training course. There were four attendees of the course who did not complete a pre-course survey.

Sharing Your Faith

37. Have you ever shared your faith in Jesus Christ with anyone?

Table 4.25. If respondents had ever shared their faith in Jesus Christ with anyone

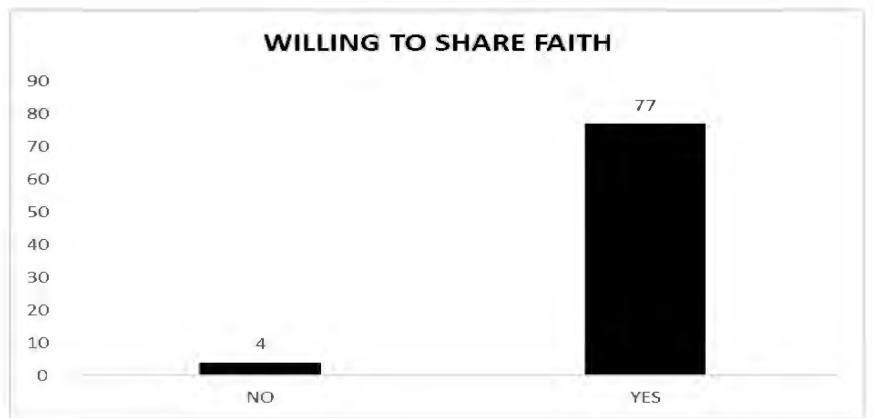


The high number of positive responses to this question surprised me. With seventy-seven respondents affirming that they have shared their faith with someone, over half of my 150 regular attenders/members have shared their faith. I find this to be a very strong indication of the high level of Spiritual maturity in Appleton Christian Church.

With the high level of positive responses, I changed the focus of the evangelistic training from participants learning to share their testimony, to participants preparing to share a time when they received comfort from someone else. This change would confirm that Paul's assertion in 2 Corinthians 1:3-5 applies to the participants and prepares them for their time to care/comfort others.

38. Are you willing to share the reason for the faith you have in Jesus Christ with someone?

Table 4.26. If respondents are willing to share their faith in Christ with someone



The same respondents who had already shared their faith with someone said they would again. This is still a high number of positive responses. I was able to talk with two of the respondents who said no to both and asked them why they were not willing to share their faith with someone, and their responses were different. One told me they did not feel comfortable or prepared to bring the subject up with others, the other said they are too shy to bring up serious issues with others. One of my respondents said, "I am not an evangelist and I don't believe we are all meant to be evangelists. However, we may be light and salt, and so we are all important in helping people to know God. So, I am not sure if a class is appropriate for me or not. I would be willing to consider it if it seems appropriate to me." The person who said this did not attend the training course.

39. Have you ever had training on how to share your faith with someone?

Table 4.27. If respondents had previous training in sharing their faith in Christ with someone

I found it interesting that less than half of the respondents who had shared their faith with others had received training on how to do so.

40. If yes, when and where have you attended the training?

Not everyone who responded that they had received training in sharing their faith responded to this question. Of those who did, many received training in another church and some when they were much younger. No one responded that they received any training at Appleton Christian Church.

41. Are you willing to attend a training class on how to share your faith?

Table 4.28. If respondents are willing to attend training in sharing their faith in Christ

Twenty-three of those responding attended the training course. Several who wanted to attend said they could not make the scheduled class and would be willing to attend one in the future.

Pre-course Phone Interviews

The initial design of the pre-course focus group was to meet with a group of individuals who responded to the pre-course survey to clarify initial survey findings and expand on the data. When the COVID-19 pandemic was recognized by the state government of Colorado, the Governor established numerical restrictions for social interactions in groups. Due to the restrictions imposed it was necessary to change the format of the focus group. After my initial review of the survey responses, I developed a basic phone interview that allowed me to call selected respondents to gain a deeper understanding of the data I received from the pre-course survey while also focusing on answering the secondary questions listed above.

As was mentioned above, the group of nineteen participants was selected from the returned pre-course surveys as well as a couple of regular attenders of ACC to achieve maximum variation sampling.

The following is the list of initial questions prepared for the phone interviews:

Phone Interview Questionnaire
Name:

1. Have you ever been a patient in the hospital? If so, did anyone visit you there? Who?
2. What do you remember about the visitation you had at the hospital?
3. Have you ever visited someone in a care facility (hospital, nursing home, or hospice)? Describe your experience.

4. Have you ever visited someone who was not a family member or friend in a care facility? Why did you go there?
5. Please discuss some of the things that you find the most rewarding about visiting people in a care facility (hospital, nursing home, or hospice), and some of the things that you find the most difficult.
6. What has kept you from visiting church members in a care facility?
7. Please tell me anything you think is important to tell me that I have not asked about.

Telephone Interview Summary and Analysis

The focus of these phone interviews was to clarify the responses found in the pre-course survey and expand upon them to answer the secondary questions listed above. A summary and analysis of the answers to the phone interview questions will be presented with the five secondary research questions they addressed.

1. *What is the level of participation by the members of Appleton Christian Church in pastoral care visitations to hospitals, nursing homes, and hospice facilities before and after the training?*

All nineteen participants had visited someone, usually a family member, in a care facility. Most of them discussed visits in hospitals and nursing homes, while some had said they had not visited anyone in a hospice facility. Of the nineteen respondents, only seven of them had visited someone who was not a family member or friend. Three of those who had visited a non-family member or friend commented that they had visited clients of theirs from work.

The percentage of the participants that had not visited someone who was a non-family member or friend in a care facility (63%) was very consistent with the responses from the pre-course survey. In each of the questions involving visitation of someone who they did not know (regardless of care facility) the majority of those responding had not done so. I must note, I

considered the “may visit” answer as an indication that those responding had not indeed visited someone they did not know. During the interviews, follow-up questions were asked to clarify the reasons behind the lack of involvement in this area. Of the twelve participants who had not visited a non-family member or friend in a care facility, all of them expanded on their reasons with answers that were helpful to some of the following secondary questions.

2. *Are there differences in the level of participation in pastoral care visitation to care facilities based on age, length of time as a Christian, time at Appleton Christian Church, or past affiliation with other church denominations?*

The demographics of the participants in the interview were as follows:

The majority of members/attenders of ACC are over fifty years of age. Of my selected participants, four were over seventy years of age, five were between sixty and seventy, four were between fifty and sixty, three were between forty and fifty, two were between thirty and forty, and one participant was between twenty and thirty years of age.

Only two of those interviewed had been a Christian for less than ten years. Most of the remaining seventeen participants had been a Christian for over twenty years. Of the nineteen interviewed, only eight had been attending ACC for over five years, with most of those attending over ten years. Eleven of those interviewed had been attending ACC for less than five years. Fourteen of the nineteen participants in the phone interviews had had experience attending churches from other denominations.

In reference to the above question, I found no identifiable difference in the level of participation in pastoral visits to care facilities base on any of these demographics. Only two of the respondents mentioned any training or experience in a focused care ministry in their past. Both came from denominations that had participated in the Stephen Ministry (one Baptist, one Lutheran).

3. *What are the reasons members have not participated in pastoral visitations in care facilities?*

The participants who said they had not visited a non-family member or friend in a care facility gave the following reasons for not doing so:

a. Feel that I don't really know them well enough to belong there, felt they would have family and friends that would be more important for them to see than I, and it is very awkward to say something encouraging.
b. I have a problem with visiting someone I do not know well. If there were a structured way of doing it, I probably would.
c. Really afraid I may intrude on them, and afraid I may visit them at a wrong time.
d. I really have a lack of confidence about what to say and do. I am not a real good people person.
e. Probably the biggest reason I haven't visited someone I don't know very well in a care facility is that I didn't know they were there and wanted visitors.
f. The hospital is a sad place and if I don't know someone, I am a bit uncomfortable talking with them. I am not very outgoing.
g. I am reluctant to visit someone I don't know very well because I don't know what to say, and I guess, I also don't know who is in the care facilities to visit.
h. I have always felt that it would be more of a burden to them if I wasn't someone they knew.

These answers helped identify several issues that needed to be addressed in the training class. First, there was a concern about knowing what to say and when to visit, indicating a structured approach to pastoral visitation was needed. The second issue is not knowing when someone is in a care facility and desiring a visit, indicating a need for identifying and communicating potential people to visit. Finally, there was not a clear understanding of the value

or purpose of a visit from someone outside the family or friends, indicating a need to understand the Biblical direction and purpose of pastoral visitation and care. Each of these areas of need was addressed in the training course.

4. *What are the reasons members may be reluctant to visit care facilities that need to be addressed in the training?*

Almost all of the interview participants listed some bad experience or concern they had had in visiting someone in a care facility which had contributed to their reluctance to visit others. The following is a list of some of their reasons:

a. Sometimes it is hard to visit someone with a roommate who is disoriented or loud and complaining.
b. I remember being a bit embarrassed when someone visited me in the hospital when I wasn't feeling well and didn't look my best.
c. Hospitals are gross, not clean, and every time I go and visit over a period of time, I get sick. I think hospitals are some of the most unclean environments.
d. Nursing homes are really different and sad… and all they want to talk about is wanting to be home, and how do you encourage them about being where they are?
e. I am uncomfortable because the hospital is a kind of a sad place.
f. It is difficult when someone is doing badly, like I don't know what to do and what to say.
g. I am very sensitive to emotions and energies to others pain can really get to me and overwhelm me.
h. I had a very bad experience in the VA when they were holding off treatment until it was demanded. I felt helpless. Also, I don't know what to say to a non-believer who is dying, or to members of their family who are unbelievers.
i. I have difficulty seeing people who are hurting, in dire straits.

j. I have a difficult time visiting people with memory issues. Last time I was there we had a guy screaming. The atmosphere just gets to me, and it might be just that I have been in the hospital so much.

k. COVID-19 has made me reluctant to go anywhere and catch something.

During the interviews, many of the respondents had experienced painful and uncomfortable situations in visiting family members or friends. Some of them referred back to their childhood experiences with a dying relative. It was helpful to have this information so that we could plan to address these issues in the training class. These types of experiences were addressed in two ways in the training course. During the Biblical and Theological Foundation for Caring for Others section, we talked about past experiences and God's Comfort through them as an important foundation we can use to comfort others. Chaplain Hogue led a discussion on these types of experiences and pointed out that often those we visit have had similar experiences or expectations and that our visits and encouragement can help mitigate those feelings and concerns.

6. *Are there institutional barriers within the church that need to be addressed (removed) to improve participation by members in pastoral care visitations to care facilities?*

The question "what has kept you from visiting church members in a care facility?" was included to gain information for the above secondary research questions. The responses from the phone interviews supported many of the responses I received in the pre-course survey. Most all the responses included one or all of these three answers: 1. I did not know when someone was in the care facility, 2. I did not know if they wanted visitors, 3. I would rather visit with someone with me, especially if I do not know the patient well.

The first two concerns presented an opportunity to improve our administrative communication within the church. Although HIPAA regulations do not directly apply to churches, the concern for patient (member) privacy is still important and dissemination of any

personal information should be done with care. Through a discussion with the elders and church staff, it was decided that every member who was in a care facility would be asked if communicating that information to the church or a group of people within the church would be acceptable. The member would also be asked if she or he would like to receive visitors. This information would then be communicated in the manner the patient (member) requested.

The third concern voiced by the interview participants of wanting someone to go with them on pastoral visits would need to be addressed differently. There was a need to create a system where people could coordinate with others to go on pastoral visits together. This question was posed in the training class and the discussion that followed initiated the creation of the Appleton Care Ministry. Although the actual structure and administrative practice of this new ministry was not established during the training class, the need for it and the enthusiasm to participate in this ministry in the class discussion were catalysts for its creation.

During the interview, the participants were first asked if they had ever been a patient in a hospital, and if so, had they received a visit. These questions were asked for two reasons. First, I wanted to establish a personal connection in the interview by having the participants consider themselves in the place of those to be visited. The purpose of the interviews, and the doctoral project itself, was not just an academic exercise, it was to help the members of the church to participate in the ministry of care.

The second reason I asked whether the participant had ever been a patient in a hospital and, if so, had been visited by someone, was to see if there were any correlation between whether or not having had that experience impacted participation in visiting others. Ten participants had spent time as a patient in a hospital, while nine participants had not. As mentioned previously, all nineteen interview participants had visited a family member or friend in a care facility, however, only seven of them had visited someone who was not a family member or friend in a care

facility. Of the ten participants who had spent time in a care facility as a patient, half had also visited someone who was not a family member or friend. Of the nine participants who had not been a patient in a care facility, only two had visited someone who was not a family member or friend (and one of those was in a care position visiting clients). Although admittedly the sample size is quite small, it was interesting that having had the experience of being a patient seemed to increase the likelihood of visiting someone they did not know well.

The ten interview participants who had been patients in a care facility were also asked what they remembered about any visits they received. Their responses were valuable for positive and negative examples I could use anonymously in class. Some of the responses were:

a. Mostly, "How are you?" and some chit-chat… made me feel good and cared for. I was also with my husband in hospice when he passed and the church came to visit us and pray with us… that was a beautiful thing, even though it was hard.
b. When I was really ill in Denver and was in the hospital for fifteen days, several pastors and church members came up to support us and especially the night I almost went with the Lord. The pastor's wife took care of our children throughout the end of the school year while I was recovering.
c. In general terms, they were always kind of uplifting and I was grateful for their presence.
d. A good number of people visited me and most of them prayed with me. I was less comfortable with people who I didn't know, and they didn't know me. One of the most uncomfortable visits was the hospital chaplain who may have come expecting that I had a specific need.
e. The pastor came and prayed with us, and some friends and family.

f. It was comforting to know that I had somebody who cared. I feel sorry for people who don't have anybody.
g. I was in quite a bit of discomfort; I didn't care if people were there or not. The only ones I really wanted there were family. I guess I did appreciate the effort.
h. It was good to have a support system, makes you feel good. Pastor visits are good anytime, no matter how I am feeling. It is good to have someone ask if you are up for a visit. One time they woke me up and I pretended to be glad.
i. Short visits were best, to let people know you care, but don't linger.

Chaplain Hogue used several of these statements and other statements he had already collected to lead discussion in class. Again, the examples were used anonymously, and only three of the interview participants attended the training course.

The last question on the survey was fully open to any comments the participant wanted to share. The initial questions led the participants deeper into the subject area and the last question was designed to glean where their thoughts had taken them. Some of the comments shared were:

a. It would be very valuable to learn more about Personal Protective Equipment (PPE). It is important to let God take control of the visit, God knows what is going to happen, and there are no coincidences. The training piece is so important, i.e., Paul and Timothy.
b. I have been visiting some, I would like to have a class on it if it were available... and if I could have help with transportation.
c. I think it is super important to go visit those people whether you know them or not… for encouragement and support.
d. I think there is a real need for it… I work in the hospital and I don't go into patient rooms very often, especially with the restrictions due to the COVID-19 pandemic. It

is sad that all the patients are just there waiting to get out with no one there with them.

e. I do ask people if I could pray with them… and I never had anyone say no. I keep it short but ask God's blessing on them. I know I feel good about doing that.
f. I have always admired people who are able to go and share something spiritual like Bible verses, passages, stories, or even if they just go read chapters in the Bible. I find it difficult for me to share verses that I find meaningful or meaningful to them.
g. It's a difficult task… goes back to loss and intrusion… I find things like that difficult. But if someone asked you, you would go… if they said they needed you to come.
h. We need to know when people are in the hospital, also I really feel bad when I don't know where the person is going (salvation/relationship with Christ).
i. I really like the idea of visiting in pairs, which would be easier to keep a conversation going. Some people are secretive and private and don't want to appear to ask people to feel compelled to come see them. Like people don't want to bother anyone, but they would enjoy a visit, especially if you were a people person.
j. I think it can be difficult to sometimes comply with facility policies or practices for visits, especially if I am unaware of them.
k. When you go to a care facility and there are family members there, I think it is important to reach out to care for them as well. I think you need short and sweet visits with prayer, and if they want to be anointed that is awesome… and if they want communion, the hospital team should be ready to provide that as well. I just retired and am looking for a ministry, when seniors get older, they get so lonesome. It would be nice to have a hospital care visit team that could also do phone visits. I especially

have a heart for those who have lost spouses. I feel the Lord calling me into another ministry.

Many of the answers to this question reinforced comments made earlier in the interviews, while others were entirely new thoughts by the participants who gave them. The answers supporting the need for visiting others, as well as those supporting the need for training, were encouraging. In several answers, I could tell that those responding did not feel competent enough to make visits and in some cases that they would never be able to. The final answer listed above came from the individual who became the ministry leader for the new Appleton Care Ministry.

One main conclusion that came from the interviews is there is a need for pastoral visits by members of the church to other members in care facilities, and that most people that were interviewed do not feel they are prepared to be effective in those visits.

Care Facilities Staff Interviews

One of the secondary questions I anticipated that needed to be answered in preparing for the training class was:

5. What are the expectations and restrictions care facilities have for those who visit their patients that should be included in the training?

The need to answer this question was supported by comments in the pre-course survey as well as the phone interviews by members who were unsure of the rules in the various facilities. To get the information I needed, I contacted several care facilities explaining what I needed and requested a staff member to contact me for an interview. As stated previously, at the time of these interviews the COVID-19 pandemic restrictions severely limited staff contact with non-patients and non-staff members. The care facilities were in a great state of flux as the rules and requirements were changing rapidly, so most of the facilities I contacted either informed me that they could not help me at the time, or they just did not respond to my several calls. Of the two

care staff interviews I was able to schedule, one was with a nursing supervisor at a hospital and the other was a chaplain from a hospice facility. I began both interviews by introducing myself and the premise of my project. I then stated my question (#5 above) and took notes.

Hospital Staff - Nursing Supervisor

She began the interview by explaining that throughout her career she had seen how much visits had contributed greatly to the healing process of her patients. She noted how sad it was when patients received no visits, which was especially noticed during long stays in the hospital. She did acknowledge that very rarely some visitors were not as helpful to the healing process and that is when she began to give me a basic list of rules that her hospital suggests and that she has learned from her experience.

a. It is always a good idea to ask the patient or their family if they are up for the visit. You can also ask the nurse, if on is available, if it is a good time to visit the patient regarding treatments or other administrative duties. By asking the patient or others involved, your members can also gauge how long a visit should be if one takes place.

b. If a patient is sleeping when you enter their room, it is good to let them sleep, unless they had asked for the visit and were expecting you. If you have any questions about waking them, ask their nurse if it would be okay. The nurse usually is aware how much the patient has been able to sleep and if it would be better to let him or her sleep.

c. Always wash and sanitize your hands before and after a visit with someone. Hospitals are a place for sick people and all those visitors who have been around them. With every doorknob, every elevator button, there are opportunities to pick up some type of germ, and those who are in the hospital for care do not need any new opportunities

for infection. There are sinks in each room, so it is good to wash your hands as you arrive and leave. This is especially true if more than one patient is to be visited.

d. Turn off or silence your cell phone when you come into the hospital for visits. There are some areas in the hospital where you are required to turn off your cell phone so as not to interfere with patient-care devices. Usually, these areas are posted, but if there is any question, your members can always ask any nurse in the unit they are visiting. Silencing their phones is always a good idea so as not to startle and/or annoy other patients in the area.

e. Never visit someone if you are sick or experiencing any symptoms.

f. If the doctor or nurse comes in during a visit, ask if they would like you to leave the room during the visit. They will tell you what is required, sometimes it is just a check-in visit with their patients which does not require visitors to leave.

g. It is usually a good idea not to bring young children with you when you visit unless there is a request by the patient themselves. Even then, it is a good idea to limit the time of the visit when young children come with you. The hospital is not a very child friendly place and young children can cause other patients some anxiety.

h. If your visit is going to stress out or cause anxiety to the patient, do not come. Those are the situations that I referred to earlier when visits are counter-productive to the patients. It does not happen very often, but when it does, it isn't very good for the patients or my nurses.

i. In terms of bringing gifts like flowers or balloons, or even bringing food in for the patient, it is always a good idea to check with the nursing staff before you visit, just to see if there are any restrictions to those items you may be bringing. Remember, some patients may have diets that are restricted due to some type of treatment, so always

check before you bring anything for the patient to eat. They may want the food, but it may not be good for them. Gifts of flowers or balloons often brighten up the room for the patient and are okay; however, there are times when a patient receives too many plants and balloons and thay can get in the way of care providers.

j. Be aware of your patient. If they seem to be getting tired, wrap up your visit. As a Christian, I love it when people pray for my patients, so I would suggest they always pray for them.

k. Please come and visit. Do not assume you will be a bother to the person you are visiting. Your visit does not have to last a long time, but showing that you care for them and were willing to come is very encouraging. One thing I have seen from the (COVID-19) restrictions we are currently experiencing, is no one is allowed to visit. Isolation isn't very helpful to healing. My nurses have tried to spend more time with their patients; however, they still have a lot to do and can only do so much.

As we were talking, she added that these basic guidelines can be applied to visits in all types of care facilities. Her interview answered this secondary question in a structured and complete way, and it was very helpful in the development of the training class.

Hospice Staff - Chaplain

The second staff interview was with a chaplain from the hospice facility in Grand Junction. Chaplain Scott Hogue was recommended to me by another pastor from a local church. During my initial conversation with Chaplain Hogue on the phone, he told me of his experiences as a chaplain, educator, and in local ministry. He was very interested in my project and offered to help me beyond giving information for this particular secondary question. He suggested that when I come for our interview, I should bring the results of the pre-course survey and my results from my interview with the nursing supervisor.

The interview began by reviewing the information he requested. He reviewed the list of guidelines that I had received from my previous interview and he commented that the list was very complete and included everything and more from the list he had used in the past. Chaplain Hogue commented on the last point on the nursing supervisor's list and reiterated the importance of people visiting. He added that very often in a hospice situation, the visits are much more important for the family of the patient than the patient themselves. Often hospice patients are made comfortable with pain killers and are sometimes not very responsive.

Chaplain Hogue and I then reviewed some of the results I had compiled from the pre-course survey. He was very interested in the results detailing the history of ACC members visiting the various care facilities and some of their comments on challenges and perceived concerns. Chaplain Hogue said that the responses I received focusing on ACC members' willingness to visit others in care facilities were a little higher than he expected. Most organizations he had worked with in the past had similar concerns and lower levels of participation.

As we discussed the responses from the pre-course survey, Chaplain Hogue began telling me about his experience with non-staff visitors and the class he has taught volunteers and other churches when they requested it. Chaplain Hogue's training course was titled "REI" which was an acronym for "**Recognize**: When pain is spiritual, **Entrance**: Creating Room for Two, and **Intervene**: New Possibilities." He began reviewing the content with me. While he reviewed his material, it became evident that many of the issues I had identified as important to include in the training course were addressed by Chaplain Hogue's course. I then asked him if he would be willing to present his course to the members of Appleton Christian Church.

There were two areas of concern that I had identified from the survey and interviews I felt needed to be included that were not addressed in Chaplain Hogue's class. In REI, Chaplain

Hogue did not formally cover a list of expectations and restrictions care facilities have for those who visit their patients. He told me that he could easily include a discussion of the guidelines within his presentation. The second concern members had was the correct use of Personal Protective Equipment (PPE). He agreed to bring several examples of PPE that the members could expect to find in care facilities and review their function and how to use them. During the course, Chaplain Hogue invited the class participants to come up to him during breaks to try out the equipment if they had questions.

At the end of my initial interview with Chaplain Hogue, we agreed to discuss the structure and content of the training class and that I would confirm the date of the class with him before I announced it. To firmly schedule a date for the class at that time was impossible due to the changing restrictions in response to the COVID-19 pandemic.

Course Evaluations – Results and Considerations

To understand and apply the results and considerations from the course evaluations, it is important to first review the design and implementation of the training course.

Content and Design of the Appleton Care Class

Content Determined from Research Methods

The course was designed from the answers to the secondary questions using the information gained from the pre-course survey, the pre-course phone interviews, and the care staff interviews.

A summary of the findings of each of the secondary questions and the conclusions obtained from the research are as follows:

1. *What is the level of participation by the members of Appleton Christian Church in pastoral care visitations to hospitals, nursing homes, and hospice facilities before and after the training?*

All but two of the eighty-four respondents to the pre-course survey indicated that they had visited someone in one of the types of care facilities in their lives. However, there was a drastic difference in participation levels when members were asked if they had or would visit someone that they did not know in a care facility. This reluctance to visiting someone who was unknown to the members was also evident in the interviews. The conclusion from the data indicates a need for some type of intervention or event to increase the potential for participation in pastoral visits by members with people unknown to them.

2. *Are there differences in the level of participation in pastoral care visitation to care facilities based on age, length of time as a Christian, time at Appleton Christian Church, or past affiliation with other church denominations?*

There was nothing in the results that indicated differences in the level of participation in pastoral care visitation based on any of the above demographics. The conclusion from the data suggested that any intervention or action to increase participation in pastoral care visitation in care facilities would not have to include considerations based on any individual demographic.

3. *What are the reasons members have not participated in pastoral visitations in care facilities?*

The comments in the pre-course survey and the pre-course phone interviews included several issues that needed to be addressed in the training class (planned intervention/event) as well as administrative changes within the church.

a. Several responses indicated that members were unaware of or unsure of their responsibility to offer pastoral care visits for others they may not know. Several also assumed the responsibility belonged to the paid church staff and elders. A Biblical and theological foundation for caring for others was offered in the course to meet this issue. The exegetical study of 2 Corinthians 1:3-5 clearly presents the responsibility of all Christians to provide comfort to others.
b. Some members mentioned that they had no way of knowing when people were in a care facility and were desiring visits. Administrative changes were made in vetting members in care facilities for the dissemination of information and willingness to be visited.
c. Many participants indicated that they had not visited others in care facilities because they did not know how (what to say, how long to visit. etc.). A basic model for pastoral visits was included in the training. Techniques were given in listening, starting conversations, and identifying receptivity of the patient being visited.

d. There were concerns given about the various types of care facilities and the rules and guidelines that applied to visitors. A list of guidelines was constructed from the care staff interviews and was included for review in the class.

4. *What are the reasons members may be reluctant to visit care facilities that need to be addressed in the training?*

Many of the reasons listed why members had not participated in pastoral visits in care facilities also appeared in discussing their reluctance to visit members in care facilities. There were a couple of issues that were unique to this secondary question that needed to be addressed.

a. Several members were concerned about being exposed to infections and illnesses. Included in the class were instructions on how to limit exposure to infections by hand washing, as well as instructions on how to use the personal protective equipment (PPE).

b. Some members commented that they just do not like care facilities, the smell, the atmosphere, the sad people. This issue was addressed during the Biblical and theological presentation with God calling us to comfort people with the comfort we have received from Him (2 Cor. 1:3-4). The imperative nature of this call by God does not allow our discomfort as an excuse to not participate in caring for others in care facilities.

c. Some members were reluctant to visit people in care facilities because they did not feel comfortable addressing people or family members who may not have accepted Christ Jesus as Savior. There were concerns about how to share their faith. This concern was addressed in two areas of the class. Chaplain Hogue presented suggestions on how to identify opportunities to share their faith, and the participants

were given an example of how to share their faith by preparing their testimony on the comfort they had been given by God. The participants were encouraged to prepare and practice sharing their testimony with another participant.

d. Some members were reluctant to visit members at care facilities because they did not know the rules and expectations that each type of care facility required their visitors to follow. To address this, Chaplain Hogue included a general list of guidelines to the participants during the training, explaining the reasons behind each guideline and how to comply.

5. *What are the expectations and restrictions care facilities have for those who visit their patients that should be included in the training course?*

The information for this secondary question was obtained during the care staff interviews and was presented in the course by Chaplain Hogue.

6. *Are there institutional barriers within the church that need to be addressed or removed to improve participation by members in pastoral care visitations to care facilities?*

The research revealed two institutional/administrative issues that needed to be addressed to improve participation by members in pastoral care visitations to care facilities.

a. Many members commented that they were often unaware when members of the church were in care facilities and desired visits from other members. This issue was addressed before the training course. A system was put in place to track every member in a care facility and ask if he or she is open to visitation from the pastoral staff and members. Patients would also be asked if they wanted the whole church to be notified in a prayer request or if they would like to limit the announcement to the elders. After the training course, it was determined that the ministry leader of the Appleton Care Ministry would be notified of all members in care facilities and their

willingness to be visited by others. The creation of the Appleton Care Ministry was presented in the training course. Participants were asked if they were interested and would like to participate in the ministry.

b. Several members expressed that they were more likely to visit members in care facilities if they could go with someone else. To address this concern, it was decided to create the Appleton Care Ministry to help coordinate members who would like to participate in pastoral care visits to care facilities with others. As previously stated, the creation of the Appleton Care Ministry was presented in the training course.

Course Design and Schedule

The training course consisted of four different presentations that were designed to address the needs and concerns the members expressed through the research tools.

The first presentation was titled "Biblical and Theological Foundation for Caring for Others." I presented an exegetical study of 2 Corinthians 1:3-5. Although each participant received a copy of my full exegesis of the passage, the presentation itself was an overview of the subject. The content included an explanation of what exegesis or drawing out of a scripture passage was and how the presentation would proceed. Also included was a brief overview of the historical setting of the letter, including the background of the church of Corinth and the purpose behind Paul's writing of the epistle. While reviewing each of the verses, I pointed to God's compassion and comfort freely given to us while the direction to comfort one another was a command/imperative to us by God.

The learning objective for this presentation was for the participants to understand that God's Comfort given to us sufficiently prepares us to obey God's command to comfort others.

The passage demonstrates that the comfort and care of others is a responsibility that every believer in Christ shares and is not just delegated to clergy.

The second presentation was titled "Care Facility Visitation Training." Chaplain Scott Hogue presented a three-part model/process (R.E.I.) for the participants to use when visiting others in care facilities. R.E.I. stands for **R**ecognize: When pain is spiritual, **E**ntrance: Creating Room for Two, and **I**ntervene: New Possibilities.

Chaplain Hogue gave instructions and examples on what to look for when entering a room to understand how the patient is feeling and how to gauge his or her receptiveness to a visit. He presented ways to create rapport with the patient to help make the visit productive and encouraging. Finally, he demonstrated how to identify openings for participants to share their faith with patients and family members as part of comforting them.

Chaplain Hogue's presentation also included the importance and benefits of visitations to patient care, an overview of the different types of care facilities, the rules/guidelines when visiting patients in care facilities, and how to identify and use personal protective equipment (PPE) to help participants protect themselves and the patients. He offered opportunities for participants to practice using the protective equipment during breaks and after the class.

One learning objective for this presentation was to give the participants tools to use in visiting patients in care facilities to increase their confidence and level of comfort. A second learning objective was to familiarize the participants with the various care facilities and their expectations and guidelines for visitation, including rules to reduce exposure and transmission of infection and disease. The final objective was to prepare the participants to identify opportunities for sharing their faith in Christ as a form of comfort.

The third presentation was titled "The Comfort We Have Received – Preparing and Sharing our Testimony." Building on content from the first two presentations, the participants

were encouraged to identify a situation in their life where they had received comfort from God and prepare (write out) a testimony of the situation to share with others. One of the participants was asked before the class to prepare his testimony to share with the class as an example. Each participant was then given a basic outline to help them write out their care testimony to share with another participant in the class.

The learning objectives for this presentation were to reinforce the importance of being ready to share their faith with patients and family members and allow the participants to practice giving their testimony.

The fourth presentation was titled "What Next – Introducing our Appleton Care Ministry." As was previously stated, the creation of the Appleton Care Ministry came as a response to institutional/administrative concerns identified in the pre-course survey and phone interviews. This new ministry was introduced to the participants and the initial structure and practice of the ministry was explained. The participants were told that due to the current restrictions on visitation to care facilities, the actual practice and activities of the ministry would be addressed by those members who would become part of the ministry following the class. Participants were then encouraged to sign up to be part of the new ministry.

One other item identified in the pre-course survey was that some members had previous experience with training and participation with the Stephen Ministry. I asked one of the members in the church who had been an instructor for the Stephen Ministry to introduce the focus of the ministry. I then shared with the class that this ministry would be an opportunity for expanding participation in pastoral care in the future.

The objective of this discussion was to encourage the participants to put the training they had received into practice (acknowledging the current restrictions during the pandemic). They were also encouraged to become part of the Appleton Care Ministry.

Due to restrictions on the number of people allowed at in-person gatherings, the training course had to be postponed until August when the guidelines for non-church service gatherings allowed up to fifty people or twenty-five percent of the official occupancy rate of the room, whichever was the smaller number. The Appleton Care Class was scheduled and held on August 15th with twenty-seven participants in attendance.

Course Evaluation Instrument and Results

As part of the research methodology of the paper, a course evaluation was given to each of the participants to complete at the conclusion of the course. The focus of the instrument was to receive information concerning class size, timing, and comfort – the environmental issues, course content and delivery, and use of the skills after class. See below for the actual form used.

Course Evaluation Form

Appleton Care Class Course Evaluation

Course Content	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The class size was appropriate.	☐	☐	☐	☐	☐
The class started and ended on time.	☐	☐	☐	☐	☐
The facility was comfortable and conducive to learning.	☐	☐	☐	☐	☐

The class was presented in a manner that was understandable and clear.	☐	☐	☐	☐	☐
The class materials were relevant and useful.	☐	☐	☐	☐	☐
The instructors were open for questions.	☐	☐	☐	☐	☐
The instructors encouraged participation.	☐	☐	☐	☐	☐
The objectives of the class were stated clearly.	☐	☐	☐	☐	☐
The class provided me with a greater understanding of the subjects:					
Biblical and Theological Support of Care	☐	☐	☐	☐	☐
Care Facility Visitation (R.E.I)	☐	☐	☐	☐	☐
Sharing My Story of God's Comfort	☐	☐	☐	☐	☐
Participants were encouraged to use the skills gained in local ministry.	☐	☐	☐	☐	☐
I feel more prepared to participate in caring for others in the church.	☐	☐	☐	☐	☐

Further comments and suggestions concerning the class:____________________

____

____

____

(continue on back if needed.) ***Thank you for your feedback!***

Course Evaluation – Summary and Conclusions

The first three questions focused on the training environment with the following results:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The class size was appropriate.	22	5	☐	☐	☐
The class started and ended on time.	8	8	8	3	☐
The facility was comfortable and conducive to learning.	15	11	1	☐	☐

The class was held in half of our fellowship center, our gym, to accommodate the state restrictions on in-person gatherings. The challenge was to space the seating and tables to meet the state requirements while still maintaining a good learning environment. This involved both limiting the number of participants and designing the layout to encourage participation across a larger space. The first question asked the participants if they felt the class size what appropriate. All the participants agreed that the class size was appropriate for the course presented.

The second question focused on the timing of the class, whether the class started and ended on time. Sixteen participants agreed that the class started and ended on time, while eight participants responded with a neutral answer, and three disagreed. The class was scheduled to begin at 9:00am and last for two hours and forty-five minutes. All the materials and seating were ready so that we could begin on time. Also, there were extra materials available for walk-ins. Most of the participants were in place and ready so the class could begin on time; however, there were a few participants who arrived at 9:00am and right after. Three of the scheduled participants were not able to attend, however, five people who had not registered were able to join us. All these changes contributed to delaying the start of the class to 9:07 A.M.

Unfortunately, many of the long-term members of the church have come to expect starting events late, which they call "Appleton Time." Because of that, my experience is that some of the members who had attended the church before I came usually come late to every event.

The class also went far longer than I had anticipated. The participant's interest in the subject as well as the amount of material we had planned to cover was far greater than the originally scheduled time could accommodate. Due to the time constraints, some of the material had to be shortened, as well as the time that was planned for participant practice and participation. There were several comments on the evaluations that expressed a desire for a lot more time in class for participation and practice. Chaplain Hogue and I concluded that the next time the class would be scheduled to last four and a half hours.

The third environmental question asked the participants to comment on whether the facility was comfortable and conducive to learning. Twenty-six participants agreed that the facility was effective. One participant answered the question with a neutral answer, commenting that the speakers and the audio/visual material should have been louder. There were also several comments on the evaluations that mentioned the room was too cold.

A list of the additional comments pertaining to the environment are as follows:

a. It was difficult to understand (hear) what speakers were saying. Increased volume of microphone may have helped. That being said, I would really like to be a part of this. I think it is something I could do.

b. I thought the class was very good. Information presented well. It would have been helpful to have some question/answer participation on what people experienced and also maybe role play. It is different visiting relatives compared to people you don't know.

c. Would like more time to do participation/practice/role playing exercises to put into action some of the concepts.

d. I knew this couldn't be done in two hours so no judgement! Subject was so interesting I didn't need it cold to stay awake!

e. Needed microphone louder.

f. Appleton time. The facility was cold.

g. A little hard for me to hear.

The next five questions focused on general course content and instructors with the following results:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The class was presented in a manner that was understandable and clear.	20	7	☐	☐	☐
The class materials were relevant and useful.	23	4	☐	☐	☐
The instructors were open for questions.	20	7	☐	☐	☐
The instructors encouraged participation.	10	12	4	☐	☐
The objectives of the class were stated clearly.	21	6	☐	☐	☐

As was previously discussed, the class was scheduled to last two hours and forty-five minutes. With the interest of the participants in the subject matter, and the amount of material to cover, the first two presentations of the class went longer than anticipated. As time passed, the pacing of the presentations had to increase, and the questions and participation of the participants were held to a minimum. This lack of participation was reflected in the evaluations. The scheduled time for future presentations of the course will be increased by two hours to allow for greater participation and the practice of skills learned.

A list of the additional comments pertaining to general course content and instructors are as follows:

a. I thought the class was very good. Information presented well. It would have been helpful to have some question/answer participation on what people experienced and also maybe role play. It is different visiting relatives compared to people you don't know.

b. Very personal and educational.

c. Thanks – great class. Appreciate all the work and handouts.

d. Thank you! Good presentations!

e. Excellent presenters and handout packets. Thanks. I learned things!!!

f. Very helpful information. Thank you for your preparation, effort, and time.

g. Would like more time to do participation/practice/role playing exercises to put into action some of the concepts.

h. Was a great overview of what the Care Class is all about.

i. I knew this couldn't be done in two hours so no judgement! Subject was so interesting I didn't need it cold to stay awake!

The next three questions allowed the participants to comment on the three content presentations individually with the results as follows:

	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
The class provided me with a greater understanding of the subjects:					
Biblical and Theological Support of Care	**20**	**7**	☐	☐	☐
Care Facility Visitation (R.E.I)	**20**	**7**	☐	☐	☐
Sharing My Story of God's Comfort	**11**	**11**	**3**	☐	☐

The third presentation "Sharing My Story of God's Comfort" was most affected by the lack of time available. The presentation included an explanation of the process and a demonstration of the concept by a participant sharing his testimony. The plan was to then have the participants prepare their own testimony and share it with another class participant. Due to time constraints, only the explanation and demonstration were completed. The participants were encouraged to complete their testimonies on their own. The evaluation response clearly indicated that the participants felt the presentation could have been more effective and valuable to them with more time and practice. The next Appleton Care Class will schedule an hour and a half for this presentation, with the preparation and practice as the focus.

The last two questions on the course evaluation focused on the participants' anticipated use of the presented skills after the class. The results were as follows:

	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
Participants were encouraged to use the skills gained in local ministry.	**16**	**8**	**2**	☐	☐
I feel more prepared to participate in caring for others in the church.	**12**	**14**	**1**	☐	☐

Though the numbers are mostly positive, the lack of time in the class for participation and practice affected the participant's ratings for confidence and use of skill after the course. Also, due to the time constraints at the end of the class, the presentation about the new ministry and other opportunities to use new skills was not as focused as was originally designed. One of the participants confirmed this in the written comments by writing:

- I am interested in learning how to better participate in caring for others. I was surprised to learn some of the things I have started to do are actually part of a ministry.

Future classes will spend more time focusing on how to use the new skills and apply them to ministry within the church.

Post-Course Focus Group

As previously written, my research methodology originally included conducting a post-course survey sixty days after the training course; however, since the COVID-19 pandemic restrictions prohibited all visits to care facilities for the six months after the pre-course survey, I decided that there would be little value in the data it would produce. Also, since the original research design was to select participants of a post-course focus group from a group of respondents of the post-course survey, a new source of participants was needed to determine the answer to the overarching question of this project:

> *Will equipping the members of Appleton Christian Church through training and support increase their participation in pastoral care visitations in hospitals, nursing homes, and hospice facilities?*

Since the Appleton Care Ministry is the most significant change that came directly out of this doctoral project, I decided to invite the members who volunteered for this ministry to participate in a post-course focus group. These members had volunteered to help care for the other members of the church, and I thought it would be beneficial to understand what impacted their decision to do so. This meeting would also be the first time the members of the ministry met together as a group.

While not everyone who had joined the new ministry could attend the focus group, thirteen participants gathered at the home of the ministry leader. Eight of the focus group participants had attended the training class and joined the ministry at that time. Five of the focus group participants had not attended the training course but had accepted the invitation to join the ministry that had been given to the whole church over several weeks of announcements. Seven of the participants had attended the church less than five years, while six of them had been

attending Appleton Christian for years by the time I was called to become their pastor. The focus group was comprised of ten women and three men.

Since Appleton Christian Church has had two different Sunday morning service times for many years, not everyone in the focus group knew each other, so we began the meeting by asking everyone to introduce themselves and give a reason why they joined the ministry.

Five of the participants said they had never considered becoming part of any ministry that involved them visiting people they did not know, yet after going through the training they felt that it was the responsibility of every Christian and they thought it would be easier for them in a ministry with others to go visit with them.

A couple that had joined the church after the class was presented felt drawn to the ministry because of the explanations I gave during the announcements at church. The announcements included references to 2 Corinthians 1:3-5 and the call for all Christians to comfort others. Although the wife had experience in visiting others in care facilities, her husband felt that it was a ministry they could do together, and that the ministry was important.

Four of the focus group participants who had been members of the church for years before I came, said that through their participation in the doctoral project, pre-course survey, training class, and service announcements, they became convinced that it was their responsibility to care for other members of the church, and that it was not just the responsibility of the pastors and elders. The last two focus group participants said they had been part of care ministries in the past and was excited to be part of this ministry here at their new church. One of these participants became the ministry leader of the Appleton Care Ministry.

Of the thirteen participants in the focus group, eleven of them (84%) acknowledged being influenced to join the Appleton Care Ministry through the increased focus/education on the

responsibility of members to comfort/care for one another. Five of these eleven participants (45%) stated that they would not have considered visiting someone they did not know in a care facility before the training, yet now they had joined a ministry in the church that would have them do so. It is worth noting here that only twenty-five percent of the responders in the pre-course survey indicated they would visit someone they did not know in a care facility.

For the remainder of the focus group, I had prepared three areas of discussion. Since none of the participants had been allowed to visit anyone in a care facility, I could not ask questions from their experiences or if they had been able to apply the skills they had learned in class. Instead, I began by asking their impression of the training program content and in what areas they would have liked more information or practice. I was pleased to be able to listen to those who had attended the class explain how the class went and all that was covered to those focus group participants who had not attended. Most of their responses mirrored the responses from the course evaluation. The focus group participants suggested more time be allotted to future classes and that they would have liked to have a lot more preparation and practice in sharing their faith. They suggested more training in that specific area for all of them. It was also requested that all the ministry members that did not attend the training course receive the materials and be given the opportunity to sit down with me for a quick review of the content.

The second area of discussion focused on the church and on any institutional/administrative barriers that were perceived by the participants which could inhibit their ability to visit members in care facilities. As was previously stated, the Appleton Care Ministry was created, in part, to address the institutional/administrative issues identified in the pre-course survey and the phone interviews. Several participants stated that they often did not know when members of the church were in care facilities. There was also concern about making

sure someone was open for a visit from members of the church. The ministry leader responded to these concerns by explaining some of the changes that had already been implemented. First, the church staff would contact each member in care facilities and confirm the desire/willingness to receive visitors. This list of members would then be given to her, as leader of the Appleton Care Ministry, and she would contact members of the ministry who could then visit them.

This explanation quickly led the group into the third area of discussion which concerned the focus and structure of the Appleton Care Ministry. Several focus group members expressed their desire to have someone with them when they visited members in care facilities. Together they created a list of all the ministry members and established care teams. Each team was then asked what day of the week and time they would be available or prefer to visit members in care facilities. As the discussion progressed, an initial schedule was created that would allow various teams to cover visits Monday through Friday across a two-week period. This would require teams to plan visits roughly only two days per month while having members of the church in care facilities visited every day.

The group then discussed the current situation facing the ministry, no one was allowed to visit any patients in care facilities due to state and local COVID restrictions. Even in-person house visits to shut-ins were only to be only allowed for care providers. The members of the ministry discussed ways they could provide care for members of the church with these restrictions in place. It was decided that each of the members of the ministry would start writing cards to all the members of the church and make phone calls to those who were confined to their homes. They also talked about working with the deacons to assist in providing meals for those families struggling with someone in a care facility.

During the discussion on the structure and practice of the Appleton Care Ministry, it was suggested that there should be a concerted effort to ask other church members who are available during the day to join on visits at such time when visits would be allowed again. This way the ministry could start expanding and help others in the church learn to be obedient to God's will that all believers in Christ share in comforting one another.

The meeting was finished by deciding to contact the members of the Appleton Care Ministry who had not been able to attend the meeting to ascertain their availability for visitation scheduling and the card writing effort.

Observing the passion of the group as they established their ministry structure and focus, as well as considering their initial responses to why they joined the ministry, it is easy for me to conclude that the answer to the overarching question of this project is yes, even though not one member had been visited in a care facility throughout the project. Yes, equipping the members of Appleton Christian Church through training and support has increased their willingness to participate in pastoral care visitations in hospitals, nursing homes, and hospice facilities. All this because there is now a ministry in place planning on making visits every day of the week and including members that are not in the actual care ministry.

DISCUSSION OF CONCLUSIONS AND ACTIONS TAKEN

The overarching research question of the project is: Will equipping the members of Appleton Christian Church through training and support increase their participation in pastoral care visitations in hospitals, nursing homes, and hospice facilities?

What was Learned

When I was the pastoral care minister in a large church in North Carolina, many members of the church would stop me on Sunday and thank me for visiting them or their loved ones in the hospital. Although they were grateful for my visit, they would follow their statement of appreciation with 'I just don't know how you can go to those places (care facilities) all the time. I hate those places.' I knew at that time that they were wonderful people, and I did appreciate their thanks, yet I was struck with the fact that I was one person in a church of 2000 making visits to members in care facilities. That is not how God designed the church.

Appleton Christian Church is less than 1/10th the membership of the church in North Carolina, however, when I arrived a little over five years ago, I found the same lack of member involvement in pastoral care. There seemed to be an understanding that the pastor does the visitation. Again, they were amazing people and I loved them very much, but that was the way the church had been. Something had to change.

As I began my literature review of the subject in preparation for submitting my project proposal, I was not completely surprised that most churches struggle in getting their members involved in pastoral care, but it was more than just pastoral care. James Garlow wrote, "Unfortunately, most laypeople are unemployed – in the kingdom of Christ, that is. Some have suggested that perhaps as many as 95% of God's people are unemployed… God did not intend it

that way."[153] When I read that, I thought sadly that at least the unemployment rate at Appleton Christian was only 80% at the time. Again, something needed to change, and this project was designed to make the change happen.

Although I did find many examples in the research that corroborated what I was seeing at Appleton Christian, I began to find resources and information from pastors of churches that were succeeding in including their members not only in providing pastoral care, but in many other areas of ministry throughout the church. I began to be excited about what this could mean for our church, and people started to notice that excitement.

I have learned so much during this project, probably more than I can readily articulate, yet there are some very significant lessons that I have learned and have been applying in my life and at Appleton Christian Church.

One of the first things I learned during the project was found in the way the members responded to being asked to participate in the pre-course survey. Once the project was approved, I began to communicate the process of the project to the members of the church. I told them what I was doing and what I wanted to accomplish and then I asked them for their help. The response was very supportive, and I noticed that the interest and energy in the church seemed to rise. Most members wanted to personally hand their pre-course survey to me. They felt like they were helping me and that I really wanted their opinions. The whole church was asked to help me with something, and over half of them responded. I learned that if the members feel that they are part of something important, they respond with enthusiasm.

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[153] James L. Garlow. Partners in Ministry; Laity and Pastors Working Together. (Kansas City. MO: Beacon Hill, 1998.) 23.

The second thing I learned was that I was a big part of the problem. I had grown up in the church and my experience was that the pastor did most everything. Although at one level I knew the members of the church needed to be active in ministry to grow, I also felt that I had the responsibility to make sure everything happened. As I read the literature, I was struck by how many times Ephesians 4:11-13 was brought up. My job was not to do everything, my job was to train and prepare the body of Christ for acts of service… the work of the church. God was convicting me and changing my heart.

The third thing I learned is that the administrative/institutional structure of the church was not conducive to high levels of member involvement, especially in areas of pastoral care. I was surprised that even among my elders, the communication of members in hospitals or care facilities was not happening. There were also very few active areas of ministry to include members. Even while I was working on the project, we were making changes in our administrative/institutional structure and began to see an increase in the involvement of members in various ministries.

Although, as I wrote previously, there are so many things I have learned through this process, the last thing I wanted to share in this section is that I learned that our people really do care for each other. All we had to do was give them permission and opportunities to demonstrate that care. Although they could not readily visit each other through the pandemic restriction, a group of members, working with the staff, found creative ways to reach out and include the other members in caring for one another. A group put together bags of items and materials so that the church could experience Easter together, even though the church service was canceled.

This project has started something very amazing and important in Appleton Christian Church. The body of Christ has found out that it has a job, and I am so very grateful.

Delimitations to the Study

The research in this study was subject to several limitations. Due to the outbreak of the COVID-19 pandemic, severe restrictions were placed on group gatherings and visitations in health care facilities. In response to these restrictions, the pre-course focus group was not allowed to meet, and the research methodology had to be modified to phone interviews. Although I was able to have three couples take the interview together, this research method may have limited the data that could have been gathered in a synergistic focus group setting.

The original research methodology was designed to compare the responses from a pre-course and post-course survey to determine if there was an increase in participation in pastoral care visitation to care facilities by the members of Appleton Christian Church. Throughout the entire length of the project however, all care facilities in the area have prohibited all outside visitation. There was no opportunity for any ACC member to conduct a pastoral visit in a care facility before or after the training class. Although the base data from the pre-course survey very early in the pandemic restriction was valuable, there was no reason to conduct a post-course survey because no data would be available for comparison. Since I could not determine the answer to the overarching question directly through data, I was forced to consider other ways to observe if training and support for the members had made a difference.

The research methodology was changed to a post-course focus group consisting of members of the newly created Appleton Care Ministry. Although the group only consisted of 9% of the active church members/attendees, the data gained from the group was valuable and allowed conclusions to be made.

Importance of the Conclusions – What they reveal for Ministry

In this project I set out to determine an answer: Would equipping the members of Appleton Christian Church through training and support increase their participation in pastoral care visitations in hospitals, nursing homes, and hospice facilities? As in any project, it was important to narrow the focus to be able to design research methodologies that could answer it definitively, so the project was narrowed to participation in pastoral care visits at care facilities. At one level then, since no one was allowed to visit anyone in care facilities due to restrictions imposed to fight the COVID-19 pandemic, there is no way to definitively answer the overarching question either way. Yet, on another level, there are answers to be found, and conclusions that can be made.

When this project began, I was the primary (and often the only) person in Appleton Christian Church that would regularly visit members in the various care facilities around the city. This of course does not include family of members visiting each other, because that happened. But to visit someone just because they were a member of the church was done by me, and I was doing most of that alone.

Since the project began, however, things have begun to change at Appleton Christian Church. Members have participated in the project in various ways, responding to the pre-course survey, taking part in phone interviews, participating in the training course, and volunteering to become part of a new ministry designed to facilitate members visiting other members in care facilities. When I determined how many people had actually participated in the project in some way, the result was 112. During the project, the active church attendance has averaged 123 per Sunday, with many Sundays having slightly less than 100. James Garlow commented that 95% of laypeople are unemployed in ministry[154]… in this project, our employment rate was 91%.

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[154] James L. Garlow. Partners in Ministry; Laity and Pastors Working Together. (Kansas City. MO: Beacon Hill, 1998.) 23.

The project increased the awareness of the church members of their responsibility for ministry within and around the church. Although it is not data I collected through the various research methodologies designed to measure participation in a specific aspect of ministry, I have tracked the level of participation by members in ministry for each of the years I have been at Appleton Christian Church.

To be honest, I would often stretch the definition of participation to give someone credit for participating when I first came to the church, and that still only produced a level of participation of 21% the first full year I was here. That figure really did not vary much for the next two years, yet in 2019 it rose to around 43%. There are a few contributing factors to that increase, one being many old members left and new members came.

The numbers for 2020 have been very different. That year, the level of members participating in some area of ministry or ministry event was 84%, that is 104 out of 123 active members/attendees in Sunday morning attendance participated in ministry. Participation in the project was not included in these numbers.

In the narrow focus, there was no increase or decrease in the level of member participation in pastoral visitation to the various care facilities. However, in a broad focus, the actual participation by members in various ministries in the church, including caring for others, more than doubled from the previous year.

I have watched scripture being confirmed this year at Appleton Christian Church. Ephesians 4:11-13 has become the model we are striving to embody. As the leaders have been preparing the members for acts of service, the Body of Christ has been built up, and those members who have participated in ministry are growing closer to one another (unity) and growing deeper spiritually (maturing).

I pray this is only the beginning.

BIBLIOGRAPHY

Baab, Lynne. Nurturing Hope: Christian Pastoral Care in the Twenty-First Century. Minneapolis, MN: Fortress Press, 2018. Kindle

Baker, William R. *2 Corinthians*, The College Press NIV Commentary. Joplin, MO: College Press Pub., 1999.

Bernier, Paul. Ministry in the Church, A Historical and Pastoral Approach. Eugene, OR: Wipf & Stock. 1992

Bosman, Dr. John W. The Care Revolution: A Proven New Paradigm for Pastoral Care. Colorado Springs, CO: Equip Press, 2019. Kindle

Campbell, William. The Landscape of Pastoral Care in 13th-Century England. New York: Cambridge University Press, 2018. Kindle

Chambers, Oswald. My Utmost for His Highest: Selections for the Year. Grand Rapids, MI: Oswald Chambers Publications, 1986.

Clebsch, William A. and Charles R. Jaekle, Pastoral Care in Historical Perspective. New York, NY: Harper & Row, 1967

Clem, Bill. Disciple: Getting Your Identity from Jesus. Wheaton IL: Crossway, 2011. Kindle.

Cole Jr, Allan. "What Makes Care Pastoral?" Pastoral Psychology. 59. (2010): 711-723. https://doi.org/ 10.1007/s11089-010-0296-5.

Coleman, Robert E. The Master Plan of Evangelism. Grand Rapids, MI: Baker Publishing Group, 2014. Kindle.

Collins, Gary R. How to Be a People Helper. Carol Stream, IL: Tyndale House Publisher, Inc., 1995

Cottrell, Jack. The Faith Once for All: Bible Doctrine for Today. Joplin, MO: College Press, 2002.

Detwiler-Zapp, Diane and William Caveness Dixon. Lay Caregiving. Philadelphia, PA: Fortress Press, 1982

Dodson, Johnathan K. Gospel Centered Discipleship. Wheaton, IL: Crossway, 2012

Doniger, Simon. "Pastoral care as a function of the Church." Pastoral Psychology 22, no. 2 (1971): 56-59

Earley, Dave and David Wheeler. Evangelism Is…; How to Share Jesus with Passion and Confidence. Nashville, TN: B&H Academic Publishing, 2010

Fay, William and Linda Evans Shepherd. Share Jesus Without Fear. Nashville, TN: B&H Publishing, 1999.

Feucht, Oscar E. Everyone a Minister (St. Louis, MO: Pillar Books for Concordia Publishing House, 1974

Garland, David E. 2 Corinthians. Vol. 29. Nashville, TN: Broadman & Holman Publishers, 1999.

Garlow, James L. Partners in Ministry; Laity and Pastors Working Together. Kansas City. MO: Beacon Hill, 1998

George, Carl F. How to Break Growth Barriers: Revise Your Role, Release Your People and Capture Overlooked Opportunities for Your Church. Grand Rapids, MI: Baker Books, 2017.

Hafemann, Scott J. The NIV Application Commentary: 2 Corinthians. Grand Rapids, MI: Zondervan Publishing House, 2000.

Harris, Murray J. 2 Corinthians. Vol. 10, in The Expositor's Bible Commentary: Romans through Galatians, by Frank E. Gaebelein ed., 301-406. Grand Rapids, MI: Zondervan Publishing House, 1976.

Harris, Murry J. New International Greek Testament Commentary: The Second Epistle to the Corinthians, A Commentary on the Greek Text. Grand Rapids, MI: W. B. Eerdmans Publishing Com, 2005.

Haugk, Kenneth C. Christian Caregiving a Way of Life. Minneapolis, MN: Augsburg, 1984

Holifield, E. Brooks. A History of Pastoral Care in America, from Salvation to Self-Realization. Eugene, OR.: Wipf & Stock Publishers, 1983.

Horton, Michael. The Gospel Commission: Recovering God's Strategy for Making Disciples. Grand Rapids, MI: Baker Publishing Group, 2010. Kindle Edition.

Hughes, Ronald Edwin. "Shepherding the Flock: C.A.R.E. – A Model for Pastoral Ministry." DMin diss., Liberty Baptist Theological Seminary, Lynchburg, VA., 2015

Hull, Bill. The Complete Book of Discipleship: On Being and Making Followers of Christ. Colorado Springs, CO: NavPress, 2006. Kindle Edition.

Keener, Craig S. The IVP Bible Background Commentary: New Testament. Downers Grove, IL: InterVarsity Press, 1993.

Kerlin, Ann. “Pastoral Care: From Past to Present.” Journal for Biblical Ministry. Fall 2014. 25-43.

Leach, Richard and David A. Wheeler. Minister to Others. Nashville, TN: LifeWay Press, 2010

Lewis, C.S. Reflections. Grand Rapids, MI: Eerdmans, 1967

Lunde, Jonathan. Following Jesus, the Servant King: A Biblical Theology of Covenantal Discipleship. Grand Rapids, MI: Zondervan, 2010. Kindle.

Mack-Tatum, Donna. “Developing a Congregational Care Ministry Model: Mount Olive Baptist Church.” DMin diss., Liberty University Baptist Theological Seminary, Lynchburg, VA., 2013

Martin, Ralph P. Word Biblical Commentary: 2 Corinthians. Vol. 40. Dallas: Word Incorporated, 1998.

Nestle, Eberhard et al., The Greek New Testament, 27th ed. Stuttgart: Deutsche Bibelgesellschaft, 1993.

Oden, Thomas C. Pastoral Theology: Essentials of Ministry. San Francisco, CA: Harper Collins Publishers, 1983.

Patton, John. Pastoral Care an Essential Guide. Nashville, TN: Abingdon Press, 2005. Kindle

Petersen, Bruce L. Foundations of Pastoral Care. Kansas City: Beacon Hill, 2007. Kindle

Riecke, Patrick S. How to Talk with Sick, Dying, and Grieving People / When There are No Magic Words. Fort Wayne, IN: Emerald Hope Publishing, 2018. Kindle

Russell, Bob. When God Builds a Church. West Monroe, LA: Howard Publishing, 2000

Simpson, Michael L. Permission Evangelism; When to Talk, When to Walk. Colorado Springs, CO: NexGen, 2003.

Sontag, Susan. Illness as a Metaphor and AIDS and Its Metaphors. New York, NY: Anchor, 1990

Vine, W.E. and F.F. Bruce, Vine’s Expository Dictionary of Old and New Testament Words. Old Tappan NJ: Revell, 1981.

Witherington III, Ben. Conflict and Community in Corinth: A Socio-Rhetorical Commentary on 1 and 2 Corinthians. Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1995.

APPENDIX A

Projected Project Schedule and Timeline

Task	Date
Project Proposal Submission	April 2, 2020
Vetting of Initial Surveys and Focus Questions (Dr. Johnson, Ann Brown)	April 8, 2020
Pre-course Survey Small Sample Size – Focus Group Discussion	April 15, 2020
Pre-course Survey mailed to attendees of Appleton Christian Church	April 22, 2020
Compile and interpret Pre-Course Survey Data	May 8, 2020
Select and recruit focus group participants	May 15, 2020
Schedule and recruit participants in training program	May 15, 2020
Submit Chapter 1 Draft – Introduction	May 23, 2020
Submit Chapter 2 Draft – Biblical/Theological Mandate for Comforting Others	May 23, 2020
Compile and interpret Focus Group data	May 30, 2020
Create and hold second focus group (if necessary)	June 9, 2020
Submit Chapter 3 Draft – Contemporary Literature Review	June 12, 2020
Develop Training Program	June 27, 2020
Conduct Training Program(s)	July 10, 2020
Consolidate Training Evaluations	July 14, 2020
Conduct post-course Focus Group with course participants	August 10, 2020
Compile and interpret Focus Group data	August 17, 2020
Submit Chapter 4 Draft – Training the Membership	August 28, 2020

Task	Date
Conduct post-course Focus Group with initial focus group(s)	August 29, 2020
Compile and interpret Focus Group data	September 3, 2020
Post-course survey mailed to attenders of Appleton Christian Church	September 10, 2020
Compile and interpret post-course survey data	September 20, 2020
Submit Chapter 5 Draft – Research Methods and Conclusions	October 10, 2020
Submit Chapter 6 Draft – Summary and Conclusions – Answering the Question	October 17, 2020
Submit Appendix Draft	October 17, 2020
Make necessary edits based off feedback from chapter draft submissions	October 31, 2020
Compile and submit finished project for review	November 20, 2020
Submit Project Presentation Scheduling Form	November 27, 2020
Receive Technical Formatting Approval	January 2021
Project Presentation	April 28, 2021
Graduation	May 1, 2021

The current situation in the country/state, due to the COVID-19 pandemic, limited or prohibited in-person meetings and events. This eliminated the possibility of a pre-course focus group and delayed the training class for over a month. Also, throughout the project no visitations were allowed in any care facility due to the restrictions imposed in response to the pandemic. The above scheduled times of the project as well as some of the actions planned were necessarily modified to complete the project through the restrictions.

APPENDIX B

Training Course Materials

Appleton Care Class

August 15, 2020

Appleton Care Class
8/15/2020

Schedule

9:00 am	Introduction – Purpose and Prayer
9:10 am	Biblical and Theological Foundation for Caring for Others
9:55 am	Break
10:00 am	Care Facility Visitation Training (REI) – Chaplain Scott Hogue
11:10 am	The Comfort we have received – Preparing and Sharing our Testimony
11:35 am	What Next – Introducing our Appleton Care Ministry
	Introducing opportunities with the Stephen Ministry
11:45 am	Lunch – Fellowship

Biblical and Theological Foundation for Caring for Others

"Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles so that we can comfort those in any trouble with the comfort we ourselves have received from God. Just as the sufferings of Christ flows over into our lives, so also through Christ our comfort overflows." (2 Corinthians 1:3-5 [NIV])

Scripture indicates that believers in Jesus Christ will have troubles and trials in this world (John 16:33, James 1:3). In the above passage, the Apostle Paul wrote to the church in Corinth identifying God as the source of comfort in troubles and instructing them how the church is to apply His comfort to others.

Exegesis – To Draw Out Of

The Bible is full of verses that support us caring for one another. As we consider taking a more active role in caring for each other as members of Christ's Church, it would be good to understand the foundation of that call through study of 2 Corinthians 1:3-5. The process we will be using is known as Exegesis. Exegesis is basically drawing out of the passage the meaning that was intended by the writer. It is a process of study that considers the time it was written, who wrote it and who it was written to.

Today we will review the historical situation behind Paul's writing to assist in the exegete of the verses and determine what Paul was writing in the text, expound on the theological meaning of the text, and finally apply the text to ministry in the church today.

Historical Background

City of Corinth

The ancient Greek city of Corinth was destroyed and effectively depopulated in 146 BC after a rebellion against the Roman government. It was ordered to be rebuilt in 44 BC by Julius Caesar and was populated predominately by freedmen and soldiers.[155] Those settling in Corinth were not of the aristocracy, but freed slaves, common citizens, and merchants. Those with wealth became the aristocracy which affected the culture of the city.[156] Since the resettlement consisted primarily of Roman citizens, the culture was much more Roman than Greek. [157]

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[155] Ralph P. Martin, *2 Corinthians*, vol. 40, Word Biblical Commentary (Dallas: Word, Incorporated, 1998), xxx.

[156] Scott J. Hafemann, *2 Corinthians*, The NIV Application Commentary (Grand Rapids, MI: Zondervan Publishing House, 2000), 23–24.

[157] David E. Garland, *2 Corinthians*, vol. 29, The New American Commentary (Nashville: Broadman & Holman Publishers, 1999), 21.

The city gained wealth and power as a center of trade due to its central location, which allowed merchants to avoid the risky sea travel around the southern coast of Greece. Scott Hafemann wrote, “By the first century, ‘Roman Corinth had roughly eighty thousand people with an additional twenty thousand in nearby rural areas.… In Paul’s day, it was probably the wealthiest city in Greece and a major, multicultural urban center.’”[158] This wealth also allowed Corinth to be a center for the slave trade, with as much as one-third of the population consisting of slaves.

A temple dedicated to Aphrodite was located on the hill above Corinth and history indicates that it housed up to 1000 temple prostitutes. Aphrodite was not the only pagan deity represented in the city; archaeologists have found evidence representing the worship of at least thirty-four other gods and goddesses.[159] The worship of these gods, as well as the drive for wealth and power, caused much corruption and immorality in Corinthian culture. Ralph Martin wrote of Corinth, “its reputation for moral corruption made the ‘Corinthian life’ synonymous with luxury and licentiousness...”[160]

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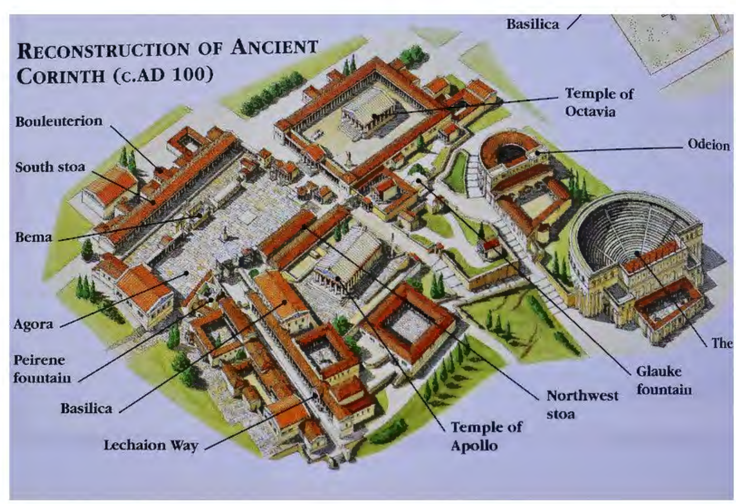
[158] Hafemann, 23.
[159] Ibid., 25.
[160] Martin, xxx.

It was into this morally corrupted, Roman-cultured city in Greece that the Apostle Paul planted a church.



The Church at Corinth

As has been established, Corinth was a major city in the Apostle Paul's time, with a culture that was incredibly self-serving and ambitious. The Apostle Paul's evangelistic travels took him through the major cities in each region, so it was somewhat inevitable that Paul would find himself in Corinth. When he finally arrived there, the challenges that greeted him there were many.[161] Hafemann wrote:

> Into this world God sent Paul to suffer as an apostle of the crucified Christ, carrying his treasure in a "jar of clay" (4:7). As such, Paul's message and life were an affront to Hellenistic Jews and Gentiles. The materialism and self-serving individualism that dominated Corinth, together with the reigning pluralism and status-oriented civil religion of the day, all fueled by the self-glorifying entertainment and sports subculture, presented a formidable front for the gospel of the cross and for its cruciform messenger (cf. 1 Cor. 1:17–19 with 2 Cor. 2:14–17).[162]

These issues would be cause for many of the problems referred to in Paul's letters to this church.

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[161] Ben Witherington III, *Conflict and Community in Corinth: A Socio-Rhetorical Commentary on 1 and 2 Corinthians* (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1995), 18.
[162] Hafemann, 27.

The establishment of the church in Corinth by Paul found in Acts chapter eighteen follows the Apostle's normal pattern of evangelism, preaching first in the synagogue and then, when asked to leave, preaching in another location. Garland wrote of Paul's effort, "The result was a thriving and brilliant congregation composed of persons from mixed backgrounds and social standings. It was an explosive mix that led to dissension and rivalry that caused Paul much anguish and concern."[163] Paul stayed eighteen months in Corinth (Acts 18:11) establishing the foundation of the church there.

Reason Behind the Writing of 2 Corinthians

Paul's second letter to the Corinthians is written to address opposition by some people in the church to Paul's teaching and his position as an Apostle. Culturally, it would have been difficult for the wealthy and ambitious members of the church to respect a self-supporting tent-maker who refused patronage and endured

[163] Garland, 25–26.

so much suffering and persecution.[164] It was due in great part to the suffering of Paul for Christ (Acts 9:16) that he was open to attacks by his adversaries. Paul writes 2 Corinthians to defend his Apostleship and to bring repentance and restoration to the church in Corinth.[165]

The Verses

2 Corinthians 1:3

> ***Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, (NIV84)***
> *Εὐλογητὸς ὁ θεὸς καὶ πατὴρ τοῦ κυρίου ἡμῶν Ἰησοῦ Χριστοῦ, ὁ πατὴρ τῶν οἰκτιρμῶν καὶ θεὸς πάσης παρακλήσεως,(NA27)*

In most of Paul's letters, he begins with a thanksgiving, yet in this letter, he begins with a traditional Jewish liturgical blessing of God for benefits received.[166] It is important that Paul includes the description of God as the Father of our Lord Jesus (*θεὸς καὶ πατὴρ τοῦ κυρίου ἡμῶν Ἰησοῦ Χριστοῦ).* Garland wrote:

> This affirmation has two implications. First, as the Father of Jesus Christ, God is no longer to be known simply as the Father of Israel. Through Jesus Christ all, both Jew and Greek, have access to the Father (Eph 2:18). One can only truly know God as Father as the Father of Jesus Christ. Second, it declares that Jesus is the foremost blessing God has bestowed on humankind (see Col 1:12).[167]

Paul first recognizes Jesus Christ as God's primary blessing, then moves on to the introduction of God as the Father of compassion (*ὁ πατὴρ τῶν οἰκτιρμῶν)* and the God of all comfort (*καὶ θεὸς πάσης παρακλήσεως).*

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[164] Martin, xxxiii.

[165] Murray J. Harris, *The Second Epistle to the Corinthians: A Commentary on the Greek Text*, New International Greek Testament Commentary (Grand Rapids, MI; Milton Keynes, UK: W.B. Eerdmans Pub. Co.; Paternoster Press, 2005), 52.

[166] Murray J. Harris, "2 Corinthians," in *The Expositor's Bible Commentary: Romans through Galatians*, ed. Frank E. Gaebelein, vol. 10 (Grand Rapids, MI: Zondervan Publishing House, 1976), 320.

[167] Garland, 58–59.

Οἰκτιρμῶν, the word translated as **compassion**, is defined by W. E. Vine as, "to have pity, a feeling of distress through the ills of others (Rom. 9:15)."[168] Other uses of the word in its various forms is often translated as mercy.[169] Although some in the members in the Corinthian church did not understand Paul's suffering as part of his Apostleship (and our lot as Christians), Paul instructs the church here that God the Father understands and has compassion for them.

God is also the "God of all comfort" (παρακλήσεως). Paul uses this word often in his writings, especially in this letter. In the verb form, often Paul conveys the idea of encouraging or exhorting and also comfort. [170] As a noun, he uses it mostly as meaning encouragement, yet here in this passage, the idea of comfort (consolatory strengthening) is recognized by most commentaries and translations.[171]

Paul uses the word πάσης, translated here as all, or also every, to present God as the source of comfort. In his commentary, Murray Harris presents it in a more active way when he wrote, "The compassionate Father and the God who always gives comfort."[172] Either way it is applied, Paul is clear that God is the source of all comfort.

2 Corinthians 1:4

> *who comforts us in all our troubles so that we can comfort those in any trouble with the comfort we ourselves have received from God. (NIV84)*
> ὁ παρακαλῶν ἡμᾶς ἐπὶ πάσῃ τῇ θλίψει ἡμῶν εἰς τὸ δύνασθαι ἡμᾶς παρακαλεῖν τοὺς ἐν πάσῃ θλίψει διὰ τῆς παρακλήσεως ἧς παρακαλούμεθα αὐτοὶ ὑπὸ τοῦ θεοῦ. (NA27)

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[168] W.E. Vine and F.F. Bruce, *Vine's Expository Dictionary of Old and New Testament Words* (Old Tappan NJ: Revell, 1981), 218.
[169] Martin, 8.
[170] Witherington, 357.
[171] Harris, *The Second Epistle to the Corinthians: A Commentary on the Greek Text*, 143.
[172] Ibid., 142.

Paul continues the focus on God as the source of all comfort (noun) by now writing that He actively comforts (verb) us in all our troubles. Of the thirty-one times these words (παρακαλέω and παρακλήσεως) are used in the New Testament as comfort, seventeen of them are found in 2 Corinthians and ten occurrences here in this greeting.[173] Hafemann wrote, "Indeed, the vocabulary in this section confirms that the main theme of 2 Corinthians is the 'comfort' that comes from God in the midst of affliction and suffering."[174] Considering that Paul had been greatly persecuted at the time he wrote this letter, adding to that the challenges from members of the church at Corinth, it is easy to understand why comfort is a main theme of the letter. The comfort that Paul is referring to here is not that of being put to bed and tucked in, it is more of an encouragement and a strengthening. God comforts with resolve and power, as well as a gentle hand yet, in the end, His comfort strengthens.[175]

The word used here for "us" (ἡμᾶς) is applied in various ways in the Greek. Here it could be used by Paul to indicate himself ("apostolic we" referring to God's personal comfort for Paul's tribulations), he and those he has been traveling with, or actually applied to "all" Christians. From the context of the verse, it seems here Paul is referring to all Christians, and then later in 1:6-7 more to his personal (and probably missionary team's) suffering.[176]

The noun θλίψει, translated trouble in the NIV, is used in various ways in the New Testament and can be referring to someone under pressure, distressed, afflicted, persecuted, in

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[173] Hafemann, 59–60.
[174] Ibid., 59.
[175] Garland, 60.
[176] William R. Baker, *2 Corinthians*, The College Press NIV Commentary (Joplin, MO: College Press Pub., 1999), 65.

anguish, or just general suffering.[177] It is evident in the life of Paul that all of these applications of the word applied to him at one time throughout his ministry for Christ.

It was Paul's intimacy with tribulation that caused some of the problems he was having with some of the members of the church at Corinth, yet Paul was guiding this church to understand what part tribulation and God-given comfort played in God's plan for them. They were to take the comfort they received, and comfort others in the same way. Harris wrote, "To experience God's 'comfort' (i.e., help, consolation, and encouragement) in the midst of all one's affliction is to become indebted and equipped to communicate the divine comfort and sympathy to others who are in any kind of affliction or distress."[178] There was a reason for troubles in our lives, and one of them was to prepare us to comfort others. Paul continues in verse five with an example of this with Christ.

2 Corinthians 1:5

> *Just as the sufferings of Christ flows over into our lives, so also through Christ our comfort overflows. (NIV84)*
> *ὅτι καθὼς περισσεύει τὰ παθήματα τοῦ Χριστοῦ εἰς ἡμᾶς, οὕτως διὰ τοῦ Χριστοῦ περισσεύει καὶ ἡ παράκλησις ἡμῶν. (NA27)*

Jewish thought of Messianic sufferings indicated there would be a time of trial before the Messiah would come (Isaiah 26:17, Jeremiah 22:23, Micah 4:9-10). This period referred to as the "birth pangs of the Messiah" would be a sharing of this tribulation. Paul would have been aware of this idea, so presenting the idea of sharing in the sufferings of Christ is one he used in his letter to the church in Rome (Rom 8:22-23). Craig Keener expanded on this thought when he wrote, "Jewish people also believed that they corporately shared the experience of those who had

[177] Vine and Bruce, 38–39.
[178] Harris, "2 Corinthians," in *The Expositor's Bible Commentary: Romans through Galatians,* 320.

gone before them. They were chosen in Abraham, redeemed with their ancestors in the exodus from Egypt and so on. Paul believed that Jesus' followers became sharers in his cross in an even more intimate way by his Spirit who lived in them."[179] Paul viewed all of the trials and suffering that he experienced as an expression of the kind of sufferings Jesus Christ also experienced.[180]

Another aspect to consider is that Paul saw Christ's suffering as ongoing through the suffering of the Body of Christ, His church (Acts 14:22).[181] Paul suffered as he served God and the churches he planted, and the churches suffered because they too belonged to the Body of Christ. Yet the passage goes on to say that, as much suffering as there is, there is an equal measure of comfort promised by God.

The word Paul uses in this passage for flow and overflow (περισσεύει) is normally used in business contexts referring to surplus or profit. The picture here then is of a business ledger or balance sheet, with suffering and comfort being more than balanced out, as comfort overflows from God through Christ.[182]

In these three passages, Paul is laying the foundation for his defense of his Apostleship and the repentance and restoration of those in the church who are persecuting him and causing division. To do this, he praises God as the Father of Jesus and the source of all comfort, he acknowledges Christ as Lord and explains to the church that, though all will suffer as Christians, there is comfort given from God. Paul also presents the expectation that the church should comfort one another from the comfort they receive from God through Christ. Although the

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[179] Craig S. Keener, *The IVP Bible Background Commentary: New Testament* (Downers Grove, IL: InterVarsity Press, 1993), 2 Co 1:5. *Logos Software*

[180] Hafemann, 62.

[181] Harris, "2 Corinthians," in *The Expositor's Bible Commentary: Romans through Galatians,* 320.

[182] Garland, 65.

presentation can be seen simply as written, the theologian in Paul supports what he has written from his understanding of God.

The Exposition

> *"Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles so that we can comfort those in any trouble with the comfort we ourselves have received from God. Just as the sufferings of Christ flows over into our lives, so also through Christ our comfort overflows." (2 Corinthians 1:3-5 [NIV])*

Paul's complete theology is not found in any of his letters because they are all written to address different issues or occasions.[183] In the passage being reviewed, Paul gives a glimpse of his understanding of God, of Christ, and his theology of suffering.

God

An important aspect of Paul's thought about God is that He is constant. Although God is revealed to Paul through the things He does and the direction He gives, these actions and directions come from God's unchanging character; they themselves do not define God. Hafemann wrote, "*Because* God is the God of *all* comfort, therefore he comforts Paul, and the comfort Paul experiences must come from God." [184] To Paul, this unchanging character of God demonstrates God's sovereignty over all, even as it is seen manifested through the circumstances and events in Paul's own life with Him (2 Cor 1:8-11). Paul presents that the ultimate purpose of our lives surrendered to our sovereign God (1 Cor 8:4-6) is to reveal the

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[183] Harris, *The Second Epistle to the Corinthians: A Commentary on the Greek Text*, 115.
[184] Hafemann, 66–67.

majesty of His character to the world and thus bring Him thanksgiving and praise (2 Cor 1:3, 11). This is especially seen through Paul's understanding of God as the source of all comfort, who constantly displays His mercy and compassion in the lives of those who have their faith in Him (Romans 8:28-39). [185]

Jesus Christ

Paul presents Jesus Christ as Lord throughout his letters. Paul opens the letter to Corinth by modifying a traditional liturgical praise to include a reference to Christ as Lord (1:3). Garland wrote:

> For Christians, God is now revealed as the God and Father of our Lord Jesus Christ. This affirmation has two implications. First, as the Father of Jesus Christ, God is no longer to be known simply as the Father of Israel. Through Jesus Christ all, both Jew and Greek, have access to the Father (Eph 2:18). One can only truly know God as Father as the Father of Jesus Christ. Second, it declares that Jesus is the foremost blessing God has bestowed on humankind (see Col 1:12). [186]

To Paul, it was God who declared Jesus Lord and gave Him honor and authority over all to the Glory of God Himself (Phil 2:11). Paul clearly believed that those who call Christ Lord owe Him full obedience and worship (1 Cor 8:5-6). [187]

Though God is the God of all comfort, Paul believed that the comfort of God came through Christ (1:5). As God comforted Christ with the authority to lay down His life and take it up again (John 10:18), we are also comforted with the promise of sharing in the resurrection of Christ.

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[185] Hafemann, 66–67.
[186] Garland, 58–59.
[187] Ibid.

Just as Paul believed he shared in Christ's suffering, he also believed we share in His comfort. [188] Harris wrote:

Whenever Christ's sufferings were multiplied in Paul's life, God's comfort was correspondingly multiplied through the ministry of Christ. Paul discerned a divinely ordered correspondence (καθὼς ... οὕτως ... καί, "just as … to precisely the same extent") between the intensity of his suffering and the adequacy of God's comfort. It was precisely because the divine comfort always matched his apostolic suffering (v. 5) that Paul was enabled to mediate that comfort to others (v. 4).[189]

Paul believed strongly in the Lordship and sufficiency of Christ as the foundation of his life and ministry. [190]

Paul's Theology of Suffering

Some of the members of the church in Corinth struggled with the idea of Paul suffering as severely as he did (2 Cor 2:12-13, 4:8-9, 6:4-10). To them, it seemed to indicate that Paul was lacking in something with God to be subject to all he suffered through. Paul suffered physically, emotionally, and spiritually just as his Lord had. Hafemann wrote, "For Paul, suffering is not intrinsically good, nor is it a Christian virtue. Rather, suffering is a page in the textbook used in God's school of faith (cf. vv. 8–10). It is not suffering *itself* that teaches us faith, but *God*, who uses it as a platform to display his resurrection power in our lives, either through deliverance from suffering or by comfort within it (vv. 4–6, 10)."[191] Paul understood suffering as a part of being a Christian (1:5).

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[188] Hafemann, 62.
[189] Harris, *The Second Epistle to the Corinthians: A Commentary on the Greek Text*, 145.
[190] Hafemann, 62.
[191] Ibid., 67.

As stated earlier, suffering and comfort are a major theme in Paul's letter to the church in Corinth. Paul expounds on God's purpose behind the suffering of believers throughout the letter. The first purpose is found in verse four, where Paul explains that Christians need to experience the comfort of God to be able to comfort others. [192] Jack Cottrell wrote, "God has promised that all things will work together for the good to those who love him and are called in accordance with his purpose (Rom 8:28). Thus even the suffering which he permits can be used for the benefit of those who experience it or for the benefit of those whose lives are touched by it."[193] Paul's Apostleship was questioned in Corinth because of his suffering for Christ was so severe, yet Paul made it clear that it was through his suffering and the comfort he received from God, that made it possible to minister to them.

The Application

> *"Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles so that we can comfort those in any trouble with the comfort we ourselves have received from God. Just as the*

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[192] Baker, 65–66.

[193] Jack Cottrell, *The Faith Once for All: Bible Doctrine for Today.* Joplin, MO: College Press, 2002, 223.

sufferings of Christ flows over into our lives, so also through Christ our comfort overflows." (2 Corinthians 1:3-5 [NIV])

The historical setting of Paul's Corinth has some striking similarities to our culture today. Like ancient Corinth, there is still a drive for wealth and power, for glory gained through sports, and gratification of selfish personal needs. [194] The church today struggles with the same struggles Paul addresses in his letter. Many in the church do not understand or even accept suffering as part of being a Christian, seeking instead those who preach the doctrine of "health and wealth."

Paul presents the need of commitment and endurance to the church at Corinth yet, those two words are resisted by people in our culture and even our churches. Hafemann wrote:

> Paul's experience of God, his understanding of Christ, his authority as an apostle, and his willingness to suffer for the sake of the gospel because of his love for Christ's people call into question the easy believism of our contemporary Christian culture. His gospel unmasks the cheap grace of today's repentant-less forgiveness, the legalism of those who attempt to remedy this problem by calling for more "obedience to God," and the complacency we feel over the spiritual condition of others. Moreover, Paul's letter reveals that ministering Christ to others is not a matter of technique, program, and performance, but of mediating to others the same truth, mercy, and comfort we have experienced in trusting the God "who raises the dead" (1:9). [195]

[194] Hafemann, 25.
[195] Hafemann, 35–36.

In 2 Corinthians, Paul is speaking truths to the church today which are as viable and applicable as they were to the church in his day.

Many in churches today are unaware of what the Bible teaches about Christians sharing in the suffering of Christ. This ignorance allows the enemy to shake the foundations of their faith, yet the trials and troubles still come because the truth is Christians will suffer (1:5). God uses this suffering to grow the church. Garland wrote:

> We know God's promises best when we are in the direst need of them, when we are, as Paul says, "harassed at every turn" with "conflicts on the outside, fears within" (7:5). We learn in such circumstances that God's comfort is sufficient to overcome the slings and arrows that cut us to the quick and the sorrows that break hearts. The same power that raised Christ from the dead is available to comfort us. Christians also learn that, unlike the Greek pantheon of gods who are quite unconcerned about human anguish, their God cares for them.[196]

As we share in Christ's suffering, we also share in His comfort.

The church today needs to be taught the truth and purpose of suffering, as well as its responsibility to share God's comfort with others. Thomas Oden wrote, "It is by analogy with Jesus' own ministry of comfort that we understand our ministry of comfort to be illumined and empowered."[197] Paul clearly directs the church toward a ministry of comfort and encouragement.

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[196] Garland, 60–61.

[197] Thomas C.Oden, *Pastoral Theology: Essentials of Ministry.* (San Francisco, CA:Harper Collins Publishers, 1983), 297

Conclusion

> *"You always know the man who has been through the fires of sorrow and received himself, you are certain you can go to him in trouble and find that he has ample leisure for you. If a man has not been through the fires of sorrow, he is apt to be contemptuous, he has no time for you. If you receive yourself in the fires of sorrow, God will make you nourishment for other people."*[198]

The Apostle Paul wrote to the church he planted in Corinth because they were in trouble. They were questioning Paul's Apostleship because of the severe suffering and tribulation he was experiencing. Paul needed to instruct the church about the truth and purpose of sharing Christ's suffering and the promise of God's comfort, so they could be reconciled with him and encourage him and each other in ministry.

What was true with the church in Corinth in the middle first century is still true today in Grand Junction, Colorado. **Those who follow Jesus Christ need to know that they will have troubles and receive God's comfort, so they can comfort others with the comfort they received from God.**

[198] Oswald Chambers, *My Utmost for His Highest: Selections for the Year* (Grand Rapids, MI: Oswald Chambers Publications; Marshall Pickering, 1986).

BIBLIOGRAPHY

Baker, William R. *2 Corinthians*, The College Press NIV Commentary. Joplin, MO: College Press Pub., 1999.

Chambers, Oswald. *My Utmost for His Highest: Selections for the Year.* Grand Rapids, MI: Oswald Chambers Publications, 1986.

Cottrell, Jack. *The Faith Once for All: Bible Doctrine for Today.* Joplin, MO: College Press, 2002.

Garland, David E. *2 Corinthians.* Vol. 29. Nashville, TN: Broadman & Holman Publishers, 1999.

Hafemann, Scott J. *The NIV Application Commentary: 2 Corinthians.* Grand Rapids, MI: Zondervan Publishing House, 2000.

Harris, Murray J. *2 Corinthians.* Vol. 10, in *The Expositor's Bible Commentary: Romans through Galatians*, by Frank E. Gaebelein ed., 301-406. Grand Rapids, MI: Zondervan Publishing House, 1976.

Harris, Murry J. *New International Greek Testament Commentary: The Second Epistle to the Corinthians, A Commentary on the Greek Text.* Grand Rapids, MI: W. B. Eerdmans Publishing Com, 2005.

Keener, Craig S. *The IVP Bible Background Commentary: New Testament*. Downers Grove, IL: InterVarsity Press, 1993.

Martin, Ralph P. *Word Biblical Commentary: 2 Corinthians.* Vol. 40. Dallas: Word Incorporated, 1998.

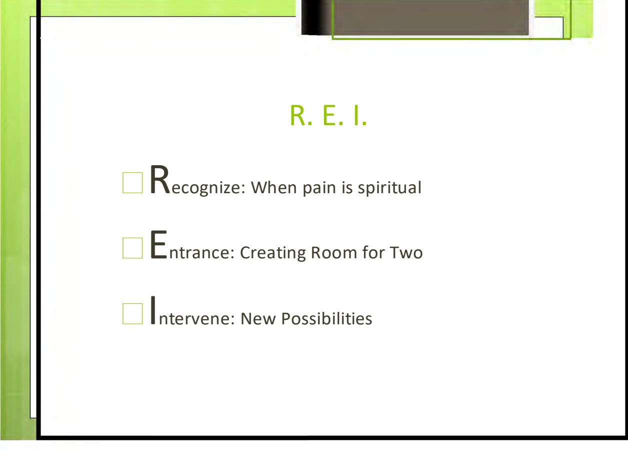
Oden, Thomas C. *Pastoral Theology: Essentials of Ministry.* San Francisco, CA: Harper Collins Publishers, 1983.

Vine, W.E. and F.F. Bruce, *Vine's Expository Dictionary of Old and New Testament Words*. Old Tappan NJ: Revell, 1981.

Witherington III, Ben. *Conflict and Community in Corinth: A Socio-Rhetorical Commentary on 1 and 2 Corinthians.* Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1995.

Care Facility Visitation Training

Chaplain Scott Hogue



1

Recognize through Actions

- Inability to control physical pain with medication.
- Belief that suffering is the will of God to atone for sin or wrongdoing.
- Statements that God is absent or prayers are not answered.
- Loss of community, church, spiritual relationships.
- Fear of being a burden; sense of uselessness.

2

Recognize through Words

- "Why did God allow this…?
- "My doctor said, 'They've done all they could."
- "I'm a burden."
- "I'm fine, really. We live with the hand we're dealt."
- "My church told me to pray more."

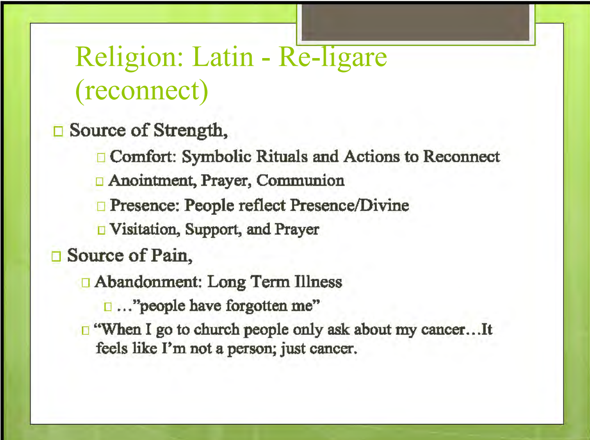
3

Spirituality: Breath, Essence

- Meaning Comes From:
  - Faith, Hope, Purpose, Story, Community
- Spirituality Gives Form to Meaning:
  - Life’s Questions, Coping, Direction, Ethics…
- Spiritual Pain is Disconnect:
  - From Essence, Identity, Community, Hope

  - **“Spiritual pain is when our spiritual world view and our experience are in conflict.”**

4



5

Entrance – Making Room for Two.

- Allow the person to recognize the answer is present in them already.
- Our calling is to assist the person in raising those answers surface so the person can:
  - Recognize
  - Reconcile/Atone
  - Renew

6

Entrance Continued – A Plan

1. Follow whatever the person talks about. Help by asking about job, pictures, children.
2. Move conversation to how the person/family is affected by their story.
3. Explore what they did previously in similar circumstances to cope.
4. Unpack past coping skills and how to apply those skills in the present. Advise.
5. If person jumps back to step 1, follow!

7

Intervention

- Provide tangible solutions: 5 Wishes, funeral arrangements, help for family
- Draw on important ritual and spiritual practice: Communion, Scripture, meditation, "What has helped you in the past?"
- Reframe purpose: What can you learn and teach? How do you want to be remembered? What can you do from this bed for others?

8

Honest Prayer is a Powerful Caring

- **Pray with the patient**
  - Use familiar prayers if this provides comfort
  - When praying - include the patient's questions, struggles, anger, abandonment…
  - Prayer offers hope God is present, in the "void" the Other is present, and Bliss can be found.

9

Possibilities and Road Blocks

- Reflect hope in crisis.
  - "Crisis = Possibility out of Loss"
- Reflection is effective when we are aware of "Parallel Process."
  - Parallel Process is unrecognized pain or issues in our own life reflected by the other person.
  - Unrecognized Parallel Process leads to forced solutions, directive suggestions, rushed closure, etc.

10

In Class Practice:

- An exercise to build relationship through story.
  - Each person in the class tell the story of a piece of jewelry they are wearing – who, situation, history.
- Name a statement of spiritual pain or strength you have heard in the above story.
- Develop a response that could be helpful/affirming.

11

Yes, you ARE the right person!

- God placed you in this situation, because you have something to offer no one else can provide.
- The person spoke to you so they trust *you*!
- If over your head, get help or refer.

12

R.E.I.

- **R**ecognition
- **E**ntrance
- **I**ntervention
- Spiritual peace is when our spiritual world view and our experience are in harmony.

Your Story of God's Comfort to You

Use this card to prepare your testimony of how God comforted you in a difficult situation in your life.

Include:
1. A quick summary of the situation.
2. How and with whom God sent His comfort to you.
3. How God continues to give you His comfort.

___

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Name: _______________________________

APPENDIX C

First View Survey – Demographic Study for Appleton Christian Church

Table C.1. First View 2019 Cover Page – Demographic Study for Appleton Christian

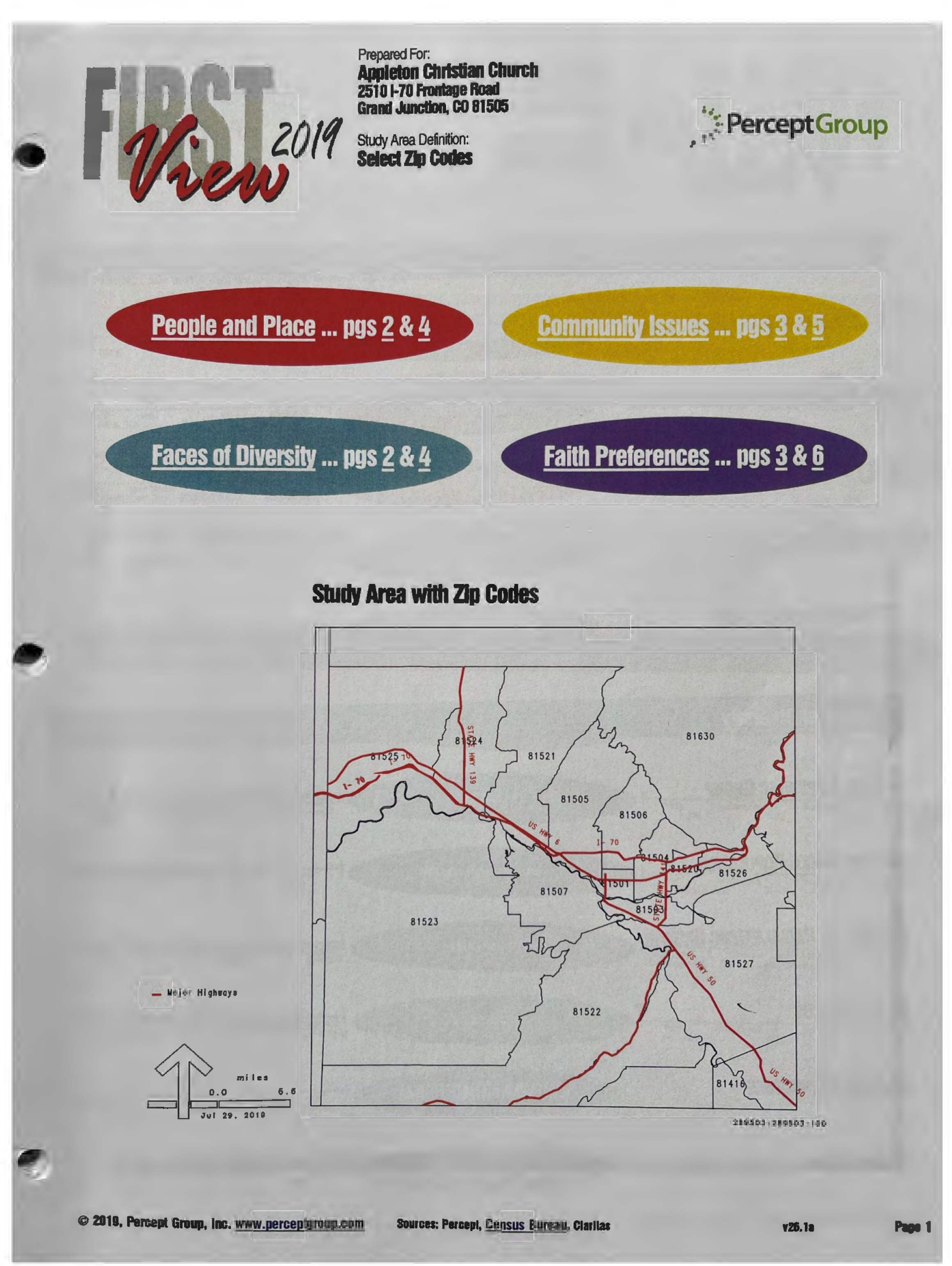

Table C.2. First View 2019 Page 2 – Demographic Study for Appleton Christian

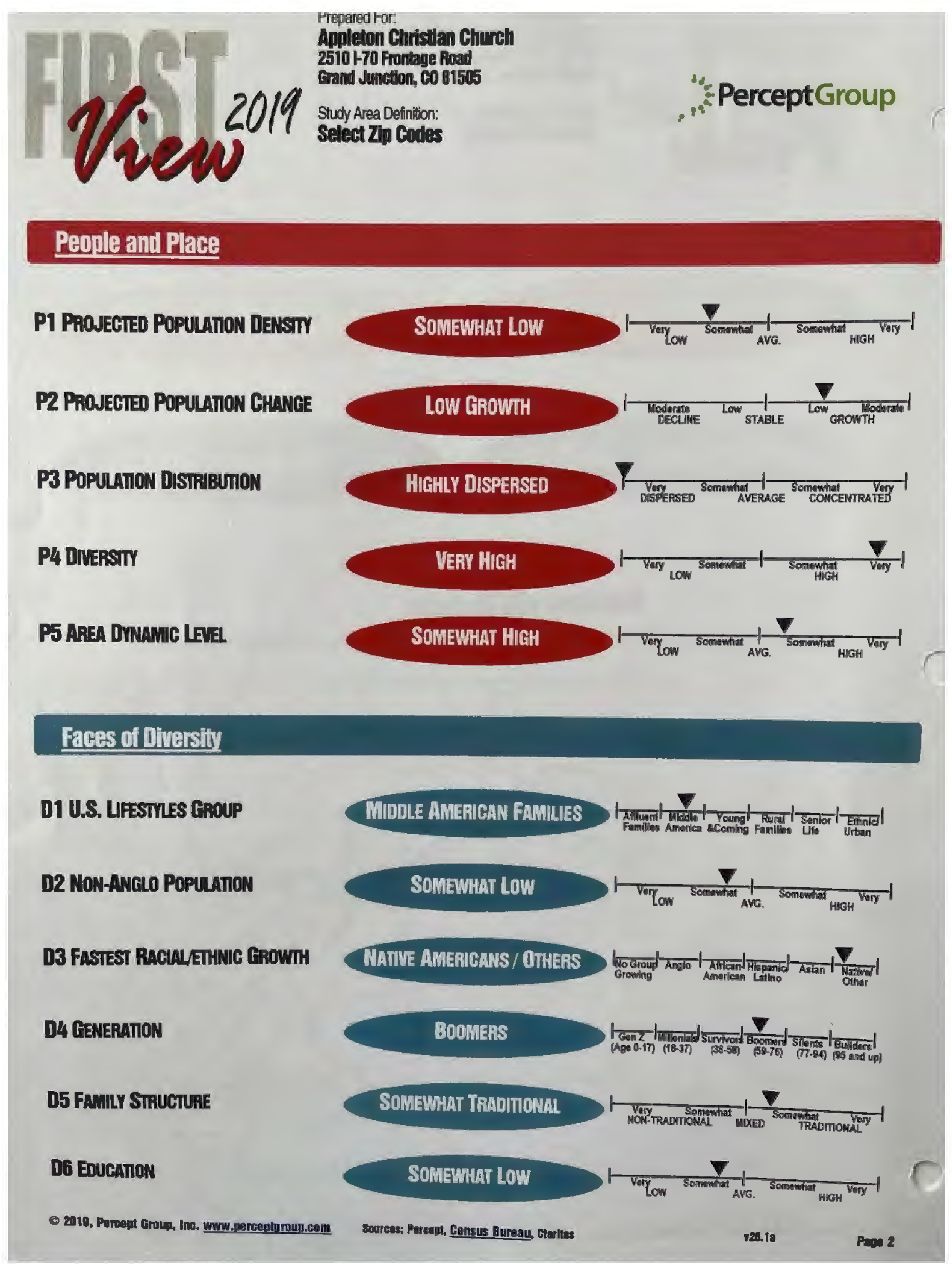

Table C.3. First View 2019 Page 3 – Demographic Study for Appleton Christian

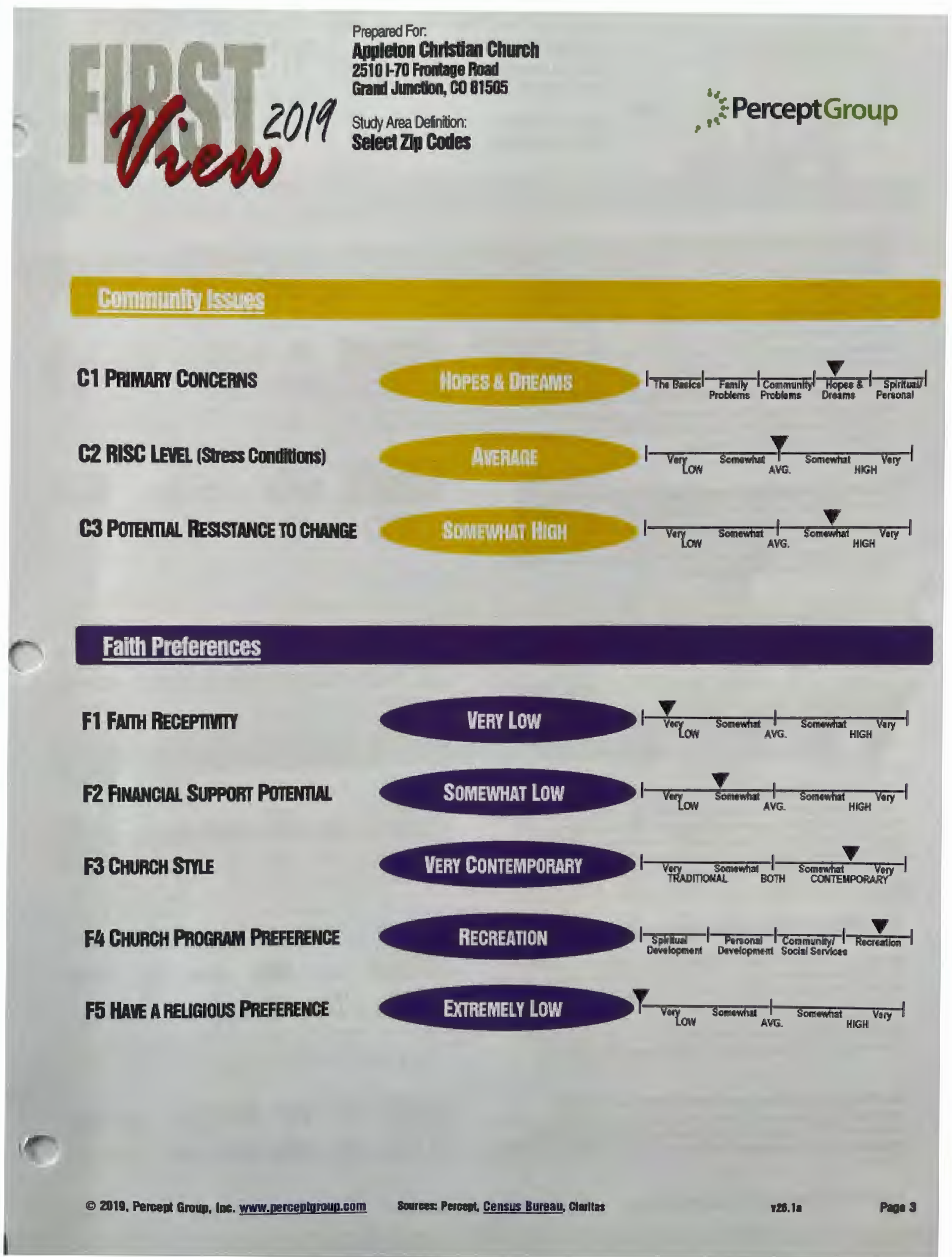

Table C.4. First View 2019 Page 4 – Demographic Study for Appleton Christian

Prepared For:
Appleton Christian Church
2510 I-70 Frontage Road
Grand Junction, CO 81505

Study Area Definition:
Select Zip Codes

People and Place Detail

P1: How many people live in the defined study area?
Currently, there are 146,673 persons residing in the defined study area. This represents an increase of 35,714 or 32.2% since 2000. During the same period of time, the U.S. as a whole grew by 17.0%. (see MAP page 4)

Population History & Projection	2000 Census	2010 Census	2019 Update	2024 Projection
Study Area	110,959	140,327	146,673	152,428

P2: Is the population in this area projected to grow?
Yes, between 2019 and 2024, the population is projected to increase by 3.9% or 5,755 additional persons. During the same period, the U.S. population is projected to grow by 3.6%. (see MAP page 4)

Population Change	Actual Change From 2000 to 2010	Actual Change From 2010 to 2019	PROJECTED Change From 2019 to 2024
Study Area	26%	5%	4%
U.S. AVERAGE	10%	7%	4%

P3: How spread out is the population in the study area?
In the study area, the top three quarters of the population resides in approximately 55% of the geographical area. In the U.S. as a whole and in the average community, the top 75% of the population resides in just 25% of the populated geographical area. In comparison, the study area population is *highly dispersed* within the overall area.

P4: What is the overall level of diversity in the area?
Based upon the number of different lifestyle and racial/ethnic groups in the area, the overall diversity in the study area can be described as *very high*. See D1 and D2 below.

P5: How dynamic is the study area?
As the population density and overall diversity in an area increase, the environment becomes more complex and challenging. Given these factors, the study area dynamic level can be described as *somewhat high*.

Faces of Diversity Detail

D1: How much lifestyle diversity is represented?
The lifestyle diversity in the area is *extremely high* with a considerable 39 of the 50 U.S. Lifestyles segments represented. Of the six major segment groupings, the largest is referred to as *Middle American Families* which accounts for 48.2% of the households in the area. The top individual segment is *Working Urban Families* representing 14.2% of all households. (see MAP pages 13 and 14)

Households By U.S. Lifestyles Group	Affluent Families	Middle American Families	Young and Coming	Rural Families	Senior Life	Ethnic & Urban Diversity
Study Area	5%	48%	9%	15%	12%	11%
U.S. AVERAGE	15%	31%	15%	13%	7%	18%

D2 & D3: How do racial or ethnic groups contribute to diversity in this area?
Based upon the total number of different groups present, the racial/ethnic diversity in the area is *very high*. Among individual groups, *Anglos* represent 80.5% of the population and all other racial/ethnic groups make up just 19.5% which is well below the national average of 40%. The largest of these groups, *Hispanics/Latinos*, accounts for 15.1% of the total population. *Native-Americans/Others* are projected to be the fastest growing group increasing by 13.7% between 2019 and 2024. (see MAP pages 4 and 7)

Population By Race/Ethnicity	Anglo	African-American	Hispanic	Asian	Native Am. and Other
Study Area	80%	1%	15%	1%	3%
U.S. AVERAGE	60%	12%	18%	6%	3%

D4: What are the major generational groups represented?
The most significant group in terms of numbers and comparison to national averages is *Boomers* (age 59 to 76) who make up 20.2% of the total population in the area compared to 18.2% of the U.S. population as a whole. (see MAP page 4)

Population By Generation	Gen Z 0 to 17	Millenials 18 to 37	Survivors 38 to 58	Boomers 59 to 76	Silents 77 to 94	Builders 95 & up
Study Area	22%	27%	24%	20%	7%	< 1%
U.S. AVERAGE	23%	27%	27%	18%	6%	< 1%

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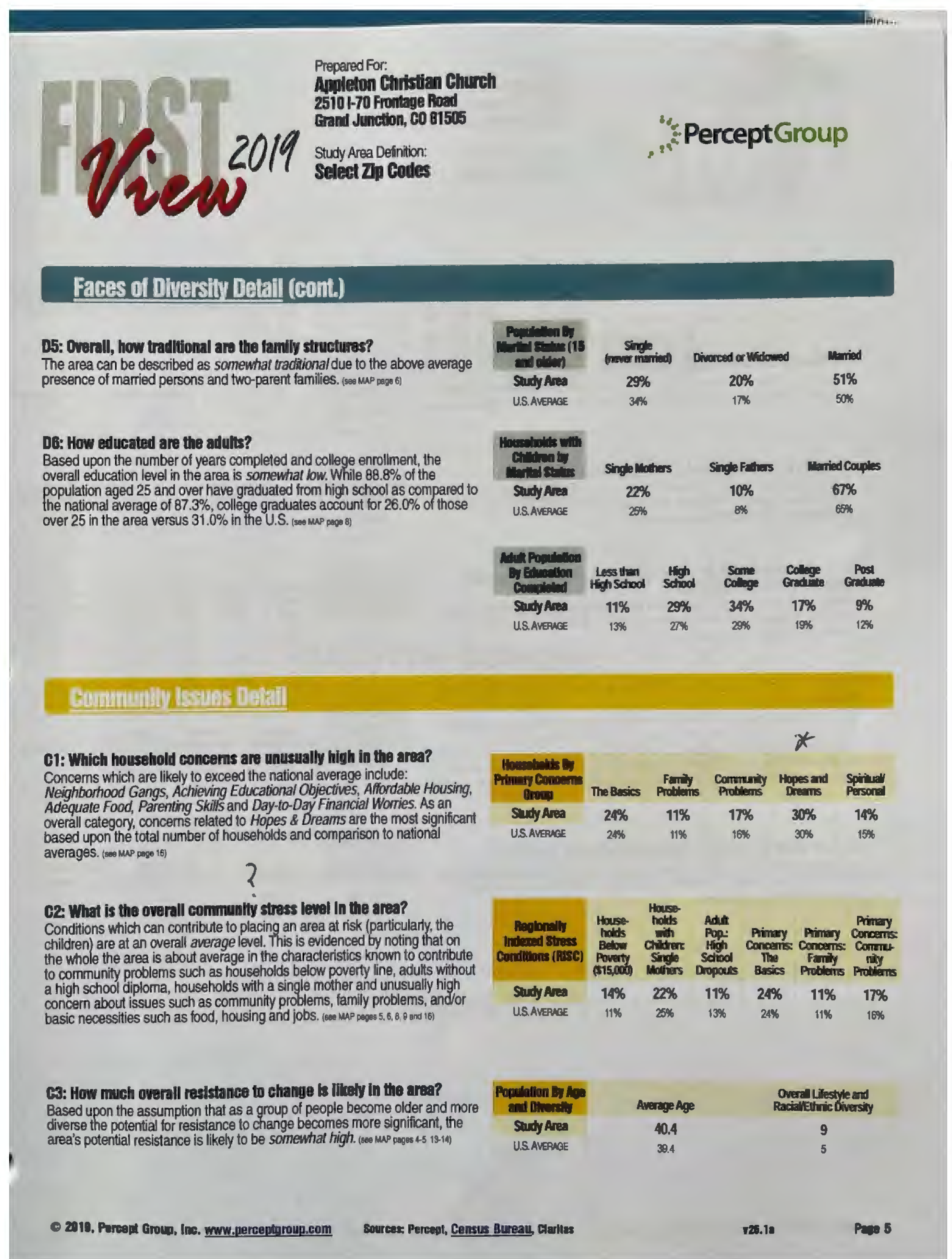
Table C.5. First View 2019 Page 5 – Demographic Study for Appleton Christian



FIRST View 2019

Prepared For:
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Grand Junction, CO 81505

Study Area Definition:
Select Zip Codes

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Faces of Diversity Detail (cont.)

D5: Overall, how traditional are the family structures?
The area can be described as *somewhat traditional* due to the above average presence of married persons and two-parent families. (see MAP page 6)

Population By Marital Status (15 and older)	Single (never married)	Divorced or Widowed	Married
Study Area	29%	20%	51%
U.S. AVERAGE	34%	17%	50%

D6: How educated are the adults?
Based upon the number of years completed and college enrollment, the overall education level in the area is *somewhat low*. While 88.8% of the population aged 25 and over have graduated from high school as compared to the national average of 87.3%, college graduates account for 26.0% of those over 25 in the area versus 31.0% in the U.S. (see MAP page 8)

Households with Children by Marital Status	Single Mothers	Single Fathers	Married Couples
Study Area	22%	10%	67%
U.S. AVERAGE	25%	8%	65%

Adult Population By Education Completed	Less than High School	High School	Some College	College Graduate	Post Graduate
Study Area	11%	29%	34%	17%	9%
U.S. AVERAGE	13%	27%	29%	19%	12%

Community Issues Detail

C1: Which household concerns are unusually high in the area?
Concerns which are likely to exceed the national average include: *Neighborhood Gangs, Achieving Educational Objectives, Affordable Housing, Adequate Food, Parenting Skills* and *Day-to-Day Financial Worries*. As an overall category, concerns related to *Hopes & Dreams* are the most significant based upon the total number of households and comparison to national averages. (see MAP page 16)

Households By Primary Concerns Group	The Basics	Family Problems	Community Problems	Hopes and Dreams	Spiritual/ Personal
Study Area	24%	11%	17%	30%	14%
U.S. AVERAGE	24%	11%	16%	30%	15%

C2: What is the overall community stress level in the area?
Conditions which can contribute to placing an area at risk (particularly, the children) are at an overall *average* level. This is evidenced by noting that on the whole the area is about average in the characteristics known to contribute to community problems such as households below poverty line, adults without a high school diploma, households with a single mother and unusually high concern about issues such as community problems, family problems, and/or basic necessities such as food, housing and jobs. (see MAP pages 5, 6, 8, 9 and 16)

Regionally Indexed Stress Conditions (RISC)	Households Below Poverty ($15,000)	Households with Children: Single Mothers	Adult Pop.: High School Dropouts	Primary Concerns: The Basics	Primary Concerns: Family Problems	Primary Concerns: Community Problems
Study Area	14%	22%	11%	24%	11%	17%
U.S. AVERAGE	11%	25%	13%	24%	11%	16%

C3: How much overall resistance to change is likely in the area?
Based upon the assumption that as a group of people become older and more diverse the potential for resistance to change becomes more significant, the area's potential resistance is likely to be *somewhat high*. (see MAP pages 4-5 13-14)

Population By Age and Diversity	Average Age	Overall Lifestyle and Racial/Ethnic Diversity
Study Area	40.4	9
U.S. AVERAGE	39.4	5

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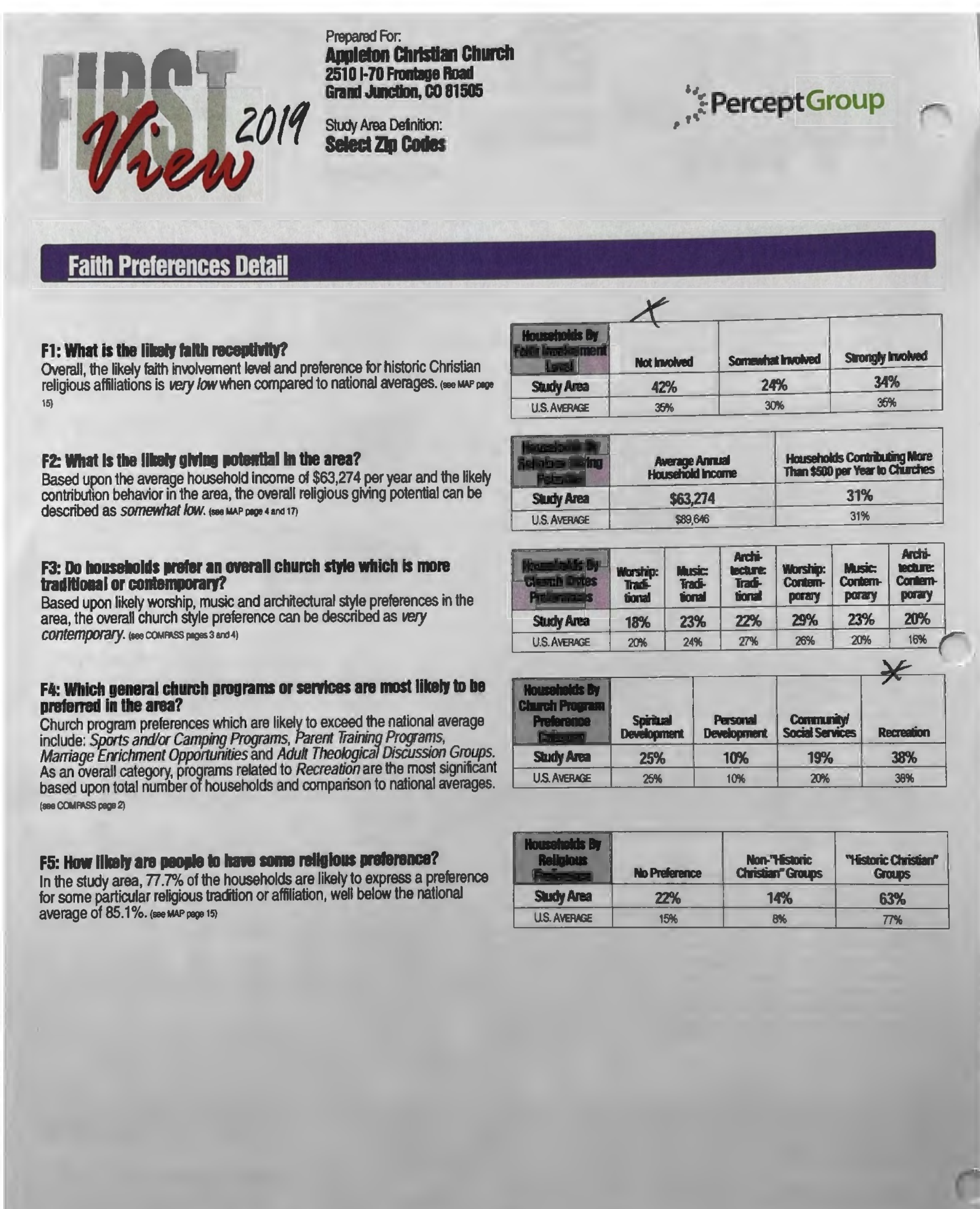
Table C.6. First View 2019 Page 6 – Demographic Study for Appleton Christian



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Study Area Definition:
Select Zip Codes

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Faith Preferences Detail

F1: What is the likely faith receptivity?
Overall, the likely faith involvement level and preference for historic Christian religious affiliations is *very low* when compared to national averages. (see MAP page 15)

Households By Faith Involvement Level	Not Involved	Somewhat Involved	Strongly Involved
Study Area	42%	24%	34%
U.S. AVERAGE	35%	30%	35%

F2: What is the likely giving potential in the area?
Based upon the average household income of $63,274 per year and the likely contribution behavior in the area, the overall religious giving potential can be described as *somewhat low*. (see MAP page 4 and 17)

Households By Religious Giving Potential	Average Annual Household Income	Households Contributing More Than $500 per Year to Churches
Study Area	$63,274	31%
U.S. AVERAGE	$89,646	31%

F3: Do households prefer an overall church style which is more traditional or contemporary?
Based upon likely worship, music and architectural style preferences in the area, the overall church style preference can be described as *very contemporary*. (see COMPASS pages 3 and 4)

Households By Church Styles Preferences	Worship: Traditional	Music: Traditional	Architecture: Traditional	Worship: Contemporary	Music: Contemporary	Architecture: Contemporary
Study Area	18%	23%	22%	29%	23%	20%
U.S. AVERAGE	20%	24%	27%	26%	20%	16%

F4: Which general church programs or services are most likely to be preferred in the area?
Church program preferences which are likely to exceed the national average include: *Sports and/or Camping Programs*, *Parent Training Programs*, *Marriage Enrichment Opportunities* and *Adult Theological Discussion Groups*. As an overall category, programs related to *Recreation* are the most significant based upon total number of households and comparison to national averages. (see COMPASS page 2)

Households By Church Program Preference Category	Spiritual Development	Personal Development	Community/ Social Services	Recreation
Study Area	25%	10%	19%	38%
U.S. AVERAGE	25%	10%	20%	38%

F5: How likely are people to have some religious preference?
In the study area, 77.7% of the households are likely to express a preference for some particular religious tradition or affiliation, well below the national average of 85.1%. (see MAP page 15)

Households By Religious Preference	No Preference	Non-"Historic Christian" Groups	"Historic Christian" Groups
Study Area	22%	14%	63%
U.S. AVERAGE	15%	8%	77%

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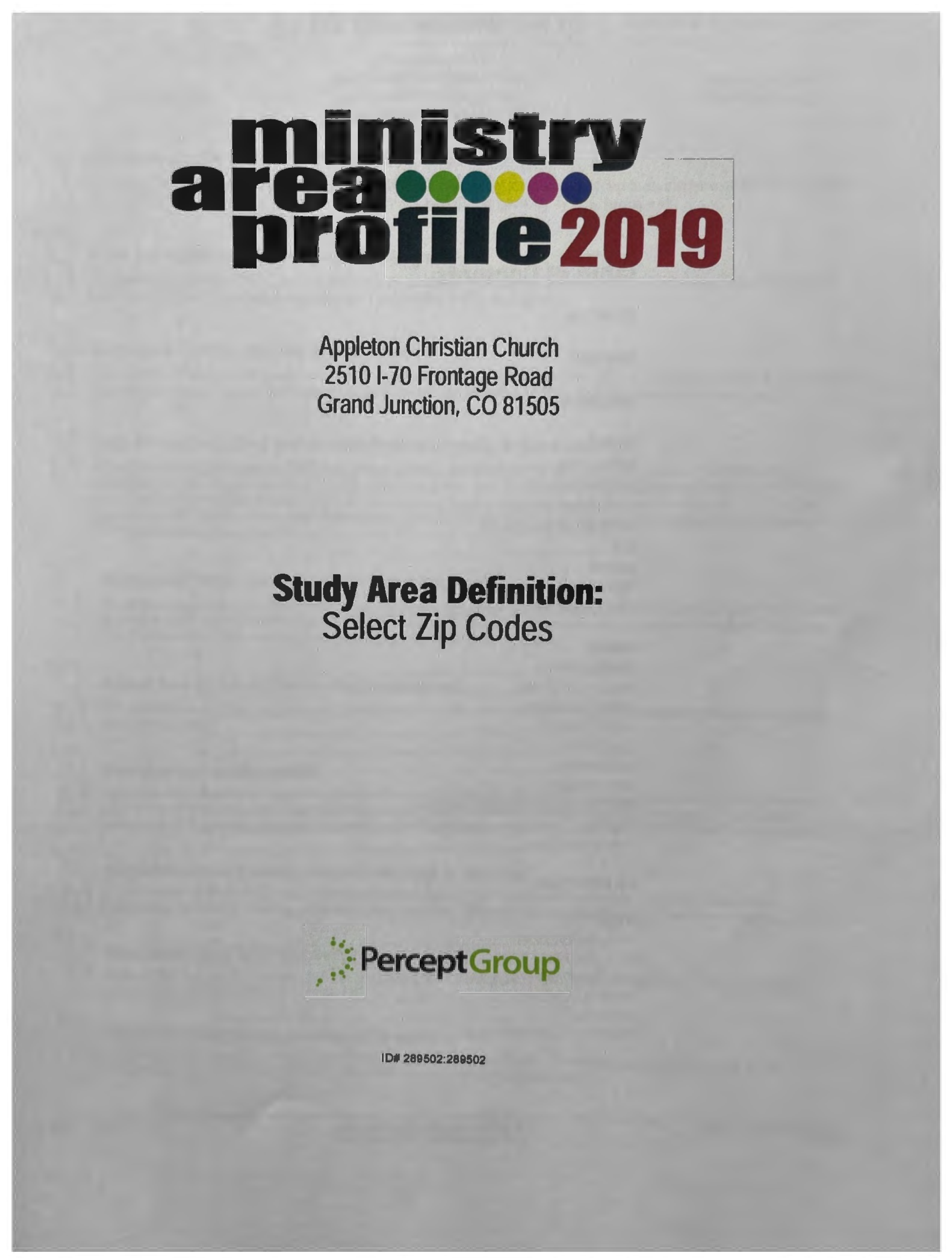
Table C.7. Ministry Area Profile Cover – Demographic Study for Appleton Christian



ministry area profile 2019

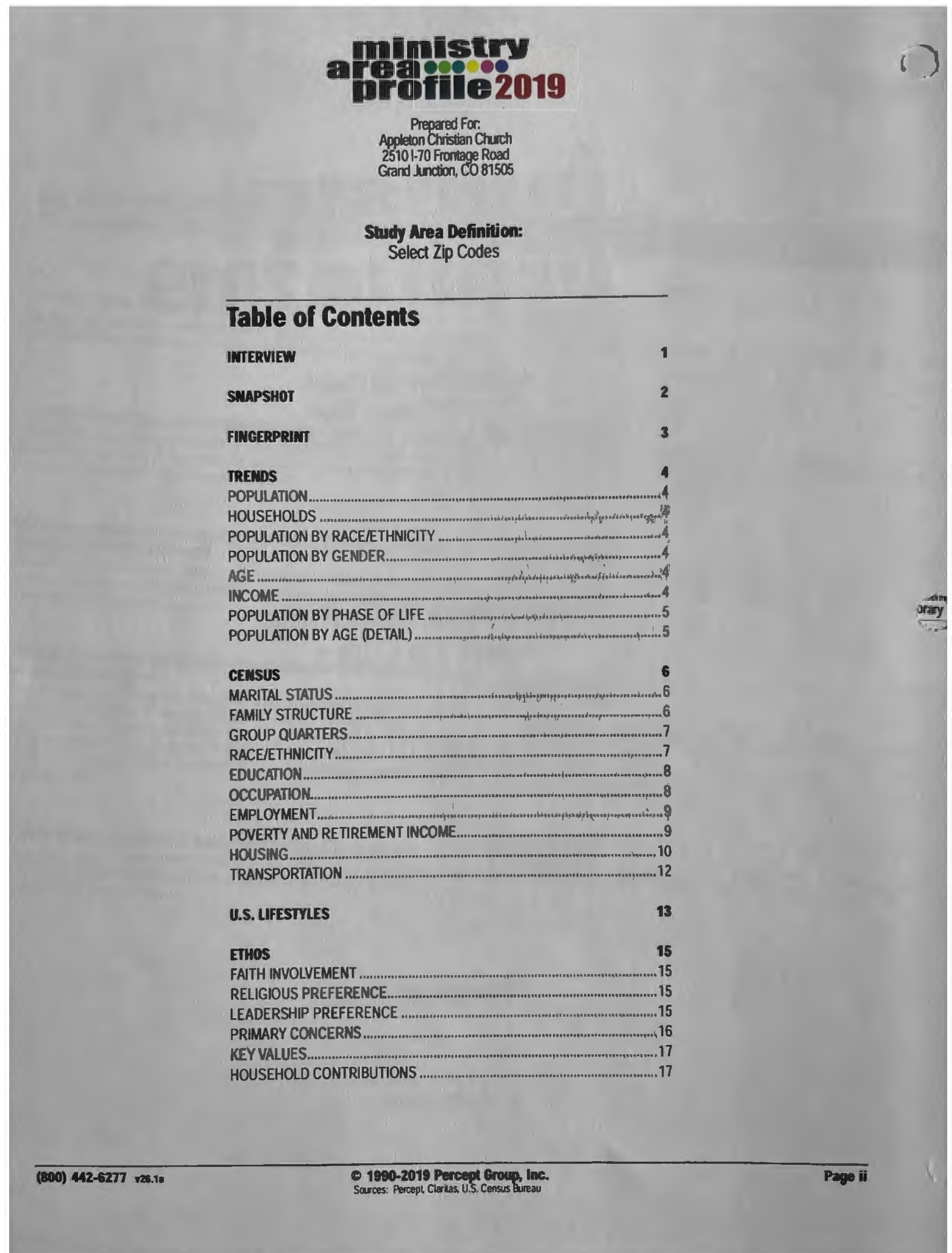
Appleton Christian Church
2510 I-70 Frontage Road
Grand Junction, CO 81505

Study Area Definition:
Select Zip Codes

PerceptGroup

ID# 289502:289502

Table C.8. Ministry Area Profile Table of Contents – Demographic Study for Appleton Christian



ministry area profile 2019

Prepared For:
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Grand Junction, CO 81505

Study Area Definition:
Select Zip Codes

Table of Contents

INTERVIEW 1

SNAPSHOT 2

FINGERPRINT 3

TRENDS 4
POPULATION....4
HOUSEHOLDS....4
POPULATION BY RACE/ETHNICITY....4
POPULATION BY GENDER....4
AGE....4
INCOME....4
POPULATION BY PHASE OF LIFE....5
POPULATION BY AGE (DETAIL)....5

CENSUS 6
MARITAL STATUS....6
FAMILY STRUCTURE....6
GROUP QUARTERS....7
RACE/ETHNICITY....7
EDUCATION....8
OCCUPATION....8
EMPLOYMENT....9
POVERTY AND RETIREMENT INCOME....9
HOUSING....10
TRANSPORTATION....12

U.S. LIFESTYLES 13

ETHOS 15
FAITH INVOLVEMENT....15
RELIGIOUS PREFERENCE....15
LEADERSHIP PREFERENCE....15
PRIMARY CONCERNS....16
KEY VALUES....17
HOUSEHOLD CONTRIBUTIONS....17

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Sources: Percept, Claritas, U.S. Census Bureau

Page ii

Table C.9. Ministry Area Population Overview – Demographic Study for Appleton Christian

ministry area profile 2019 — **2024 TRENDS**

Date: 7/29/2019

Prepared For:
Appleton Christian Church
2510 I-70 Frontage Road
Grand Junction, CO 81505

Study Area Definition:
Select Zip Codes

POPULATION

▲ Indicates a consistent upward trend
↓ Indicates a consistent downward trend

	2000 Census	2010 Census	2019 Update	2024 Projection
▲ **Population**	110,959	140,327	146,673	152,428
Population Change		29,368	6,346	5,755
Percentage Change		26.5%	4.5%	3.9%
Average Annual Growth Rate		2.6%	0.5%	0.8%
▲ **Density (Pop. per square mile)**	67	85	88	92
HOUSEHOLDS				
▲ **Households**	43,898	55,650	57,795 *	60,117
Household Change		11,752	2,145	2,322
Percentage Change		26.8%	3.9%	4.0%
Average Annual Growth Rate		2.7%	0.4%	0.8%
Persons Per Household	2.45	2.44	2.46	2.45

POPULATION BY RACE/ETHNICITY

	2010 Census		2019 Update		2024 Projection	
	Number	Percent	Number	Percent	Number	Percent
↓ White (Non-Hispanic)	116,230	82.8%	117,999	80.5%	120,555	79.1%
▲ **African-American (Non-Hisp)**	748	0.5%	1,148	0.8%	1,406	0.9%
▲ **Hispanic/Latino**	19,027	13.6%	22,198	15.1%	24,445	16.0%
▲ **Asian/Other (Non-Hisp)**	4,323	3.1%	5,330	3.6%	6,021	4.0%
POPULATION BY GENDER						
Female	70,777	50.4%	73,998	50.5%	76,834	50.4%
Male	69,551	49.6%	72,675	49.5%	75,594	49.6%
POPULATION BY GENERATION						
▲ **Generation Z** (Born 2002 and later)	16,962	12.1%	32,416	22.1%	43,768	28.7%
↓ Millenials (Born 1982 to 2001)	38,059	27.1%	39,159	26.7%	38,314	25.1%
↓ Survivors (Born 1961 to 1981)	36,168	25.8%	35,565	24.2%	36,256	23.8%
↓ Boomers (Born 1943 to 1960)	31,841	22.7%	29,693	20.2%	27,779	18.2%
↓ Silents (Born 1925 to 1942)	14,494	10.3%	9,591	6.5%	6,303	4.1%
↓ Builders (Born 1924 and earlier)	2,772	2.0%	245	0.2%	11	0.0%
AGE						
▲ **Average Age**		38.7		40.4		40.9
▲ **Median Age**		38.5		40.6		41.4
INCOME						
↓ Average Household Income		$66,033		$63,274		$61,928
↓ Median Household Income		$53,955		$50,225		$49,062
↓ Per Capita Income		$26,187		$24,932		$24,424

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Sources: Percept, Claritas, U.S. Census Bureau

Page 4