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A PROCESS FOR
EQUIPPING AND SUPERVISING LAY CHRISTIAN CAREGIVERS
AT TRINITY EVANGELICAL LUTHERAN CHURCH,
GIRARD, ILLINOIS

BY
ALAN WENDEL JANNEKE

APRIL 1992

CONCORDIA SEMINARY
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CONCORDIA SEMINARY

A PROCESS FOR
EQUIPPING AND SUPERVISING LAY CHRISTIAN CAREGIVERS
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A MAJOR APPLIED PROJECT
SUBMITTED IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF MINISTRY

BY

ALAN WENDEL JANNEKE

SAINT LOUIS, MISSOURI

April 1992

PREFACE

How can pastors effectively equip Christian laypeople for ministry? I was concerned about this question even before my graduation from Concordia Seminary, St. Louis, in 1981. I had become convinced from the Scriptures, Lutheran theology and the teaching of my professors that one of the functions of the office of public ministry is to equip the saints for ministry (Ephesians 4:11). Yet so much of the focus of my own theological education had been to prepare me for my pastoral ministry that there had not been time, it seemed, to deal with the questions relating to how to equip others for ministry. In fact, my own vicarage experience was not all that helpful in preparing me for ministry. I did not have a good model to draw on for growing in my own practice of ministry or for equipping others. Therefore, I jumped at the chance when I had an opportunity to take an extended unit of Clinical Pastoral Education at a mental health hospital while serving my first parish, Trinity Lutheran Church, Royal and Concordia Lutheran Church, Webb, Iowa.

Clinical Pastoral Education provided a structure and process for learning to be a more effective pastor by teaching me how to learn from my own experiences of pastoral care. As well as this process had worked for me, I wondered if this process of experiential learning could be adapted for use with laypeople. I had those thoughts in mind as I began the Doctor of Ministry program at Concordia Seminary with the support of Trinity Evangelical Lutheran Church, Girard, Illinois. I used the classroom experiences and papers for some classes and seminars to explore aspects of training lay caregivers. The Major Applied Project has been an opportunity to synthesize that learning, bringing it all together in a proposal for training laypeople in a parish setting for Christian caregiving based on the Clinical Pastoral Education model.

In addition to the reading, classroom learning and previous writing in the Doctor of Ministry program that formed a background for this study, we actually used an introduction to Christian caregiving in our Sunday morning Adult Bible Class at Trinity, Girard. We studied Kenneth Haugk's Christian Caregiving: A Way of Life (1984) with the formats suggested in its companion leader's guide (Haugk and McKay 1986). It provides a helpful combination of reading, discussion and experiential learning within the safe feeling setting of a group of Christian companions.

Through mailings received from the Pastoral Care

Department of Memorial Medical Center, Springfield, Illinois, I became aware of their lay training program which is now called, "Clinical Pastoral Education for Laity" (Liddell, Wylie and Nash 1990). This was just the kind of training I wanted to develop for use in a parish setting. Chaplain Liddell has graciously allowed me several informal conversations and one formal tape-recorded interview (1991) regarding their program. Several of his insights were helpful in organizing this proposal for a program at Trinity, Girard.

My study begins in the Introduction with some observations based on my experiences in ministry. When church people view the pastor as a hired worker and themselves as observers, both the pastoral office and the priesthood of believers are distorted.

Chapter One provides a biblical and confessional Lutheran basis for the concept of equipping laypeople for caregiving ministry. It also shows how many practical needs of the church can be met by equipping lay caregivers. The Church Growth and Pastoral Care movements both recognize the advantages of mobilizing laity for ministry. Studies in Adult Education show how adults can learn most effectively.

In Chapter Two I work through the process of designing an adult education experience that will equip lay caregivers for ministry. The Clinical Pastoral Education model is a time-proven, effective process for training people in

pastoral care roles. After detailing the educational goal and objectives for equipping caregivers, I review a number of educational techniques that can be used to meet those goals and organize the content into a structure of lesson plans.

Chapter Three deals with the unique role of leading adults through a learning process. Supervision of caregiving is both a role and a process. Supervising the care that others give is different than offering that care oneself. As a pastor, more familiar with the role of caregiver, I still have much to learn about exercising the role of care supervisor.

Admittedly, what I am offering here remains a proposal. I am excited that several people who participated in the Christian Caregiving class on Sunday mornings expressed an interest in further training, specifically the kind of experiential learning process that I am proposing. I suspect that after we have actually experimented with this process it will undergo further refinement. The Lord willing, we will be able to use and refine this program here at Trinity Evangelical Lutheran Church, Girard, Illinois, and share it so that others can benefit from our learning as well.

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ABSTRACT

This project proposes a process to equip Christian laypeople for effective caregiving. Equipping Christian laypeople for effective ministry is mandated by the Scriptures, Lutheran Theology and the practical needs of the Church. Clinical Pastoral Education has proven an effective training method for both professional and lay caregivers in a variety of settings. Its process and techniques can be adapted for use in equipping lay caregivers in congregations. To train and supervise lay caregivers effectively using the Clinical Pastoral Education process, the pastor will need to adopt a new role, supervising the care offered by others.

INTRODUCTION

Throughout its history the Christian church has struggled to balance and distinguish both the biblical doctrines of the office of public ministry (the pastoral office) and the priesthood of all believers in its teaching. The pendulum of balance in distinguishing these teachings has swung from one side to the other. In the middle ages, the priesthood was elevated so high that all a layman could do was to observe that a priest brought God's grace to him ex opera operato. On the other hand, anti-clerical sentiments have been so strong that certain sects have eliminated ordained clergy entirely. In its own way, as we near the end of the twentieth century, the Lutheran Church--Missouri Synod is challenged again to uphold and distinguish both doctrines. The Office of the Holy Ministry is under seige (often subtly) from those who see the pastor as little more than a hired worker who can be fired at the whim of his employer, the local congregation. The Priesthood of all Believers is undermined by a corolary. If the pastor is the one hired to do the work of the church, no one else has to do the work of ministry. The priesthood of believers is also undermined now, as it was in the middle

ages, when laymen see themselves as mere observers of ministry rather than as participants who are doing meaningful service. We live in a time when the pastoral office needs to be upheld and the priesthood of all believers needs to be strengthened. For the church to function at its best, pastors must do their work of public ministry and pastoral care. Laymen must be equipped to use their gifts in service to the Lord too. God gives the growth. "The Lord has assigned to each his task. I planted the seed, Apollos watered it, but God made it grow" (1 Cor. 2:5-6).

Two Lutheran Church--Missouri Synod pastors illustrate the spectator mentality that many churches face these days:

Bud Wilkinson, coach of the St. Louis Cardinals football team was once asked in an interview, "What contribution does professional sports make to the physical fitness of Americans?" His answer: "Very little. A professional football game is a happening where 50,000 spectators, desperately needing exercise, sit in the stands watching 22 men on the field desperately needing rest." In too many instances that's the typical church--a host of spectators, a handful of participants. We go to church on Sunday to watch the professionals perform. No wonder at times we score so low on a spiritual fitness test. (Hoover and Leenerts 1979, 12)

From my observation in the two parish settings I have served, when the people of a church view their pastor as the person they have hired to do the work of the church on their behalf several other things may happen: 1) their expectations of the pastor may become unrealistic; 2) they may excuse themselves from the need for actively caring for

other people's needs; 3) they may devalue the care they can offer; and 4) they may think that real Christian care can come only from a professional caregiver.

First, when the pastor is viewed as a hired laborer, he is expected to fulfill specific job expectations. Some of these expectations are presented in written form in the call documents he receives. Of course people rightly expect the pastor to lead worship, preach the sermon, teach the confirmation class and make hospital and shut-in calls. But often, in addition, there are other unwritten expectations that may not be appropriate. The pastor may discover these unwritten expectations exist only after he has failed to meet them. These expectations can be quite unrealistic given the realities of the gifts and limitations of individual pastors and the time available for service. Shortly after arriving at my present parish I discovered some unwritten expectations that members of the church had of me. A few parishioners expected that I would, like my predecessor, offer free counseling to problem students in the two local school districts in the area served by this congregation. It was only after I had failed to offer my services and time to the school district that the members who expected this communicated their disappointment. Another expectation was based on a false presupposition on the part of some church members. Youth work has been one of the most difficult and challenging aspects of the ministry

for me, yet I discovered after I had accepted this call that at least a few people had assumed that since I was about 30, "a younger pastor would naturally be good at youth work." This assumption prevailed in spite of the fact that I had listed youth work as a weakness on my self-evaluation on file with the District President. Such unwritten expectations can become a source of conflict between a pastor and congregation if they are not exposed and sorted out on the basis of Biblical models for ministry and spiritual gifts. A correct understanding of the Biblical concepts of the Body of Christ and spiritual gifts show that "the whole body . . . grows and builds itself up in love as each part does its work" (Eph. 4:16). Youth ministry at Trinity, Girard, is now coordinated by a Board of Youth Ministry in consultation with the pastor. The Youth Board is composed of laymen who are interested and gifted for that service. There are enough needs to meet and enough tasks to do that each member of the Body of Christ can make a unique contribution to the growth of the church.

Second, when the pastor is viewed as the hired professional, laymen may excuse themselves from actively caring for other people's needs. Because that is the pastor's job and they view themselves as his employers, their job is to point out the needs so that he can respond to them. They do not need to get involved in the messy details of other people's lives, their hurts, their

illnesses and problems, they tell themselves, because they have hired the pastor to do that. They can avoid the discomfort of seeing the effects of Alzheimer's disease in the nursing home, the medicinal smell of the hospital or the emotions of empathizing with another's grief because the pastor is going to make those calls. As Howard Clinebell points out, some may feel that they are not getting their money's worth from their hired pastor if he trains laypeople to do his work. "The initial response of some church members, when the idea of training lay carers is presented is, 'We hired our pastor to give us pastoral care, not to teach someone else to do it.'" (Clinebell 1984, 397). The Body of Christ has again been misunderstood when laymen avoid caring for one another:

But God has combined the members of the body and has given greater honor to the parts that lacked it, so that there should be no division in the body, but that its parts should have equal concern for each other. 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. (1 Cor. 12.24b-27. emphasis mine.)

Third, others who may have the right combination of personality characteristics and spiritual gifts to make them effective caregivers may never find fulfillment in caregiving because they devalue the care they can offer. If they don't believe their care is valuable to God or to their church, they may never offer it in the first place. If they care enough to go and visit a sick friend, they may not speak a word of Christian witness or encouragement because

they fear saying the wrong thing. They may never share a Bible passage they found comforting in a similar situation because they never realized they could. Sometimes all they need is permission to use these Christian resources for care. If they have observed that in their church the pastor is the only one who ever leads a prayer, they may not realize that they have permission to pray with someone when they are caring for them. Kenneth Haugk points out several elements that may lead to shyness about giving distinctively Christian care to other people: embarrassment, excessive caution, a bad experience, insufficient knowledge, fear of mishandling explosive materials, fear of rejection, mislabeling and misdefining, paralyzing perfectionism, image preservation and uncertainty of others' needs (Haugk 1984, 11-18). Haugk goes on to show that laymen can be encouraged in their caregiving if it is valued and if they learn to use the distinctively Christian resources available to them in their caring. At Trinity Evangelical Lutheran Church, Girard, I have found his Christian Caregiving: A Way of Life a helpful resource to introduce caregiving in a non-threatening way.

Fourth, when laypeople view themselves as spectators, some think that real Christian care can come only from a professional caregiver--the pastor. In a Doctor of Ministry course, Dr. Steve Wagner told of making a follow-up call on a member who had not returned to worship a

number of weeks after being in the hospital. She complained, "While I was in the hospital nobody from the church came to visit me." In fact, a trained lay caregiver from the congregation had made several visits with the hospitalized member, but she failed to recognize this care as coming from "the church" because it had not come from the professional pastoral staff (Wagner 1987). Therefore, one challenge in implementing a lay caregiving program in a congregation will be to prepare the members of the congregation to receive and value care from a trained lay caregiver. This preparation can be done through the preaching and teaching of the pastor and by affirming effective caregiving when it happens naturally and spontaneously. Liddell and his colleagues "emphasize that it is patients who must authorize their visitors to provide pastoral care" (Liddell, Wylie and Nash 1990, 56). Be they hospital patients or fellow congregation members, when care recipients do authorize lay caregivers to care for them, that care can be as effective as the pastoral care offered by clergy. "Adequately equipped laity, although they may not have the same institutional certification, bring a quality of pastoral care in visiting the sick similar to that provided by clergy" (Liddell, Wylie and Nash 1990, 58).

It is an underlying presupposition of this paper that training laypeople and releasing them for meaningful ministry has another beneficial side effect. Respect for

the office and leadership of the pastor increases when he equips laypeople for meaningful ministry (Wagner 1987).

"Equipping the saints for the work of ministry" (Ephesians 4.12 NKJV) is not just a nice thing to do. It is one of the tasks of the pastoral office which, as a helpful byproduct, also enhances the office of the ministry itself.

Equipping Christian laypeople for caregiving ministry can be one part of an overall strategy to solve the problem of "spectatoritis" in the church:

As the 'pastorhood of all believers' (Hiltner) becomes a reality in a congregation, laymen escape from their 'spectatoritis' and begin to fulfill their personal ministries. Their own spiritual growth is stimulated as they put their faith to work in direct service. The unmet human needs in every church and community are so numerous and varied that a clergyman working alone can only scratch the surface. A Church's caring ministry to the community's lonely, sick, aging, bereaved, shut-ins, strangers, institutionalized, and a host of other suffering human beings, can be tripled or more by involving trained laymen in pastoral work. (Clinebell 1966, 284).

The priesthood of all believers is fulfilled better when laymen and women are learning to offer Christian care to one another than when they act like spectators just watching professionals perform.

CHAPTER 1

A THEOLOGICAL AND PRACTICAL BASIS FOR TRAINING LAY CAREGIVERS

Lutheran theology and practice are always governed primarily by "the Scriptures as the written Word of God and the only rule and norm of faith and practice" and secondarily by the Lutheran Confessions contained in the Book of Concord of 1580, "All the Symbolical Books of the Evangelical Lutheran Church as a true and unadulterated statement and exposition of the Word of God (Lutheran Church --Missouri Synod 1989, 9). Within a Lutheran theological framework, we remain open to learning from practical programs that Christians of other denominations have found helpful and effective. When pure doctrine makes it necessary, practical programs can often be adapted to be useful according to our theology. In addition, Lutherans may also take into account the trends and issues in the cultural setting where they serve. Although our culture is not a source for our theology, knowing our societal trends

and issues can help us make a winsome and relevant witness on the basis of the Scriptures and the Lutheran Confessions. It is also wise for us to consider how the contributions of the church growth movement, the practical theology disciplines of pastoral care and counseling, and the secular discipline of adult education can help form a program for training lay caregivers that is both theologically Lutheran and practically effective.

A. LAY CAREGIVING ISSUES IN THE SCRIPTURES.

Several biblical concepts provide the theological basis for training Lutheran laymen for caregiving ministries: the priesthood of all believers; spiritual gifts in the body of Christ; and the office of public ministry.

The sedes doctrinae for the Priesthood of All Believers is 1 Peter 2:5,9:

You also, like living stones, are being built into a spiritual house to be a holy priesthood, offering spiritual sacrifices acceptable to God through Jesus Christ . . . But you are a chosen people, a royal priesthood, a holy nation, a people belonging to God, that you may declare the praises of him who called you out of darkness into his wonderful light. (NIV. emphasis mine).

All believers become priests on the basis of their saving faith in Christ and on the basis of God's claim on them at their baptism. This New Testament emphasis is really nothing new at all. It has historical roots. It is an

extension of the claim that God had made upon the nation of Israel in the Old Testament:

Now if you obey me fully and keep my covenant, then out of all nations you will be my treasured possession. Although the whole earth is mine, you will be for me a kingdom of priests and a holy nation" (Exodus 19:5-6 NIV. emphasis mine.).

And you will be called priests of the LORD,
you will be named ministers of our God (Isaiah 61:6a NIV).

The benefits and privileges of the nation of Israel in the Old Testament were transferred to the church, the new Israel in the New Testament era.

Twice in Revelation believers are also called priests:

[Jesus Christ] has made us to be a kingdom and priests to serve his God and Father (Rev. 1:6 NIV. emphasis mine.).

And they sang a new song:
You are worthy to take the scroll
and to open its seals,
because you were slain,
and with your blood you purchased men for God
from every tribe and language and people and
nation.
You have made them to be a kingdom and priests to
serve our God,
and they will reign on the earth.
(Rev. 5:9-10 NIV. emphasis mine.)

These references to the priesthood of believers in Revelation give the concept an eschatological dimension as well.

The Scriptures relate the issue of being to doing. Not only are all Christians called to **BE** priests, they also **DO** priestly things. Old Testament priests officiated at the sacrifices of animals, grain and wine for various purposes

including atonement for sin. They served as mediators between God and sinful people as they led assemblies in prayers and praises. Christ is the perfect fulfillment of both of these priestly roles. He offered himself as the ultimate and perfect sacrifice for sin (John 15:3, 1 Corinthians 5:3, Ephesians 5:2, Hebrews 7:26-27). Christ's sacrifice of himself paid for the sins of the whole world (John 3:16). Sacrifices of animals or offerings are no longer necessary to pay for sins. "We have been made holy through the sacrifice of the body of Jesus Christ once for all" (Hebrews 10:10 NIV). Jesus also continues his priestly service through his intercession on behalf of the saints (Romans 8:34, 1 John 2:1).

Because Christ Jesus fulfilled the Old Testament office of priesthood in this way, there is a shift in function for the priesthood of believers in the New Testament. Although they do not make sacrificial offerings of animals, they do still have priestly functions. They offer "spiritual sacrifices acceptable to God through Jesus Christ" (1 Peter 2:5) and "declare the praises" (1 Peter 2:9) of him who called them. Christians offer themselves sacrificially in service to God and people as a thankful response to God. "Therefore, I urge you, brothers, in view of God's mercy, to offer your bodies as living sacrifices, holy and pleasing to God" (Romans 12:1 NIV). Such sacrifices are "spiritual" sacrifices and "living"

sacrifices because they do not involve the death of an animal. They are a gift of service, an offering of ministry shared. The sacrifices of praise and good works offered by the New Testament priesthood of believers are acceptable to God through Jesus Christ. "Through Jesus, therefore let us continually offer to God a sacrifice of praise--the fruit of lips that confess his name. And do not forget to do good and to share with others, for with such sacrifices God is pleased" (Hebrews 13:15-16 NIV).

Christians also offer the priestly service of declaring God's praises through sharing their witness of God's salvation through faith in Christ (Acts 1:8). Their good works are also a part of their witness. "Let your light shine before men, that they may see your good deeds and praise your Father in heaven" (Matt. 5:16 NIV). God declares his acceptance of such sacrifices of praise, good works and witness when he declares, "whatever you did for one of the least of these brothers of mine, you did for me" (Matt. 25:40 NIV).

Christian men and women, because they are priests by God's declaration, have his permission, authority, indeed, even his command, to care for one another. They need not seek the permission or authority of their pastor, their congregation, their church body or anyone else. As priests, they have God's authority to use many of the distinctively Christian resources for helping others: prayer; the

Scriptures; benedictions; and, in emergency situations, even the sacrament of Baptism. The unique benefit of a program of learning more about Christian caregiving is that laypeople can grow in their understanding of human needs, learn skills to care more effectively and learn how to use their distinctively Christian resources.

A second concept with implications for lay Christian caregivers is the Body of Christ. The concept of the gifts of the Holy Spirit is so closely related to the Body of Christ that they must be dealt with together. Paul compares the church to a human body to illustrate several things. Each individual Christian has different gifts, talents and abilities. Each one can use these gifts in service to God and the church. Their differences do not diminish their worth to Christ or to the church. In fact, each individual is valued more highly because of the unique contribution he or she can make to the overall strength of the whole.

Several passages show that every Christian is gifted for service to Christ and to the Body: "We have different gifts according to the grace given us" (Romans 12:6 NIV); "Now to each one the manifestation of the Spirit is given for the common good" (1 Cor 12:7 NIV); "These are the work of one and the same Spirit, and he gives them to each one, just as he determines" (1 Cor. 12:11 NIV); "Each one should use whatever gift he has received to serve others,

faithfully administering God's grace in its various forms" (1 Peter 4:10 NIV). Peter's words explicitly show that these gifts are given not just to HAVE, but more importantly to USE in service to Christ and his church. Part of the problem at the church in Corinth was that they valued having certain gifts more highly than others. They valued the more miraculous and sensational gifts more highly than those they perceived to be the more mundane and common gifts. They must have been especially fascinated with the gift of speaking in tongues. They valued having the gift of speaking in tongues more than using the mundanely practical gifts like encouragement. Paul taught them to value prophesy more because it is of greater value to edify the Body (1 Cor. 14:1-5). The gifts of greatest value are those that build up the body the most. Modern Pentacostals fail to understand that. They too tend to value speaking in tongues more highly than any other gifts. Some go so far as to insist that only one who speaks in tongues can be assured of being filled with the Holy Spirit.

Paul's rhetorical questions show that no one person has all of the gifts needed to serve the body and that no gift is given to every member of the body. "Are all apostles? Are all prophets? Are all teachers? Do all work miracles? Do all have gifts of healing? Do all speak in tongues? Do all interpret?" (1 Cor 12:29-30). The answer he obviously anticipates is, "No!"

Because no one person has all of the gifts needed to serve the body and because no gift is given to every member of the body, we must conclude with Paul that the members of the body need each other. They are interdependent as they serve one another and build one another up in love. That is Paul's point as he uses the parts of the human body to illustrate the interdependence among the members of the body of Christ, the church:

Now the body is not made up of one part but of many. If the foot should say, "Because I am not a hand, I do not belong to the body," it would not for that reason cease to be part of the body. And if the ear should say, "Because I am not an eye, I do not belong to the body," it would not for that reason cease to be part of the body. If the whole body were an eye, where would the sense of hearing be? If the whole body were an ear, where would the sense of smell be? But in fact God has arranged the parts in the body, every one of them, just as he wanted them to be. If they were all one part, where would the body be? As it is there are many parts, but one body. (1 Cor. 12.14-20)

The body of Christ functions most effectively as each part does its work. When any member of the body fails to make their unique contribution to the whole, the whole body suffers.

Speaking the truth in love, we will in all things grow up into him who is the Head, that is Christ. From him the whole body, joined and held together by every supporting ligament, grows and builds itself up in love, as each part does its work. (Ephesians 4:15-16. emphasis mine.)

Some of the most effective work in the body happens as the members comfort, encourage, strengthen, and admonish one another. "If one part suffers, every part suffers with it; if one part is honored, every part rejoices with it" (1 Cor.

12:26). Some Christians are uniquely gifted to admonish and encourage others (Romans 12.8). It is these Christians and their special kind of service to the Body that this paper is all about. Such Christians can learn to use their gifts of encouraging even more effectively through a training process such as I am proposing.

In the wake of an emphasis on spiritual gifts and the body of Christ among charismatics and in the church growth movement several surveys have been published and distributed. They promise to help people identify their spiritual gifts. Such spiritual gift surveys are probably about as valuable as the Reader's Digest mental health surveys that they resemble. Discovering spiritual gifts, like learning to be a more effective caregiver, happens most effectively through a process of experience and evaluation. C. Peter Wagner has suggested a process of identifying spiritual gifts that is much more helpful than the simplistic surveys (Wagner 1984, 82-83. Wagner 1979, 116ff.). Biesenthal summarizes Wagner's process:

Explore the possibilities; see what things there are to be done; what avenues of service are open to you. Experiment in various fields of endeavor until you find the one which seems best suited to your gifts and talents. Examine your feelings to discover what gives satisfaction. Evaluate your performance to ascertain whether you are really making a contribution to the ministry and finally, Expect confirmation from people. If people never say you are doing a good job, maybe you aren't. (Biesenthal, 11)

Some Lutherans may be unnecessarily cautious about discussing spiritual gifts because of the errors or excesses

among Charismatics and Pentacostals. Others seem to feel that identifying their spiritual gifts is an exercise in sinful pride rather than humble service within the body. Still others may honestly feel that they do not have the gift of encouragement. Such people can still learn to "exercise the role" of Christian caregivers more effectively, just as Biesenthal encourages that those who may not have the gift of evangelist may still learn the skills and develop the expertise to "exercise the role" (Biesenthal, 8). A training program in Christian caregiving can be an effective learning process for them too. In any case, when Christians discover their gifts or learn to exercise roles which build up the body, the honor, glory and praise go to God who is the one who provides the growth in the first place.

Each one should use whatever gift he has received to serve others, faithfully administering God's grace in its various forms. If anyone speaks, he should do it as one speaking the very words of God. If anyone serves, he should do it with the strength God provides, so that in all things God may be praised through Jesus Christ. To him be the glory and the power forever and ever. Amen. (1 Peter 4:10-11)

Peter and Paul list spiritual gifts in several different letters. No biblical list of gifts is exactly like any other. It is therefore clear that none of these lists is intended to be considered either closed or exclusive. There may be other spiritual gifts that God chooses to give that are not included in these lists. People also possess natural talents by virtue of their unique creation as

individuals rather than by some miraculous manifestation of the Holy Spirit. They may possess skills or abilities that they have learned through special training. None of these gifts, talents, skills or abilities are more spiritual than others when they are used in service to Christ and his body as a joyful response to God's love. Many of them can contribute to the effectiveness of Christian caregiving.

While the Bible makes it clear that **ALL** Christians are priests and that **ALL** are gifted for ministry in the Body, **SOME** are uniquely gifted with leadership skills, theological knowledge, teaching and preaching skills which make them qualified to exercise a public ministry. This public ministry is different from the ministry that all believers may exercise. Men become public ministers when they are called by the church to serve in this special office. Saul and Barnabas were especially called and commissioned as missionaries by the church in Jerusalem (Acts 13:2-3). When their mission service was blessed with results from God, they established churches in the communities where believers would continue to gather to receive word and sacrament ministry. In each church men were appointed as elders to administer the word and sacraments publicly (Acts 14.23). This pattern, once established, continued with the next generation of leaders in the church. Paul encouraged Titus, "appoint elders in every town, as I directed you" (Titus 1.5

NIV). Filling this office of public ministry is not an option for the church, it is a command of God in the Scriptures. This office is still filled today as congregations call pastors to serve them.

The scriptures use a variety of terms to describe this public office of ministry: elder, overseer/bishop and shepherd. Both Paul and Peter use the verb "shepherd" (lat. pasco) to describe the work of the called public ministers (Acts 20:28; 1 Peter 5:2). Peter describes Christ as the "Chief Shepherd" (1 Peter 5.4. lat. princeps pastorum). In Ephesians 4:11 Paul lists several offices which were functioning in the early days of the church: "It was he [Christ] who gave some to be apostles, some to be prophets, some to be evangelists and some to be pastors [lat. pastores] and teachers" (NIV). As the history of the church has progressed, it is the term pastor, meaning shepherd, that has become most closely associated with the office of the ministry among Lutherans in North America. Hence, the title pastor and term pastoral office are now commonly used to describe the office of public ministry referred to in the scriptures by a variety of terms. Wagner (1979) mistakenly confuses the offices in Ephesians 4:11 with spiritual gifts. It is the divine call of Christ through the church that bestows the office of public ministry, not an immediate call or a mere feeling that one may be called.

Paul's thought in Ephesians 4 does not end with the

listing of the special offices of public ministry. He goes on to describe the purpose of these offices: [Christ] gave "some to be pastors and teachers, to prepare God's people for works of service so that the body of Christ may be built up" (Eph. 4.11-12 NIV). One of the shepherding functions that God has entrusted to the "some" who are called to public ministry is "to prepare God's people for works of service" (NIV), "for the equipping of the saints for the work of service" (NAS), or "for the equipping of the saints for the work of ministry" (NKJV). The various translations indicate the dynamic range of the Greek phrase, "pros ton katartismon ton hagion eis ergon diakonias" (Nestle-Aland 1979, 509). "Saints" in Ephesians 4:12 refers to the same believers that Peter calls "priests" in 1 Peter 2:5,9. Since each member of the Body of Christ has work to do (Eph. 4.16), it is imperative for those who hold the pastoral office to take seriously this function of equipping all the saints for the work of ministry which is mandated by God himself in the Scriptures.

Such preparation, training or equipping takes place through the ministry of Word and Sacraments entrusted to pastors. It also takes place as pastoral leaders set an example. "Be shepherds of God's flock that is under your care . . . not lording it over those entrusted to you, but being examples to the flock" (1 Peter 5.3). Such pastors show their flock what caring ministry looks like by their

example. The kind of example that Peter has in mind is not merely an example to be observed by spectators, but to be imitated by followers. Paul was bold enough to offer his behavior as a model to be imitated by other believers who desired to follow Christ (Acts 20:35; 1 Cor. 4:16; Eph. 5:1; Phil. 3:17; 1 Thess. 1:6; 2 Thess. 3:7). He is most bold when he writes to the Corinthians, "Follow my example as I follow the example of Christ" (1 Cor 11.1 NIV), and to the Philippians, "Whatever you have learned or received or heard from me, or seen in me--put it into practice" (Phil 4.9 NIV).

Pastors today can also invite the saints in the churches they lead to follow their examples of putting ministry into practice. Evangelism training programs like Dialogue Evangelism invite learners to follow along, observe, learn and, ultimately, imitate the example set by their pastor or another more experienced lay trainer. The same kind of training can be effective in helping Christian laypeople to become more effective and distinctively Christian in their caregiving. Pastors can take laymen with them to exemplify caregiving in pastoral calls just as they often take laymen with them on evangelism calls to train them for evangelism work and as they take elders with them as they call on inactive members. Beyond this pattern of example and imitation, pastors can also use other educational techniques that will help them equip all of the

saints, all of the priests, to do the work of ministry that God has given them.

In turn, pastors can learn something from the laymen with whom they make calls. I have learned about being straightforward, even tough, in admonishing those in error by observing the example of one of our former elders who was a state police officer. Making pastoral calls with an AAL insurance representative and a crop insurance adjuster has helped me become more confident about visiting people in their homes and has given me examples of what it means to be gracious and winsome in my contacts with people.

Rev. Leroy Biesenthal suggests a pattern that pastors can follow in identifying and using the gifts of all of the members of their congregations:

We [I] have repeatedly said that it is the joyful task of the local pastor to discover the gifts that God has given each of his parishioners, for God has done just that. In 1 Cor. 12:11 we are reminded that the Spirit of God gives a different gift to each person. We [I] believe that the busy pastor might do four things then: 1) investigate the gifts that God has given his people; 2) on his knees and by the power of the Spirit seek to discern the various gifts that have been given to different people; 3) enlist people for their ministry and 4) equip them to do the task that God has gifted them to do! (Eph. 4:12) (Biesenthal, 11. emphasis his.)

Some of the gifts God has given to his people equip them for ministries of offering Christian care to others. Even those who are gifted can be further equipped. Their skills can be refined. They can learn more about individual psychology and family sociology so that they have more knowledge to

address the problems people face. They can learn to integrate secular knowledge with biblical theology as they become sensitive to the delicate skills of applying Law and Gospel to people's individual needs. They can learn about the techniques professional helpers use in pastoral care, counseling, family therapy and social work so that they can be more effective in their ministry or caring for others.

The Biblical concepts of the priesthood of all believers and spiritual gifts in the body of Christ show that all Christians are gifted for service (ministry). The Scriptures provide a divine mandate for pastors to equip the saints for works of service through their Word and Sacrament ministry and by their example. Training programs like the one I am proposing provide additional techniques and resources for pastors to carry out their function of equipping the saints.

B. LUTHERAN THEOLOGY.

By the middle ages the biblical doctrines of the priesthood of all believers and the office of public ministry had been largely obscured by the heirarchical and sacramental system of Roman Catholicism. Martin Luther deserves some of the credit for rediscovering the biblical doctrine of the priesthood of all believers, but he also staunchly defended the office of the ministry in its proper

biblical sense. In his day the Roman Catholic hierarchy claimed for itself the exclusive right to ordain priests. According to Rome, only its priests could teach the Word of God and administer the sacraments.

Luther proclaimed, by the authority of the Scriptures, that all Christians are priests. "Consequently every baptized Christian is a priest already, not by appointment or ordination from the pope or any other man, but because Christ Himself has begotten him as a priest and has given birth to him in Baptism" (Luther's Works 13:329). He addressed concerns regarding both the universal priesthood and public ministry in his letter to the Senate and People of Prague. Apparently they had questioned whether their pastors needed to be ordained by a Roman bishop.

But let us go on and show from the priestly offices (as they call them) that all Christians are priests in equal degree. For such passages as, "You are a royal priesthood" (1 Pet 2.9) and "Thou has made them a kingdom and priests" (Rev. 5.10), I have sufficiently treated in other books. Mostly the functions of a priest are these: to teach, to preach and proclaim the Word of God, to baptize, to consecrate or administer the Eucharist, to bind and loose sins, to pray for others, to sacrifice, and to judge of all doctrine and spirits. Certainly these are splendid and royal duties. But the first and foremost of all on which everything else depends, is the teaching of the Word of God. For we teach with the Word, we consecrate with the Word, we bind and absolve sins by the Word, we baptize with the Word, we sacrifice with the Word, we judge all things by the Word. Therefore when we grant the Word to anyone, we cannot deny anything to him pertaining to the exercises of his priesthood. (Luther's Works 40:21)

As the letter continues Luther goes to show in detail that each of the functions of the priesthood that he has listed

are the common property of all Christians and not exclusively reserved for those who have the pope's authority behind their actions.

In his comments on Psalm 110:4 Luther shows that all Christians have not only the privilege, but also the responsibility, even the duty, to apply the words of Law and Gospel in their relationships.

Even though not everybody has the public office and calling, every Christian has the right and the duty to teach, instruct, admonish, comfort, and rebuke his neighbor with the Word of God at every opportunity and whenever necessary. For example, father and mother should do this for their children and household; a brother, neighbor, citizen, or peasant for the other. Certainly one Christian may instruct and admonish another ignorant or weak Christian concerning the Ten Commandments, the Creed, or the Lord's Prayer. And he who receives such instruction is also under obligation to accept it as God's Word and publicly confess it. (Luther's Works 13:333)

Along the same line Francis Pieper writes, "All Christians, that is, all who have come to faith in Christ, are spiritual priests and thus have the call to preach the Gospel" (Pieper 3:440). It is on the basis of the teaching of the priesthood of all believers that we may conclude that all Christians have the right and duty to learn to care for and counsel their brothers and sisters in Christ with the Word of God. Training in the behavioral sciences and proven counseling techniques can serve only to enhance such loving application of the Word. Christians are also called to be witnesses to their unsaved relatives, friends, neighbors and even the whole world (Acts 1:8) winsomely inviting them to

repentance and saving faith in Christ and leading them into active, responsible church membership.

However, Pieper also wrote, "Nevertheless, Scripture distinguishes sharply between the spiritual priesthood and the public ministry" (Pieper 3:440). Following the examples and commands of the Scriptures, some are selected to act publicly on behalf of all who have the spiritual priesthood.

For although we are all priests, this does not mean that all of us can preach, teach, and rule. Certain ones of the multitude must be selected and separated for such an office. And he who has such an office is not a priest because of his office but a servant of all the others, who are priests. When he is no longer able to preach and serve, or if he no longer wants to do so, he once more becomes a part of the common multitude of Christians. His office is conveyed to someone else, and he becomes a Christian like any other. (Luther's Works 13:332)

Luther also teaches, "Publicly one may not exercise a right without consent of the whole body or of the church. In time of emergency each may use it as he deems best" (Luther's works 40:34). Such an emergency is described in the Lutheran Confessions,

Just as in a case of necessity even when a layman absolves, and becomes the minister and pastor of another; as Augustine narrates the story of two Christians in a ship, one of whom baptized the catechumen, who after Baptism then absolved the baptizer" (Concordia Triglotta, 523. Smalcald Articles, Of the Power and Primacy of the Pope, 67).

Under normal circumstances the Lutheran Confessions reserve the public ministry of the Word and administration of the sacraments for men who are properly called, "No one should publicly teach in the Church or administer the

Sacraments unless he be regularly called" (Concordia Triglotta 49. Augsburg Confession, XIV). This does not, however, mean that laymen are reduced to mere spectators or observers of the "real" ministry. Their ministry of care and consolation is highly regarded as a means of communicating the Gospel. "The mutual conversation and consolation of the brethren" is one of the several redundant ways by which God "gives us counsel and aid against sin" (Concordia Triglotta, 491. Smalcald Articles, Part III, Article IV). With Luther and the Scriptures, the Lutheran Confessions also teach the priesthood of all believers and yet carefully distinguish this teaching from the office of public ministry.

The doctrines of the priesthood of all believers and the public ministry are not in conflict. Both must be taught, held in balance and properly distinguished. Although he is not a Lutheran, C. Peter Wagner illustrates how this balance can be maintained:

There is an outmoded view of the pastor's role which, although diminishing, strongly persists in some circles today. It is the view that the pastor is hired by the congregation to do all the work of the church. The better the pastor, the more the people of the church can relax and become spectators. It is not only an outmoded view, it is also unbiblical.

The Bible's view of the Body of Christ is that it is an organism with all the members functioning together. The best pastor is not one who relieves members of their responsibilities, but one who makes sure each member has a responsibility and is working hard at it. (Wagner 1979, 141)

The balance between the priesthood of all believers and the

office of public ministry can be maintained when the pastor prepares all of God's people for works of service (Eph 4.12) and when each part of the body does its work (Eph 4.16). Some of the members can be prepared for service in care and counseling.

Those who are interested in training Christian laypeople for caregiving from other denominations and confessions do not all share the desire for theological precision that is so characteristic of the Lutheran Church--Missouri Synod. For example, Howard Clinebell makes this confusing statement: "Every member has a pastoral care opportunity that is uniquely his" (1966, 284). Since not every member is a pastor, every member cannot offer "pastoral" care. Emerson uses the phrase, "Lay Pastoral counseling" (1986); and Sunderland writes about "Lay Pastoral Care" (1988). Such imprecise terminology can lead to theological confusion between the priesthood of all believers and the unique office of public ministry. Therefore it will be helpful at this point to clarify the terminology I will be using.

I prefer to reserve the terms "pastoral care" and "pastoral counseling" for the care and counseling offered by those who are properly called and ordained into the pastoral office. Certain spiritual resources for pastoral care and counseling are, by general agreement in the Lutheran

Church--Missouri Synod, limited to the pastoral office.

This is illustrated in the Commission on Theology and Church Relations report The Ministry: Offices, Procedures and Nomenclature.

Thus, preaching in the worship service, leading in public prayer, celebration of the Sacrament of the Altar, baptisms, wedding and funeral services should be carried out by those who hold the office of public ministry. However, in exceptional circumstances or in emergencies (as when a pastor is incapacitated), members of the auxiliary offices or other qualified individuals may temporarily be called upon to perform, under proper supervision, functions that are otherwise performed by the pastor . . . (Commission on Theology and Church Relations 1981, 35).

Baptism (except in cases of emergencies) and the use of the liturgical service of private confession and absolution would not normally be used by lay caregivers. The Lutheran Confessions provide no warrant for a layman to preside at the Lord's Supper. These are resources that those ordained to the office of public ministry do use in their pastoral care. Laymen are not restricted in their use of the distinctively Christian resources of prayer or Bible passages when they comfort, console, encourage, admonish or counsel one another privately. They need no other authority or commission than the universal priesthood conferred upon them at their baptism to care for others and use these resources. However, when they offer Christian care as a part of a program of their congregation, they must do so under the supervision of their pastor. "Such supervision is a duty and responsibility of the pastors and not a matter of

privilege" (Commission on Theology and Church Relations 1981, 35).

The phrase "Christian caregiving," coined by Kenneth Haugk as a part of the title of his book (1984), seems appropriate to describe that kind of care that may be offered by both pastoral and lay caregivers. The term "Lay Caregiving," coined by Diane Detwiler-Zapp and William Caveness Dixon in the title of their book (1982) seems most helpful to describe the Christian care that is specifically offered by laypeople.

In our litigious society, I believe that we must be careful about how we use the term "counseling." Although counseling might be the best word to describe a long term one-to-one caring relationship focused on a specific life problem, whether the care is offered by a professional or lay person, the credentials of the person offering that care are important. "Christian counseling" may properly describe the care offered by someone with proper academic qualifications or state licensure for professional counseling like a psychiatrist, psychologist or social worker who also uses Christian resources with their counseling technique. "Pastoral counseling" is best used to describe counseling offered by someone ordained to the pastoral office or who at least has advanced theological training (i.e. seminary level). Some states require a license or other certification for counselors. There is

also the question of legal liability in some cases. To avoid that liability, lay caregivers will need to be instructed in the ethics of caregiving, especially in how to recognize the need to refer difficult situations to professionals with appropriate training. When counseling is offered by a layperson who does not have the academic qualifications or license of a professional counselor it should be clearly identified as "lay counseling" or better yet, "lay caregiving." Lay caregivers must be clearly identified as laypeople to care receivers. If they are uncomfortable receiving Christian care from a layperson, care receivers must always know they have the freedom to request care from their pastor, either in addition to or instead of a lay caregiver. Confusing terminology like "lay pastoral care" should be avoided altogether by Lutherans even though it is used by Clinebell and others.

Terms like "minister" and "ministry" must also be used carefully to avoid confusion about whether care is being offered by a pastoral or lay caregiver.

The term "ministry" is used both in Scripture and by the Church in a general, or wider, and in a special, or narrower, sense. In the wider sense it embraces every form of preaching the Gospel or administering the means of grace, whether by Christians in general, as originally entrusted with the means of grace and commissioned to them, or by chosen public servants (ministri ecclesiae) in the name and at the command of Christians. In this article we are speaking of the public ministry in the narrower sense, that is of the office by which the means of grace, given originally to the Christians as their inalienable possession, are administered by order and on behalf of Christians. (Pieper, 3:439)

In American English usage, "ministry" has several meanings: "1. The act of serving; ministrations. 2.a. The profession, duties, and services of a minister of religion. b. Ministers of religion as a group; the clergy. . . ." (Morris 1971, 836). When "ministry" is used in its first sense, "serving," or in the wider sense, according to Pieper, it can properly be used of the service laymen offer their Lord and their church. An indefinite article is often enough to indicate clearly that it is being used in this wider sense. All Christians can properly be said to have "A ministry." In my opinion the C.T.C.R. is a bit too cautious in The Ministry: Offices Procedures and Nomenclature, when it suggests that the term "ministry" be used only of the pastoral office.

[Ministry] is a general term when it stands alone. It may be used in the most general sense of the service (diakonia) of all Christians. For the sake of clarity it is preferably used to indicate [only] the special service of those who are called to function publicly in the church. (their emphasis. Commission on Theology and Church Relations 1981, 12).

I do not believe that the C.T.C.R. is going to be able to change what has become a common usage of the term "ministry" in the language. A definite article is often sufficient to indicate that "ministry" is being used in the narrower theological sense. Those called to the office of public pastoral ministry serve in "THE ministry."

I will make every attempt to be consistent in the way I use the terms that I have discussed above according to

biblical, Lutheran theology. However, many of the other resources that have contributed to this paper use terminology less precisely. I may quote or refer to such resources for their help in developing a process for training lay caregivers but do not agree with their theological confusion regarding the pastoral office.

C. CHURCH GROWTH.

The majority of classes I have taken so far in my Doctor of Ministry program have been in the areas of Church Growth and Pastoral Counseling. Although these emphases come under the general heading of Practical Theology at Concordia Seminary, they focus on different aspects of the function of the church and draw their conclusions from two different fields of research.

The convergence that I have observed between these two aspects of practical theology is the way that both Church Growth and Pastoral Counselors are recognizing the valuable contributions that can be made by laypeople. One recognizes how their contributions are necessary for the mission and growth of the church; the other focuses on how more individual and family needs can be met if caregivers and counselors are multiplied.

The Church Growth movement originally grew out of a concern for making missions and evangelism more effective on foreign mission fields. Donald McGavran became the father

of the church growth movement with his research on church growth and decline on mission fields in India. Through application of sociological research on the differences between churches that were growing and those that were not growing some broad principles were discovered, which if applied can set the stage for effective missions and evangelism as the Holy Spirit converts the hearts of sinners through the Gospel and Sacraments. C. Peter Wagner and Win Arn are often credited with Americanizing the international church growth movement through additional sociological research and refining church growth principles with specific application to the unique culture of the United States.

McGavran first began recognizing the unique contributions that indigenous lay workers can make to the growth of the church in cross cultural missions and indigenous churches:

Non-Christians see unpaid leaders of indigenous churches as people like themselves --indeed, for the most part, their own relatives. In rural areas, Christian leaders are also peasants, planting and harvesting rice in season, walking to the weekly market, buying oxen, selling baskets, weaving cloth, hunting game, and doing a thousand and one other things exactly like their non-Christian neighbors. In urban areas, they are laborers, servants, factory workers, taxi drivers, or plumbers, earning their own living as everyone else does and subject to the same hazards and working conditions. Both urban and rural Christians have innumerable opportunities to bear their own quiet witness. Non-Christians have many chances to see their changed lives. The Christian is one of them. Consequently such indigenous churches grow. . . .

In truly indigenous congregations ordinary Christians speak openly about the advantages and blessings of being Christian. . . .

When ordinary Christians witness for Christ and

persuade others to become His disciples and responsible members of His Church, then churches multiply in extraordinary places--from family to family, village to village, clan to clan, and across the mountain range and down the next valley. (McGavran 1980, 379-381)

McGavran observed that church growth happens best on the mission field when indigenous ordinary Christians speak to their friends and neighbors about their personal faith in Christ and its benefits. Mission work was less effective when all ministry is perceived as coming from a foreigner. His lack of familiarity with idiomatic language and local customs made it more difficult for him to communicate the Gospel. If McGavran has really discovered a principle that can be applied cross culturally, caring ministry will also happen best in the United States when ordinary caring Christians learn to share their faith with people of their own community and cultural background.

As he applied church growth research and principles to American churches, C. Peter Wagner recognized the mobilization of laypeople for ministry as one sign of vitality for a growing church.

If the first vital sign of a growing church is a pastor who is using God-given gifts to lead the church into growth, the second is a well-mobilized laity. One cannot function apart from the other any more than blood circulation and respiration can function apart from each other in the human body.

In a smaller church of up to two-hundred members the pastor can do all the work, and many do. But such a church will not be able to grow past that point without lay ministry.

Pastors of growing churches, whether they be large or small, know how to motivate their laypeople, how to create structures which permit them to be active and productive, and how to guide them into meaningful

avenues of Christian service. (Wagner 1984, 78. emphasis his.)

Wagner continues by linking the need for mobilizing the laypeople for ministry with the New Testament concept of spiritual gifts. Each Christian is encouraged to discover his spiritual gifts and use them in service to the Body. In Your Church Can Grow (first ed. 1976. revised 1984) he concentrates on the gift of evangelist as the gift that makes the most direct contribution to church growth (1984, 83-84). A careful reading will show that he may be confusing the early church office of evangelist (Eph. 4:11) with what he defines as a spiritual gift of evangelist. He does, however, correctly recognize that every Christian has a role as a witness (Acts 1:8). "Only a certain number of Christians have the gift of evangelist, but every Christian has the role of witness. These two, as we shall see must combine to mobilize the maximum force for evangelism in your church" (Wagner 1984, 85).

In a later work, Your Spiritual Gifts Can Help Your Church Grow (1979), he defines twenty-seven spiritual gifts and offers suggestions for how people can identify and use their spiritual gifts in ministries that contribute to growth in their churches. He especially links the gift of exhortation with the task of counseling.

The gift of exhortation is the special ability that God gives to certain members of the Body of Christ to minister words of comfort, consolation, encouragement and counsel to other members of the Body in such a way that they feel helped and healed.

. . . the gift of exhortation is another of those gifts that laymen and laywomen in the church probably have. The gift should be identified and put to use, and the pastor is the one responsible to see that this is done. Sometimes it might be advisable to hire a professional counselor for the church staff if the church is big enough to afford it. But this is not always necessary. The resources for meeting the need for counselors may already be right there in the congregation in the form of the gift of exhortation, waiting to be uncovered and used. (Wagner 1979, 154-155)

Wagner recognizes the valuable contributions lay counselors can make to the health and vitality of a church, especially those who have the spiritual gift of exhortation.

Recognizing exhortation as a spiritual gift worked by the Holy Spirit does not, however, preclude the need for training. Those who have the spiritual gift of exhortation and those who naturally have the personality characteristics of good counselors can both benefit from a greater depth of understanding and skill that would result from a structured training program for lay caregiving.

Win Arn, another church growth researcher and writer, asked if there was a link between the Great Commission, "Go make disciples of all nations . . ." (Mt. 28.19) and the Great Commandment, "Love each other as I have loved you" (John 14.12). He developed a survey instrument to determine if there was a link between how loving churches were and how much they were growing. The results of his study with his associates Carroll Nyquist and Charles Arn were published in Who Cares About Love? (Arn, Nyquist and Arn 1986). "A total of 168 churches responded from 39 denominations. The total

survey represents the responses of 8658 persons" (Arn, Nyquist, and Arn 1986, 7-8). They asked if there was there a link between the "Love/Care Quotient" determined by their survey and the growth rate of churches:

One unmistakable conclusion of the love research in the 168 individual churches is the direct relationship that exists between a loving church and a growing church. Each local church surveyed was asked to give its membership growth percentage rate during the last five years. In comparing growth rates with LCQ scores, it was found that growing churches showed a significantly higher love quotient than churches which had declined during the past five years--regardless of denomination. Churches that have learned to love, and share that love are growing. Churches lacking in love are usually declining. Love, in Jesus name, attracts people. (Arn, Nyquist, and Arn 1986, 119)

Some of the results of this study have direct application to the Lutheran Church--Missouri Synod since LC--MS congregations were also included in the research.

Based on the responses to the LCQ [love/care quotient] by church members, it is evident that some churches and denominations are more loving than others. For example, the ease or difficulty with which people can say "I love you" varies by denomination. Of the 39 different denominations responding, people in the Lutheran Church--Missouri Synod have the most difficulty in using these words. Members in the Assemblies of God, by contrast, find it easiest to say, "I love you." Hugging or touching among members in the Lutheran Church is also rated "very uncomfortable," compared to the Assemblies of God where it is rated "very comfortable." (my emphasis. Arn, Nyquist, and Arn 1986, 116-117)

In a related chart (Arn, Nyquist, and Arn 1986, 118), they show the overall results of their Love/Care Quotient survey, ranking 26 of the 39 denominations that responded. Out of a possible maximum score of 100, the Southern Baptists ranked highest with 77. The Assemblies of God, who found it

easiest to say, "I love you," and to demonstrate their love through hugging and touching ranked fifth with an LCQ of 71. The Lutheran Church--Missouri Synod came in second lowest with 54. The LCMS was only two points higher than the lowest ranked denomination, the Christian Reformed Church which had 52 (Arn, Nyquist, and Arn 1986, 118). This report does not deal with the specific issue of caregiving and counseling by laymen, but does make some valuable recommendations about how congregations can grow in expressing their Christian care and love.

Arn and his associates conclude that "both individuals and churches can increase their ability to love" (Arn, Nyquist, and Arn 1986, 9). One possibility for growing in love is the "church action kit" produced by their publishing company titled Growing in Love. It is an integrated program combining study guide, leader's guide, overhead transparencies, and video resources (Arn). Win Arn presented the background for the church action kit at a workshop sponsored by our LC-MS Southern Illinois District which was attended by several members of our congregation's Evangelism Board.

After considering this option and comparing it with other similar resources the Evangelism Board decided to invest in Dr. Ken Haugk's Christian Caregiving: A Way of Life (1984) and its accompanying leader's guide (Haugk and McKay 1986). We used these materials in our Sunday morning

adult Bible class from 21 July to 8 December 1991. The similarity between the Church Growth movement and Pastoral Counseling can be seen in the remarkable similarity between materials that were developed, on the one hand for church growth, by Win and Charles Arn, and on the other hand for training in caregiving, by Haugk a clinical psychologist and pastoral counselor. Both of these practical theology viewpoints saw the need to develop materials to help Christian laypeople grow in their skills of practicing Christian love through caring for others.

D. PASTORAL CARE AND COUNSELING.

Pastoral care and counseling have developed as academic disciplines at seminaries and as professional disciplines through supervised training. The Association for Clinical Pastoral Education has set standards for clinical training in pastoral care. Similarly the American Association of Pastoral Counselors has set standards for certification of pastoral counselors. These professional associations and the practical theology departments of seminaries and theological institutions are concerned about integrating theology with the insights from the discipline of psychological counseling. They focus on meeting the needs of individuals who are sick, mentally ill, facing a crisis, or having difficulty coping with life's problems through the one-to-one caring relationship that is typically

described as counseling. Trained in marriage and family counseling issues, they may also work with couples or family groups. The methods and techniques of pastoral care and counseling are adopted rather eclectically from the various schools of thought of clinical psychology and sociology. Caregiving and counseling become Christian when they use the unique resources of the Christian faith and a personal relationship with God through faith in Jesus Christ with psychological techniques in the helping process. Caregiving and counseling become pastoral when they are offered by clergymen ordained to the pastoral office. Pastoral care and counseling are offered in a variety of ministry settings including congregations, institutions or in parachurch organizations like a counseling centers.

Leaders in the disciplines of pastoral care and counseling have come to the same conclusions as those in the church growth movement regarding the possibilities of training laymen for caring ministry. Howard Clinebell illustrates this in Basic Types of Pastoral Care and Counseling, a book used in the practical theology department at Concordia Seminary.

Lay training for caring is one of the keys to the revitalizing and growth of a congregation. Research on church growth and decline shows that a robust and comprehensive ministry of caring is a crucial variable in the health and growth of a congregation. Such a ministry is not possible unless trained laypersons are deeply involved in caring within a congregation and its community. (Clinebell 1984, 396).

This is not Clinebell's first indication of an interest in

developing lay caregiving within congregations. As far back as 1966, in the earlier edition of his book, he supported the concept of training laymen for "pastoral care." "Every member has a pastoral care opportunity that is uniquely his. Only as an increasing number of us accept this challenge can our churches become centers of healing, help and growth" (Clinebell 1966, 284). Recognizing that each individual Christian has a unique combination of natural talents and spiritual gifts and therefore can make a unique contribution to the group as a whole sounds a lot like Paul's teaching in 1 Corinthians 12.7, "Now to each one the manifestation of the Spirit is given for the common good."

Although Clinebell's terminology implying that every member of a congregation could offer "pastoral care" might be confusing, he is certainly not the only professional counselor who has recognized that there is a viable place for laymen to offer Christian care in the church. Diane Detwiler-Zapp and William Caveness Dixon point out that just as the talents and gifts of laymen are used in many other areas in the life of local churches they can also be used effectively in caregiving.

In most churches, lay people are found teaching in the church school, managing financial campaigns, working with youth, supervising the maintenance of buildings and ground, actively working for community change, and leading in worship. Pastoral care, on the other hand, often has been seen as a ministry exclusive to the clergy. In the area of caregiving, lay people are often unrecognized, frequently unappreciated, and usually neglected. Yet they have an abundance of undeveloped resources for caring. Lay people are the greatest

untapped potential of the church. (Detwiler-Zapp and Dixon 1982, 6)

Detwiler-Zapp and Dixon also connect the importance of training lay caregivers with the theological concept of the priesthood of all believers.

Enabling lay people in caring ministry of the church involves far more than "getting a few people to help the minister with calling." We believe lay pastoral care manifests the very nature and foundation of the church as a caring community with its common priesthood of all believers. It provides a place in the life and ministry of the church for those who hear and believe and want to put their faith into practice in a visible tangible way. In most churches, the laity is already informally involved in pastoral care to some degree and could benefit greatly from the pastor's seriously and skillfully attending to the task of equipping "all God's people for the work of Christian service." (Eph. 4:12 TEV). (Detwiler-Zapp & Dixon 1982, 5)

At the time they wrote Lay Caregiving Diane Detwiler-Zapp was a psychotherapist at Family and Children's Services in Fort Wayne, Indiana and taught at Indiana University-Purdue University, Fort Wayne. William Caveness Dixon was minister of pastoral care and counseling at First Presbyterian Church, Fort Wayne, was on the staff at Samaritan Pastoral Counseling Center and was director of training for Hospice of Fort Wayne (Detwiler-Zapp and Dixon 1982, vii). They have put theory into practice and actually trained lay caregivers in their church.

They are by no means the only professional counselors who have seen the value of training lay people for caring and counseling ministries. Psychologist and ordained pastor, Kenneth Haugk, worked out his "Stephen Series"

training program for lay caregivers (called "Stephen Ministers" in his program) in the practical setting of a Lutheran Church--Missouri Synod parish in St. Louis. Although we considered beginning a Stephen ministry program at Trinity Lutheran Church, Girard, the expenses of participating in this program were a drawback. Congregational enrollment and attendance at a two week training seminar is mandatory for pastor and lay leaders before the materials can be received. Thus, the initial start-up costs for the Stephen Series run into several thousand dollars.

As an alternative, Haugk now offers an introductory study in lay caregiving, Christian Caregiving, A Way of Life (1984). A companion leader's guide was published two years later (Haugk and McKay 1986), which suggests discussion questions and a variety of small group experiential exercises to integrate and practice the kind of Christian caregiving suggested in the original volume. Haugk continues to argue for both the practicality and theological necessity of laymen's caregiving based in the priesthood of all believers:

Some might think that it is up to ordained individuals alone to meet the so-called spiritual or religious needs of people and to be the only ones to use the traditional resources of the faith. This is simply not true. The "universal priesthood of all believers" is a fundamental Christian concept. Again and again the Bible states that every Christian, regardless of his or her station in life, shares with all other Christians the privileges and responsibilities of the faith. See, for example, Exod. 19:6; 1 Peter 2:4-10; Rev. 1:5-6;

5:9-10; 20:6.

Whether you are clergy or laity, you need to take this notion of "universal priesthood" with utter seriousness. All Christians need to put their priesthood into action--ministering to each other and to the rest of the world. You have the resources of Christianity available for your use in helping and caring situations. So do not hesitate to use these resources. (Haugk 1984, 101-102. See also Haugk and McKay, 1986)

William Bachus is another Lutheran pastor and clinical psychologist who makes a good case for the value of laypeople as counselors. He has developed a church based counseling center staffed by both professional and lay counselors at North Heights Lutheran Church (ELCA), St. Paul, Minnesota (Backus 1987). He argues against the notion that only the secular professionals should do counseling. In contrast, he believes that counseling belongs in the churches and should be done by both clergy and laity.

I now believe that it is proper for pastors to do counseling, and that they need not obtain permission from any other group of professionals. In fact, I believe counseling belongs in the church and that psychologists and psychiatrists should play the role of assistants to the Body of Christ in healing emotional disorder.

Lay Christians too may have counseling ministries in the church. Good order and the welfare of counselees require that they perform their ministries under the direction of the pastor and his assistants and yokefellows. But both pastors and lay counselors ought to avail themselves of the knowledge and skills gained by psychological scientists and practitioners, as well as the skills of the physician who may often make a distinct contribution to the treatment of disordered feelings or behavior. (emphasis his. William Backus 1985, 19)

Jay Adams, a student of O. Hobart Mowrer, finds support for all Christians doing "nouthetic counseling" in

at least two Bible passages that include the Greek word for admonition--the kind of confrontational counseling he advocates--Colossians 3:16 and Romans 15:14. He concludes, "According to Paul, all Christians must teach and confront one another in a nouthetic fashion" (Adams 1970, 41).

Another student of Mowrer, John W. Drakeford, suggests several reasons why counseling by laypersons may be even more effective than that offered by professionals. Theologically, he mentions the priesthood of all believers. Practically, he mentions the effectiveness and success of the self-help movement begun by Alcoholics Anonymous. And culturally, in a democratic society like ours which values the contribution of each individual the care of laypersons can be effective. Drakeford wrote:

Integrity therapy also recalls us to the doctrine of the priesthood of all believers. Professionalism has sometimes blocked the way of people seeking help. The new and rising "self-help" movements are functioning with lay personnel, and Alcoholics Anonymous has displayed therapeutic vitality known to few institutions. In a democracy with a belief in the common man there are infinite possibilities of involving members of sensitive and concerned people in helping their fellows. The simple procedures and group activities are within the grasp of most ordinary people. A wide-awake church can enlist its membership in the ongoing enterprise. (Drakeford 1967, 140-141)

The LC--MS Board for Social Ministry Services has also been watching the self-help group movement and just recently published resources to help congregation leaders develop support groups that are also "Christ-Centered, spiritual communities" (Board for Social Ministry Services 1991, i).

Since some of the people who would participate in a learning process for Christian caregiving might be interested in developing support groups for specific needs, these might serve as a helpful resource. A group gathered to learn Christian caregiving may, in their learning process, also display some of the characteristics of a support group. Therefore, learning groups or groups that meet for follow-up supervision of their caregiving may serve as models for support group ministries also.

Another perspective on the possibilities for lay counseling from an Evangelical viewpoint is offered by Dr. Larry Crabb, a professionally trained psychologist, practitioner and college teacher of counseling. He balances his understanding of the need for caregiving with caution, realizing that not every well meaning Christian is gifted or properly motivated to be an effective lay counselor.

With an enthusiasm restrained by some awareness of the problems involved, I envision the development of meaningful counseling within the local church carried on by church members. . . . The local church must assume responsibility for the individual personal care of each member. Obviously no ministerial staff can deal adequately with the staggering needs for individual attention and concern within the body. Nor should it even try to. The job belongs to the members of the local body. (Crabb 1977, 163-164)

Both the needs of hurting people and the concept of the Body of Christ move Crabb cautiously and realistically to endorse training lay Christian counselors.

The pastoral care and counseling specialists mentioned above barely scratch the surface of a groundswell of

articles and books that have appeared. An overview of pastoral care and supervision journals shows that interest in training laypeople for caregiving and counseling has only multiplied in recent years. The Summer 1987 issue of the Journal of Psychology and Christianity was devoted entirely to the theme of "Lay Christian Counseling." Articles on training laymen for caregiving have also appeared in Leadership (Collins 1980b), The Journal of Pastoral Care (Harris 1985; Emerson 1986; Estadt 1986; Oglesby 1986; Sunderland 1988; Tan 1986; Tan 1987a; Tan 1987b; Wood 1986) the Journal of Psychology and Theology (Collins and Tornquist 1981) Pastoral Psychology (Lum 1970) and The Journal of Supervision and Training in Ministry (Olson 1988; Wilson 1988). In addition to the journal articles an obvious market for books has been discovered. Besides those already mentioned, a number of books dedicated to training laymen for caregiving have been written and published as well (Southard 1982; Menking 1984; Constien 1986; Stephens 1985; Lindgren and Shawchuck 1980). All of this writing from the discipline of pastoral care and counseling regarding training laymen for caregiving ministries indicates a groundswell of interest in this area.

Admittedly some people may feel threatened by the idea of training laypeople for the kind of ministry that has usually been reserved for professional pastoral caregivers. First, pastors may feel that their authority or their office

of public ministry is threatened by the idea of laypeople "doing ministry," especially when such caring and counseling service to other members of the Body of Christ is described as "pastoral care." These concerns can be dealt with theologically and practically with a correct understanding of the priesthood of all believers. When properly understood and practiced, the priesthood of all believers does not undercut pastoral authority. It actually enhances it. To answer this fear among Lutheran pastors it will be necessary to remind ourselves of the theology of the priesthood of all believers and office of public ministry from a Biblical and Lutheran viewpoint.

Secondly, laymen may be cautious about receiving care from "peers" if they have grown to expect that all caring and counseling in the church must come from a pastor. This concern can also be addressed theologically through teaching and preaching regarding the priesthood of all believers and a correct Lutheran understanding of the office of public ministry. Clinebell has observed that both pastors and congregations have something to learn as they grow in understanding the potentials of lay caregiving:

The initial response of some church members, when the idea of training lay carers is presented is, "We hired our pastor to give us pastoral care, not to teach someone else to do it." Some parishoners feel that they are getting second-class help from amateurs, when a lay person calls on them. Both pastors and congregations need to learn that training lay carers is not a pastor's way of passing the buck but a powerful way of deepening, broadening and sharing the ministry of caring with the whole congregation. It does not replace pastoral care

by a pastor, but rather complements and greatly augments it. (Clinebell 1984, 397).

This concern can also be addressed practically if church members are prepared to receive care from a lay caregiver through a process resembling the referral that often happens between pastors and professional counselors. For others this will not be a problem at all. Some would even prefer to receive care from a fellow layman and probably would not go to a professional. In a setting like ours, ministering to rural and small town people in settled communities, a great deal of caregiving already takes place along the lines of relationships, extended families, and established social networks. A pastor can take advantage of these networks for caregiving by asking people to help who already have a social connection to people who are in need (Southard 1978).

Ideally, lay caregiving can deepen the experience of God's love for all the members of a Christian congregation when we recognize that our care for one another is motivated by God's love in Christ, "We love because he first loved us" (1 John 4.19), and expresses our love for Christ in others, "The King will reply, 'I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me'" (Matt. 25.40). These expressions of God's love in the Body will result in meeting more needs, more effectively responding to pastoral care concerns. The surprising result may also be that such love will be used by the Holy Spirit to make God's love real and attractive to unbelievers who

have not yet experienced it. The church that trains its laypeople to care for one another will grow in love and spiritual maturity. It may grow in membership as well.

E. ADULT EDUCATION.

Since equipping Christians for caregiving and counseling ministries will generally be an adult education task, it is not surprising that Christian adult educators also address this need. Oscar E. Feucht, from the Lutheran Church--Missouri Synod, wrote in his book, Everyone a Minister,

This book has grown out of 25 years of work in a mission church and 25 years as a denominational secretary of adult education. Always the compelling motive has been the biblical teaching of the priesthood of all Christians as the only adequate strategy of the church so greatly needed in the last decades of the 20th century. (Feucht 1974, 7).

The recovery of the ministry of the laity demands more than voluntary services at the church. It involves the acceptance of one's daily work as an expression of the priesthood of all believers. It includes training for all aspects of discipleship, turning our Christian confession into a philosophy of life and using our talents wherever we are out there in the world! (emphasis mine. Feucht 1974, 69-70).

Feucht would agree that developing a process for equipping Christian laypeople to care for and counsel one another is just one of the results of a correct understanding that every Christian is a minister.

Warren Wilbert is another Christian adult educator who

calls for training lay Christians for ministry through the church's adult education programs. He states:

Sufficient evidence of that sad fact of life is found in the lives of Christian adults who, generally speaking, are not skillful in biblical study, or in the ministering functions of the mission of the church or in the interpersonal relationships which are such a vital part of fellowship. Their passive, almost complete dependency upon the professional workers in the church for guidance, leadership and motivation is something that has bedeviled most church bodies in a day and age when the personal skills and attitudes fostered by Christianity are desperately needed. That Christians may know a number of facts about the Scriptures is not yet enough. The "Go, and do thou likewise" (Luke 10:37) injunction of Jesus is clearly a call to a living-out of the message. (Wilbert 1980, 48)

Viewed from his educational perspective, a cause of the problem is the focus on content in the church's adult education programs rather than balancing knowledge of biblical content with education in the skills that will enable us to live, act and care for one another as Christians. Again, there is an appeal to the biblical mandate which involves all Christians in the mission and ministry of the church. Other Christian adult educators have made similar calls. D. Campbell Wykoff suggests that one way of evaluating the pastor's role in the church's education ministry is to ask how effectively the pastor enables the people of the church to minister:

How does the pastor enable them in turn to minister--by helping them to identify real needs in their world, to get the understanding and training to meet those needs effectively, to be guided and supported as they perform that ministry, and to receive both encouragement and constructive evaluation along the way? (Wykoff, p. 22).

Similarly, David M. Evans encourages recognizing the gifts

for ministry and the responsibility of equipping the saints for ministry as a part of the overall educational ministry of a teaching church. Evans wrote:

A teaching church is concerned, furthermore, not simply about designated leaders but about the broader responsibility of "equipping persons for ministry." Everyone in the community of faith has gifts, recognized or unrecognized. If the gifts are unrecognized, they need to be discovered. An aspect of the Christian growth of every person is the development of the capacity to exercise leadership in one form or another. (Evans 1983, 88-89)

These and others who are concerned about adult education in the church have joined leaders from the church growth and pastoral counseling movements in calling the church to reconsider the biblical mandate to equip all of the saints for ministry, some for ministries of caring and counseling.

A program to train lay Christian men and women for more effective caring and counseling will be an enterprise in adult education. Therefore the discipline of Adult Education has much to contribute to making this program more effective. Perhaps the most important assumption of the discipline of Adult Education is that adults learn differently than children. Educational theories, assumptions and programs that have been developed based on the learning needs of children will have limited applicability to adults. They may even be totally ineffective.

Malcolm Knowles has been a leader in recognizing the differences between the way children and adults learn.

Since children and adults are different, helping adults learn is different from teaching children. Since 1950 Knowles has been refining his theory of adult education. In the mid-1960's he was exposed to the term "andragogy." and has since used that term to describe his theory of adult learning. Andragogy is a relatively new term and will not be found in dictionaries. It can be defined more precisely by comparing it with pedagogy, a more traditional term.

"'Pedagogy' is derived from the Greek words paid, meaning "child" (the same stem from which 'pediatrics' comes) and agogus, meaning 'leader of.' Thus, pedagogy literally means the art and science of teaching children" (Knowles 1984, 52). Andragogy is derived from the Greek word andros, meaning "man," or as Knowles uses it generically, "adult." Thus, he uses "andragogy" to describe his theory of "the art and science of helping adults learn" (Knowles 1984, 52).

More significant than the etymologies of the terms are the differences in educational theory and teaching style they represent. In The Adult Learner: A Neglected Species Knowles compares pedagogical and andragogical models with a discussion of their basic assumptions. He wrote:

The pedagogical model assigns to the teacher full responsibility for making all decisions about what will be learned, how it will be learned, when it will be learned, and if it has been learned. It is teacher-directed education, leaving to the learner only the submissive role of following a teacher's instructions. (Knowles 1984, 52-53)

Children need that kind of direction to learn. They are not

ready to be responsible for their own learning. That is the primary difference between the education of children and adults. "We become adult psychologically when we arrive at a self-concept of being responsible for our own lives, of being self-directing" (Knowles 1984, 55). Adult education is characterized by self-direction. Beyond this basic contrast, three areas Knowles highlights are of special interest in relation to developing a process for helping adult Christian learners grow in caregiving skills: the learner's self-concept; the role of experience; and what motivates them.

The adult learner's self concept is different than a child's. Knowles shows how:

Pedagogical assumption: "The teacher's concept of the learner is that of a dependent personality; therefore, the learner's self-concept eventually becomes that of a dependent personality" (Knowles 1984, 53).

Andragogical assumption: "Adults have a self-concept of being responsible for their own decisions, for their own lives. Once they have arrived at that self-concept they develop a deep psychological need to be seen by others and treated by others as being capable of self-direction. They resent and resist situations in which they feel others are imposing their wills on them" (Knowles 1984, 56).

Another way of saying this is that adults want to be treated like adults, not like children. They want to be responsible for their own educational choices as they are responsible for their own choices about their relationships, families, managing their own homes, their own money, their own time, and to a greater or lesser extent, their own overall job and

career choices. Adults are given varying levels of responsibility for decision making on the job depending on the position. They are at least responsible to show up on time and make their fair contribution to the production or service that earns the company a profit. As a general rule, their contribution will be rewarded appropriately. If they fail to take the responsibility to make the contribution expected, they will be demoted or fired. If their contribution goes beyond what was expected, they may be promoted or given a raise. They can also take responsibility for their job or career by seeking a new position with a different company if they are dissatisfied. They can advance themselves by taking advantage of career counseling and continuing education opportunities.

An interesting tension develops when adults get involved in learning programs. Although adults have taken responsibility for many areas of their lives, a tension arises if they have not learned how to take responsibility for their own learning. Many adults have not learned how to be "self-directed learners," to use Knowles phrase. They experience a conflict between their conditioning in the educational system with its pedagogical assumptions which has made them dependent as learners and their inner psychological need to be self-directed, responsible for their own learning as well. Their conditioning as dependent learners may lead them to avoid learning situations

altogether, or at least to avoid those situations where they will again be made to feel dependent. Therefore, "adult educators have been working at creating learning experiences in which adults are helped to make the transition from dependent to self-directing learners" (Knowles 1984, 57).

In a training program for Christian caregiving, we will want to listen to the participants' needs and concerns, help them learn in a style that is most effective for them, and, ultimately, give them the skills and tools they need to continue their learning beyond the closing date of the class. "The andragog . . . will do everything possible to help the learners take increasing responsibility for their own learning" (Knowles 1984, 63). Educational techniques that will help caregivers become self-directed learners will include teaching them to write personal goals and objectives, journaling and visitation reports that show them how they can learn from their own reflection and relationships, and evaluation, including self-evaluation, that helps them determine the direction for their further learning.

Knowles' insights into the role of experience in adult learning will also be crucial in developing a process for learning Christian caregiving. He writes:

Pedagogical assumption: "The learner's experience is of little worth as a resource for learning; the experience that counts is that of the teacher, the textbook writer, and the audio-visual aids producer. Therefore, transmittal techniques--lectures, assigned readings, etc., are the backbone of pedagogical

methodology" (Knowles 1984, 54).

Andragogical Assumption: "Adults come into an educational activity with both a greater volume and a different quality of experience from youths. . ." (Knowles 1984, 57)

Children, by definition are inexperienced, naive, and immature. The goals of their education should include helping them learn from their experiences, both positive and negative, and growing in maturity to the point that they are able to take normal adult responsibility for themselves. Adults come to a new learning situation with their previous experiences. Their experience gives them a certain amount of maturity, wisdom, suaveness, tact, savoir-faire, diplomacy. Those characteristics will all add to their skills as caregivers. The experience adults bring to a new learning situation has several implications for the educational processes involved in training and supervising lay caregivers.

In one sense our experience separates us and highlights our individuality. No adult has exactly the same experiences as any other adult. Even identical twins have moments when they are separate from one another and experience things differently. Adults may find some points of commonality as they share their experiences with one another. They may find that they have had some similar experiences. They will also find many differences. Knowles underscores this by stating:

Any group of adults will be more heterogeneous--in terms

of background, learning style, motivation, needs, interests, and goals--than is true of a group of youths. Hence, the great emphasis in adult education on individualization of teaching and learning strategies. (Knowles 1984, 57. emphasis his)

This individualization can take place through personalized goal setting, individual assignments and learning activities that focus on individual areas of interest.

The individual aspect of experience need not be seen as detrimental to the educational process. The variety of experiences available in any group of adult learners can actually be used to the advantage of the educational process. Each student with his or her unique learning experiences can share what they have learned with others. One of the amazing aspects of mature adult learning is that we do not necessarily have to experience things ourselves to learn from them. Adults can learn from the experiences of others. The learning process will need to provide opportunities for the learners to share their experiences so that others can learn from them. Each adult becomes a resource for the learning process.

The astute adult educator will also recognize that adults learn more effectively through methods that allow them to experience their learning rather than just transmitting information. Knowles writes:

Hence, the greater emphasis in adult education on experiential techniques--techniques that tap into the experience of learners, such as group discussion, simulation exercises, problem-solving activities, case method, and laboratory methods--over transmittal techniques. Hence, also, the greater emphasis on

peer-helping activities (Knowles 1984, 57. emphasis mine.)

In an interview, hospital chaplain Rev. Edwin Liddell from Memorial Medical Center, Springfield, Illinois has shared with me that he believes the most effective part of their Clinical Pastoral Education for Laity program is the clinical visitation that students make with hospital patients (Liddell 1991). The visits with patients in the hospital contribute significantly to the experiential learning. Training programs for evangelism callers like Biesenthal's Dialog Evangelism also show that actual calling, home visitation, is an essential part of training adults. He compares learning evangelism to learning to fly an airplane. Transmittal techniques, "Learning about it in a classroom," and experiential techniques, "doing it in the day-to-day situations in life are two entirely different matters" (Biesenthal, 9). In that program, the visitation experiences are followed by a time of group debriefing. Those who have had good experiences or successful visits can share their joy. Those who have had difficult or unproductive visits can share their frustrations, identify and learn from their mistakes if they made any, and receive the encouragement of others. Those who haven't found anyone home can learn from the sharing and experiences of others. To train Christians for caregiving, a program will also include experiential learning. The kinds of learning experiences included will have to take into account the

previous experience and learner's willingness to take risks. Learners may be given permission to "pass" when called on to share experiences in the learning group. Learning experiences within the group will feel safer than those that require leaving (visiting patients in the hospital or evangelism home visits). Peer learning is included in Dialogue Evangelism when more experienced learners are teamed with less experienced callers. In Clinical Pastoral Education, peer learning occurs in interpersonal group interactions and in peer evaluations.

Experience shapes and defines adults, but it may also temper and harden them. It is Knowles' belief that:

As we accumulate experience, we tend to develop mental habits, biases, and presuppositions that tend to cause us to close our minds to new ideas, fresh perceptions, and alternative ways of thinking. Accordingly, adult educators are trying to discover ways of helping adults to examine their habits and biases and open their minds to new approaches. (Knowles 1984, 58)

Adults may be quick to say, "We never did it that way before," or, "We tried that once and it didn't work." They tend to resist change--the changes that occur with new learning--even when the change will be beneficial. What an educator might see as biases and closed mindedness a psychologist might interpret as fears--of taking risks, of change, of being out of control, or of the unknown. From either viewpoint, strategies can be developed to help people keep open minds or overcome their fears.

With regard to adults' experience, Knowles also

notes an important relationship between an adult's accumulated experience and their self-concept or self-esteem. When asked to tell who they are, adults will often answer with a partial list of their experiences, presumably the ones they value the most or what they suspect the questioner would value the most. Their experiences define who they are. "The implication of this fact for adult education is that in any situation in which adults' experience is ignored or devalued, they perceive this as not rejecting just their experience, but rejecting them as persons" (Knowles 1984, 58). Being aware of this sensitivity will help adult educators build the self-esteem of their students. They will want to avoid rejecting their students as persons and they will, conversely, want to find ways to show their students how much they are valued. One way to do this will be to value highly the students' shared experiences. Time will be allowed for experiences to be shared, reflected upon, and learned from for the whole group. Reflecting on and evaluating experiences as learning opportunities will help students become even more self-directed by showing them how they can learn more effectively from their own experiences.

A third assumption of Knowles that will be helpful for developing a process for learning Christian caregiving will be to understand the motivations of adult learners:

Pedagogical assumption: "Learners are motivated to learn by external motivators--grades, the teachers'

approval or disapproval, parental pressures" (Knowles 1984, 54).

Andragogical assumption: "While adults are responsive to some external motivators (better jobs, promotions, higher salaries, and the like), the most potent motivators are internal pressures (the desire for increased job satisfaction, self-esteem, quality of life, and the like). . . Motivation is frequently blocked by such barriers as negative self-concept as a student, inaccessibility of opportunities or resources, time constraints, and programs that violate principles of adult learning." (Knowles 1984, 61)

External motivators for Christian caregivers might be statements like, "Our church requires all our officers to take this training," or "Every Christian should want to be a more effective caregiver." From a Lutheran theological viewpoint these external motivators are motivators of the Law: have to; should; ought; required; expected. The Law tells us what we are to do and not do to meet God's demands of perfect obedience. But the Law is not an effective motivator because it shows us our failures, shortcomings and sins. It shows us how miserably we have failed to meet God's demands of perfection. It shows us what we deserve because of our failures: God's condemnation and punishment. Just avoiding punishment isn't a very effective motivator, even for children. The Law is especially ineffective since it shows us that we have already failed.

God's Word reveals the most powerful motivator available to human beings, the Gospel of salvation by grace through faith in Jesus Christ. God himself has created people as unique individuals, each with gifts and abilities

that we can use to serve him. He took the initiative to love us, even when we were lost in sinfulness. He put his love into action by offering his own Son Jesus Christ to suffer, die and rise again to pay for our sins. Because our debt of sin is paid for, God gives us his forgiveness as a free gift. He creates a new life in us and gives us the power to serve him. Not only does he renew and restore our lives now, but he promises eternal life in heaven without the pain, sorrow and suffering of this sinful world. This is the message of the Gospel. It is God's love and forgiveness in Christ that moves Christian people to love as John wrote in his first letter:

"7-Beloved, let us love one another, for love is from God and everyone who loves is born of God and knows God. 8-The one who does not love does not know God, for God is love. 9-By this the love of God was manifested in us, that God has sent his only begotten Son into the world so that we might live through Him. 10-In this is love, not that we loved God, but that He loved us and sent His Son to be the propitiation for our sins. 11-Beloved, if God so loved us, we also ought to love one another. 12-No one has beheld God at any time; if we love one another, God abides in us, and His love is perfected in us. 13-By this we know that we abide in Him and He in us, because He has given us of His Spirit. 14-And we have beheld and bear witness that the Father has sent the Son to be the Savior of the world. 15-Whoever confesses that Jesus is the Son of God, God abides in him, and he in God. 16-And we have come to know and have believed the love which God has for us. God is love, and the one who abides in love abides in God, and God abides in him. 17-By this love is perfected with us, that we may have confidence in the day of judgment; because as He is so also are we in this world. 18-There is no fear in love; but perfect love casts out fear, because fear involves punishment, and the one who fears is not perfected in love. 19-We love, because He first loved us. (1 John 4.7-19 NAS. emphasis mine.)

Beyond the natural human desires for increased job (and life) satisfaction, self-esteem and quality of life, mentioned by Knowles, Christians are motivated from within by the power of God. God himself, Father, Son and Holy Spirit dwells within them and lives through them (John 14.16-18, 23). The recreating power of God is an even more powerful motivator than the factors Knowles recognizes. It has moved many to dedicate their whole lives in service to God. It has moved others to risk their lives, even to the point of death, to be faithful to Him. Since the days just after Jesus' resurrection, love for him has moved many to be faithful to him even through persecution and offering life itself in a martyr's witness. The Gospel, God's love in Christ, is what motivates Christians to learn to be more effective in their love and caring.

Knowles' andragogical assumptions can be very helpful in planning an adult education program like training Christians for caregiving ministries. These assumptions will help the leader or teacher, as an educator of adults, choose educational techniques and strategies and an educator/supervisor role that will be especially appropriate for adults.

This chapter has presented a theological, theoretical and practical basis for a program to equip lay Christian caregivers. The theology is decidedly Lutheran, from the

Scriptures, Martin Luther himself and the Lutheran confessions. The theory reflects the multi-faceted nature of practical theology. Church growth, pastoral care and adult education all have contributions to make. The task remains to build a specific kind of educational experience on this foundation. The time-tested model of Clinical Pastoral Education will provide a framework for the structure.

CHAPTER 2

ADAPTING THE CLINICAL PASTORAL EDUCATION PROCESS FOR EQUIPPING LAY CAREGIVERS

A. LEVELS OF LAY CAREGIVING.

In the Christian church caring and counseling can take place in several different ways as the members of the Body of Christ are sensitive to the hurts and needs of others. Some are informal and unstructured; others need to be formalized and structured to be effective. Howard Clinebell distinguishes three levels of lay caring ministry: 1) in natural social networks of families, friends and neighbors; 2) when laypersons call on others as part of the church's program such as stewardship and evangelism visits; and 3) in-depth pastoral care team(s) (Clinebell 1984, 400). People functioning in any of these levels of care can benefit from opportunities to grow in their caring skills. If they show gifts for caring at one level, they may be interested in learning more about caring at a deeper level. The training will have to be appropriate to the level of

caring they are willing to offer.

Lay caring ministry also often occurs in groups. Support groups or self-help groups are often organized to respond to a specific kind of need, like alcoholism, or help people through a specific kind of experience such as losing a child or coping with cancer. Training in group leadership and group dynamics may be helpful as a supplement to the standardized materials already available from self-help organizations. Members of fellowship or interest groups like the ladies aid, home Bible studies, choirs or softball teams can also learn to be sensitive to the needs of their members and offer supportive care when it is needed. This kind of care would fit in level one or two of Clinebell's model.

Level 1. Social networks.

Most church members are already offering some care to others in their natural social relationships. Family members, both immediate and extended, offer care to one another in times of sickness and hospitalization. In these communities, at the time of a death it is considered a social obligation to visit the grieving family members at the funeral home. Neighbors, friends and co-workers are almost always on hand to offer their sympathy and support. Southard sees this as an advantage in the settled community. Often a pastor can offer care indirectly through supervising

and consulting within the context of existing caregiving networks. Southard writes:

The pastor's counseling ministry in a settled community begins with his identification of the natural network of relationships between people who know each other and their patterns of interaction. He must then find the gatekeepers to a family or a group of people and know who has influence, stability, and wisdom. These gatekeepers are his counselors for many people in distress, and he is their consultant. (Southard 1978, 176)

To improve care in natural social networks, the value of such care can be highlighted in sermons, Bible classes and individual contacts. Individual caregivers can be affirmed for their specific caring ministries. But first of all, a pastor will simply have to pay attention and notice when such caring is happening. "In many instances lay pastoral care occurs outside the pastor's sight or awareness, and that can be a good thing. Even if the lay caring is seen, it often is not recognized or appreciated" (Detwiler-Zapp & Dixon 1982, 6). People who are naturally giving care can be referred to appropriate resources to help them grow in their caring ministry. Someone who is helping another through their grief might benefit from Good Grief by Granger Westerberg (Westerberg 1971 ,7). A pamphlet like "How to Comfort Those who Mourn" (1982) can also be helpful. I used this pamphlet as a bulletin insert and briefly discussed its suggestions in place of the sermon one week. The pastor can also use such opportunities to teach better listening skills. The "stress scales" can be used to

illustrate the stresses people experience and raise the sensitivity that people have to those around them who may be in need (Arn, Nyquist & Arn 1986, 160-165).

Other resources can be used as Bible studies or training programs to help individuals grow in their day to day caring even if they never participate in a formal visitation program in the church. Stephen A. Wagner's, Heart to Heart, Sharing Christ with a Friend kit (Wagner 1985), edited by Kent Hunter is one example. This is a seven lesson training program for personal witnessing in one's natural sphere of influence. It also includes many helpful suggestions on how Christians can become sensitive to using their spiritual resources to help meet people's needs. It incorporates students' guides, leaders' guides, overhead transparencies, video, and audio cassettes for instruction. Home visitation is an option, but not a requirement.

Similarly, Charles Arn's, Growing in Love kit (Arn), subtitled, "How to become a more loving, caring person . . . and church," addresses this first level of caregiving. In thirteen sessions it uses Bible study, Who Cares about Love? (Arn, Nyquist and Arn 1985), overhead transparencies, video cassette, a leader's guide and participant's guide to help Christians see how Christ-like love can influence their relationships. The LC--MS's Southern Illinois District invited Win Arn to present this program in a one day

workshop that was attended by members of our congregation's Evangelism Board.

As mentioned earlier (p. iii and p. 40), after considering this option and comparing it with other similar resources the Evangelism Board decided to invest in Dr. Kenneth C. Haugk's Christian Caregiving, a Way of Life (1984), and its accompanying leader's guide (Haugk and McKay 1986). These resources can be used as a ten week class, a twenty week class or a weekend retreat to help learners use spiritual resources for "distinctively Christian care." We used these materials in our Sunday morning adult Bible Class from 21 July to 8 December 1991.

We found that they were a helpful introduction to Christian caregiving, which is exactly what they were intended to be. The experiential learning exercises suggested by the leader's guide encouraged participants to begin relating their faith to their own life experiences and gave them an opportunity to practice caring for one another in a "safe" environment within an already established group. Participants expressed appreciation for learning about the importance of listening in caregiving, distinguishing their needs from the people they want to help and the Christian resources for helping that they can use. Some of the class members were uncomfortable with the intimacy of the experiential learning exercises and were glad when we were finished with the course. Some did not develop any

confidence about caring for others outside the safety of their already established groups and spheres of influence. It was difficult for them to claim for themselves the priestly authorization given in their baptism. They continued to be uncomfortable about using the gospel in their "mutual conversation and consolation" (Concordia Triglotta, 491). Happily, there were also a few people who participated in the Christian Caregiving adult Bible class who were stimulated by this introduction and expressed an interest in training at a more advanced level. In this way Haugk and McKay's materials serve a valuable secondary purpose as a recruitment and screening resource for the kind of course I am proposing which offers deeper learning potential for those who are willing to take a little more risk.

This natural social network care can be extended as Christian people are taught to expand their own social network through more effective friendships (McGinnis 1979). They can also learn to recognize their opportunities for caring and outreach in interest groups and community clubs where they encounter both the unchurched and Christian people from other fellowships whose needs they can meet. However, in settled communities people may feel that they have to earn the right to offer their care by investing in a long term relationship. To offer more effective care they may have to learn to cross the boundaries of their comfort

zones and reach out to people with whom they would not usually associate.

Level 2. Church callers.

Clinebell gives this anecdotal description of his second level of caregiving:

On one occasion in my church, I gave instruction in caring methods to the "stewardship team," those persons visiting church members to ask them to pledge financial support. They were given this training before they made their calls for three reasons--to help them heal the wounds of members who were angry and alienated from the church; to recognize and respond helpfully to the needs of persons going through crises; and to be alert and aware of situations where counseling by the pastor was needed. Training provided persons doing home visitation a double benefit from their calls. The tasks of recruiting new members or underwriting the budget are accomplished more effectively, and a vital pastoral care ministry occurs. (Clinebell 1984, 400)

Evangelism callers should already be growing in an understanding of how the Gospel meets the needs of people and how to effectively communicate that. Joseph C. Aldrich shows how evangelism strategies can be matched to meet the variety of needs in Maslow's Hierarchy (Aldrich 1981, 89-96). The key for making this style of evangelism effective is careful listening to discover the felt needs of people so that loving action and proclamation of the Law and Gospel can be precisely aimed. Clinebell's suggestion of training stewardship callers for listening and caring is innovative. As a church grows in expressing Christ's love and care in every aspect of its ministry, such caring can be extended through Sunday School teachers, youth group

leaders, the choir, church boards and committees. Self-help and support groups can be integrated into the church's programming as specific needs surface.

Level 3: Lay Care/Counseling team(s).

Training for lay care and counseling is not unheard of in the Lutheran Church--Missouri Synod. Perhaps the most notable training program is Project Compassion designed by the Board for Social Ministry Services (1985) of the Synod and promoted through district Social Ministry boards. It provides initial training for caregiving, ongoing support group meetings for caregivers and suggestions for administering a program of caring. It is specifically focused on shut-in and nursing home visits. Project Compassion caring relationships are described by the manual:

Project Compassion Visits: Personal involvement is the distinctive characteristic of these visits--involvement with a particular shut-in, homebound, confined, or incapacitated person by continuing regular and frequent visits, with the intention of developing a one-to-one relationship with that person, a friendship. These are deliberately cultivated friendships between needy persons and fellow Christians who visit them. (Board for Social Ministry Services 1985, 11)

Project Compassion caregivers contract for a one hour weekly visit plus support group meetings after they are initially trained. Its greatest strength is also its chief limitation, namely, its specific focus. Because it is focused on shut-ins and its primary tool is a one hour weekly visit, it is not flexible enough to be adapted to a

broader range of caregiving opportunities. Some of its training exercises would be helpful in a broader context, for example, "Part 2, Chapter VII. Listening," includes a helpful outline discussing compassionate listening and reflective listening with roleplay or discussion suggestions (Board for Social Ministry Services 1985, 29-34). Project Compassion would fit into Clinebell's scheme as one of the pastoral care teams he has in mind.

"In situations where there is no such group, or a group exists but concentrates in only a limited area of caring (e.g., hospital calling), the maximizing of caring action by the laity can best be enabled by recruiting and training a pastoral care team" (Clinebell 1984, 402). Clinebell goes on to describe a four step process to develop a lay caregiving team. This process was developed out of his own training, observation and experience. Step 1: Selection and recruitment. Getting the right people for training is of crucial importance. "The effectiveness of lay caring programs is directly correlated with the selection of teachable trainees and the rigor of the training program" (Clinebell 1984, 404). Step 2: Basic training. In this step, two weekend retreats focus on grieving as the universal crisis, practicing the skill of responsive listening, the ABCD crisis response model and practice using this model. Step 3: Supervised training calls. Beginning with low risk, low threat situations,

trainees actually begin visiting. It is also less threatening, initially, if they can visit in pairs. This also provides some immediate reflection, feedback and support. Individual supervision and support from the pastor as well as verbatims and role plays in monthly group sessions provide ongoing training and growth. Step 4: Annual refresher event and recontracting. (summarized from Clinebell 1984, 402-411).

Ultimately I envision this kind of lay caregiving team functioning at Trinity Evangelical Lutheran Church, Girard. Basic training could be provided using Haugk's Christian Caregiving (1984 and Haugh and McKay 1986). Advanced training could be offered with the kind of program I am proposing adapted from the Clinical Pastoral Education model. Those who are willing to continue serving as lay visitors would also be expected to meet as a group for at least once a month to discuss a caregiving topic, share problems or concerns and take care of administrative details like visitation assignments.

My desire to design a lay caregiving program based on the Clinical Pastoral Education model comes in part from my own positive experiences in CPE. From September 1984 to May 1985 I took an extended basic unit of Clinical Pastoral Education at Cherokee Mental Health Hospital, Cherokee, Iowa, a state psychiatric hospital. The supervisors were Rev. Robert Alexander and Fr. Gene Sitzmann, staff chaplains

at the hospital. I began wondering then if the CPE model could be adapted for use in training lay people in a parish setting for more effective caring ministry. Since then, I have discovered that other people have been asking similar questions and some have experimented with such training models. Several years ago a mailing from the Pastoral Care Department at Memorial Medical Center, Springfield, Illinois included information about their Clinical Pastoral Education program for professionals, a continuing education program for volunteer chaplains and a training program for laymen. "Clinical Pastoral Orientation," the title on the cover of the pamphlet has now been renamed, "Clinical Pastoral Education for Laity," according to a typed insert. The pamphlet describes the program this way:

This 15 week CPO program includes:

Patient visitation-assignment to a clinical area of the hospital for regular patient visitation.

Seminars-presentations by members of the Pastoral Care Department and other professionals.

Verbatims-written accounts of patient visits to increase one's awareness, confidence and ability in relating to those who are visited.

Supervision-weekly, one-on-one reflection with a Staff Chaplain which centers on the individual's learning needs for growth in ministry.

IPR-an unstructured weekly opportunity to interact with peer participants and staff, focusing upon InterPersonal Relationships and issues which may surface during the equipping process.

At the end of the program, the participants will share in an Evaluation Day. The evaluation will be the participant's written statement of the program, his/her evaluation of the program content, peer relationships, and personal evaluation of his/her own growth during the experience. The supervisors will also share their evaluation of the participant and his/her growth in ministry. (Memorial Medical Center Department of Pastoral Care 1989)

Since that time, the pastoral care staff at Memorial Medical Center have further refined their program and are sharing it as "Clinical Pastoral Education for Laity" (Liddell, Wylie and Nash 1990). If on the one hand, the CPE model for training in pastoral care can be adapted for use with laypeople in a hospital setting, and, on the other hand, CPE has been used effectively to train professionals in a parish setting (Nace 1988), it seems to me that these methods of training can also be adapted for use in equipping laypeople for caregiving ministry in a parish setting.

B. USING THE CLINICAL PASTORAL EDUCATION MODEL FOR EQUIPPING LAY CAREGIVERS.

One of the advantages of using the Clinical Pastoral Education model for training lay caregivers is that time has proven it effective. The model has grown and developed over more than sixty years, but in all of that time one essential element to CPE has been clinical experience. Powell (1975) briefly traces the development of CPE. Experiments in training pastors in a clinical setting go back as early as 1905 and the work of Rev. Dr. Elwood Worchester, founder of the Emmanuel Movement. He proposed the development of a medically supervised religious psychotherapy. At about the same time "Dr. Richard C. Cabot, a Boston internist, set out to organize medical social service" (Powell 1975, 4). He

was to discover that neither the medical staff nor the psychiatric social workers considered the patient's spiritual needs within their province. In 1923 Dr. William S. Keller, "another socially concerned physician and an active layman within the Protestant Episcopal Church," began the "Summer School in Social Service for Theological Students and Junior Clergy" (Powell 1975, 4-5). Cabot, who had failed to bring spiritual needs into the task of social work, later also turned to training theological students. He began to believe that theological students could learn the skills they needed for pastoral care through a process similar to that used for training medical students. Cabot wrote:

Medical students see their teachers grapple with a difficult medical problem and often fail to solve it or make a mess of it. This is good, both for teachers and students. They see their teacher's patience, his courage, his ingenuity, his tact tried, hard pressed, struggling; sometimes splendidly successful, sometimes a flat failure. Medical students see all this. Theological students will see it [too] when their teachers take . . . one of their proper places . . . in the difficult wrestle of personal relations. (Cabot 1926, 11)

The essentials of the CPE process were there in Cabot's method. It included a group of students learning under the guidance of a supervisor, encountering patients in a clinical setting, using a case study method to learn from their encounters with patients.

Rev. Anton T. Boisen, a Congregationalist minister, recovering from hospitalization for mental illness himself,

attended one of Cabot's seminars in 1923. As a hospital chaplain, he began to use Cabot's case study method to train theological students for pastoral care with one important difference in emphasis. "Dr. Cabot's emphasis was upon skill and ability in dealing with persons in trouble" (Powell 1975, 10. Emphasis his). Rather than emphasizing technique, skills and abilities, Boisen emphasized understanding and insight over technique:

The fundamental need of love, the dark despair of guilt and . . . estrangement . . ., and the meaning of forgiveness. . . . In such insights lies the important contribution of the competent minister of religion rather than in any particular technique. (Boisen 1936, 285)

This same emphasis can be seen in some CPE supervisors today. Chaplain Liddell, for example, is cautious about offering himself as a model for students on too many visits with patients so that lay caregivers will not model themselves too closely after his style and technique, but rather discover, through experimentation, what techniques work best for them (Liddell 1991). Boisen's program grew rapidly after it was incorporated in 1930 as "the Council for the Clinical Training of Theological Students" (Powell 1975, 11).

Rev. Russell L. Dicks would make a significant contribution to CPE in the later 1930's by adapting the techniques for use in a general hospital setting at Massachusetts General Hospital, as compared to the mental hospital where Boisen worked. He found notes on actual

conversations with patients more helpful than the case study method that Cabot had used. Dicks wrote:

Incidentally, I had found that a given problem became clearer under the experience of writing down and studying what the patient said to me and what I observed in the patient. This was a laborious and time consuming process, but I had found it effective and in the end both time and effort saving. I also found the quality of my work improved under the experience of note writing. (Dicks 1934)

A further modification of pastoral educational techniques was made by Seward Hiltner in teaching seminary students. He used dual visits, controlled interviews and a modified kind of verbatim called a dynamic verbatim in his process. Powell describes this shift in the verbatim technique:

So, although Hiltner had his seminary students submit reports of their pastoral contacts, his concern was not to make comments on the patients' and the students' specific responses, after the manner of the classic verbatim, but to offer a dynamic explanation of these responses in a short essay written at the end of each student's notes. (Powell 1975, 18)

Lutherans were also able to make a significant contribution to the historical growth of Clinical Pastoral Education around 1950. A Lutheran Advisory Council on Pastoral Care encouraged providing Clinical Pastoral Education in all Lutheran seminaries and encouraged the development of national standards for Clinical Pastoral Education. Among other things they wanted the students to know "the power of the Gospel of Jesus Christ in changing, deepening and strengthening lives" and how a student "can better apply his theological insights in his use of the Word, the Sacraments, prayer, preaching, counseling and in

his group contacts" (Powell 1975, 21). Southern Baptists also developed their own structure to oversee Clinical Pastoral Education in 1957. The Lutheran, Baptist and other similar groups all concerned about the quality of Clinical Pastoral Education formed a single national organization in 1967:

After nearly a decade of negotiations among the major training groups within CPE, a number of basic anxieties were overcome, and the Association for Clinical Pastoral Education, Inc., a truly national and unified organization representing the concerns of clinical pastoral educators, their denominations, and their seminaries, was founded on November 17, 1967. (Powell 1975, 23).

The Association for Clinical Pastoral Education carries on the style of teaching and learning that was developed by Cabot, Keller, Boisen and later refined and modified by Dicks and Hiltner. Its essentials still include a supervised encounter with living human documents as its constitution shows:

Clinical Pastoral Education . . . has its roots in the efforts of pioneers who sought to bring the theological student into supervised encounter with man in crisis in order that "living human documents" might be studied, that the shepherding task of the ministry might be experienced, and that scientific knowledge of human relationships correlated with theological insights might be brought to bear on the pastoral task. ("Preamble" Constitution and By-Laws, The Association for Clinical Pastoral Education, Inc., 1967. In Powell 1975, 3. emphasis his.)

The value of the CPE learning process has been proven over time as the program has continued to grow and be refined. It is still considered a valuable component in seminary education even in the Lutheran Church--Missouri Synod.

Concordia Seminary, St. Louis, offers the option of a CPE learning experience for partial academic credit towards the Master of Divinity degree (Concordia Seminary 1991, 33), while it also requires experiential learning in the Field Education and Vicarage programs. If this same learning process can be adapted for equipping lay men and women for caregiving ministry it will prove to be a valuable learning experience for them as well. Sunderland, among others believes that it can:

For sixty years the clinical process has been developed, investigated, and strengthened by the Association for Clinical Pastoral Education and its predecessors. The result is a finely tuned process that is highly effective in educating clergy, seminarians, and, more recently, laypeople, for the church's pastoral care ministry. It is a small step to translate this educational process into the life of the congregation. (Sunderland 1988, 170).

A second advantage of the CPE process is that it trains generalists rather than specialists. Many programs have been developed to train laypeople to do specific tasks. Dialogue Evangelism (Biesenthal) trains laypeople to make evangelism calls. Personal Interview Stewardship Training (Abdon 1981) prepares them to make stewardship visits. Project Compassion (Board for Social Ministry Services 195) trains people for nursing home visitation. Close the Back Door (Harre 1984) focuses on inactive, non-attending church members. Each of these programs is valuable as far as they go, but each of them are also limited by their narrow focus. Other than the Stephen Series and Christian Caregiving: A

Way of Life (Haugk 1984; Haugk and McKay 1986) I do not know of any programs in general use in the LC--MS that have been developed to train lay people as generalists in Christian caregiving. Generalists might use their skills in any of the above situations or visiting in a general hospital or mental hospital, encouraging and walking with those who are grieving or supporting those who are experiencing a personal or family crisis. Again, the Stephen series has the disadvantage of high cost and the educational disadvantage of not including visitation in the initial learning experience (Liddell 1991).

Perhaps the specialized programs assume that only the pastors can be trained as generalists in Christian care. Yet even for me as an experienced pastor, CPE experience, although it was in a mental hospital setting, taught some general understandings about human beings in crisis, attitudes that make my caring effective in general, and listening skills that help other people work through their problems. These insights and skills have served me well in many areas of my ministry. This kind of generalized approach, first defended by Boisen, could also be valuable for laypeople who want to learn to be more effective in ministering to others.

I believe that training general caregivers could be especially effective in the kind of parish I am serving, a medium sized church in a small town/rural setting. On the

one hand, there is the fact that there are a limited number of people in a given congregation who are willing to invest the time and effort to learn a ministry skill. There are simply not enough people to train a group of specialists for every possible area of ministry. On the other hand, there is the dimension of time. In a settled community many people are lifelong residents of the community and have invested in lifelong relationships with their friends, neighbors and fellow church members. In their established circle of relationships they will share a number of different kinds of experiences in their individual life cycles and their family life cycles: successes, milestones, accomplishments, changes, transitions, sicknesses, losses, and griefs. Training in the technique of one stewardship program or another program in ministering to inactives is not going to give people the kinds of general insights that they can use throughout their lifetimes in a variety of relationships and contexts. In this ministry context, especially, the advantages of training generalists rather than specialists favor the Clinical Pastoral Education approach. "Such a training process enables them to identify their gifts for pastoral [sic.] ministry and to use those gifts as part of the Church's ministry with persons who are shut-in, bereaved, separated, aged, and hospitalized" (Liddell, Wylie and Nash 1990, 62).

Thirdly, the Clinical Pastoral Education model is also

a good place to start in developing a lay training program because it is appropriate as an adult education process. Clinical Pastoral Education incorporates many things in practice that Knowles includes in his theories of adult education. Adults can be respected as self-directed learners in the learning process as they choose their own personal and program goals within the framework of the overall goals of the program. Their unique contributions to the group will be valued and appreciated by both peers and the supervisor. In my model, participants will be encouraged to identify particular areas of interest, learn what they can and then share what they have learned with the group. The Clinical Pastoral Education process takes into account the learning experience of adults as they enter the process. Each person shares his or her life story in the first meeting. This shows that each individual's previous life experience is valued. It also gives the group a sense of sharing in each participant's history. Experience is also taken into account in the learning process. Indeed, Clinical Pastoral Education is a process of learning through experiencing people directly as "living human documents" rather than merely learning about ministry by studying a book together. Ultimately this learning process will help students learn more effectively through their experiences. Visitation reports, journaling, and self-evaluation will build towards the goal of equipping students to become

"reflective practitioners" (Schön 1983), people who can continue to learn effectively from their experiences even after this particular class has ended.

Finally, Clinical Pastoral Education has proven its adaptability for use with laypeople. Although originally conceived as a training program for theological students and young pastors, it has been used in a general hospital setting for laypeople at Memorial Medical Center in Springfield, Illinois (Liddell, Wylie and Nash 1990). The CPE process has also been used effectively in parish settings for training pastors (Nace 1988). It has also been used effectively for equipping lay congregation members for caregiving within their church and community at First Presbyterian Church of Ft. Wayne, Indiana (Detwiler-Zapp and Dixon 1982). Although they never explicitly make the link between their training program Lay Caregiving and Clinical Pastoral Education, it is still obvious that their program is based on a Clinical Pastoral Education model. It includes the basic educational techniques employed in Clinical Pastoral Education: individual goal setting; self evaluation; learning by doing; journaling, weekly written reports; verbatims; the interpersonal group and individual supervision (Detwiler-Zapp and Dixon 1982, 54-65). When used in a Lutheran congregation and invested with Lutheran theology I believe these same learning techniques can be employed effectively for a process of equipping Lutheran

laymen for caregiving as well.

C. EDUCATIONAL GOAL AND OBJECTIVES.

One aspect of an andragogical process for learning is the formulation of the specific goals and objectives of the program (Knowles 1984, 117). In the andragogical process, formulating objectives follows the diagnostic step of assessing the needs of the learners. For the purposes of this paper I am assuming that the need for a program in Christian caregiving at Trinity Evangelical Lutheran Church, Girard, has already been established in the Introduction.

It will be helpful to include the learners in reviewing and refining the goals and objectives of the program each time it is offered. This will increase their motivation because they know that their specific needs will be addressed. A way to allow this to happen in a training program for caregiving is to have an overall goal and some specific objectives that will guide the program. Enough flexibility can also be built into the program that the participants can share in developing the class objectives for each particular offering of the program.

The participants can also be guided towards being more self-directed in their learning by developing the skill of writing individual goals and objectives for themselves. By including a unit on goal setting, they can shape the structure of the overall course and focus on their unique

individual concerns as well.

Several andragogical concerns are met in this way too. Self-direction and individualization are enhanced. The experiential techniques and peer-helping activities can be fine tuned for this group and their specific life-centered concerns can be addressed.

With these presuppositions in mind, I believe the following overall goal for this learning program will provide both adequate direction and flexibility: **TO EQUIP LAY CHRISTIAN MEN AND WOMEN TO CARE FOR OTHERS MORE EFFECTIVELY IN RESPONSE TO THE LOVE THEY HAVE EXPERIENCED IN THEIR RELATIONSHIP WITH JESUS CHRIST.**

Following the establishment of a course goal, more specific objectives can be developed. In Self-Directed Learning, Knowles (1975, 98) proposes a five-fold statement of learning objectives under the categories: knowledge; understanding; skill; attitudes; values. The following objectives can be suggested to the class as a place to start. They can be refined in a goal setting lesson to reflect the specific needs of this class. Each individual participant will be expected to write individual objectives for the learning process as well.

Initial objectives for a learning program in Christian Caregiving:

1. To develop **KNOWLEDGE** about . . .
 - a) what makes our caregiving uniquely and distinctively Christian;
 - b) what makes our caregiving uniquely and distinctively Lutheran;
 - c) the unique resources available to Lutheran Christians to bring God's power for healing and renewal into their helping relationships with others.

2. To develop **UNDERSTANDING** of . . .
 - a) all human beings as sinners in need of God's redemptive and recreative power;
 - b) Christians as redeemed people who are sinners and saints;
 - c) proper application of Law and Gospel in caregiving relationships;
 - d) the commission of laypeople in the priesthood of all believers and a proper understanding of the unique role of the office of the public ministry;
 - e) the relationship of Christian caregiving to medicine, psychiatry, psychology, family therapy, social work and other secular and scientific resources for healing and renewal;
 - f) the limitations of lay caregiving and the importance of referral.

3. To develop **SKILL** in caregiving through . . .

- a) therapeutic, empathic listening;
- b) assessing needs;
- c) praying with others;
- d) appropriate use of Scripture including proper application of Law and Gospel, "speaking the truth in love" (Eph. 4:15);
- e) sharing a blessing;
- f) learning from their own experiences through personal reflection, self-evaluation, journaling, peer-helping, writing visitation reports and instructor supervision.

4. To develop **ATTITUDES** of . . . toward . . .

- a) compassion and understanding toward those who are hurting and needing the help that God wants to offer through us;
- b) empathy for the feelings of others;
- c) respect toward the unique helping abilities of professional helpers when they are needed;
- d) awe for God's power as the Holy Spirit works through his Word of Law and Gospel to change the lives, attitudes and circumstances of people today.

5. To develop **VALUES** of:

- a) self-esteem and fulfillment, in that God chooses to use US(!) as instruments to help, heal and renew the lives of other people;
- b) prioritizing needs in a caring relationship--i.e.

placing a higher value on meeting the other's needs, rather than our own, in a helping relationship.

D. EDUCATION TECHNIQUES.

In view of the biblical mandate to train laymen for ministry, the needs of the church, the andragogical assumptions for adult education, and the specific goals and objectives of this equipping program, it is time to move on to answer: What specific adult education techniques will be most effective for equipping Christian caregivers? Since adults are heterogeneous, a variety of learning methods need to be included. People learn in different ways: some by hearing; some by seeing; some by reading; some by writing; most with a combination of the above. Most importantly, adults learn through new experiences that build on their previous experiences. All of these learning styles can be touched in a learning program when a variety of techniques is included.

1. Personal Goal Setting

Goal setting is a valuable technique for administration, time management, structuring a counseling relationship and organizing an educational project. The skill of goal setting has broad applications in other areas of life beyond this learning process. Surprisingly many

people muddle through their lives without ever focusing their efforts by setting goals and objectives. The acronym, SMART, can help learners begin writing helpful goals. Effective goals will be S-specific, M-measurable, A-achievable, R-realistic and T-timed. Detwiler-Zapp and Dixon describe how goal setting enhances self-directed learning and provides a reference point for individual supervision:

Early in the training program the learners are asked to reflect upon their individual strengths, weaknesses, interests and abilities and to formulate their individual goals for the training period. These are written down and then discussed [with the supervisor] in individual conferences. Learners are asked to be as specific as possible. Although this task may sound simple, it usually is difficult, especially if a person has had little experience in formal goal-setting.

[A supervisor's] task is to help the learner clarify goals and establish a realistic learning contract for the training process. As a learner grows in self-understanding and experience, the goals may change or be expanded. Goals are individual and often differ considerably from one person to another. One beginning caregiver's goal might be to learn how to listen better. Others might see their goal as understanding their own feelings about death so that they can visit in nursing homes more comfortably. (Detwiler-Zapp and Dixon 1982, 54-55)

Students may wish to use the goals and objectives listed for the course as a place to start formulating their own individual goals and objectives. This also has the advantage of individualizing the instruction on the basis of the personal needs and interests of each participant. They will also be encouraged to pick a specific area of personal interest or group interest to prepare a presentation for

discussion by the group.

2. Didactic Sessions

Regrettably, the term "lecture" has become synonymous with "boring" and "ineffective" for many adult learners. In an adult learning process, however, new information and new material will still need to be presented to the learners. These presentations of new material need not be boring or ineffective if the learner's needs to know why this material is important are met and the presentation corresponds to their interests and problems. The learner's needs to evaluate, integrate and internalize new material must also be recognized by providing opportunity for questioning and discussion as a normal part of the presentation.

a. Instructor Presentations

Assuming that the instructor/supervisor is the leader of the entire learning process, some seminar presentations would naturally fall to him. The instructor may have particular areas of expertise and experience that will be helpful for the group. Functioning as a facilitator for the overall adult learning experience does not exclude him from functioning as a seminar presenter in several sessions.

b. Student Presentations

Remembering the value of the experience of the

learners themselves may yield some valuable presentations for the group. They may have experiences of handicaps, diseases, hospitalization, mental illnesses, losses, bereavement and recovery that they would be willing to share with the group. Others may have knowledge from past reading, study or therapy that they can share. Each student will be encouraged to make at least one presentation to the group for their learning and discussion. Students indicate their goals and interests in early sessions. Assignments will be made for student presentations later on in the course. Along with the previous knowledge and experience they bring to the class, the instructor may assign reading or other research to help them prepare for their presentations and will make sure they are prepared to make their presentation at the assigned time.

c. Expert Presentations

A variety of experts may be present in the congregation and the community who could add to the learning experience with their unique expertise. A preliminary list may include: medical doctors, psychotherapists, family therapists, pastoral counselors, institutional chaplains, nurses, social workers, funeral directors, recovering chemical dependents and co-dependents. Even an artist has been found helpful the Memorial Medical Center program where "expressive" art is used in exercises on self awareness and

in termination (Liddell, Wylie and Nash 1990, 57).

d. Movies, Videos, Audio Tapes

A variety of audio-visual materials may supplement "in-person" presentations. These presentations may be made to the class as a whole or individuals may make use of them on their own as independent study resources along with reading appropriate books and articles.

e. Group Discussion

Even without a formal prior presentation, group discussion can be a valuable learning technique. A great deal of profitable discussion can be generated by well formulated questions that deal with the issues and concerns that are important to the learners. Christian Caregiving: A Way of Life relies heavily on group discussion stimulated by the questions suggested in each of its twenty sessions:

Each chapter-module contains a number of open-ended questions designed to initiate discussion of major themes covered in the corresponding chapter of the book. In fact, more discussion questions are provided than you will have time to use. (Haugk and McKay 1986, 21)

3. Visitation

The primary and essential learning experience for Clinical Pastoral Education since Boisen's time has always been patient/client visitation in the hospital or institutional setting, or visiting with members of the

congregation in a parish setting. Participants who have already shared in the Christian Caregiving: A Way of Life class (Haugk and McKay 1986) will have participated in a variety of experiential learning exercises within the safety of the group. Haugk and McKay describe the value of experiential learning for adults:

Learning while experiencing is an exciting and productive part of the whole education and growth process. Along with varying the style and method of learning, experiential exercises also effectively because learning and growth to take place in 'deep' ways. Educators know that the more the senses of the entire person involved in the learning process, the deeper and more permanent the learning is. (Haugk and McKay 1986, 23)

The variety of experiential exercises suggested by Haugk and McKay (24-26) include Small Group Exercises (for groups of 5 or so participants), Dyad/Triad Exercises (specifically designed for pairs or groups of three), Self-Discovery Exercises (enabling individuals to learn more about their own beliefs, thoughts and feelings), and Imaging Exercises ("opportunities for class members to close their eyes and get in touch with the topic and themselves through their imagination"). The safety, experiential learning value and benefits of these learning experiences will provide a basis for participants to take the risk to make caring visits with members of their congregation.

Some things, like the understanding, insight and skills used in caregiving, simply must be learned by experience. Personally, I have found a paradigm for

experiential learning in my previous work experiences. For two summers between college and seminary classes I worked as a waiter. Signing the job contract didn't make me a waiter. In preparing me for my job, the manager of the restaurant carefully went over the menu with me and explained what each dish was. He told me about the kinds of questions the customers usually asked about various dishes and how best to answer them. He showed me how to write down customers' orders on their check, how to give the orders to the cooks in the kitchen, how to serve them at the tables once they were prepared, how to clear the tables and reset them for the next customer. All of that information did not make me a waiter. I did not really learn what it meant to be a waiter until I actually walked out to a table, met two customers, took their orders, served them, cleared and reset the table after they were gone. The first week I must have asked a million questions of the manager and my co-workers, but eventually I learned what I needed to know to serve people as a waiter. The most effective learning occurred while I was actually doing, experiencing, the job. Six weeks after I had started there the manager hired another new waiter and asked me to train him. I had learned enough through my experiences that he had confidence in me to help someone else get started.

Learning about pastoral care was not all that different from becoming a waiter. While still in seminary,

my field work and vicarage supervisors began by letting me observe them making hospital and shut-in calls. After a few opportunities for observation they assigned calls for me to make on my own. I began to learn from my own experiences, supplemented by the reflection and evaluation of my supervisors. In my Clinical Pastoral Education experience I made calls on my own at Cherokee Mental Health Hospital the second day of the program. After a tour of the building the first week and some brief instructions from the supervisors about what to expect we were off to the wards to make visits with patients who had requested to see a chaplain. The learning was more intentionally structured than either field work or vicarage experiences had been, but the primary learning experience was still actually visiting with patients. It will be the same in a program for training laymen which follows the Clinical Pastoral Education model as Detweiler-Zapp and Dixon show:

Learning how to swim or ride a bicycle by exclusively reading a book or listening to a lecture is difficult to imagine. Some activities, including pastoral care, are learned best by doing. Acquiring factual information is, of course, an important way to learn, but, because experience is such a vital way to learn, we have given it primary place in our training model.

We have learners visit parishioners immediately after the weekend retreat. When this assignment is made, we are often barraged with questions . . . These questions reflect the anxiety of the learners, their feelings of inadequacy, and fear of the unknown. Making the pastoral visit answers most of these questions and helps learners overcome the unsettling feelings as well. Having gone, they feel more competent to visit again, and in the process they collect real-life data to reflect upon and share with other learners. An

experience is worth ten thousand words. (Detwiler-Zapp and Dixon 1982, 54-55)

How much time do student caregivers need before they are thrust out of the safety of the nest on their own? Chaplain Liddell tends to agree with Detwiler-Zapp and Dixon that solo visits should be made by caregivers sooner rather than later. If a student requests to make dual visits with the supervisor he said "I tell them, 'OK. One. Two at the most. No more than that.' Because its essential that they begin to develop their own confidence and discover what their particular style of ministry is" (Liddell 1991). The pastor/instructor may take students along on dual visits to model his techniques at the risk of having a student simply imitate his style.

However, Liddell concedes that he and his colleagues have modified this introduction to visitation in a special Crisis Intervention training program for lay caregivers at Memorial Hospital which meets weekly. In the first week or two the student would follow the staff chaplain on call, observing their ministry in crisis situations. When the student had several opportunities to observe the chaplain, thier roles would be reversed. The student would be the caregiver on the call with the chaplain observing and supporting in the background for a few more visits. Finally, the student would respond on his or her own with the chaplain on call available to be paged as a backup.

This kind of modification may be necessary for a lay

caregiver who is more timid about making that first solo visit. Hopefully the recruiting and screening process will have included students in the group who are just about ready to make visits on their own. Most adults will have some positive experiences of visiting friends, relatives, acquaintances that they can draw on for self-confidence. Some will have experiences through sales calls or similar job experiences that will give them courage to take this risk. In any case, with a careful assignment of visits by the supervisor, they can be assured that their first visits will not be threatening or difficult. After all, they will probably be visiting fellow members of their church whom they have already met in some context. Nevertheless, once they do make that first solo visit their self-confidence will grow exponentially for that and the next several visits.

The question of whom to visit is not all that difficult to answer. I always seem to have a list of people whom I would visit if I only had the time. My list usually includes church members, friends of the church and its members, people from the community and people in our community's institutions. If we ever develop the lay caregiving program at Trinity Evangelical Lutheran Church, Girard, to the point that we do not seem to have enough people to visit these suggestions from Lay Caregiving will certainly help us replenish our list of opportunities for

caring:

Survey the Needs. What individuals, groups and institutions in the church and community need pastoral care? Consider what would happen if you were suddenly blessed by the addition to the church staff of a minister of pastoral care and calling. Whom would you suggest that this person visit?

Individuals. Take a moment and write down a list of people in the church who could benefit from additional care. Who is taking the most pastoral time? Are there any who are neglected? Whom would you visit if you had more time? Add to your list those people who might be helped by having someone other than, or in addition to, yourself be the primary or secondary caregiver. Include individuals with special circumstances that make pastoral care difficult, such as those who speak a different language, live a long distance from the church or have special needs resulting from alcohol or drug addiction.

Listing groups of people with special needs is a useful way to identify the pastoral needs of a church. Each community has its own unique circumstances that may call for pastoral care. Check this list and identify those who may need more care: elderly; singles; new residents/new members; widowed; unemployed; veterans; grieving and bereaved; new parents; deaf or blind; mentally retarded; low income and poorly housed; critically and chronically ill; immigrants; refugees; disenchanting/inactive members; lonely and shut-in; migrant workers; divorced, remarried, blended families; families in crisis; physically handicapped; economically exploited; victims of racial discrimination; victims of sexual discrimination; victims of age discrimination

. . .
Institutions. Almost every church is near at least one prison, hospital, nursing home or other people-serving institution. These institutions may serve the church members and also may have residents who are separated from their families, friends, and churches and could benefit from care provided by a local congregation. Add to your list those in nearby institutions: hospitals and clinics; mental hospitals; hospices; veterans' homes; schools for the retarded; convalescent/nursing homes; penal and correctional institutions; colleges and boarding schools; retirement housing and communities; alcohol and drug rehabilitation centers; group homes for children; halfway houses . . .

Most pastors can find sufficient need for pastoral care in the community to use the time, energy, compassion, and faith of every member of the congregation. (Detwiler-Zapp and Dixon 1982, 13-15)

4. Visitation Reports

Visiting experiences are the key adult learning element in Clinical Pastoral Education, but students will have to learn how to learn from those experiences. Thus some kind of written visitation report has been a part of Clinical Pastoral Education from its earliest days. Cabot began with the "Case Method" of training (Powell 1975, 6). Dicks had developed the verbatim method for his own personal record keeping, reflection and growth. He had found that the "case work method used by the social worker did not fit the minister's work" (Powell 1975, 6). After he became a part of the CPE movement his method was also incorporated. Dicks explained his method:

I was seeing so many different patients . . . that I found it necessary to keep some kind of record. But what kind of records could I keep? . . . I asked myself, what happens when I see a patient? The answer was: We talk. Then, what do we say? I began to write down all I could remember of the conversations I had with patients. . . . Then one day a theological student asked me "What do you pray when you pray in the sickroom?" So I began writing down my prayers. (Dicks 1939, 7).

With further refinements, "the verbatim became a standard tool amongst the New England centers for CPE" (Powell 1975, 14). It is a written record of a conversation, recorded with the purpose of learning from the interaction.

Detweiler-Zapp and Dixon describe how they used verbatim reports in their Lay Caregiving program:

The Verbatim Report is, as nearly as possible, a word-for-word account of a pastoral care incident. A description of how the person looked or sounded may be included. A short history of the caregiver's ministry

with that person introduces the actual verbatim account. The final section analyzes the verbal exchanges, evaluates what has happened, and poses questions for discussion. If group members have copies of the verbatim report a few days before it is presented, they are able to help the presenter by asking meaningful questions and offering observations and impressions. (Detwiler-Zapp and Dixon 1982, 60)

They assume that some verbatims will be shared and reviewed in the group so that the whole group can benefit from the learning. The verbatim is not only an individual exercise. It is at least reviewed and commented on by the supervisor. That way the learner is helped to see how he or she can most effectively learn using this technique.

However, not everyone has found the verbatim helpful. It does have some disadvantages. It can take a great deal of time. At Cheorkee, we were encouraged to write down our conversations with patients while they happened. This had the effect of slowing down the conversations considerably while the pastor wrote down everything he said and everything that the patient said word-for-word. Sharing silence can be a part of being with someone who is hurting, but these moments of silence, while writing every word down in longhand, became awkward. The patient waited for the chaplain to write down what they said before the chaplain could respond. Then the chaplain, writing down his own words, found it hard to listen to the patient's next statement. Conversations became disjointed and scrambled. Transcribing conversations while they took place did not work well.

When the conversations are written down after the fact, based on the memory of the visitor, the verbatim is not a perfect tool either. Because it takes more time to write than to speak, it often takes more time to write a conversation down than the actual time invested in the original conversation. The motivation to find something helpful in the record of the conversation may be lost in the drudgery of trying to write it all down. Memory after the fact is not perfect either. Verbatims based on the visitor's memory will never reach the ideal of a word-for-word record of the conversation. I wonder how the verbatims would compare if the patient also attempted to write a word-for-word record of the conversation as they experienced it. Finally, just writing down the words does not convey the nuances of tone of voice, facial expressions, body language or the feelings of either the visitor or the patient.

With all of this in mind, I can see why Chaplain Liddell (1991) has devised an alternate format from the classical verbatim for use in the lay program at Memorial Hospital. It is not so much a word-for-word record of the visit as a review of the progression of the conversation. Their form, "Learning from Patient Visits," begins with (1) background information on the patient. It continues with (2) a report on the visit focusing on (a) the feelings experienced by the visitor and the perceived feelings of the

patient, (b) a record of the topics covered in conversation with the patient in the order they occurred (not a word-for-word replication of the conversation), and (c) a projection for follow-up--"What would you hope to accomplish in a return visit with this person if you were to have that opportunity?" It concludes with (3) an evaluation of the visit including analysis, self-criticism and theological significance. My revision of this form for a caregiving program at a Lutheran church is:

- - - - -

Learning from visits (instruction form)

Your Name _____ Date _____

Person(s) visited _____

(leave the right 1/3
of the page blank)

I. BACKGROUND

- A. What do you know about this person before face-to-face contact? Name? Sex? Age? Family? Presenting problem? Do you know them from previous contact?
- B. Purpose: What was your intent and agenda in visiting this person? What did you hope to accomplish?
- C. What were you thinking and feeling before the visit began? (What you have been doing immediately before the visit, any pressures, stresses or anxieties you are feeling and

what you were thinking about before entering their space will frequently have a bearing on the visit.)

- D. Observe: What sights, sounds and smells do you notice as you entered their space?

II. THE VISIT.

- A. Words and Thoughts. Write out, as accurately as possible, the items covered in your conversation with the patient in the order they originally flowed.
- B. Your feelings. As you remember the conversation include descriptions of the feelings you experienced during the visit and as you left and reflected on the visit.
- C. Their feelings. Again, as you remember the conversation, include descriptions of the feelings you perceived in the person(s) you visited. How did they respond to your presence? What verbal or nonverbal cues gave you an indication of how they were feeling? How accurate were your preceptions? Did you check them out with the person you were visiting?

III. EVALUATION.

- A. Needs/agenda: What were their needs and agenda for this visit? How closely did you follow their agenda and meet their needs in this visit? How did/will God meet their needs? How were you tempted to meet your needs and impose your agenda on them?
- B. Self-Criticism. What worked well in this visit? Could you have done or said something

differently? What would have made the visit more effective?

C. Spiritual and Theological significance: What spiritual or theological issues came up in this visit? How was God's presence acknowledged? How did you perceive the sin & grace, Law & Gospel distinctions in this situation? What Christian resources did you use to respond to their needs?

D. Follow-Up: What would you hope to accomplish in a return visit with this person if you were to have that opportunity?

- - - - -

The heading of the blank form, which students will actually use to submit their reports on will look like this:

- - - - -

Learning from visits (report form)

Your Name _____ Date _____

Person(s) visited _____

(leave the right 1/3 of the page blank)

- - - - -

Although Clinical Pastoral Education supervisors still seem to prefer this written record, other care and counseling disciplines have begun to use the technological innovations like audio tapes, video tapes, and one way mirrors (Minuchin and Fishman 1981, 5-10). Minuchin, in fact, describes elaborate studios with multiple cameras, clip-on microphones on each participant, a one way mirror, a recording director, and a supervisor, or even a supervision team, electronically linked through an earphone to the counselor in the room with the clients. I do not foresee Trinity Evangelical Lutheran Church equipping such a therapy studio, but it is not unthinkable that these technologies, at least audio recordings, could also be used helpfully in a caregiving training program. In my own pastoral care and counseling, since taking the Family Therapy seminar in the Doctor of Ministry program, it is not unusual for me to take written notes during a session and also to tape record the session with the written permission of the counselees. They have rarely been reluctant to sign a simple release form stating that they understand that the recording will be held in confidence, will only be used in ways helpful to them in consultation with other professionals for purposes of education and supervision of their counselor. This falls within the parameters of professional ethics of counseling:

Tape-Recording or Videotaping of Sessions. Many agencies require recording of interviews for training or supervision purposes. Clients have a right to be informed about this procedure at the initial session,

and it is important that they understand why the recordings are made, how they will be used, and who will have access to them. Often therapists make recordings because they can benefit from listening to them or perhaps having colleagues listen to their interactions with clients, and give them feedback. Again, if this is to be done, clients should be informed and their consent obtained. Frequently, clients are very willing to give their consent if they are approached in an honest way. Clients, too, may want to listen to a taped session during the week to help them remember what went on or to evaluate what is happening in their sessions. (Corey, Corey and Callanan 1987, 173. emphasis mine.)

The key ethical issue is informed consent. A happy result of such recordings is that they may not only be beneficial for the growth and supervision of the caregiver, but counselees may also find them beneficial. In a learning program, the ethics of confidentiality will be an important area of discussion between the supervisor and caregivers. In a program at this level, I can hardly imagine requiring anyone to tape their visits. Reluctance on the part of either the caregiver or receiver to participate in a recorded interview must be acknowledged by not forcing the issue. Losing a potential caregiver or forfeiting an opportunity to express Christian care to someone in need are both too high a price to pay for insisting on a high tech learning experience. The written form above still provides a way to learn from visits without electronically recording them. However, when caregiver and receiver are both open to using an audio recording of a visit to contribute to the learning process, there is no ethical reason to restrict this learning opportunity.

5. Group Interaction

Adult educators Bergevin, Morris and Smith have defined "group dynamics" as the "sociological and psychological forces at work in any group situation. Also scientific study of these forces" (Bergevin, Morris and Smith 1963). The power at work in group interaction is effective in any group. When a group of adults commits themselves together to learn how to be more effective in their caregiving, their experiences in group interaction can be a powerful part of the learning process. Detwiler-Zapp and Dixon have also described the dynamics of the group learning process:

The caring community that develops among learners is a crucial part of the learning experience. . . . During the course of weekly meetings the group gives much of the support, nurture, and encouragement necessary to sustain the learners in their caregiving and learning efforts. An atmosphere that is safe, trusting, and open enables learners to risk self-disclosure and to present their work for critical review. Within the group, members develop an ability to see and evaluate their strengths and weaknesses and hear and accept the confrontations of the "truth in love" that facilitate growth and learning. (Detwiler-Zapp and Dixon 1982, 61)

As members of the learning group work together they can learn both from and with one another. They can ask for feedback from one another that will assist them in re-evaluating their beliefs, values, thinking, feelings, and behavior patterns. The group can become therapeutic--a place to heal old hurts, nurture growth that may have been stunted and work through unfinished business (in the psychological sense). They can learn how to be more

effective in their caregiving through effective modeling and imitation within the safety of the group. "Caregivers learn how to minister effectively to those in need through their experiences of receiving care and support" (Detwiler-Zapp and Dixon 1982, 61).

The size of the group must be related to the purposes for which it has been formed. In order to facilitate the kind of learning dynamics that will be helpful for caregiving the ideal size of the group will be four to eight participants. Nicklas, on the basis of his experience as a C.P.E. supervisor observes:

In a counseling group or an interpersonal-relations group (as is present in Clinical Pastoral Education Programs) generally fewer members are present than in task-oriented groups . . . Many of these interpersonal groups think that four to eight participants are ideal while twice that number is acceptable in parish councils or committees (task-oriented groups). (Niklas 1981, 121)

It should be noted that the participants in the learning group in a parish based program may also be using this experience as a model to learn skills they will use in other parish groups. Some of them will be involved in fellowship groups, support groups or task-oriented groups in other aspects of the life of the congregation. What they experience in this learning group may be a model for their leadership and participation in other groups.

6. Role Play

One specific way of practicing caregiving techniques within the safety of the group is to have the members of the group act out the roles of helping and being helped.

Detwiler-Zapp and Dixon use this technique to help learners gain confidence as they prepare to care for others outside the group.

Role playing is especially helpful before caregivers make their initial pastoral calls and experience high anxiety about actually knocking on the doors of other parishioners. As different "first call" roles are presented to the group learners begin to realize that many different approaches and styles can be helpful and that one "right way" does not exist. As caregivers actively practice pastoral calls, this learning becomes a part of their experience.

Observers can also learn from the discussions that follow a reality practice. (Detwiler-Zapp and Dixon 1982, 59)

In Christian Caregiving (Haugk and McKay 1986) learners were not expected to go beyond the learning in the safety of the group experiential learning exercises. This more advanced level of training is structured to include formal calls. However, some students may be especially timid about that. In addition to the options of dual visits with the pastor/supervisor discussed earlier, role play presents another option for growing comfortable about the idea of visiting in homes or institutions. It may be a way of learning about situations that were included in individual or group goals for the class, but, for whatever reason, will not be encountered in the visitation. For example, if one of the participants wanted to learn about anger in the grief

process, but no one was available to visit who is in that stage of grief, a role play could be arranged in the group.

In the Memorial Hospital program, "This technique, which is adapted from a medical model, uses specifically trained actors and actresses who are coached to act out specific symptoms and behaviors based on real situations" (Liddell, Wylie and Nash 1990, 59). Another option would be to have members of the group take the "patient" roles, based on their experiences of specific illnesses, problems or losses. This would leave the supervisor available to observe and coach the person playing the "visitor" role. The supervisor may wish to take a care receiver role to act out a specific situation that he is concerned about. Role play can be helpful in a verbatim discussion as a way of illustrating alternative responses that may have been helpful in a given situation.

7. Individual Supervision

On the job, supervision usually means that a foreman or overseer is assigned to make sure that each worker performs up to expected standards, that production quotas are met or that waste is minimized. In the counseling professions, supervision is not so much concerned with production or quotas as it is with the quality of care that is offered. In a program of training for caregiving and counseling, a supervisor is there to guide the learning

process. His focus is to help the caregiver learn how to offer care most effectively. It is not unusual for professional therapists to seek supervision, therapy for themselves or consult with a peer in an especially challenging case. In one aspect of supervision in Clinical Pastoral Education, the supervisor serves as a facilitator and guide for group interaction.

Another important aspect of the learning relationship is the supervisor's one-to-one relationship with each learner. A minimum of three individual supervision contacts seem natural in the learning process: one at the beginning of the process to review the learner's individual goals with them; a second in connection with mid-term evaluation; and a third towards the end of the process in connection with the final evaluation. In addition to these times, either a learner or the supervisor may determine that a one-to-one visit may be important to discuss some issue that has come up in journaling, the interpersonal group or visitation. Requiring weekly individual supervision for each learner, as in "Clinical Pastoral Orientation" (Memorial Medical Center Department of Pastoral Care 1989), seems more than necessary and was not a requirement in my Clinical Pastoral Education experience at Cherokee Mental Health Hospital. The amount of time that would be required for weekly individual supervision may also be more than I could work into my schedule every week if I am the only supervisor for the

group.

The unique role of a supervisor in the context of this kind of learning experience will be dealt with in more detail in the final chapter. Here it is sufficient to note that individual supervision is one of the educational techniques employed in this kind of learning process.

8. Journal Writing

Some adults may have already discovered that they learn effectively by writing. I was taught the discipline of journaling by a 10th grade English teacher. Since that time my daily journal has been a helpful way of recording my own personal history, a way of reflecting on my relationships, personal growth, spiritual growth, study of the Word, praying, and even self-therapy and self-supervision. The skill of journaling can be a helpful tool for any self-directed learner. Ronald Klug (1982) has written a helpful guide to journaling, How to Keep a Spiritual Journal. It can help those who learn by writing to use their own journals even more effectively. First, Klug describes what he means by journaling:

A journal or diary (the terms are used interchangeably) is a day-book--a place to record daily happenings. But it is far more than that. A journal is also a tool for self-discovery, an aid to concentration, a mirror for the soul, a place to generate and capture ideas, a safety valve for the emotions, a training ground for the writer and a good friend and confidant. (Klug 1982, 9).

His comments about counselors are equally applicable to

those who are learning Christian caregiving:

A counselor might want to keep a written record of conferences with each client, a summary of what each person said, and the counselor's reactions to the sessions. Between sessions the counselor could jot down thoughts in preparation for the next conference. (Klug 1982, 27)

Klug's suggestion here sounds like a simple version of the visitation report that I have already proposed.

Nevertheless, it is helpful because it hints at the ongoing use of journaling or a visitation report format even after the class. Russell Dicks did not write the first verbatims for a Clinical Pastoral Education class, but for his own learning (Powell 1975, 13). He had devised a format for self-supervision, to record, reflect on and evaluate his pastoral contacts with patients at Massachusetts General Hospital. The value of the discipline of journaling is in its ongoing usefulness as a tool for self-supervision, self-therapy, self-affirmation, self-criticism and self-evaluation. Klug affirms this when he writes:

By recognizing your achievements [in your journal] you can celebrate them, thank God for them, heighten your confidence, and build on your successes. . . .

We can also record our failures--in work, in personal relationships, or in living up to our own commitments. We do this not with the thought of dwelling upon them and wallowing in misery, but to recognize them, confess them to God, and ask His forgiveness and the power to overcome them.

Someone has said that those who do not learn from history are bound to repeat it. This applies to our personal lives too. The journal is a good place to ask, "Why can I learn from this failure?" "How can I do things differently?" In this way we do not simply repeat mistakes, but find creative new ways to work out these problems. (Klug 1982, 49-50)

Because a journal can be such a helpful tool for lifelong learning I will encourage the participants in this learning process to set individual goals for journaling. They will also be encouraged to share some of their writing with their supervisor, a page a week, for example. In spite of the fact that a diary is an intensely private document, when learners are willing to share something from their journals with their supervisor he can also make suggestions for how they can work on issues raised there and use their journaling more effectively. The marginal comments written in my journal by my supervisors in Clinical Pastoral Education stimulated some of my most important learning experiences.

9. Evaluation.

A supervisor models evaluation through his comments and questions of the learner. In a group learning process like this, peer evaluation can also be a helpful learning technique. The time will come when a caregiver may not have a supervisor or peer to rely on for an evaluation. The skill of self-evaluation is important to learn and can be a helpful tool for lifelong self-directed learning. Self-evaluation is a natural complement to goal setting. Detwiler-Zapp and Dixon describe how adult learners grow in their self-evaluation skills:

Learners are not only responsible for setting goals

but for periodically checking on their progress. This can be accomplished in several ways. Structured activities such as a midterm evaluation meeting can be provided. Learners may be asked to write their own progress reports, which will be shared with you and other group members. Learners are encouraged to state specifically the ways that they see each other growing and progressing.

Often learners will view you as "the teacher" and want to receive a grade. This is probably the least helpful way for them to evaluate their progress. The more a person can say "I am learning," by remembering specific examples, the more meaningful the evaluation. . . . As caregivers reflect on their learning experiences, they grow in confidence, begin to value their competence, and feel more autonomous in their ministries. (Detwiler-Zapp and Dixon 1982, 56)

In evaluation the supervisor will have to avoid being drawn back into the role of a pedagogical teacher. Caregivers will have to learn to discover their rewards in relational, experiential and subjective ways rather than looking for grades, a promotion, or the other kinds of objective, external rewards they may experience in other contexts.

It is in the area of sharing evaluation that Chaplain Liddell (1991) finds the greatest difference between supervising lay chaplains and professionals--parish pastors and institutional chaplains. His greatest struggle in supervising laypeople is how to provide constructive evaluation without destroying the fragile self-confidence of a novice caregiver. When he senses resistance or needs to make a negative evaluation, he might use a more confrontational, more aggressive approach with a pastor. They are professionals and may use resistance, evasion or avoidance as a denial technique. Then it is important to

confront that, to discover what is behind it and how it is affecting their pastoral relationships. In contrast, laymen may be more sensitive to criticism of this kind. Liddell said, "The dynamics are altogether different with a layperson. Most of them have never been exposed to this process of learning" (Liddell 1991). It is a struggle to keep the relationship on an adult-to-adult level. He doesn't want to become condescending and treat them like children. He wants to be sensitive to their feelings. Yet he knows he needs to be honest and straightforward in his evaluations. "And so we walk more easily, more slowly, more gently, continually seeking to be straightforward instead of being harsh and brash, seeking to be straightforward with a caring quality to it" (Liddell 1991). Being too harsh may destroy the little self-confidence that a layman may have about his visits. Then they may never experience the constructive, edifying side of evaluation, criticism or confrontation. They will only feel the hurt of failure, even rejection. Until they gain more self-confidence, the affirmation of what is helpful and positive in their caregiving is probably more important than negatively criticizing their mistakes.

There is also an authority issue involved in the difference between evaluating pastors and laymen. Pastors will probably view a pastoral care supervisor more like a peer, a colleague, a fellow professional with a specialized

area of expertise. Laypeople may feel a higher contrast in the level of authority a pastoral care supervisor has over them. There may be a greater difference between their levels of training, education, and experience. Those differences may make criticism feel more harsh and hurtful rather than constructive. Chaplain Liddell's observations will help me to be more sensitive in the way I communicate constructive evaluations to lay caregivers. Perhaps the balance will be found by keeping in mind the phrase St. Paul used, "Instead, speaking the truth in love, we will in all things grow up into him who is the Head, that is, Christ" (Ephesians 4:15 NIV).

Evaluation occurs continuously throughout the process of individual supervision and group interaction, through verbal comments and written supervisory notes on visitation reports and journals. It will also be helpful to formalize evaluation midway through the course and at the end of the course. Forms should be devised that will allow the students and supervisors to write sentences or short paragraphs describing the students' growth in various learning experiences and relationships. Rather than using a grade or point scale, "the more a person can say 'I am learning,' by remembering specific examples, the more meaningful the evaluation (Detwiler-Zapp and Dixon 1982, 56).

Midway evaluation will give the course participants an

opportunity to evaluate themselves, revise their goals, reflect briefly on their relationships to their peers, supervisor and patients or clients. The supervisor can reflect briefly how he sees the student growing in the program, especially affirming self-directed learning and suggesting possible ways to focus learning in the remainder of the program.

Final evaluations may be more extensive providing students opportunities to reflect on their learning in the didactic sessions, interpersonal group, visitation, visitation reports and discussions, reading and journal writing. As they evaluate themselves they will be encouraged to realistically assess their strengths and limitations and project opportunities for future growth. Each student will evaluate their relationship with each of their peers, their supervisor and their patients or clients. The supervisor will also provide an evaluation of the student's relationship to the program, himself as supervisor, their patients or clients, and their peers. He should especially affirm the gifts and strengths he has observed in them and may make recommendations for continuing self-directed growth.

E. CONTENT.

In adult education the content issue refers to the substance of what is to be taught as compared to the techniques, the method, how it is to be taught. So the question of content in this educational program is: What do lay caregivers need to learn to be effective caregivers on behalf of their church?

One place to look for direction is the training of pastors. A body of knowledge is communicated to pastors in their seminary education regarding interpreting the Scriptures, the history and doctrine of the church, and the necessity of integrating this theology with the functions of ministry. When pastors, who have this theological background, enter Clinical Pastoral Education, a key issue is how they have integrated their theology with their practice of pastoral care.

Most adult lay people in the Lutheran Church--Missouri Synod will have some basic knowledge of the Scriptures, history and doctrine from their instruction for confirmation. Some will have continued their own theological education through participation in Sunday School or Bible Classes, participation in worship with the instruction that comes with both the liturgy and proclamation in worship, and through their own personal reading and study. The key issue in training laypeople for caregiving, just as it is with pastors, will be integrating

the theology they have with the practice of caregiving. Some refinement of theology will occur along the way as specific theological issues impact on the caregiving experienced.

There will need to be some flexibility regarding the content of the course each time it is offered. As much as possible, the interests and needs expressed by the participants in their individual goal setting will need to be included in the class content as it develops. Developing the program to meet their needs and interests respects these learners as adults, self-directed in their learning style (Knowles 1984, 56). However, there are still some essential issues that need to be dealt with in any course of this nature and there are others that will naturally come up because of the task at hand.

One issue will be to establish the authority that laypeople have for Christian caregiving on the doctrine of the priesthood of all believers. Their authority will have to be distinguished from the unique authority of the pastoral office. Laymen will need to remember the distinctiveness of the pastoral office while learning and claiming for themselves their authority for caregiving based upon the gifts they have received in their baptism. These issues have already been discussed in Chapter 1.

A second distinctively Lutheran emphasis will need to be on understanding and applying the distinction between Law

and Gospel. This will require a review of the concepts of Law and Gospel as two distinguishable aspects of the message God communicates to us through the Scriptures. It will also require careful distinction of how Law and Gospel are to be applied, beginning with the basic distinction that the Law must be proclaimed to the impenitent and the Gospel to the penitent. God's No and God's Yes, a condensation by Walter C. Pieper (1973) of C. F. W. Walther's The Proper Distinction Between Law and Gospel will be a helpful tool to share with laymen who want to explore this distinction in even more detail.

Justification and sanctification also have to be carefully distinguished in caregiving. Sinners, dead, blind, enemies of God, cannot contribute to their justification. However, once justified through saving faith and Holy Baptism, Christians can participate with the Holy Spirit in their sanctification.

A third issue involved in caregiving that forces us to integrate our theology is how God's love relates to the problem of suffering. Lutherans know from the Scriptures that suffering is a result of living in a world that has been corrupted as a result of sin (Genesis 3:16-19, Romans 8:20-22), that it is sometimes a result of specific sinful behaviors and that God may choose to use suffering for our spiritual and eternal good (Romans 5:1-5, Hebrews 12:1-11). This knowledge will give Lutherans the opportunity to offer

some answers to the problems and difficulties that the people they care for are facing. These answers will also distinguish Lutheran caregiving from pastoral care which offers no answers. Liddell said that rather than the caregiver having answers for the patient, "our task is to create a climate in which the patient can discover what their answers are to their questions" (Liddell 1991). I disagree. There are times when, after listening carefully to a patient's story and feelings, caregivers must clearly articulate God's answers based on his self-revelation in the Scriptures. However, we dare not go beyond the answers God has revealed in the Scriptures.

Liddell and his colleagues have included an educational flow from self-awareness to communication skills to life-cycle issues in the Memorial Medical Center program of Clinical Pastoral Education for Laity (Liddell, Wylie and Nash 1990, 54). Beginning with issues of self-awareness, they use the "Myers-Briggs Type Indicator" (Briggs and Myers 1988) as a way for students to come to a greater awareness of their own personality type. I am more familiar with a similar resource, the "Personal Profile System" (Geier and O'Connor 1986) and it would probably be my first choice. It too could be a helpful tool for self-awareness for lay caregivers. It requires no special training, is self-administered and, in the developer's words, "opens the door to greater understanding of self and others in order to

build and maintain a sense of personal worth and self-esteem in our personal and professional lives" (Geier and O'Connor 1986, 20). Briefly described, it analyzes personality traits on four scales (dominance, influencing of others, steadiness, and compliance to their standards), and distinguishes eighteen general personality patterns. Each personality type is described with its strengths, limitations and suggestions more effectiveness for each.

Self-awareness flows naturally to relational awareness, who we are in our relationships with others. That is the next area of content that must be included in a caregiving course: learning to listen and respond in a helpful way. Here Liddell (1991) is correct when he says that one caregiving task is helping the person we are visiting tell their story. That will be more helpful than trying to rescue them from their problem or make them feel better, as if we had some magic words or power to change their circumstances or feelings. Sunderland also believes that "story listening," as he calls it, is the key to caregiving:

Much, if not all, lay pastoral care consists of properly listening to the member's story of hardship, anxiety, grief, hurt, or of celebration and achievement. One of the tragedies of a model of pastoral care restricted to clergy is that the congregation's pastoral ministry is reduced to crisis response--and not even all those visits can be fitted into a pastor's busy schedule! Too often, occasions for personal or family celebrations are overlooked as occasions for pastoral visits. (Sunderland 1988, 168).

Some time in the didactic seminars will need to be

reserved for discussion of how to use the uniquely Christian resources for helping. These resources include prayer (Kolb 1982), the Scriptures, blessings and forgiveness (Haugk 1984). They can be misused when they are forced into the conversation without sensitivity to the needs and expectations of the client, when they are offered just to fill time, or when they are used defensively as a way of avoiding other issues.

Grieving and the grief process will also need to be included. When Christians reach out to those in need or in pain many of the recipients of our care are struggling to deal with a loss of one kind or another through a more or less predictable process of grieving. Granger Westberg's Good Grief (1971), provides a helpful analysis of the grief process. Another resource that may be helpful is C. S. Lewis's A Grief Observed (1961).

It will also be helpful to have a basic understanding of the stages of individual development throughout life. Nicklas includes a helpful chapter on this topic, "Relating Erikson's Stages to Theology and Ministry" (Nicklas 1981, 131-141). In addition to Erikson's understanding of individual development, it is helpful to realize that people do not go through life as unrelated independent entities. Many of life's problems and crises come in our interdependent family relationships. Therefore an understanding of "The Family Life Cycle" (McGoldrick and

Carter 1982) is also very helpful. In addition to the so called, normal family life cycle, they also deal with the variations that result from divorce, single parent households and remarriages forming blended families.

Confidentiality is the most important ethical issue that must be understood by caregivers. "Complete trust can only be established if the counselee believes that his or her communication with the counselor will remain confidential" (Becker 1987, 78). Yet, during the equipping process caregivers in training will be asked to share reports of their conversations and visits. Those whom they care for may ask if the information they share is confidential. A caregiver can explain that information from the visit may be used for educational purposes to receive supervision to help him learn to be a better caregiver and will only be used in a way that is helpful to the patient. If the patient/care receiver grants permission for information from their conversation to be used in this way, there is no problem sharing it within the broader learning experience of supervision and group learning. All of the caregivers in the learning group need to understand the importance of protecting the confidentiality of such information when it is shared in the group. It is shared in the group only for the educational purpose of growing in caregiving skills. It is not for discussion with anyone outside the group. Worthington (1987, 74-75) emphasizes

that lay caregivers will not have had the sensitization to issues of confidentiality that professional caregivers have had. Sharing a client's needs, problems or concerns with someone other than the supervisor or the training group, even when it flows from good motivations (e.g., so that others can pray about them), nevertheless, are still violations of confidentiality. Lay caregivers may need to be reminded that sharing information learned in caregiving, even with their spouses or a trusted friend is still a violation of confidentiality. Especially if the patient/care receiver requests that information from the visit not be revealed to anyone else, the visitor must respect that request unless there is a compelling reason not to do so. Compelling reasons would include the "double duty: to protect other people from potentially dangerous clients and to protect clients from themselves [suicide]" (Corey, Corey and Callanan 1987, 188).

Because even lay caregivers may discover difficult, dangerous and volatile situations in their visiting it will also be important to discuss referral as an ethical issue. Just as "the shepherd-pastor's training is not intended to make him competent to help people solve every aspect of every problem they may encounter" (Schuetze and Matzke 1988, 112), lay caregivers must also recognize their limits. It may be expected that they will discuss a difficult or complex problem with their pastor/supervisor. Other helpers

may also need to be included. One of the most helpful aspects of my Clinical Pastoral Education experience at Cherokee Mental Health Hospital was seeing how I as a pastor could fit in with other members of a caregiving team which included medical doctors, psychiatrists, psychologists, psychiatric nurses, physical therapists, occupational therapists and clinical social workers. In parish ministry situations I have also referred parishioners to financial advisors, credit counselors and lawyers when their unique skills were necessary. It can be a relief for a lay caregiver, just as it is for a pastor, to realize that they do not have to be experts in everything. Understanding the gifts other helpers have to offer also highlights the unique and special contribution that a spiritual caregiver can offer.

In addition to the topics suggested above, the interests of the group members and the visits themselves may stimulate discussions regarding the specific contexts people that they may be helping, for example, the hospital, mental hospital, nursing home, jail, other institution or even home visits. Sometimes the situations or problems of people visited will stimulate some interest or discussion, for example, crisis intervention, chemical dependency and alcoholism, death and dying, and medical ethics. Again, depending on the interests and needs of the group, it may be helpful to discuss commonly encountered psychological

disorders, examples include anxiety, depression, anger, guilt, obsessive-compulsive behaviors, hysterical personalities, schizophrenia, bipolar (manic-depressive) disorder and sexual deviation. Resources for these discussions will be found in a number of counseling and psychology texts (Kennedy 1977; Bachus 1985b; Collins 1980; Meier, Minerth and Wichern 1982).

F. STRUCTURING THE LEARNING PROCESS.

Ultimately, these goals, objectives, techniques and content must be organized into a framework of time that will serve the needs of the particular group gathered for the learning experience. The structures proposed by various lay training programs vary from author to author. Each has their opinion as to what works best. Some incorporate a weekend retreat for purposes of building a group identity (Haugk and McKay 1986; Detwiler-Zapp and Dixon 1982, 45).

Several lay counseling programs begin with a classroom experience before visitation begins (Tan 1987,58; Backus 1987, 41; Collins 1980b, 81-82). To be helpful at all, classroom training must include some experiential exercises, demonstrations or role play to be more than academic exercises. We have found through actually using the materials at Trinity Lutheran Church that Christian Caregiving (Haugk 1984) and its leader's guide (Haugk and McKay 1986) provide a basic introduction to caregiving. The

experiential exercises they suggest are comparatively risk free since they are done within the safety of the group. For the program of advanced training in caregiving that I am proposing it will be assumed that the participants who have been recruited and screened have all previously participated in the Christian Caregiving: A Way of Life course.

On the basis of my own Clinical Pastoral Education experience and following the tested example of "Clinical Pastoral Education for Laity" (Liddell, Wylie and Nash 1990) I am proposing that this training program for Trinity Evangelical Lutheran Church follow the basic weekly structure used in extended Clinical Pastoral Education units. Obviously I anticipate that some adjustment will be necessary as we go along, based on our unique experiences and evaluation of the program itself here. The program at Memorial Hospital began with this structure:

The program requires a minimum investment of 8½ hours per week for 15 weeks (a total of 125 hours). Three hours and fifteen minutes each week will be spent in scheduled meetings. The other five hours each week will be devoted to ministry with patients/families in consultation with nursing staff, individual supervision, and reading and writing time.

The weekly structured time will be as follows:

8:45 a.m. -Didactic Session
 10:00 a.m. -Verbatim Seminar
 11:00 a.m. -IPR [interpersonal relationship group]

NOON -Lunch.

(Memorial Medical Center Department of Pastoral Care 1989)

At least two important adjustments have been incorporated as their program has developed since that time. One is the

amount of total hours expected:

The plan was to develop an intensive ministry program exclusively for laity, which would equip these volunteers through a clinical process similar to that of Clinical Pastoral Education (CPE). The major exception would be the intensity of the experience, which would involve approximtely 150 hours of training, instead of the 400 hours required in a unit of CPE. All other ingredients, including the didactic sessions, verbatims, interpersonal group interactions, and weekly supervisory meetings with the staff chaplains would be the same. (Liddell, Wylie and Nash 1990, 54. emphasis mine.)

No explanation was given regarding the change in the total number of hours expected. It now averages ten hours per week for the fifteen weeks of the program. I am going to suggest that participants spend six to eight hours per week on the program: the three hours with the group, at least one caregiving visit each week, and the remainder of the time reading and writing. The three hour weekly group session could be offered in an afternoon or evening time to allow people with various work schedules to participate.

Fifteen sessions seem like a good place to start with our program here too. Of course, this can also be adjusted later as we get a feel for how such a program is going to work here. We have generally found that our best time for intensive programming coincides with the school year, beginning in September and ending in May. Fifteen weekly sessions can be fit in between Labor Day and Christmas in the fall or in the winter/spring between Christmas and Memorial Day. Some caregivers may find the experience valuable enough to take two fifteen week sessions in one

program year. Later evaluation may show that spreading the sessions out to once in two weeks may help participants manage the visitation, reading and writing requirements. Alternately, a more compact offering of the course could be made during the summer for eight weeks, for those who would commit themselves to it, if two learning sessions are offered a week. The problem we have generally had with summer programming at our church is the difficulty of working around vacation times with families trying to take vacations when school is not in session.

The second change at Memorial Hospital is that the order of the weekly elements has also been switched around (Liddell 1991). It was found that, after beginning with the didactic session, often the issues raised there would spill over into discussion in the interpersonal group time as students talked about their reactions and feelings. It seemed natural therefore, to have the interpersonal group time follow immediately after the didactic session, reserving the verbatim seminar (now, a discussion of "Learning from Patient Visits" reports) for the last hour.

One element seems to be missing in the weekly meeting structure at Memorial Medical Center. I believe it is essential to include a weekly devotional/worship time. I will suggest that the first fifteen minutes of each weekly session be spent in an opening devotion. After the first two weeks, the students will be asked to lead the opening

devotion on a rotating basis, thus gaining some important experience in worship planning, leadership and public prayer. Devotional times would normally be expected to include singing one or two songs or hymns, a Scripture reading, brief devotional message, prayer and a benediction. These are also experiences that may be useful paradigms for using distinctively Christian resources in caregiving visits and in other church group situations.

With these considerations in mind, I suggest the following general weekly schedule as a way to begin our experiential learning in Christian caregiving:

Hour 1:00 Opening Devotion
 1:15 Didactic Session
 2:00 Interpersonal Group
 3:00 Visitation discussions
 3:55 Closing Prayer

I also suggest the following schedule of fifteen sessions, understanding that the specific topics of later sessions may be adjusted depending on the needs and interests of the group in their goal setting:

WEEK ONE

1:00 Opening Devotion
 1:15 Overview of the Program
 1:30 Interpersonal Group--Telling Our Stories
 Beginning with the leader setting an example, each group participant takes 15-20 minutes to share their

life story noting especially the important events that have shaped them spiritually.

- 3:00 Didactic Session--Writing for Learning
 Goal Setting
 Journal Writing
 "Learning from Visits"--instruction and report forms.
 Distribute "Personal Profile System" (Geier and O'Connor 1986).
- 3:55 Closing Prayer

WEEK TWO

- 1:00 Opening Devotion
- 1:15 Didactic Session--Bible Study, "Authority for Ministry"
 Priesthood of all Believers
 The Office of Public Ministry
 Spiritual Gifts
 The Body of Christ
- 2:00 Interpersonal Group--sharing personal profile results.
 How are you gifted for ministry in the Body of Christ?
- 3:00 Visitation discussion.
 The Supervisor shares a visitation report using the form that will be followed by the students to demonstrate some of the learning dynamics that can result from reflecting on and evaluating a visit. First student visits will be expected this week.
- 3:55 Closing Prayer

WEEK THREE

- 1:00 Opening Devotion
- 1:15 Didactic Session--Christian Resources for Caregiving--The Word.
 Distinguishing and Applying Law and Gospel in Caring ministry.
- 2:00 Interpersonal Group--sharing personal goals for the experiential learning in caregiving.
- 3:00 Visitation discussions--One or two students share a "Learning from Visits" report for discussion with the group. This is the process that will be repeated in

most of the following sessions in the third hour.

3:55 Closing Prayer

WEEK FOUR

1:00 Opening Devotion

1:15 Didactic Session--Helping Others by Listening.
 Active listening.
 Reflective listening.
 Helping people share their story and their feelings.
 Confidentiality.

2:00 Interpersonal Group--may include some role play of listening skills.

3:00 Visitation discussions.

3:55 Closing Prayer

WEEK FIVE

1:00 Opening Devotion

1:15 Didactic Session--God Listens Too!
 Prayer in the life of a caregiver.
 Using prayer as a Christian Resource in Caregiving (Kolb 1982):
 P - Praise
 R - Remember
 A - Ask
 Y - Yield
 Sharing a blessing.

2:00 Interpersonal Group

3:00 Visitation discussions

3:55 Closing Prayer

WEEK SIX

1:00 Opening Devotion

1:15 Didactic Session--Resources for Christian Caregiving
 God forgives our Guilt.
 God covers our shame.

We can share a blessing.
The Sanctifying work of the Holy Spirit.

2:00 Interpersonal Group

3:00 Visitation discussions

3:55 Closing Prayer

WEEK SEVEN

1:00 Opening Devotion

1:15 Didactic Session--The Individual Life Cycle.
Relating Erickson's Eight Stages to caring ministry
(Niklas 1981, 131-141).

2:00 Interpersonal Group

3:00 Sharing Mid-Term Evaluations

3:55 Closing Prayer

WEEK EIGHT

1:00 Opening Devotion

1:15 Didactic Session--The Family Life Cycle.
Understanding normal and variant family life cycle
issues and transitions (McGolderick and Carter 1982).

2:00 Interpersonal Group

3:00 Visitation discussions

3:55 Closing Prayer

WEEK NINE

1:00 Opening Devotion

1:15 Didactic Session--Loss and Grief.
Understanding the impact of significant losses and
the resulting grieving process (Westerberg 1971).

2:00 Interpersonal Group

3:00 Visitation discussions

3:55 Closing Prayer

WEEK TEN

1:00 Opening Devotion

1:15 Didactic Session--God and Suffering.

A loving God and the problem of human suffering.
How do Lutherans answer the questions: "Where is God
when it hurts?" (Yancey 1977) and "Why do Bad Things
Happen to Good People?" (Kushner 1980)

2:00 Interpersonal Group

3:00 Visitation discussions

3:55 Closing Prayer

WEEK ELEVEN

1:00 Opening Devotion

1:15 Didactic Session--Growing through brokenness and loss.
Making friends with the pain.

2:00 Interpersonal Group

3:00 Visitation discussions

3:55 Closing Prayer

WEEK TWELVE

1:00 Opening Devotion

1:15 Didactic Session--How to be of help in a time of
crisis.

2:00 Interpersonal Group

3:00 Visitation discussions

3:55 Closing Prayer

WEEK THIRTEEN

1:00 Opening Devotion

1:15 Didactic Session--Death and Dying.
The griefs, fears and joys of walking through the valley of the shadow of death with someone we care for.

2:00 Interpersonal Group

3:00 Visitation discussions

3:55 Closing Prayer

WEEK FOURTEEN

1:00 Opening Devotion

1:15 Didactic Session--Group Interest topic(s)

2:00 Interpersonal Group

3:00 Visitation discussions
Distribute evaluation forms.

3:55 Closing Prayer

WEEK FIFTEEN

1:00 Opening Devotion

1:15 Didactic Session--Closure.
The importance of saying "Good-Bye."

2:00 Evaluations
Students share evaluations of self, peers and supervisors
Supervisor evaluation of students
Group evaluation of the learning process and supervisor(s).

3:55 Closing Prayer

A fellowship meal is shared by the group as a closure event.

CHAPTER 3

THE PASTOR AS EQUIPPER-SUPERVISOR OF LAY CAREGIVERS

A. DEFINING SUPERVISION.

Throughout this paper I have assumed that the pastor would be the supervisor of the lay caregiving program at Trinity Evangelical Lutheran Church, Girard. In other ministry contexts supervision might be delegated to another staff pastor, a deaconess or lay worker who has been qualified for this kind of ministry of supervision by receiving supervision themselves through Clinical Pastoral Education or some equivalent experience. When a local pastor organizes a caregiving program in the congregation he is serving, he must realize that there is a difference in relationship roles between pastor relating to parishioner and pastoral care supervisor relating to a supervisee/caregiver. "Supervising the learning of lay caregivers requires a definite change in the relationship between pastor and parishioner. As a supervisor you will

relate differently to your church members as learners because your role in relation to them has changed" (Detwiler-Zapp and Dixon 1982, 68). Because understanding this change in roles is so crucial to a successful outcome of the learning process, this chapter will focus on the dynamics of the role of the pastoral care supervisor and the relationship between supervisor and supervisee.

Detwiler-Zapp and Dixon have used a key word that will help define the supervisory role and relationship. The pastoral care supervisor relates to the supervisees as learners. Supervision, therefore, is an educational role. The pastoral care supervisor relates to supervisees as an andragogical educator of adults, not as a pedagogical teacher of children (Knowles 1984, 52). When the pastor relates to his parishioners as a supervisor his focus will be on helping them learn caregiving through this experiential learning process, not on caring for their needs as a pastor (shepherd). Detwiler-Zapp and Dixon illustrate this difference:

The differences between pastor and supervisor are usually less subtle than at first imagined. These differences may be seen most clearly by contrasting supervisory and pastoral responses.

Parishioner: I spoke with Carolyn in the hospital this morning. She just can't understand why God did this to her. I don't know what to say.

As a Pastor: That is a tough question. I'm sorry she's having such a bad time. I appreciate your letting me know. I'll stop by to see her this afternoon.

As a Supervisor: That sounds like good pastoral (sic.) care. Carolyn is trusting you with some important theological issues. How did you handle that? How might you have done it differently? (Detwiler-Zapp

and Dixon 1982, 69)

The shepherd rescues the sheep from a difficult situation, tending her wounds of frustration and takes back the responsibility for care that might have been shared with the parishioner. This image fits with the biblical image of the Good Shepherd rescuing the wandering sheep (Matthew 18:12-13). In the illustration above the supervisor treats the caring parishioner as a partner in ministry and asks challenging questions that will help evaluate the ministry interaction and make it more effective. The supervisor is equipping a fellow saint for ministry (Ephesians 4.12), sharing in a ministry partnership where "each part does its work" (Ephesians 4:16). While both the shepherd and the equipper are valid paradigms for ministry, it is the equipper image that fits the pastor in the role of supervising caregivers.

Another image that helps to communicate the role of the supervisor is that of tutor:

Supervision is defined as a special kind of tutorial relationship in which a person with less experience presents his/her work for the scrutiny and critique of a person with more experience. In the counseling professions, the preferred work-sample is a recording (audio or video) of a complete counseling session along with a clinical case report or summary which situates the counseling session. (Estadt, Compton and Blanchette 1987, 7. emphasis mine.)

I am cautious, however, about using only the tutorial image to describe this educational process. For many, the tutorial paradigm will be more pedagogic than andragogic.

William Roberts uses the word combination participant-observer to describe his experience of supervising the ministry of the fifty-six members of a small congregation. "The pastor as supervisor is always both a participant and observer in the midst of a community. Neither doing all the work nor watching it done are appropriate options for pastoral supervision" (Roberts 1988, 146). The first distortion, the pastor doing all of the work of ministry, results in "spectatoritis," where the congregation members feel like they are only passive spectators of ministry. The second distortion, just watching everyone else work, may lead to pastoral laziness. About a year ago I had an opportunity to visit with several members of a congregation who were concerned that their pastor was not doing any pastoral care ministry himself because he seemed to believe his job was only to equip the saints for ministry. Equipping the saints for ministry is one aspect of the many faceted roles of parish pastoral ministry, never the only one, never an excuse for not doing pastoral care. Roberts finds several other words helpful to describe the variety of pastoral roles: adoptive parent, model, mentor, friend, facilitator, and consultant (Roberts 1988, 147-148).

Robert F. Davenport uses another image to communicate the unique role and relationship involved in supervision, that of a mentor's relationship to a protégé. He wrote:

It is my conviction that the supervisory relation, if it is to be effective, is not an adversarial relation, marked by constant critique, manipulative distancing, confrontation and challenge, but rather a mutually respectful mentor/protégé relation marked by the protégé's willingness to expose weaknesses, fears, and failures, in the confidence that the mentor will be receptive, respectful and gently encouraging and supportively didactic. (Estadt, Compton and Blanchette 1987, 253)

I can relate to the mentor image of the supervisory relationship because of the helpful mentoring relationships I have experienced in my own growth in ministry. Not too long after accepting my first ministerial call, fresh out of seminary, I realized that I had not learned everything I needed to know in pastoral care classes at the seminary and through my vicarage experience. I chose a neighboring pastor as a mentor and asked him to meet with me on a monthly basis to discuss the areas of ministry on which I needed advice. As satisfying and as helpful as that relationship was, I think that there is an even better image to communicate the dynamics of the supervisory relationship to laypeople than that of mentor/protégé.

A number of years ago in a sermon on Ephesians 4:11-16 I used a sports illustration that still communicates some of the multifaceted roles of pastoral ministry. When Pete Rose was finishing his career as a player of the Cincinnati Reds and working toward his goal of reaching over 3,000 career hits, he had the dual role of being a player on the team and the field manager for the team. (That was before his reputation was ruined by public allegations of gambling on

baseball. I doubt I could use the same illustration as effectively now.) His role as a player/coach seemed to illustrate my vision of pastoral ministry with a team of trained lay caregivers. Southard (1982) hints at the same imagery, but does not develop it.

Just because a pastor begins equipping others for caregiving ministry does not mean he gives up that ministry himself. His training of caregivers will not be very effective if it becomes another example of the cliché, "Do as I say; not as I do!" He must remain a player, a participant in ministry. When learners see their supervisor as a participant, partner and fellow-servant with them, the learning process can be most effective. Detwiler-Zapp and Dixon show that being a fully human supervisor may also include revealing one's vulnerabilities:

You can participate most fully and productively in the caregivers' learning if they see you as a helper, supporter and co-learner. . . . When we are vulnerable and open about our humanness, learners experience us as supportive partners with them in their journey to become competent, compassionate caregivers" (Detwiler-Zapp and Dixon 1982, 70).

To be a supervisor means being a participant in life, in the limitations of humanness, and a person who also grows by learning from his own experience so that he has something to share with others. He is still a player on the team.

At the same time, as he supervises the ministry of others and equips them for more effective ministry he functions much like a coach. He can help others learn from

his higher level of experience, theological training, technical skill and academic qualifications. Equipping and supervising others for ministry requires the integration of a number of different ministry roles. "Supervision is a distinct form of ministry that draws upon your various skills as teacher, administrator, theologian, counselor, and caregiver" (Detwiler-Zapp and Dixon 1982, 64). Learning Christian caregiving in an experiential process like this is to be a part of a relay team that strives together to win the race with their coach in the lead. Although the player/coach paradigm may be recent, athletic imagery is not new to Christian literature: "Therefore, since we are surrounded by such a great cloud of witnesses, let us throw off everything that hinders and the sin that so easily entangles, and let us run with perseverance the race marked out for us" (Hebrews 12.1).

If the supervisor can be described affirmatively as a player/coach in relationship to the caregiving team, this role can also be described negatively by saying what it is not. First of all, a supervisor is neither a boss nor a commander. Those may be the connotations that the word supervision will have for some lay caregivers who have not experienced the unique relationship of supervision for learning caregiving. Detwiler-Zapp and Dixon show that this is not what supervision means in this context:

Supervision is neither dictatorial control nor detached observation but the investment of one's self in a

relationship. . . . As a supervisor, your authority comes not from how much you know or see or understand or believe but from how well you can help the caregivers learn what they need to know. This involves "the transcending of rules and games" and the sharing of self "without a need for there to be a winner or a master player." As the relationship evolves, supervision becomes less what you do, and more what you are for the caregiver. For many, you will become a cherished partner in a rare journey of becoming. (Detwiler-Zapp and Dixon 1982, 70-71)

The growth partnership they describe can be one of the most fulfilling relationships life offers.

Secondly, supervision of a learner's caregiving is not the same as pastoral care. Detwiler-Zapp and Dixon have already shown that the responses of a pastoral care supervisor will be different from those of a pastoral caregiver. They also show that unless this change in relationship between pastor and parishioner is clarified and defined it can lead to misunderstanding and confusion. They wrote:

When they encounter you as supervisor, your parishioners may not expect "something different" from you. They may be confused or upset by your new role. We always discuss this change directly with our learners, especially if we have close friends among them. Pastors in smaller churches may struggle more with this change of role because they are more likely to have well-established relationships with all the caregivers. (Detwiler-Zapp and Dixon 1982, 68-69)

I suspect that this difference is going to be as difficult to adjust to for the pastoral supervisor as it is for the parishioner. It will be helpful for me to have supervision in the role of supervisor as I adjust to this new role (Borders and Leddick 1987, 71-75; Bradley 1989, 447). It

will be easy to slip away from the specific supervisory focus that needs to be maintained. "The focus of supervision involves three primary interrelated functions: monitoring client welfare, promoting the supervisee's professional growth as a counselor, and evaluating the supervisee" (Estadt, Compton and Blanchette 1987, 8). One temptation to lose focus will be to become a shepherd to the caregiver rather than supervising their learning. Another temptation will be to be so concerned for the client's welfare that the supervisor bypasses the client to take care of the client himself. Then he has slipped beyond the boundary of "monitoring client welfare" within the supervisory relationship to second guessing and subverting the supervisee. This will be a delicate balance to maintain, especially if both the pastor and lay caregiver are calling on the same parishioner. The pastor will have to make sure that the care they both offer is complementary and not competitive. In relationship to the supervisee the primary focus will have to be the learning process, as Detwiler-Zapp and Dixon wrote:

The supervisor is a participant in a helping process, but the primary focus is on the learning that occurs, not on the pastoral care given to the caregiver or to the parishioner in need. As each issue arises, the pastor's first question from a supervisory perspective is "How does this relate to the caregiver's learning?" . . . By maintaining the supervisory perspective, you are free of the entanglement of the learners' personal problems and can be more helpful with the problems they face in learning to be caregivers. Without this perspective, a pastor might slip into a more familiar role of preacher, teacher, or counselor, to the neglect

of some important learning issues. (Detwiler-Zapp and Dixon 1982, 65)

The distinctive role of supervision will have to take precedence over the other aspects of pastoral care that may come up in relationship to the supervisee during this learning experience.

Thirdly, supervision is not the same as therapy. Although, in parish ministry, I have not usually thought of myself as a therapist or even a long term counselor, I can appreciate the warnings from Estadt, Bogia and others that supervision, as an educational process, can be sidetracked if the supervisor is tempted to deal with supervisee's therapeutic issues rather than on their learning of caregiving. Estadt writes from the perspective of supervising pastoral counselors:

The impact of the personal qualities of the counselor [supervisee] in the therapeutic relationship makes it inevitable that the counselor's personal therapeutic issues will emerge within the context of supervision. While individual therapeutic issues can be addressed in relationship to a given work-sample, extensive focus on the counselor's therapeutic issues in supervision will side-track and contaminate the supervisory process. Supervision focuses primarily on the dynamics of the candidate-as-counselor: how the counselor relates to the clients in a growth-producing manner. Therapy with a supervisee would divert supervision from its threefold focus on: (a) client welfare, (b) professional growth of the candidate, and (c) evaluation. The therapeutic focus would involve changing the contract that a supervisor has with the supervisee and with the agency or program involved. (Estadt, Compton and Blanchette 1987, 10)

The intrapsychic focus of psychotherapy is not what supervision of Christian caregiving is all about. In the

first place, the training program I am proposing is not training in psychotherapy. Secondly, Bogia's article shows that even within formal Clinical Pastoral Education the process is primarily educational, not therapeutic. He wrote:

The two modalities espouse very different goals, and it is confusing sometimes when they are not kept separate. In group psychotherapy it is the inner life and fantasies of group members which is of utmost importance. Therapy is intended to be life-changing.

Supervision, on the other hand, emphasizes clinical material and educational growth. Its purpose is to help trainees become more effective pastors. Granted, it is often necessary for trainees to explore personal dynamics in order to understand how they affect pastoral functioning, but the major goal of such exploration is professional growth. (Bogia 1987, 254-255. emphasis mine.)

Distinguishing supervision from pastoral care and from psychotherapy prepares the way to further clarify supervision as an educational process of parallel experiential learning.

There are two important aspects of parallel process involved in the supervision of caregiving. "First, as the supervisees relate to their supervisor, they relate to the patients" (Nicklas 1981, 16). The supervisee has two relationships in this arrangement, one to the patient/client he is caring for, another to his supervisor. Chances are, that there will be parallels in both of those relationships. If he avoids his own feelings of anger in relationship with his supervisor, he will probably also avoid dealing with feelings, his own and his patients', in his caregiving.

Nicklas illustrates:

Joe usually avoided every question the supervisor asked him about his feelings as his verbatims were being examined. As Joe constantly avoided feelings in his relationships with patients. [sic] Whenever the patients were on the verge of sharing their "negative" feelings about illness, he urged them to think positive. So as Joe related to his supervisor about his feelings, he also related to his patients--a general avoidance of them. (Nicklas 1981, 16)

An awareness of this aspect of parallel process will give a supervisor hunches about the way learners are relating to their clients. When these issues impact the quality of the caregiving offered, such as Joe's avoidance of feelings, they become supervisory issues.

There is another aspect of parallel process that is useful in supervision. "A second use of parallel process indicates that as the supervisor relates to the students, they in turn relate to their patients" (Nicklas 1981, 16). The students will take what the supervisor models in his relationship to them and use the attitudes, qualities and characteristics they see in their supervisor, experimenting in the process to discover what works well for them in their caregiving. Again, Nicklas illustrates:

A supervisor frequently confronted Mike about his avoidance of anger in ministering to the patients and with his tardiness in coming to class and in handing in verbatims. In relating to a 27 year old female patient who has been very angry with her mother for 13 years, Mike confronted her concerning her continued anger and asked her why was she unwilling to give it up. As the supervisor used confrontation in dealing with Mike, so he utilized it in ministering to patients. (Nicklas 1981, 16)

Understanding the power of parallel process as a teaching

tool will also move a supervisor to respect this power. Parallel process can be used beneficially, but Davenport shows that adversarial supervision may not always prove beneficial. He believes the adversarial nature of some supervisory relationships is what produces the, so called, professional arrogance:

It is the supervisor's task to teach, correct, challenge, and evaluate. Those tasks can be accomplished best, I believe, in a relationship of mutual respect. Obviously, it is that same sort of relation to the supervisee is attempting to make with a client to form a working therapeutic bond. It is difficult for me to see that an essentially adversarial relationship with a student will model the quality of intimacy needed to do effective therapy. On the contrary, I suspect that arrogance and so-called professional distancing which blocks healing in our work with clients is learned or at least reinforced in supervision which is established on an adversarial base. (Estadt, Compton and Blanchette 1987, 253)

Just as parallel process helped Mike learn how to use confrontation in his caregiving, students who learn in a relationship that is only confrontational will produce caregivers who may not be able to treat their patients with the mutual respect that we owe all of our fellow travelers in this pilgrimage. It may be just as valuable for a supervisor to share his vulnerabilities, limitations, and weaknesses when they are appropriate qualities for his supervisees to experience from him. "When we [supervisors] are vulnerable and open about our humanness, learners experience us as supportive partners with them in their journey to become competent, compassionate caregivers" (Detwiler-Zapp and Dixon 1982, 70).

Father Gene Sitzmann shared some of that vulnerability with us as a supervisor in my Clinical Pastoral Education unit at Cherokee Mental Hospital. He had been visiting a patient who had been admitted to a locked ward in the hospital. The patient used a scissors stolen from a desk in a nurses' station as a weapon to hold Fr. Sitzman hostage for almost a whole day. Fr. Sitzman shared the facts of the experience, his feelings, his clinical decisions and interventions with the CPE group he was supervising at the time. He spoke as much from his humanity as from his office as priest or role as an educator. He used the group for catharsis, to debrief, to process the experience, and thanked us for being there to be supportive to him. All of that made it easier for us to risk sharing our verbatims, journals, and pastoral care issues with him as a supervisor and to receive his evaluative suggestions. This is what Davenport means when he talks about a mentor/supervisor owning their own humanity: "In the mentor/protégé relation we have been exploring, our claiming our humanity with all the impotentiality implicit in existence best serves our supervisees' needs to acknowledge their limits, the limits of their clients, and the distinct limits of our craft" (Estadt, Compton and Blanchette 1987, 259).

A final aspect of the supervisor's humanity and the parallel process of supervision is that the supervisor is also a learner. Just as the caregivers grow by learning

from those they care for, Nicklas shows that supervisors learn from their supervisees:

The supervisor learns from using the parallel process. She/he also learns by evaluating the effectiveness of her supervisory style with the supervisees during the program and as the program concludes. It is beneficial to offer the supervisees an opportunity to participate in such an evaluation. Finally, it is important for the supervisor to continue learning by pastoring patients in the setting where the supervision occurs. In doing this, the supervisor meets some of the personnel the students work with, continues to increase ministerial skills, and grows in understanding the students better, since she/he periodically will experience some of the same anxieties that the students do. So the supervisor is an educator, a pastor, and a learner. . . . An effective supervisor is an eternal learner, and as such helps the supervisees by identifying with their activity and process of constant growth, rather than with static opinions that have become frozen dogmas of limited usefulness. (Nicklas 1981, 20)

The supervisor's continued learning needs to be intentional, but may happen informally as he learns from his relationships with his supervisees and from their evaluations. It may happen formally as he seeks professional supervision of his own supervision. It may also happen through effective self-evaluation and self-supervision. However, self-supervision has the disadvantage of our own lack of self-awareness. It is easy to avoid our own blind spots. Therefore, while it was designed for self-evaluation, a comprehensive evaluation form like the "Self-assessment questionnaire for supervisors" (Hawkins and Shohet 1989, 76-79) can also be a way of allowing caregivers the opportunity to evaluate their supervisor. They also suggest that "This form of assessment

can be done collaboratively, either by using it as a format for requesting feedback from your supervisees, or by sharing your own self-appraisal with your own supervisor or your work team, and receiving their feedback and appraisal of your work" (Hawkins and Shohet 1989, 79). Showing supervisees that you are open to receiving evaluation of your work from them may make it easier for them to receive your evaluations of their work.

B. SUPERVISING THE LEARNING PROCESS.

In the first part of this chapter I focused on the unique role of pastoral care supervisor and the unique relationship that develops between supervisor and supervisee. A course on lay caregiving is also a learning process. To be a supervisor is also to be the guide of the learning process for the group of learners. "Supervision also may be seen as a process that has, to some degree a predictable history" (Detwiler-Zapp and Dixon 1982, 71). That history begins as the concept of lay caregiving is promoted and encouraged by the pastor through his preaching, teaching, group work and especially through his affirmation of the informal caregiving that is already happening in the congregation. At Trinity Evangelical Lutheran Church, Girard, the process of preparing caregivers for experiential training has continued to develop through the use of the Christian Caregiving: A Way of Life materials developed by

Haugk and McKay (1984, 1986) in our Sunday morning adult Bible class. Since several people who participated in that study indicated an interest in the more advanced level of training I am proposing in this paper, the stage is set for offering it.

1. Screening.

As gratifying as it is, an indication of interest is not enough to qualify a possible participant for an advanced experiential training program for lay caregivers.

Participants will have to be screened to assess their readiness to participate in a program of this type. Some people will find this kind of learning experience attractive as a way of meeting their own needs rather than reaching out to be of service to others. While Larry Crabb endorses the concept of training lay Christian counselors, he is cautious about who can benefit from such training. Not every Christian is ready to be equipped for caregiving:

The concept of nonprofessionally trained counselors has caught on with scores of people for whom the idea of "counseling" holds a certain fascination and appeal but who flinch at the prospect of formal schooling. In the churches particularly, group work and peer counseling have spread in epidemic fashion, taking the form of marriage encounters, interpersonal sensitivity training, transactional analysis, and the like. Regrettably, many who are drawn to a counseling role are insecure people intrigued by the opportunity for instant intimacy; some are attracted by the apparent position of authority; others find the title "counselor" personally fulfilling. Many people unconsciously are hoping to work out their own hang-ups without exposing themselves in the position of counselee. (Crabb 1977, 163).

One advantage that a local parish pastor has in a situation like this is the opportunity to know the people of his parish. Since I have been at Girard for over six years I would have had a number of contacts with the people from our church who would be applying for this caregiving program. I have seen them at home with their families, helped some of them through times of illness, loss, or life crises. I would hope that I might have a feel for their motivations for being involved in a lay caregiving program. A pastor new to a parish or in a larger parish where he has not had personal contact with applicants might want to formalize the application process a little more.

However, since most of my contacts with people are verbal, that is, face to face or over the telephone, I don't know my people as well through their writing. Since the experiential learning process depends heavily on writing, it may be helpful to ask for a written application asking some open ended questions that call for a sample of the writing skill of the applicants, for example, descriptions of their family of origin, significant relationships that have formed their lives and significant spiritual events in their lives. This will give me a feel for how well prepared they are to use journaling and written verbatims as learning experiences.

Detwiler-Zapp and Dixon use a screening interview to accomplish two purposes. It gives them an opportunity to

get to know applicants for the program and assess their readiness for the learning experience. Secondly, the interview gives them a chance to begin communicating their expectations of the learners in a self-directed learning program. They wrote:

The screening interview is a further way of showing that we expect the learners to be responsible for their own learning. It raises these kinds of questions:

1. What do you want to know about this training program?

2. What do you think you need to learn to become a more effective caregiver?

3. How might we be helpful to you in your learning?

If the applicant says, "I thought you would tell me all about the program," we have a chance to explain our part of the contract. The person who is extremely uncomfortable with this approach will probably decide not to continue or may express doubts, which can then be discussed. In either case the contract has been clarified. (Detwiler-Zapp and Dixon 1982, 72. emphasis theirs.)

Clarifying the learning contract is one helpful part of the interview process. However, it will not be helpful to be either manipulative, misleading or adversarial in the interview. Since this interview will set the tone for the supervisory relationship that follows, the supervisor will want to begin building the relationship of mutual respect, encouragement and support (Estadt, Compton and Blanchette 1987, 253) that he hopes to build on later in the course itself. It might also be helpful to clarify the other expectations of the course before people make a commitment to it using a descriptive pamphlet like the one prepared by the Memorial Medical Center Department of Pastoral Care. Clarifying expectations in writing at the outset will help

settle later misunderstandings.

The building of a very special kind of relationship, which Estadt calls a supervisory alliance, begins with the application and screening process. He goes on to describe how the process of growing in this relationship may be expected to progress as the course flows. "The process, however, takes on different nuances as it moves through three major stages: Stage 1 (Early Phase) Building the Alliance; Stage 2 (Middle Phase) The Working Alliance; and Stage 3 (Final Phase) Concluding the Alliance" (Estadt, Compton and Blanchette 1987, 20. emphasis mine.) His three stages form a structure that can be used to frame the expected progress of the supervisory relationship in a course in Christian caregiving as well.

2. Building Alliances.

The process of relationship building and clarifying the learning contract that began with recruitment and screening continues as the learning group actually begins meeting for the formal learning process. Estadt, from a pastoral counseling perspective, focuses on one aspect of the learning process--the one-to-one relationship between a supervisor and a counselor in training. "The task of stage 1, developing a relationship of trust and a learning contract, is facilitated by an attitude of basic acceptance and by demonstrating empathy and genuineness in the

supervisory relationship" (Estadt, Compton and Blanchette 1987, 21). What is true of the supervision of counselors will also be true in the supervision of lay caregivers. One crucial aspect of the learning will be the growing relationship between the pastor/supervisor and each caregiver in their one-to-one relationship. The acceptance, empathy and genuineness that he encourages will go a long way to building that supervisory alliance.

However, there is another aspect of the learning alliance that needs attention as the learning process begins. The network of relationships in the peer learning group also needs to be attended to in the alliance building phase. The interpersonal peer group network is as important as the one-to-one supervisory relationship. In fact, some learners will find it more effective to use the group for their learning than a one-to-one relationship. In my Clinical Pastoral Education experience I found that this was true for me. My learning was more effective in the interpersonal relationship group than with the supervisors. If anything, when functioning as a supervisor, I will need to be more sensitive to those who learn more effectively in their individual relationship with me and allow them to use me as a learning resource in the way that is most effective for them.

Lyman Coleman (1987, 18-19), a pioneer in the modern use of small groups in churches, suggests that small groups

go through a developmental process. He teaches that groups are built as group members share their individual histories with one another and as the group begins to have a shared history together. That is why I have included an extensive time for story telling in the first session. An awareness of the group network will be built through the sharing of their individual histories. Then, after everyone has shared their story, the group will have a beginning of their unique group history together.

According to Coleman, a second phase of group building is affirmation. Each person's gifts for ministry are affirmed. This will begin in Week Two as each caregiver shares the results of the Personal Profile and receives the affirmation of the supervisor and peers. The gifts that each person has for ministry will be recognized in an encouraging way.

Thirdly, Coleman sees goal setting as an aspect of group building. The sense of identification with the group will be intensified as each member commits him/herself to the group's overall goals as they are discussed in Week One. As individuals share their personal goals with the group in Week Three, a sense of mutual accountability within the group will grow. As learners begin to understand and care for each other because they have shared their histories with one another, each learner will become accountable to both the supervisor and to the group for the goals they have set

for themselves.

The processes of relationship building and group building will be developing at the same time that the learning contract is clarified and finalized. The agreement between teacher and student about what is to be learned and how it is to be learned will begin with the screening interview as Detwiler-Zapp and Dixon have already pointed out (1982, 72). It will be further clarified as the group discusses the overall goals for the learning experience in Week One and as individual needs and interests are incorporated into the schedule with assignments for reading, study and peer presentations in later didactic sessions. The learning contract will be further clarified as each group member affirms the group goals for the learning process. By the time that individual goals are set with the guidance of the supervisor and shared with the group in Week Three, the learning contract will be firmly grounded for the rest of the sessions which will follow. By the end of Week Three, the learning contract and the pattern for weekly learning sessions are set. Caregivers are ready to learn through their experiences of visiting, caring, writing, evaluating and sharing with their supervisor and the learning group.

3. Working the Alliance.

Once the foundation has been established with the learning contract, the supervisory alliance with each participant is forming, and the group identity has begun to build through history sharing, affirmation and mutual accountability, then the work of experiential learning can begin. As the learners begin to make their own visits and report on the results, the parallel process of learning described earlier is activated. Again, Estadt, from the perspective of pastoral counselor training, writes that Stage 2, Working the Alliance, "addresses three major categories of concerns: (1) counselor issues, (2) counselor-client issues, and (3) counselor-supervisor issues" (Estadt, Compton and Blanchette 1987, 21).

Counselor issues refer to the personal and relationship issues that counselors, caregivers in our case, bring to their caregiving. For example, an individual caregiver may have misgivings about making a nursing home visit. Some people are turned off by the sights and smells they are exposed to there, others by the discomfort with their own aging process that is exposed in this context. Whatever the cause of the issue, this is a caregiver issue that will have to be dealt with. This caregiver may request not to be assigned a visit in a nursing home. At this level of training and experience I would probably simply honor that request because there are so many other opportunities

for caregiving that exist within the church's ministries. Another caregiver may choose to work in the particular area of nursing home visitation just to confront their own anxieties and fears and learn to be more comfortable with ministry in this context. In this case they would be encouraged to write a personal goal for this area and could focus on their feelings about nursing home visitation in their journaling and visitation reports.

A second group of issues is exposed in the relationship between the caregiver and the care recipient. Each of them will have feelings of their own as well as between them during the visit that impact the quality and effectiveness of the caregiving. Caregivers will want to learn to identify the feelings and needs of those they care for by observing tone of voice and body language, learning to listen at a deeper level than just hearing the words they say. At the same time they will want to learn to monitor their own feelings during a visit. The emotions that are produced in them during the visit may come from their own issues or may be produced as a result of their interaction with the client/patient. In the latter case, the caregivers are learning something about the person they are caring for by monitoring the feelings that they experience in the relationship. Kennedy (1977, 18-25) provides a number of helpful suggestions about the kind of information we can learn about the patient by monitoring our feelings as

caregivers and being aware of "what other people do to us."

A third group of issues is evoked by the relationship between the supervisor and caregiver. It is in this relationship that the supervisor will want to be especially attentive to the parallel processes involved in supervision. Caregivers will relate to their supervisor the way they relate to their patients, and they will relate to their patients as the supervisor is relating to them (Nicklas 1981, 16). A supervisor will also want to ask himself how transference and countertransference are influencing his relationship to supervisees (Langs 1979, 76-80).

As a fellow player in his ministry of pastoral care, the pastor can provide a model for learning caregivers. As a coach of caregivers the pastor/supervisor will be able to influence their caregiving through several kinds of supervisory interventions. Chaplain Liddell (1991) reminded me how important it is to be sensitive to the feelings of novice lay caregivers when they receive negative criticism of their caregiving, but he talked almost exclusively about confrontation as the intervention technique used to coach lay caregivers. Confrontation is not the only coaching technique available to a supervisor, however. Estadt also identifies inquiring, clarifying and interpreting as alternative interventions and lists confrontation last: "Most of the exploratory initiatives of the supervisor, notwithstanding significant differences in approach, will be

classifiable under four headings: Inquiring, Clarifying, Interpreting, and Confronting" (Estadt, Compton and Blanchette 1987, 16).

To summarize Estadt's explanations, an inquiring intervention involves asking questions and requesting information from the caregiver that will help them care more effectively. When making an inquiring intervention the supervisor is also modeling the kinds of questions a caregiver will want to be asking of himself to make his caregiving more effective.

In a clarifying intervention the supervisor helps to remove a caregiver's confusion by making an issue clearer or more understandable. He speaks from his broader background in caregiving experience and from a greater depth of theological training to provide clearer insight. Sometimes clarifying involves helping caregivers distinguish between their own personal issues and the issues of those they are caring for.

"Interpretations may consist of observations, inferences, probabilities, or hypotheses offered by the supervisor which seek to facilitate the counselor's further understanding of oneself, the client, the counselor-client, or supervisor-counselor interaction" (Estadt, Compton and Blanchette 1987, 18). A caregiver can get stuck when he thinks that his interpretation of a situation is the only one. As a pastor I have experienced this most frequently in

ministering to inactive members. Someone may assume, "Sally has not been coming to church because Jane hurt her feelings several weeks ago." Further investigation may show that Sally has not been in church because her mother was hospitalized in a distant town and she's been visiting her on weekends. A supervisor may frequently have to show lay caregivers that there are other possible interpretations for a complex situation.

Finally, confrontation is another valid technique of supervisory intervention. However, confrontation can be a double-edged sword, as destructive as it is helpful. It can be both "a blessing and a curse" (Liddell 1991). A word of truth spoken in love can open the door for a new area of growth for a caregiver. An inappropriate, harsh word can destroy the supervisory alliance, the relationship of trust that has been built up to that point and the confidence of the caregiver. Therefore, confrontation must be used sensitively, delicately and tactfully when helping laymen grow as caregivers. Parents and teachers quickly learn that a gentle reprimand may drive one child to tears and the harshest punishment may not phase another child. In the same way, the intensity of a confronting intervention must be appropriate to the person who receives it. Estadt wrote:

Confronting in supervision, as in counseling, has as its primary goal the facilitation of further insight and learning on the part of the counselor. The supervisor through confrontation, attempts to bring to the counselor's awareness blind spots and inconsistencies which impede the counselor's effectiveness as a

therapeutic person. At the same time the supervisor models for the counselor the delicate art of confrontation: calling attention to "growing edges" in an atmosphere of acceptance and trust. . . . Confrontation, in its many forms, focuses on behavior and performance, not on the individual's worth as a person. (Estadt, Compton and Blanchette 1987, 18)

The whole idea of this process of learning more effective caregiving is to build people up for service to Christ, not to tear them down. In theological terms, the Old Man must be confronted with the Law, but the New Man must be nurtured and built up with the Gospel.

In the working phase of the program the supervisor of caregivers delicately coaches his supervisees to more effectiveness through the supervisory and group alliances that have been established in the initial weeks of the program.

4. Concluding the alliances.

As the weeks of the training program draw to a close, a time of ending draws near. Drawing the supervisory and group alliances to an appropriate close is as important as carefully building them and working them have been. "As the supervisory relationship nears conclusion, the task is one of summation, evaluating the progress made and [identifying] the growing edges which remain for subsequent supervision" (Estadt, Compton and Blanchette 1987, 21). Summation and evaluation are important to the educational process. There is a further parallel process in this ending however. It is

also a model for other endings and losses that learners experience, including the changes that terminate caregiving relationships they have been experiencing in their visits. It is a time when caregivers will experience something of the grieving process they have learned about in didactic sessions. The class, the group alliance and the supervisory alliance are coming to an end. This ending is a model for celebrating accomplishments and showing that growth can happen even in times of loss and grief. Detwiler-Zapp and Dixon describe the tasks involved in termination:

- We believe that to enable a good termination of a training program a supervisor should provide the structure wherein the following tasks can be completed:
1. Review the group's history, with special emphasis on the learning and growth of individuals and of the group.
 2. Express feelings of loss, regret, and appreciation.
 3. Redefine the relationship between the learners and the supervisors.
 4. Discover the gains in the loss--the resurrection in the death.
 5. Celebrate the experience.

The structure that we use consists of a separate final interview with each caregiver, a concluding group training session designed to facilitate the completion of the tasks, and a banquet to celebrate the sharing of a powerful and significant experience. (Detwiler-Zapp and Dixon 1982, 77)

In the structure proposed at the end of chapter two, I am acknowledging the learning opportunities of this time of ending beginning in Week Nine with a discussion of the grieving process, in Week Thirteen with the didactic session on death, with the distribution and explanation of evaluation forms on Week Fourteen and by allowing two hours

for summation and evaluation in the final week. As suggested above, a fellowship meal can be included to emphasize the celebration that is also a part of ending effectively. It seems to me that it would also be helpful to recognize those who have completed the training process in a public worship service of the congregation. Not only will this celebrate the accomplishment of the learners, but it will also help prepare the congregation to receive caregiving ministry from them.

C. ONGOING SUPERVISION OF TRAINED CAREGIVERS.

Hopefully, the termination of the learning experience for lay caregivers will not be the end of lay caregiving in the congregation. At the end of the course, those who are willing to continue their caregiving on behalf of the pastor and in the name of the congregation will be given an opportunity to commit themselves to an ongoing program of visitation, learning and supervision. In chapter 2 I suggested that "those who are willing to continue serving as lay visitors would also be expected to meet as a group at least once a month to discuss a caregiving topic, share problems or concerns and take care of administrative details like visitation assignments" (p. 77).

The pastor will continue to have a supervisory relationship with those who continue their caregiving as lay visitors. They will receive assignments from the pastor for

their visits. This is not to say that they will not visit on their own in their own circles of relationships, but rather that when they visit in the name of the church they will do so in consultation with the pastor.

Because lay visitors will be visiting in the name of the congregation and on behalf of the pastor, there is also a need for some accountability for their visits. A simple report form will do to keep the pastor informed of lay visitors' contacts and progress in their calls. This is not intended to be a verbatim or a learning tool, but rather a reporting and accountability tool. Therefore, the information reported is sufficient if it includes the date, time and length of the visit, a brief statement of the Christian resources used, the results of the visit and suggestions for follow-up by the visitor and/or the pastor. When a visitor is not able to complete an assigned visit he or she needs to be accountable for that as well so that another lay visitor or the pastor can respond to the need.

Lay visitors will also continue to be learners as they learn from their visitation experiences and reflect on them with the pastor and peers. A monthly gathering for at least an hour will give caregivers the opportunity to explore topics of interest that have come up in their visitation or that were not explored to their satisfaction in the fifteen week training program. A causistry discussion might also be included to explore options for dealing with difficult

situations. Individual supervision should also always be available from the pastor to deal with difficult relationship or theological issues. Journaling, writing verbatims, taping or reading about the areas of concern may be suggested by the pastor as ways of exploring concerns. Many of the techniques used for learning and supervision in the training program will be helpful for ongoing supervision of lay visitors.

Finally, Clinebell (1984, 409) suggests an annual refresher event and annual recontracting. Refreshing can happen in other ways than the weekend retreat that he suggests. Hopefully it will already be happening through the monthly meetings of trained caregivers. Those who want some refreshing after making caregiving visits for some time might also find benefit from taking the training course again. The retreat option is fine in contexts where retreats have been found helpful, but that has not been the case here. Giving caregivers the option to affirm their commitment to making visits for another year helps them renew their commitment to this kind of ministry. Those who choose not to may be encouraged to explore other opportunities for ministry. Since the rhythm of the community follows the school year rather than the calendar year, this annual recontracting is best timed either at the end of the school year in May or at the beginning of the school year in September, not at the end of the calendar

year.

Because supervision of caregivers is different than pastoral care, a parish pastor supervising lay caregivers will have to be aware of the change of roles he is experiencing. His focus as a supervisor will be to guide the caregivers through a self-directed learning process that has a predictable pattern. The task is not to make them feel better nor to help them deal with their problems, but to help them learn effective caregiving through the multifaceted experiences of individual supervision, peer relationships, group dynamics, their own reading and writing, and, above all, learning from their relationships with the people who receive their Christian care.

CONCLUSION

Through this study, first of all, I have become even more convinced that equipping Christian laypeople for ministry through caregiving is desirable for churches today. It is desirable because of the Scriptural teachings that all believers are priests (1 Peter 2:5,9), because all believers are gifted for service in the body of Christ (1 Cor. 12:7,11) and because God has given pastors to the church "for the equipping of the saints for the work of ministry" (Ephesians 4:11 NKJV). Lutheran theology, based on the Scriptures, also emphasizes the priesthood of all believers. Training lay caregivers is desirable because of the practical effects it has as well. There are more opportunities for ministry in any church than can be accomplished by the pastor or other professional staff. Equipping laymen for ministry enhances the ministry of the whole church. It need not detract from the unique functions of the pastoral office, but in fact can even enhance the respect and authority given to the pastor/equiper.

Secondly, equipping laypeople for Christian caregiving

is possible. Creative innovators and entrepreneurs like Kenneth Haugk have developed programs that have proven their effectiveness, durability and marketability. Others like Diane Detwiler-Zapp and William Caveness Dixon in Fort Wayne, and Edwin Liddell, Norma Wylie and Roy Nash at Memorial Medical Center in Springfield, Illinois, have adapted the educational process of Clinical Pastoral Education for training laypeople. Since adults learn more effectively through their experiences, this training program needs to be experiential in nature. Involving laypeople in ministry is natural in a congregation like Trinity Evangelical Lutheran Church, Girard, Illinois. In a medium sized church serving settled communities, one of the most natural ways to multiply ministry is to equip people to care more effectively in the lifelong relationships that they expect to have with their relatives, neighbors and friends. Equipping laypeople for ministry will have unique challenges and unique benefits in a settled community.

Finally, a necessary corollary to equipping laypeople for caregiving is that pastors need to learn to be supervisors. I am pleased to learn through visits with faculty members that more attention is now being paid to the quality of supervision received by seminary students in resident field work and vicarage at Concordia Seminary. I also realize that as I begin to implement the program I am proposing here that I have much to learn about supervision.

I will need supervision of my supervision, hopefully in consultation with an experienced Clinical Pastoral Education supervisor. However, it should not have to take specialized study in a Doctor of Ministry program to learn about the tremendous ministry possibilities that are opened up through the training and supervising of lay caregivers. Ronald H. Sunderland (1988b) argues effectively that because supervision is essential to lay ministry programs, training for supervising lay ministers should be included at the Master of Divinity level of seminary training, even before vicarage. He suggests that one assignment during vicarage could be training and supervising a team of lay caregivers. This could be followed by further exploration of the supervisory process in the fourth year of seminary. Then, when a candidate is assigned to a congregation that already has a lay caregiving program in place, "the new minister would be equipped to carry on without interruption the existing training and supervisory program in lay pastoral care" (Sunderland 1988b, 230). Including units on supervision in pastoral theology classes should be given serious consideration by Concordia Seminary as it re-evaluates its program and curriculum at the present time. Teaching seminary students about the theory and process of pastoral supervision would both prepare them to receive supervision more effectively and to offer it as a part of their ministry. Then equipping the saints for ministry

could be a part of the ministry of the whole church rather than the individual project of a few pastors who have sought further specialized training. If equipping and supervising laypeople in ministry is valued by the church as an important function of the pastoral office, then pastors need to be equipped for the task.

And He Himself gave some to be apostles,
some prophets, some evangelists, and
some pastors and teachers for the
equipping of the saints for the work of
ministry, for the edifying of the body
of Christ. (Ephesians 4:11-12 NKJV)

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