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PASTORAL CARE GROUPS

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APRIL 2001

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PASTORAL CARE GROUPS

A MAJOR APPLIED PROJECT SUBMITTED TO THE FACULTY
OF CONCORDIA SEMINARY IN THE CANDIDACY FOR
THE DEGREE OF DOCTOR OF MINISTRY

BY

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FORT ATKINSON, WISCONSIN

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CONTENTS

ABSTRACT.....	iv
Chapter	
1. THE DEVELOPMENT OF THE PROJECT: PASTORAL CARE GROUPS.....	1
The Project Proposed	1
The Needs of Individuals	3
The Pastoral Response to Those Needs	5
The Theoretical Basis of the Project.....	7
Characteristics of the Practice of Group Psychotherapy.....	8
Characteristics of Support Groups	16
The Purpose of the Project.....	21
Resources for the Project	22
2. THE SCRIPTURAL BASIS FOR SMALL GROUPS DESIGNED FOR MUTUAL CARE AND CONSOLATION.....	27
Introduction.....	27
Jesus' Use of Small Groups.....	36
The Theological Basis for Pastoral Care Groups.....	45
The Use of Small Groups in the Christian Congregation	49
3. THE PASTOR AS AN EFFECTIVE SMALL GROUP LEADER	53
How a Leader's Attitudes May Influence a Small Group	53
Skills of an Effective Small Group Leader	58
An Explanation of Several Common Styles of Small Group Leadership.....	63
The Pastor as A Missionary Leader in an Unchurched Culture	68

The Preparation for a Pastor to be a Small Group Leader	72
Why Small Pastoral Care Groups in the Church	78
How the Pastor May Guard the Group from Theological Problems	81
4. THE APPLICATION OF PASTORAL CARE GROUP MINISTRY IN MY SETTINGS	84
A Pastoral Care Group for Adult Children of Alcoholics.....	84
A Summary of a Pastoral Care Group for Adult Children of Alcoholics	100
A Pastoral Care Group for Individuals with Cancer	102
A Pastoral Care Group for Those Who Grieve the Loss of Loved Ones	106
A Pastoral Care group for Couples Who Have Experienced A Miscarriage.....	112
5. CONCLUSIONS AND SUGGESTIONS FOR THE APPLICATION OF PASTORAL CARE GROUPS IN THE PARISH	129
A Quick Reference for Pastoral Care Groups.....	136
A Summary of the Results of the Evaluation of Pastoral Care Groups	138
Results of the Congregational Survey on Pastoral Care Groups.....	141
Graphs of the Survey Responses.....	149
APPENDIX	157
SOURCES CONSULTED.....	190

ABSTRACT

This project examines the use of pastoral care groups to help members of a congregation to overcome obstacles caused by painful experiences in their lives. In the course of this project the pastor worked with small groups of individuals who share similar painful experiences. The pastor solicited feedback from those individuals and evaluated his ministry to them in these small groups. The pastor supported the work with scripture and used biblical principles to develop the application of pastoral care groups.

CHAPTER 1

THE DEVELOPMENT OF THE PROJECT: PASTORAL CARE GROUPS

This project examines the use of pastoral care groups to help members of a congregation to overcome obstacles caused by painful experiences in their lives. In the course of this project the pastor will work with small groups of individuals who share similar painful experiences. The pastor will solicit feedback from those individuals and evaluate his ministry to them in these small groups. The pastor will support the work with scripture and will use biblical principles to develop the application of pastoral care groups.

The Project Proposed

Over the past eleven years of pastoral ministry this pastor has worked with small groups of members in the churches he was serving. It was not his intent to create and then work with small groups of church members. He simply desired to be an effective pastor to people in need. Small group ministry grew out of his desire to help congregational members deal with painful experiences.

The development of pastoral care groups was a process that began over a period of several months. While visiting with particular members of the congregation he recognized that they expressed similar concerns and fears. As he continued to visit with

them it seemed logical to have them meet as a group. They did meet as a small group. This was an experiment in pastoral ministry.

The pastor had not been trained to work with small groups of people who were experiencing emotional pain. It seemed reasonable to seek guidance from other professionals. Initial guidance was sought through consultation with several therapists from local agencies as well as from Lutheran Counseling and Family Services. The therapists suggested other resources and books that were also referenced. The pastor was referred to health care professionals that worked with support groups and group therapy in local hospitals and outpatient clinics. As he read and learned about small group ministry, support groups and group therapy, he became convinced that what he was experimenting with was different from support groups and group therapy. He was conducting pastoral care groups. It was also different from the small group ministry that is usually designed to develop leaders or provide a method of spiritual growth. (As this project evolved familiarity with the basics of the practice of group psychotherapy, small group ministry and support groups also developed. One goal of this paper is to compare and contrast small group approaches to helping individuals in need with the approach that the author has taken. Small group ministry is generally not aimed at helping individuals that are in need.)

Carl F. George defines a “small group” as “a face- to- face meeting that is a sub-unit of the overall fellowship.”¹ The small group has a distinctive identity separate from the whole congregation yet it remains part of the congregation. In its relationship to the congregation it is like a family. Pastoral care groups fit within Carl George's definition

¹ Carl F. George, *Nine Keys to Effective Small Group Leadership*, (Mansfield: Kingdom Publishing, 1997), 11.

of small groups in the church. This pastor will add an aspect to the definition of pastoral care groups that includes a focus of the group. The Biblical encouragement for this definition of pastoral care groups is apparent in these words from the Apostle Paul's second letter to the Corinthians. "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."² This simple definition of a pastoral care group is: a small group of people who share common, and usually painful, experiences, that meets with a pastor for the purpose of spiritual growth to help them overcome the pain and to comfort one another.

The Needs of Individuals

Every congregation has members that have suffered or perhaps are suffering from common painful experiences. The individuals are in need of comfort and direction. Such individuals can meet with the pastor to form a pastoral care group. Pastoral care groups may be formed from individuals who share the following common experiences:

1. Survivors of miscarriage
2. Survivors of cancer
3. Survivors of loss due to death or divorce
4. Single parents
5. Students on a college campus
6. Those struggling with addiction to alcohol, drugs or sex
7. Those interested in improving their health through diet and exercise
8. Those concerned with aging

² 2 Co 1:3-4 NIV

9. Those raising children
10. Those in the teen years of human development

In general these subgroups of a congregation will likely share common needs, experience similar feelings and be subject to comparable circumstances. As these needs, feelings and experiences are identified and dealt with in the group the individual can be guided to grow in faith, reach up to the Lord and reach out to others in similar needs. This idea of reaching out to others as the Lord helps us through challenges in life is clearly a biblical principle proposed by the apostle Paul. He writes in his second letter to the Corinthians, “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.”³

Some individuals may need to confess a hardness of heart as their painful experience may result in casting blame upon God for their hurt. Sometimes painful experiences can drive individuals away from the Lord or to become indifferent towards God as a result of their hurt. Shame often accompanies these circumstances. The feeling of guilt for past sins and the individuals' impression that God is meting out consequences for those iniquities may compound an already painful circumstance. The pastor will need to remain aware of these and many other challenging spiritual dimensions individuals may encounter as a result of their experience.

One will need to identify spiritual, emotional and physical needs of the individuals in the pastoral care group. The goal will always be to point to Jesus as the one who heals. Some people will need to seek other professionals for help in dealing

³ 2 Co 1.3-4 NIV

with physical and emotional needs. Therapists and physicians can and do help people to get better. Only Jesus can make people well. Pastors will need to keep mindful of their limits. We do not perform surgery. We are not therapists. We are pastors.

The Pastoral Response to Those Needs

When speaking with people struggling with painful experiences the pastor must point to Jesus as the One who is the Savior. Jesus alone makes us whole. Whole does not mean that the pain and the problem will go away. Sometimes the Lord may choose to give to His own the faith to bear the problem. Sometimes the individual may need to receive other help before the spiritual help may be effectively taken in. Although the word of God is always efficacious, sometimes a person needs bread for the body before the soul is ready for the Bread of Life. A pastor may refer the member to a therapist or physician. Once the referral is made the pastor has an obligation to continue meeting with the member. Spiritual growth and healing will need to accompany the physical and emotional process.

The meaning of life for the individual and the value of life are often questioned when one is suffering. Sometimes the heart of the pain individuals are enduring is not the presenting problem but rather the accompanying spiritual and moral concerns are the problems that need to be resolved. When one experiences loss, personal worth is often questioned. When significant changes in the life of an individual occur, issues of relationships and belonging often emerge. God has made us social beings. He has created families because “It is not good for the man to be alone.”⁴

⁴ Ge 2:18 NIV

It is especially not good for one to be alone when suffering loss or enduring other painful experiences. The pastor can respond to the need for relationships in this time of suffering by forming pastoral care groups for those sharing common painful experiences.

In utilizing the small group concept there are benefits for the pastor's ministry to those in need. More people can be helped in less time. People learn to bear the burdens of others. The personal experience of one may help another. As a result of meeting with more than one person at a time, the pastor becomes a more effective and efficient servant of God.

As the people are hearing the experiences of others they gain strength even as the sufferings of fellow Christians encourage us through difficult times. The Apostle Paul gives witness to this principle as he records the growth of his faith as a result of suffering. "Three times I pleaded with the Lord to take it (a thorn in my flesh) away from me. But he said to me, 'My Grace is sufficient for you for my power is made perfect in weakness.'"⁵ Paul uses his painful experiences to encourage others that also suffer. Suffering becomes a blessing, which causes us to learn to trust in God's grace, and forces us to grow in faith. We learn that painful experiences place our human weaknesses under the guidance of our loving and powerful Lord.

In the process of the pastor helping his members, he will be nurturing a healthy relationship with them. Most participants will grow in faith. The pastor will help the participants to become "survivors" rather than "victims". Biblical principles from the apostle Paul to the young pastor Timothy find natural applications in small group

⁵ 2 Co12:8,9 NIV

ministry. We can see both the entrusting of biblical truths and the bearing of hardships taking place in small group ministry.

Even the concept of bearing witness to Christ in the presence of others is good for pastor and members. The following words are a powerful encouragement to employ small group ministry in the local congregation. “And the things you have heard me say in the presence of many witnesses entrust to reliable men who will also be qualified to teach others. Endure hardship like a good soldier of Christ Jesus.”⁶ In the preceding words the apostle Paul reminds us that we will experience hardships in this life. He encourages us to struggle through those hardships in the same way that a good soldier would endure the rigors of war. This message to a young pastor is directed towards entrusting the Good News to those who in turn will teach others. That same principle of those enduring hardships sharing the power to endure hardships with others is a principle upon which pastoral care groups is based.

The Theoretical Basis of the Project

In the application of this Major Applied Project the following assumptions have been made.

1. Participating in a Pastoral Care Group can help people who share common painful experiences overcome difficulty in their lives.
2. Some elements of group therapy and support groups will be applied in the Pastoral Care Group.

⁶ 2 Ti 2:2,3 NIV

3. The overarching goal will always be to point to Jesus as the One who heals.
4. Some individuals may need to be referred for additional help to therapists or other healthcare providers.

The theological dimensions of this project contain elements found in the ministry of Jesus, Paul and John. Each worked with a small group. Jesus worked with Peter, James and John. They were instructed by Jesus and learned from Jesus. Jesus also worked with the group of the twelve apostles, training them for His work. Paul worked with and trained small teams of evangelists such as Timothy, Silas and Epaphroditus. Polycarp and Pothinus sat at John's feet as a small group to learn from a wise old man of faith. Jesus, Paul and John used small groups for the purpose of edification. Today the church can expand the role of small group ministry to make it include an effective and loving method for a pastor to use in aiding those who hurt.

This project can make a contribution to pastoral ministry as it provides an effective tool for the pastor to use as he ministers to several people at the same time. This small group experience will also encourage people to overcome sadness as they realize that others have survived similar painful experiences. No doubt the pastor will grow more sensitive to the needs of the people that God has called him to serve.

Characteristics of the Practice of Group Psychotherapy

Modern group psychotherapy traces its beginnings to Dr. Joseph Pratt, an internist, who set up special classes for tuberculosis patients. The year was 1905 when Pratt realized the psychological benefits that resulted from the opportunity for

interpersonal support and encouragement. In the 1920s and 1930s Edward Lazell and L.C. Marsh adapted the group method employed by Pratt for use with psychotic patients. In the 1960s and 1970s hundreds of group therapy models were exploding on the scene throughout the world.

By the early 1970's Dr. Irvin D. Yalom began reporting his results in researching the therapeutic aspects of group therapy. Yalom initially divided these common elements into ten primary categories. Later his research associates led him to add an eleventh category.⁷ What follows is a distillation of Yalom's primary categories.

1. Imparting of information
2. Installation of hope
3. Universality
4. Altruism
5. The corrective recapitulation of the primary family group
6. Development of socializing techniques
7. Imitative behavior
8. Interpersonal learning
9. Group cohesiveness
10. Catharsis⁸

In Yalom's later notes he does add an eleventh category which he called "Existential factors".⁹ Yalom determined that each of these eleven categories represented a curative factor in group psychotherapy.

By "curative factors" Yalom means different parts of the change process. Some may be mechanisms of change, and others may be conditions for change. These factors are in reality intertwined and not clearly delineated in the small group process of

⁷ Irvin D. Yalom, *The Theory and Practice of Group Psychotherapy*, (New York: Basic Books, 1970), 66.

⁸ Irvin D. Yalom, *The Theory and Practice of Group Psychotherapy*, (New York: Basic Books, 1970), 5.

⁹ David G. Benner, *Psychotherapy in Christian Perspective*, (Grand Rapids: Baker Book House, 1987), 318.

psychotherapy. They operate as part of a dynamic process. Several of these elements can be valuable in evaluating pastoral care groups. The list does not go far enough for the pastor, since the long-range goal of the pastor includes the spiritual welfare of the individual. The pastor is ultimately concerned with the individual's personal relationship with the Lord. This is not a normal characteristic goal of a typical psychotherapist. This is one reason pastoral care groups differ from small group therapy.

Yalom explains that not all factors are as influential as others, rather, the type of therapy and the progress of the participants will determine which of the curative factors are most predominant as mechanisms for change. An example of a less predominant curative factor in the pastoral care group facilitated with the survivors of cancer is what Yalom terms "instillation of hope." Simply stated "instillation of hope" is what can happen when one sees others improving. As survivors of cancer shared what they were doing in life solving problems of prosthetics, clothing and family it gave encouragement (hope) to others. It was clear from the earliest meetings that "instillation of hope" served largely to "prevent early discouragement and to keep patients in the group until other, more potent forces for change come into play."¹⁰ "Instillation of hope" is not powerful enough to produce long term changes.

Since participants' goals and needs change so do the factors which most powerfully affect transformation in them. When new individuals were introduced into the cancer group there was always a period of time in which they listened more than interacted. They benefited from hearing how others coped with the challenges of surviving with cancer. They grew spiritually and found new or greater freedom to

¹⁰Irvin D. Yalom, *The Theory and Practice of Group Psychotherapy*, (New York: Basic Books, 1970), 60.

express their faith in a loving God. In time social support from the group became the single greatest factor affecting change in them. The group was a sub-group of their local church. The small group extended their worship experience by providing a platform for the application of living a Christian life in the face of adversity. This is a second difference between pastoral care groups and small group therapy. Pastoral care groups are an extension of the body of Christ. Pastoral care groups are a place where Jesus comes to be with his own. "Where two or three come together in my name, there am I with them."¹¹

Yalom indicates that his research concurs with other researchers that the "main curative mechanisms were reported to reside in the interaction between group members."¹² The implication for pastors is summarized in the following statement. When the people who hurt become active in small groups, the process and participation provides a platform for their growth and healing. What is taking place in these small groups? The research indicates that successful therapy is attributed to relationship factors. The information gathered for this work supports that conclusion. From a Christian perspective the relationship that is fractured most is the relationship with the Lord. In the small group setting the pastor can more easily address the need to connect with the Lord. Here the pastor can confront the fears. Especially the pastor can address the fear that the problems in life may be due to past sins. Here the pastor can bring the sweet soothing message of God's love in Jesus in a most personal way. This is a third difference between pastor care groups and group psychotherapy.

¹¹ MT 18:20 NIV

¹² Irvin D. Yalom, *The Theory and Practice of Group Psychotherapy*, (New York: Basic Books, 1970), 64.

As those struggling with cancer spoke with the pastor privately and later in the small group, one common thought was echoed. "Where do I fit now that I have cancer?" Similarly those who grieved the death of loved ones often felt that they no longer had a place in the life they lived. Without a spouse how could they continue to go to the weekly card party? Without their daughter how could they ever go to church? Without their baby how could they go in public again? In each case relationship was broken. In each case changes were seen in terms of reestablishing relationships. One underlying response that was echoed by nearly all parishioners in all the small groups facilitated for this project can be distilled into the following quotations. "Why did this happen to me? What have I done? Does God hate me?" These concerns were not evident in the secular literature as presented by small group psychotherapists and are indeed best addressed in the presence of a pastor. So a fourth difference between pastoral care groups and small group therapy is one's relationship with the Lord. Psychotherapists may well address "spirituality" but "faith in God" is usually not an area that their training covers.

While therapists attribute success in small group psychotherapy to their technical skills and techniques, patients value the "personal elements of the relationship, the encounter with a new, accepting type of authority figure, and their changed self-image and perception of other people."¹³ It is the relationship with and the personal human qualities of the therapist that are deemed most important by the patient. When a pastor can convey caring and concern in a small group the members are most likely to recognize the greatest change. The most effective small group psychotherapists "establish a warm,

¹³ Irvin D. Yalom, *The Theory and Practice of Group Psychotherapy*, (New York: Basic Books, 1970), 62.

accepting, understanding relationship with their patients." ¹⁴ (However, this relational ministry is what Jesus lived. God came to earth to dwell among people. God desired a personal relationship with people. Jesus ate with sinners. Jesus prayed with sinners. Jesus touched the unclean and picked up babies to bless them. Jesus spoke to those of lowest estate in order to establish a relationship with them and to save them.) Here the pastor can apply what Jesus lived and what research indicates helps people; namely to build relationships. Then the pastor can begin the process of transferring the personal relationship with those in the small group to the Lord who loves them. The pastor will be most successful for those who hurt when the pastor affects the transfer from a relationship with the pastor to a relationship with the Lord. This is a goal the pastor will establish, but that the secular therapist will not likely set.

Another important characteristic of small group psychotherapy is the choice of participants in the group. There are many ideas about the optimum composition of the small group that is necessary for the most effective changes to take place. Many therapists reason that the more diverse the participants are the greater exposure all will have to new insights. Others think that the best composition for a small group is one that is a "social microcosm." That way the participants will be in a realistic miniature society. (This author did not have the advantage of reading the literature until after facilitating several small groups. As a result these groups were established with very little pre-thought about the composition of the small group.) The small amount of research on the optimum composition of small groups indicates that the more members of a group have

¹⁴ Irvin D. Yalom, *The Theory and Practice of Group Psychotherapy*, (New York: Basic Books, 1970), 62.

in common the better they will progress. Yalom calls this the "cohesiveness theory".¹⁵ He contradicts the wisdom of his peers by suggesting small group therapy will be most effective with those who have the most in common. (This is like the debate over which church is most effective, one with a homogeneous membership or one with a heterogeneous membership. The answer depends on whose literature one chooses to read). Yalom continues by insisting that research proves that the "Attraction to the group is the critical intervening variable to outcome and that composition should proceed along the lines of assembling a cohesive, compatible group."¹⁶

Yalom cites research that demonstrates that small group psychotherapists will unconsciously fill the void in small groups that have emotional imbalance. "If certain roles are not filled in the group, most leaders, consciously or unconsciously, alter their behavior to fill the void."¹⁷

The final word on the composition of small groups is to select those who have the most in common to work with one another. Intentionally the small groups selected for this project were composed of people who shared common painful experiences. In addition, each person had affiliation with the same congregation. For that reason it was always important to begin each session with a prayer and devotion and ending each session with prayer.

¹⁵ Irvin D. Yalom, *The Theory and Practice of Group Psychotherapy*, (New York: Basic Books, 1970), 202.

¹⁶ Irvin D. Yalom, *The Theory and Practice of Group Psychotherapy*, (New York: Basic Books, 1970), 202.

¹⁷ Irvin D. Yalom, *The Theory and Practice of Group Psychotherapy*, (New York: Basic Books, 1970), 203.

Perhaps an obvious difference between a small group psychotherapist and a pastor is the goal. A therapist is a trained healthcare worker. The goals of a therapist, like that of a physician, do not usually focus on the person as a spiritual being. Although psychotherapists may recognize the value of faith in a person's life, a pastor is usually better equipped to apply the Gospel to the needs of an individual. A pastor will do his best to learn and apply proven principles to help his flock, but then the pastor gives all the thanks and praise to the Lord and not to his skill. In all of this work to help people the greatest variable is the work of the Holy Spirit. He is supernatural and by definition beyond our means of evaluation.

The Holy Spirit is the one resource pastoral care groups can call upon that many therapists cannot. Jesus explains the work of the Holy Spirit in the following passage.

But I tell you the truth: It is for your good that I am going away. Unless I go away, the Counselor will not come to you; but if I go, I will send him to you. When he comes, he will convict the world of guilt in regard to sin and righteousness and judgment: in regard to sin, because men do not believe in me; in regard to righteousness, because I am going to the Father, where you can see me no longer; and in regard to judgment, because the prince of this world now stands condemned. I have much more to say to you, more than you can now bear. But when he, the Spirit of truth, comes, he will guide you into all truth. He will not speak on his own; he will speak only what he hears, and he will tell you what is yet to come. He will bring glory to me by taking from what is mine and making it known to you. All that belongs to the Father is mine. That is why I said the Spirit will take from what is mine and make it known to you.¹⁸

There are six distinct areas of differences between the practice of small group psychotherapy and pastoral care groups.

1. The goal of the pastor always should include the participant growing closer to the Lord. This is a growth in faith.
2. Pastoral care groups are an extension of the Body of Christ.

3. Pastors will seek to apply the law and gospel to the individual with the expected outcome that the love of God in Christ will bring about change.
4. The pastor's goals include reaching a closer relationship with the people of God.
5. In addition to providing the elements of group psychotherapy, the pastor introduces prayer and God's word.
6. In a pastoral care group the Holy Spirit actively joins to bring His comfort, God's love, God's wisdom and God's peace.

Characteristics of Support Groups

Perhaps there are too many types of support groups to suggest that one may list characteristics of support groups. What follows is a sample of a few common types of support groups that have been placed into general categories. There are the self-help groups and there are the 12 step groups. (Time will not be taken to explain encounter groups and similar expressions of fringe support groups. They have little to offer to the application of pastoral care groups.)

There exists a plethora of self-help support groups. Some are finely focused. Weight loss groups and exercise groups are two examples of finely focused support groups. The Internet provides a list containing hundreds of self-help support groups ranging from "Aarskog syndrome" to "Youth." The common factor in all these self-help support groups is that a professional therapist does not lead them. Those who facilitate are the individuals with the need. This also is different from a pastoral care group. A

¹⁸ Jn 16:7-15 NIV

pastor does not need to endure the painful experience of those he leads or seeks to comfort.

According to current literature many psychotherapists refer clients to specialized self-help support groups to supplement recovery. One such organization is Recovery Inc. It is a mental health self-help program based on the work of the late Abraham A. Low, M.D., founder, and a neuropsychiatrist. It claims,

We are non-profit, non-sectarian and completely member managed. Recovery, Inc. has been active since 1937 and we have groups meeting every week around the world. Recovery, Inc. offers its' members a free method to regain and maintain their mental health. By studying Dr. Low's practical method of mental health through will training Recovery, Inc. members learn techniques for handling trivial, everyday situations. Our members include people diagnosed with mood disorders including depression, dysthymia and bipolar (manic-depressive) disorders; psychotic disorders including schizophrenia; anxiety and obsessive-compulsive disorders; and personality disorders. Our programming is designed to work in conjunction with professional mental health services. Many people in our group also belong to AA and other 12 step programs. Recovery, Inc. is not affiliated with any religion or belief system, and Recovery, Inc. is operated entirely by non-professionals.¹⁹

Apparently the Recovery people also avoid what a pastor can best bring to a small group for they claim they employ no dominant spiritual component, as does Alcoholics Anonymous. Recovery seeks to work on the practical aspects of coping and living. It avoids the existential matters in the small groups. It appears that this is a means to avoid difficult or unanswerable concerns. The focus of Recovery is on daily living. It works with the present and seeks to make better the immediate future. It does not deal with the past.

¹⁹ *Recovery Inc. A Complement to Clinical Practice*, [database on-line] (from the Abraham A. Low Institute, accessed 9 December 1999); available from <http://www.recovery-inc.com/solon.html>; Internet.

Individuals who have been participants in Recovery groups made the following interesting observations. Ten to twenty participants attended each of the sessions. Most of the participants were referred by psychotherapists. The participants' situations varied from those suffering from post traumatic stress syndrome, to depression, chemical dependency, anti-social behavior, abuse, and violence.

A participant who was not a psychotherapist led each session. Each session was based on a reading from Dr. Low's book. This technique of bibliotherapy can be a very effective aid to developing coping skills.²⁰

Several psychotherapists claim that such self-help groups often shorten and accelerate recovery. Treatment that is supplemented with self-help groups effectively helps provide defenses against relapse and remissions. Often such small groups are training sessions for living and coping with real life situations.

A second type of group is the twelve-step group. Originally this was a group established to help alcoholics in their recovery from addiction to alcohol. Over the years it has unfolded into numerous twelve-step programs. Some of twelve step programs now include: Alcoholics Anonymous, Gamblers Anonymous, Narcotics Anonymous, Overeaters Anonymous, Al-Anon, Alateen, Nar-Anon, O-Anon, Families Anonymous, Adult Children of Alcoholics, Emotions Anonymous, Sex Addicts Anonymous, and Sex Abusers Anonymous.²¹

²⁰ David G. Benner, ed., *Psychotherapy in Christian Perspective*, (Grand Rapids: Baker Book House, 1987), 127.

²¹ Melody Beattie, *Codependent No More* (San Francisco: Harper & Row Publishers, 1987), 169, 170.

What are the basic characteristics of the twelve-step programs of group therapy?

All of the twelve-step programs adapt the twelve -steps to apply to the needs of the people they seek to help. The following comes from a spokesperson of the foremost proponent of twelve step programs, the Hazelden foundation.

Twelve Step programs are not merely self-help groups that help people with compulsive disorders stop doing whatever it is that they feel compelled to do. The programs teach people how to live- peacefully, happily, successfully. They bring peace. They promote healing. They give life to their members-frequently a richer, healthier life than those people knew before they developed whatever problem they developed. The Twelve Steps are a way of life.²²

Unlike most small group psychotherapy, the twelve-step programs are spiritual. Seven of the twelve-steps are specifically spiritual in application. All twelve are spiritual by implication. A person recovering has led each twelve-step session that I have attended. They greet one another by first name only. Often the meeting begins as the leader introduces himself in this manner, "Hi. My name is Don, I'm an alcoholic." Then each person in the room introduces himself or herself in a similar fashion. Sometimes small talk or talk of a personal nature takes place next. The one leading the meeting that night will ask several individuals to read from the handouts that were given from the front part of the AA book. Then a time of reading and discussing from the books takes place. A prayer of sorts may be read from one of the several pieces of literature. A topic is discussed and then individuals share the good or ill in their lives. Some sessions close with all present speaking the twelve- steps as a credo. Most sessions run about an hour in length. Often the participants hug one another before they leave. The number of participants in the groups attended by the author has varied from ten to thirty.

²² Beattie, 170.

An important part of the program involves a sponsor. That would normally be a person one can contact when in need of help at a time of crisis. Usually small group psychotherapy does not include someone to contact when tempted. Pastoral care groups do not usually require a contact person other than the pastor.

Another aspect of the twelve-step programs is confession as directed in the fifth step. The author has on several occasions been the one to whom “the exact nature of our wrongs”²³ has been admitted. Confession is a good thing when we confess to the Lord, confess to the one we have sinned against and confess to the pastor so we may receive the forgiveness that Christ has earned for us on the cross. As scripture teaches, “If we confess our sins, he is faithful and just and will forgive us our sins.”²⁴ The twelve-step programs are on the right track, but cannot go far enough. They cannot offer the forgiveness that only Jesus provides.

Self-help groups differ from pastoral care groups in the following ways.

1. Facilitators are those who also struggle with the need addressed by the group.
2. The spiritual component is not specific and is generally limited in focus to the mention of a “Higher Power”, not necessarily God.
3. The goals are limited to practical aspects of coping and living.
4. There is a nearly exclusive use of bibliotherapy.
5. Difficult questions, such as “Why did this happen to me?” are not addressed.

²³ Beattie, 189.

²⁴ 1Jn 1:9 NIV

Twelve-step groups differ from pastoral care groups in the following ways.

1. A recovering person leads the group
2. Anonymity is crucial
3. A form of bibliotherapy is normally applied
4. The twelve-step “credo” is spoken at every meeting
5. The group size may vary from a few to more than fifty participants
6. The twelve- step programs are part of a larger organization which includes sponsors
7. The Higher Power is not defined as God, but may be understood as God
8. While confession is a primary component, forgiveness of sins cannot be assured

The Purpose of the Project

Many people share common painful experiences. They may be the children of alcoholic parents. Others may have suffered the tragedy of a miscarriage. Others may be enduring hardship over the loss of a loved one. Some may be struggling with cancer. Forming a pastoral care group for such individuals who share common painful experiences has made my ministry more effective in bringing God's love into the lives of those individuals and their families. It is Jesus who declares, “In the world you will have trouble, but take courage, I have overcome the world.”²⁵ The small group can become an opportunity for a pastor to apply the salve of the Savior to the wounds of the people who experience trouble. The pastor cannot take away the problems. The pastor can put the problems of the world into the perspective that Jesus desires His followers to see. The

followers of Jesus will have trouble in the world. It is not necessarily because of a specific wrong they have done. It may not be to correct sinful behaviors or to lead them back to the Lord. The pastor can lead the members to see that Jesus has overcome the world so that the one suffering may again focus on the Savior and not on self.

The goal of the project will be to form and conduct pastoral care groups. The project will continue with an evaluation of the effectiveness of the experiences for the participants by means of surveys and interviews. The surveys will include questions concerning coping skills that were developed in the group experience, emotional changes that occurred, change in faith and help in accepting oneself as a child of God.

Previous experience with pastoral care groups leads one to make the following assumptions. Most people will grow in their faith. Most participants will nurture a healthy relationship with their pastor. Most of the participants will learn to be “survivors” rather than “victims”.

Resources for the Project

Personal and parish factors that make this project uniquely important for me to undertake include what I perceive as the needs of people and my desire to help them. Consequently, feedback will be solicited from those who have been participants in the small groups that this pastor will facilitate. Their input will help to evaluate the effectiveness of this aspect of ministry to those in need.

Preparation for this project included attending workshops on leading support groups for individuals struggling with cancer, grief, death and dying. This pastor has frequented support group meetings in order to experience what it is like to be involved in

a small group as a participant and not only as a facilitator. Finally, speaking with several therapists about the methods they employ in group therapy has followed up participation. During these encounters with therapists their suggestions for me as a pastor who wishes to help his members in need were solicited.

Participation in a unit of Clinical Pastoral Education (CPE) provided a valuable experience involving a small group for this pastor. That course helped me to appreciate the other side of small group process. CPE allowed me the opportunity to experience group process and group dynamics as a participant and not a leader. From the members of that CPE group additional input has been gained. The CPE participants also observed one session of a cancer support group as facilitated by this pastor. They helped me to more fully evaluate my ministry in this area of pastoral care. Their objectivity as members of different faith backgrounds challenged me to find theological as well as practical defense for offering these small groups to be part of my parish ministry.

While working towards the Doctor of Ministry degree, I have taken the courses relevant to pastoral care and counseling. These courses have helped me to solidify a rudimentary understanding of family systems and basic psychology. Several of the various methods that are engaged by psychotherapists are now employed in this small group ministry. These means to help people in need include genograms,²⁶ bibliotherapy,²⁷ stress reduction techniques, and the application of cognitive behavioral

²⁶ Monica McGoldrick and Randy Gerson, *Genograms in Family Assessment* (New York: W.W. Norton and Company, 1985), 1. "A genogram is a format for drawing a family tree that records information about family members and their relationships over at least three generations."

²⁷ David G. Benner, *Psychotherapy in Christian Perspective* (Grand Rapids: Baker Book House, 1987), 125. "Bibliotherapy refers to the use of literary materials as a treatment technique aimed at ...the inducement of change toward growth."

therapy (a method of combining how a person thinks about self with a change to more appropriate behavior).

Much of what one may read about small group work in churches seems aimed at church growth. The emphasis in literature is on outreach or on training leaders in the church.²⁸ Most secular information is based on either a support group model or a therapist directed group therapy. What this project will propose is unique to the literature that is published concerning small groups in the church. A pastoral care group is none of the above, yet it includes many elements of small group process present in the other small group ministries. Those useful elements will be adapted.

This project may open the door for pastors to discover a method to minister to more people. This may also enable pastors to become more effective as spiritual leaders. This application of pastoral ministry will permit the pastor to witness God's love for the individual in a manner that will be more tender and considerate of individual needs. The pastor will be afforded the opportunity to apply law and gospel at each meeting of the pastoral care group. For those reasons the pastor will also consult with fellow pastors and with faculty at the seminary. These professionals will provide additional practical and spiritual resources for this project.

There will be a large degree of subjectivity in facilitating and evaluating a pastoral care group. Objectivity is difficult to maintain when dealing with emotions and perceptions. So very much of the pain associated with loss is perceived by the individual and not tangible. Consequently the impressions of “feeling better” or “healing” will of

²⁸ Outreach and leadership training are the focus of the following examples of contemporary publications Carl F. George, *Nine Keys to Effective Small Group Leadership* (Mansfield, PA: Kingdom Publishing, 1997), Cindy Bunch, ed., *Small Group Idea Book* (Downers Grove: IVP, 1996) and Deena Davis, *101 Best Small Group Ideas* (Colorado Springs: Navpress, 1996).

necessity be based on the perception of the individual as well. The pastor will be free to adjust this ministry to his style and experience. In addition, the small group ministry may require changes to accommodate the needs of the people who are participating.

In the scriptures we are admonished to live our faith by helping others.

What good is it, my brothers, if a man claims to have faith but has no deeds? Can such a faith save him? Suppose a brother or sister is without clothes and daily food. If one of you says to him, 'Go, I wish you well; keep warm and well fed,' but does nothing about his physical needs, what good is it? In the same way, faith by itself, if it is not accompanied by action, is dead.²⁹

A pastoral care group is another means for the pastor to live his faith. Working with the group allows the pastor to do more than wish his members well. In a small group the pastor puts his well wishes into action, by addressing emotional and in some cases physical needs. This is nothing more than applying the principle of faith in action as James presents it in the previous passage. It will also provide a base from which other Christians may likewise be moved to live their faith by helping others in similar needs. Various other passages in scripture remind us that God is "a father to the fatherless and a defender of the widows."³⁰ We as His followers are to be like God in our concern and action for those who suffer loss. Similarly, these words from Proverbs encourage the faithful to reach out to those in need and help them.

Give beer to those who are perishing, wine to those who are in anguish; let them drink and forget their poverty and remember their misery no more. Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy.³¹

²⁹ Jas 2:14-17 NIV

³⁰ Ps 68:5 NIV

³¹ Pr 31:5-9 NIV

Alcoholic beverages can be given for the purposes of easing pain. The alcohol that people drink helps them to forget their misery. Similarly misery can be forgotten when people hear the Word of the Lord. Indeed, Paul admonishes us, “Be filled with the Spirit. Speak to one another with psalms, hymns and spiritual songs. Sing and make music in your hearts to the Lord.”³²

In addition we often forget our grief when we visit with others in similar circumstances. God's people are also given the good advice to “speak up for” and “defend” the “needy.” People who are in anguish due to painful life experiences are certainly “needy” of comfort and encouragement.

John records the Lord Jesus providing great comfort and encouragement to those in need and in pain. After washing the disciples' feet, Jesus explains the treachery yet to come that evening. Good news and these encouraging words follow the bad news. “Do not let your hearts be troubled. Trust in God; trust also in me.”³³ Then Jesus continues to comfort the disciples with the hope of heaven and the promises of the Comforter that Jesus will send. Using His words from chapters 14-17 of John's Gospel can be very supportive to those in need and will furnish the pastor with impetus to seek to cultivate a Christ-like heart for those in need of pastoral care and comfort.

³² Eph 5:18-19 NIV

³³ Jn 14:1 NIV

CHAPTER 2
THE SCRIPTURAL BASIS FOR SMALL GROUPS DESIGNED
FOR MUTUAL CARE AND CONSOLATION

Introduction

"'It is not good that the man should be alone' applies to the sick and dying as much as to marriage."³⁴

From the beginning God has intended that people, His people in particular, need to be in contact with other people. It is clear from the above quotation that Richard Eyer has concluded that people in need are people in need of companions. As a result of working with people who have suffered painful experiences in life this pastor has been lead to concur with Eyer's inference. In ministering to people who are ill, who are struggling with a loss or who are dying I have found that they benefit from small group involvement with individuals who share challenges in life similar to theirs. The purpose of this chapter is to examine scriptural principles that support this perspective and so justify the use of Pastoral Care Groups.

Word and Sacrament ministry forms the core of the Lutheran beliefs concerning the work of the church. Indeed our Lutheran Confessions declare that the church is

³⁴ Richard C. Eyer, *Pastoral Care Under the Cross* (Saint Louis: CPH, 1994), 21.

defined by the "outward marks, the Word and Sacraments."³⁵ Small group ministry in some instances may be viewed as supplementing Word and Sacrament ministry with a ministry of relationship. Small group ministries do not replace but rather extend Word and Sacrament ministry and afford opportunity for the pastor to apply the ministry of the Word. It is important to retain our proper emphasis on Word and Sacrament while incorporating the appropriate elements of relationships in Pastoral Care Groups.

"When evening came, Jesus was reclining at the table with the Twelve... While they were eating, Jesus took bread, gave thanks and broke it and gave it to his disciples, saying,"³⁶ Jesus celebrated the Lord's Supper in a small group. He and the Twelve were together. The Passover meal was generally celebrated with a small group, a family. A family develops relationships among its members. Members in a family relate to one another in many ways. Members of a family share special times with one another as well as share the ordinary and mundane activities such as eating, working and playing. As Jesus met with the Twelve He also celebrated special times, such as the Passover. Jesus ate with the Twelve, walked with them on the road and joined them for the common activities of the day as well. Matthew 8:14-16 records the visit Jesus makes to Peter's home and the healing of Peter's mother-in-law. Jesus was close enough with the twelve that He freely visited their homes and ate with them. Matthew 9:10 gives us insight to the time that Jesus spends eating in the homes of the twelve. Here we also read the commentary of the Pharisees concerning the eating places of the rabbi Jesus.

³⁵ F. Bente, *Concordia Triglotta, Apology of the Augsburg Confession Art. VII, VIII* (St. Louis: Concordia Publishing House, 1921), 229.

³⁶ Mt. 26:20, 26 NIV

"While Jesus was having dinner at Matthew's house, many tax collectors and "sinners" came and ate with him and his disciples. When the Pharisees saw this they asked his disciples, "Why does your teacher eat with tax collectors and "sinners?""³⁷ It appears from the comments of the Pharisees and from the fact that Matthew records these two instances in successive chapters that this was a common practice followed by our Lord.

In many churches the appearance and feeling of a small group are maintained in the celebration of the Sacrament of Holy Communion. As God's people kneel in a "small group" before the altar of the Lord they receive the Sacrament of Holy Communion. In our tradition, we gather before the altar of the Lord, a small number at a time. We kneel at the communion table. From the hand of the under shepherd we receive the body and blood of the Lord. The pastor is the "guide" as the members of the congregation are led in "small groups" to share the body and blood of Jesus.

Pastoral Care Groups share some common external features with our traditional celebration of the Lord's Supper. For example, the pastor is the "guide" in Pastoral Care Groups. He leads the members closer to the Lord. The pastor brings the law and the gospel to apply to the specific needs that are presented in the small group. The pastor can address and assess the needs of the individuals as he dialogues with them. Confession of sins may take place as well as the opportunity for forgiveness and the assurance of God's absolution.

"In the world you will have trouble. But take heart! I have overcome the world."³⁸

³⁷ Mt 9:10, 11 NIV

³⁸ Jn 16:33 NIV

Those words are from the lips of Jesus. Just hours before His betrayal, suffering and death, Jesus spoke those words to encourage the Twelve. Here Jesus acknowledges that even His followers will struggle in life so He offers words of comfort.

That encouragement will help Christians who suffer. Jesus shared these comforting words in the small intimate group and not with the total number of the followers. This was not a sermon for the masses. These were words from a loving Friend, who truly knows our sorrows. Jesus was preparing his small group of apostles for the pain and suffering they would soon experience. Similarly a pastor can learn about the specific kind of suffering associated with the problems his people face and encourage them with his presence, prayer and God's words of comfort. Jesus commands the twelve to do similar work. He encourages them to begin within small intimate situations, such as homes. "These twelve Jesus sent out with the following instructions: "...Go...preach...heal the sick...search for some worthy person there and stay at his house until you leave.""³⁹

As Jesus traveled with the disciples he was able to effectively calm their fears and encourage them to trust the Lord through trials and even to trust their Lord when facing death. Consider the Gospel records as they relate the travel of Jesus in boats. In Luke 8:22-25 (Matthew 8:23-27, Mark 4:36-41) we read that Jesus and the disciples were traveling in a boat when a storm arises. The disciples are faced with a life-threatening situation and turn to Jesus, waking the Lord from sleep. After Jesus calms the storm he questions their faith. The disciples are saved and are filled with "fear and amazement."⁴⁰

³⁹ Mt 10:5-11 NIV

⁴⁰ Lk 8:25 NIV

Here again we have the Lord ministering to a small group that has shared a similar experience. He uses the experience to teach them about faith. He uses the experience to teach them about God's power and purpose. In a similar situation recorded in Matthew 14:22-33, Mark 6:47-52 and also in John 6:16-21, Jesus comes to the disciples walking upon the water. This time the disciples are gripped with terror. The darkness settles as the strong winds blow and the rough waters grow. Jesus comes and comforts the disciples as He declares: "Take courage! It is I. Don't be afraid."⁴¹ These are words of comfort spoken to those whose life situation terrifies them.

Following the example of scripture it is clear that faithfulness to the spirit of God's Word and allowing clear passages of scripture to direct this ministry will be most helpful in maintaining the truth of the Gospel. Pastoral Care Groups are not a substitute for corporate worship. Pastoral Care Groups are not a church within a church. Pastoral Care Groups are simply another opportunity for a pastor to apply God's powerful Word to a few souls in need of comfort or encouragement. Pastoral Care Groups allow a pastor to intimately share in the personal development of another's process of dealing with pain even in the face of death. Here a pastor may dialogue with those in need and more effectively communicate God's love and purpose to a member who hurts. In the context of an intimate group the pastor can hear and address the expressed needs of fellow Christians, thus building relationships and edifying the faithful.

To be sure the common near death experiences of the disciples and the subsequent words of the Savior produced a deepening of faith and a softening of hearts. We should expect no less from the powerful Word of God in similar situations. "They were completely amazed, for they had not understood about the loaves; their hearts were

⁴¹ Mk 6:50 NIV

hardened." ⁴² So it appears that as Jesus applies His words to those facing common painful life experiences, a change in heart occurs. In addition the disciples gain an awareness of the powerful work of the Lord. They did not understand that the feeding of the five-thousand was an indication of God's power manifested in Jesus, this intimate experience with the Lord as they faced death was what was required for faith to see God's power.

Similarly for us, we are most open to seeing the power and love of the Lord when we face life-threatening situations. So also we are more likely to respond if we can share the comfort and hope with others who are experiencing what we experience. For the disciples, to be given a meal along with five thousand hungry people was not enough to kindle faith and understanding. When the twelve are saved from death, then a few words from the Savior spark insight and faith.

In these small groups of people in need the pastor can lead prayers for their deliverance, faith, peace, comfort and encouragement. The pastor sets an example for prayer. By his example, the pastor teaches those suffering that in this time of need they may approach the throne of God. He can be more specific in his prayers than on a Sunday morning. He may take the opportunity to help the ones suffering to develop their own prayers as well. Jesus prays his prayer for the church in John 17. He does not pray this in the temple. He does not pray for the church in the presence of five thousand hungry souls. Rather, Jesus pours out His petitions in the presence of the select few with whom he is closest.

Precisely because people are social beings who seek to be in relationships, in families, on teams, and so forth, Pastoral Care Groups can be effective means of

⁴² Mk 6:51-52 NIV

cultivating what Jesus shared with his disciples. People can learn to live the Christian life by applying scriptural principles in their daily walk. James admonishes us "Do not merely listen to the word. Do what it says."⁴³

This good scriptural principle can be put into action in the context of Pastoral Care Groups. This is the attendant condition within which the pastor may disciple members of his flock and so build on his preaching to them. In this circumstance the pastor seeks to be sensitive to the immediate needs of the individual. Jesus gives an example for the pastor to follow in such situations when he senses the needs of the crowds following him and feeds them as the Holy Scriptures record beginning with these words, "he had compassion on them and healed their sick."⁴⁴

This concern for the immediate needs of individuals is echoed again in Matthew where Jesus proclaims, "I have compassion for these people."⁴⁵ Compassion for the people of God is a great reason to seek to build relationships that open the door for pastors to nurture God's people. As a pastor works with these small groups he learns to be more responsive to their needs and seeks scripture to aid them.

A further aid to the individual struggling with the aftermath of a painful experience is reflected in many places from scripture in which fellow believers are charged to be accountable for one another. We are to build up one another. "We who are strong ought to bear with the failings of the weak and not to please ourselves. Each of us should please his neighbor for his good, to build him up."⁴⁶ We are to carry one another's

⁴³ Jas 1: 22 NIV

⁴⁴ Mt 14: 20 NIV

⁴⁵ Mt 15:32 NIV

⁴⁶Ro 15:1, 2 NIV

burdens. "Carry each other's burdens and in this way you will fulfill the law of Christ."⁴⁷

We are to bear losses with one another. We are to be patient with those who are struggling. These following words from Paul call us to accountability for the care of those who bear burdens. "Be completely humble and gentle; be patient, bearing with one another in love."⁴⁸

Pastoral Care Groups help keep the pastor alert to the situations which members of the congregation face each day. Just as Jesus was responsive to the situations people around him experienced, so the pastor who involves himself with small groups of his members will become more responsive to their needs. Consider the Savior's response to the people mourning the death of Lazarus. "When Jesus saw her weeping, and the Jews who had come along with her also weeping, he was deeply moved in spirit and troubled. 'Where have you laid him?' he asked. 'Come and see, Lord', they replied. Jesus wept."⁴⁹ Jesus was responding to the sorrow of the people he knew and loved. Jesus was deeply moved. Jesus was stirred up within him and so overcome with empathy that he burst into tears. Jesus responded in kind to the small group of mourners. In small groups pastors are able to also respond in a more personal and empathetic manner.

William Hulme claims that "Counselees, in turn seem to receive much from the sermons of the pastor with whom they are counseling."⁵⁰ Hulme's statement confirms what this author has been told by members of small groups as well. Those who are

⁴⁷ Gal 6:2 NIV

⁴⁸ Eph 4:2 NIV

⁴⁹ Jn 11:33-35 NIV

⁵⁰ William E. Hulme, *Pastoral Care and Counseling*, (Minneapolis: Augsburg Publishing House, 1981), 168.

participating in Pastoral Care Groups indicate that sermons by the pastor who leads the groups are more relevant and meaningful to them. On some occasions members will refer to sermons in the sessions and comment on them or ask for clarification of points or of the scriptural application. This pastor is convinced that such responses are reflecting a two-way communication between the pastor and the participants in the group. As the pastor gets to know and understand the participants the Holy Spirit uses the pastor to more effectively preach to the concerns of the members. In turn, as the members begin to trust the pastor and experience the pastor as a caregiver, they will better connect with the sermon. As this relationship grows, there is a mutual nurturing that follows. Hulme contends that the outcome of this growing interpersonal relationship has very positive results for the congregation as a whole.

They are nurturing ministries and therefore contributors to the health of the congregation. These are the ordinary ministries, which are assisted in their limits by the extraordinary ministries of pastoral care and counseling. As the pastor and the people work together at the task of enhancing the ordinary and nurturing ministries of the congregation, the ministries of pastoral care and counseling will have a strong and supportive base from which to function.⁵¹

There are potential dangers in the formation of pastoral care groups. A pastor may succumb to pietistic perversions that may lead people to doubt their salvation or to judge the faith of others.⁵² There is always the danger of misunderstanding and abuse of the pastoral office. The one who leads small groups gains a great deal of authority and

⁵¹ Hulme, 168-9.

⁵² C.F.W. Walther, *The Proper Distinction Between Law and Gospel*, trans. W.H.T. Dau (St. Louis: Concordia Publishing House, 1928), 140-150. Here Walther explains the ease with which he was fallen victim to the pietistic perversions of the teachings of Dr. John Philip Fresenius while attending small group meetings of Christians.

influence over those in the group. Pastors must guard against such abuse of the pastoral office and not take advantage of those who participate in the small group.

Jesus' Use of Small Groups

Jesus did meet with small groups. The twelve disciples are an example of a small group. The three disciples of the inner circle are another example of a small group that Jesus formed. Why did Jesus form these groups? It seems that these were the men Jesus had chosen to be the first messengers of the Good News of Salvation won by Jesus on the cross. Jesus used the small groups for the purpose of edification.

"In those days Peter stood up among the believers (a group numbering about a hundred and twenty)."⁵³ At times a large number of believers followed Jesus. That large number of followers resembles a congregation today. Jesus built up this large following over the course of His three-year ministry. In Acts 1, these 120 were acknowledged as the followers of Christ and believers. As known followers they were to be those from whom a replacement for Judas would be found. The seventy-two who were sent out by Jesus came from among these 120 also, as we read in Luke 10.

Closer to the Lord is the smaller group we know as the Twelve Disciples, (Apostles). Each one of these Jesus chose specifically to join him and be participants with the Savior in the smaller select group. The Lord called them to discipleship when he said, "Follow Me."⁵⁴ These were privileged to share the intimate details of the life, death and resurrection of the Savior. These twelve were the first to partake of the holy body

⁵³ Ac 1:15 NIV

⁵⁴ Mt 9:9 NIV

and blood of the Savior. They were the first to hear the explanation of the parables of our Lord. From them we receive much of the written words of scripture in the New Testament. From them we have most of the first-hand accounts of the God-man, Jesus. The Lord called them to be his disciples and transformed them into his Apostles. The twelve were the larger small group with whom the Savior worked. The Lord guided the twelve, though not as intimately as the three men of the inner circle. The group of twelve was small enough to allow for interpersonal group dynamics. He was able to take the twelve apart from the many followers and teach them. The Gospels record incidences such as, "Jesus withdrew with His disciples to the lake."⁵⁵ As Jesus was preparing the twelve for the responsibility to carry his Gospel he provided for their support which was gained in the use of the small group. To the twelve Jesus would explain the parables that the crowds found so entertaining. We see beginning in Matthew 13:10 how the twelve were free to come to the Lord and ask for explanation. "The disciples came to him and asked," Why do you speak to the people in parables?"⁵⁶

After quoting the Old Testament verses which speak about the spiritual dullness of the people of Israel, Jesus continues with these words, "Listen to what the parable of the sower means..."⁵⁷ Jesus explained the meaning of the parables to the twelve, but not to the crowds. Jesus would speak plainly when among the group of twelve. He was able to send out the twelve to do as he was doing namely, "He called his twelve disciples to him and gave them authority to drive out evil spirits and to heal every disease and

⁵⁵ Mk 3:7 NIV

⁵⁶ Mt 13:10 NIV

⁵⁷ Mt 13:18 NIV

sickness."⁵⁸ When they returned from that work the Lord encouraged them and then gave them further instruction. They were free to ask the Lord for the answers that they required.

Their closer relationship to the Lord is made clear in the following example from Matthew's Gospel. Here we read of the sharing and very specific teaching the twelve experienced at the feet of Jesus. Here the Savior even asks questions to find the assurance that the twelve understood what the masses were not able to even hear. It is clear that a more direct form of education and personal interaction was taking place in this small group with whom the Good Shepherd met.

The disciples came to Him and asked, 'Why do you speak to the people in parables?' He replied, 'The knowledge of the secrets of the kingdom of heaven has been given to you, but not to them . . . This is why I speak to them in parables. . . but blessed are your eyes because they see, and your ears because they hear. For I tell you the truth, many prophets and righteous men longed to see what you see but did not see it, and to hear what you hear but did not hear it. Listen to what the parable of the sower means...' Then He left the crowd and went into the house. His disciples came to him and said, 'Explain to us the parable of the weeds in the field.' He answered . . . 'Have you understood all these things?' Jesus asked. 'Yes,' they replied.⁵⁹

Clearly the twelve had become close enough that they gathered together with one another to find mutual hope and consolation. Jesus had created a small group, a community of like-minded individuals who gathered together regularly for mutual support and worship. "On the evening of the first day of the week the disciples were together with the doors

⁵⁸ Mt 10:1 NIV

⁵⁹ Mt 13:10, 11, 13, 16, 17, 36, 51 NIV

locked for fear of the Jews... A week later his disciples were in the house again, and Thomas was with them."⁶⁰

The twelve were applying the Biblical principal established by Jesus that we find echoed in the following words of Scripture. "Let us not give up meeting together, as some are in the habit of doing, but let us encourage one another-"⁶¹ They met to encourage one another. Jesus came to them on at least three occasions in which the disciples were gathered together. "This was now the third time Jesus appeared to the disciples after He was raised from the dead."⁶²

In the Gospel of Mark we learn that Jesus sent out the Twelve two by two to carry on His ministry. Jesus was working with the small group. Following the instructions, the disciples, "went out and preached that people should repent. They drove out many demons, and anointed many sick people with oil and healed them."⁶³

Although not much is recorded in the Gospels about the intimate time Jesus spent with the twelve, many researchers believe that what we do know of the Savior would indicate what he probably would have done with the twelve. When the disciples returned from going out two by two they came back to Jesus for a small group evaluation session.

In the light of Jesus' characteristic approach we can make some assumptions. One is that he encouraged them to talk together for the purpose of catharsis and a sense of group support. Another is that he encouraged them to talk out their feelings about having failed. Since Jesus was characteristically interested in inner thoughts as well as in outer

⁶⁰ Jn 20:19, 26 NIV

⁶¹ Heb 10:25 NIV

⁶² Jn 21:14 NIV

⁶³ Mk 6:2, 13 NIV

actions, it is inconceivable that he would not explore their inner feelings about success and failure.⁶⁴

We are aware that Jesus chose three men to be part of the inner circle. They were a trio with who Jesus was most intimate. Those three were part of the twelve that are called the "apostles" of the Lord Jesus Christ. While they were with Jesus they were "disciples." A "disciple" is a follower, a pupil, that is one who is in the process of learning a way of life. An "apostle" is a messenger. A "messenger" is one who proclaims what he has learned. Once Jesus ascended into heaven and the Holy Spirit came on Pentecost, the twelve disciples became the twelve apostles. Those learning a way of living had become those who proclaim that way of living. Not too surprisingly the early Christians were called "the Way."⁶⁵ Matthew and Mark use the noun "apostle" only once each (Mt 10:2 and Mk 6:30). Luke uses "apostle" six times in his Gospel and thirty times in the book of Acts. This is consistent with the idea that apostles are messengers and disciples are followers. Luke was not one of the twelve. The writers of the other three Gospels were among the group known first as the disciples and later known as the apostles. Luke was writing as a reporter of information as he had been able to gather it from other sources. The other three Gospel writers were reporting first hand information and so are consistent in referring to them as disciples while the Lord was teaching them and referring to themselves as apostles after the Lord ascended.

As Jesus struggled with the thoughts of His impending suffering and death, He takes the three to the mountaintop. This is to confirm for them that Jesus is indeed the

⁶⁴Robert C. Leslie, *Sharing Groups in the Church*, (Nashville-New York: Abingdon Press, 1970), 189.

⁶⁵ Ac 9:2 NIV

Son of God and above the greatest of the prophets (Mt 17:1-13). The proof that Jesus is greater than the greatest prophets comes from the voice of the Lord himself when God the Father declares, "This is my Son, whom I love; with Him I am well pleased."⁶⁶

When Jesus needed support and prayer to prepare Him for facing the torment of the cross, he takes the three to "stay here and keep watch with me."⁶⁷ At the trial Jesus sees Peter (Mt 26:69-75) and on the cross He sees John (Jn 19:26,27), two of the three in the inner circle. They were the people closest to Jesus because they were part of the select small group. They were more willing to risk themselves and more ready to stand by the side of the One they had grown to know so well.

Jesus also relied on the group of disciples to provide feedback and to help him keep in touch with the people. Consider this question Jesus poses, "Who do people say I am?"⁶⁸ It is not rhetorical. It was intended to get feedback. Being sensitive to the responses given, Jesus then asks, "but what about you? Who do you say I am?"⁶⁹ Jesus follows Peter's response "you are the Christ,"⁷⁰ by warning the disciples (who have heard the words that Jesus is the Christ) not to tell anyone about him. They are once again intimately connected with the Savior. They are a part of the ministry, education and support group established by Jesus. The twelve are sharing what no one else can know or share. The twelve and, also the three of the inner circle, are small groups with a very specific purpose, namely to learn what is necessary to prepare them for the life God has

⁶⁶ Mt 17:5 NIV

⁶⁷ Mt 2:38 NIV

⁶⁸ Mk 8:27 NIV

⁶⁹ Mk 8:29 NIV

⁷⁰ Mt 16:16 NIV

chosen for them. We could say that those who experience similar painful experiences can in a like manner be brought together in a group and trained by a pastor to face the challenges in life that their particular circumstances have set for them.

We know that Jesus also had other followers as Luke 10:1-17 records the seventy-two that Jesus sent out "two by two" to the towns where he was about to go. Acts 1:15 tells us that a group of 120 believers gathered with the apostles. Evidently Jesus taught these others as well. These others also followed Jesus and are called disciples. But the smaller groups of twelve and three were the focus of the ministry Jesus had on earth. In a sense these were the small groups that Jesus worked to develop.

The small group of disciples also provided support for one another and for the physical and emotional needs of the man Jesus. Close intimate relationships developed among the twelve disciples and Jesus. Even though we have very little facts concerning the disciples, we do know that they were in very direct and personal contact with the Savior. Jesus invested many long periods of time teaching, talking with and training the twelve. Jesus was not building an army, he was building a fellowship group prepared to "go and make disciples of all nations."⁷¹ Consider the following examples of the Lord seeking the support of the disciples. In Matthew 9:37-39 Jesus petitions his disciples to pray for missionary workers. In the verses that follow Jesus sends out the Twelve to be those same bearers of the Good News and Jesus gives them power over illness and evil spirits.

Jesus and the twelve were together on the Sabbath drawing the wrath of the church leaders as Matthew 12 chronicles. In the same chapter Jesus confirms the close

⁷¹ Mt 28:19 NIV

intimate relationship he shares with the twelve, "Pointing to his disciples, he said, 'Here are my mother and my brothers.'" ⁷² Following his times alone the Savior always returns to the twelve as we read, "During the fourth watch of the night Jesus went out to them, walking on the lake. When the disciples saw him walking on the lake they were terrified." ⁷³

Jesus chose to be with the inner circle of Peter, James and John. These three learned from Jesus how to be the men that God would use to proclaim his message of Salvation. In Matthew 17 we read that the three men of this inner circle were the lone witnesses of the transfiguration of Jesus. Peter, James and John heard the voice of God the Father declare that Jesus was God's Son. Although the twelve, less Judas, accompanied Jesus to the Garden of Gethsemane, the three in the small group, Peter, James and John were invited to watch and pray with Jesus and were nearer to the Man of Many Sorrows (Mt 26:36-46). These three were the closest of all those who were followers of the Lord Jesus.

What became of Peter, James and John, the members of the small group? Peter, the spokesman for the disciples was the dominant apostle in the early years of the growth of the Christian church. Peter preached on Pentecost and Acts 2:41 reports that three thousand believed as a result of that message. The book of Acts reports on the work of proclaiming the Good News that was done by Peter. In the first fifteen chapters of Acts we read about the leadership and great influence Peter had in the early church.

⁷² Mt 12:49 NIV

⁷³ Mk 14:25, 26 NIV

There is little written about the twelve apostles, yet there is something written about each of the three that were in the inner circle. We do for instance read of James who becomes an early martyr at the hands of King Herod. This James is the brother of John and one of the three in the small group with Jesus.⁷⁴

John is the third member of the small group. He is the longest living of the Twelve. John's influence in the early church is significant. As Domitian imposed his form of emperor worship upon his dominion many Christians refused to worship him. Christians had to be punished for refusing to worship the emperor along with the Lord God.⁷⁵ John is therefore banished to Patmos "because of the word of God and the testimony of Jesus."⁷⁶ Between Peter and John five epistles, one Gospel and the book of Revelation are authored. These two men of the inner circle have written more of the Bible than the other nine apostles combined.

Jesus used the small group to prepare his followers. Jesus used the small group to do more than teach. He lived before them and he allowed them to see what the others would not see. He allowed them to hear what they would need for the very special work he knew they would be doing. Jesus selected the twelve whom he called to follow him. Jesus picked the three from among the twelve to become closest to the Savior. Within

⁷⁴ Since the apostle James was martyred in 44 A.D. (Acts 12:2) he could not be the author of the book of James, nor could he be the leader of the early church in Jerusalem. The James named in Galatians 1:19, 2:9; Acts 12:17, 15:13 and 21:18 is more likely the brother of Jesus listed in Matthew 13:55.

⁷⁵ Donald Guthrie, *New Testament Introduction*, (Downers Grove, Illinois: Inter-varsity Press 1973.), 949-957, provides the basis for the support of John's banishment to the Island of Patmos during the reign of Domitian and his release following the death of Domitian in 95 AD.

⁷⁶ Rev 1:9 NIV

the small group Jesus was able to knit together a circle of love and trust in the One Lord Jesus Christ.

Jesus chose three, a very small group of men with similar (homogenous) roots. These were men with similar expectations, a common faith and a common response to the Savior and his message. They had similar needs and similar life experiences. Such homogeneity probably contributed to the fact that the Lord was able to disciple them most effectively.

In general these subgroups of the 120 followers would be likely to share common needs, feelings, and experiences which could be employed to guide them to grow in their faith, reach up to their Lord and out to their neighbor. That is a basic tenet of scripture. Disciples of the Lord respond to God's grace and seek the Lord. Empowered by God they reach out to their neighbors, beginning within the household of faith. That is even as we read it in Galatians 6:9,10. The thought is encountered also in John's epistle, "so that you may also have fellowship with us. Our fellowship is with the Father and with His Son, Jesus Christ." ⁷⁷ First comes the faith and relationship with the Lord that in turn brings fellowship and cooperative relationships with those who are also in fellowship with the Lord.

The Theological Basis for Pastoral Care Groups

One natural offshoot of the relationship described in 1 John 1:3 is the fellowship Christians have with one another. One way for Christians to grow closer to the Lord is for them to gather together with the pastor for prayer and devotion. When individuals

⁷⁷ 1 Jn 1:3 NIV

share common painful experiences, it makes sense that they would benefit from such fellowship.

People in our society feel a need to satisfy the desire to be part of a family. God was establishing a family when God declared, "It is not good for the man to be alone."⁷⁸ People need to be in family-like relationships. God has made us to be social beings. In the local congregation the pastor can help individuals restore the benefits of a family through the use of small groups. The small groups provide support, nurture, love, care and edification, the tangible and intangible things we need to overcome our challenges. Under the leadership of a pastor spiritual growth will also take place. In a small group setting people will be directed to the Lord, who is the source of all good.

Perhaps we may view the application of pastoral care groups as an extension of the first article of the creed. We are all creatures of God and the Lord sustains us. In the Large Catechism Luther's explanation of the first article reminds us several times that the Lord supplies all that we need for this life. The same article proposes to us that the blessings of this life also come from the Lord. The Lord can use the pastor in a small group to supply encouragement to God's people. "When we escape distress or danger, we should recognize that this is God's doing. He gives us all these things so that we may sense and see in them his fatherly heart and his boundless love toward us."⁷⁹ As the pastor leads those who suffer, their distress is put behind them. They find in the Lord relief from the pain endured in this life. They begin to come to grips with the reality

⁷⁸ Ge 2:18 NIV

⁷⁹ Theodore G. Tappert, trans. *The Book of Concord*, 10th ed. (Philadelphia: Fortress Press, 1959), 413.

spoken by Jesus when he declares, “In the world you will have trouble, but take courage, I have overcome the world.”⁸⁰

The pastor becomes a part of the heavenly Father’s answer to the painful experiences born by that entire struggle in this life. Sin is the reason for the pain and suffering. In the painful experience we have the opportunity to realize the love and power of the God of Job. God does not make us victims. Rather than making victims he is the God who produces survivors. He is the God who grants to his people the eyes of faith which see beyond this world and on through eternity. “I know that my Redeemer lives, and that in the end he will stand upon the earth. And after my skin has been destroyed, yet in my flesh I will see God; I myself will see him with my own eyes—I, and not another. How my heart yearns within me!”⁸¹ The First Article of the Creed declares, “he provides me richly and daily with all that I need to support this body and life, protects me from all danger, and guards me and protects me from all evil.”⁸² He even uses pastors to help with the emotional and spiritual support that is needed to overcome the painful experiences with which life often burdens us. The burdens of life may be more than physical. The burdens of this life include the needs of the body, mind and spirit. We have physical, emotional and spiritual needs. In the individual these needs often mingle.

One may cry out to the Lord in anticipation of the untimely death of a loved. Consider the response king David has to the impending death of his infant son. “David

⁸⁰ Jn 16:33 NIV

⁸¹ Job 19:25-27 NIV

⁸² F. Bente, *The Concordia Triglotta*, (St. Louis: Concordia Publishing House, 1921), 543.

pleaded with God for the child. He fasted and went into his house and spent the nights lying on the ground. The elders of his household stood beside him to get him up from the ground, but he refused, and he would not eat any food with them.”⁸³ David fasted, yet did not despair. By God’s grace David was able to survive this painful experience.

Consequently he was able to comfort his wife. David knew that one-day he would be united with his son in heaven. He proclaims his hope in these encouraging and familiar words. “Surely goodness and mercy shall follow me all the days of my life, and I will dwell in the house of the LORD forever.”⁸⁴ This very hope of eternal salvation enables David to comfort his wife. “But now that he is dead, why should I fast? Can I bring him back again? I will go to him, but he will not return to me. Then David comforted his wife Bathsheba.”⁸⁵ David was able to help his wife because the Lord had helped David. This is an example of God using others to help satisfy our needs when we pray in the fourth petition “Give us this day our daily bread.”⁸⁶ Luther explains that by “daily bread” we may include people who help us. “...This petition covers all kinds of relations on earth...good wife...faithful neighbors and good friends, etc.”⁸⁷

Similarly the pastor can bring God’s words to comfort and encourage those who seek “daily bread”. As the pastor watches out for the sheep over which he is the undershepherd he may organize those who have been injured. He can guide those who need the refreshing waters of salvation applied to their thirsty spirits. In a small group of

⁸³ 2 Sa 12:16, 17 NIV

⁸⁴ Ps 23:6 KJV

⁸⁵ 2 Sa 12:23, 24 NIV

⁸⁶ Lk 11:3 KJV

individuals who share a common painful experience this could be very effective. They can provide for one another the fulfillment of “daily bread” by being “faithful neighbors and good friends.”

The Use of Small Groups in the Christian Congregation

Small groups have always been a part of the Christian congregation. We may call these groups, boards, councils, committees, men's groups, ladies aids, dart ball teams, baseball teams, basketball teams, choirs or Bible studies. Each small group gathers with individuals who share some things in common with each other. Small groups are a natural part of human arrangement. We are born into and remain a part of a family. A family is a small group of people tied to each other by blood or adoption. Other life experiences or needs drive people to form small groups in the church as well.

We know that people seek peace and security. We also know that these things come from the Lord. Often the Lord brings peace and security through the associations we foster with other people. It is especially helpful if those others understand our needs and recognize our hurts in this often-hostile world. As the Paul declares to the church at Corinth, " the God of all comfort who comforts us in all our troubles that we may comfort those in any trouble with the comfort we ourselves have received from God." ⁸⁸

Pastors can form small groups to extend the focus of the members of the church beyond themselves. The small group can help the members of the congregation to look outside of the congregation and see into this world of hurt and sorrow. Through the small

⁸⁷ Tappert, 431

⁸⁸ 2 Co 1:3, 4 NIV

group the members in a congregation can learn to reach out to others. As the pastor works with the small groups of people, guiding them to apply the Word of God to their life situation, the pastor will be following the example that Jesus set.

The Great Commission reminds us that a fundamental concern of the Christian church is not solely membership, but salvation. For that reason we Christians also need to live a Christian life that the community can see. We are not seeking members for a private club. We are to be bringing the good news of life and salvation in Jesus to people who will be lost forever without faith in Jesus. That life Jesus offers is for today and extends throughout eternity. It is a message for all people, since all are doomed without Jesus.

It seems reasonable for a pastor to form small Pastoral Care Groups. These are not simply support groups, nor group counseling, nor group therapy. Rather, these could be small groups of hurting people to whom the pastor may freely minister and in so doing serve the needs of the whole person with emphasis on the spiritual exigency. In His word God satisfies our greatest need. The Christian congregation is the most appropriate setting for establishing small groups for the pastor to work with. The congregational members already know the pastor. Members may have already benefited from the presence of the pastor helping them through difficulties. A bond may be felt between the pastor and members of the congregation.

Therapists may be trained to work with small groups. Therapists may understand psychological needs. Therapists may study the stages of grieving suffered by individuals. In spite of all the knowledge, training and experience therapists may accumulate they will never have the presence of a pastor.

A pastor works with and appreciates the fact the people operate as physical, emotional and spiritual beings. Therapists often leave out the spiritual realm. Therapists are not likely to have experienced loss with the people who are struggling. It is the pastor who holds hands of the ones grieving and prays with the family at the hospital. It is the pastor who responds in the middle of the night to sit with the family in an emergency room. It is the pastor who baptizes the premature infant and assures the parents of a new home in heaven. It is the pastor who calms the troubled spouses when their marriage is on the brink of dissolving. The pastor speaks the law of God and the soothing Gospel of Salvation to the faithful in the pew. The church setting is an ideal framework for the pastor to establish a small group. As Jesus ends his discussion on the church and church discipline he declares "where two or three come together in my name, there I am with them."⁸⁹ The pastor brings God's people together in the name of Jesus. Consequently, the pastor may in a small group setting gather the people of God for mutual care and consolation.

Small groups of people who come together in the name of Jesus are blessed with the presence of Jesus. A natural fellowship, belonging and caring accompany those who gather in the name of Jesus. When a community of individuals who share common life experiences gather together in the name of Jesus the love of Christ is felt and expressed. Scripture assures the Christian that the Holy Spirit has endowed other Christians with special gifts. These gifts are for building up the church and that means for the benefit of the congregational members as well. The apostle Paul makes this very point when he writes the following words. "Now to each one the manifestation of the Spirit is given for

⁸⁹ Mt 18:20 NIV

the common good."⁹⁰ When the pastor in a congregation employs small groups the potential for growing mature disciples improves. As the pastor walks his members through the troubles in this life the members learn to follow Jesus more closely. The participants in the small group become better disciples of the Lord. They in turn learn to disciple others.

It appears that people in our society feel a need to satisfy the desire to be part of a family. God declared, "It is not good for the man to be alone."⁹¹ That is still a valid statement. It is not good for individuals to be alone. People need to be in family-like relationships. God has made us to be social beings. In the local congregation the pastor can help to restore the sense of "family" through the use of small groups. The small groups provide support, nurture, love, care and edification, the intangible things we need to overcome our challenges. Under the leadership of a pastor spiritual growth will also take place.

⁹⁰ 1 Co 12:7 NIV

⁹¹ Ge 2:18 NIV

CHAPTER 3

THE PASTOR AS AN EFFECTIVE SMALL GROUP LEADER

How a Leader's Attitudes May Influence a Small Group

Research over the past sixty years indicates that the attitudes of a small group leader will have certain effects on the members of that small group. Most research cannot be explicitly conclusive in this area since the interaction of people may change the response to a leader. What one can do is make some general observations and tentative conclusions. Many of these conclusions seem to be obvious. Nevertheless I believe they are important and helpful for the pastor who chooses to be an effective small group leader. Knowing how he may affect the group as a whole and individuals in the group should help the pastor to begin his work with a greater sensitivity to the members of the group and their needs.

When leadership is understood to include relationships between the leader and participants in a small group, the projected and perceived attitudes of the leader become important to the most effective functioning of the group. Some qualities of the leader and the impact of these qualities on a small group are included in the following paragraphs.

Cooperativeness on the part of the leader tends to foster cooperativeness, cohesion between the participants, and interest in the group. The pastor will begin as a more effective leader if he is perceived as cooperative with the members of the group. An

example of the pastor being cooperative could be as simple as allowing the participants to set the time for the small group to meet. Perhaps the participants, again demonstrating a cooperative attitude on the part of the pastor, could also set the place of the small group meeting. When this pastor began meeting with the cancer support group sometimes the group met at the parsonage and sometimes at the church. When asked by the pastor which location the women preferred they suggested neither! They wished to meet in individual homes. That worked best for the group and kept the small group personal rather than clinical. On the other hand, since all was going so well in homes with the cancer support group it seemed wise to suggest to the grief support group that they consider meeting in homes as well. Not one of the families wanted to meet in their own home! As questions were asked to find out why they did not wish to meet in homes it became clear that getting away from home also included a break from the pain those in the home have experienced because of the death of a loved one. They were best helped by being in a surrounding that did not remind them so much of the one who was now lost to them.

Efficiency, which includes adhering to set times to begin and end sessions, and prepared material including handouts and when appropriate, home work, maintains interest, and leaves one "hungry" to return for more. The participants feel a sense of accomplishment and do not feel they are meeting simply to meet or to satisfy some need of the pastor. If one begins to allow the meeting time to slide a few minutes past the start time, participants begin to come later. If no one is certain of the time that the pastor will call a halt to the gathering, closure for the subject and the meeting may never happen. It is better to end on time and suggest the discussion continue next time than to drag on. It

shows respect for the participants and sensitivity for the needs of people. It also helps to present the fact that "all things come to pass." Not even the worst situation remains forever. The fact that problems and their consequences do not come to stay but that they do pass on is one important hope a pastor should convey to those who hurt.

Insight to needs of the individuals helps the participants to maintain interest in the small group. When first meeting with those that were invited to participate in a cancer support group, this pastor asked, "How does your spouse react to your cancer?" In speaking with several of the participants and their spouses in the previous months this pastor had learned the answer. The spouses did not want to talk about cancer because they equated cancer with a slow and agonizing death and that was too distressing for them to think about. Most spouses would rather not speak about cancer and so would not talk about the treatment or any other conditions related to the cancer. In anticipation of these responses the pastor had prepared a study that day to help involve the spouses in discussing cancer. The individuals were delighted that the pastor recognized their concern. Interest in the small group blossomed.

A good leader seeks to temper his aggressiveness towards involving others. Aggressiveness tends to dissolve relationships. This pastor learned the lesson on his aggressiveness the hard way. The pastor continued to invite a couple to participate in a pastoral care group with survivors of miscarriage. After no response to several letters, the persistent pastor phoned the couple. They indicated that the miscarriage was a long time ago. When the second group began six months later this pastor sent them an invitation again. This time the husband called and told the pastor to leave them alone. Although they remained faithful members they were "cool" towards this pastor for

several years. This pastor's aggressiveness to help members who did not sense a need to be helped dissolved a relationship with them. It took years for that good relationship to return. Even though it is certain that they carried pain for the loss of a child, they were not willing or able to pierce that agonizing experience by attending a group to discuss their loss. The pastor should have respected their decision. A good leader needs to temper his aggressiveness towards involving others.

A good leader is a servant leader, allowing the group to take responsibility and to mature. Self-confidence in a leader can be perceived as a "know it all " attitude and undermine participation. The breakfast Bible studies with the elders of the congregation remained a very small group for nearly one year. This pastor was always well prepared with handouts and was certain to have the final word. The Bible studies became lectures with breakfasts. Finally a wise older man explained that he wanted to invite some others that were not as well versed in scripture study. He asked if he could use the pastor's prepared material to lead the study for a few weeks. That way it could be presented from a "layman's level." The pastor could clarify points and answer any questions. By the end of the second year twenty -five people were coming. The next year we had to form two separate groups with a total of over sixty participating. The pastor became the facilitator and the resource person. Lay leaders took turns presenting the information that the pastor gave them. No "know it all" presented the information. Several took turns reading. Others led the opening and closing prayers. Discussion was free. The pastor was asked to comment and his participation was well received. As the participants began to share responsibilities for preparing the lessons and opening and closing prayers nearly all of them came to visit with this pastor to seek clarification and help when it was their turn to

lead the discussion. They expected their pastor to know more than they knew about the Bible. Yet they were more willing to participate in a lay led Bible study. They wanted this pastor to be present to help keep them on Biblically sound footing. They knew they could learn more by doing than the pastor could teach by telling. These were educated adults. They were not children in confirmation class. These were responsible Christians who wanted to grow in knowledge and faith. They were reading and studying the Bible for hours in preparation for the Bible study. They were preparing prayers and praying in the presence of others.

A good leader will not use the group to promote personal goals. Interest in an individual or personal goal may discourage participants. On one occasion this pastor's motives for organizing a small group were questioned by an individual who was well aware of this Major Applied Project. He needed reassurance that the pastor was concerned with their needs and not merely seeking a personal goal. How could those fears be put to rest? After the group ended, the pastor continued to meet with him and involved the individual in establishing a similar group.

A good leader will learn to establish a balance between socializing and attending to the task. Sociable behavior reduces competition and motivation, but also increases group participation and friendliness. If a group becomes too sociable participants who lack a healthy sense of personal boundaries may reduce the group to a directionless gathering of little more than "coffee klatches." A good leader will need to be sensitive to openness but not give in to regular wandering off the purpose of the group. If one individual seems to need more time, then a private meeting should be scheduled. When discussions begin to wander from the direction of the group, the leader needs to verbalize

the purpose again and ask the group if they sense the need to return to the topic. If they are willing to pursue a new direction for a time, the leader should suggest that a time limit be set for that side pursuit. Conversely, if the group is constantly moving in a different direction than what the pastor sets, perhaps the pastor needs to readjust his aim and focus on the identified need rather than the pastor's perception of the group needs.

Personality traits of coolness put people off and stifle positive interaction.

Warmth draws people into the group and encourages sharing. Most of this has been learned by way of feedback from non-church members who participated in grief support groups that this pastor facilitated. They had experienced "professional" grief counseling sessions that they perceived as being too clinical. The sessions led by this pastor were intentionally personal and inviting to those in need. Information from the workshops presented by the individuals deemed to be "too clinical" were presented. What was added to the information was prayer, God's Word in an appropriate devotional and an attitude of "walking with" them rather than "sending them on." This slight deviation from the direction of the professionals indicated warmth that attracted the participants. A pastor is a shepherd and not merely a professional. A shepherd has the privilege of walking with the lambs through the darkness into the light and through the drought into the verdant valleys with streams of living waters.

Skills of an Effective Small Group Leader

While participating in a self-evaluation during a unit of Clinical Pastoral Education this pastor was asked to reflect on the characteristics of a good small group leader. Since then this pastor has been helped to see that more properly the following list

deals with “skills” and not “personality characteristics.” Based on the reflection of experiences within that CPE group and the small groups that were conducted the following skills were identified. This is not an exhaustive list of skills but it is a good guide to being an effective small group leader.

1. An effective small group leader strives to be well informed. An effective small group leader needs to do his homework. He needs to learn about the subject. He needs to pray for the participants to be open to God's Word and for himself to be God's instrument. He must prepare a devotion that will compliment the topic of the day. He needs to learn to know the participants.

2. To remain an effective small group leader one needs to provide direction and structure to the small group. Here it is helpful to create and follow an agenda. The purpose, agenda and duration of the sessions as well as length of the small group's life should be given to the participants. (For instance, a grief support group following the death of a loved one can generally be concluded in six to eight weeks. Cancer support groups on the other hand may go on as long as the participant lives.) Some sample agendas are included in the Appendix on pages 170-187.

3. An effective small group leader cultivates communication skills. He is an active participant in the group. He strives to be sensitive to the participants. He intentionally observes and responds to verbal and non-verbal cues. He will address the issues brought forth by the group rather than insist on his own direction of study. He views himself as an aid helping others survive the ills that brought them to the small group.

4. An effective small group leader will adapt his leadership style to meet the needs of the group. Becoming more of a laissez faire leader for the breakfast Bible studies, which was referenced earlier in this chapter, resulted in more individuals participating in the small group Bible study. Conversely, the participants in the cancer support group responded best to a pastor who remained somewhat autocratic as an intentional guide for the cancer support group. Each group had different needs. A good leader will identify those needs and adjust his style accordingly.

5. An effective small group leader will seek to be flexible, adapting to the needs of the group. Extreme autocratic small group leaders tend to stifle discussion. When a pastor comes with all the information and all the answers there is little room for others to participate. The opposite extreme is also ineffective. To come to a small group without direction leaves participants wondering about the need of attending. When the breakfast Bible study group began to grow larger a more diverse group of people began to attend. Businessmen, retired men and women, law enforcement officers, farmers, teachers and administrators were all coming. One could see the expressions on the faces of some of the men when retired participants or women spoke. It became clear to this observer that there were at least two different groups with dissimilar goals for this Bible study time. It seemed reasonable to acknowledge the differences and suggest that since it was a large group we divide into a 6:00 AM breakfast study on Thursdays and retain the 7:00 AM study on Wednesday. The retired men and women remained with the 7:00 AM group and the younger men moved over to the 6:00 AM group.

6. To remain an effective small group leader one will learn to become a proficient and active listener. Once the devotion and prayer have ended the pastor should listen

more than he speaks. This provides an added benefit if the pastor learns to take notes that he uses to help him to develop sermons that in all practicality are more meaningful for the members of the congregation. In this intimate situation the pastor is able to hear ideas proposed by the participants that provide direction for future topics. Occasionally other personal and family concerns will be mentioned and the pastor will use the opportunity to follow-up with home visits. Other times as individuals express concerns the pastor may ask if anyone wishes to share how they dealt with similar situations.

Hearing from one who was living through the same experience seemed to be encouraging and often would bring help in dealing with a specific problem. For example, one member was experiencing great difficulty with a prosthetic device following a complete radical mastectomy. This pastor turned to another woman who had undergone the same surgical procedure three years before and asked her if she was having any problems with her prosthesis. She said she had no problems once the technician who designed the prosthesis met with her to show her how to dress and what kind of clothing to look for. The two met and the problem was solved.

7. An effective small group leader will cultivate empathy with those in the group. Ideally he will learn to know them each so well that he will sense their feelings and they will appreciate his sensitivity to them. (Obviously this is a goal.) To do this a pastor will need to visit individually with the members of the small group. He then will gain a greater emotional understanding of the individuals. The participants then become more open in the sessions and less guarded since they are meeting with a pastor who has come to them. Once a pastor visits a member in the member's home many barriers dissolve and

a greater acceptance for the pastor emerges. This is a process that may take weeks and in some instances may never occur.

8. An effective small group leader will put his personal opinions aside. One member of a small group was very political. He and the pastor did not always share the same views. It was a distraction to the group as a whole. The pastor spoke with him outside of the group and explained that he would no longer consider political topics valid subjects for the adult children of alcoholics group. This pastor then refused to be brought into expressing any opinions on all topics that were not spiritual or directly pertinent to the group's purpose. When theological concerns were addressed they were deferred to clear scripture to answer any questions. In this way the pastor was less likely to be perceived as anyone other than a shepherd concerned with the welfare of those he leads. An effective leader learns to say, "That is an interesting topic for another time. Let me write it down." That acknowledges the individual's expression without allowing that topic to usurp the real purpose of the meeting.

9. An effective small group leader will keep notes. Several reasons may be cited to demonstrate the importance of keeping notes of the small group sessions. It helps the pastor to keep focus on the purpose as well as on the Gospel. It provides an agenda for the participants. It gives encouragement as the small group participants see their progress over the successive weeks. One good habit to develop is to begin each session with the distribution of a copy of the notes from the previous session. Sometimes a bit of unfinished business is discussed. Over time the members begin to see the progress that they are making in many areas of their faith, life and health. Members of several groups have volunteered to type my notes and send them out in advance of each session. They

perceived that they benefited from the information that was discussed and wished to use them for their personal reference. A significant benefit of distributing notes to the participants is that they will often find opportunity to share that information with family and friends.

10. An effective small group leader makes good use of his time. The pastor should strive to always begin on time and close on time. It is important to arrive early and well prepared so that the leader may dialogue with those who come early. The pastor should always plan on staying afterward to discuss concerns with individuals. The result of striving to keep most small group sessions to one hour in length is that the participants remain more focused and willing to return again. If the groups are larger than ten participants or if they will meet no more than six to eight times, the length of the meeting may be extended to ninety minutes. This allows more of the individuals in a larger group the opportunity to speak. Those groups that plan on meeting only six to eight times will be less likely to feel anxious in a ninety-minute session.

An Explanation of Several Common Styles of Small Group Leadership

There are many theories that seek to explain dominant qualities present in effective small group leadership. Many effective leaders have proposed their own ideas about what constitutes an effective small group leader. Others have sought to characterize the attributes of effective leaders. This pastor can merely report what has worked for him. In addition, this section will recount what aspects of various ideas concerning leadership seem most reasonable to this pastor as a result of his experience.

That information and experience is distilled into the several small group leadership styles that will now be examined.

Pastors may have concerns that the gifts necessary for developing an effective small group ministry may not be their gifts. If that were the case then one may suggest that the pastor could seek to develop the skills that are useful for small group leadership. It does appear that some people have gifts that allow them to be effective small group leaders. Others seem to lack those gifts; nevertheless they can learn the skills and develop into effective small group leaders. An explanation of those skills will follow along with suggestions for resources one may study that will help to develop those skills.

The vast majority of the sources, which evaluate small group work, indicate that pastors (or anyone else) may acquire the skills necessary to be an effective small group leader.

What is a leader? A leader is one who guides others. A leader is one who may direct others, helping them to see alternatives. A leader is an escort, that is someone who travels with others. A leader is also pathfinder-that is, one who sees the way and points it out, often clearing away the obstacles along the path. A leader is a pilot, that is one who may have traveled the way before and is familiar with the path. In many ways then a leader is a shepherd. As a shepherd, a leader is one who goes along with those being led, living, walking and experiencing life with those who follow.

It is helpful for the pastor to be aware of his own needs, hurts and experiences in order to develop into a better small group leader. This pastor shares many characteristics common to adult children of alcoholics. Often times this resulted in personal conflicts when meeting with adult children of alcoholics. Feelings of anger with the members of

this group would sometimes result in curt responses. This pastor was able to relate most fully with those who had suffered the loss of a baby in miscarriage. It appears that those in the grief support group recognized that their pastor was most effective in working with those who suffered similar losses. It took time (years) to realize this and reflect on those personal life experiences.

This pastor and his wife have had five miscarriages. Some of those miscarriages were more painful than other miscarriages. As the struggle for help continued, answers were sought in books, pouring over scripture for comfort and seeking solace in prayer. As this husband and wife worked together through the grief of the loss of a child in miscarriage they grew stronger and closer to the Lord and to one another as a result of those times of trial. Miscarriage has become a valley through which the Lord has safely brought this couple. The Lord has proven himself able to satisfy the hurt of this loss with the result that the presence of any unresolved issues in this area appears to be appeased. The pain "came to pass."

In contrast, alcohol abuse played an intermittent role in this pastor's childhood resulting in the development of many characteristics common to adult children of alcoholics. Only when encouraged to reflect on attitudes towards adult children of alcoholics was this pastor able to overcome the reluctance to acknowledge this condition. This struggle to be patient with adult children of alcoholics is the result of issues in this area of personal experience. As one consciously confronts these issues progress in sustaining patience with others who bear similar burdens improves.

According to Kennon Callahan in his book *Effective Church Leadership*, pastoral leadership can be categorized into several styles of leadership. Each style of leadership

exhibits its own unique characteristics. Callahan lists and defines the four styles of pastoral leadership in the following terms.

These four occasional alternative understandings of the nature of leadership are:

- Manager (or administrator)
- Boss (or benevolent, authoritarian dictator)
- Enabler (or developmental process planner)
- Charismatic inspirer (or motivator)⁹²

A manager style of leadership is characterized as an administrator. This style of leadership focuses on the functional and economic well being of the group. The material aspects of life are the driving influence for this style of leadership. This is an efficient style of leadership. This type of leader emphasizes the function and organization of the group. Chains of command are established. To control, preserve, hold and protect become primary tasks.

People are often attracted to this style of leadership. Callahan views it as being pre-occupied with the things of the world. It harbors the potential for "sources of recognition, power, belonging, meaning, self-worth, or hope."⁹³ By this definition a manager style of leadership provides little lasting or spiritual value to those in the small pastoral care group. This style of leadership is reflective of the society and the times in which the manager leads. The influence of the culture weighs heavily upon the manager style of leadership resulting in what Callahan terms a "theology of institutionalism."⁹⁴

The second style of leadership outlined by Callahan is that of boss. The boss is an authoritarian leader who assumes he knows what is best for the common person. The

⁹² Kennon L. Callahan, *Effective Church Leadership*, (San Francisco: Harper, 1990), 39.

⁹³ Callahan, 43.

⁹⁴ Callahan, 45.

boss holds to a hierarchical perspective that usually leads to a type of caste system in the church. The boss often embodies authority without mission in the small group. The boss becomes a benevolent authoritarian dictator. As the boss directs so the group follows without great input from the group members.

The boss is generally kind and thoughtful. He will go out of his way to be helpful. This makes the boss manipulative and quietly coercive as he seeks solutions to help those in need. This type of leader is usually quiet and firm, gently demanding his way. In this subtle and dignified way the boss will gain authority in the group.

Callahan explains that the enabler tends to create a form of leadership that focuses on an enabling and developmental process approach. The individual is presumed to move through a series of developmental stages. For the enabler the process is the focus rather than the solution. The enabler seeks to facilitate a process to find a solution.

One weakness is that the enabler approach to leadership tends to minimize the distinctiveness of the individual. Another weakness is that the enabler tends to reflect rather than respond to the needs of the group. The enabler leader is often heard to declare, "I hear you saying," rather than responding to the concern by offering his direction or opinion.

The charismatic inspirer sees the world as falling apart. Life is a series of tragedies and one crisis following another. A new way is the direction pointed to by the charismatic inspirer. He is the leader who views his movement as a covenant community of saints. He lives under the constant pressure to be perfect. Rules and regulations are developed to keep the faithful remnant free from the sinful world. His is the type of leadership that has given rise to a view of the church as a covenant community existing in

a fallen culture living on the edge of an apocalyptic upheaval. This style of leadership consumes a vast amount of energy and such leaders generally become exhausted. Theirs is a tiring way of life.

As Callahan concludes his book he suggests that the best style of leadership for the future of the church in the United States is that of "mentor." He calls this fifth style of pastoral leadership "Missionary Pastor."⁹⁵ He explains that each of the previous four styles of leadership is lacking something that he believes is necessary for pastoral leadership to be most effective today. In today's society Callahan senses that people are looking for leaders who lead individuals toward discovery and fulfillment. In this understanding of leadership one may find a good basis for pastors wishing to lead small groups in the church. The focus of the pastoral leader in small groups becomes reaching out to people. The small group can be viewed as a mission field. The pastoral leader will need to be proactive rather than reactive. The pastor does not develop a church within a church, but rather leads a community within the church. The small group in this setting becomes much like a family. "These communities are communities of wholeness. They take seriously the whole person."⁹⁶

The Pastor as a Missionary Leader in an Unchurched Culture

Are we "One nation under God?" Are we a Christian nation? Certainly Christians live in this nation, but we are not influencing the values of the nation to the same extent that Christians have in the past. Many writers claim that we live in an

⁹⁵ Callahan, 59.

⁹⁶ Callahan, 262.

unchurched culture. Some contend that the majority of those who claim to be Christian are unchurched as well.

Statistical research, analyses of this culture, and long-range projections all clearly indicate that ours is no longer a church culture. Study after study and the steady decline of many mainline denominations confirm this fact. We are clearly and decisively entering the mission field.⁹⁷

Another author, Reggie McNeal, opines that our culture parallels that of the Roman Empire in which first-century Christianity operated. His assertion is that this culture and that of first-century Rome are both religiously as well as culturally diverse.

The Christian church was born amid this cultural diversity (Acts 2:9-11) and quickly spread to multiple cultural venues... That we today are members of a global community is not news... Cultural diversity brought to the first Christians a challenge we now face as well-religious pluralism.⁹⁸

All this supports the proposition that we are not living in a church culture. We are living in an unchurched culture. Consequently we need to consider the nation as a mission field. Therefore pastors would do well to understand that they are missionaries.

In the early days of Christianity the apostles and the leaders in the Christian church were not the major influence in society either. They were one of many voices in the spiritual realm. Today things are much the same. The United States military now acknowledges Satanism as a valid religion entitled to the same privileges as Christian churches. Through the 1970's, 1980's and 1990's morals, values and Christian perspectives have eroded in America. Mainstream church bodies have experienced a decline in membership and an even greater decline in worship attendance. The nuclear

⁹⁷ Callahan, 13.

⁹⁸ Reggie McNeal, *Revolution in Leadership*, (Nashville: Abingdon Press, 1998), 22.

family has also been hard hit by the unchristian culture in which we live. Each year fewer and fewer households are composed of husband, wife and children.

One approach to evangelizing the unchristian culture in which we live is to facilitate small groups in which Christians can encourage other Christians as well as reach out to non-christians. In a small group much of the sharing of feelings and faith as well as the closeness of a family may be approximated. Even the non-christians hunger for relationships. As the small group builds relationships within itself, members become free to share their faith.

Pastoral Care Groups are not primarily outreach groups. They are not evangelism tools. Pastoral Care Groups are opportunities for opening the door to future evangelism efforts. They can become windows and doors to Christ and His church.

No one had intended for the cancer support group to be promoted outside of our own congregation. At the time the group began it was not even publicized in the congregation. Instead, the pastor simply invited the women who had most recently begun struggling with cancer to meet with him. For several months these women and the pastor met as a group of seven. Then during one session a woman asked if she could bring her mother who had had a mastectomy several years ago. That woman, a widow, was not a member of any church. Within a few more months she was not only a member of the cancer support group, but she was in adult instruction classes.

Several years later when the grief support group began, members brought family and friends. By the second time the grief support groups were offered more non-members than members attended. These nonmembers were able to experience the love of God through the people of God. Over the next several years some of these guests became

members of the church. Pastoral Care Groups can be open doors even for those not seeking the Lord or looking for a church.

One of the nonmembers who came to the second grief support group explained to the pastor that he would never have set foot in a church. He had no interest in going to worship. He was not coping well with the death of his wife. One day while having breakfast in a local restaurant, he heard a neighbor of his talking to someone about the grief support group and how much it had helped him to "get over the death of his daughter." As he spoke with that neighbor, the neighbor simply invited him to the next meeting. The following year he was an active member of the church.

As these isolated instances of nonmembers coming to the pastoral care groups were witnessed, a decision was made to create an intentional invitation to nonmembers. Announcing to our members when these groups were meeting and who to contact if they wished to have more information began this change. Next, the groups were advertised in local papers and on cards in stores. The pastor contacted hospitals that were in the area. These hospitals included our cancer support group and our grief support group in the support literature that they gave to survivors of cancer and to family members who were grieving the loss of a loved one or who had endured a miscarriage.

Some nonmembers were brought closer to the Lord through these groups. These groups are not presented as substitutes for evangelism. A pastor needs to understand that he is a missionary in an unchurched culture and consequently he could use pastoral care groups as an opportunity to touch unchurched individuals with God's love. The professional community also recognized our work and invited the pastor to speak at memorial services held in local hospitals. Here was another opportunity to clearly

proclaim the work God's people were doing as well as tell of the hope we have in Jesus. Each time this pastor spoke at such a gathering someone from that large assembly would show up one Sunday at church.

Christians offer a hope for those who struggle with cancer that will carry them past the grave. In the name of Jesus a peace is offered for those who mourn the death of loved ones, especially infants, that the world can not offer. (John 14:27). As each devotion presented God's love through the sharing of God's powerful word, the following words of the prophet Isaiah proved to be true. "So is my word that goes out from my mouth: It will not return to me empty, but will accomplish what I desire and achieve the purpose for which I sent it." ⁹⁹

The Preparation for a Pastor to be a Small Group Leader

The following six facets represent the process through which this pastor worked to become a small group leader.

- Vision
- A Caring Heart for the Hurting
- Study of Scripture
- Speaking with those who lead Small groups
- Reading Books on Small group ministry and Pastoral Counseling
- Participate in Small Group Sessions

⁹⁹ Is 55: 11 NIV

"Where there is no vision the people perish."¹⁰⁰ Where does one begin to prepare to be a small group leader? One begins with a vision. This small group ministry began with a vision, by that is meant a goal, for those who suffered to gather together and find God's peace. This particular vision was that those who hurt would begin to realize that they did not need to suffer alone. In this vision it was clear that God's people could find comfort in God's Word if only someone would lead them. A pastor must first identify the vision for those he is serving. Then the pastor can continue to prepare to serve as a leader of a pastoral care group.

Through the process of reading about those who conduct small groups and comparing that information to personal experiences one may come to develop some conclusions regarding how a pastor may prepare to be an effective small group leader. Most people who hurt "can be helped by the warm, genuine interest of people who care."¹⁰¹ A pastor needs to care for the flock. A pastor will look with more than his eyes at the sheep in the fold. Jesus speaks to pastors with these words, "Feed My lambs."¹⁰² One may believe that means that a pastor needs to observe the members of his congregation. Then the pastor must pray for the members and for him to be open to responding to the needs of the people. The pastor must speak warm words to the people. Then the pastor must listen. He seeks to establish a relationship with people for whom he cares, because of what Christ has done. Such attitudes and actions characterize a pastor who has a caring heart for the hurting.

¹⁰⁰ Pr 29:18 KJV

¹⁰¹ Lawrence J. Crabb, *Effective Biblical Counseling*, (Grand Rapids: Zondervan, 1977), 166.

¹⁰² Jn 21:15 NIV

A pastor prepares to be an effective small group leader by studying the Bible and looking for applications for comfort and strength. One suggestion to help a pastor to become more familiar with scripture that brings comfort is to read five Psalms a day as part of his private devotions. In one month he will read all 150 Psalms. A few months later he can do the same again and look at the notes that he made in the margin of his Bible. This time taking care to note the Psalms that appear most helpful to him for various circumstances. During Lent the pastor may choose to read through the Gospels looking in particular for the words and ways Jesus reaches out to people. As we study the scriptures we find God's words of comfort and encouragement. Amazingly even books of the Bible that many people think are difficult and frightening contain some of the most comforting and encouraging words for a believer.

Consider these comforting words that introduce the book of Revelation, "Grace and peace to you."¹⁰³ They are soon followed by the words from the One who was dead and is now alive forever, "Do not be afraid."¹⁰⁴ He quickly adds, "Be faithful even to the point of death and I will give you the crown of life."¹⁰⁵ As a final touch of comfort the voice from the throne of God declares, "He will wipe every tear from their eyes. There will be no more death or mourning or crying or pain for the old order of things has passed away."¹⁰⁶ Such words of encouragement and comfort are from the book so often deemed as filled with horror and confusing images.

¹⁰³ Re 1:4 NIV

¹⁰⁴ Re 1:17 NIV

¹⁰⁵ Re 2:10 NIV

¹⁰⁶ Re 21:4 NIV

The preparation for a pastor to be a small group leader should also include visiting with psychotherapists, pastors, teachers or other professionals who lead small groups. As this pastor was beginning the cancer support group he visited with several psychotherapists including the woman who conducted the cancer support group sessions at St. Vincent hospital in Green Bay, Wisconsin. He also spoke with the LCMS chaplain at the Appleton Medical Center Hospital about the groups offered at that hospital. The psychotherapists encouraged me to attend a workshop for those in their field who worked with small groups.

Good preparation for a pastor to be a small group leader should also include attendance at small group sessions run by others. As a participant the pastor will quickly become aware of the dynamics of the group as well as various styles that small group leaders employ. The pastor can also listen for opportunities to apply the law and gospel. He will not do that as a participant or observer, but by paying attention he will begin to develop sensitivity to the right time to apply the salve of the Savior or the correction of the law. By observing others the pastor will be able to see how important it is to set the tone for the sessions by his attitude and the opening prayer and devotion. There is a time and place for humor, but the start of a session on death or grief or cancer is not one of those times. He will learn that as the time of the session comes to an end there should be a clear wrap up (summary) and a clear point from which the next session begins.

Another great help to prepare a pastor to be a small group leader is to read some books that relate to pastoral counseling and small group counseling. Suggested lists of books that may be helpful are referenced in Chapter 5. As the pastor reads these books

he will find that they contain insights that are very helpful to anyone who wishes to effectively work with small groups.

Several topics that may prove helpful to a pastor include an understanding of typical characteristics of birth order. Kevin Leman's work *The Birth Order Book* can be a great help in understanding people and their interactions in a small group. A means to detect birth order and to also help individuals understand why they may respond in a certain way to situations is to gather the necessary information from the individuals to design a genogram for them.

Genograms in Family Assessment by Monica McGoldrick and Randy Gerson will provide the small group leader with a useful tool to help people through challenges in life by outlining several principles which are underlying patterns in their family system. (In Chapter four an example will be cited demonstrating the usefulness of a genogram in providing significant help for a couple struggling with the pain of miscarriage. Samples are in the Appendix on pages 188 and 189.)

William Backus has written a series of books based upon what he calls misbelief therapy. *Telling Yourself the Truth* is the first of his books in which he sets forth a simple cognitive therapy approach to helping Christians. His insights are helpful in working with people suffering from painful experiences in life and especially the depression which often follows. The approach in cognitive therapy helps people to overcome the fear of failure and assists them to see the truth. Backus presents a natural application for a pastoral approach in counseling. Backus presents the scripture as the focus of the truth and a pastor is viewed as the "expert" in that area.

Pastoral Care Under the Cross by Richard Eyer will help the pastor to gain insight to the needs of his people and provide practical suggestions for the application of scriptural principles.

The Attachment Cycle by Michael Garanzini provides the pastor with a practical introduction to the application of object relations. These insights guide the pastor to work with the process that is important to our dealing with relationships in life as he explains "attachment, separation and loss." A pastor will find this author's work most useful in working with those people struggling with loss and those who have been traumatized as children. Garanzini also makes a strong case for theology and pastoral care to have a place in the healing process.

The final chapter of *Pastoral Care and Counseling* by William Hulme presents the congregation as a healing community. He endorses the idea of ministers and parishioners providing an extended family of support in small groups.

Howard Clinebell endorses the small groups approach as a model in chapter fourteen of his book *Basic Types of Pastoral Care and Counseling*. In this chapter a concise and practical model is proposed for several kinds of small groups. When a pastor is ready to begin working with a small group this would be a good place to begin.

As the Pastor becomes more involved in the small group ministry he may wish to delve into the theory and history of small group psychotherapy. Irvin Yalom's book *The Theory and Practice of Group Psychotherapy*, is a standard for psychotherapists. Another good reference is *Groups in Context: Leadership and Participation in Small Groups* by Gerald Wilson and Michael Hanna.

A periodical published by the American Counseling Association is *The Journal for Specialists in Group Work*. In this periodical professionals who work exclusively with small groups report on practice and theory in their area of expertise. Here a pastor will find several helpful insights particularly in identifying stages in the process of group counseling.

Why Small Pastoral Care Groups in the Church

The answer to the above question is that fellowship, support and spiritual growth are three important reasons for pastoral support groups in the church. But most importantly, the concept of a pastor working with small groups in the church is Biblical. Consider these words from Jesus, "For where two or three are gathered together in my name, there am I in the midst of them."¹⁰⁷ The apostle Paul adds this support, "That their hearts may be encouraged as they are knit together in love."¹⁰⁸ "Group caring and counseling methods constitute the single most useful resource for broadening and deepening a church's ministry of healing and growth."¹⁰⁹ The above quote from Clinebell indicates that in his opinion small group ministry in congregations is Biblical and important to the health of the members. He further supports this contention as he reminds the reader of the importance of small groups in the history of the Christian church. Beginning with Christ and His disciples and continuing through the Oxford Group

¹⁰⁷ Mt 18:20 NIV

¹⁰⁸ Col 2:2 NIV

¹⁰⁹ Howard Clinebell, *Basic Types of Pastoral Care & Counseling*, (Nashville: Abingdon, 1990), 349.

Movement¹¹⁰, which gave rise to Alcoholics Anonymous, Clinebell demonstrates that small groups are a natural form for a caring ministry. Small groups have been a necessary component throughout the history of the church. Only in the later part of the twentieth century have secular-psychotherapists discovered the value of small groups in the healing process.

Fellowship is a term that is broadly applied to many relationships in a congregation. Some people refer to the coffee social after worship as a time of fellowship. Others call the “peace” offered in the worship service a fellowship. Perhaps it is best if a pastor defers the use of fellowship to the Biblical example that John presents in his first epistle. “We proclaim to you what we have seen and heard, so that you also may have fellowship with us. And our fellowship is with the Father and with his Son, Jesus Christ.”¹¹¹

As the pastor presents the Gospel to small groups of God’s people who are in need, the pastor fulfills these words. Fellowship with Christians is not merely socializing with church attendees. Fellowship is sharing the message of God’s love in Christ with those who are in need. This can be accomplished very effectively in a small group led by a pastor.

Christianity has a long history of lending support to the weak and ill. As we look around at the names of hospitals we see the great support that Christians have given to

¹¹⁰ A pietistic Lutheran Pastor, Dr. Frank Buchman, founded the Oxford Group Movement. One of the dangers of this movement and a concern with any small group in the church is the temptation to think more highly of those in the group than those outside of the group. Taken to an extreme this may also result in individuals believing that their personal piety makes them conduits for God’s direct revelation. A pastor needs to reject this notion and keep the participants aware of such danger. Maintaining a clear focus on the purpose of each small group and constantly leading the participants to the gospel will help to curtail these potential problems.

¹¹¹ 1 Jn 1:3, 4 NIV

those in need. (Many hospitals are named after saints and have been started by Christians.) As Jesus used the parable of the Good Samaritan to encourage His followers to lend support to those in need, so we find that Paul also encourages Christians to bear with those who are in need. “We who are strong ought to bear with the failings of the weak and not to please ourselves. Each of us should please his neighbor for his good, to build him up.”¹¹² This advice from Paul is to encourage Christians to support one another. The next passage indicates how a pastor can be very effective in lending support and encouraging fellow Christians to support each other.

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. For just as the sufferings of Christ flow over into our lives, so also through Christ our comfort overflows.¹¹³

Small pastoral care groups foster a platform for spiritual growth. When the pastor meets with the people in the pastoral care group he brings God’s Word. The pastor offers specific prayers. The pastor provides references and promotes application of Scripture helpful to those who are in need. Often the hurting people in a pastoral care group are ready for advancement beyond the milk and are ready for the meat. This world has lost its attraction and has disappointed them, letting them down. Many Christians are “mere infants in Christ.”¹¹⁴ But those in pastoral care groups are often ready for “solid food.”¹¹⁵ The small pastoral care group provides the means for the pastor to facilitate spiritual growth in these members.

¹¹² Ro 15:1, 2 NIV

¹¹³ 2 Co 1:3-5 NIV

¹¹⁴ 1 Co 3:1 NIV

¹¹⁵ 1 Co 3:2 NIV

How the Pastor May Guard the Group from Theological Problems

The Oxford Movement (see page 79, footnote 110), and the followers of the teachings of Dr. Fresenius in Walther's day (see page 35, footnote 52), are two examples of Lutherans who drifted into error while working with small groups. How may a pastor avoid similar theological problems? The eternal fate of souls may balance upon the pastor's practice in these small pastoral care groups. The considerate pastor remains aware of the potential for spiritual abuse and pastoral malpractice.

A pastor must first be clear on the distinction between Law and Gospel. When Law and Gospel are mingled problems arise. While working with small groups the pastor will want to make the groups attractive to those in need. He must, however, resist the temptation to make the small group into a substitute for the means of grace. The pastor must not imply that being part of the group will take away the problems. Rather the pastor must encourage the participants to pray as the Savior bids us to pray, "thy will be done on earth as it is in heaven; give us this day our daily bread."¹¹⁶ It must be clear to all that God's will may be different than what we want but that the Lord will provide for our needs. The small group may even be considered part of God's provision of what we need to support our body and life.

The pastor must resist the temptation to involve all who have had the same painful experience. The pastor needs to temper aggressive tendencies towards involving those who are resistant. If the pastor is overly persistent he may give the false idea that those who do not participate are at worst unsaved or at best lesser Christians.

¹¹⁶ Mt 6:10, 11 KJV

The pastor's personal goals cannot be allowed to interfere with the needs of the individuals in the group. It is not for the pastor that the group exists, but it is for the purpose of the body of Christ as a whole to better live and function as the body of the Savior. Christ is the vine. We are but the branches. Apart from Jesus the pastor cannot bear any fruit (Jn 15:4).

One underlying principle in pastoral care groups is God's message of reconciliation. God has been separated from us by our sin as well as by the consequences of sin in the world. As Paul writes, " God, who reconciled us to himself through Christ and gave us the ministry of reconciliation: that God was reconciling the world to himself in Christ, not counting men's sins against them. And he has committed to us the message of reconciliation." ¹¹⁷ This message of God reconciling us to him is a factor that helps keep a pastor from errors. The pastor is one who brings the message of God's reconciliation. The pastor is not the reconciler.

As the focus remains on the work of Christ the pastor presents himself as one who is also in need of the Savior. "The healer and the person needing healing join themselves with a God who took the same risks, suffering the same loss in the death of his Son."¹¹⁸ In this way the pastor is more easily able to guard himself against the temptation to abuse his position in the small group.

Additional perspectives that will aid the pastor in preventing abuse of the position of facilitator of the pastoral care group include taking notes during the sessions. This is a device that helps keep one focused on the purpose of the group. Reviewing the notes

¹¹⁷ 2 Co 5:18, 19 NIV

¹¹⁸ Michael J. Garanzini, *The Attachment Cycle*, (New York: Paulist Press, 1988), 162.

help one to evaluate the direction the group is headed. The notes help the pastor to remain sensitive to the feelings of the others in the group. Reflecting on the notes will help the pastor put aside personal opinions, which have no place in the pastoral care group.

If the pastor considers himself as a servant leader he will remain humble. In his humility the pastor will not allow personal goals to interfere with the needs of the small group. In this mindset the pastor is free to adapt his style to better meet the needs of the group. The greatest need is answered in Jesus Christ. The ultimate goal is to point to Jesus. Jesus is portrayed as the pastor presents him. If the pastor demonstrates genuine care and understanding the participants will transfer that relationship with the pastor to their relationship with a caring and understanding God. God becomes a part of the individual's life in a way many never consider possible.

The individual and the community of believers are caught up in the story of Jesus as his followers, and in living out their call to bring healing and comfort to one another they strengthen the attachment bond between one another as well as the bond between God and his creation.¹¹⁹

In the preceding words Garanzini echoes the truths of both 1 John 1: 3,4 and 2 Corinthians 1:3-7. We have a relationship God creates with us. From that relationship we reach out to others who have that same relationship with God. We then are free to comfort others as God in Christ has comforted us. We are comforted in this as well that it is not our struggling and praying that brings us peace, but that Jesus brings peace and gives us grace that is sufficient to bear us through the challenges of this life. With this we encourage one another.

¹¹⁹ Garanzini, 166.

CHAPTER 4

THE APPLICATION OF PASTORAL CARE GROUP MINISTRY IN MY SETTINGS

A Pastoral Care Group for Adult Children of Alcoholics

Before organizing a Pastoral Care Group for Adult Children of Alcoholics (ACOA) one needs to become familiar with alcoholism and the basic characteristics of families of alcoholics. Next it is wise to consult background material on leading small groups. Then one is ready to pray and prepare material. Appropriate scriptural devotions and references may then be selected to complement the material that one intends to relay. Reading about Alcoholics Anonymous, familiarity with genograms, and a good reference Bible will also prove helpful.

(So that the reader may have an idea of the suggested preparation prior to forming a small group the following brief overview of alcoholism is provided.)

Many people who study addictive behavior conclude that those addicted to alcohol, sexual activity, heroine, cocaine, etc., will be likely to exhibit similar characteristics of addiction. The addiction is a result of a process of activities upon which the individual becomes dependent. The dependent person loses control to the addiction. Dishonesty and compulsive behavior increase. Spiritual, emotional and ethical deterioration usually occurs. Depression, stress, fear, defensiveness, negativism and

dependency develop. Finally, as the process of addiction advances the following characteristics emerge.

- self-centeredness
- perfectionism
- confusion
- dishonesty
- denial
- control

An ACOA is a person who grew up with one or more primary caregivers addicted to alcohol or who repeat addictive behaviors. ACOA may not be addicts themselves. They do share emotional problems that are unique to people in their situation and specific personality disorders, which affect their lives.

This chapter is beginning with a report of the group with which the author had the most difficulty even though this was the last of the four pastoral care groups that he began. How does one begin a pastoral care group? One begins by seeking individuals who have experienced similar or common painful experiences. Growing up in the home of an alcoholic parent qualifies as a painful experience. This group began as the pastor established a list of prospective participants for this small pastoral care group from those who had shared with him information about their family of origin. These were all people who had alcoholic fathers. They were invited to join the pastor in forming a Pastoral Care Group for Adult Children of Alcoholics. Five agreed to meet with the pastor. This was in July. A common time could not be found in the summer. Finally all agreed to begin in August. The week the group selected to begin did not work out for two in the group so

the start was postponed to September 4, 1996. Two of the five did not show up. Plans were made to try again on the eleventh of September and two came, but three were unable to come. On September 18 three came. Finally on September 25, four came and the decision was made to go with those four. One of the five had a change of mind and withdrew from the group. (After examining these events it seems likely that it is ACOA may not be the best people to participate in a pastoral care group. They appear to be reluctant to address their needs and their painful past.)

L is a female 26 years old. She is an only child. An older sister lived only two months and died of what would now be called Sudden Infant Death Syndrome (SIDS). Her father is a recovering alcoholic. Her mom is a social drinker.

C is a female 45 years old. She is the second oldest of four children. One older sister and one younger half brother and half sister are part of the sibling group with whom she grew up. Her biological father divorced and left her mother when C was 6 months old. Her mother married an alcoholic when C was 22 months old. Her mother and the father she had growing up were both heavy drinkers.

J is a 57 year old male. He is the eldest of two children. His father was an alcoholic and his mother rarely drank. J was willing to speak of some things, but reluctant to do a genogram. He did give some information and a partial genogram was detailed, but he asked for it to be returned. The genogram was returned to him. He said, "it isn't necessary for you to know those things about me". His father died when J was 21 years old.

B is a 27 year old male. He is the eldest of three brothers. His father is an alcoholic and his mother drank regularly. His parents divorced when he went away to college.

The goal for the first session was to create an atmosphere of trust while presenting Christ as a Friend. In a trusting environment people are most likely to be honest and involved in discussion. Since these individuals all experienced alcoholic fathers it was reasonable to assume that they would bear significant issues with the concept of "Father." With that concern in mind the pastor will take care to avoid presenting God as their Father. With these individuals it is wiser to present Jesus Christ as their Friend.

As the participants arrived the pastor introduced them to one another. Once all were there the pastor proceeded to explain the many things they had in common. The session began with a prayer asking Jesus to keep all of those present safe and to help each one see God as our Friend. We read the words to the hymn, *What a Friend We Have in Jesus*. (*The Lutheran Hymnal*, hymn 457).

The major characteristics that are common in families of alcoholics were briefly described. They were reminded that alcoholism affected every part of life. Often the alcoholics become experts at controlling the people around them (con men). The alcoholic seems to feel the need to be in control of every situation and to desire instant gratification.

In order to foster group participation it is important to not allow this precious time to become a lecture. At this time each individual was asked to describe the relationship with his or her father. The following is a composite of their responses.

I feel angry with him. I hate him. I love him. I do everything to get dad's approval. Since he is dead I feel alone. I did things to get attention from dad-good and bad

things. I wanted to be like dad. I wanted to be a man's man. I always wanted to prove my manhood to my dad. When I think of dad I think of fighting. When I think of dad I think of coldness, I think of loss.

As that drew to a close each one was asked to describe his or her relationship with mom.

I love my mom. I resent my mom, but I love her. Mom was a liar. She always lied for dad. She lied to dad about me to keep me from being punished. She stood by and let things happen. Mom gave in to dad and to everyone. Mom is attracted to alcoholics. Mom has tough love to stay with my dad so long.

Two had sisters. They are distant and do not see one another more than once a year. The sisters are not drinkers, yet both married heavy drinkers. They have very unhappy marriages.

All had alcoholic grandfathers on their dad's side. The one with younger brothers feels sorry for them since they still live in the home of the alcoholic.

By this time they were discussing their own relationships within their family of origin. Then the discussion turned towards other experiences. All learned to suppress fear. Especially they feared the addict, that is their father, yet they suppressed that fear. Growing up in a bar became boring after a while. Dad would give the little kids a drink when he got drunk. They rarely played with other children.

"What am I to do with my anger?" Some would do stupid things to make dad feel bad. Others did something physical. It is reported that ACOA often seek life-threatening activities. One would ride his motorcycle "crazy". Several would fight and hurt people.

Their concern now came to be "How do I handle my anger?" The pastor suggested prayer. They explained they did pray. The discussion continued as the pastor explained that prayer is not instant. It is easy to become impatient with God and prayer. Talking with others sometimes helps. Several said they simply held in their anger until

they could control it. (This was probably a defense mechanism they learned in their home.)

When the participants were asked what they thought of God their answers surprised the pastor.

Experiences teach me God is real. God is very forgiving, warm and loving, real to me. God is not like any relative. God is friendly, I think of friendship when I think of God. God gives me a "best friend" feeling. God is my companion. God gives me a good feeling in my heart. God reminds me of a good spouse. God is good to me--people are not. Why does God let me go on so long turning away from Him? (Pastor) LOVE makes Him so patient.

Control is another concern of ADOA. When the group was asked why they refused to let others have control they responded with the following. "I don't trust others. I learned that I can not trust people. I never could trust my family."

After these responses the pastor came back to the agenda and continued by reminding them what they knew about Alcoholism. They knew about their problems and their hurts. Now they could move on. Then the following statement served as a reminder of how important dates are to people who hurt. One of the members of this group pleaded

I can't move on that easily. My dad died November 20, 1960. All I remember is his heavy drinking. Maybe the age of the parent we remember has something to do with us. (It seems that J quit teaching at the university when he reached the age at which his father died, this was 42. He implied that he gave up on life at the same age his father died. We had discussed this before in private). Mom's "make" men into alcoholics. Which comes first, alcoholism or depression? I think they both come together. Self-respect is destroyed. I recognize that many times in life I am out of control. I feel angry.

Anger is a big part of the emotional makeup of ACOA. How can an ACOA deal with anger while living at home? These are the responses they gave.

I talk to mom.
I do something constructive.
I exercise.
I try to deal with it as quickly as I can.

I usually stick it inside. I feel mean. Maybe that's why I got in so many fights when I was little. I've learned I'm supposed to 'let go and let God.'

I usually bottle it up. I think I usually get depressed after a while. Pastor said to me that depression is often anger turned in. I didn't think I was angry until Pastor asked me about my father. He is really my stepfather but he is the only father I have ever known. He made me so angry, it still makes me angry just to think about what he did.

(Pastor) What do you people think of these words from Ephesians 4:26, "Be angry but sin not. Do not let the sun go down while you are angry, do not give the devil the opportunity."¹²⁰

Do you mean it is not a sin to be angry? I always thought it was a sin to be angry. I always thought being angry meant hate. I thought hate was the same as murder.

(Pastor) It is not a sin to be angry. It is a sin to hate and to act on that anger in a way that hurts others. Anger is really our response to a situation (or to a person) that we believe is harmful to us. The truth is we do not have to be angry. Usually we get angry without thinking about what we are doing. Let me give you an example: If your father comes home and gives you a candy bar how would you feel at that moment?

He probably would take it back or get angry if I took it. I suppose I would like it, I would probably feel good. I'm not sure I could trust him though.

(Pastor) Would you be angry?

No.

(Pastor) So are you always angry with him or only when you remember how he hurt you? The truth is you may not hate him but you are angry about things he has done to you. You may be angry because of his indifference to you. You do not need to be angry.

Are we supposed to let go of these feelings?

(Pastor) I think the words from Romans 12:2 can help us understand the process God would have us use to deal with anger. "Be not conformed to this world but be transformed by a renewing of your mind..."¹²¹ Do you see that Paul says we are not to be responding only with emotions but that we are to engage our sanctified brain and do what is pleasing to God. We still have our feelings but we think before acting on them. That way we do not sin. That way we do not turn anger in and become depressed over something we cannot change. We know we are God's children. We know our sins are all forgiven. We know that we are loved.

That's easy to say but are we really forgiven for all of that hate and anger? I really don't like what he did to me and how he treated me. I can never forget how he ruined my childhood.

(Pastor) Is that why you keep punishing yourself? Is that why you choose to not have self-control? If we live by the spirit of God, we do not need to worry about how good or bad we are but there are fruit we will see in our lives. In Galatians 5:22-25 the Apostle Paul tells us that the fruit of the spirit is "love, joy, peace,

¹²⁰ Eph 4:26 NIV

¹²¹ Ro 12:2 NIV

patience, kindness, goodness, faithfulness, gentleness and self-control."¹²² You notice that self-control is part of what the Holy Spirit produces in God's people. This gives you hope that as you grow closer to Christ you will gain self-control even over anger.

(Pastor) We've gone as far as we can today. Let's close with prayer.

What we accomplished for the first session was to establish the common experiences the ACOA have had growing up and how it affects their life today. We also began to open the way for the Gospel to free them from their hurt and direct them towards the Savior. Feelings and their origin were acknowledged.

SESSION 2

For this session the pastor had intended to discuss anger in more detail and using scripture introduce them to tools that would help the members of the group deal with their anger. Unfortunately only two members of the group came to this session. At this time the pastor began to take notes in a fashion similar to verbatims. In this way the participants are noted individually.

The session began with a devotion based on Psalm 4. The pastor highlighted David's Psalm in the following way. "David explains that he is in great distress. David pleads with God to give him what he does not deserve and to hear his prayer. David continues to tell God how people have made him feel shame." It was easy for both in the group to identify with distress and shame. C and J are ashamed of the lifestyles they are presently living. Both have physiological and emotional symptoms of distress.

Psalm 4:4 says, "in your anger do not sin; when you are on your beds search your heart and be silent. Offer right sacrifices and trust in the Lord."¹²³ Both could identify

¹²² Gal 5:22, 23 NIV

¹²³ Ps 4:4 NIV

with lying in bed, crying and being angry. Now to offer help the pastor directed them towards the final verse of Psalm 4. "You have filled my heart with greater joy...I will lie down and sleep in peace for you alone O LORD make me dwell in safety."¹²⁴

This Psalm is a call to God from one in distress. The false gods are those of our own invention, which we allow to be the driving force in our lives. Self-centeredness becomes our way of life because the alcoholics in our life taught us by example. We often suppress the painful past and our family and lifestyle becomes one of secrets and privacy. We feel isolated and left out. We do not participate in the activities our friends do. We experience the feeling of a loss of childhood and adolescence. We become adults too soon. Our feelings and our person are repressed. We are not allowed to feel.

Following that introduction the pastor asked C and J if any of this sounded familiar.

J: My life was planned. Most of my growing up memories are rotten.

C: My life was planned too. I was not allowed to express any feelings.

My friends did a lot of things I couldn't do. We had to come right home from school. I don't think we had any family secrets but everything my parents did was private.

(Pastor) You didn't have any secrets? Are you sure that there were no secrets? Did you know anything about your real father? Did you know anything about your stepfather's previous marriage and children?

C: (She interrupted at this point) I guess we did have secrets. I didn't even know about my stepfather's other children or my real father or what my mother had done before, until long after I was married and another relative told me. Come to think of it, since we were never told anything as children, everything was a secret.

J: It is hard for me to express feelings now. The end result is that I stop feeling. I don't know how to feel about my parents. Neither of them let me express what I feel.

(Pastor) Because it is so common for ACOA to feel so many mixed emotions towards parents, especially fathers, it is difficult for them to accept God as Father. It helps to look at God as we did last week, a Friend. The non-drinking parent is viewed as one who is not warmly loved. Why?

C: Well, there's anger with my mother, the non-drinking parent. She did not protect me. She made things worse by undermining "my stepfather's rules." She always had us sneaking around him. We could put the heat up when we got home from school but had to turn it back to 55 degrees when we saw Dad coming home. We could never do anything but homework and clean the kitchen when dad was in the house. We could never even look at the newspaper until after he read it.

J: My mother lied to my dad and told him that I did clean my room when I didn't. She also lied about when I got home. He was usually sleeping and didn't know the

¹²⁴ Ps 4:8 NIV

difference. When he would ground me for foolish things mom would let me go out any ways when dad wasn't home.

C: My dad had the most ridiculous rules and the most unreasonable consequences.

J: My dad had so many rules he couldn't remember them all. Sometimes nothing happened if I did things wrong, the next time he'd beat me and send me to my room for the same thing.

(Pastor) What do you suppose is the reason for so many rules? ...I think it is most likely that they felt a lack of control in their lives and over themselves. They felt helpless and unable to control their own drinking. The alcohol controlled them. In their desire and need to feel power and control over someone or something they created rules. Have you done the same in your lives?

J: I only have a few rules. I vowed I would never do to my kids what my father did to me. He wouldn't let me do anything.

C: I want my kids to enjoy life. We don't have any ridiculous rules.

(Pastor) When you look at your children and how their lives are you will see that you are raising them in the same way you were raised. You were never sure of what you were doing - if it was right or it was wrong, good or bad. All you knew is that you grew up unhappy with your parents and your lot in life. Are your children any better off than that? By not having any rules you do the same thing to your children. You have taken an extreme position in raising your children. They still have not been told what is expected of them and what the consequences are for what they do wrong. Are you surprised to find out that your own children are struggling as much with life as you did? Would you like to break the cycle?

J: My sons are not like me.

(Pastor) J., when you were young and through your early adult life you constantly sought to do things to get your father's approval. You never succeeded. You did life-threatening activities and still received no positive affirmation. You began many things and have completed none. You always stop just short of success. You were going to be a pilot in the navy but that didn't work out. You were going to be a boxer but never won the big fights. You were going to earn a doctorate but quit when all you had left was your dissertation. You were teaching at a university for several years and then quit. Everything you have ever begun you have never finished. You keep working to try and get affirmation from a father who is unwilling or unable to give it.

C., it is not any different for you. You keep striving to be recognized by mom or dad but it never happens. You begin many projects at home, 4-H, school, community, church, and everything else you can get involved with but you do not take time to actually be with or play with your children. They are growing up as you grew up without a parent who recognizes them. Your parents have never recognized you. They were too busy with their addiction.

It's no wonder that both of you struggle with feelings. Your anger is certainly valid as Psalm 4:4 says. But you do not need to keep punishing yourselves. You can break the cycle.

C: You said anger is a valid feeling? I thought hate is vengeance and hate is wrong and hate is revenge.

J: A Greek philosopher said if you seek revenge -- dig two graves one for them and one for yourself. What you're telling us is that since our dads hurt us, we're hurting ourselves because we're angry with them. So the reason I'm a drunk is to hurt my dad, but in the process I'm killing myself.

C: You want us to search our hearts and forgive family for what they have done. My family is unreliable. They'll only stab me in the back again. Why do I always go back to those who hurt me?

(Pastor) Perhaps you are seeking to be loved and hoping to be welcomed.

J: Do you know what 'insanity' is? It's going back over and over again doing the same thing and expecting different results.

(Pastor) There is hope and God provides assurance. Listen again to these good words from Psalm 4 ""many are asking who can show us any good?" Let the light of Your face shine upon us O LORD. You have filled my heart with greater joy...I will lie down and sleep in peace for You alone O LORD make me dwell in safety."¹²⁵

We closed with a prayer. Both became more aware of how much they are like the people they both love and despise. Next week we will talk about forgiveness.

SESSION 3

J, L, and B joined Pastor and we began looking at Psalm 130. From the depths, the very bottom we look up to God and ask for mercy. We know we deserve worse than what we receive. We do not ask why we have been dealt what we have in life, we do not look to blame. All people sin. Not one single person can stand before God and claim they are good. But the LORD forgives. We struggle with great anxiety to find forgiveness and words of kindness. God's forgiveness is unlimited. All sins are forgiven.

We reviewed what we discussed the week before. The issues were so powerful that J wanted to discuss them some more.

J: Why do we always want to go back to those who hurt us? Is it really because we want them to accept us?

(Pastor) Most likely we simply want to be loved and welcomed. We try to live with the hope that things will get better and we finally will feel loved and accepted. So we keep on going back trying to gain their affection. A child is really

¹²⁵ Ps 4:6, 8 NIV

helpless in this kind of situation. It doesn't help to be told to be patient. The truth is there is nothing the child is doing wrong. It is the parent who is wrong. When the child can accept that truth, the child will feel better about himself.

B: I feel really cold towards my mom. (The others echoed a similar response). I would like to have more feelings towards mom. It would be nice to be able to feel love or to have had mom show more love towards me or help me.

(Pastor) This week I brought a little diagram that might help us to better understand what often happens in the kind of family in which you were raised. Because you struggle to get closer to the alcoholic parent, it distances you from the non-alcoholic or enabling parent. In order to keep the family system in balance as you move towards the alcoholic the other parent naturally moves away. It works something like a seesaw. The system always tries to remain balanced. If one moves the others have to move also. (We discussed systems for a while.)

B: We were the only ones who loved ourselves. We became selfish. So you're saying we need to move beyond ourselves and not be so selfish. I think the only one I knew who seemed to genuinely love me was grandma. I do not even like to get a hug from my mom.

J: Yeah, my grandma loved me too. She hugged me, my mom didn't. I still wouldn't even like to get a hug from my mom but I don't see her very much.

(Pastor) Enablers, in your cases your moms, are also guilty of denial and selective memory because reality is so painful. They do not like seeing their children abused. They do not like being abused. A common way for them to cope is simply to deny the pain. Now we see that there are three in need of forgiveness. You need forgiveness. Your alcoholic father needs forgiveness and your enabling mother needs forgiveness. How do you achieve forgiveness? First you need to admit your wrongs, that is confess your sin to God. Then ask for forgiveness and believe that Jesus has paid the penalty for all of your wrongs. Finally, live as a forgiven child of God. How differently does a forgiven person live? Those who are forgiven feel no need to endure pain already carried by Jesus. They feel no need to endure the burden placed upon them by others for the cross they carry is a lighter one from Christ. They can let go of shame because they are blameless before God. They will have fewer problems with authority figures. They will be able to do things in their lives, as they would have wanted them done. In Matthew 18:25-31 Jesus speaks to us of forgiveness. For what can you forgive your mom?

J and B: I feel nothing for mom. Not one specific thing. (Both expressed a great feeling of distance from mom.) If someone does something wicked we can forgive them. What can you do for someone who does nothing?

(Pastor) You may remember we teach in the catechism there are two kinds of sin, sins of commission and sins of omission. Of which are your moms guilty with respect to you?

L: Since moms didn't do anything, it must be omission. Can we forgive them for something they didn't do? How can we work to make a relationship healthy with moms?

(Pastor) Yes you can forgive sins of omission. Next week we can discuss the adult's process of working to make a relationship with the enabler.

SESSION 4

B and L were the only two to join this session. The others were unable to make the session. The session began with a devotion based upon Psalm 37:4, 5. The pastor explained the principle of priority to find pleasure in the Lord. No one, not even those from healthy homes can find what they need in the world. Our only true satisfaction comes from the Lord. As we commit our ways to the Lord and trust Him he will act for us.

(Pastor) We can never satisfy the alcoholic parent. They are not satisfied with themselves, so they can never be satisfied with anyone else. The alcoholic always has excuses. The alcoholic never accepts responsibility for actions. The alcoholic always passes the blame on to those closest to them. All people want and need relationships. Alcoholics are starving for warm human relationships. Those who grow up in an alcoholic home also struggle with relationships. They need a friend. They need to be a friend. Psalm 37:7 reminds us to be patient. When people will not be friends to us there is always the One who is our best friend. There is always the Lord. Be patient.

It is a good time to remember that thinking of Jesus as a friend is easier than thinking of God as your Father. The earthly father you have known all your life is not desirable. You can probably better accept God as a Friend than as a Father. Keep in mind Jesus who came to live among us. He is our best Friend. Now, let's take a look at what we can do with the problem of relationships. (See page 158 in the Appendix for the Bible study, *What to do With the Problem of Relationships*.)

This session was a Bible study. Not much dialogue other than answers to the questions was offered. The pastor did not request their copies. The session closed with a prayer.

SESSION 5

This session we were to discuss family values. C, J, L, B and pastor were present. The opening devotion was based upon Deuteronomy 5:9, 10.

"I the Lord your God am a jealous God punishing the children for the sin of the fathers to the third and fourth generation of those who hate me, but showing love to

thousands to those who love me and keep my commandments." Notice that there are consequences for those who worship other gods. We could say that there are consequences for those who worship the god of the bottle. We call alcohol "spirits" because of the way in which alcohol seems to change the way a person behaves even as someone possessed by a spirit would change in behavior. That spirit in a sense is a god. It is worshipped. It is the most important thing in life to an alcoholic. The consequences follow for several generations. Family values are disrupted. Contrast that to the second part of these verses. Here we read that God's love for generations is thousands of times greater than the consequences. This is good news for you. As you seek the Lord and his ways you will receive blessings greater than your hurts both now and eternally.

Following a prayer, the pastor distributed a handout from a newspaper entitled *Family Values or Bible Values: Which?* The discussion was obvious and led us to realize what we all know those who follow Biblical principles in life have happier lives and more successful children in this life.

C: You told us you would explain more about boundaries and secrets and what normal families should be.

(Pastor) Okay. In a normal family, which is healthy, people have relationships with one another that are not distant but also not too close. Their relationships are balanced so that people are free to be individuals yet close enough to be guided and helped. Information passes freely between members of the household. Information from outside of the family and information that is not of a private nature also pass freely into and out of the family system.

The goal is for the family to continually rely on the Lord. They ask God for guidance in prayer. They seek solutions in the Bible; they continually turn over problems to Jesus. They exist by obeying God's word and accepting God's answers. They do not obey out of fear. They obey because they believe God has their best interest in mind.

C: What if God's answer is not clear?

(Pastor) It probably means we do not like what God says. Or perhaps we are not listening to Him.

B: How are you supposed to change that?

(Pastor) Part of what we are to look at today should help us on the road to change. Consider the words of Jesus in John 8:2-11 and 31, 32. Briefly, Jesus sets one who is caught in sin free. She is then given these wonderful words. These words are for us following our confession of sins as well. "I do not condemn you, Jesus declared. Go now and leave your life of sin."¹²⁶

B: Does that mean that once we're forgiven we change the way we live?

¹²⁶ Jn 8:11 NIV

(Pastor) This woman was caught in adultery. She confessed her sin and was forgiven. Now Jesus tells her to not go back to that sin. That is true repentance. When we are truly sorry we do not want to repeat what we have done wrong. What it means is that we need to seek God's way of living and not the way we were brought up. Jesus continues this thought in verses 31 and 32 when he speaks to those who believe in Him saying "if you hold to My teaching, you are really My disciples. Then you will know the truth and the truth will set you free"¹²⁷. You see, as we grow closer to Jesus, to His word and deeper in our faith it becomes evident to us what God's will is.

L: Is that why some old Christians seem to be so perfect? My Grandmother seems to always have the best answers. She always seems to love everyone. Nothing seems to bother her. She talks like she's always praying to God and reading the Bible.

B: That sounds just like my Grandmother too. But I still have a problem. When I smoke pot or drink, I feel guilt. I feel like I've let God down. God hasn't left me. I left Him. I feel like I betrayed a friendship. I don't have good feelings about my father. He has done so much bad to others and me. My father has never been there for me. I guess I find it hard to accept a God who is always there for me. I don't know if I can change.

(Pastor) You can't change. ... But God can change you. It is His job and His work to change you. He does not want you to feel guilty about your failures. He does not want you to punish yourself. He wants to forgive you, love you and change you. He provides His word, fellow Christians and opportunities for prayer and worship to give you strength.

This brings us to the end of our time today. Next week we learn how to break the cycle.

SESSION 6

C, J, L, and B were all present with the pastor who began with a brief devotion on 2 Thessalonians 3:11-13. In this passage we are reminded that the Lord loves others and us. The Lord gives us strength and makes us blameless. The handout for this session that was distributed is "Breaking the Cycle" (A copy is on page 159 in the Appendix). What followed was a discussion based on the concepts in this study of breaking the cycle. Then a second hand out was distributed. It is a photocopy of "Childhood Roles in Interpersonal Dimensions of Behavior." (A copy is on page 160 in the Appendix.) Notes

¹²⁷ Jn 8:32 NIV

were not taken. A lively discussion followed as each person agreed on how well he or she fit into the description given the positions they were in the birth order. Some of these concepts were touched upon in private discussions that the pastor had with each participant while the genograms were being constructed.

The session ended with a prayer. The group was reminded that next week was the final meeting.

SESSION 7

C, J, L and B were all present with the Pastor. After an opening prayer, I distributed a devotional study entitled "What to do With the Problem of Relationships." (A copy is on page 158 in the Appendix.) There was lively discussion. Notes were not taken. It was more of a participation in Bible study and a reflection of things previously discussed. With about 15 minutes left in the session an evaluation was distributed. (A copy is on page 161 in the Appendix).

Genograms are an efficient means of gathering important information about an individual. From a genogram one may learn of an individual's birth order, parental relationships, and sibling relationships. Significant patterns and events in a family can be discovered. Genograms may also aid family members to see themselves as important contributors to their family. Information gleaned from a genogram may help track family issues. As the genogram is studied it becomes a guide to seeing the larger picture of the nuclear and extended family from which and individual emerges. This pastor has found

genograms particularly helpful in guiding individuals struggling with boundary¹²⁸ issues and also those struggling with the loss of loved ones.

In some families it seems that certain problems occur generation after generation. Alcoholism and marriage problems, strife in the families, and children conceived out of wedlock were found in the genograms of each one of these participants. In most cases the participant also became a victim of broken relationships and inappropriate boundaries. Those who have older children have seen their children follow them into a cycle of broken relationships and hurt. All participants expressed concern about their genogram being seen by others. I respected their requests to not share their results in the group. Three allowed me to include them in this paper. The other two wanted their genogram returned to them and asked me not to keep a copy.

Summary of a Pastoral Care Group for Adult Children of Alcoholics

The feedback from the group was more than sufficient to convince this pastor that the group was helpful for those who participated. It was also a learning experience for the pastor. By working with these people the pastor was able to learn to appreciate the hurt with which many people live. Along the way the pastor was challenged to find scripture to apply as salve to those hurts. It was the pastor's privilege to pray for and with members who expressed specific needs. Subsequently the pastor's preaching is affected again since as sermons are written and texts are chosen the pastor keeps in mind the struggles many have had and are still enduring. The pastor is refreshed as this experience provides

¹²⁸ In this setting "boundary issues" refers to the relationships of individuals within a family system and their relationships with those outside of the family. Understanding these relationships may often help explain why individuals find it hard to form healthy relationships later in adulthood.

renewed appreciation for our loving God who anticipates our needs and reveals Himself as a Friend as well as our Father. Since so many people have a bad relationship with their fathers it is difficult for them to feel loved by God the Father. It is, however, easy to accept the love of a Friend, Jesus.

As this pastor read over the notes and verbatims several concerns emerged. These are some concerns that need to be considered in the scope of the research for this MAP. Consequently they will be added to the topics already addressed. Dr. Knippel, emeritus professor of Concordia Seminary, St. Louis, Missouri, has evaluated a more complete report of this work with adult children of alcoholics.

1. Is the pastor controlling and manipulative in this small group?
2. Does the pastor have issues with alcoholics that affect his interaction with these people?
3. Is the pastor as separate from the small group as the discussions seem to indicate?
4. Is this apparent distancing good or bad for the small group members? How much would be gained by having another pastor review this work?
5. What style of small group leader is this pastor?

From the evaluations this pastor has discovered many areas of weaknesses. Some weaknesses are in pastoral functions and some weaknesses are as a person. One conspicuous shortcoming is not acting as a guide for those in this group. A guide of course travels the way with those he leads. This pastor was not always traveling with the people in the small group. That needs to become a conscious purpose on the part of this pastor in order to improve his functioning as a pastoral leader.

There is a tendency on the part of this pastor to remain distant from the group. He needs to evaluate that distancing in order to determine to what extent that is beneficial for the group and the pastor.

The ministry to these people of God cannot end here. A succeeding series is planned in January. Three other individuals have asked to join us at that time. Care will need to be exercised so that this will not become a substitute for them, or a crutch. The goal will need to be clearly established for them to rely on the Lord and to learn to establish in their lives what was lacking in their childhood. (Three evaluations are on pages 162-165 in the Appendix.) As you will see the spiritual understanding of forgiveness and God's love was the most meaningfully addressed item. This pastor finds that to be an affirmation of this Pastoral Care Group Ministry. The weakest areas are those which affect change in the individual. The desire to help others or to change one's lifestyle has been affected least. Those will take much more time to change.

A Pastoral Care Group for Individuals with Cancer

After visiting the seventh woman in the congregation with cancer this concerned pastor began to analyze what the women were experiencing. It was a congregation of 800 souls. It seemed that seven women contracting cancer in just over one year was a greater number than it should be. It bothered this pastor that as one who should be able to help he was not able to be of more assistance to the women. The women complained that their husbands were of little help in comforting them. Then it occurred to the pastor that they all had at least one thing besides the cancer in common. None of their husbands

wished to talk about the cancer. While wondering what else they might have in common Paul's words from 2 Corinthians 1 came to memory.

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. For just as the sufferings of Christ flow over into our lives, so also through Christ our comfort overflows. If we are distressed, it is for your comfort and salvation; if we are comforted, it is for your comfort, which produces in you patient endurance of the same sufferings we suffer. And our hope for you is firm, because we know that just as you share in our sufferings, so also you share in our comfort.¹²⁹

Yes, within the context the apostle Paul was speaking of suffering for the Gospel. He does however, express a principle that holds true for other applications. It is also true that individuals who experience significantly challenging situations can encourage and comfort those in similar challenging situations.

Although the pastor could not be much help at this time he was able to provide an opportunity for the women to help one another. Seven women were invited to the parsonage for an afternoon "Tea." Each woman had been visited and personally invited to the "Tea." This was followed up with a letter the week preceding the "Tea" and finally a phone call the day before it. The minister explained that there were seven women struggling with cancer and that we would all benefit from gathering for an hour to pray and talk.

The pastor asked his wife to bake fruit bread and cookies and prepare the tea and coffee. He also asked her to listen and watch. Her skills of observation are often more keen than his. The minister prepared a brief devotional based on the words from 2 Corinthians 1: 3-7. He wrote down several things that he remembered the ladies saying when he visited with them.

As they arrived small talk and introductions occupied the first several minutes. Once all were present the pastor sat down and explained again his reasons for calling them together. Then he offered a prayer for wisdom, comfort, healing and encouragement. As he explained the words from 2 Corinthians 1:3-7, he suggested that they could comfort each other.

Six of the seven returned two weeks later. The pastor began with prayer and devotion from the Psalms. One very painful issue that those women had mentioned was that their husbands refused to talk about the cancer. It appeared that the men equated cancer with a long painful death. They chose to deny the situation rather than speak with their spouses about it. It seemed prudent to not lecture the women, but rather provide a platform from which they could find comfort and encouragement. In asking the following question, "How does your spouse react to your cancer?" one of their primary concerns was revealed.

This not only sparked interest in continuing the small group but it helped the women to understand that they were not alone in their experience with cancer. The pastor no longer needed to carry the discussion. The women began to share their experiences and feelings. Then they turned to the pastor for help and answers to those hurts. This facilitator did not know the answers, but he began to ask questions of those who worked at the hospitals, therapy centers, and cancer clinics. The pastor attended cancer support groups to learn how others worked with those who were struggling with cancer. He attended seminars for those health care professionals who lead cancer support groups. He read books on pastoral counseling. He sought out courses to help build

¹²⁹ 2 Co 1:3-7 NIV

counseling skills. He read the Bible looking for answers and hope. The under shepherd prayed and God answered.

After four years there were two cancer support groups operating at the church. One met during the day every month for one hour. Another met once a month early in the evenings. This facilitator learned to keep notes. Members volunteered to type the notes so that all could have a copy the next time the small group met. Initially only the women with cancer met. In time some men joined with them. Most of the husbands came occasionally as well.

Looking over the notes from a typical meeting in November 1992 one can see the spiritual maturity that developed among all those who participated. The following elements were present. (A copy is on page 166 in the Appendix.)

- Prayer for others
- Bible study and discussion of application of the message
- Practical suggestions for coping with cancer
- Concern for one another
- Concern for others
- Action to encourage those "less fortunate"
- Eagerness to host and continue involvement with the group

In time we utilized books on coping with cancer, coping with grief, and self-help cognitive therapy. Oftentimes a topic would come up and the facilitator would provide a study guide. On September 27, 1993 the pastor led the group in a study on "Overcoming Fear." That was a response to a concern voiced in the previous meeting. The cancer support group continued that discussion the following month with another Biblical

overview of “Facing the Fear of Death”(see Appendix pages 167 and 168). In 1994 the group used selected portions of William Backus’ book, *Telling Yourself the Truth* for our discussion time.

In terms of lasting ministry the cancer support group has been the most successful. The cancer support group is still meeting monthly more than ten years after it began. The format remains the same, but the members have assumed responsibility for the group as the present pastors of that congregation were unwilling to participate with the people. This is an area that hurts them and this pastor but it is out of our control. The Lord has used one pastor's leaving as a means to raise up spiritual leadership in that congregation. It is good that God can continue His work with His people. To paraphrase Paul, “I planted, others watered, but God reaps the harvest of His work.”¹³⁰

A Pastoral Care Group for Those Who Grieve the Loss of Loved Ones

In March of 1992 this pastor wrote the following in a church newsletter: “DEATH is the topic that needs to be addressed at this time. Five funerals have been conducted here in the month of March. Several other members feel as though they are near death.” (The entire article is in the Appendix on page 169.)

As the article in the newsletter continued the pastor explained several experiences that he had with people in their last hour of life. During the month of April different members approached the pastor about their pain over the death of loved ones. By the middle of summer the pastor had attended a grief seminar offered at St. Vincent hospital in Green Bay, Wisconsin. Now the pastor was convinced that some of the members of

¹³⁰ 1 Co 3:6 NIV "I planted the seed, Apollos watered it, but God made it grow."

our congregation would benefit from a Pastoral Care Group for Those Who Grieve the Loss of Loved Ones.

The pastor visited with those who had lost loved ones during the past year. The pastor listened to them, cried with them and offered words of comfort from the Bible as well as prayers. Then the pastor would ask if they thought meeting with others might be beneficial. September 15, 1992 the pastor sent the following letter to the seven homes that he had visited. These families indicated a willingness to be part of a grief support group.

Dear (),

“Blessed be... the God of all comfort, who comforts us in all our suffering...” (2 Corinthians 1:3,4

You have experienced a great loss. You have lost a loved one. It hurts. There are several members of Zion who have experienced similar losses. We would like to get together and see what can be done to help the feelings of loss to be dealt with in a positive manner.

We need you to bring your ideas and if you are able to share your feelings. We will meet at our church, Monday, September 21, 1992 at 7:00 PM.

Please come.

“and our hope for you...is that you receive consolation.” 2 Corinthians 1:7
Your Fellow Servant,

Pastor Don Stein

The pastor began the grief support groups the same way that he was operating the cancer support groups. Devotion, prayer and a topic to begin discussion were the format items. (In the Appendix on pages 170-177 are some examples of topics, agendas and minutes for the Grief Support Group.) The group met once a month for seven months. The cancer group was going strong but this group was struggling. The pastor spoke with a grief therapist and asked what might be done to help them. After several conversations the therapist asked the pastor if these were the same group of people that began with the meetings in September. When the pastor affirmed they were the same individuals the

therapist laughed. Then the therapist explained that one major difference between cancer and grief is that we may struggle with cancer as long as we live, but grieving is a different matter. In his opinion those who grieve need about six to eight sessions to bring about enough healing to go on in life. We do not grieve as long as we live.

We concluded with our final session the next time we met. That fall this pastor began another pastoral care group for those who grieve the death of loved ones. This time it was set up one night a week for eight weeks. The sessions lasted 90 minutes with the same format that had been used before. In December the group met for a memorial service to put final closure on our loss and receive the Lord's comfort.

For the next three years each September this pastor began an eight-week grief support group followed by a memorial service in December. The number of participants grew from an average of seven the first year to more than twenty the fourth year. The final Sunday evening memorial worship service had more than 200 participants! Many of those in the last two years were not members. The majority of participants in the last memorial service were not members of the congregation either.

Some of the topics that were addressed in the sessions came from the participants. There were also some things that this pastor thinks are helpful for those who grieve. Typically the pastor would use handouts and discussion to address the stages of grieving that are often observed. The group participants have been helped by a discussion of Elisabeth Kubler-Ross' *Five Stages of Dying*.

- Denial,
- Rage and anger
- Bargaining
- Depression

- Acceptance¹³¹

One session covered “grief work.” The pastor has found Erich Lindemann’s works helpful for this session. Lindemann lists Three Steps in the Mastery of Grief as:

1. Accept painful emotions
2. Actively review events and experiences one had with the lost person
3. Gradually replace the loss with new life patterns and relationships¹³²

With smaller groups and individuals this pastor has found it helpful for those grieving to work through a genogram with him. One great benefit to those struggling with grief is in using the information gained in genogram work to help individuals find relatives who have had similar painful experiences and asking the relatives how they have managed to survive. For more information on the use of genograms the reader should consult *Genograms in Family Assessment*, By Monica McGoldrick and Randy Gerson.

Usually one session is invested in discussing stress and how a Christian may learn to manage stress. Most of the information that this pastor has gleaned for the session on stress has been based on three sources with which he is most familiar. The three sources are *Adrenalin and Stress*, by Dr. Archibald D. Hart, *The Good News about Worry*, by William Backus and *Fighting Invisible Tigers* by Earl Hipp. The session contains four parts.

Part one of this session begins with the explanation that stress is a response to a person, event or thing. It occurs in us and not in the world. (By that the pastor means that

¹³¹Elisabeth Kubler-Ross, *Death, the Final Stage of Growth*, (Englewood Cliffs, New Jersey: Prentice-Hall, Inc. 1975) 10.

¹³² Erich Lindemann, *Beyond Grief*, (Northvale, New Jersey, Jason Aronson, 1979) 170.

we are not victims of stress. Stress can be directed, controlled and overcome.) Stress taxes the body, mind and spirit.

Secondly, situations, sin, guilt, and spiritual neglect can trigger stress in the life of a Christian.

Third, coping is a natural short-term means of avoiding unpleasant feelings (usually coping falls into one of three patterns: distraction, avoidance and escape.)

Finally, skills for managing stress include prayer, meditation, diet and exercise.

The last two years when the numbers exceeded fifteen an evening the pastor noticed that many participants did not speak and others seemed to dominate conversation. It was then that it occurred to this pastor that he was no longer facilitating a small group. The dynamics of this larger group was not allowing the small group actions to fully function. As a result the pastor broke the large gathering into two groups, one meeting from 7:00 PM until 8:15 PM and a second group from 8:30 PM until 9:45 PM the same evening. Dialogue perked up and small group dynamics functioned well in the smaller assemblies.

Although the pastor proposed the idea of a memorial service to close the sessions on grieving, this pastor did not write the second and following memorial services. The participants wanted to provide the choice of hymns, lessons and some features that had never occurred to the pastor. In place of a sermon they asked their pastor to read the several scripture lessons that were meaningful to them and then briefly comment on them. They asked for six hymns to be sung. They wanted their pastor to pray for the ones that were lost to them because of death.

This pastor had no problem with any of the suggestions except the one that asked him to pray for those who had died. As we talked and the pastor asked questions it became clear to this pastor that they really wished for him to give God thanks for the one they loved and the time they had with the loved one. That this pastor certainly could do. Then they asked if at that Sunday evening service the pastor would read the names of the loved ones. This pastor willingly complied.

When the service was about to begin it was clear to this pastor that many others who had not been part of the support groups had come to participate in the service. As the pastor was speaking to one of the members of the support group he and his wife suggested that they hand out a piece of paper to each person. If they wished their loved one to be named they could write the name on that piece of paper. Near the end of the service we would be singing a few hymns. During that time they could come forward and hand the paper to the pastor. This worked out so very well that we continued this format for a memorial service. Even non-members were comfortable with this and everyone seemed to come forward to hand the pastor the paper with the name of a loved one to be read.

As this pastor reflects upon the services some things that could have been added may have included an opportunity for people to fill out a card with their name address and phone asking them if they would be interested in participating in a grief support group. The pastor did not anticipate the participation of non-members. Since many of the people who came were not members of the congregation he should have asked how they found out about the memorial service. It appears that it was word of mouth for we did not publicize outside of the church newsletter and bulletin. This pastor did not think to

use this as a door for evangelism. It appears that it could have been developed into a good outreach tool. At least one family did come through adult instruction and join the church because they attended this memorial service. They came back to a Sunday worship service and the pastor was able to visit them.

The whole service was very hope filled. It was a fitting conclusion to a pastoral care group for those who grieve the loss of a loved one.

A Pastoral Care Group for Couples Who Have Experienced a Miscarriage

Soon after the grief support group began it became clear to this pastor that another great loss was miscarriage. In September of 1992 the pastor wrote the following in a paper.

Over the past fourteen years I have spoken with scores of women about miscarriages. I had assumed the depressed feelings, which followed their miscarriage, were the result of hormonal changes. (When a full term pregnancy ends these hormonal changes often result in "sadness" which many people call "baby blues.") As the hormone balance returned to "normal" the "sadness" should leave. That is a good and logical hypothesis, however, the "sadness" does not always leave. One major trigger of depressive episodes, which may last months or even years, is the serious emotional loss associated with a miscarriage.¹³³

What triggered this pastoral concern was a visit in February of 1992 from a thirty-two-year old woman who came to the pastor's office in tears. She explained that she and her husband had tried for the past eight years to become pregnant. After two years working with a fertility specialist, they finally reached their goal. She had conceived in October and was expecting a baby in mid-July.

¹³³ Donald M. Stein, "A Study of Depressive Disorders Associated with Miscarriage" (An unpublished paper, 1992) 3.

By the Christmas holidays everyone had been informed and all were anticipating the new arrival in summer. By January she and her husband were busy decorating the nursery. They and others had made plans and purchases in anticipation of the baby's arrival. By mid-February she was empty. When she lost the baby, she lost hope. She describes herself as, "feeling hurt, feeling empty, feeling like crying all the time...I do not have the same joy to look forward to and the hurt just won't go away...every time I see a pregnant woman I can't look at her in the eyes. I could be that woman...why is God teasing me?"

We met once a week for four weeks. Each time we met she expressed those same feelings of being "empty," sad and hurt. Instead of feeling better, as the pastor assumed she would following her body's hormonal adjustment, she was feeling worse. The pastor suggested she see a therapist. She refused. All she would tell the pastor is that she had bad experiences with counselors earlier in life and that she would rather meet with the pastor than see another therapist.

Since the pastor could not convince her to see a therapist, the pastor went to the therapist. (Actually this pastor spoke to three therapists during the following week.) Betsy Mitchell, a psychiatric nurse-therapist, specializes in counseling women in depression. Betsy suggested that this episode of depression was not the first for the woman. Betsy also encouraged this pastor to probe the woman's past and find out what really might lay behind the depression which was triggered by the miscarriage. The encouraging information, which Betsy offered, was that most depressions pass in eighteen months or less even without any therapy.

Jan Marnocha, a grief therapist at Bellin Hospital, gave this pastor a list of books to consult that she uses regularly in grief therapy. She primarily works with hospice, preparing

for death and other major loss. Jan explained that in her experience anyone who has endured a major loss such as miscarriage, amputation, etc. would suffer some sort of depression. What she felt needs to be watched for is if these episodes repeat throughout a person's lifetime. If the episodes of depression are reoccurring then the individual probably needs to deal with some past experience or their present family system.

Finally the pastor consulted another MSW, Chris Allen, who worked for Lutheran Counseling and Family Services. Chris suggested that this pastor might find the book *Telling Yourself the Truth*¹³⁴ useful in working with this woman. The pastor asked the woman to read the chapters in the book, which dealt with the topic of self, hate and depression.

The following week the depressed woman explained that this miscarriage brought out pain from her childhood. She remembered how much she cried in first and second grade. She felt nervous just like she felt in those early years of school. The crying and the nervousness had followed her throughout grade school and into junior high school. While in junior high school she was sent to the school counselor. The school counselor was not able to help her through her nervousness or her tears. The counselor sent her to a therapist. The woman explained that all the sessions with the counselor and therapist were of no help whatsoever.

Reflecting on her childhood she cannot recall ever being told that she had done a good job at home or at school. She explains "my parents never built me up...never told me I was good unless I did some hard physical labor outside." She grew up on a farm. It was her impression that her parents expressed little interest in her education or any of her work

¹³⁴William Backus, *Telling Yourself the Truth* (Minneapolis: Bethany House Publishers, 1980), 103-114

outside of farm work. A general feeling of failure looms over her childhood memories like an ominous black cloud.

As the immediate feeling of hurt subsides, she finds her emotions returning to those past feelings of failure. She feels guilty again, just like when she was a child. She feels like punishing herself. She feels God is angry with her. She feels God is teasing her. The miscarriage seems unreal. She feels alone. She feels like something bad will happen to her. The pastor redirected his approach and tried to focus on what we can now call the "truth."¹³⁵ She began making an effort to let go of the past with all of its hurt. She began to build up a sense of a new person with a new future. She expressed the desire to seek that person and future and leave the past behind her.

From Romans 12:1-3 we worked on the "transformed person of God" who, Psalm 51:10 declares has "a new heart and new spirit." She liked those verses and wrote them down so she could view them often.

The following week was bad for her. A friend announced she was now pregnant. Her husband thinks two months is long enough and she should be over the hurt. The woman says, "I feel angry that I ever got pregnant. Before this, other pregnant women never bothered me...I'm angry at God, He makes me feel guilty, this makes me feel God is teasing me." She would like God to take away the hurt feelings. It is still hard for her to be around pregnant women, in her words, "when I have to be with some one pregnant I get real quiet, I feel sad and angry at myself...I'm angry that I am not over it, not strong enough to be with other people." She thinks that in time she will overcome this hurt also.

¹³⁵William Backus, *Telling Yourself the Truth* (Minneapolis: Bethany House Publishers, 1980), 13-22.

In May 1992, this pastor visited with a 62-year-old woman whose 64-year-old husband suffered a stroke. After the small talk the pastor shared some words of encouragement from Scripture. They looked at Paul's words in Romans 12:12-15. Some thoughts they discussed involved, "patient in tribulation; constantly praying...weep with those that weep..." ¹³⁶ His stroke was certainly "tribulation" both for him and for his wife.

The subject shifted as they talked about how good their adult children were to them now in this time of need. Even the sons came to help and ended up crying with the father. The wife said she had never seen her husband or her adult sons ever cry. Then she began to cry. "I can't help but think back to the child who isn't with us, forty-five years ago, March 17th, I lost a son. It was a miscarriage," she explained. "She didn't leave the home for two years," said her husband. "All she did was cry. She was up all night. My mother had to come and take care of the kids," he continued. "Oh, I felt so guilty. I didn't know why I was being punished," she added.

Three more children were born to them after the miscarriage. The first of the three was born to them nearly three years after the miscarriage.

Several other women have displayed symptoms of depression beyond the six weeks normally associated with "baby blues." It does appear that "the loss" associated with miscarriage is sufficient to trigger depression in many women.

To better understand what exactly is meant by miscarriage this pastor did some research and found out that there is more than one definition. Many sources indicate that miscarriage is the premature end of a pregnancy before the twentieth week of gestation. It is the death of a pre-born infant before it can live on its own. Since viability is not a

¹³⁶ Ro 12:12-15 NIV

scientifically proven fact that is the same under all conditions it is no surprise that other professionals provide a slightly different definition. Some argue that miscarriage is a term reserved for the end of a baby between seven and fourteen weeks gestation.¹³⁷

Another term, which is related to miscarriage and for the purposes of this paper bear the same consequences and subsequent depression associated with great loss, includes still birth. A still birth is the death of a baby in the womb that is between sixteen and twenty-two weeks gestation. Doctors will often induce labor for a woman whose child is dead in the womb and will be “still born.” Since these times of gestation approximate the experience defined as miscarriage many people use the terms interchangeably. This pastor believes the depression of one would be similar to the other. There were 30,000 still births in the United States in 1989.¹³⁸

Neo-natal death is another kind of loss often associated with miscarriage. Neo-natal death is the death of baby between birth and four weeks after birth. Many of the babies who die neo-natal death are premature. Often doctors have warned the parents that the babies will not live. Again the woman will experience similar depression. Nearly 25,000 neo-natal deaths took place in the United States in 1989.¹³⁹

Sudden Infant Death Syndrome (SIDS) accounts for nearly 10,000 deaths a year. SIDS is another kind of loss often associated with hurt similar to the hurt of miscarriage. SIDS is the unexplained sudden death of a baby between one week and one year of age.¹⁴⁰

¹³⁷Sherokee Ilse, *Empty Arms* (Maple Plain, MN: Wintergreen Press, 1990), 1-14.

¹³⁸Ilse.

¹³⁹Ilse.

¹⁴⁰Ilse.

Common feelings experienced by women who have suffered from any one of the previous losses mentioned include: "guilt, blaming their partner, feeling like wanting to die, nothing to live for, hear a baby crying, feel baby kicking, wondering what people will think of them."¹⁴¹

Sherokee Ilse adds the following fears to the list of questions most often asked by women who experience miscarriage: "What will we do now? Will this nightmare end? Who do we tell and how? How do we plan a meaningful funeral?"¹⁴²

The title wave of emotions, which accompany miscarriage and the other, related tragic losses of babies, often trigger depression. According to a pamphlet published by the National Institute for Mental Health,

A serious loss, chronic illness, difficult relationship, financial problem or any unwelcome change in life patterns can also trigger a depressive episode. Very often, a combination of genetic, psychological, and environmental factors is involved in the onset of depressive disorder.¹⁴³

As this pastor reflected on the many observations of women who have endured miscarriages, symptoms indicating a depressive disorder are common. The women often have a "whole-body" illness affecting not only mood and thoughts but their entire body, eating habits and appetite, sleeping and waking periods, hygiene and so on. The way they eat and sleep, the way they feel about themselves and the way they think about things are all affected. As was revealed to the pastor later, their depression is not a passing case of "baby blues." This pastor does not believe depression is a sign of weakness in these ladies. He also does not believe that people with strong wills can simply rise above depression. He has

¹⁴¹Ilse, 46.

¹⁴²Ilse, 1.

¹⁴³Marilyn Sargent, *Depression*, (Rockville, MD: National Institute of Mental Health.), 4.

observed that these women do not simply get better without help or a significant period of time passing. Betsy Mitchell, in a seminar on depression made the following claim, "without treatment the symptoms of depression can last for weeks, months or years. Appropriate treatment however, can help over 80% of those who suffer from depression."¹⁴⁴

Some of the husbands whose wives had miscarried exclaim that they cannot understand why their wives are so sad! The husbands have difficulty accepting the fact that depressed people cannot simply "snap out of it." As the husbands become more upset with their wives' depression, the wives feel more to blame. Help from the husband or help from other sources is driven further away. This often drives the women deeper into depression. The powerful relationship between spouses suggests that in some instances the depressed woman could find relief from her depression much sooner and more completely if her husband would be involved in the therapy process.

In the book *Beyond Grief*, several instances of depression following loss and/or medical procedures are documented. From the information given by Dr. Lindeman one might conclude that some of his information supports the idea that husbands can indeed help their wives find relief from depression if they are involved with the therapy process. Dr. Lindeman suggests that the following may be useful as a therapy in helping relieve depression. He calls it "psychological replacement theory."¹⁴⁵ This approach requires three things of the therapist. The first thing the therapist must do is to determine the loss experienced by the individual. The second step involves the evaluation of the special functions of the lost one in the patient's system of social interaction. Finally, an effort is

¹⁴⁴Betsy Mitchell, *Depression* (A Seminar at Bellin Psychiatric Hospital 9-18-90).

¹⁴⁵Erich Lindemann, *Beyond Grief* (Northvale, NJ: Jason Aronson, 1979), 27.

made by the therapist to allow himself or another to become a temporary replacement, in token fashion, for the special functions of the lost one in the patient's system.

This approach aids the patient in reestablishing equilibrium in social situations following a major loss such as miscarriage. This active manipulation of the life situation is not likely to be as effective when the special functions of the lost one cannot readily be replaced. As one might expect, it is more difficult for a therapist to replace the functions of an infant than of a parent. That is perhaps, why Lindeman states, "severe reactions seem to occur in mothers who have lost young children. The intensity of interaction with the deceased before his death appears significant..."¹⁴⁶

A woman, who for several months, dreams and plans for a baby, purchases items and prepares a home, then loses a baby, has had an intense interaction with the deceased baby. Though she has never seen nor talked with the baby, she has grown close to the baby. Her perceptions and not her actual experience are what determine the intensity of the interaction. In such a case, a severe reaction to the miscarriage can be expected. When such a rapid change in a woman's interaction occurs, periods of disorganization in family systems will result.

Involving the husband in therapy can be beneficial to the recovery of the woman. As the husband is able to become the object of some increased interaction with the depressed woman he becomes a psychological replacement for some of the functions of the deceased child. This would be an application of Lindeman's psychological replacement theory.

Misbelief therapist, Backus, suggests the best way to help a person experiencing depression following a loss is to counter-act misbeliefs through therapy while using

¹⁴⁶Lindemann, 73.

medication as adjunct to improve the mood of the person. An added benefit of misbelief therapy is that, "counseling to change misbeliefs has the additional effect of preventing reoccurrence."¹⁴⁷ Specifically, Backus focuses on

"The three misbeliefs all found in depression, whatever its cause. In these notions counselees systematically and endlessly devalue themselves, their lives and their futures. Measures to counteract these misbeliefs include argument and dialogue as well as various homework activities to be done by the counselee."¹⁴⁸

This was valuable information for this pastor. Common ideas expressed by women who had suffered from miscarriage did include those three misbeliefs. Often the misbeliefs took the form of statements such as, "I'm no good," or "my husband is too good for me," or "I'm not good enough for God to give me a baby," or "I know God is punishing me because of what I did when I was younger." All those statements, expressed by the women devalue the worth of self.

A second category common to these women is denying the worth of their daily life. This pastor has recorded them saying: "My life isn't worth living," or "I don't get anything done," or "If I was never born, no one would miss me."

The third area devalued has to do with the future. Very often these women see no future because their future was so dependent upon the birth and raising of a child. "My future is without hope. I don't have any reason to live," or "What good am I now?" or "I don't know why my husband wants me. I can't give him children."

Characteristic misbeliefs are related to depression and the consequent suffering associated with depression. A sensible approach to treat depression must also aim at

¹⁴⁷William Backus, *Telling the Truth to Troubled People*, (Minneapolis: Bethany House Publishers, 1985), 145.

¹⁴⁸Backus, 154.

change. This pastor has seen some good progress in depressed individuals with whom he has been able to work toward altering the self-abasing untruths. Replacing the untruths with the truth results in recovery.

Since depressives think depressive thoughts, changing the thoughts should help recovery. This pastor believes it does. The Bible speaks often of how what we think in our hearts affects who and what we are. Jesus explains "where your treasure is there your heart is also"¹⁴⁹ "...out of the heart proceeds evil thoughts"¹⁵⁰ "...As a man thinketh in his heart so he is."¹⁵¹ Scripture confirms the idea that depressed mood and other symptoms of depression are related to beliefs in the self-talk of depressed people. Helping the individual find the truth will help relieve depression.

Certainly God understands the problem of misbelief and depression. Psalm 51:10-13 has been a favorite reading to bring comfort to depressed women that this pastor has spoken with. "Create in me a clean heart O God, and renew a right spirit within me...restore unto me the joy of Thy salvation..."¹⁵² Depressed people know their heart and thoughts need to change in order for them to get better. For a Christian it is a great comfort to claim these words of David's prayer, which ask God to "clean my heart, change my thoughts, bring me joy."

Bringing people together who have experienced the loss of a child in miscarriage or still birth provides the husbands and other family members to contribute to the support of

¹⁴⁹ MT 6:21 KJV

¹⁵⁰ MT 15:19 KJV

¹⁵¹ PR 23:7 KJV

¹⁵² PS 51:10-13 KJV

the woman who is in depression. There is another benefit to parents and grandparents, "there are losses that transcend generations..."¹⁵³

Perhaps this may also contribute support to why depression appears to be found in families generation after generation. Maybe the predisposition to depression is a function of the family that has been devastated by a loss somewhere in the past. The subsequent generations merely need a "trigger" to initiate their depressive episode.

Generally, women who suffer miscarriage also feel a loss of identity and a loss of meaning in life. Object Relations Theory reminds us that a great part of our life revolves around relationships with people. When relationships are lost a part of the meaning in our lives is also lost. When someone close to us dies, part of the practical purpose and everyday meaning to our lives is also lost. The loss of a child in the form of miscarriage also contributes to a loss of meaning in life.

Perhaps to "recover" from loss and subsequent depression which often follows miscarriage; one needs to find new meaning in life. The individual may need to build a new identity or image of self and create a new frame of meaning and purpose apart from that which was lost.

What is also "lost" in miscarriage is a part of the future. A loss of self occurs because the life growing inside the woman was physically and psychologically a part of her. This makes miscarriage different from the death of a parent. A parent's death represents a loss of one's past. A baby's death represents the loss of one's future. A mother grieves not only the death of her baby but also the hopes of parenthood. The miscarriage represents a missing

¹⁵³ Diane Cole, *After Great Pain*, (N.Y.: Basic Books, 1992), 154.

branch of the family tree. The expected family and one's own future will not be what was planned.

One woman explains the loss of a part of her future in these words:

I didn't get to take him fishing, and he didn't get to take swimming lessons, he didn't get to throw rocks in the pond and make snowballs or have a frog collection. I would've let him have one too. I was made to be the mother of a boy.¹⁵⁴

Other elements of the tragedy of miscarriage which separate it from other loss in death include lack of memories, lack of mourning rituals, lack of social support, and lack of professional support.

There is a lack of memories. There can be no experience to recall. There are no pictures to view. There is no paper evidence of a life and not even a social security number. The mother will find very little tangible evidence that a baby ever existed. From the height of an exciting pregnancy, a woman is dropped to the depths of miscarriage without warning. Mourning rituals, funerals, memorials, burials all help support the bereaved. These rituals are usually denied, overlooked or minimized following the death of a baby in miscarriage.

It is difficult for friends and relatives to imagine a woman's grief following a miscarriage. After all, the woman has never seen or held the baby. "How can she miss what she never really had?" many people may reason. Socially there is little support for those who suffer miscarriage. Grief over a relatively short life is viewed as unnatural and insignificant. Feelings of isolation grieve the women.

Cindy explains the lack of social support in this paragraph:

If my mom died, or sister, or anybody that had lived for years and years, I would talk about them every now and then. But because my baby wasn't

¹⁵⁴Deborah Davis, *Empty Cradle, Broken Heart*, (Golden, CO: Fulcrum Pub.1991), 6.

born alive, people think I'm harping on it if I talk about it, which isn't true, not to me.¹⁵⁵

Finally there is a lack of professional support for women who miscarry. Many professionals (until recent years) felt that women did not need to grieve their loss because they never really got to know their baby.

Parents were encouraged to stop "crying over spilt milk." They were encouraged to forget about the baby and think about having another one. The baby was not shown to them. They were not allowed to touch or hold their baby. They were "saved" from grief and sorrow.

The results of such attitudes are buried feelings and lack of emotional support. Yet many friends, family and professionals still want to simply stuff the feelings, forget the facts and go on as though no baby was conceived.

More consideration is now given to the parents following the profound loss of a baby in miscarriage. Parents need to grieve their loss. They need to hold their baby, feel sad, feel angry, helpless or any other healthy emotion associated with grief. Even talking about the baby is therapeutic.

During July 1992, Colleen, a member with three children suffered a miscarriage approximately four and a half months into her pregnancy. The hospital staff at Bellin gave her the very little baby to hold. We met before and after the delivery. The next day Colleen, her husband Rick and I met for a very brief committal service at our church cemetery. Their daughter was buried in the same plot as their four-month old that died nearly five years before.

¹⁵⁵ Davis, 9.

We met several times that summer. Colleen and I planed to meet with six other couples who have recently suffered similar losses. The purpose of our September meeting is to establish a local support group for parents of miscarriage, still birth or other premature death. We established the following goals for the support group.

1. Provide a sense of community to help resolve grief.
2. Encourage acceptance of the loss
3. Allow mellowing of intense grief into peace
4. Encourage living for a new future rather than holding onto the past
5. Allow expression of sorrow, love, and remembrance
6. Accept loss - do not repress it
7. Allow as much time as necessary
8. Be open to finding God's purpose in allowing the baby's death
9. Be free to acknowledge anniversary reactions
10. Be free to share hopes and dreams of what might have been
11. Discover the feelings that are normal for any major loss and accept them
12. Discuss how the baby's death affects relationships with husband, friends and relatives
13. Talk with grandparents to allow them to sorrow with parents
14. Help children in the family by allowing them an opportunity to speak about the loss
15. Plan annual memorial service for all those who have suffered loss

16. Allow time (a few months or longer) to think about trying for another baby and help the husbands to understand the possible fear of sex because of the miscarriage with pregnancy and loss of the child.

Formal support groups, set up and run by bereaved parents themselves with the aid of professionals, can be powerful tools for making lives better...we whole-heartedly endorse the work of such groups and believe that parents can grow through the crisis more quickly than if they try to go it alone.¹⁵⁶

This pastor will usually begin the group sessions with small talk, introductions, a review of the last gathering, a prayer, sometimes a portion of scripture and then open discussion. In skimming through other books some thoughts were found which may help a pastor relate to those who suffer depression following a miscarriage. The crying, withdrawing from people, protests and apparently meaningless searching all represent "A persistent, though disguised, striving to search out, call back and recover the lost object."¹⁵⁷

As the mourning mother yearns and cries and searches for her lost baby she in a very real sense begins a search that is part of a deeper journey within herself. She has a story that needs to be shared. The healing will take place much better through a sharing of the story. In the sharing of the story and its burden, with the pastor, the group, and others, the depressed woman who has lost her child becomes involved with others. In that sharing we have the opportunity to relate Jesus and His love. We can relate the loss the Father suffered to bring us to Himself. We can help the woman realize her part in the story of Jesus.

"The individual and the community of believers are caught up in the story of Jesus as his followers, and in living out their call to bring healing and comfort to one

¹⁵⁶John DeFrain, *Stillborn: The Invisible Death* (Lexington, MA: Lexington Books, 1986), 200-201.

¹⁵⁷John Bowlby, *Attachment and Loss, Vol. III, Loss: Sadness and Depression* (New York: Basic Books, 1980), 30.

another they strengthen the attachment bond between one another as well as the bond between God and His creation." ¹⁵⁸

One of the last books this pastor read will probably be the most helpful for the average pastor to use when confronted with the death of a baby. It is titled, *When A Baby Dies: A Handbook for Healing and Helping*, written by Rana Limbo and Sara Rich Wheeler. Pages 140-141 have a checklist for clergy. There is also an extensive bibliography. What also makes this especially useful for a pastor is that, unlike most books that deal with loss, or grief, or depression, this book includes the important aspect of our spiritual nature. One chapter is devoted to "The Role of Clergy."

The compassionate pastor can learn from this book what we often forget in our grief, "God's was the first of all hearts to break."¹⁵⁹ A few samples of the agenda and meeting notes from several sessions are included in the Appendix on pages 178-187.

¹⁵⁸Michael J. Garanzini, *The Attachment Cycle* (New York: Paulist Press, 1988), 166.

¹⁵⁹Rana Limbo & Sara Wheeler, *When a Baby Dies: A Handbook for Healing and Helping* (La Crosse, WI: Resolve Through Sharing, 1986), 122.

CHAPTER 5
CONCLUSIONS AND SUGGESTIONS FOR THE APPLICATION OF PASTORAL
CARE GROUPS IN THE PARISH

Pastoral Care Groups may provide significant assistance to a parish pastor's ministry. My personal observations of the benefits that members, prospective members and the pastor receive include the following items.

- God's Word is applied to specific needs of the individuals
- God's people are provided another opportunity for their prayer life to grow
- God's people learn to realize the love of God and apply it to their situation
- God's people find an opportunity to help others
- A pastor makes more effective use of his time
- A pastor may find opportunity to testify to God's love on a more personal basis
- A pastor and God's people grow closer in faith
- True Christian fellowship is shared
- Individuals grow in their faith
- Individuals are empowered to apply the principles learned to help themselves as well as others
- The Pastor finds a rich source of material for Bible study and sermon application

One may ask when is a good time to begin a Pastoral Care Group in the parish? As the pastor visits with his members he becomes aware of several people with similar painful experiences in life. The pastor continues by privately suggesting to the individuals that there may be a benefit for them in participating in a Pastoral Care Group. The pastor sets a time and place for the initial gathering after at least three people agree to meet. Letters of invitation with God's words of encouragement should be sent as a reminder a week in advance. A day or two prior to the meeting the pastor phones to encourage the participants to attend.

Following a tragedy in the lives of members may also be a good time to begin a Pastoral Care Group. In the month following the tragic death of seven teenagers in a car accident I began a Pastoral Care Grief Support Group.

Another good time to begin a group is when a member suggests their need to find support, as Colleen did following the still birth she experienced.

How should the pastor prepare to lead a Pastoral Care group? Several things have been helpful for me.

- Learn about the particular painful experience by speaking with those who hurt
- Learn by reading literature written about the experience
- Learn by speaking to pastoral counselors, pastors, therapists and healthcare providers
- Seek out and attend seminars on the subjects
- Take a unit of Clinical Pastoral Education to gain some personal insight
- Become familiar with Christian approaches to counseling
- Acknowledge personal limitations and refer individuals in need to therapists
- Participate in a small group

- Read Scripture with a prayerful heart looking for God's Words of encouragement
- Attend Pastoral Care and Counseling Classes
- Learn to use Genograms to help people discover cycles and support in their families

What is a good number of participants in a Pastoral Care Group? At least three people and the pastor will provide the opportunity for small group dynamics to become most effective. When more than ten people attend my groups some participants withdraw and tend to not participate.

What length of time should each group session last? It is important to begin and end each session on time. This will ensure the participants that their personal time is respected. It also helps the pastor to keep the time interesting and effective. Keeping to a scheduled time to begin and end also reinforces the importance of each member of the group. For the material that I will outline next, seventy-five to ninety minutes is the time frame that worked best for me. I did try some groups that met for an hour. This was fine for Bible study, men's groups, women's groups and teen groups. It seemed however that Pastoral Care Groups required an extra fifteen to thirty minutes to be most helpful for the participants. I believe that any meetings longer than ninety minutes become emotionally draining and counter-productive. Evening meetings were no more effective than daytime or morning meetings.

What are the elements of an effective Pastoral Care Group session?

- A prayer for the participants, their situation, those who could not attend and a blessing for those present
- A prepared devotional thought from Scripture that will normally fit with the topic for the day's discussion

- This is a good time for introductions. Some of the groups also used this as a time to share progress or concerns.
- A review of the previous meeting and a sharing of the notes from the previous meeting (Often times members of the group asked to type and distribute the notes that I took so that all could benefit from the review. With the Cancer Support Group we sent the notes out a week before the next meeting so that all had an opportunity to review them.)
- A specific question, concern, or topic researched and prepared for discussion
- Sometimes a worksheet
- Sometimes a guest presenter or a member of the group presenting the topic, prayer or devotion. (I suggest leading several sessions before doing this.)
- Listen more than talk once discussion begins.
- Take good notes
- When the end of the session is near take a few moments to summarize
- Suggest the topic for the next session
- Sometimes give an assignment
- Conclude with prayer
- Occasionally have a peer review your work or attend a session and reflect on observations

I have used the Pastoral Care Groups in a large congregation with over five-hundred in worship as well as in a mission church worshipping less than forty a Sunday. Small Pastoral Care Groups are helpful to the people and an effective means for the pastor to minister to the needs of people in both large and small congregations.

With groups of people who grieve I believe that Pastoral Care Groups provide a dimension of help that the secular world cannot provide. I have spoken with several people that participated in Grief Support groups facilitated by psychotherapists. They all tell me that the sessions that I offered were more helpful than those offered by the therapists. When I asked what made my sessions more helpful the answers were, “prayer and God’s Word.” It was not that I was more proficient leading small groups. The truth is that I merely provided an opportunity for the Holy Spirit to use the situation to touch the hearts of those who hurt. In addition, I was often a learner and a guide rather than an expert and a professional. I did try to resist the temptation to “fix” people. Rather I tried to find points of their lives that would touch God’s Word. The Psalms were very helpful for me in relating their hurt to an understanding and loving God.

Similarly, I have observed significant positive changes in the lives of individuals who have participated in the Pastoral Care Groups for those who have experienced Miscarriage. Several of these individuals recruited other people to attend the groups that I offered. Some of them attended a second time so that they could in turn encourage others. Several grew spiritually and have become leaders in the church with a genuine concern for the welfare of others. In this group more than others I found a willingness to offer prayer in the group and provide appropriate devotional thoughts.

Several factors may contribute to this consistently positive response. The Holy Spirit was most certainly active. By this time the prayer chain at the church was praying for the groups and those in the groups. I had facilitated cancer support and grief support groups for several years and had learned much about small groups. Those who participated were mostly younger couples between the ages of twenty-five and thirty-five.

For most of them it was the first time they had studied with a pastor since confirmation class. It was the first time they, as adults, sought scripture and prayer for help. Not knowing any different they assumed they would receive help. They had no reason to be skeptical. They were not “brushed off” or told to “get over it.” Instead their loss was affirmed, appropriate means to grieve were provided and they were reminded that God the Father also lost His son. One passage that was particularly helpful for those who grieved over the painful experience of miscarriage included 2 Samuel 12:22-25. It was encouraging for all to read that David wept and grieved over the son he never had the chance to know. It was encouraging to read that the same David who proclaimed “I will dwell in the house of the Lord forever,”¹⁶⁰ declared, “I will go to him.”¹⁶¹ By these words David indicated that one-day he would see this infant son in heaven. Then David comforts his wife and God blesses David with a son, named “Jedidiah” which means, “loved by the LORD.”

They appreciated the thought that theirs was not the first heart to break over the death of a child. It was a great comfort for them to realize that God the Father’s heart was also broken when His only-begotten Son, Jesus, died. God actually knows the feeling of losing a child. That understanding helped several people to become more willing to seek comfort from the Lord.

The cancer support group is one that needs to be ongoing. As one of the participants told me, “You can catch a cold. You can have gallbladder surgery. But once you have had cancer you are always a cancer patient.” It is true that unlike so many other

¹⁶⁰ Ps 23:6 KJV

¹⁶¹ 2 Sa 12:23 NIV

maladies, cancer and the deleterious effects stay with a person for as long as they live. At first they go in for treatment then the cancer may go into remission. Then follow the six-month and yearly check-ups with the anxiety that accompanies the fear that the cancer has metastasized. In the back of one's mind is the haunting fear of a lingering painful death. For these reasons those with cancer seem to benefit from monthly and ongoing meetings. There are some data that strongly suggests that those who participate in cancer support groups live longer than those who do not.

I am certain that I am not the best person to lead a Pastoral Care Group for Adult Children of Alcoholics. That was for me the least satisfying group of people to work with. I felt at times that I had some things in common with them. At other times I felt frustrated that they were not making more progress. Although I did a follow up group with the Adult Children of Alcoholics group it was even less effective than the first group. Perhaps the fact that some of the participants were alcoholics, or chemically dependent on legal and illegal drugs and that some of them had produced terribly angry and confused children contributed to my personal frustration. Other pastors may not have the same experience. It is also possible that I set higher expectations for this group and was disappointed with the lack of progress, as I perceived it.

I think that most pastors and most congregations would benefit from Pastoral Care Groups. Through such groups the pastor and the people will grow closer to one another. As they seek the Lord in prayer and as they join in study of God's Word they also grow closer to the Lord. Through these groups, some may be reached with the Gospel of Jesus. People will gain a new love and respect for the office of the pastoral ministry.

How will the pastor benefit from Pastoral Care Groups? The pastor will find himself in ministry. By that I mean that he is in service to God's people. The pastor will learn to listen to the hurts of those he is called to serve. The pastor will find the need to search the scripture for words of comfort. The pastor will find sermon applications. The pastor will become better equipped to comfort the broken hearted. Small groups are a good way to build up the church.

The following two passages from Holy Scripture encourage me in the use of Pastoral care Groups, "The Lord God said, 'It is not good for the man to be alone....'"¹⁶² and "If one part suffers, every part suffers with it; if one part is honored, every part rejoices with it. Now you are the body of Christ, and each one of you is a part of it...."¹⁶³

A Quick Reference for Pastoral Care Groups

- A. The First Steps to Establish a Pastoral Care Group
 1. Identify parishioners who have had similar painful life experiences.
 2. Privately suggest to these individuals the likely benefit of participation in a Pastoral Care Group.
 3. Once at least three individuals agree to participate establish a starting date and a comfortable place to meet.
 4. Send reminder letters the week before the first meeting.
 5. One or two days before the first meeting phone each participant with a friendly reminder that the group begins its meetings the next day.

- B. A Pastor's Preparation to Lead a Pastoral Care Group
 1. Learn about the particular painful experience by speaking with those who hurt.
 2. Learn by reading literature written about the experience.
 3. Learn by speaking to pastoral counselors, pastors, therapists and healthcare providers.
 4. Seek out and attend seminars on the subjects.
 5. Take a unit of Clinical Pastoral Education to gain some personal insight.

¹⁶² Ge 2:18 NIV

¹⁶³ I Co 12:26-27 NIV

6. Become familiar with Christian approaches to counseling.
7. Acknowledge personal limitations and refer individuals in need to therapists.
8. Participate in a small group.
9. Read Scripture with a prayerful heart looking for God's Words of encouragement.
10. Attend Pastoral Care and Counseling Classes.
11. Learn to use Genograms to help people discover cycles and support in their families.

C. Elements of an Effective Pastoral Care Group

1. A prayer for the participants, their situation, those who could not attend and a blessing for those present
2. A prepared devotional thought from Scripture that will normally fit with the topic for the day's discussion
3. This is a good time for introductions. Some of the groups also used this as a time to share progress or concerns.
4. A review of the previous meeting and a sharing of the notes from the previous meeting (Often times members of the group asked to type and distribute the notes that I took so that all could benefit from the review. With the Cancer Support Group we sent the notes out a week before the next meeting so that all had an opportunity to review them.)
5. A specific question, concern, or topic researched and prepared for discussion
6. Sometimes a worksheet and other times a guest presenter or a member of the group presenting the topic, prayer or devotion. (I suggest leading several sessions before doing this.)
7. Listen more than talk once discussion begins.
8. Take good notes.
9. When the end of the session is near take a few moments to summarize.
10. Suggest the topic for the next session.
11. Sometimes give an assignment.
12. Conclude with prayer.
13. Occasionally have a peer review your work or attend a session and reflect on observations

D. Practical Considerations when Planning to Lead a Pastoral Care Group

1. The best size for discussion and to maximize participation in small groups is between three and ten participants.
2. The length of each session should be between seventy-five and ninety minutes. (Less than seventy-five minutes allows little time for discussion and more than ninety minutes provides opportunity for the sessions to lose focus.)
3. Keep to the established schedule.
4. Remember that each type of Pastoral Care Group will require a different number of sessions. (Cancer support groups can be ongoing. Grief groups are best when meeting once a week for six to eight weeks.)

A Summary of the Results of the Evaluation of the Pastoral Care Groups

A total of four participants in the pastoral care group for adult children of alcoholics responded to the evaluations. Eleven participants of the pastoral care group for those struggling with cancer responded to the evaluations.

In the evaluation the first five statements were concerned with the individual's understanding of God.

The Adult Children of Alcoholics all indicated significant improvement in their understanding of forgiveness and God's love for them.

The Cancer Support Group did not indicate as great an improvement in their understanding of a loving and caring God. Perhaps the reason for the difference is that the children of alcoholics have a different self-image that has formed throughout their childhood and greatly influenced their personality as well as their impressions of authority (such as God). People with cancer do not necessarily feel that authority (God) is to be feared. Both groups have similar responses to Jesus as helper and friend.

The second set of statements concerns a sense of community. Children of alcoholics did not feel as great a sense of growth in this area. Those struggling with cancer indicate a significant improvement in this area. It seems that the individuals with cancer were more willing to reach out and share their feelings while the children of alcoholics were more cautious with those feelings and were less likely to trust others.

A majority of participants in both groups indicated improvement in faith and encouragement to trust God.

The first two statements in the third section of the evaluation are addressing a view of one's purpose and respect for oneself. Neither group expressed a significant

change in this area. Apparently as I facilitate small groups this was not a need that I was able to meet.

The response to the second two statements in the third section indicates the strength of small groups. Every participant in both groups agreed that they were listened to and heard as well as encouraged and built up by others. This is in contrast to the fact that they did not feel closer to those in the group! (This reminds me of the people who believe that a good therapist is a good listener. Active and relational listening by others is important to people who hurt.)

In the last section of the evaluation I addressed the feeling or desire to share and witness to the Lord's work in an individual's life. To my dismay both groups responded similarly and that was that there was nearly no improved desire to witness or share with others. It is good that I did not set evangelism as a goal for pastoral care groups.

The response to the two statements that concern prayer indicate that the adult children of alcoholics found improvement in this area and the cancer group a lesser improvement in their prayer life.

The final question had one affirmative respondent in each group. In both cases a male believed that he could facilitate a similar group. I compared the other responses of these two men and found that they had nearly identical replies to most of the statements in the evaluation. Both believed that had a greater desire to help others, unlike the majority of participants.

All the participants affirmed that they would participate in a similar group. All but one of them has continued in a similar group.

The participant in the cancer group who indicated that he could lead a similar group has been instrumental in continuing the group since I left the congregation five years ago.

The comments from the participants were few. The gist of the comments from the cancer group reflected an affirmation of being heard and encouraged by others in the group. They felt welcomed and the others were friendly to them. The group was a place where they felt helped during the worst of times.

The children of alcoholics desired to meet more. We did meet for a second set of sessions.

What did I learn? The groups that I evaluated did not perceive growth in the outreach skills or desire. That was not a primary goal of the group but I had hoped for some growth in that area. Personal feelings that others would listen to and encourage the participants was affirmed by all. That is good. That impression shared by all helps me to think that the small groups were successful in helping others through difficult and painful times in life.

It appears that some spiritual goals were also met. On the whole participants did realize a better understanding of God as a helper and Jesus as a Friend. The majority grew in their faith. These are encouraging responses for this pastor.

I am not convinced that much needs to be changed with the way that the cancer group is conducted. I do think that the children of alcoholics could be helped by directing them to look out towards others and not so much in at their own needs. I am basing that on the result of their responses to the statements on the evaluation. A sense of community and interpersonal relationships did not surface in the children of alcoholics

group. They also did not realize a desire to help others. In the comments they expressed a desire to meet and share more.

Results of the Congregational Survey on Pastoral Care Groups

One hundred and ten surveys were distributed to adults attending worship on two consecutive Sundays, July 9 and July 16, 2000. 62 surveys were returned by July 31, 2000. Two surveys were not completed and were discarded as unacceptable. The results of the sixty surveys that were acceptable are summarized in the following pages and graphs. (A copy of the survey is on pages 155 and 156.)

Thirty-four females and twenty-six males completed this survey. All of those who participated in this survey attended worship at a Missouri Synod Lutheran Church.

AGE (a graph is on page 149)

55% females and 69% males over 50

32% Females and 26% males 26-50

2% females and 3% males 21-26

8% females under 21

MARITAL STATUS (a graph is on page 150)

73% females and 88% males married

17% females and 11% males never married

8% females divorced

2% females widowed

MEMBER AND DENOMINATIONAL STATUS (a graph is on page 151)

7% males and 11% females were members less than one year

23% males and 23% females were members 2-5 years

7% males and 17% females were members 6-10 years

61% males and 44% females were members more than 10 years

0% males and 1% females were Lutheran less than 1 year

3% males and 0% females were Lutheran 2-5 years

0% were Lutheran 6-10 years

96% males and 97% females were Lutheran more than 10 years

CHALLENGES (a graph is on page 152)

20% females, 7% males are adult children of alcoholics

11% females, 7% males struggle with cancer

17% females, 0% males struggle with miscarriage

70% females, 65% males struggled with grief due to loss of loved one in death

Responses to individual Questions (graphs are on pages 153, 154)

A Pastoral Care Group would be valuable to the members **1 2 3 4 5**

of our congregation.

35% females and 46% males strongly agreed

23% females and 42% males mildly agreed

26% females and 7% males unsure

5% females and 0% males mildly disagreed

8% females and 3% males strongly disagreed

2. I would participate in a Pastoral Care Group. **1 2 3 4 5**

55% females and 11% males strongly agreed

8% females and 11% males mildly agreed

29% females and 61% males unsure

0% females and 7% males mildly disagreed

5% females and 3% males strongly disagreed

3. Pastoral Care Groups are useful for people struggling with cancer. **1 2 3 4 5**

50% females and 53% males strongly agreed

35% females and 23% males mildly agreed

5% females and 15% males unsure

5% females and 0% males mildly disagreed

5% females and 7% males strongly disagreed

4. Pastoral Care Groups are useful for people following a miscarriage. **1 2 3 4 5**

32% females and 46% males strongly agreed

26% females and 23% males mildly agreed

32% females and 23% males unsure

2% females and 0% males mildly disagreed

5% females and 7% males strongly disagreed

5. Pastoral Care Groups would help adult children of alcoholics to cope with challenges that stem from their childhood. **1 2 3 4 5**

44% females and 46% males strongly agreed

29% females and 30% males mildly agreed

14% females and 11% males unsure

- 5%females and 3%males mildly disagreed
5%females and 3%males strongly disagreed
- 6. Providing Pastoral Care Groups should be a priority for us.** **1 2 3 4 5**
- 35%females and 23%males strongly agreed
23%females and 57%males mildly agreed
32%females and 19%males unsure
8%females and 0%males mildly disagreed
0%females, 0%males strongly disagreed
- 7. Pastoral Care Groups help those who are grieving the death of loved ones.** **1 2 3 4 5**
- 58%females and 42%males strongly agreed
23%females and 38%males mildly agreed
8%females and 7%males unsure
2%females and 0%males mildly disagreed
5%females and 7%males strongly disagreed
- 8. I have participated in a Pastoral Care Group.** **1 2 3 4 5**
- 8%females and 7%males strongly agreed
5%females and 11%males mildly agreed
0%females and 15%males unsure
5%females and 11%males mildly disagreed
79%females and 53% males strongly disagreed
- 9. Pastoral Care Groups help people grow closer to God.** **1 2 3 4 5**
- 29%females and 50%males strongly agreed
44%females and 34% males mildly disagreed

14%females and 11%males unsure

2%females and 0% males mildly disagreed

5%females and 3%males strongly disagreed

10. Pastoral Care Groups offer a spiritual dimension that support groups can not offer.

1 2 3 4 5

44%females and 46%males strongly agreed

35%females and 26%males mildly agreed

11%females and 23% males unsure

2% females and 0%males mildly disagreed

5%females and 3%males strongly disagreed.

Observations Based on the Responses to the Survey

As I calculated the percentage of each response to the survey I rounded off the percentage to the nearest whole number. In addition some surveys did not include a reply to each of the questions. For those reasons the totals in all the questions do not always add up to 100% of those who completed the survey. I did not accept the two surveys that were incomplete (one entire side was left unanswered). Thirty-four females and twenty-six male adults completed acceptable surveys upon which the following observations are based.

Although a majority of both males and females believe that a Pastoral Care Group would be valuable to the members of our congregation, nearly 30% more males than females agree with that statement. However, less than one fourth of the males would participate in a Pastoral Care Group, yet nearly two thirds of the females would participate. It seems the men believe the groups would be more helpful for others!

Males and females returned similar responses to the usefulness of Pastor Care Groups for people struggling with cancer. Approximately three-fourths of each group believed Pastoral Care Groups would provide benefit for cancer patients.

Nearly 69% of the males yet only 58% of the females agreed that Pastoral Care Groups would be helpful for those struggling with the pain following a miscarriage. Once again the males believe the groups would be more effective for others than for themselves. 20% fewer females felt such a group would be helpful following a miscarriage than following cancer.

Concerning the value of Pastoral Care Groups for adult children of alcoholics, it seems that men and women share nearly identical responses. 73% of the females and 76% of the males believe such groups to be helpful.

As far as Pastoral Care Groups being a priority for our congregation 58% of the females and 80% of the males believe that to be true. Once again it appears that males are significantly more likely to think that Pastoral Care Groups are a good idea for others. A large number of women, 40%, are unsure or disagree with that statement. It causes me to wonder if these women were thinking of themselves in answering the survey. The men appear to be thinking of others.

Both males and females responded in a nearly identical 80% agreement that Pastoral Care Groups would be helpful for those who grieve the loss of loved ones in death. This is consistent with the responses to the Challenges I asked about on the first page. There 65% to 70% of all who responded indicated that they had struggled with grief following the death of a loved one. Not surprisingly they supported their experience with this strong affirmative reply.

This question should have been worded differently. Perhaps I should have simply asked for a “yes,” “no” or “unsure” reply. Obviously less than one for every ten have ever participated in a Pastoral Care Group.

Do Pastoral Care Groups help people grow closer to God? It appears that men are twice as likely to strongly support that notion as are women. At the same time 84% of the males and 73% of the females at least mildly agree with that statement. I still see a tendency for the male response to be more strongly in the affirmative for others than for themselves.

Male and female responses to the question concerning the spiritual dimension of Pastoral Care Groups were very similar. 79% of the women and 72% of the men answered in the affirmative.

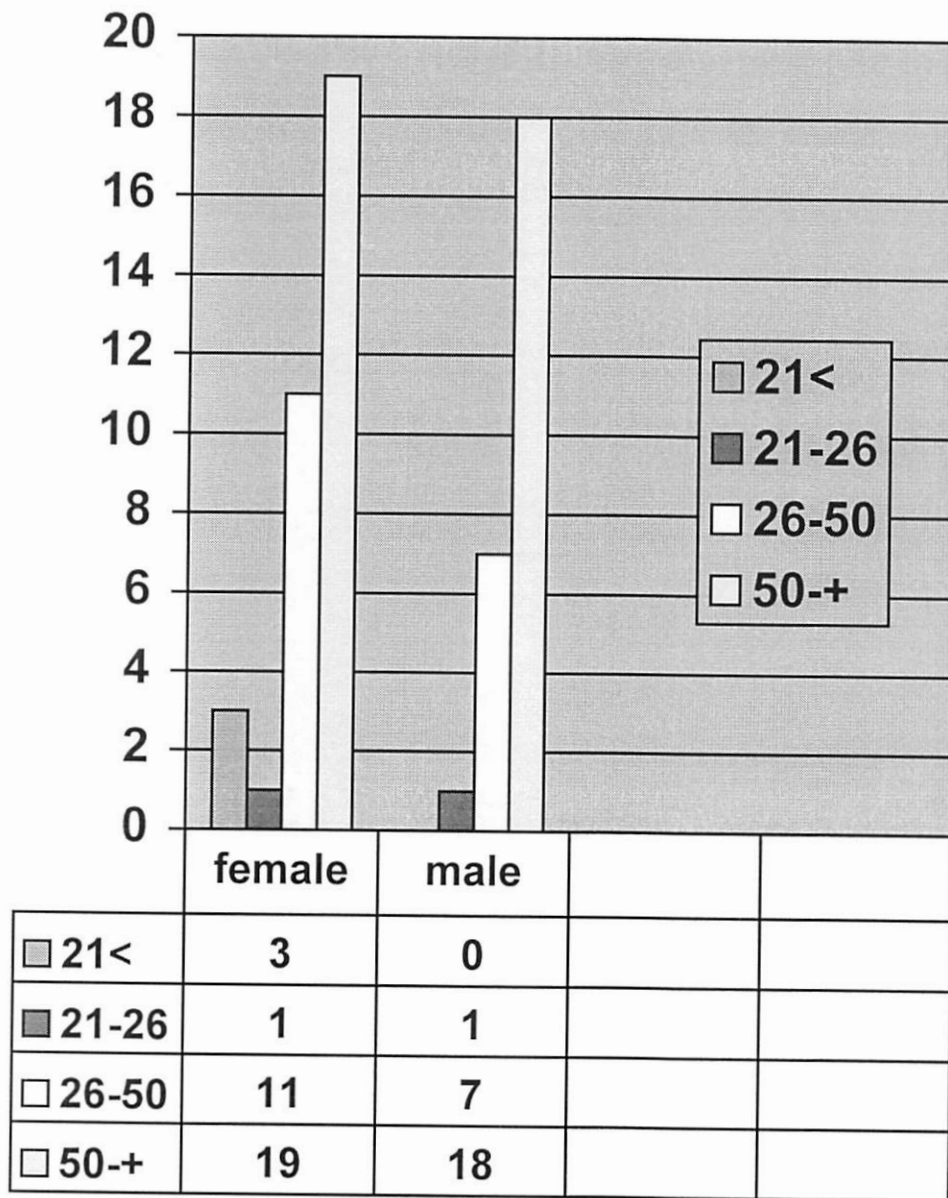
Some conclusions that I draw from the survey are summarized in the following points:

- The greater majority of respondents agree that Pastoral Care Groups would be valuable to the members of this congregation.
- Women are five times more likely to participate in Pastoral Care Groups than are men.
- The Pastoral Care Groups that the respondents perceived as being the most helpful are for those with cancer and grieving the death of loved ones.
- Men are more likely to answer that they are in support of a Pastoral Support Group yet men are less likely to participate in one.
- Lutheran adults are reluctant to believe that Pastoral Care Groups help people grow closer to God.

- Lutheran adults are reluctant to believe that Pastoral Care Groups may offer a spiritual dimension that support groups can not.

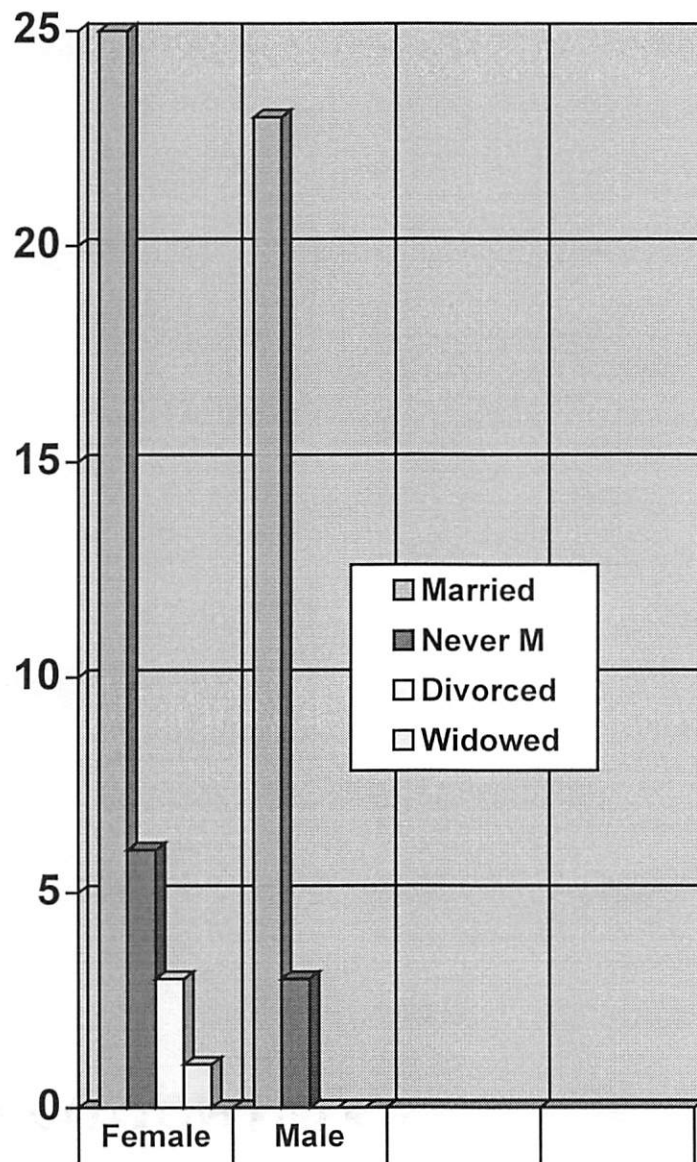
In comparing the results of this survey of adults in worship at a Missouri Synod Lutheran church with an earlier survey given to those who participated in Pastoral Care Groups with me I discovered the following.

- In actuality, the Adult Children of Alcoholics all indicated significant improvement in their understanding of forgiveness and God's love for them in contrast to the results of the majority of people who believed that such groups are not likely to offer such spiritual improvements.
- Similarly a majority of those who participated in Pastoral Care Groups indicated an improvement in faith and encouragement to trust God. Yet the majority of those who had not participated in such groups thought that Pastoral care groups would not help people to grow closer to God.

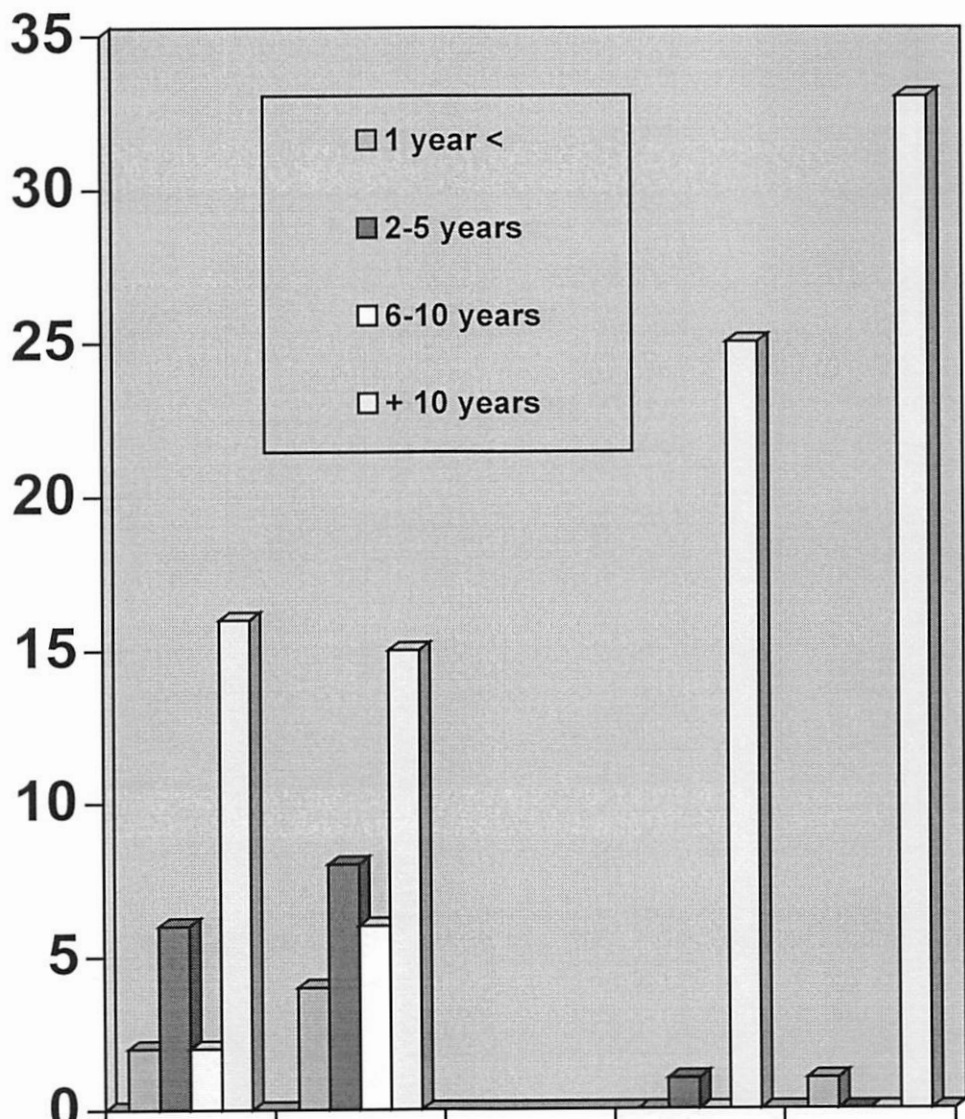


AGE

Marital Status

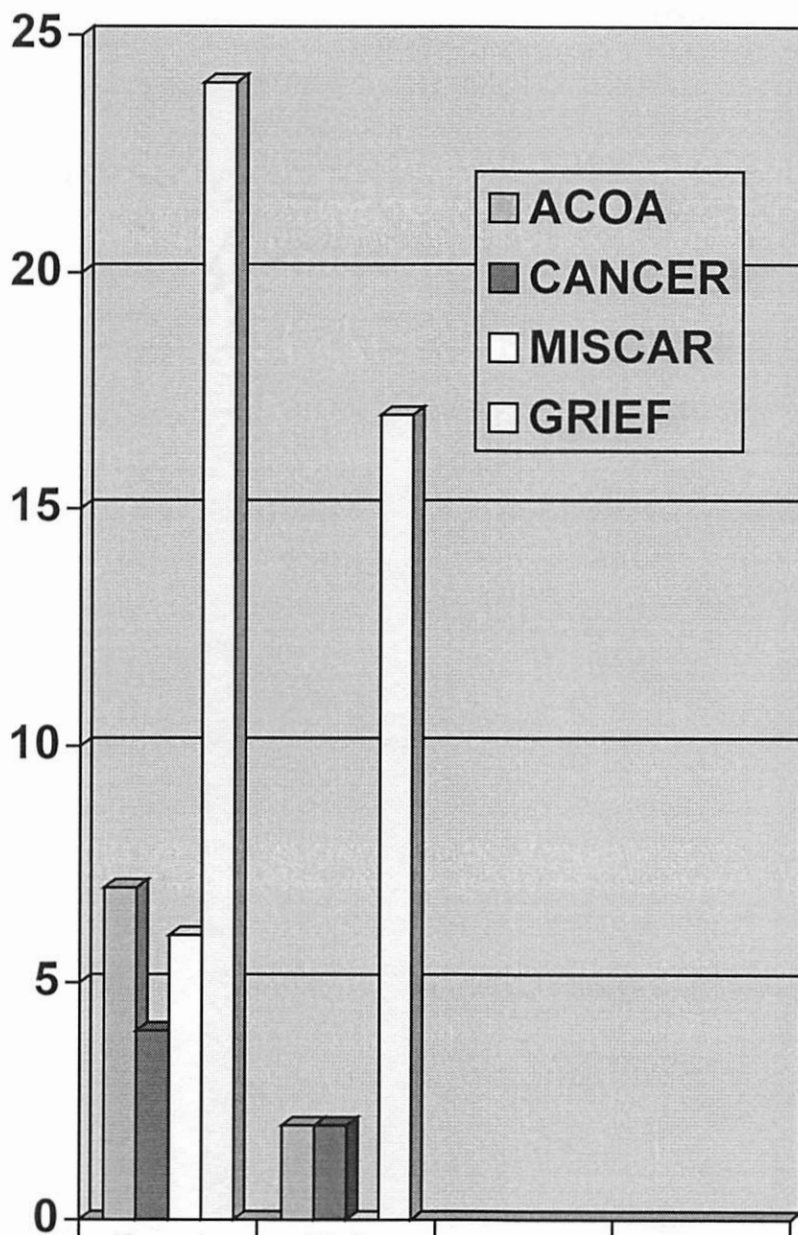


	Female	Male		
Married	25	23		
Never M	6	3		
Divorced	3	0		
Widowed	1	0		



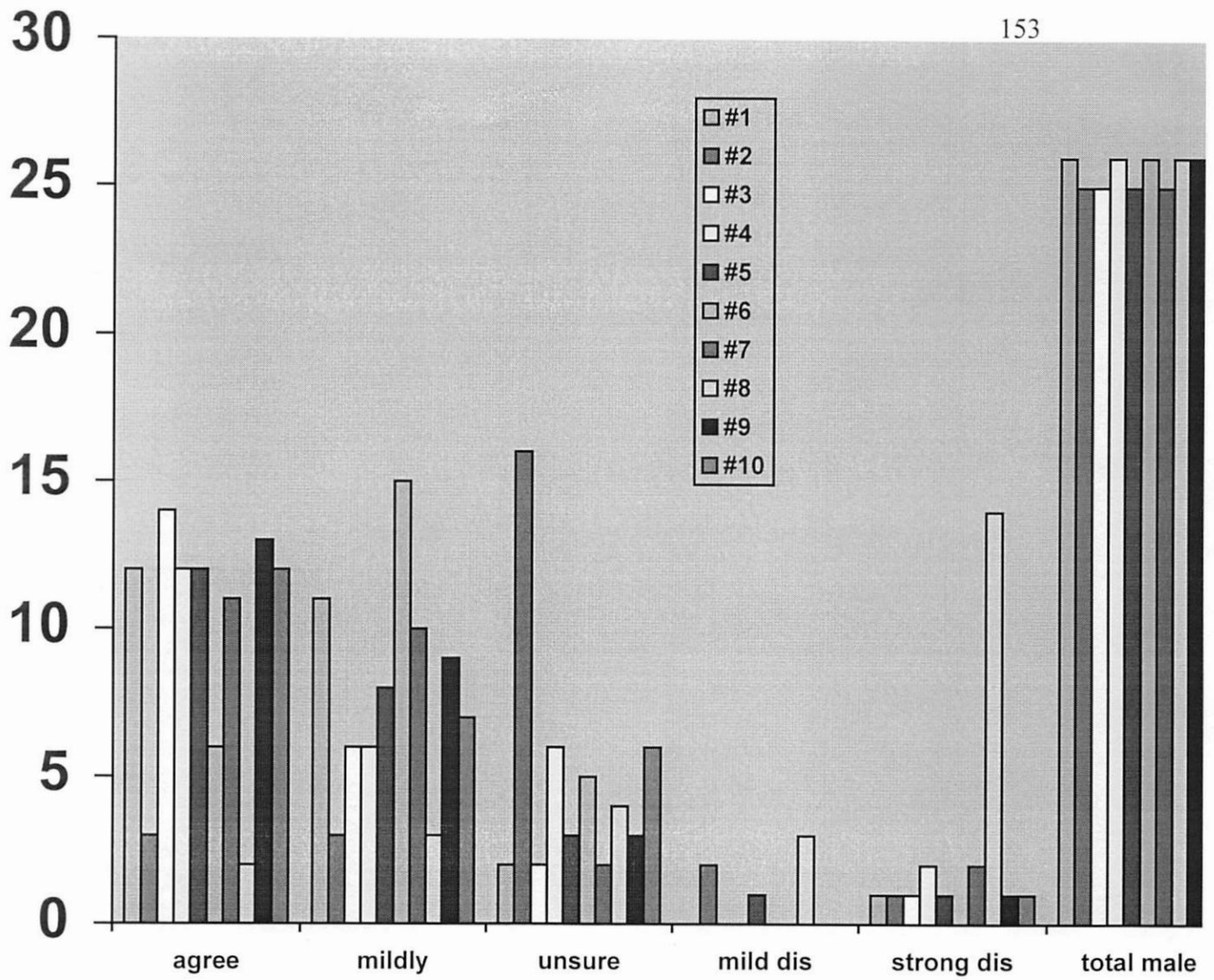
	male	female		Luth male	Luth fem
■ 1 year <	2	4		0	1
■ 2-5 years	6	8		1	0
□ 6-10 years	2	6		0	0
□ + 10 years	16	15		25	33

Member and Denominational Status



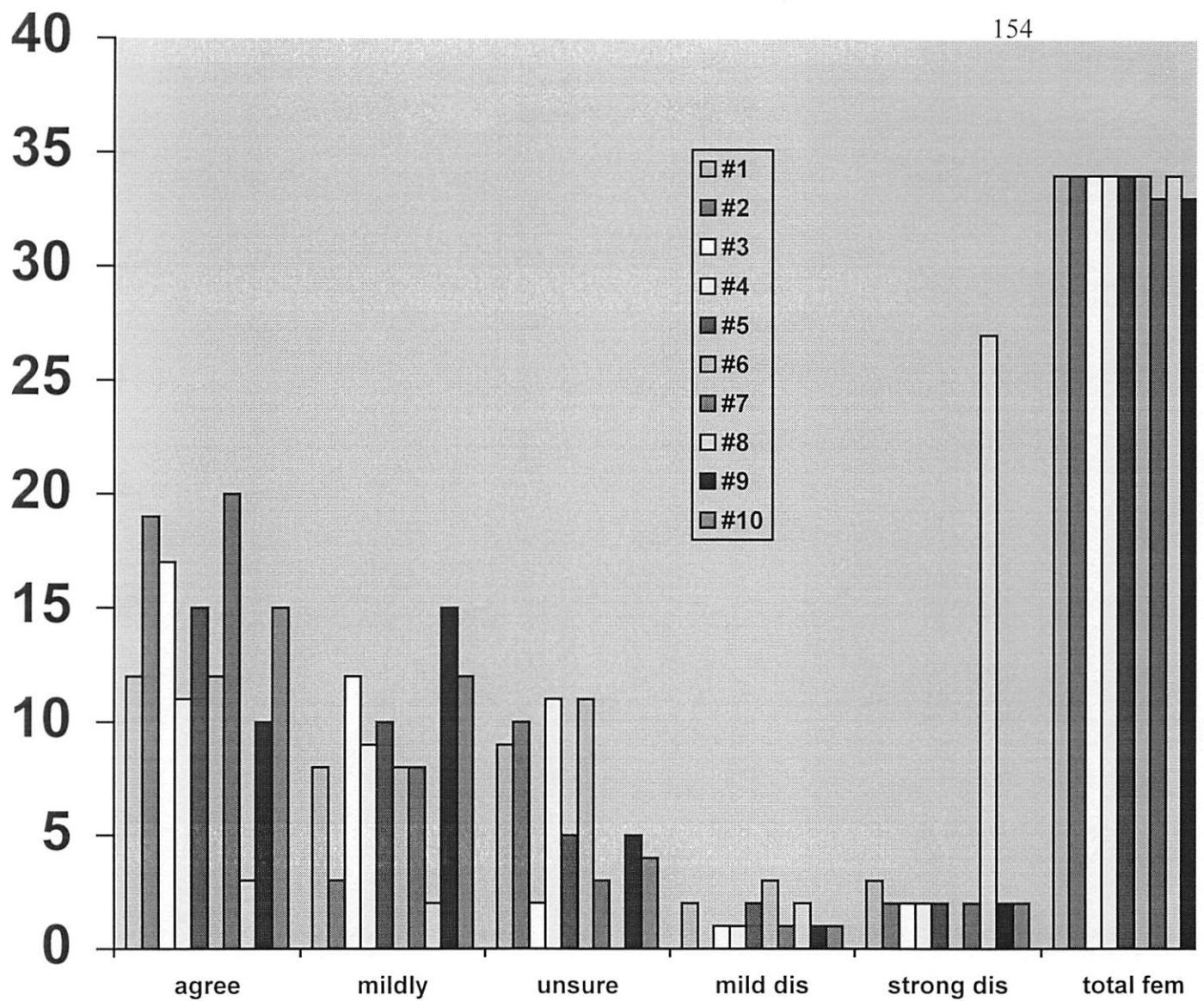
	Female	Male		
□ ACOA	7	2		
■ CANCER	4	2		
□ MISCAR	6	0		
□ GRIEF	24	17		

CHALLENGES



	agree	mildly	unsure	mild dis	strong dis	total male
#1	12	11	2	0	1	26
#2	3	3	16	2	1	25
#3	14	6	2	0	1	25
#4	12	6	6	0	2	26
#5	12	8	3	1	1	25
#6	6	15	5	0	0	26
#7	11	10	2	0	2	25
#8	2	3	4	3	14	26
#9	13	9	3	0	1	26
#10	12	7	6	0	1	26

MALE RESPONSES



	agree	mildly	unsure	mild dis	strong dis	total fem
#1	12	8	9	2	3	34
#2	19	3	10	0	2	34
#3	17	12	2	1	2	34
#4	11	9	11	1	2	34
#5	15	10	5	2	2	34
#6	12	8	11	3	0	34
#7	20	8	3	1	2	33
#8	3	2	0	2	27	34
#9	10	15	5	1	2	33
#10	15	12	4	1	2	34

FEMALE RESPONSES

Date _____

A Survey on Pastoral Care Groups

Sex: Male Age: under 21 Marital Status: married
 Female 21-26 never married
 26-50 divorced
 50 or older widowed

I have been a member of this congregation for: less than one year
 2-5 years
 6-10 years
 more than 10 years

I have been a Lutheran for: less than one year
 2-5 years
 6-10 years
 more than 10 years

Please check all that apply:

- I am the adult child of an alcoholic.
 I have struggled with cancer.
 I have had a miscarriage.
 I have grieved the death of a loved one.

A Pastoral Care Group consists of a small assembly of individuals who meet with a pastor to seek comfort, encouragement and skills to help them endure the consequences of a common painful experience such as miscarriage, cancer or the death of a loved one.

With the above definition in mind please respond to the questions which are on page two.

-page two-

In answer to the following questions circle the number in the column on the right, which best represents your opinion. Please use the following scale. 1=strongly agree, 2=mildly agree, 3=unsure, 4=midly disagree, 5=strongly disagree

- | | | | | | |
|---|---|---|---|---|---|
| 1. A Pastoral Care Group would be valuable to the members of our congregation. | 1 | 2 | 3 | 4 | 5 |
| 2. I would participate in a Pastoral Care Group. | 1 | 2 | 3 | 4 | 5 |
| 3. Pastoral Care Groups are useful for people struggling with cancer. | 1 | 2 | 3 | 4 | 5 |
| 4. Pastoral Care Groups are useful for people following a miscarriage. | 1 | 2 | 3 | 4 | 5 |
| 5. Pastoral Care Groups would help adult children of alcoholics to cope with challenges that stem from their childhood. | 1 | 2 | 3 | 4 | 5 |
| 6. Providing Pastoral Care Groups should be a priority for us. | 1 | 2 | 3 | 4 | 5 |
| 7. Pastoral Care Groups help those who are grieving the death of loved ones. | 1 | 2 | 3 | 4 | 5 |
| 8. I have participated in a Pastoral Care Group. | 1 | 2 | 3 | 4 | 5 |
| 9. Pastoral Care Groups help people grow closer to God. | 1 | 2 | 3 | 4 | 5 |
| 10. Pastoral Care Groups offer a spiritual dimension that support groups can not offer. | 1 | 2 | 3 | 4 | 5 |

Thank you for participating in this survey. The information on this survey is being gathered for a project proposed by Rev. Donald Stein as a partial fulfillment of his Doctor of Ministry degree at Concordia Seminary, St. Louis, MO.

APPENDIX

WHAT TO DO WITH THE PROBLEM OF RELATIONSHIPS

9-96

1. Genesis 3:12,13. Blame. Stop it! Admit problem. Do not cast blame.

2. You can not justify yourself. Your excuses cannot justify you. Jesus Christ is your righteousness. 1 John 1:8,9

3. Another lie is that rejection is intolerable. For that reason you remain distant. Avoidance behavior is a learned behavior.

4. The truth is that rejection is not pleasant. It is tolerable. It does not kill. People survive it. So will you. It can be unlearned.

Develop new relationships

reach out to others

initiate friendships

Pray 1 Thessalonians 5:17

Forgive Matthew 6:12-15

Jesus sets an example for us with John. John 13:22f.

1 John 4:18

2 Corinthians 1:20

Luke 10:42

Create an open system. LOVE

10-96

Breaking the Cycle

Renew and intensify your relationship with Jesus

1. Read the Bible daily
2. Pray daily
3. Worship regularly
4. Spend time with Christians
5. Become active in a local church ministry
6. Make Jesus the center

Accept God's forgiveness

1. God Loves You! John 3:16, 17. I Timothy 1:15, 16
2. Prior condition to forgiveness is Repentance -
"Putting off the old, putting on the new; Change of heart, change of mind; desire to do God's will"

Break away from the cycle

1. Must break away from the cycle or will be destined to repeat the cycle
2. "Discover" and expose the "secrets"
3. Reestablish appropriate boundaries (value system)
4. Flow of information and activity, clear lines of personal and public boundaries

Change

1. Outward change - suggested by others
2. Inward change - follows about two weeks later
3. Family begins to revolve around relationships
4. Find worth in Jesus
5. Play becomes relief from expectations
6. Establish new, healthy rituals
7. Learn to be more flexible - give and take, risk relationships

**"Call upon me in the day of trouble,
I will rescue you and you will honor me."**

Psalm 50:15

Give God thanks and praise!

9-11-96

Jim Candy Pastor

Psalm 4

Call to God in distress

False Gods -

Self-centeredness

We suppress the painful past

secrets, privacy

isolation, left out, could not do what friends do

loss of childhood and adolescence - become adult too soon

repress - not allowed to feel

life was planned

hard to express feelings now

end result - stop feeling

It helps to look at God as a friend rather than Father

The non-drinking parent is viewed as one who is not warmly loved.

Why?

anger with non-drinking parent - did not protect child or made things worse by
undermining "rules" of addicted parent. Secrets, sneaking

Expect oldest to "rescue" family

most growing up memories are "rotten"

ridiculous rules with unreasonable consequences

reason for rules? -- lack of control of self and life

need to feel power over someone or something

Here is the difference "the Lord will hear when ever you call" vs 3

vs. 4 Anger is a valid feeling

Hate is vengeance, hate is wrong, hate is revenge

"If you seek revenge -- dig two graves" --Greek philosopher

search heart - forgive

family, unreliable -- stab in back

Why always go back to those who hurt you?

Perhaps, it is expecting to be loved and welcomed?

"insanity" - going back over and over again expecting different results

There is hope and assurance

vs 5-8

EVALUATION

11-96

As you met with this small group did you find any of the following needs meaningfully addressed?

Yes Somewhat No

- | | | | |
|---|-------|---|--|
| — | _____ | — | A better understanding of forgiveness. |
| — | _____ | — | A better understanding of God's love. |
| — | _____ | — | A better understanding of Jesus as my Savior. |
| — | _____ | — | A better understanding of Jesus as my Friend. |
| — | _____ | — | A better understanding of Jesus as my Helper. |
| | | | |
| — | _____ | — | I feel a greater sense of community with those in the group. |
| — | _____ | — | I have developed deep interpersonal relationships in this group. |
| — | _____ | — | I have grown in my faith. |
| — | _____ | — | I have found encouragement to trust God. |
| | | | |
| — | _____ | — | I have experienced improved meaning and purpose in life. |
| — | _____ | — | I have an improved sense of appreciation and respect for myself. |
| — | _____ | — | I was listened to and heard. |
| — | _____ | — | I was encouraged and built up by others. |
| | | | |
| — | _____ | — | I feel a greater desire to help others. |
| — | _____ | — | I am now motivated to seek other solutions to my needs from the Bible. |
| — | _____ | — | I am now more likely to witness my faith to others. |
| — | _____ | — | I now pray more often. |
| — | _____ | — | I now pray more meaningfully. |
| — | _____ | — | I could facilitate a similar group. |

Would you participate in a similar group?

Comments:

EVALUATION

11-96

As you met with this small group did you find any of the following needs meaningfully addressed?

Yes Somewhat No

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A better understanding of forgiveness. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A better understanding of God's love. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A better understanding of Jesus as my Savior. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A better understanding of Jesus as my Friend. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A better understanding of Jesus as my Helper. |
| | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I feel a greater sense of community with those in the group. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I have developed deep interpersonal relationships in this group. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have grown in my faith. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have found encouragement to trust God. |
| | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I have experienced improved meaning and purpose in life. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I have an improved sense of appreciation and respect for myself. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I was listened to and heard. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I was encouraged and built up by others. |
| | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I feel a greater desire to help others. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am now motivated to seek other solutions to my needs from the Bible. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am now more likely to witness my faith to others. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I now pray more often. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I now pray more meaningfully. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | I could facilitate a similar group. |

Would you participate in a similar group? YES

Comments: I WISH WE WOULD HAVE MET A COUPLE
MORE TIMES, ~~WE~~ WE JUST SEEMED LIKE WE STARTED
TO GET TO KNOW EACH OTHER, FEELING COMFORTABLE
ETC. I HOPE AFTER THE HOLIDAYS WE CAN MEET
AGAIN. I FEEL THERE WAS MORE TO LEARN, SHARE
AND GROW.

EVALUATION

11-96

As you met with this small group did you find any of the following needs meaningfully addressed?

Yes Somewhat No

- A better understanding of forgiveness.
- A better understanding of God's love.
- A better understanding of Jesus as my Savior.
- A better understanding of Jesus as my Friend.
- A better understanding of Jesus as my Helper.

- I feel a greater sense of community with those in the group.
- I have developed deep interpersonal relationships in this group.
- I have grown in my faith.
- I have found encouragement to trust God.

- I have experienced improved meaning and purpose in life.
- I have an improved sense of appreciation and respect for myself.
- I was listened to and heard.
- I was encouraged and built up by others.

- I feel a greater desire to help others.
- I am now motivated to seek other solutions to my needs from the Bible.
- I am now more likely to witness my faith to others.
- I now pray more often.
- I now pray more meaningfully.
- I could facilitate a similar group.

Would you participate in a similar group? Yes

Comments: _____

EVALUATION

11-96

As you met with this small group did you find any of the following needs meaningfully addressed?

Yes Somewhat No

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A better understanding of forgiveness. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A better understanding of God's love. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | A better understanding of Jesus as my Savior. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | A better understanding of Jesus as my Friend. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | A better understanding of Jesus as my Helper. |
| | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I feel a greater sense of community with those in the group. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I have developed deep interpersonal relationships in this group. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have grown in my faith. |
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| | | | |
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| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I have an improved sense of appreciation and respect for myself. |
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| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I feel a greater desire to help others. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I am now motivated to seek other solutions to my needs from the Bible. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I am now more likely to witness my faith to others. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I now pray more often. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I now pray more meaningfully. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I could facilitate a similar group. |

Would you participate in a similar group? YES

Comments: _____

EVALUATION

11-96

As you met with this small group did you find any of the following needs meaningfully addressed?

Yes Somewhat No

- A better understanding of forgiveness.
- A better understanding of God's love.
- A better understanding of Jesus as my Savior.
- A better understanding of Jesus as my Friend.
- A better understanding of Jesus as my Helper.

- I feel a greater sense of community with those in the group.
- I have developed deep interpersonal relationships in this group.
- I have grown in my faith.
- I have found encouragement to trust God.

- I have experienced improved meaning and purpose in life.
- I have an improved sense of appreciation and respect for myself.
- I was listened to and heard.
- I was encouraged and built up by others.

- I feel a greater desire to help others.
- I am now motivated to seek other solutions to my needs from the Bible.
- I am now more likely to witness my faith to others.
- I now pray more often.
- I now pray more meaningfully.
- I could facilitate a similar group.

Would you participate in a similar group? yes

Comments: _____

CANCER SUPPORT MEETING

November 16, 1992

1:00 PM

Present: Bev , Evelyn , Harvey , Ray ,
 Hazel , Pastor Stein

Pray for Dorothy - Greetings from Dorothy

Discuss Psalm 46

Discuss Hymn 651 "Be Still My Soul"

Good to have "change" of pace, scenery

Philippians - Epistle of Joy

Galatians 5:23 - Fruit of Spirit "Joy"

We have the need to reward self and return the "Joy" taken away
with the cancer,/Support group helps

Frequent check-ups important

Harder to support than to suffer

Bothered by seeing others who are worse

Pamper self a little - Evelyn bought new furniture that brought her
happiness - something fresh in life.

"ORDER CROSS IN POCKET"

How to sleep when can't sleep at night

Visit Elderly, lonely

Next month Monday, December 14th at 1 pm at Evelyn

OVERCOMING FEAR

9-27-93

THINGS THAT CAUSE FEAR

Return of cancer
 Chemo
 Other therapy
 Life style change
 Becoming a burden
 Losing family
 Loss of hair
 Prosthesis
 Medication

THINGS THAT OVERCOME FEAR

Perfect Love
 Knowledge
 Faith
 Prayer
 Talking in group
 Keeping busy
 Trying new things
 Enjoy each day
 Thanking God for each day
 Hope

PAGES 115-125

JOY COMES FROM YOUR
 RELATIONSHIP WITH GOD AND HIS
 UNCHANGING FAITHFULNESS.

YOU ARE IN CONTROL OF YOUR
 HAPPINESS.

JOHN 1:13
 2 CORINTHIANS 5:17
 JOHN 10:31-42
 EZEKIEL 36:26
 PSALM 36:26
 ACTS 3:9

=====

Preparing for the final hurdle---Death and the Life after

NEXT MEETING: October 25th

Home of Ray

Time: 1:00 P.M.

CANCER

10-25-93

Fear of death

Not only of death - but fear of painful death

1. All people will die
2. Death - Although final - is not the end

Job 19:25-27

Ps. 4:1 - Distress, plead with God for relief

4:8 - Can lie down in peace and sleep - Lord keeps us safe

Ps. 23:4-6

John 14:1-3 - Jesus has gone on ahead

Hebrews 11:1 - Faith

11:13-16 - City for the dead in Christ

Marah Ex. 15:23-26

Rev. 21:4

Often to Marah's Brink Have I been brought
 Shrinking the cup to drink, Help I have sought
 And with the prayer's ascent, Jesus the branch hath rent
 Quickly relief hath sent, Sweet'ning the drought.

DEPART in PEACE

This is the third topic I have begun for this newsletter. The other two did not seem as appropriate once they were done.

DEATH is the topic that really needs to be addressed at this time. Five funerals in the month of March have been conducted here at Zion. Several other members felt they were near death.

Over the past seventeen years I have been with forty people at the time of their DEATH or within moments of their DEATH. In 1976 I held the hand of a woman as she died of cancer in the hospital. Only weeks before her DEATH she returned to the Christian faith of her youth. She **departed in peace**.

In the spring of 1981, Alma and I held the hand of August on the morning he closed his eyes for the last time and **departed in peace**. Two months later I was with Alma as she slept, **departing in peace**.

1982 was not an easy year for me. In the spring of that year I was with a retired pastor and his wife at the VA hospital in St. Paul. The three of us held hands and began praying the Lord's prayer. I could not finish praying out loud. When pastor Loerke and his wife finished I spoke the words of John 3:16. By the time I finished speaking, pastor Loerke had **departed in peace**.

In the fall of the same year I arrived in the same hospital to visit the husband of one of our members. He had never come to church. He was an alcoholic and was dying of cirrhosis of the liver. I have never seen skin the color

orange his was. His body was too poisoned for him to respond to most things. The nurses said he could still hear and would blink his eyes in response to questions.

I read to him from the Bible. Then I asked him if he would like to go to heaven. A tear formed in his left eye and ran down his cheek. I held his hand as I prayed a prayer confessing his sins and asking Jesus for forgiveness. Both his eyes had tears forming in them. I found the words of Luke 23:42,43 and read them to him. The thief on the cross simply says to Jesus " *remember me when you come into your kingdom.*" The Lord Jesus replies, "**TODAY YOU SHALL BE WITH ME IN PARADISE**"

His eyes were open. A final tear formed in his left eye. He stopped breathing. He departed. At last he found **peace**.

We approach DEATH in many ways; but we all approach DEATH. Even Jesus approached DEATH. Jesus was not afraid of DEATH. You do not need to fear DEATH. Easter proves that DEATH has no sting, because Jesus has WON the VICTORY OVER DEATH. (I Corinthians 15:57.)



Support Group

2 Corinthians 1:3-5 "Comfort one another"

Present: Dorothy , Hazel , Bev , Sylvia

Common Concerns:

- 1. Treatment has ended but the question is yet present
- 2. All the feeling is on yourself - others can't feel as you do
- 3. Plan day to day - not in advance
- 4. Want to be left alone - hours or days
- 5. Where or when will cancer next appear
- 6. Family does not understand
 - Not prepared
 - Not expected
 - Does not want to talk about it
- 7. Doctors do not tell enough/nurses are more helpful
- 8. Hair falling out - embarrassing - devastating

Suggested Solutions:

- 1. Plan ahead - work towards the future (Luther - plant a tree)
- 2. Job or other things to think about - keep mind off of self
- 3. Have husbands/family meet to learn or be reminded
 - a. Be realistic - not sorrow, not to serve
 - b. OK to talk about cancer
- 4. Speak with others who have had it or those who are going through it - both feel better
- 5. Set up like AA - Just phone or visit to talk

Affects Family

Fear they may have the same
 Tire more easily (But that returns)
 Husbands tend to be less sensitive - there for the emergency,
 but not for the support.

Do not take things for granted

Take more serious
 Laugh more
 Not so afraid of death as of suffering or pain
 Cannot wear certain clothes
 Still have some discomfort
 Frustration - things take longer

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Informal Cancer Support Group "Coping With Cancer"

Next meeting: May 4th, Friday - 1:00 P.M. at the parsonage

CANCER SUPPORT GROUP
May 4, 1990

171

I Samuel 2:9

Pastor Stein led in prayer.

Present: Bev Hazel , Lois , Wendy

Doctors not as informative as nurses.
Emotional concerns not addressed by physicians.

Fears not addressed.
Hard to say "cancer"

Family members have cancer - some fear following same, other family members are afraid of getting cancer.

Husbands fear emotional situations - Treat like contagious disease - fear if we talk about it. We might bring it upon us.

Fear of unknown.
Husbands afraid of upsetting wives so would avoid talking about it.

Bring husband to check up - all went alone - husbands may feel guilt.

Don't want husband to feel sorry for you, but do want him to show care.

Expressed good feelings because their cancer was found and removed.

Doctors are all male doctors. Do not talk about reconstruction, etc.

Place and date of next meeting: Suggest Monday, June 11th at Bev's home. 1:00 P.M.

CANCER SUPPORT GROUP

August 24, 1990
1:00 P.M.

Met at home of Dorothy

Present: Bev , Losi , Hazel , Dorothy

Feel Guilt - may pass cancer on to family
worry that children may get it
changes other lives

Feel Numb - Say "OK" when really mean to say "no"
Hard to say things
Hard to express real feelings
Worry about what to say - fear it will upset others
Comes in waves, may last days
Some days good - others very hard

Constant Fear - Especially when time for tests
Delay or put things off to find results of tests
"No News is Good News"

Family members often react as though "Don't talk about it and it goes away" like putting lead in sand.

Even very close family does not want "Me" to talk about the cancer or how "I" feel. They avoid and walk away from talks.

Husbands do not express feelings or thoughts about the cancer.

Fee lsorry for self- nobody seems to care.

Need to feel recognition

Support Group

1. You are not alone - others deal with same thing
2. More information shared
3. Help for others new to problems - makes you feel better
4. Can leave group when better

Initially anger with God

"Why me? What did I do to deserve this?"

Now feel closer to God - live more by faith - more aware of God

Not accepting Death - rather hope things can go on with life.

All see purpose and use - too much to do helping others especially children and grandchildren

OK to talk about these feelings - but NOT with husbands or children
Some spouses will leave room if film about cancer is on.

Copy "Portrait of Goodbye" - Spencers

Lois host Friday in September.

CANCER SUPPORT GROUP

September 21, 1990
1:00 P.M.

Met at home of Lois

Present: Lois , Hazel , Bev

EARLIER - "Why Me"
- Anger, Bitter feelings
NOW - Fear of when wil it come back
- Disbelief of reports

Discuss Psalm 77 - Feeling angry, asking "Why me"
Resolve - look to the LORD

Discuss Psalm 6 - Cry, sleepless nights
No resolve - Have Faith

How to talk or what to say to other cancer victims

Nobody knows how you feel.

People avoid you & come in to be too cheerful - nervous laugh

Just be there - hold hand

A: Tell the truth
Rather than denial
Role play

B: I had cancer - "This is what I did"
Romans 8:26,27

C: I am dealing with my feelings
Talk to me and I will listen

Personality Change:

Less happy - grouchy

More depressed

Let things go

Take less pride in domestic things

Lose interest in many things

Could not drive for a time

Cry more

Don't care - stay in bed more

Guilt when can't help others

Noticed need to take time to "smell the Roses"

Is good to get busy - job or other activity

Desire to now be among people - not things

Need to get away and be out.

For next month read: 2 Corinthians 1:4-7 Reason for Suffering

Bring copies of stages in grief

CANCER SUPPORT GROUP
October 12, 1990
1:00 P.M.

Met at home of Hazel

Present: Hazel , Wendy , Bev , LaVerne
Pastor Stein

Pastor spoke about two day class he attended. What can be said to spouse to make them help?

Be honest with spouse
Do not protect

Good discussion on Four Stages:

1. Denial
2. Anger
3. Bargaining
4. Depression - Long, more felt this was what they could identify with

February Dinner?

Some laughter

People who are normal, yet they have cancer, not abnormal people. All shared same feelings about wanting to spare others from their hurt.

Close - Thought Romans 8:26,27 - God with us

Next Time - Acceptance Stage 5

Monday October 29th - 1:00 P.M. at Wendy

CANCER SUPPORT GROUP
October 29, 1990
1:00 P.M.

Met at home of Wendy

Present: Wendy , Lois , Bev , Hazel
 Pastor Stein

Phil. 4:11-13 A Method to Handle Hurting

5th Stage - Acceptance

Surgery and treatment over; that's good
 Fear for future reoccurrence - that's bad
 Death and cancer in others brings back strong emotions
 Think of self as "next" for death, etc.
 Doctors not always seems to tell the truth
 Doctors seem to be in a hurry
 Nurses seem okay
 Friends - Some were uncomfortable, stayed away
 Some ask how did you find out, etc.
 Family - Some forget, some expect less

Clothes still present problem

Slef - Take more time for self - enjoy more in life
 More intensive involvement in work
 Anxiety when unable to work - bitterness
 Hard to give up

So are we cured or not - because we cannot give blood etc.?

Insurance information Center Wisconsin - 608/257-2011

Office of Commissioner of Wisconsin - 608/266-0103

No guarantee - No sure cure - is the fear a fear of dying?

All relate to the "small of cancer" etc.

All agree mental attitude greatly affects recovery.

Some anger over great great difference of opinion among doctors

Feel changed - empty at times

Where was God when you had your cancer - Right by you!

God was with you. God was in you.

I Cor. 6:19.20 - Jesus in us

Rom. 8:26,27 - Holy Spirit in us

Phil. 4:11-13 - Method

GOD IS IN YOU NOW.

CANCER SUPPORT GROUP

November 30, 1990
1:00 P.M.

Met at home of Bev

Present: Bev , Dorothy , Hazel . Pastor Stein

Coping From Rev. Carl Erhfurth

Inmate at prison put sign on his Bible

"Why me O Lord"

Other prisoners stopped him and said "Yeah, that's how I feel,
'Why me'" "I didn't deserve this - why me - why this suffering,
etc." "O, no" I mean why have you given me the privilege - O

Lord to walk

talk

live

know Christ

help others learn of Christ

Discuss need to focus for a few sessions, then evaluate and choose another focus.

Again, family not as easy to speak about cancer to as "strangers".

Do not want others to feel down so fear bringing it up.

Story of 40 year old orphan who had difficult childhood yet concluded
"I need my past.... It brought me to God."

Ecclesiastes 7:3 "Sorrow is better than laughter: For by the sadness of
the countenance the heart is made better."

Strength, understanding from sorrow

What good:

To show others what a Christian can endure and yet enjoy life

Comfort means more coming from someone who hurts

Some answer or purpose

Things that bothered at one time no longer are important

Easier to make do with less

Many things seem less important

More thankful for each morning

Live one day at a time

Do not plan as far ahead - do not care to worry as much

More desire for being together with family

More need to work -

1. Keeps mind off cancer
2. Prove to self still capable
3. Want to give something
4. Makes one feel normal
5. Makes one feel worth

1. Spouses and family to be supportive - Very difficult
Unrealistic
Is helpful knowing other share
this concern

2. How to work out of depression - because of talking it is improving

3. Fear - will it return? (So if it does, will the world end?)
 What will others think

A. List things that cause fear

Return of cancer
 Chemo again
 Other therapy again
 Will life style change
 Will I end up a burden to others
 Losing family and grandchildren
 Fear of losing sexuality
 Fear of losing hair

B. List things that overcome fear

Perfect love casts out all fear
 Knowledge
 Faith
 Prayer
 Talking in group
 Keep busy
 Trying new things
 Enjoy and thankful for each day

Next three or four sessions "Focus on Overcoming Fear"

Next meeting at Dorothy 's at 1:00 P.M. on Wednesday, December 19th.

GRIEF AND LOSS SUPPORT GROUP

November 9, 1992

I Corinthians 15:53-58

Meet November 30th at 7:00 pm.
 Discussed Genograms
 Traded and discussed books
 Discussed bibliographies
 Discussed similar experiences at NICU

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December 8, 1992

Colleen , Roger & Tracy , Pastor Stein

Goals from "Paper"

Discussed handout topics
 Discussed "Purpose of Suffering"

SHARE meetings once per month
 See improvement

Letters from another Support Group - Mary Jo Krahn - Reedsville
 Letters from others who suffered similar loss

What is written about loss of a twin

MUMS - Mothers United for Moral Support

Newsletter - local editor seems negative
 Does match mums with similar problems

Passing on from reading much to find "Why"
 Read less about it now -
 Took three months for Colleen to feel the worst pain "Reality"
 Hard to let go even after 4 years
 Harder for husbands to find models than for wives

Find relief to grief through log's, music and scrapbooks
 Remember being tired, even if you got a good night's sleep
 We all still felt drawn and tired. Sometimes live hour to hour not
 week by week. Felt work helped divert some emotions. We were
 afraid to have fun, what others thought. Sometimes seeing other
 children was sad.
 Disagree with "healing will come" - sounds like the pain is gone
 but the sorrow is always there.

Next meeting January 19th 7:00 pm.

December 8, 1992

The December meeting was attended by Colleen , Roger & Tracy , and Pastor Stein. Shared various ideas from grief and suffering books we have traded ("The Purpose of Suffering", Edwin Young author). Discussed handout topics. Members also found comfort attending SHARE meetings once a month at St. Vincent Hospital. We see improvement. Colleen shared letters from another support group which is lead by Mary Jo Krahn, Reedsville. This newsletter contains letters, poems, or thoughts from others who have suffered similar losses. We're looking for information on what is written about the loss of one twin. Another support newsletter is Mothers United for Moral Support (MUMS). The nation wide program is good. Be careful of the local MUMS editor, she seems negative because of her personal experiences.

- Passing from one stage of grieving to another. Reading as much as possible to find out "why".

- It took three months for Colleen to feel the real pain, when "reality" took over. It is still hard to let go, even after 4 years.

- Husbands find it harder to find models than their wives.

- Relief is found through memories; log's, music, & scrap books.

- We remember being tired. Even if you got a good nights sleep we still felt drawn and fatigued. Sometimes only tried living hour to hour, not week by week.

- Felt work helped divert some emotions.
- We were afraid to have fun, what others might think.
- Sometimes seeing other children was sad.
- We disagreed with the statement "healing will come", this sounds like the pain is gone, but the sorrow is always there.

Next meeting scheduled January 19, 1993 7 pm

January 19, 1993

Pastor Stein opened with Psalm 139:13-16. Discussed Erich Lindemann's comments of Beyond Grief:

Religious agencies have led in dealing with the bereaved. They have provided comfort by giving the backing of dogma to the patient's wish for continued interaction with the deceased, have developed rituals that maintain the patient's interaction with others, and have counteracted the morbid guilt feelings of the patient by Divine Grace and by promising an opportunity for "making up" to the deceased at the time of a later reunion. Although these measures have helped countless mourners, comfort alone does not provide adequate assistance in the patient's grief work. He has to accept the pain of the bereavement. He has to review his relationships with the deceased, and he has to become acquainted with the alterations in his own modes of emotional reaction. His fear of insanity and his fear of accepting the surprising changes in his feelings, especially the overflow of hostility, must be worked through. He will have to express his sorrow and sense of loss. He will have to find an acceptable formulation of his future relationship to the deceased. He will have to verbalize his feelings of guilt, and he will have to find persons around him whom he can use as "primers" for the acquisition of new patterns of conduct. All this can be done in eight to ten interviews.

Feelings that group members shared;

- Christmas ornaments are collected to remember ones we love, others let balloons go, or light candles.
- We want to hold the memories we dreamed or shared.
- Others feel uncomfortable around us
 - 1) Never had experienced such a circumstance
 - 2) Denial of their own loss
 - 3) Fear the same thing might happen to them
 - 4) Fear of making you sad
 - 5) Simply don't know what to say
- Children seemed more open to mention the loss of the baby
- We feel a need to help others with their loss.
- The people who have experienced similar losses are more sensitive to your loss.
- Anniversary dates of birthday, due dates, etc. are always on our minds (others may also remember).
- Experience expressions of empathy from others, friends, or 'nearly strangers' who have had similar losses.
- Subsequent pregnancies are hard, fear of similar happenings
- Baptisms can be hard to attend - at times even seeing babies can hurt.
- Some songs brings up memories that hurt.
- Discussed Goals from attachment "G".

Next meeting is scheduled for February 16, 1993, 7 pm.

10-18-93

GRIEF

A Psychiatrist, Dr. Lindemann believes "comfort alone does not provide adequate assistance to overcome grief." (page 79 BEYOND GRIEF). He suggests the following things need to be addressed. Discuss with one another suggestions for these issues to help overcome grief.

One has to accept the pain of the loss.(John 11:33-36).

One needs to review the changed relationships with the dead loved one. (II SAMUEL 12:21-23)

Recognize the changes in your own life because of the death of the one you love.(RUTH 1:3,5-11)

Find a positive way to express your own sense of loss and sorrow.(LUKE 2:37)

Discover an acceptable solution to your future relationship with your lost loved one.(JOHN 11:23-26)

Verbalize your feelings of guilt.(write in a diary)

Construct new patterns of conduct.(do something new look to the future and not the past only)

Find rituals to provide continued interaction with the one you love.(pictures, jewelry, flowers, ornaments,)

REVELATION 21:4



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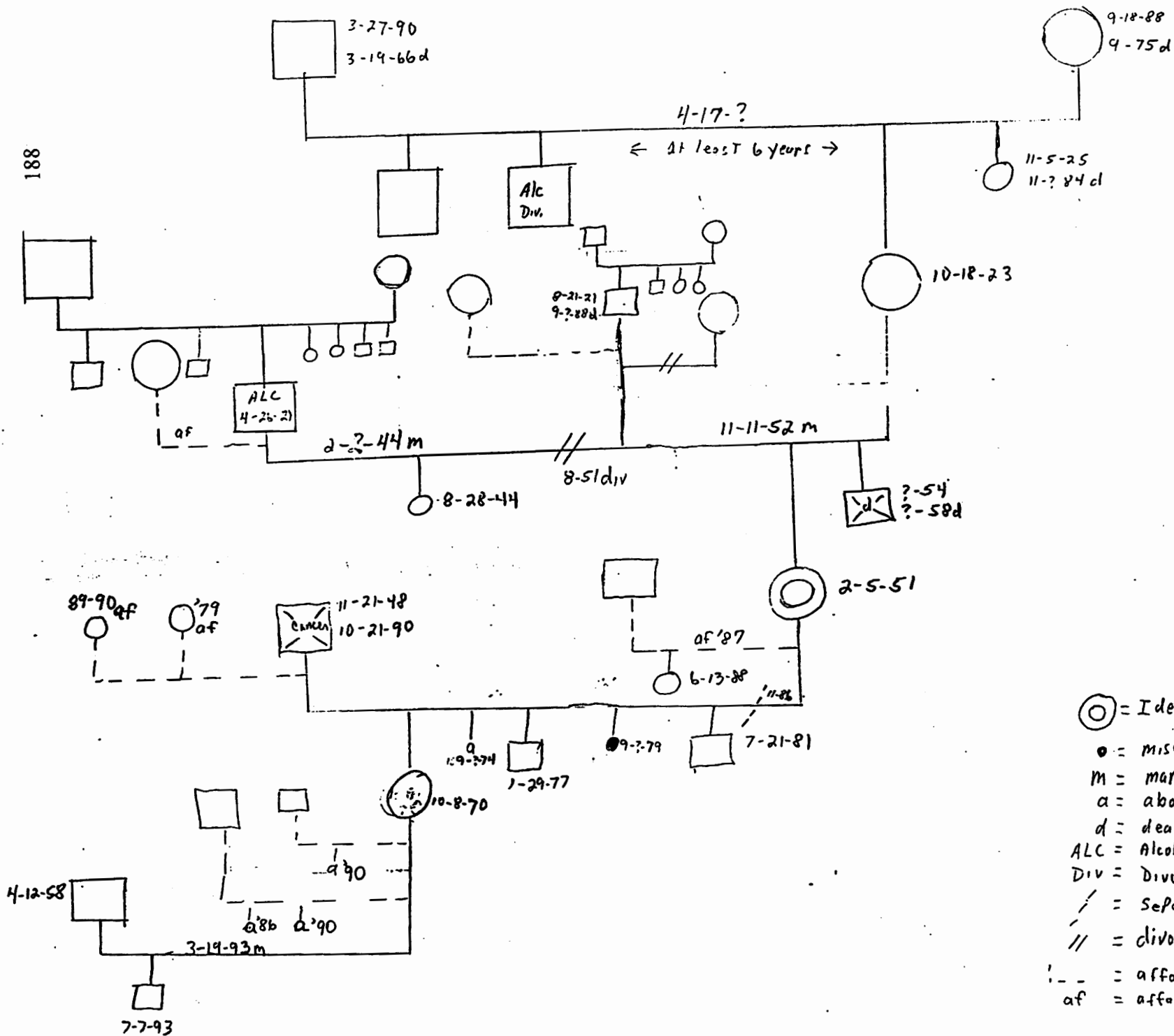
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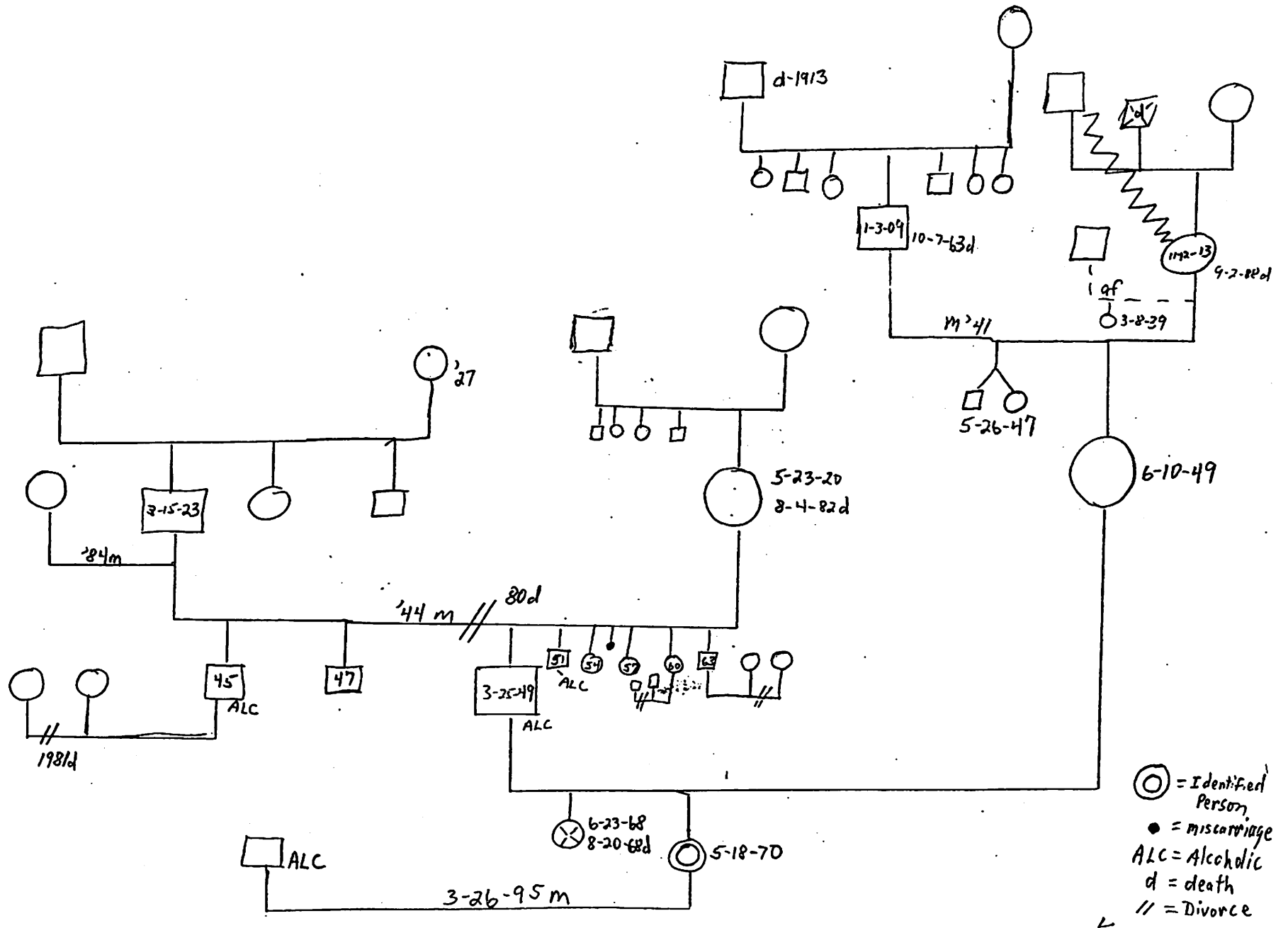
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SOURCES CONSULTED

1. [Illegible]

2. [Illegible]

3. [Illegible]

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