5 SESSION COURSE IN THE BASICS OF PASTORAL CARE

WRITTEN FOR THE TRAINING OF PASTORAL ASSISTANTS IN THE DIOCESE OF GLASGOW AND GALLOWAY

Introduction

The following course is offered to charges in the Diocese of Glasgow and Galloway as a curriculum for training Pastoral Assistants. It is recommended that those who have been selected for training for that authorised ministry attend all five sessions of the course. However the course might also be offered to congregational members who wish to develop their skills in any of the five areas covered. The course deals simply with aspects of 'visiting skills' and does not tackle the other aspects of the Pastoral Assistant's role: taking the Reserved Sacrament to the housebound and ill, or assisting with Baptism, Marriage and Funeral preparation. It is advisable if the candidate works on *these* aspects of ministry with their clergyperson and ideally shadows him/her in their conduct before authorisation.

The sessions should be facilitated by someone who has expertise in the field of pastoral care and is also skilled in group work. Each of the five sections offers a variety of material on the topic under consideration; **the facilitator should select the material which s/he feels is most suitable for that particular group**, but in such a way that the session is not more than two hours in length and is also accessible to a variety of learning styles. Reading material accompanies each session and can be offered in advance or at the close of the session.

Ground rules are helpful when running sessions in pastoral care because of the nature of the issues under consideration. Groups should establish these at the beginning of their work together by the facilitator eliciting suggestions from the entire group and writing them up on flip-chart paper. A helpful leading question is "What ground rules would you suggest for our work together so that we will all feel safe in sharing and so that we can effectively learn together?" Ideas that may be shared:

- we each have the right to remain silent in small group/plenary work
- what is said here, stays here
- we aim to be attentive listeners and do not interrupt each other
- there is to be no monopolising; we will try to share time equally
- we respect diversity and value our differences
- we will start and end on time …… *and so on; but your list will be different and unique*

Secure agreement on the responses the group offers and display the list in a visible place. Encourage all to take responsibility for keeping the ground rules and for raising concerns if they believe the group is straying from them. Smooth running of the sessions can be helped by facilitators being as clear as possible about the agenda and the various processes that will be used. For many, this may well be one of the first occasions in which they have been listened to for a significant period of time about something that matters deeply to them, and strong emotions may surface. Establishing ground rules as above will help create an atmosphere of greater trust and safety among participants, as will designing the event to begin with simple, unthreatening exercises and then progressing to more challenging ones. Establishing appropriately-sized groups for discussion is also important; begin with sharing in groups of two or four in order to allow participants to get to know a few others and to establish trust.

Promote an environment in which participants take responsibility for their own learning and well-being. Encourage people to take a break from the group sharing if they need to. Adding opportunities for worship, corporate silence and group breaks also assists in creating a safe atmosphere. It is helpful if facilitators can be *appropriately* vulnerable with the group and share experiences which demonstrate their own struggles and humanity. Humour is an essential ingredient; a facilitator with a good sense of humour can diffuse otherwise potentially painful situations.

This symbol indicates a discussion point for the group as whole

This symbol indicates a possible role play. Please take care at the end of these to allow plenty of debriefing time so that the actors may step out of their roles.

To obtain a copy of the CDRom that accompanies Sessions 2 and 5, please e-mail the Ministry Development Officer mdo.gg@btinternet.com or contact the Diocesan Office

CONTENTS

SESSION 1: THE CORE SKILL OF LISTENING

(Facilitators please note that each section comprises a compendium of resources from which to extract what you need)

(i) Why do we start with listening?

All good pastoral visiting is predicated upon the art of 'you-focussed listening'; the kind of listening when we lay aside our own needs and concerns and offer another human being the chance to talk through their issues. Indeed, it is one of the most desperately needed ministries today; in our information-saturated age with its frenetic pace of life and increasingly isolated lifestyles, people are crying out for someone to take the time to listen to them. We are bombarded by 24/7 news via satellite and terrestrial channels, and enmeshed in a world-wide-web of information; the world is geared to talking, "but few are prepared to waste their valuable time in the quiet and unproductive business of listening".[i]

> *The first service that one owes to others in the fellowship of caring consists of listening to them. Just as love for God begins with listening to God's word, so the beginning of love for people is learning to listen to them. It is God's love of us that not only gives us God's word but also lends us God's ear. So it is God's work that we do for our brother and sister when we learn to listen to them. Christians … so often think that they must always contribute something when they are in the company of others, that this is the one service they have to render. They forget that listening can be a greater service than speaking.*[ii]

Significantly Bonhoeffer speaks of 'learning' to listen. Listening, unlike hearing, is not something that just happens, a passive response to noise. Listening means "attentively to exercise the sense of hearing" (OED). And as Mother Mary Clare writes, "it is a conscious willed action, requiring alertness and vigilance, by which our whole attention is focussed and controlled. So it is difficult."[iii] In other words, we need to practice the art of listening; there are skills which can be learned to enable us to be better listeners.

In twos, recall a time when some listened to you really well. What did the person do to make you feel they were listening closely to you? How did that make you feel?

(ii) The theology of listening

Christians believe in a God who speaks. Ours is not a silent God, a God who sits, sphinx-like, looking out unblinking on a world in agony … He speaks because He loves. Love always seeks to communicate.[iv]

We listen because God is speaking - in and through life's events, in our surroundings, and in the people with whom we are pastorally engaged. Our vocation as servants of God is to listen intently to what God is saying, to listen for 'the rhythm of divine life'[v]. E.M. Forster famously spoke of '*poor little talkative Christianity'* and his jibe has some truth in it; so often we crowd out God's speech with our own chatter. But fundamentally we are called not so much to speak **as to live as listeners**, and this is particularly vital when caring for others. We need to listen so that we might hear what God has to say to them and wants to say through us, so that when we *do* speak we are, if you like, 'on Message'.

Few have outlined the theology of listening better than Rowan Williams in his book *Silence and Honey Cakes*, an extract from which is given below:

> *Thinking about the language of worship does remind us, though, of one theological reason why language matters to Christians. In worship, we try to "put ourselves under the Word of God", we try to bring our minds and hearts into harmony with what God has said and is saying, in Jesus and in the words of Scripture. We remember that God made all things by an act of self-communication, and when we respond to his speaking, we are searching for some way of reflecting, echoing that self-communication. But the same is true in all our relationships, not just in what happens in worship. If God has made all things by the Word, then each person and thing exists because God is <u>speaking</u> to it and in it. If we are to respond adequately, truthfully, we must listen for the word God speaks to and through each element of the creation; hence the importance of listening in expectant silence.*
>
> *To borrow an image that appears in some of the ancient Hindu texts, we might think of the creative Word as spoken into the vast cavern of potential that is the first moment of created existence; from that darkness come countless echoes of the first eternal Word, the "harmonics" hidden in that primal sound. When we rightly respond to or relate to anyone or anything, it is as if we have found the note to sing that is in harmony with the creating Word.*

Or, to use language more familiar in Eastern Christian thinking, each existent in the world rests upon an unique creative act of God, a unique communication from God within the infinite self-communication that is the one eternal Word; every being has at its heart its own word, its own "logos". A truthful relation to anything is an uncovering of that word.

In a recent book on the use of music therapy with autistic children, there is a memorable description of how the therapist has to listen and react. You let the child make what noise it wants to with the instruments put out on the floor, and you listen with all your attention until some kind of pattern or rhythm begins to emerge. When it does, you gradually begin to make some kind of pattern of noise yourself that echoes what the child is producing; communication begins, and something emerges that was not there before. So it is with our co-operation with and response to the Word of God; we must listen intently for the rhythm of divine life in what may at first seem to be unintelligible and gradually learn how to echo it and make sounds in union with it.

We Christians talk about "speaking the truth in love" quite a bit; but in this context, this doesn't mean charitably telling other people exactly where they have gone wrong. It means finding a way to speak to them that resonates with the creative word working in their depths. Love is not a feeling of good will towards the neighbour, but the active search for that word – so that I can hear what God has to say to them and give to me through them and also so that I can speak to what is real in them, not what suits or interests me and my agenda.

Silence and Honey Cakes Rowan Williams (2003), 72-3

Rowan Williams writes: ***"We must listen for the word God speaks to and through each element of the creation".***

How do *you* listen for the word God speaks to you? What practices have helped you in this task?

Or choose one or more of the resources offered on the next page and discuss in small groups what this says to you about God's speech and our listening.

Moments of great calm
Kneeling before an altar
Of wood in a stone church
In summer, waiting for the God
To speak; the air a staircase
For silence; the sun's light
Ringing me, as though I acted
A great role. And the audiences
Still; all that close throng
Of spirits waiting, as I,
Prompt me, God;
But not yet. When I speak,
Though it be you who speak
Through me, something is lost.
The meaning is in the waiting.[vi]

In the fifteenth century Andrei Rublev painted The Old Testament Trinity, an icon of God that is extremely well known. As you gaze into the icon, you are drawn to an open place about a low table, around which sit three relaxed figures. Upon the table sits a cup easily reached by any of the three. Each figure rests peacefully and at ease in the presence of the other two. With heads inclined gently yet deliberately toward one another, they have a distinct air of mutual regard. A desire to drink in the presence of the other permeates the icon. These are figures ready to receive what the other has to give. Around this table each is utterly aware of the presence of the other, and each listens to the other with inclined ear and ready heart. One table, one cup, one mutual desire to listen to the other – born of eternal, loving recognition of the holy present in all. Competition and distrust are as wholly absent as trust and compassion are utterly present. These distinct three are one: one in open heart, one in listening mind, one in mutual love[vii].

The rain surrounded the whole cabin with its enormous virginal myth, a whole world of meaning, of secrecy, of silence, of rumor. Think of it: all that speech pouring down, selling nothing, judging nobody, drenching the thick mulch of dead leaves, soaking the trees, filling the gullies and crannies of the wood with water….. What a thing it is to sit absolutely alone, in the forest, at night, cherished by this wonderful, intelligible, perfectly innocent speech, the most comforting speech in the world, the talk that rain makes by itself all over the ridges, and the talk of the watercourses everywhere in the hollows. Nobody started it, nobody is going to stop it. It will talk as long as it wants, this rain. As long as it talks I am going to listen.[viii]

Alternatively study some of these passages from Scripture which speak of God's listening, and flip-chart your responses.

Psalm 10, 17; Psalm 139	*God listens to creation*
1 Kings 19, 9-16; 1 Samuel 3, 1-18	*Listening to God's call*
Luke 8, 40-48 Luke 18, 18-23; Luke 7, 39- 40 : John 2, 25; John 4, 8-30	*Examples of how Jesus listened*
John 8, 28; John 11, 41-42 John 16, 13; John 17, 8	*Listening at the heart of the Godhead*

Flip-chart responses of one group which looked at 'how Jesus listened':

- he listens to the unexpected and the marginalized
- he didn't judge
- he is appreciative of/values the person in front of him
- he expends energy on listening and it is clearly costly
- he hears, even in the midst of the crowd
- he builds up the other's confidence in conversation
- he gives prompts to help the other analyze the issues herself
- he listens with more than just his ears
- he makes the other listen to herself
- he uses questions
- he listens to a wide spectrum of folk
- he challenges appropriately
- he uses 'infra-red'
- he shows awareness and sensitivity
- he makes time for all who need a hearing
- he reads the 'sub-text'
- he pitches it right
- he 'perceives' without being told
- he brings people to a new place
- he listens to the 'bass-notes'
- he stimulates something in the other which makes them address their own issues and move on (or not)

(iii) How *not* to listen role play

Facilitators may wish to add a bit of fun into the proceedings by including a short role play on 'how not to listen'. This can be a very constructive way of learning about listening, highlighting some of the don'ts in an immediate way. Ask someone in advance to prepare the following sketch with you.

Two friends meet to chat over a coffee; two chairs placed beside each at front..

A *Hi! It's really good to see you. I've been longing for a chat. You see, something really important happened to me last week, and I've been longing to share it with you!*

B *I'm all ears*. (turns towards the other and looks interested).

Speaker A then starts telling B about something important in his/her life ….. this is not scripted as it is better if the person can be real about this. B then interrupts at one point with……

B *I know <u>just</u> how you feel. That happened to me some time ago. I was* – and then s/he goes off into a different story about himself/herself which bears little resemblance to the first narrative. After a while A gets a word in edgeways….

A *But that wasn't what I was meaning. You see, the way I was feeling was like this ….*

As A continues with the original narrative, B's attention starts to wane. S/he looks away, turns his/her body away, picks fluff off clothes, looks at nails, gazes into the distance, looks at watch, checks messages (not so) discreetly on mobile phone, and so on. After a while…

A *I don't feel you are really listening to me – and this is really important to me.*

B *Oh, I am so sorry. I really am. My mind just drifted. I'll pay attention. I'm all yours.*

A starts the story again and as s/he continues speaking, B moves her/his body in closer to A and begins to listen over-attentively, staring at the speaker, touching their arm, anticipating the ends of sentences and so on. A should react a little to this – pulling back his/her chair, crossing legs deliberately away from the speaker, folding arms protectively across chest, gazing at the floor as s/he speaks etc. After a while…

A *That's wonderful/awful/amazing!(whichever is more appropriate to the story). It sounds very like something Sadie told me happened to her recently. Oh, my big mouth again! Let the cat out of the bag there! She asked me not to say anything. Well, you won't tell a soul, I know. Anyway, is that the time? I'll have to fly. It's been really good listening to you. I hope all goes well with* - mentions the situation but gets a name wrong or some other crucial aspect of it. *Cheers.*

In plenary, ask people to identify the examples of <u>bad</u> practice they noticed the listener exhibiting during the role play; eg interrupting, anticipating the ends of sentences, letting attention wander, quickly going off into own agenda, failing to hear what is important to the other, over-attentive listening (staring, invading personal space), lack of confidentiality and so on. Flip-chart these. Allow time for discussion of the various points raised.

(iv) The qualities and practices of a good listener

A good listener is accepting, genuine and empathetic (AGE)

> **A**ccepting – non judgemental, open-minded, carrying no assumptions; the other person is where they are whether we think it is right or not
>
> **G**enuine – showing genuine interest, being attentive, engaging in appropriate sharing
>
> **E**mpathetic – is reflective, intuitive, understanding, compassionate, patient, equal

Let's look at these qualities in more detail:

Accepting – is about respecting and giving value to the other person. Affirming her/him as unique, worthwhile, made in God's image, whether the other acknowledges it or not. It is the attitude which says "you are free to be yourself without risk of blame." Respecting also means resisting the temptation of looking for carbon copies of ourselves in others, or classifying them as certain "types". So this will mean *"resisting our desire for order and coherence, and allowing the strangeness and newness of this person's experience to clutter up our attention".* (Alastair Campbell *Rediscovering Pastoral Care*)

Genuineness – is about being real in relationship. A person needing to be heard deserves our reality rather than a façade. If I am being genuine, I am seeking a consistency of word and action, not playing phoney or insincere. I may be listening to you but I am also on my own journey towards wholeness and this should characterise me whether I talk about it or not.

Empathy – is about understanding, and trying to see the world through the other person's eyes. This differs from sympathy, which is when we feel sorry for, or show pity to, the other (e.g. "you poor thing"), an expression of our feelings which may be immobilizing. Empathy, on the other hand, is when we try to see the world through the other's eyes, try to walk in the other's shoes. Our own feelings are not involved as we recognize that we are two separate entities. We try to be available to the other in an objective way. Someone has defined the difference this way; sympathy - "I feel badly for you." Empathy "I feel badly with you".

> *"First of all," he said, "if you can learn a simple trick, Scout, you'll get along a lot better with all kinds of folks. You never really understand a person until you consider things from his point of view – "*
> *"Sir?"*
> *" - until you climb into his skin and walk around in it"*
>
> Harper Lee *To Kill A Mockingbird*

'To hear, one must be silent' [ix]

It may seem obvious but the first rule in listening is to listen, not to speak! It's hard to do, because we all have ideas and responses that we want to share. But pastoral care is not social conversation. Listening carefully to another requires concentration. A pastoral carer is listening not only to what the other person is saying but also to what God may be saying through their words. Prayerful silence and careful concentration is a gift to those offered pastoral care.

LISTEN is an anagram of SILENT

It's hard not to interpret what we hear and natural to want to share our own point of view. But empathetic listening is a way of caring for others by letting them speak and know that they have been heard. The best pastoral care allows the other person to explore his or her own situation and find his or her own answers.

Most of what we communicate is communicated by our bodies, not our words. How do we communicate interest in another person? A pastoral carer can show care by being attentive to the signals their body language gives away. When listening, posture should be open and relaxed, looking at the person who is talking for about 75% of the time (even though they may not make eye contact). It helps to lean slightly in the direction of the talker – but without being intimidating. Listeners should avoid being seen to look at their watch, over the talker's shoulder, or being easily distracted. Effective listening is hard work!

It may begin to seem that pastoral care is just a matter of being there, not doing anything! And indeed, being there, giving attention to another person, listening prayerfully, is both a great gift and a privilege. Allowing other people to feel heard and cared for, enabling them to find their own answers to questions and problems, providing an opportunity and a safe place to explore life's mysteries is the heart of a ministry of pastoral care.

Those who attempt to act and do things for others or for the world without deepening their own self-understanding, freedom, integrity and capacity for love, will not have anything to give others. They will communicate nothing but the contagion of their own obsessions.

Thomas Merton Contemplation in a World of Action

Effective listening uses the whole of you - mind, eyes, mouth as well as ears – as this diagram indicates.

Mind
works out the underlying message

Eyes
see …
- body language;
- person;
- room.

Mouth
- smiles;
- shows sympathy;
- reflects words and mood;
- asks right questions.

Ears
Hear ….
- words;
- tone;
- what I sound like.

POSTURE FOR LISTENING WELL
SOLER

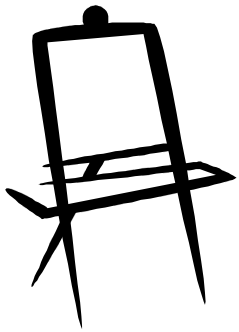
Square
Open
Lean
Eye contact
Relaxed

(v) Non-verbal communication

There is no such thing as "no communication" in a relationship. We communicate continuously, but not simply in words. Many messages are sent non-verbally.

Ask the group to offer examples of non-verbal communication and list them on a flipchart.

- facial expressions
- smile, tears, colour of complexion (blushes, pallor)
- bodily posture (includes breathing)
- hand and arm gestures
- grunts and groans
- movement away/towards the other or position of legs
- clothing, make-up, hair



In plenary, act out some non-verbal messages and ask the group to listen actively to the non-verbal behaviour and then solicit appropriate active listening responses. For example:

- nervously pace the room and wring hands
- walk into the room and slouch in a chair
- sit at desk with head in hands
- cross arms across body

When listening, we need always to be aware of the non-verbal as well as the spoken. For example, you might be listening to a parent talking about her/his teenage daughter's pregnancy and while s/he is expressing no undue concern over the issue, you notice that s/he is red in the face and her/his knuckles are clenched.

We get used to the signals sent out by people we know well. When we are with those we know less well, we need to be more careful about making sure nothing about us gives an impression of judging, not caring about or minimising what we are hearing; we need to be aware of cultural mores as well. Good listeners need to be aware of the message they may be sending out about their attitude to the person they are listening to - in the way we sit, our tone of voice when we speak, the way we keep or break eye-contact. These are just some of the signals that others may pick up about our response to what they are saying or how they are feeling. People who are very anxious, for example, are likely to be extremely sensitive to the signals they think they are receiving from others.

(vi) Pitfalls in listening

I have just hung up; why did he telephone?
I don't know ….. Oh, I get it …..I talked a lot and listened very little.
Forgive me Lord, it was a monologue and not a dialogue. [x]

Talking too much

- someone wants to unburden herself or clarify her understanding and we feel we must say something, give advice, solve the problem, comfort her, tell our own story.
- contributing something can all too easily be done to meet the needs of the listener rather than the speaker
- advice-giving has its place but can also lead to over-dependence on the listener which can prevent a person from growing-up. Some people are happy to be spoon-fed with advice or suggestions and this can lead to a collusive relationship, each gratifying the needs of the other.
- similarly a listener may, in her anxiety to help, press for premature solutions before she has heard the person through or the heart of the matter. Helping a person articulate their own needs is important. Listening in such a way that we facilitate the person to do his or her own work is to give maximum opportunity for growth.

Telling one's own story

- a listener must resist the temptation to take over by telling her own story, reminiscing or wandering down memory lane. There is a right time for sharing oneself. We are strangely resistant to the belief that often what is needed more than words, advice or stories is the simple presence of someone who can listen and care.

Not restraining one's personal reactions to what is being said

- some of the things people say will be hard to listen to, involving cruelty, pain, injustice. It is all too easy to respond by expressing shock, panic, anger or blame. It is not that the listener is to be unfeeling or passive in the face of pain but rather that one is there for the other person rather than oneself, offering a safe and personal space for him to share what he wants. It is also inappropriate and confusing (though all too easy) to bring in one's own feelings from another situation or relationship.

Unhelpful questioning

- there is an art and skill in asking questions that enable rather than divert a person. To be on the receiving end of a string of questions can feel like being under interrogation. "So what did you tell your wife?" "Then what did she say?" " How did you react?" "Why was that?" It can be very distracting for a person to be constantly interrupted by questions as she is telling her story or thinking aloud.
- "Why?" questions are generally unhelpful, encouraging a person into offering intellectual explanations and leaving feelings unexplored. Ask questions sparingly and in order to help a person be more specific or to open up an area. "How?" questions generally do this. "How are you feeling in that difficult relationship?" rather than "Why are you having difficulty in that relationship?"

Closed questioning

- Closed questions lead to a closed response – a "yes" or "no" answer e.g. "*Have you felt low this week?"* They also suggest the sort of answer expected and the only way to follow up closed questions is to ask more. Open questions invite an opening up of what the speaker is saying, generally begin with "*How*?", "*What*?", *"In what way?"* and help a person explore and think aloud. A useful form of open question can be to take up a word or phrase used by the speaker and reflect it back e.g.

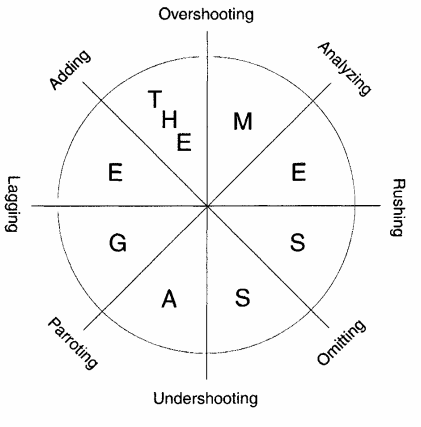
  Speaker: *"I felt awful when he said that to me."*

  Listener: *"Can you say more about the awful feeling?"*

  In this way the speaker has the chance to explore her feelings further and find out more about what is happening in her.

This is adapted from *Listening* by Anne Long, Section 2 Chapter 4

Our purpose in listening is to 'catch' the message, the feelings, that the other is trying to share with us. This is often difficult because of a variety of errors that listeners need to try to avoid:



1. Overshooting — exaggerating the feeling (e.g., "*I don't feel that I have to go to church to worship God."*
Response: *"You don't like the new priest.")*

2. Undershooting — minimizing the feeling (e.g., *"I can't understand what the Vestry was up to when it approved that resolution."*
Response: *"You're annoyed at them.")*

3. Adding — putting in an insight you are pushing (e.g., *"You're starting to realize that the Vestry was right when they didn't approve the use of the building for that purpose.")*

4. Omitting — ignoring material you want to extinguish (e.g., *"I don't think that's worth bothering about.")*

5. Lagging — repeating previous feedbacks, going back to old material, finally "hearing" the fifteenth statement back, etc. (e.g., *"Oh that's what you meant when you said . . . a while ago.")*

6. Rushing — announcing insight other is about to have, beating other to verbalize discovery (e.g.,
Other: *"I have begun to realize . . . "*
Response: *"that John really did that because he is jealous.")*

7. Parroting — not hearing the "message" other wants you to hear, repeating the code verbatim (e.g., Other: *"I don't ever want to see my sister again."*
Response*: "You don't ever want to see your sister again."*
Other: *"I don't think I can take the emotional roller coaster she puts me through."*
Response: *"You don't think you can take the emotional roller coaster she puts you through"*)

8. Analyzing — going beyond "message" the other wants you to know at this point, usually by adding your guess as to why the other feels the way he or she does. (e.g., *"I know, you don't want to be on the planning group any longer because your opinion is in the minority now.")*

(vii) Practising listening

Invite people to work in pairs, one as the storyteller and the other as the listener. The storyteller should talk for two minutes about something that's happened to them in the last couple of weeks, while the listener listens as carefully as possible, **remaining completely silent.**

When the two minutes is up, the listener repeats as accurately as possible the story he or she has just heard. The listener isn't trying to interpret what the story meant, but simply to repeat what was said. When the listener has finished, the storyteller should reflect back how well the listener has heard the story, noticing any errors or omissions. Ask people to reverse roles and repeat the exercise.

Plenary discussion: How easy/difficult was that exercise?

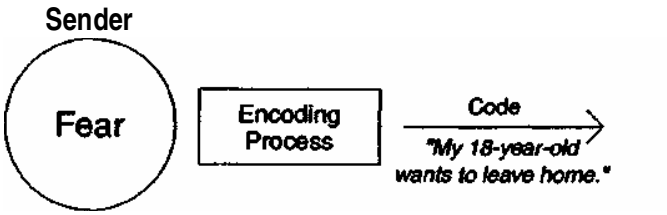
Facilitator's notes: *It's hard not to interpret what we hear. It is natural to want to share our own point of view. But pastoral listening isn't conversation; it's a way of caring for others by letting them speak and know that they have been heard. It is hard, too, for pastoral carers not to want to provide answers to questions and solutions to problems. The best pastoral care allows the other person explore her/his own situation and find her/his own answers. This can be aided by engaging in* ***active listening.***

'Active listening' is empathetic listening that allows the listener to get below the words and facts to the feelings being expressed by the other. Most messages contain both facts and feelings and it is crucial that the listener knows what feelings are underneath the words. For example, someone might say *"My 18 year old wants to leave home".* Does s/he mean *"I'm scared, I will miss him/her; I don't want him/her to leave*", or *"What a relief that will be; no more family hassles."?* In order to understand active listening, it is necessary to understand the communication process - what happens between the speaker and the listener, the sender and the receiver.

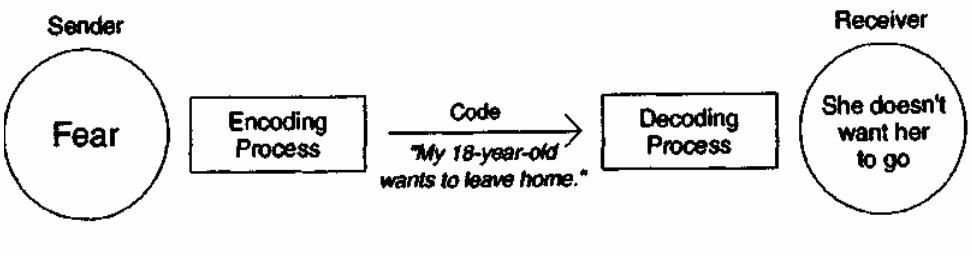
Sender

This circle represents the interior feeling world of the sender. S/he has a need to share what is going on inside; a desire, concern, feeling, or idea to be communicated, initially only known to the sender.

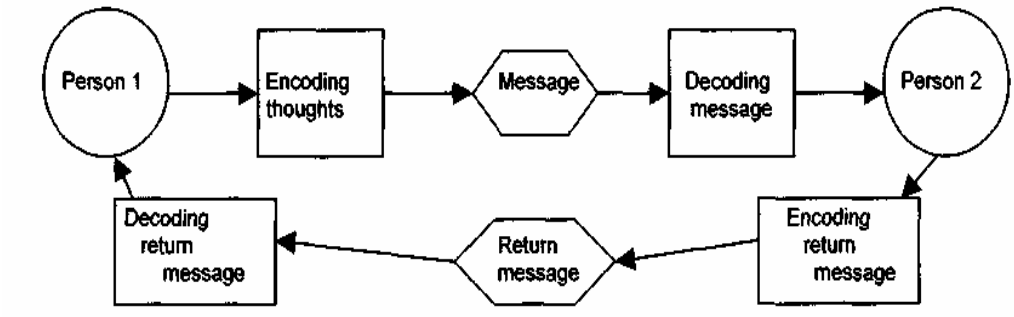
Because the sender cannot transmit his/her interior situation directly to the receiver, s/he must select some symbol or code (words, tone or body language) to send to the receiver in a public way in order for that person to understand what is going on inside herself/himself.



Now the receiver must go through a process of decoding in order to understand what the sender is communicating to him/her. Only the sender knows for sure what his /her intent really is. Only the receiver knows for sure what effect the sender's communication has had on him/her. If this decoding is accurate, the receiver understands. If it is not, the communication has broken down.



To check the accuracy of his/her understanding, the receiver feeds back his/her decoding to the sender. The best way to do this is to ask *another* question, of clarification; for instance: “how are you feeling about that?” - an open question that prevents the receiver from assuming that her understanding is the correct one and allows the sender to keep communicating how s/he feels about the issue. Or perhaps the receiver simply conveys *encouragement* to the sender that s/he should feel free to say some more, simply by a smile or nod.



In active listening, by noting the words, tone and body language, we try to get below the words or facts to discover the *feelings* that are behind the words, to ensure that we heard what we thought we heard - both the verbal message and the feelings. Just acknowledging and accepting the feelings of the troubled person can diminish the difficulty in the mind and emotions of that person; if they feel heard and accepted, the person is often helped to move beyond the presenting problem to the real problem especially.

Active listening is appropriate when the other person is expressing feelings and/or experiencing a problem. Indications of this would include clear verbal or non-verbal expressions of those feelings or problems such as "I'm afraid", "I've got a problem", crying , withdrawal or some sensitivity-alerting message such as "Have you ever wondered if life is worth living?"

Each person takes five minutes on their own to think about 'the last time I felt really alone, sad, happy, unwell, excited, lost' etc).

Form triads (3s) and find a space in which to converse in peace.

One person in the triad is the speaker

the second is the listener

the third is the observer.

The speaker recalls the incident remembered above for 3-4 minutes.

The listener enables the story to be told by listening actively.

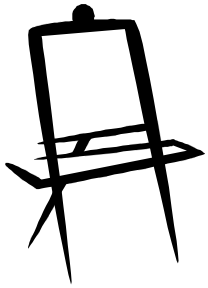
The observer sits somewhat removed from the conversation and is responsible for keeping time.

At the end of the four minutes, allow 5-6 for reflection.

During this time the observer should first draw out from those in the conversation how it felt - the speaker says what it was like to be listened to, the hearer what it was like for them to be doing the listening - and then the observer should reflect back, without criticism, what s/he observed: e.g. examples of what seemed to enable the conversation to flow and what blocked it. In any remaining minutes, spend time discussing as a threesome what it was in or about the listener that enabled the speaker to feel heard, (if indeed they did.) Reverse the tasks so that everyone has a shot at each role.

Triads are to some degree inevitably artificial, but the conversations are about real issues and emotions; real matters are being spoken about and listened to. Often simply getting on with it diminishes the sense of artificiality. Remember to respect confidentiality.

- At the end of the thirty minutes, reconvene in plenary, and pool together any new insights on listening. (Write these up on flipchart paper.)
  What was helpful? What pitfalls did you observe?
- In plenary, list the effects and benefits of active listening



Offer any of the following that are not volunteered by the group

a) It shows the other that you are interested in him or her as a person

b) It shows the speaker that you have not only heard but have understood

c) It indicates to the other how well you are decoding their message

d) It gives the other the chance to ventilate their feelings and release the grip those feelings are having on them

e) It communicates your acceptance of the other

f) It encourages the other to do his/her own problem-defining and solving; it keeps the responsibility with the other yet allows you to remain involved with him/her

g) It allows the other to move from superficial to real problems

h) It frequently fosters new insights, attitudes, behaviours and self-understandings in the other

i) It encourages the other to be more open, honest and revealing with you and to use you as a sounding board

Obedience also demands of you
that you listen to the other person;
not only to what he is saying
but to what he is.
Then you will begin to live in such a way
that you neither crush nor dominate
nor entangle your brother
but help him to be himself
and lead him to freedom.

Brakkenstein Community
Rule for a New Brother

(viii) Summing up: simple rules to guide our ministry of listening

1. **Be concerned.** The best listener is one who cares. Be interested in what the other is saying their problems and attentive to what they say. Remind yourself that there is no such thing as a completely worthless conversation. Many people will thank us for our good advice when all we did was listen with concern.

2. **Be at peace with yourself.** If we have too many inner conflicts when listening, we will be poor listeners. It is easy for us to be so dominated by our own problems that we can't seem to focus on what another person is saying. Make an effort to clear your own mind and really listen when someone is speaking to you. Otherwise they may easily feel that you are so full of you that there is on room left for them.

3. **Be patient**. Many people with problems have difficulty in expressing themselves right away. You may have to wait for them but giving them time is really a form of giving affection. The other person will sense your giving spirit and respond to it. "There will be lots of things you've forgotten to say", you can tell the speaker; "just remember, I'm always available".

4. **Be helpful.** Not everyone can speak easily and clearly and logically. Sometimes it may be necessary for a listener to get the conversation back on track with a quiet question or a sympathetic comment. Don't be too quick, though, to jump in with what seems to be the right word. The speaker's silence or groping may well be part of the healing process.

5. **Be non-judgemental**. Quite often the thing that is troubling the speaker is shocking or morally dubious. Yet the good listener should always try to be shock-proof. Jesus tells us to judge not. If the speaker feels that she is being silently condemned by the listener, she will certainly not be able to express herself freely.

6. **Be a person who maintains confidentiality**. Some of us may find it difficult to refrain from passing on information that is given in confidence. That is always wrong. We must avoid at all costs violating this important ministry of healing.

From *Developing the Caring Community; Participants' Pack* Dennis Butcher (1994), 14-15

Checklist

A listener should ask himself/ herself, am I able to

- let the person finish talking without reacting? □
- accurately reflect back content and feelings? □
- paraphrase what has been said? □
- provide direction and keep focus? □
- use prompts to encourage the person to continue? □
- use open questions? □
- tolerate painful topics? □
- cope with silence? □
- control my own anxiety and relax? □
- focus on the here and now? □

"One friend, one person, who is truly understanding, who takes the trouble to listen to us as we talk about our problem, can change our whole outlook on life."

A very distraught man came into the Rectory at 9.30pm. He told the priest he did not belong to the church but he had to talk to someone. His wife's illness had been diagnosed as terminal cancer, and he was asking the age-old question, "Why does God let these things happen?". The priest decided he had no inspired responses so he determined he would listen for the length of time the caller required. As time went on, a kind of calm descended. The priest had confined himself to the role of listener. As the caller prepared to leave, he shook the priest's hand and said: "Father, you have a wonderful way with words."

Dennis Butcher *Developing the Caring Community*; *A 10-week Course in Pastoral Care Ministry for Laity* The Alban Institute (1994), 26

When I ask you to listen to me
and you start giving me advice,
you have not done what I asked.

When I ask you to listen to me
and you begin to tell me why I shouldn't feel that way,
you are trampling on my feelings.

When I ask you to listen to me
and you feel you have to do something to solve my problem,
you have failed me, strange as that may seem.

Listen? All I asked was that you listen;
not to talk or do – just hear me.
Advice is cheap: 10 cents will get you
'Dear Abby' in the newspaper.
And I can do that for myself; I'm not helpless.
Maybe discouraged and faltering, but not helpless.

When you do something for me that I can and need to do
for myself, you contribute to my fear and weakness.

But when you accept that as a simple fact that I do feel what I feel, no matter how irrational, then I can quit trying to convince you and get about the business of understanding what's behind this irrational feeling. And when that's clear, the answers are obvious and I don't need advice. Irrational feelings make sense when we understand what's behind them. …..

So, please listen and just hear me. And if you want to talk, wait a minute for your turn; and I'll listen to you.

Dennis Butcher *Developing the Caring Community*; *A 10-week Course in Pastoral Care Ministry for Laity Participants' Pack Alban (1994), 17*

SESSION 2: THE CORE SKILL OF COMMUNICATING

(i) Introduction: As well as being good listeners, Pastoral Assistants need to able to communicate well and appropriately in a wide variety of circumstances: where people are in pain - whether physical, mental, spiritual or emotional - or where there is some sensory or skill loss. Residents in nursing and residential homes, the hearing impaired and blind, those with chronic pain, stroke patients - all these can feel themselves sentenced to solitary confinement unless others take the time and the effort to enable communication to occur. Rapid deterioration in a person's well-being will occur if they do not hear their name spoken several times a day and are not encouraged to use the power of speech, however impaired; if this does not happen, they can all too easily become locked into their own interior world.

Pastoral Assistants have a vital role to play in enabling people to express themselves in whatever ways that they are able. But to do this they need other skills apart from that of listening as studied in the previous session. They need to be able to

- **accept the person as they are**, and respect the timing, style and pace of their communication; develop a style of converse that suits this person in particular.
- **focus on the person** not the impairment. As Malcolm Goldsmith wrote in a book about dementia – but the significance is much wider than this – *"the biomedical approach focuses upon the disease whilst the person-centred approach focuses upon the person. The biomedical approach tends to suggest that the person is gradually disintegrating until at the end there is no person left. The person-centred approach tends to suggest that, despite the illness, the 'person' remains even though as the illness progresses, it may be more and more difficult to access or communicate with that person"* [x]
- **believe in the possibilities of communication** and work hard at interpreting what is being said
- **be sensitive and alert to the signals being given out** by the one being visited: is s/he unusually quiet and withdrawn, complaining and angry, in low spirits and tired? Is s/he in pain? Is this the wrong time to visit because the person really just wants to sleep – or conversely, will a visit be just the thing to help her through the afternoon? Is the time you have chosen one when he generally feels more alert and able to communicate? Have you arrived just after she has done something taxing and over-stimulating, or straight after a meal when she is feeling soporific?

(ii) Communicating with persons with a hearing impairment

Many of those we visit may suffer from hearing impairment, losing first the high frequency sounds, then the consonants. Unlike those who have been deaf from birth and who tend to use sign-language and Braille, those who have become deaf during their lifetime - or are in process of so doing - rely rather on hearing aids and lip-reading. Unlike blindness, hearing impairment is hard to identify, and gets little sympathy. As a consequence, it can make people feel and become very isolated – after all, it is easier to stay at home and not bother with the struggle of trying to make out what people are saying. It also tends to make those who are trying to communicate with the hearing-impaired shout or address them as though they were stupid.

Good practice

Get the person's attention before starting to speak.
Be on the same level – about 6 feet away.
Make sure you are facing the light to allow for lip-reading. How often have we heard someone say, "I am sorry – I can't hear in the dark" or "without my glasses on"
Speak clearly, not too fast or too slow.
Use normal rhythm of speech.
Don't drop your voice at the end of a sentence.
Don't use asides quietly.
Don't shout – it distorts the lip pattern.
Don't cover your face with your hands.
Facial expressions can aid comprehension.
Moving hands excessively can distract.
Keep your head still.
Stop talking if you move away.
One person only should speak at a time.
Background noise can be distracting or confusing.
Never say "It doesn't matter!" (when you have not been understood).
Repeat and rephrase – some words are easier to hear or guess than others.
Be prepared to write things down.
Remember - listening hard can be very tiring, people may need to take an "ear break"

Adapted from FIOP material

A Pastoral Assistant might be able to help by checking that the hearing aid is a suitable one for the person being visited. Some hearing aids are not "user-friendly" for frail elderly with poor manual dexterity or eyesight. Some congregations have portable loop systems available for borrowing by Pastoral Assistants and those who take Home Communion.

(iii) Communicating across the generations

The majority of visits made by Pastoral Assistants will be to the elderly, and this is likely to grow. A recent report in *The Scotsman* read as follows:

Vast differences are set to emerge in patterns of population across Scotland over the next 25 years, according to the latest demographic forecasts. The figures give a sobering "snapshot" projection for Scotland's 32 local authority areas, showing drifts in population, a massive increase in the number of elderly people and a sharp drop in the number under the age of 15. Overall, the population is predicted to rise to 5.37 million by 2031, an increase of 250,000. Closer examination shows a population rise in 15 of Scotland's 32 council areas, with West Lothian and Perth and Kinross experiencing the highest increase, at 22 per cent. The biggest losers are Inverclyde and East Dunbartonshire, where falls of 15 per cent have been projected. Some of our biggest cities are also affected, with both Aberdeen and Glasgow suffering declines. In terms of Scotland's economy, the number of people of working age is set to rise in only 14 areas – leaving 18 with a declining workforce.

The predictions reveal that the elderly population could rise by 81 per cent, with Aberdeenshire's soaring by 156 per cent. Meanwhile, the number of children is expected to fall in three-quarters of council areas, most notably in Shetland (down 31 per cent) and East Dunbartonshire (29 per cent). *23 January 2008*

The key factor in that report for our purposes is that while the population is expected to rise over the next 25 years, it will also **age markedly**. The number of people of pensionable age is projected to rise by 25% to nearly 1.2 million in 2027. Without allowing for the change in the female pension age from 60 to 65 between 2010 and 2020, the number of people over pensionable age will have increased by 45% between 2002 and 2027. The number of elderly people of 75 and over is projected to rise by 61% to 585,234 in 2027, and the sex structure of the elderly population over 75 years old is projected to change from 35% male in 2002 to 42% male in 2027. (www.gro-scotland.gov.uk/press/news2003/02population-projections-press.html)

These statistics have implications for the life of our congregations and more specifically for the delivery of pastoral care. Older people are fast becoming the majority of the population[xi] and increased training in this aspect of the church's ministry will be needed in the years ahead.

What are some of the issues to address when thinking about older people? Spend 5 minutes in buzz groups and then record the contributions on flip chart paper.

Valuing the elderly: Often groups tend to think about statistics like the ones above as 'a demographic time bomb', some sort of threat to society's ability to cope, or else to speak exclusively about older people as 'those in need of care and support', seeing the relationship simply as a one-way street. It can take a while before anyone speaks of the gifts and contributions of older people, or sees them as the huge resource that they are. For many people, ageing has negative connotations; it is seen as a diminution of life. But ageing is not about decline; like the rest of life, it is about moving on, change, movement, progress, and is a dynamic process. Old age is a further time of transition, not a fixed point. Ageing offers an opportunity for harvesting, giving proper recognition in thankfulness for the journey travelled.

An old Caucasian tale tells of a woman renowned for her curses being asked to deliver her worst. She gave her answer: "That you may live in a house where there are no old people to give wise advice and no young people to listen."

People in the third and fourth age (ie active retired and elderly dependant) also make up an increasingly large proportion of the membership of many of our churches. They are part of the body of Christ with gifts to contribute. Many in retirement have time they did not have previously to offer valuable ministries. Others, while perhaps no longer so active or even housebound, are still able to contribute hugely to the life of the congregation. They are not past members, but present ones, still on active service.

Divide the group into three and ask each subgroup to look at the part played by (i) Simeon, (ii) Anna or (iii) Mary and Joseph in Luke 2:22-40. Then read the passage aloud and give time for each of the groups to talk about the person(s) they have been allotted. Then come back together and tell each other what you have noted about each character.

Among issues that might emerge, the following should be highlighted:

- Both Simeon and Anna display unspectacular discipleship, founded simply on faithfulness. They show loyalty and commitment, taking a long-term view of the activity and promises of God, not an expectation that things have to happen now!
- Mary and Joseph went to the Temple expecting to give something, but ended up receiving something unexpected.
- The older people are clearly open to the possibility of something new happening and are open to the consequences.
- The place of contentment and trust in Christian discipleship is illustrated by all

adapted from *Encircled in Care*

Think of a fascinating elderly person whom you know, perhaps someone you already visit.

- **What makes them so special?**
- **What are the specific gifts/qualities they exhibit?**

Having got in touch with this real example, then move from the specific to the general

- **Are the wisdom and gifts of older members of your congregation fully recognised and used?**
- **If not, how might you go about ensuring that these can indeed be offered and received?**

The lesson to be learned is to understand the promotion from the plum-easy doing to the surprisingly difficult non-activity of just being.
Ronald Blythe *The View in Winter*

Ageing often changes people's key perspectives on life - some things come into sharper focus while other things that were once important now become insignificant. This is particularly true in matters of belief relating to death and beyond. For some there will be an urgency about questions not voiced or heard before.

Elderly people are often surrounded by the experience of bereavement, missing the friendship of contemporaries who have died and most of all the companionship and love of a life partner. And then there is another form of bereavement; for many elderly people in our mobile society, families are no longer on the doorstep, offspring and grandchildren may be far away and seldom seen, and so grandparents miss out on seeing the grandchildren growing up. A place in the family life of the local church and continued practical involvement in its activities can be life-giving.

And then there are regrets. Few if any people can look back over the course of life without regret when they recall the things they have done, or left undone, or said, which they deeply wish they could now put right. Sometimes it is still possible to make an apology or seek reconciliation. But sometimes it is too late because the person concerned has died, leaving memories crying out for healing. In his paper, *The Spirituality of Ageing,* Metropolitan Anthony Bloom recounts a moving story:

> *A Russian soldier accidentally killed the girl he hoped to marry and carried the burden of this memory into old age. Metropolitan Anthony suggested to him that he ask the Lord to make it possible for her to perceive what he wanted to say to her - to tell her of the pain and despair he had borne through the years and ask her to forgive him. And to pray that, if she forgave him, then God would bring peace into his heart. And this is what in fact happened. The burden he had carried for so long rolled away.*

People of all ages have times when they want to be left alone and not be questioned about their problems. They need to come to terms themselves with their emotions and questions. There will usually come a time, however, even for those who were perhaps schooled to be reticent, when they are prepared to speak about such matters to those they trust. It is no part of the Church's ministry to rush in uninvited and try to sort things out. Ecclesiastes 3 reminds us that *'For everything there is a season, and a time for every matter under heaven ...a time to keep silence, and a time to speak'.* The important qualities for those ministering to ageing people are patience, the ability to listen and love. When people are afraid of what is happening to them, they often withdraw into themselves. Offering words of conventional wisdom is no use. Indeed some things people say when trying to be helpful can inadvertently cause great hurt and offence. Trust is not always given to others on a first meeting. It has to be built up over a period by conveying the sense that you have time to listen and 'will be there for them'

'Caring for the carers' is as important for local churches to offer as direct concern for the elderly. 92% of elder care in Britain is provided by almost 7 million 'informal carers' ie family members (often partners or daughters), neighbours and friends. Such carers may also be carrying heavy additional family, professional and church responsibilities. Many carers are often themselves old and 24/7 care effectively means that *they* become cut-off from their normal outside activities and involvements, and even getting to church or a fellowship group can be very difficult unless relief can be provided.

A growing number of congregations are establishing support groups for carers and for those who have been bereaved**.** Such help is no less important than providing groups in connection with marriage, baptism or confirmation.

For many older people, the familiar ways and means of practising their faith are no longer physically possible, and this poses further questions both for the older people themselves and for those who live and work with them. Congregations have a responsibility to ensure that older members can participate as fully as possible in the life of that charge; they need to have a pastoral strategy in which due emphasis is given to the needs of older people. Congregations need to ask themselves:

- are the church buildings easily accessible?
- do we have a transport system to bring older people services and other church activities?
- are there large print copies of Liturgies/Prayer Books and hymn books available for those who are not now able to read normal size print? And do the Welcomers/Stewards know about them?

- are the sound and loop systems in good working order so that those whose hearing is impaired can join fully in worship?
- are we sensitive to the needs of those who cannot kneel to receive communion or who find it difficult to stand for more than a minute or two? There are liturgical reasons for standing at some points in worship - but can we avoid causing frail members undue embarrassment or distress?
- are toilets clearly indicated and located so that access is easy for those who may have need to use them frequently?
- when coffee etc is served after services and events so that people can circulate, are we aware of those who would wish to participate fully but find it difficult to stand or hold cups - so are chairs and small tables available for them at strategic points?
- are there sufficient opportunities for older people to meet in fellowship in the congregation? And what opportunities are there for *cross-generational* activity?
- do we ensure that housebound people receive the church notices, newsletters and magazines?
- is it possible to record services (video/audio) for the benefit of those who can no longer attend?
- are the housebound remembered regularly at services and encouraged to uphold others in their own prayers?
- do we enable the life-experience and wisdom of older members to be shared and valued?
- do we have an adequate system for offering communion at home? And it is possible for several members to accompany the person leading the service?
- could we hold regular services in Residential/Care Homes and the like?

Consider the ways listed below of how an older person might be helped to find meaning and purpose in their situation. In what ways might the conversation be guided to give opportunities for this to happen?

Meaning found through looking into the past. Discussion about the past can often help to recover value, self-esteem, skills, contributions and achievements. This is where guided reminiscence can help.

Meaning found by focusing on the present. This is where sensitivity to losses and opportunities comes in. What gives value and strength to the person now? What are the important relationships and contacts and can they be strengthened?

Meaning found by looking forward. What events or celebrations are in store? What is the person or couple looking forward to? What new opportunities can be opened up? Can any contacts be renewed that will help? Are there fears that can be addressed?

adapted from *A Mission-Shaped Church for Older People?* The Leveson Centre

(iv) Communicating with persons with Dementia

Dementia can affect people of any age, but is most common in older people. One in five people over 80 has a form of dementia and one in 20 people over 65 has a form of dementia. The Alzheimer's Society predicts that there will be a steady growth of people with dementia in the UK, reaching 870,000 by 2010, 940,110 by 2021 and 1,735,087 by 2051.

Dementia is a progressive condition. This means that the symptoms become more severe over time. The way each person experiences dementia, and the rate of their decline, will depend on many factors - not just on which type of dementia they have, but also on their physical make-up, their emotional resilience and the support that is available to them. Typically symptoms will include:

- Loss of memory - for example, forgetting the way home from the shops, or being unable to remember names and places.
- Mood changes - these happen particularly when the parts of the brain which control emotion are affected by disease. People with dementia may feel sad, angry or frightened as a result.
- Communication problems - a decline in the ability to talk, read and write.

Dementia is a key health issue facing Scotland over the coming decades. As our population ages, there is projected to be a 75% increase in the number of people with dementia. There were approximately 58,000 to 65,000 people with dementia in Scotland in 2007, between 1,350 and 1,650 of whom were under 65. By 2031 it is projected that there will be approximately 102,000 to 114,000 people with dementia in Scotland, a 75% increase.

An estimated 62% of people with dementia have Alzheimer's disease, 17% have vascular dementia, 11% have mixed dementias. Rarer forms include Lewy body dementia (4%), frontotemporal dementia (2%) and Parkinson's disease dementia (2%) Between 36,000 and 40,000 people with dementia have Alzheimer's disease. 6% (3,500-4,000) of people with dementia are independent and do not need care, 11% of people with dementia (6,500-7,000) need care at some time during the week, 48% (28,000-31,000) need care daily and 34% (19,500-22,000) need constant care or supervision. Around 60% of people with dementia live in the community (approximately 35,000-39,000) and 40% live in care homes or hospitals (approximately 23,000-26,000). An estimated 4,722 deaths of people over 65 in Scotland were theoretically attributable to dementia in 2005.

On average, 11% of people with dementia living in the community receive home care and 12% receive day care, against a working target of 28%. A vast amount of care for people with dementia is provided by informal carers, who compared with non-carers are more likely to take prescribed medication, visit their GP and report higher levels of stress and physical symptoms. Respite provision is a key issue for carers and people with dementia: only 27% of carers of people with dementia get a week's short break in a year. Carers report a lack of services. In a survey only 37% felt that the services available were sufficient for their needs. 30% said day care was unavailable and 50% could not access home support. Information received at the point of diagnosis was inadequate and only 28% had access to training in how to cope with their caring role.

In 2006 there were reported to be 15,321 people with dementia in care homes in Scotland, but this may be an underestimate. Many people in care homes may have dementia but not have had a diagnosis; they are denied the opportunity to plan for the future and to access appropriate treatments. The quality of services is a continuing concern, particularly the quality of care for people with dementia living in care homes. In adult services, care homes for older people gave the Care Commission "the most significant cause for concern".

The cost of dementia in Scotland in 2007 is between £1.5 and £1.7 billion. Dementia has a major impact on our economy. The estimated average cost per annum of a person with dementia is £25,472. The cost of dementia in 2031 is projected to rise to £2.6 - £2.9 billion (at today's prices). Alzheimer Scotland urges that dementia to be made a national priority. *adapted from 'The Dementia Epidemic' Report, Scotland 21 Jun 2007*

There are different types of dementia caused by different diseases of the brain. Some of the most common forms of dementia are listed below:

Alzheimer's disease

Is the most common type of dementia. It changes the chemistry and structure of the brain, causing brain cells to die. In the early stages of Alzheimer's, the person's behaviours may change in very small ways. They may start forgetting things or repeating themselves more often than usual, for example. In the middle stages of Alzheimer's, the person may need reminders to carry out activities of daily living such as eating, dressing or using the toilet. The person's memory will get worse, and they may have difficulty recognising familiar people or places. Over time, the person will become increasingly dependent on others for help. They are likely to experience severe memory loss, become increasingly frail, have difficulty with eating, swallowing, incontinence and may experience loss of communication skills such as speech.

Vascular dementia

Is caused by problems with the supply of oxygen to the brain following a stroke or small vessel disease. Symptoms can include problems concentrating and communicating, depression and physical frailty. The symptoms that a person experiences as a result of a stroke depend on which part of the brain has been damaged. For example, if the damaged area is responsible for movement of a limb, paralysis might occur. If the part of the brain damaged is responsible for speech, the person might have problems communicating. When vascular dementia is caused by a single stroke, it is called single-infarct dementia. Vascular dementia is more commonly caused by a series of small strokes. These can be so tiny that the person might not notice any symptoms or the symptoms may be only temporary. This is called multi-infarct dementia. Vascular dementia progresses in a similar way to Alzheimer's disease, but progression is often 'stepped' rather than gradual, declining suddenly as the person has a new stroke. Progression of vascular dementia may be slowed through the control of underlying risk factors such as blood pressure.

Pronto-temporal dementia

Is a rare form of dementia affecting the front of the brain. It includes Pick's disease and often affects people under 65. In the early stages, the memory may remain intact, while the person's behaviours and personality change. In the early stages of fronto-temporal dementia, the person is less likely to become forgetful than in Alzheimer's disease. Instead their behaviour can change quite dramatically. They may seem more selfish or unfeeling than usual or sexually uninhibited. The later stages are very similar to Alzheimer's disease.

Dementia with Lewy bodies

Is caused by tiny spherical protein deposits that develop inside nerve cells in the brain. These interrupt the brain's normal functioning, affecting the person's memory, concentration and language skills. This type of dementia has symptoms similar to those of Parkinson's disease, such as tremors and slowness of movement. The progression of this condition can be confusing for carers, as the person's abilities may fluctuate.

Spiritual well-being is a basic human need. A person's spirituality is linked to their sense of identity and the need for this linkage is nowhere more urgent than in those with dementia, whose personhood is so often denied in current practice. People with dementia are already likely to be a disadvantaged group - often old, certainly vulnerable and frequently confused. To ignore their spiritual needs increases still further that social exclusion. Spirituality encompasses the way in which an individual responds to and makes sense of the raw experience of life - for instance, moments of delight and sorrow, understanding and bewilderment, hope and despair. Meeting the spiritual needs of people with dementia is not an optional extra but is crucial if the aims of holistic and person-centred care are to be met. *A Mission-Shaped Church for Older People?*

Good practice

If successful communication is to take place then the visitor must play a rather different role from that taken in everyday communication. S/he must learn some of the skills more associated with the counsellor. The more severe a person's dementia is, then the greater will be the need for the other person to have these communicative skills. Kitwood uses the image of tennis. The carer is rather like the tennis coach who is able to keep a rally going with the less experienced player on the other side of the net. Wherever that person plays the ball, the coach seems able to reach it and return it. But he returns it in such a way as to keep the rally going. He does not return it in order to score the match, but rather he returns the ball so that the other to reach it and, with encouragement, is able to play it back over the net again. Similarly with our communication with a person with dementia, it is possible to learn techniques which 'keep open' the conversation and which allow the person with dementia to respond.[xii]

- Make sure that the environment is conducive for communication. The noise of the radio or television should not be competing with your voice. People should not be hurrying by or engaged in noisy activities in the same room.
- Ensure that you yourself are calm and do not appear to be flustered or under time pressures. You will need to be able to give the person your full attention - this can be tiring, and you will be unable to do it well if your mind is on something else at the same time. Try to ensure that your facial expression and body posture are reassuring and relaxed.
- Approach them within their line of vision, and try not to surprise or startle them. Identify yourself, by introducing yourself by name, if you are well known. Also, if appropriate, use their name as well. Establish eye contact, and if possible speak to them from the same level.
- Use touch to reinforce your presence and what you are saying – but establish first whether this is appropriate. Do not force touch on someone who does not want it.
- Speak simply, and slowly, but do not 'speak down' to the person. Always endeavour to maintain their dignity.
- Allow time for them to understand what you are saying. Remember that even with moderate dementia it can take five times longer to process information than it takes for an elderly person without the illness. Make sure that they understand before you move the conversation on.
- Be a good listener. Communication is a two-way process and you need to be alert to pick up clues and prompts. Do not be afraid of long pauses, and do not jump in and complete sentences for the person whilst they are in the process of formulating them. Listen for what they are saying 'behind the words'. Remember that elderly people often speak metaphorically, and this is particularly so with dementia.

- Do not assume that they do not understand just because they have not responded straight away, They may not have understood, but on the other hand, they may be only too aware of what you are saying but either cannot, or do not want to respond.
- Use short sentences and do not carry double messages in them. "Would you like a cup of tea and then go for a walk?" should be divided up into two distinct sentences, and the first one dealt with before the second is introduced.
- If at all possible, illustrate what you are saying – use photographs when talking about someone, show them the cardigan if you are asking if they want to put it on, and use your hands and body language to support what you are wanting to communicate. Make sure that your illustrations match your words – don't show a photograph of A and talk about B.
- Even if their thought process and use of words gets mixed up, you may still be able to follow what they are trying to say. Do not feel that you have to correct their mistakes, and do not laugh at their attempts, even when they have totally misunderstood you or responded inappropriately.
- Be complimentary if it is appropriate – but in an adult manner. It may be taking a great effort to converse with you; show your pleasure when they succeed.
- Do not be embarrassed by a display of emotion, whether it is tearful or one of anger. If it is something that needs to come out, then do not attempt to avoid it. You may be helping them a great deal by providing a context and enabling a process which helps them to express their innermost feelings or anxieties.

As a group, you may wish to watch the section on the Church of Scotland DVD entitled 'Visiting the Confused Elderly' recounted by Revd Dr Heather Morris, a Minister in the Methodist Church in Ireland.

How might Pastoral Assistants give support to the family carers?

Session 3. Visiting in the name of the Church

(i) Authorisation and accountability

Visiting as part of a congregation's Pastoral Care Team is very different from visiting as a concerned friend or neighbour. What you say or do may be identical, but *how you are seen* is clearly different. Pastoral Assistants are '*people recognised and affirmed by their congregation, put forward for authorisation by the Incumbent with the agreement of the Vestry'*[xiii]. They are 'public representative persons', acting in the name of, and on behalf of, the Congregation to which they belong, and accountable to the clergy therein.

The protocols operative in this Diocese underscore that accountability in several ways. Requests for authorisation are initially submitted to the Bishop through the Diaconal Ministry Adviser. These authorisations are given for three years and renewed *en bloc* at a diocesan-wide Ministry Celebration service. Initial authorisation and subsequent renewal is recognised and affirmed at a main Sunday service in the home charge, and the IDP and Working Agreement of a Pastoral Assistant are likewise reviewed annually at this local level. In the event of a vacancy, authorisations become provisional; once a new appointment is made, the new incumbent will decide within six months whether to request renewal of authorizations or to propose new arrangements. Authorisations are to a specific congregation and lapse once a person moves away. The Incumbent, with the agreement of the Vestry, may request the Bishop to terminate an authorisation, having first given due notification to the person concerned.

In your group discuss why you think these regulations are in place. What dangers could you see occurring if they were not in place?

In some congregations, Pastoral Assistants are given an official 'photo-card' signed by the Incumbent for wearing when visiting. This can be particularly useful when visiting in hospitals and care homes, but is good practice too in private dwellings, in keeping with the procedures followed by other agencies that visit people at home. Another suggestion is for the Incumbent to write a letter to the visitees informing them of the Pastoral Visitor assigned to them. We will look specifically at the topic of 'Child Protection and the Protection of Vulnerable Adults' in the next section but it should simply be noted here that under the provisions of Canon 65 (Resolution 1), everyone who is exercising, or is a candidate for, ministry in the SEC must comply with the Province's Child Protection Policy and should attend child protection training. In addition, anyone has regular access to children and young people under the age of 18 and/or vulnerable adults should comply with the disclosure requirements.

(ii) Visiting people in hospital

Participants should have prepared for this session by reading Reader 3 at the back of this workbook "Hospital visiting for everyone" (from Simon Wilson's Grove Booklet 'When I was in Hospital, You Visited Me').

Facilitators could remind the group that throughout Jesus' ministry, he was concerned about the sick and infirm (e.g., healing of the leper, blind, paralytic, and the demon-possessed). Perhaps you could begin by reading a passage from which speaks of the centrality of visiting the sick e.g. Matthew 25:31- end; James 5: 13-16. Invite the group to think of those in the church or community or in their families who are sick, in hospital or a residential care home, or who are no longer able to get out. Invite them to contribute these names as part of the opening prayers. Perhaps lead a guided recall of an experience of hospitalization. Ask how many in the group have spent time in hospital. Suggest that those who haven't have likely visited others who have spent time there.

"We are going to spend a short time recalling what an experience in hospital was like. It is often helpful to close our eyes to achieve greatest concentration and memory. I invite you to do that if you feel that that would be beneficial. Think of a time when you or a close family member was hospitalized. (If this has never been the case, try to imagine what that experience must be like, based on any visits you have made to the hospital.) Try to relive part of the experience. What was it like? What was the hospital room like? Why were you there? Do you remember some of the feelings you had (pain, loneliness, loss of control, etc.)? (Pause for recall.) Now remember some of the people around you. Recall some of the helpful things people did or said while you were in hospital. (pause) Recall some of the unhelpful things that people said and did. (Pause). When you are ready, open your eyes and return to the life of our group".

Having briefly got in touch with an experience of hospitalization, spend time brainstorming some of the stresses of hospitalization or institutionalization, some of the realities of being sick or infirm, which seem to affect so much of our life while it is going on. Flipchart the group's suggestions.

Some ideas and feelings which may be expressed are:

feeling of dependency; whole life is run by others; loss of modesty; loss of meaning; low self-esteem; no longer initiator; loss of control over meals, sleeping, showers, toilet.

unable to assist or support family; sense of being a burden; loss of social contact, of community

unable to work; loss of a sense of contributing

faith crisis-anger at God; "why me?"; meaning of life, need for God, belief in God may be strengthened or diminished

loss of freedom and mobility

effects of medication, side-effects

shock and trauma (physical and psychological) due to accident, illness, or medical procedure

reduction of personhood; loss of everyday things which make you who you are (watch, money, clothes, rings, teeth)

anxiety about unknown (future). Will I get better? Survive? What will tests reveal?

self-estrangement; loss of body parts, or use of body parts; sense of fragmentation.

disembodiment; enemy may be inside (cancer) and advancing

loneliness, self-pity, despair, pain, long convalescence, fear of death

Organizing a hospital visit

*Facilitators should enlarge upon each point from their own - **and the group's** – lived experience and reading as they work through the list together.*

Preparation and timing

- Prepare yourself to work with the sick. Pray for God's guidance and the gift of discernment as to what to say and do while with the patient.
- Don't bring the sick or housebound your diseases; if you have an illness, stay home.
- Calls on the sick can be expected or unannounced; each way has its advantages and disadvantages. Do remember that for an especially lonely or bored patient, an arranged visit is probably eagerly anticipated, so don't be late or let them down by not showing up as expected. (It is also usually best, and always polite, to telephone someone who is *housebound* – see below)
- It is best to visit a hospital patient during visiting hours, so find out when these are. Likewise in a nursing home, find out what times would be ideal for visiting (avoid naptimes and mealtimes).
- It is often a good idea to check at the nurses' station to find out if it is convenient to visit.
- If medical personnel are performing certain procedures, excuse yourself and return when they have finished. If the person is asleep, leave a note and return at another time; do not wake them up unless the visit is expected and they have expressly asked you to do so!
- Introduce yourself if you are not acquainted with the patient. Give your name, the name of the church (if you are visiting as part of a Pastoral Care team), and the reason for your visit. If the person is sleeping or out of the room and will not be returning shortly (check with the staff), write a little note and leave it on the bedside table.
- Inquire of the patient if this is a suitable time to visit. That gives *them* the chance to request you to go away or return another time.
- If there are other visitors/family already present or if they arrive during your visit, be sensitive to this and act appropriately; too many people at once can be tiring for the patient and may infringe the hospital's rules.
- If talking to staff and relatives about the patient, do so out of earshot; hushed conversations can indicate to the sick individual that things are worse than they seem.
- Try not to apologize for not coming sooner or more often. An apology generally requires some form of response from the other person.
- Don't stay too long, particularly on a hospital visit - five or ten minutes is enough for someone who is acutely ill. How long you stay is determined by a variety of factors: your relationship with the patient,

his or her physical and emotional condition, the time of day. Rudolph E. Grantham, in his book, *Lay Shepherding,* comments*, "To some patients, we are a necessary source of strength, to others, a good friend who wears like an old shoe and to other patients, we are guests who must be entertained" .*

- Watch the patient's nonverbal behaviour, especially facial expressions, for indications that it is time to leave. Be aware that patients will sometimes act in unusual ways, not only because of shock or the effects of illness, but because of medication.

Behaviour and atmosphere

- When you enter the room, note the patient's physical situation (connection to tubes, traction, casts, heart monitor, etc.) to determine mobility, discomfort level. Try not to show horror or shock in your face when you first see a person who is disfigured or who has a foul-smelling cancer or other extreme condition. Do not pretend it doesn't exist; just try to be undisturbed by it and focus on the person's needs.
- Sit in a place where you can be seen easily. If the person is not able to roll over or sit up, remain standing so he or she can look at you without tiring. Don't launch yourself onto the bed; you may upset a piece of equipment that is hidden beneath the covers, thereby causing both you and the patient much embarrassment.
- When speaking to the patient, adjust your voice level to the individual's hearing -- especially if he or she wears a hearing aid. It is helpful occasionally to ask if you are speaking too softly, or too loudly, or too quickly. Be aware that the patient may be anxious about the rest of the ward/room overhearing your conversation.
- It may be appropriate to suggest a change of scene. In a hospital or nursing home, for instance, suggest to an ambulatory patient that the two of you go to a waiting room, lounge, cafeteria, chaplain's room, or some other place.
- Begin by asking an open questions such as "how are things?" which allows them to state how they are, honestly (including fears). Listen carefully to what is concerning or upsetting the person and do not make assumptions about what might be the problem.
- Use physical gestures, expressive of your care, with restraint and appropriateness; respect personal space and boundaries - patients can feel especially vulnerable when semi-clothed. However remember equally that the right sort of touch in hospital can be amazingly reassuring and speaks of care and compassion better than words.

- Encourage hope without giving false assurances. One good rule is to enter the room with a neutral mood tone - no excessive joy or sympathy. It is better for you to adjust to the patient's mood than for him/her to adjust to yours.
- Do not ask a patient about the diagnosis or prognosis. It is better to ask, "How are things going?" or use a similar open-ended question. Accept the patient where he or she is.
- Don't play doctor. A patient who wants specific information on his or her condition can be encouraged to make a list of questions and ask the physician. You can also remind a patient that a second medical opinion is possible if it is wanted. You can then respond to the feelings of fear or uncertainty that underlie these questions.
- Try to help the person relax and use your time effectively. You cannot do this unless you are relaxed. Many sick people may not know how to act during your visit, particularly if you are visiting as a church representative rather than a neighbour or friend, so be sensitive to this possibility.
- Visiting the sick is not time to tell other horror stories you have heard, or to make endless comparisons with your own or others' ailments and injuries.
- Think about what a patient might like if you intend to take a gift and make it as particular as you can manage. Don't just take grapes, flowers or chocolates; diet, space in the ward or allergies may militate against these. Reading matter, especially that which is light to hold and in "manageable chunks" - concentrating for long periods of time can be hard due to medication, tiredness, background noise and constant interruptions – or music/story CD or cassette tapes are often very welcome, as are beautiful toiletries.
- Sometimes the sick want nothing more than someone with whom they feel comfortable, who will sit by them and be present without much talk. Do a lot of listening.
- If you wish to offer help, be specific.
- The care you give is not just for the person in the bed, but also for the relatives and close friends of the sick. Part of your time may be spent with them. But do remember that the last sense people lose is their sense of hearing, and be careful when talking in a quiet voice to nurses or relatives. Hushed conversation can indicate to the sick individual - even one who is comatose - that things are worse than they seem, or even that death may be imminent.
- If the patient is "long term" and you are planning to visit again, it may be helpful to tell the patient you plan to see him/her again, but be careful about promising what you cannot carry out.
- Thank him/her for the time you have had together. Affirm him/her as a person. If you enjoyed the visit, say so.

(iii) How *not* to visit in hospital - role play

Use the following script as a role play on how not to visit those in hospital. At the end, ask people to identify all the bad habits they noticed; write them up on flip chart paper …. then run the second dialogue, played by the same people.

Scenario for dialogue 1 *Mary heard that Helen was now allowed to visitors, so decided to drop in and "cheer poor Helen up." All during the drive to the hospital Mary thought about how to do that. She thought about how tough it was that just as Helen had finally found another job and was getting her life together again, this heart attack hit her at 41. "The first thing I'll do is pick up one of those funny get-well cards to take with me," she thought. Here's how the visit went:*

Mary (breezing into the room.) Hi, dear! What's the big idea, scaring us all to death? Just look at the chap on this card if you think *you* have troubles! *He* looks awful! *(She keeps on - Helen hasn't said anything.)* When will you be able to get up and out and back to the job? Soon? They really need you down there, I hear. It's their busy season isn't it?

Helen: Thanks for the card, Mary. I guess I won't be able to get back to the job as soon as I had hoped. The doctor says that, even with all they know about heart problems these days, a heart attack is serious business. I don't know if I *will* be able to get back to work.

Mary: Oh now, Helen, you're going to be fine. My sister's husband had a heart attack and was back to his job in two months!

Helen: I'd love to be able to look forward to that. Everybody responds differently, though, and the doctor says mine was really quite serious.

Mary: These doctors are all alike! They told me the same thing when I broke my ankle two years ago! I got back to work in a couple of weeks, once they put on a walking cast. Remember, doctors don't know everything. You just have to have a positive attitude and think yourself better - and you'll feel better right away.

Helen: Well, maybe. . . but I am worrying about Susan and Billy and how they'll cope out. They're not very old, really, and even with sick pay, my income will be such a lot less than it has been; and I don't know how I'm going to keep up the payments on the car . . . I really needed a car to get to work-being on shifts and everything. I . . . don't know yet what will happen! *(Helen turns her head and looks out the window by the bed).*

Mary: Now, Helen, you'll make things worse for yourself by thinking that way and worrying about all that right now. I know of a woman in Perth who...*(Mary talks on, Helen is not listening)*

In plenary, identify the bad habits you heard/saw in this role play and write them up on the flip-chart

Most of us would not be as clumsy as Mary (we hope) when making a call on a sick or a grieving person, or any person! But we too probably make mistakes. Here are four good rules to keep in mind when visiting to help prevent us making so many in future:

1. Centre your attention on the other person, his/her problems and how he/she sees them.
2. Listen - don't cut off their talking. Listen without making your assumptions and biases part of your listening.
3. Help the other person in the conversation discover answers within himself or herself by thoughtfully feeding back what you heard, and by thoughtfully reflecting the feelings expressed, and then asking questions that are relevant to what is being said.
4. Don't block the feelings that are being expressed, minimizing what is said or comparing the situation to some other. Our best help is not in merely cheering someone up into some superficial well-being but in letting the other really tell how he or she feels.

Let's run this visit again, this time sensing not only what is said but the feelings that are expressed as well. We all know that people sometimes say one thing when they mean another. The person may say that s/he feels fine, while the face and the bodily attitude say something else. And good listening also means listening to the silences in speech; sometimes what a person says while they try to find the right words is more eloquent than the words themselves. We all have the inclination to fill in the silent gaps with helpful words. Instead, nod or murmur "uh-huh" to encourage the other person to go on. Mary's visit didn't centre on Helen's problem, nor did Mary listen. Perhaps her thoughtlessness aggravated Helen's worry and uncertainty.

Dialogue for scenario 2

Mary: Hello, Helen. I was so glad to find out that the doctor will let you have a visitor. How is it going?
Helen: Not too well, Mary. I had hoped to be out of here by now. I'm glad to see you. I was feeling like they had tied me down and thrown away the key!
Mary: I imagine you will be lonely sometimes - you are so used to being into things and busy.

Helen: That wouldn't be so bad, if only I had some idea of *when* I will be able to go home and get back to work. I have enough trouble with my bills in normal times.

Mary: You can't help wondering about just how long it will take to be well enough to go home and then back to work and normal activities?

Helen: Uh-huh, it's the uncertainty that's the worst part of all this. . . not knowing what is going to happen. . . the kids at home and how they're getting on . . . the job. . . the car payments. . . it's all a real mess!

Mary: The uncertainty is the worst part, then?

Helen: Yes. I still don't know how serious this attack will be in the long run

Mary: So, there are a number of things to be worried about. . . kids, health, job.

Helen: Yes. . . but I know that I might be pushing too hard. That was probably part of my trouble in the first place; I've always bitten off more than I could. . . . (Helen breaks off)

Mary: (Pauses) So, you think you might be as far ahead right now if you don't bug yourself about getting back to the job?

Helen: Something like that. Maybe I am being realistic. Perhaps I would be smarter to take things bit by bit, a day at a time maybe. . . . Perhaps I'll be able to get back to work part-time at first.

Mary: I expect you will know a lot more about that when you talk to your doctor, and you get your strength back. We are all thinking of you and will help you where we can. . . and you are in our prayers, too.

Helen: Thanks so much, Mary. I feel better just talking about it a little. I am so glad you could come. Thank you.

Mary: I'll drop in again. . . you take good care of yourself, please! See you soon.

(adapted from material in the Alban course, Developing the Caring Community)

Maybe we cannot give any reassurance about the health problem - we're not, after all, operating at the medical end of things - but we can centre on the sick (or troubled)person's problems. By being a good listener, and by reflecting the feelings they express, we can be helpful "medicine" in other ways.

In place of the role play scenarios above you may choose to read the following poem round the group: *Ten Types of Hospital Visitor - Charles Causley*

What can we learn about hospital visiting from the characters depicted?

The first enters wearing the neon armour
of virtue.
Ceaselessly firing all-purpose smiles
at everyone present
she destroys hope
in the breasts of the sick,
who realize instantly
that they are incapable of surmounting
her ferocious goodwill.
Such courage she displays
in the face of human disaster!
Fortunately, she does not stay long.
After a speedy trip round the ward
in the manner of a nineteen-thirties destroyer
showing the flag in the Mediterranean,
she returns home for a week
- with luck, longer -
scorched by the heat of her own worthiness.

The second appears, a melancholy splurge
of theological colours;
taps heavily about like a healthy vulture
distributing deep-frozen hope.
The patients gaze at him cautiously.
most of them, as yet uncertain of the realities
of heaven, hell-fire, or eternal emptiness,
play for safety
by accepting his attentions
with just-concealed apathy,
except one old man, who cries
with newly sharpened hatred,
`Shove off! Shove off!
`Shove ... shove ... shove ... shove off!
Just you
shove!'

The third skilfully deflates his weakly smiling victim
by telling him
how the lobelias are doing,
how many kittens the cat had,
how the slate came off the scullery roof,
and how no one has visited the patient for a
fortnight
because everybody
had colds and feared to bring the jumpy germ
into hospital.
The patient's eyes
ice over. He is uninterested
in lobelias, the cat, the slate, the germ.

Flat on his back, drip-fed, his face
the shade of a newly dug-up Pharaoh,
wearing his skeleton outside his skin,
yet his wits as bright as a lighted candle,
he is concerned only with the here, the
now,
and requires to speak
of nothing but his present predicament.
It is not permitted.

The fourth attempts to cheer
his aged mother with light jokes
menacing as shell-splinters.
`They'll soon have you jumping round
like a gazelle,' he says.
`Playing in the football team.'
Quite undeterred by the sight of kilos
of plaster, chains, lifting-gear,
a pair of lethally designed crutches,
`You'll be leap-frogging soon,' he says.
`Swimming ten lengths of the baths.'
At these unlikely prophecies
the old lady stares fearfully
at her sick, sick offspring
thinking he has lost his reason -
which, alas, seems to be the case.

The fifth, a giant from the fields
with suit smelling of milk and hay,
shifts uneasily from one bullock foot
to the other, as though to avoid
settling permanently in the antiseptic
landscape.
Occasionally he looses a scared glance
sideways, as though fearful of what
intimacy
he may blunder on, or that the walls
might suddenly close in on him.
He carries flowers, held lightly in fingers
the size and shape of plantains,
tenderly kisses his wife's cheek
- the brush of a child's lips -
then balances, motionless, for thirty
minutes
on the thin chair.
At the end of visiting time
he emerges breathless,
blinking with relief, into the safe light.
He does not appear to notice the dusk.

The sixth visitor says little,
breathes reassurance,
smiles securely.
carries no black passport of grapes
and visa of chocolate. Has a clutch
of clean washing.
Unobtrusively stows it
in the locker; searches out more.
Talks quietly to the Sister
out of sight, out of earshot, of the patient.
Arrives punctually as a tide.
Does not stay the whole hour.
Even when she has gone
the patient seems to sense her there:
an upholding presence.

The seventh visitor
smells of bar-room after-shave.
often finds his friend
sound asleep: whether real or feigned
is never determined.
He does not mind; prowls the ward
in search of second-class, lost-face patients
with no visitors
and who are pretending to doze
or read paperbacks.
He probes relentlessly the nature
of each complaint, and is swift with such
dilutions of confidence as,
`Ah! You'll be worse
before you're better.'
Five minutes before the bell punctuates
visiting time, his friend opens an alarm-clock eye.
The visitor checks his watch.
Market day. The Duck and Pheasant will be still
open.
Courage must be refuelled.

The eight visitor looks infinitely
more decayed, ill and infirm than any
patient.
His face is an expensive grey.
He peers about with antediluvian eyes
as though from the other end
of time.
He appears to have risen from the grave
to make this appearance.
There is a whiff of white flowers about
him;
the crumpled look of a slightly used
shroud.
Slowly he passes the patient
a bag of bullet-proof
home-made biscuits,
a strong, death-dealing cake -
`To have with your tea,'
or a bowl of fruit so weighty
it threatens to break
his glass fingers.
The patient, encouraged beyond
measure,
thanks him with enthusiasm, not for
the oranges, the biscuits, the cake,
but for the healing sight
of someone patently worse
than himself. He rounds the crisis-corner;
begins a recovery.

The ninth visitor is life.

The tenth visitor
is not usually named.

(iv) Visiting people at home

*Facilitators should enlarge upon each point from their own - **and the group's** – lived experience and reading as they work through the list together.*

Before the Visit

- Make an appointment. Even if you have a regularly scheduled time for visiting, call to confirm since the situation can change; the person may not be up for a visit, relatives may have decided to come over, and so on.
- Don't visit if you are sick. The common cold may be seriously dangerous for a person who is already frail. Call to cancel your appointment if you are not well.
- Spend time in prayer.
- Check your emotions. Ask yourself: 'how do I feel about going on this visit? Do I have any strong feelings about something else that might preoccupy me today?' If so, get these into place beforehand.
- Gather what you need. Did you promise to bring something?

During the Visit

- **Be friendly**. Be cheerful, open and warm. It is better to be moderately friendly at first. Be cautious about being seen as too friendly or overpowering. On the other hand, be careful not to let any natural shyness make you appear remote or distant. Start with a smile.
- **Be sensitive.** Observe the mood and behave accordingly; perhaps this is not such a good time?
- **Be flexible.** Every visit is different. Be prepared for nothing to be routine. Interruptions may happen. You will be a better visitor if you can go with the flow.
- **Be alert**. Be aware of the events, the people and the environment. Let part of yourself be an observer. Then if it is appropriate, you can use that observation in your ministry. For example, if you are visiting and the grandchildren - who were crying, playing and into everything - have just left, you might say, "Tell me about your grandchildren!" No grandparent alive will pass up that chance.
- **Be confident**. No one is an expert all the time. Even the best visitors are not always as confident as they would like to be. But an air of confidence will help tremendously. Even if you don't feel confident, quietly act as if you do. It will help you and the person you visit. This is called the "as if" principle in modern psychology: Though we don't always feel something, we can act "as if" we do. And many times when we act "as if," we wind up feeling that we actually do!

- **Be personal**. Feel free to ask questions, speak of feelings, listen intently, nod and respect what is being told to you. It is the other person's needs that are primary, not your own. That doesn't mean that every visit delves into deep or intimate matters. Some people will want and need nothing more than a pleasant visit.
- **Be yourself.** You'll be at your best when you can be yourself within the context of your ministerial role of being a person of prayerful presence. Even though we all need certain communication skills for this ministry, the interesting part of the ministry of care is that you really can be yourself with this service. Yes, some of us are a bit too timid at times, some too loud, some too careful and the like. Psychologist Frank Walton says that the point isn't perfection, it's about reaching out to another in need, and, however imperfectly, lovingly communicating to them that we are there with them - being a prayerful presence with a purpose.

Ending the Visit

- End with appropriate verbal encouragement. If appropriate, say something like, "Thank you for letting me visit with you today. Please keep me in your prayers. I'll keep you in mine." This can be a very encouraging statement, since it helps the person offer service back to you through prayer. It can also allow them to ask you to pray with or for them.
- It might be helpful to connect the verbal encouragement with nonverbal communication, a handshake or a smile of encouragement.

After the visit

These suggestions may be useful in working through the visit after it is over.

- Write in a journal. Many visitors write about their visits in a confidential journal just for themselves. Don't use people's names, but name your own experiences and feelings. The purpose is not to diagnose the person you visited, but to help you process your own thoughts and feelings.
- Reconnect with your community. Join other Pastoral Assistants on a regular basis and talk through your own experiences (see below page 64). Visitors need to be ministered to!
- Debrief. Especially after a tougher visit, call another Pastoral Assistant or your Pastoral Visiting co-ordinator and talk it over soon after the visit. Not all visits will go smoothly. Part of our job is to learn from each visit. This debriefing process helps. It also has another advantage; it's more practice using our skills. Use all your skills as much as possible, even with a fellow Pastoral Assistant. You'll get better and more natural with each practice.

- Follow up. Did you promise to do something for the person you visited? Do you need to contact a clergyperson to arrange communion? Follow up where necessary.
- Make notes. When you are likely to make many visits to the same person, it can be helpful to keep an index card with the person's name, interests, dates of visits and the like, to stimulate your memory. It can help you recall something of particular interest (a special anniversary, a good experience with a grandchild and so on), and thus you can be that much more comfortable in showing active interest in the person you are visiting.
- Take quiet time. Reflect on what you have gained from this visit. Pastoral visiting is a mutual ministry - sometimes we gain more than we give.
- Preparing for the next visit. While it is not possible to predict the future, reflecting on what you just experienced can help you be ready for the next time. You may want to make notes.
- Spend time with family and friends. Take time to enjoy your own family and friends. And remember, you don't have to be a pastoral visitor to them. The people you visit in your role as a pastoral visitor will benefit from your involvement with your own family and friends. The healthier you are, the healthier your ministry will be.

How *not* to visit at home role play

Choose three people to play the role play on the following page. Afterwards as a group identify the bad habits you observed and write them up on flip-chart paper.

The role play was written by the Revd Gordon Fyfe

Visitor Mr & Mrs Barker? It's Rhona Foot again from St Beretta's.

Mr Parker It's Parker.

V Yes, I said Parker. *(pushes past them)*

Mrs Parker: Come in. Oh, you are in! Take a seat then.

V Thank you. I hope I'm not sitting on father's favourite chair.

Mr P It's all right; I'll squeeze into this one over here. I'll just take a moment. I'm a little stiff from bowling.

V Oh, I didn't know you came from Bowling. My daughter has a house there; not much of a outlook but you don't have much of an outlook here either. Have you thought of moving?

Mr P No, we're quite happy where we are.

Mrs P Can I offer you a sherry?

V Is it the same sherry you had the last time?

Mrs P Well, yes.

V No, thank you.

Mrs P I'm sorry the place is so untidy.

V Oh, don't worry, you're not the worst. I've just been two doors along and well, (mouthed) the smell. Of course I think there's a wee problem there.

Mr P So how's St Beretta's?

V Well, it's the same old story. Everything left to the faithful few. Oh my! Who's this wee man in the photograph?

Mrs P It's our grand-daughter.

V Oh, I see. She'll be having that wee squint corrected?

Mr P She hasn't got a squint.

V It must be the light. So have you managed a holiday recently?

Mrs P Well we did have a week-end in Rothesay...

V We're just off to our timeshare in the Algarve next week so I'm trying to get all my chores done before I go so that's why I'm here today.

MrP Perhaps we shouldn't keep you then.

V Well, if you don't mind I will just dash. It's been lovely. Will we see you at the Coffee Morning on Saturday?

MrsP Is it the same coffee as last time?

V Well, yes.

Mr & Mrs P No, thank you!

(v) Faith sharing

As Christian caregivers, we need to be continually mindful of the spiritual dimensions of the person's concerns. It is important that those under our care know that it is acceptable for them to express themselves regarding their spiritual life.

- Share faith where appropriate. Let the patient set the agenda.
- When praying, listen to the patient's requests. Do not assume you know what they are. Ask, "What concerns would you like to offer to God?" and invite the person to join you in offering prayers. Use the patient's first name in prayer.
- When using Scripture, keep in mind that the Lord's Prayer, the Twenty-third Psalm, or other portions that are well known to the person, are frequently among the most effective passages you can use. Do not be compulsive in their use. Read scriptures that communicate God's love, presence, forgiveness, acceptance, and grace. Share faith where appropriate. Never lay a guilt trip on a patient.
- If the patient indicates a desire for his or her clergy person to visit, or for communion, refer such requests (by 'phone) to her/him as soon as possible.
- When leaving, saying "May God bless you," or some other benediction may be appropriate if you feel comfortable with so doing. Be yourself.
- Many patients are helped by being offered a prayer card for them to read *after* your visit in place of/as well as spoken prayer *during* your visit.. These are available from the Bible Society and the Methodist Publishing House, or you could make your own.

Often, at a point of difficulty, illness or crisis, people are open to look at faith issues - their relationship to God, to others, to church; the 'big questions' about the meaning of life, of suffering, and of death; issues of repentance and reconciliation, right or wrong – in a new way. Encourage the person to speak about what concerns them and by being an active listener, attending to their hurts and struggles, move gently to a deeper faith stance through conversation. As you are able, share your faith and beliefs as you enter into conversation. But on no account

- imply that you are here to check up on them in some sort of 'faith-police' way
- insist that the conversation be about faith even though the person does not want to go that way
- give the impression that *you* have all the answers or are living a perfect Christian life
- apologise for talking about faith
- be intrusive or make it seem you that you have an agenda that must be followed, regardless of the direction in which the other is talking the conversation

Above all, communicate acceptance. If there are issues of guilt and wrong-doing, allow the person to share the burden, listening in a non-judgemental manner. Give an assurance of pardon; this could take the form of relating a Biblical story such as the Parable of the Prodigal Son or the forgiveness of the woman caught in adultery, or an assurance of pardon such as 1John 1, 9 *"If we confess, our sins God is faithful and just and will forgive our sins and cleanse us from all unrighteousness".* Offer to contact a priest if that seems needed or desirable. Such an encounter could be a real point of healing, a turning point for the person. Offer to pray for the person, holding up their particular concerns before God.

Adapted from 'Praying with people in their homes' *Called to Care; The Pastoral Care Handbook of the Methodist Church*

On the threshold: One of the most time-honoured prayers on the doorstep, whether offered consciously or subconsciously, is the panicky feeling. "O God, please let them be out". However we soon realise that an empty house would mean repeating the visit at another time or on another day. If the nervous feeling means that we are aware that we do not have instant answers to the whole range of human problems, then it is all right – better than feeling over-confident and capable, which would put the person to be visited at a psychological disadvantage. The awkward moment may be avoided by telephoning to discover a mutually convenient time in advance – but sometimes the surprise element has pastoral advantages in that people have less opportunity to prearrange an acceptable public face and disguise their true needs and feelings. If the visitor prays at home for those to be visited and for a right approach, feelings of inadequacy or nervousness can be kept in check. The most important realisation is that God is in the situation before us – we do not presume to take God with is – we meet God there…God welcomes us over the threshold.

Luke 1, 68 *He has visited and redeemed his people*

Luke 10 5, *Peace be to this house.*

Mull over these two relevant texts and read them in their context to gain courage and purpose in visiting. How will God's people know that He has visited His people unless they hear your knock on the door? Should your regular prayer on the doorstep be "Peace be to this house"?

During the conversation: The giving and receiving of hospitability can be part of the prayer process. So if a cup of coffee or tea is offered and accepted, it may not only oil the wheels of the conversation but be a visible expression of sharing. It is not always possible or healthy to accept every drink that is offered and the ability to decline firmly and politely gives integrity to the situation – but sometimes the person being visited has the

need for the offer of simple hospitality to be accepted and would feel personally rejected if one of the early elements of the visit was a heavy "No, thank you". Personal acceptance is part of the wonder of our relations with God – precisely the sense we wish to represent. This capacity to accept people as they are is one of the effects of our prayer life and vital for sensitive caring.

As the conversation develops and the various concerns, opportunities, disappointments, challenges and fears that the person or members of the household face gradually emerge, the visitor listens prayerfully by listening attentively, so that those who are pouring out their hearts know that they have been well and truly heard. Giving such undivided attention, asking for clarification when necessary, offering sympathy and drawing out a statement of the way things really are, without prying, is to give dignity and value to the person/persons being visited – a truly prayerful transaction.

When the conversation is taking place it can be helped along by short arrow prayers to God asking that the person/persons being visited may be set at ease, open to us, and say what they need to say, and that one's own questions, comments and responses may be perceptive and rightly fitted to the moment. Such arrow prayers could be "God, please help me say the right thing", or "God, please let them trust me and open up" or simply "God, help".

Before leaving: On most occasions it is helpful, before leaving the home, to offer to pray with the person with whom one has been sharing. This open-ended offer could be made in words like "Shall we spend a moment in prayer together before I go?" In this way, people do not feel pressurised into immediate prayer if they do not feel ready for it, or are not used to it, so that they can say "no" without feeling tactless. It is also put in such a friendly tone that the visitor would not feel personally rejected if the answer were to be a "no"; however most people, whether or not they are church-going, are often ready to say "yes" and prayer sets a special seal on the quality of the relationship. In most settings, the prayer that is offered is simple and short and avoids pious phrases so that if feels natural and homely – personally tailored to the hopes and needs mentioned in the conversation. This is where careful listening pays dividends because the correct names of friends and family mentioned in the conversation can be used, and problems can be accurately described in well-chosen words. Hesitations and grammar do not matter – sincerity does. We avoid suggesting neat answers to God and offer situations of need to God's love for God's solutions. Some people find free, extempore prayer difficult but it need not be. Short, simple, direct phrases which come naturally and avoid churchy words are helpful because they do not sound stilted or artificial. Sometimes a short memorised prayer can be more appropriate, such as:

May the Lord bless you and keep you; or
the Lord make his face to shine upon you
and be gracious unto you;
the Lord lift up his countenance upon you
and give you peace.

Grant us, in all our duties, your help;
in all our perplexities, your guidance;
in all our dangers, your protection;
and in all our sorrows, your peace
Through Jesus Christ our Lord

Many church bookstalls and religious bookshops sell prayer cards which are attractively designed and can be left with the person we have visited as a parting gift to be used in a quiet moment. If the prayer is used together before parting, later use of the prayer card when the person is alone will recall and extend the benefit of the visit.

(vi) Involving the wider church

If the person being visited seems at all uncomfortable at the suggestion of spoken prayer during the visit, the visitor can offer to remember them in her/his prayers each day while the problem lasts; this is both private and supportive. Some people are given extra support by being told the regular time at which we pray each day so that they may know that they are in our prayers just then.

After the visit, the visitor remembers the people and their needs in prayer and asks in prayer to be able to give them prayerful support without brooding about their situations or being overshadowed by them. This will help us to gain something of the ideal pastoral balance, so that our prayer may be: 'with the greatest of care, let go, let God'.

In some churches, a prayer book listing the names of the people in various kinds of need is kept up to date and we can ask permission to add the name of the person we are visiting to the list. In many local situations, only the Christian name is used in the book to preserve some privacy. Alternative suggestions are to mention the Christian name at the next service of prayer for healing, or to add the name to a list used by a local prayer fellowship. The likelihood is that to make one of the suggestions would be more helpful at a second or subsequent visit when good mutual confidence and rapport has been established.

If permission is given to include names in this way in the public prayer of the church, then proper confidentiality must be respected. Unless requested by the person being visited, details of the illness or operation ought not to be mentioned; intercessory prayer circles must never become opportunities for gossip.

The caring ministry of the church depends on the sharing of knowledge; unless needs are known, appropriate support cannot be offered. But information passed on out of loving concern can easily degenerate into gossip, running freely and from less worthy motives.

Many people would welcome the thought that others were praying for them in a time of trouble or knew of their problem and were willing to help. At the same time, they might well not want their difficulties known all over the church. What principles should be observed here?

Suggested guidelines

- Ask permission of the person who is being visited first and explain why you are seeking it.
- Identify the group with whom you will share the knowledge.
- Make it clear to those whom you tell what limits are placed on the information. They must agree to abide by those limits if they are to continue to be treated as members of the group.
- Avoid being over-dramatic. Talk of 'secrets' tempts people to feel important. This makes proper confidentiality harder to keep.

Loving God,
we give you thanks for calling us to a ministry of caring and prayer,
for the privilege of this ministry and for the gifts you give us.
Surround us with your love and uphold us with you Spirit
so that we may come closer to you.
Deepen our prayer, and open us to feel your presence in our lives
and to recognise it in the lives of others.
May we bring your loving touch to others in their needs,
and may they know your healing,
your encouragement and your love as we pray with them and for them
Amen.

Adapted from *Encircled in Care*

SESSION 4: GOOD PRACTICE FOR VISITORS

The Scottish Episcopal Church recognises the special status of all vulnerable people, particularly those who, because they are affected by disability, mental disorder, illness, infirmity or ageing, are unable to protect themselves from abuse, or more vulnerable to being abused than persons who are not so affected. Because of their vulnerability, such people will be awarded special protection. They are to be respected as persons in their own right, created and loved by God. We therefore commit ourselves to take all steps within our power to keep vulnerable people safe from harm and from an abuse of trust. Protecting Vulnerable Adults 2006

(i) Working with vulnerable adults.

So runs the Policy Statement of the SEC regarding the welfare of vulnerable people and it is important that all Pastoral Assistants acquaint themselves with this and the Code of Good Practice. Under the provisions of Canon 65 (Resolution 1), everyone who is exercising, or is a candidate for, ministry in the SEC must comply with the Province's Child Protection Policy and should attend child protection training. In addition, anyone who has regular access to children and young people under the age of 18 and/or vulnerable adults should comply with the disclosure requirements. (See 'Code of Good Practice' section 6 below and pages 7-8 of the *Protecting Vulnerable Adults* booklet SEC July 2006; all new Pastoral Assistants should have a copy of this booklet and be acquainted with the guidelines).

CODE OF GOOD PRACTICE

1) Adopt the Policy Statement and Code of Good Practice of the SEC regarding the welfare of vulnerable people. Vestries appoint a co-ordinator for the Protection of Vulnerable Adults.

2) Plan the care of the vulnerable so as to minimise situations where an abuse of trust or a lack of standards may occur and cause distress or significant harm. Ensure that all workers access appropriate training.

3) Introduce a system whereby the vulnerable, or their next of kin, may speak to an independent person.

4) Use supervision of staff and volunteers as a means of protecting the vulnerable from distress and harm. Have a Probationary period for new workers.

5) Recruitment: treat all applicants for any position involving regular work with the vulnerable in the same way. Use the Application Form and obtain a Reference and use the Job Description Form.

6) Recruitment: find out whether an applicant has any conviction for criminal offences which could reflect on their suitability for the post. Complete Disclosure Applications for all new workers

7) Issue guidelines on how to deal with and report the allegation, suspicion or discovery of the abuse of vulnerable people.

This is not, as is sometimes heard, 'bureaucracy run mad' or 'over-fussiness'; the church is an agent in providing 'social care in the community' and as such needs to be as stringent in its standards of care as all the other social care agencies. Indeed, the Church by its very calling is a highly 'open and inclusive' organisation and thus one that it is easy to 'infiltrate', and so it can be argued needs to take *especial* care in the authorisation of those who work with the young and visit the vulnerable. In response to this understanding, the SEC is moving to a position whereby training in its Vulnerable Adults policy will be a mandatory requirement for any called to such a ministry of pastoral care; congregational co-ordinators will begin delivering such trainings later in 2009.

The definition of a vulnerable adult is someone who*, 'because they are affected by disability, mental disorder, illness or ageing are unable to protect themselves from abuse, or more vulnerable to being abused than persons who are not so affected'*. The definition of abuse is '*any conduct which harms or exploits an individual, and in particular includes -*

a) physical abuse
b) psychological abuse
c) theft, fraud, embezzlement and extortion
d) self-abuse and
e) any other conduct which causes fear, alarm or distress or which dishonestly appropriates property'.

Vulnerable Adults or Adults at Risk have the right to:

- Be treated with respect and dignity
- Privacy
- Be able to choose how they lead their lives
- The protection of the Law
- Have their rights upheld regardless of their ethnic origin, gender, sexuality, impairment or disability, age, religious or cultural background
- Their chosen language or means of communication

Good Practice

- Comply with the Disability Discrimination Act
- Treat people with respect, referring to them by name – and find out how they like to be addressed; too much informality or use of first names can appear disrespectful to an older person. Act respectfully; for instance, always knock before entering their room/house, ask permission to join

them and respect their privacy and possessions. Some chairs may be favoured or the special preserve of a (deceased) loved one – so do ask before sitting down. Respect differences, likes and dislikes. Respect dignity and feelings; ask about personal preferences and how much help might be required.

- Remember the needs of carers.
- Pastoral care must always be determined by the needs of the visitee – who is an individual with particular needs - not the visitor.
- Take care over the language used - be positive, eg a person *has* a physical, mental or learning disability, they *are not* the disability. Use appropriate language and provide for those who do not have spoken language. Do not exclude people in conversation.
- Confidentiality is important - only share information on a 'need to know' basis.
- Cards or even letters of authority should be used when visiting, and cards can be left with staff in a prominent place in a person's home so that a church contact can be found when necessary. (see page above)
- Ensure that visiting is planned, not *ad hoc*; the Pastoral Assistant should ask permission to visit, keep a diary of the dates of visits made, and be prepared to share this at supervision and support meetings.
- On the first visit, it is helpful if the Incumbent or any previous Pastoral Assistant takes the new visitor along with them and a formal introduction and handover is thereby made.
- There may be circumstances where a person representing the church has Power of Welfare Attorney for an adult at risk. This should be monitored with care by the cleric in charge or another person.
- Be aware that abuse does happen. Create an informed listening, watching and caring culture with this in mind.
- Ensure that all who visit Vulnerable Adults take part in training.

Recruitment: The SEC's guidelines on the protection of vulnerable adults maintain that all applicants for any regular work with the vulnerable ought to be treated in the same way: namely through usage of the Application Form in the SEC's pack, the obtaining of a reference and the completion of a job description form.

All Pastoral Assistants should be required to complete and sign the application form in the SEC's *Working with Vulnerable Adults* pack during an interview with the Incumbent. This gives the Incumbent the opportunity to discuss the applicant's previous experience, to obtain permission or an Enhanced Disclosure Check, and to explain the SEC Policy on the Protection of Vulnerable Adults. Paid workers should have a more formal interview with more than one person present. Those interviewed should have read the SEC's booklet and be willing to undertake training.

The congregation's Co-ordinator for the Protection of Vulnerable Adults is responsible for keeping a copy of the Job Description form and the Application Form. Before a volunteer or paid worker is accepted, a targeted reference should be sought in writing - the form in the Pack should be used for this. It should be made clear when asking for such a reference that the person is to work with vulnerable adults and that it is an opinion on their suitability for *this* role which is required. If replies seem vague or unclear, it is best to follow them up by telephone. If there is serious doubt about a candidate's suitability the Provincial Officer should be consulted. Confidentiality is important.

Everyone should be clear as to what is expected of them. Best practice is to work out a job description – a sample form is given in the SEC's pack. Job descriptions should be completed by existing staff and volunteers as well as those taking up roles with Vulnerable Adults for the first time. All workers should be informed that the Scottish Vetting and Barring Scheme (when it comes into effect) requires the Vestry to ask the Provincial Officer to refer workers in circumstances where workers are suspected of harming the vulnerable and breaking SEC Policy.

The Vestry is responsible for arranging for a copy of the SEC's booklet to be given to each paid worker and volunteer. It is difficult to turn down a volunteer, but better to do this than have someone unsuitable for the task. There may be other areas of responsibility in the church which would be more suitable.

Find out whether an applicant has any conviction for criminal offences which could reflect on their suitability for the post. Complete Disclosure Applications for all new workers.

It is an offence to knowingly employ (this applies to paid workers and volunteers) someone to work with vulnerable adults who is on the 'Disqualified from Working with Adults List', which is to be managed by the Scottish Vetting and Barring Unit. The way the church accesses this List is currently by applying for an Enhanced Disclosure. If someone comes from outside the UK or the UK Armed Forces, they should be asked to bring the original copy of their Criminal Record with them, or if this is impossible, alternative procedures can be arranged through the Provincial Officer.

In the Pack, there is advice about completion of Disclosure Applications and the Caring for the Vulnerable Declaration which every applicant must complete before appointment and send to the Office for the Protection of Children and Vulnerable Adults at the General Synod Office with the Disclosure Application.

(ii) Personal safety

Most visits are happy, comfortable occasions when everyone feels safe and the Pastoral Assistant often feels as ministered to as the person being offered care. However, it is common sense to recognise that when visiting someone in their home, not only might the visitee feel vulnerable, but so might we ourselves. Thus it is helpful when visiting to know where your exits are and to do a brief mental risk assessment wherever the visit takes place. Talk with other visitors about what helps them feel safe, particularly in the home of someone you don't know. Let someone know where you are going and how long you expect to be and if possible tell that person when you are back. Sometimes you may be asked to visit someone who you are unsure of, so ask another visitor to go with you – either into the home or in the car outside. As mentioned above, it is helpful on a first visit if the Incumbent or any previous pastoral visitor takes the new visitor along with them and a formal introduction and handover is thereby made.

Know your limits

Avoid allowing people to become too dependent on you as a Pastoral Assistant – be clear what you are able to offer and what the person might need to go elsewhere for. Being sensitive to another person does not mean having to agree with everything they say, or doing all that they ask. Equally recognise that people have a right to say 'no' to your visit. Try not to feel rejected! Part of caring is being respectful to the other person's wishes and giving them space to deal with things in their own way. There may be another occasion when a visit comes just at the right time.

Boundary setting

Before a visit, contact the person to arrange a convenient time, date and venue. Try to be sensitive to what is an appropriate length of visit. Don't outstay your welcome but don't rush either – watch for the body language of the other person. Remember that you are a guest in a person's home, so allow them to set the agenda for any conversation. Sometimes the really important matters are mentioned just as you are about to leave – so be flexible!

Referral

If the person visited asks for further help, find out what action they want you to take. Do not promise anything you cannot fulfil. Keep people informed of progress you have made in seeking further help. Try to recognise when you need to refer. It is a good idea for the church or circuit to compile a list of useful contacts in the local area, giving a copy to each Pastoral Assistant. A copy of this can be displayed in each church and needs to be regularly updated.

Confidentiality

In order to build a relationship of trust with the person being visited, it is important to make it clear to them that you will treat the things they share with you in confidence. Be wary about *everything* told to you and make no assumptions; what the person you are visiting has told you may not be known to their family and s/he may not wish it to be so known. Resist the urge to speak about the visit to your own family; a spouse or children should not be made to shoulder such responsibility and should be helped to understand why you cannot share such things with them.

There are two exceptions to this rule of confidentiality; (i) if they specifically give you permission to share something they have said with another person (e.g. they give permission for a situation they are facing to be mentioned in the intercessions at church, or passed on to the clergy/prayer group), and (ii) if the person says something that leads you to think they or another person are at risk you have a duty of care to pass this on to the appropriate person or agency.

(iii) Self-awareness and self-care

Love your neighbour as yourself Mark 12, 31

It is laid down that we should love others as we love ourselves.
But were you to love others as you have hitherto loved yourself,
I for one would not wish to be committed to your care.
Learn first to love yourself and then you can love me. Bernard of Clairvaux

You will not be able to respond to others with sensitivity and understanding if you are not aware of your own needs and limitations. Handling successive instances of other people's pain and sorrow is personally debilitating unless we know how to cope with the issues that will undoubtedly arise for ourselves and where 'to put them', how to gain an appropriate sense of perspective, and so on. You need to be aware of how some pastoral situations may affect you and to leave space between them. If you have suffered a bereavement you might be able to offer great help to a person in similar circumstances but this might also be very draining or upsetting for you. Your reactions may take you by surprise so do not be afraid to ask for help or talk an issue over with your Pastoral Care Team.

Loving God, make me as sensitive to my own needs as I am to the needs of others.
Help me to be gentle with myself and to take good care of myself.
Surround me with good friends
and teach me to accept their love and care graciously and with enjoyment. Amen

Adapted from *Called to Care; the Pastoral Care Handbook of the Methodist Church*

To love yourself is to pay attention to the needs of your own soul, which needs constant nourishing. There are times when you cannot meet all the demands that are put upon you and there is no shame in spending time on 'you'. We are all in need of support, love and care, and are meant to find time for our own family life and friendships, and for opportunities for relaxation and enjoyment. In fact, we are *commanded* to love ourselves as well as to love our neighbours. We do not always find it easy to “love ourselves” without feeling guilty about doing so, but it is essential to realise that we are not indispensable and can never be all things to all people. We are simply called by God to share with others in a mutual giving and receiving which allows for our own needs and value to be recognised and affirmed as positively as we recognise and affirm those of others. So remember that in working as Pastoral Assistants you need time to be with loved ones, and also to refresh your soul by being be alone, quiet and reflective or, if that is your personality type, by being active. In paying attention to the Spirit in ways which suit your temperament, you open yourself up to an awareness of the God who ‘first loved us'.

It is important to recognise our own motivations or else they may damage the persons we aim to help. Those who give themselves to caring for others also need love and care themselves. If that is lacking in our everyday relationships, we may seek it in being a carer. Unsatisfactory pastoral relationships may well then arise because we have not been aware of our own motivations. Those whose lives are not very satisfying may unconsciously seek fulfilment in trying to care for others, surrounding the one they care for with the love they themselves desire; hence the term often heard in congregational life ‘s/he needs to be needed’.

Equally the need may express itself in a hunger for approval and admiration. It is normal to want to feel useful, but to expect too much appreciation from those for whom we care is to demand too much of the relationship. Instead of finding gratitude, the Pastoral Assistant may well face indifference, criticism or anger. It is human to like appreciation, and if one can acknowledge this, there is no need to be devastated when it is not forthcoming. We should not deny weakness and inconsistency in ourselves.

Pastoral Assistants also need to develop the skill of ‘perspective’, a skill that anyone who works in the field of care requires in order stay balanced and steady. Perspective allows us to visit a critically ill patient at 11:00 am and then enjoy lunch with a friend at noon. Perspective allows us to cry with a cancer patient at 7:15 pm and delight in a new baby at 7:30 pm. Some people substitute distance for perspective, and this is a mistake. You don't need to be remote to survive amid others' illnesses; you need to accept things as they are. There is good in the world as well as bad, health and disease, birth and death. In the ministry of care, you will see it all - as Jesus did.

(iv) Structured support

It is best practice for each congregation to have a support system in place for their Pastoral Assistants, providing someone with whom they can talk, from whom they may seek advice and with whom they can share concerns about the condition of health, emotional state, extent of care being given and required, and any other concerns about the welfare of people visited, in confidence**.** Such support might be offered in the context of Pastoral Team Meetings, arranged by the cleric-in-charge or a professional supervisor. The availability of such support is important in helping the Pastoral Assistant to reflect and to develop, and can be an excellent support if s/he feels uneasy about an element of a visit or a relationship with someone being cared for.

It is also vital that Pastoral Assistants continue to receive ongoing skilling, tailored to their needs and those of the congregation in question. The MAG Handbook states that 'all Pastoral Assistants are required to attend regular Pastoral Team Meetings to be arranged by the cleric in charge' and that each will have an IDP which outlines:

- the type of ministry;
- the roles currently undertaken or proposed (and how often);
- the action taken in previous 12 months to support this ministry;
- the action/resources required in coming 12 months to support this ministry;
- the goals envisaged in coming 12 months;
- the action/resources required to enable this to happen.

The Incumbent is responsible for ensuring that the IDPs of everyone engaged in authorised ministry are reviewed annually. The manner in which they are reviewed will be agreed locally. Pastoral Assistants will also have a Working Agreement. This will be drawn up locally and should set out the expectations of the role. The Agreement should be reviewed annually, along with the IDP. Pastoral Assistants should take every opportunity offered by the Diocese to attend retraining and upskilling sessions. The 'Faith in Older People Project' (FIOP), for instance, will be running annual skills' sessions in the Diocese on topics such as working with people with dementia; Pastoral Assistants are strongly encouraged to take advantage of these CMD sessions.

(v) Evaluating a visit

It is helpful for both the visitor and the patient if the visitor occasionally takes the time to evaluate a call that was made. If the evaluation is to serve its purpose, we must try to be as objective about it as we can. When making the evaluation the visitor will profit by it if s/he will assume the role of the patient who was visited. From the viewpoint of the patient, try to evaluate the visit that was made as if you were calling upon yourself.

1. When I made the visit, was the time of my call convenient for the patient?----------
   Did I think about the patient's convenience? ----------

2. Did I let the patient chose the subject of the conversation? ----------
   Or did I choose? ----------

3. How much of the time did I talk about myself?
   Half?---------- A quarter?---------- Practically none?----------

4. How much of the talking did I do?
   Practically all?---------- A half?---------- A quarter?----------

5. How long did I stay?
   Too long?---------- Not long enough?---------- About right?----------

6. If I could not see the patient, did I leave a written message? ----------

7. Did I sit down before I was invited to? ----------

8. Did I bore the patient with my problems or those of others? ----------

9. Did I criticize the patient's doctor, nurses, hospital, or clergy? ----------

10. Did the patient want me to read and/or offer a prayer? ----------

11. Did I insist on offering a prayer when the patient really did not want me to? ----------

12. When the conversation lagged, did I know I should leave? ----------

13. When I said that I was going, did I leave? ----------

14. Did the patient thank me for calling?---------- Ask me to come again?----------
Say that my call was helpful? ----------

15. Did I tell anyone anything the patient told me in confidence? ----------

16. How did I feel later about the visit? Good?--------- Bad?----------
Indifferent?---------

17. Rereading this evaluation, answered as honestly as I could, how can I improve the next visits I make? ----------
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It is doubtful if very many of us would score perfectly on all the questions. If you were brutally critical of yourself and scored only half of them as correct for your call, the chances are that you were helpful by showing your love and concern. However, if you scored low on 2, 4, 5, 8, 9 and 15, your call was harmful, and you should try to improve in these areas. If you scored perfectly on all of them, you are either one of the few perfect callers or you have over-estimated yourself. The purpose of the evaluation is to assist the visitor so that in making visits to the sick both the caller and the patient will experience a meaningful and helpful relationship.

Adapted from *And You Visited Me: A Guide for Lay Visitors to the Sick* Carl Scherzer (1996)

SESSION 5: DEALING WITH BEREAVEMENT AND LOSS

Facilitators should be aware that participation in this session may stir up powerful emotions amongst some of those taking part; this is natural and human, and should not cause any individual or the group as a whole embarrassment or guilt. The likelihood should be highlighted at the outset and clear guidelines given as to people's freedom to opt out at any point.

(i) Types of loss: Human life is a series of little deaths from the moment of birth; loss is one of our most basic human experiences. It begins with birth as we lose the physical ties that attach us to our mother. It ends with death: the death of others and our own sense of approaching death. And in between so much of what happens to us involves losing, and seeking out that which we have lost. It is hardly surprising that so much pastoral ministry is about loss and grief.

List the types of loss experienced through life and some of the feelings associated with them, either in small groups or in plenary. List them on a flip-chart

Some suggested losses

- break-up of a relationship/friendship
- separation, divorce
- retirement
- redundancy
- job transfer, moving house
- loss of ability (vision, hearing, mobility, memory)
- loss of independence or usual lifestyle (eg use of car, birth of first child, ability to get to church)
- loss of energy
- death of a pet
- loss of child/in-laws through remarriage
- hidden losses – infertility, miscarriage, menopause
- empty-nest syndrome
- loss of self-confidence
- betrayal/loss of trust
- loss of possessions (flood, fire, theft)
- loss of lifestyle, expectations, hopes, status
- bereavement

Such loss can be handled in three ways:

- by putting it out of mind, relegating it to the unconscious where it often causes difficulties later through illness or depression
- by muddling along feeling depressed
- by dealing with it by going through a predictable and healthy grieving process which ultimately leads to growth and healing.

Bereavement is the most painful loss most of us will ever have. This session will introduce us to some ways of beginning to understand the needs of people who are mourning the death of loved ones. But it is important to remember that *all* loss has to be grieved for. And because we all experience loss, we are able to share to some extent at least in the journey of people who are grieving. In doing so it is important to remember two things:

- we all grieve in our own ways; just because it was like this for me, doesn't mean it will be the same for you
- when we are sharing a journey through grief it is not my (the Pastoral Assistant's) journey. Our role is to be with someone as they make their own difficult journey. But we will be changed too, learning more about ourselves and about God.

Let us not underestimate how hard it is to be compassionate. Compassion is hard because it requires the inner disposition to go with others to the place where they are weak, vulnerable, lonely and broken. But this is not our spontaneous response to suffering. What we desire most is to do away with suffering by fleeing from it or finding a quick cure for it. As busy, active relevant ministers we want to earn our bread by making a real contribution. This means first and foremost doing something to show that our presence makes a difference. And so we ignore our greatest gift, which is our ability to enter into solidarity with those who suffer.

Henri Nouwen. *The Way of the Heart*

(ii) Good grief; understanding the stages of grief

Grief is the emotional pain we experience when we are confronted with loss, the separation of someone intimately attached to us. The attachment we feel for those who are significant to us is a source of stability for us; these people, their presence and their love, are part of what Colin Murray Parkes calls our 'assumptive world'; they are part of how we make sense of life. When such a person dies, then our world is shattered.

Grief can make us strong and mature; it can be handled and used for health and growth. It can also destroy. Increasing our understanding of the grief process can help us deal more constructively with it. Many authors have suggested the concept of 'stages of grief', aiming to enable those who grieve to derive comfort from knowing that their responses are normal. These analyses should not be seen as *pre*scriptive, but rather as *de*scriptive; they must never be used to make people feel that they "ought to be feeling such and such by now". Indeed as the Penelope Lively quotation on page 71 demonstrates so beautifully, people oscillate between stages and can even be in more than one at a time. Here we offer a variety of analyses. The first comes from Murray Parkes's book *Bereavement: Stages of Adult Grief*, in which he outlines the typical shape of our grieving processes. Parkes identified four main phases, each with its dominant feelings and likely time-scale.

1.Numbness. The first month or so after the death will be marked by a sense of shock and disbelief. Remember that this will include the time of the funeral and any first visit after the funeral.

2.Yearning. For anything up to six months the grieving person will be continually reminiscing, "searching" for the dead one, looking at photos, at their clothes and possessions; they may have a strong sense of their presence. At the same time they may be angry (blaming doctors etc) and guilty (blaming themselves).

3.Disorganisation and despair. Up to the end of the first year, bereaved people will be filled with anxiety, loneliness, fear of the future, hopelessness and helplessness. The various anniversaries are likely to be times of strong emotion, maybe moving them back to earlier stages for a time, or provoking outbursts of grief that can move the person on.

4.Reorganisation. During the second year, the bereaved person is likely to experience a sense of acceptance and even (and they may feel guilty about this) relief, not for the death but for the sense that the feelings about the dead one have now become a part of the present and the need to hang on to the past has receded.

Another analysis suggests the following stages: (*adapted from Granger Westberg's Good Grief)*

1 **A state of shock**: (numbness, nature's anaesthesia). This acts as a buffer to save us from the full impact of the reality of the pain. This may last a few hours to a few days; good as long as temporary.

2 **Expression of emotion**: tears and talking, even loud lament follows shock; often difficult for men in some cultures but harmful if unexpressed

3 **Depression, loneliness**: this sense of isolation or abandonment is very real. It may lead to despair and thoughts of suicide

4 **Physical symptoms of distress**: hysteria, fatigue, insomnia, taking on the behaviour and mannerisms of the deceased; physical/mental paralysis may result; must work through emotions to regain health.

5 **Panic**: the grief-ridden, totally consumed with loss, feels that s/he may be losing her/his mind and panics; inability to concentrate; loss of sense of time or day, hallucinations about the loved one

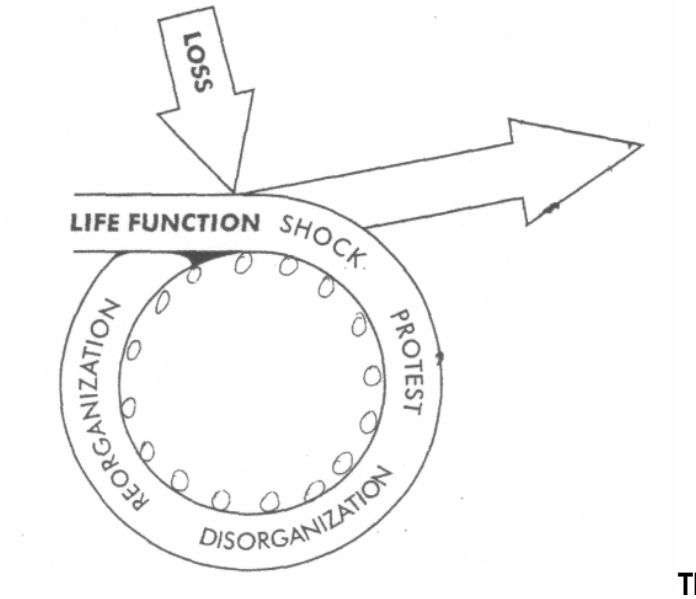
6 **Guilt reaction**: the sufferer begins to feel somehow responsible for the loss or that somehow s/he deserves it. Guilt is felt because of failures, time wasted, words said or unsaid, choices made or not made. May utter negative and positive feelings about the deceased in one breath.

7 **Anger and resentment**: these feelings are normal but bitterness may be the next step - against God, hospital, doctors friends, life. May have a feeling of abandonment.

8 **Inability to return to usual activities**: one feels un-whole, half-there, unable to cope with former routines

9 **Hope comes through**: the mourner begins to return to the here and now, to the ongoing of life; hope for the building a new life comes through

10 **Readjustment to reality**: decisions are made, actions are taken, and a new life pattern is born. The person has survived the loss, has accepted the reality of the loss, has surrendered, to some degree, their emotional tie to and investment in the lost person and has begun to form other relationships.



The Grief Wheel

As the diagram indicates, progress through grief is neither linear nor time-bound; it is unstable and unpredictable, and the smallest sights, sounds, memories can catapult you back into the initial shock at any time. For years afterwards, you can have dreams that the loved one is alive, dreams which remain with you for the first few seconds upon waking - and then the awful realisation hits you yet again that s/he is dead.

◯ The circles indicate small triggers which can precipitate a mini-grief wheel; you can be in the 'disorganization' phase and a small trigger sends you back into 'shock'. Penelope Lively describes the roller coaster nature of grief wonderfully in the following passage from her novel *Perfect Happiness:*

Loss clamped her every morning as she woke; it sat its grinding weight on her and rode her, like the old man of the sea. It roared in her ears when people talked to her so that frequently she did not hear what they said. It interrupted her when she spoke, so that she faltered in mid-sentence, lost track. A little less, now; remissions came and went. The days stalked by, taking her with them… During the early days and weeks of her solitude Frances had come to realise that grief like illness is unstable; it ebbs and flows in tides, it steals away to a distance and then comes roaring back, it torments by deception. It plays games with time and with reality. On some mornings she would wake and Steven's presence was so distant and yet so reassuring that she thought herself purged; he seemed both absent and present, she felt close to him and at the same time freed, she thought that at last she was walking alone. And then, within hours she would be back once more in that dark trough,: incredulous, raging, ground into her misery. Time, that should be linear, had become formless; mercurial and unreliable; it took her away from the moment of Steven's death and then flung her back beside it.

(iii) Supporting others through grief

- **Take the initiative** to keep in touch with them; don't wait for them to contact you. Put aside your own embarrassment; don't avoid the bereaved.

- **Encourage** bereaved people to talk openly about their loss. Don't worry if they cry – that's an appropriate reaction to a sad situation. Don't worry if you cry – it just shows you're human (but try to keep your tears to a minimum)

- **Listen** without interruption, and don't respond with platitudes. Put what the bereaved person has said into other words to show that you're trying to understand. It helps to make sense of the feelings when they're put into words by another person.

- **Offer help** in practical things, such as shopping, cooking, housework, driving or taking the children for the day.

- **Act as a sounding board** for the bereaved person's ideas, offering an objective view. Be honest in pointing out self-destructive behaviour.

- **Accept** that you cannot bring the loved one back. Instead, help people to ask themselves the right questions and to explore their feelings.

- **Persevere**. Many give support for a short time and then drop away; they feel frightened, bored or inadequate. Continue to give practical and emotional support through the first year of bereavement. Remember birthdays and anniversaries with a card or little gift.

- **Don't expect too much** too soon. It takes years, not months, for people to rebuild their lives. Grief brings intolerance and inertia, and depletes emotional resources. Don't be put off by rejection – go back.

Good listening with bereaved people should encourage them to tell the story of their journey, bringing to the surface, as and when they are able, the twists and turns of feelings and experiences. Just as the stages of grief have very distinct emotional experiences linked to them, so the story will develop and change. By a gentle process of listening, asking open ended questions and sitting in silence, bereaved people can be given the confidence to speak about their feelings which can seem very frightening and even strange.

Be prepared to hear the story retold over and over again, and don't be surprised to hear it change as the feelings change. Indeed, if the story doesn't change, if the bereaved one seems to be trapped in one set of feelings, then seek further help. It helps people to know that what they are experiencing is normal and natural, and that each step moves them back to a functioning life. If the sufferer becomes blocked at one step, a professional counsellor may be of help. Signs of abnormal grief to watch for when extended over months:

withdrawal from relationships and normal activities	absence of grieving
undiminished mourning	severe depression that does not lift
psychosomatic problems	disorientation
personality changes	severe, undiminished guilt or anger
loss of interest in life	escape by means of drugs or alcohol
taking on physical symptoms of the deceased	over-activity
signs of devaluing self, self-destruction	antisocial, hostile behaviour or moodiness

(iv) What *not* to say

Many of the things we say to the bereaved are said to relieve our own discomfort or awkwardness. We resort to clichés because they spring to mind and rescue us from an uncomfortable silence.

1. *"I know just how you feel".* You *cannot* know how another person feels.

2. *"If you think <u>that's</u> bad …"* It is tempting to compare stories or to try and "top" someone else's misfortune, in the hope that a worse experience might put their tragedy into perspective.

3. *"That reminds me of someone who …".* Stay with the pain of the person to whom you are listening; the pain of others is beyond them just now.

4. *"I think it would help if you ….."*. Advice is not needed; a sympathetic presence and listening ear is sufficient.

5. *"Just let me know if there's anything I can do"*. The person will not *ask* for help; make a specific suggestion, or go ahead and do something which clearly needs to be done.

6. "*I've brought you something to read"*. When a person has been recently bereaved, shock shatters the ability to concentrate, and any sustained reading is usually impossible. Reading may be appropriate later on.

7. *"How fortunate you are to have a strong faith to help you through this difficult time".* Bereavement may induce great anger with God, or may even lead to feeling totally estranged from any comfort faith might bring. Guilt may accompany these feelings, and it is often hard for the bereaved to correct the assumptions of others.

8. *"Life must go on". "There will be other children/partners/friends…". "There are other fish in the sea."* The future is too much to cope with early in bereavement. The present is often overwhelming. And the past seems infinitely preferable to the present. Anyway, it is highly offensive to the bereaved person to suggest the deceased can in any way be replaced.

9. *"You will get over it". "Time will heal all"* or worse *"Snap out of it".* You may know that the person will eventually learn to live with the loss, but they need to understand that it will take time and that you will be patient. They may not want to get over their grief; they may feel it is all they have.

10. *"S/he isn't really dead."* There are many ways of saying this; *"S/he is in the next room". "Death is nothing at all".* These are ways of sidestepping the finality of death and the pain of separation. We must not trivialise or sentimentalise death.

11. *"It may be a blessing in disguise".* The person does not want blessings, but the flesh and blood presence of the deceased.

(v) Visiting the recently bereaved – role play

The following role play is taken from the Church of Scotland video Caring for God's People (Pathway Productions). It is preferable if the group can watch this on screen

Characters: Isabel, whose husband died after suffering a heart attack at work
Lucy, a church visitor, visiting her at home a week after the funeral

Lucy How have you been getting on?

Isabel It's just so lonely, you know. The house seems so empty without Bob. *(Dabs eyes)*

Lucy Don't cry now. Your family would not want you to. You were so brave at the funeral and it was such a lovely service. I thought the hymns were very well chosen. "Abide with me" is a real favourite of mine. The minister's address was very good. The place was almost full; I thought people were going to have to stand. The floral tributes were quite magnificent. You are good with flowers, aren't you?

Isabel Well, I belong to the Flower Club. I don't think I'll go back now. There doesn't seem much point somehow.

Lucy Of course you will. You need to make the effort. You need company at a time like this. You need an interest. My old aunt always used to say that God helps them that help themselves. You can't afford to go to pieces. Remember what they say …. "Time's a great healer." (*Glances at watch*). Well, I really must be going, actually. I just popped in to see if you were OK. Don't hesitate to tell me if there is anything you need. I'll let myself out. Don't stand up. Bye"

Isabel Bye …

After watching and listening, ask yourselves "how do you think Lucy handled the situation?" Note down on flip-chart paper what you noticed about Lucy's behaviour either from the video or the person acting Lucy in your group

Points noted might include the following:

- her anxiety dominated the visit
- she gave advice
- she took control of the situation
- she ignored Isabel's feelings of sadness and loneliness
- she put forward platitudes and judgements
- her body language showed she was on edge
- she found Isabel's tears upsetting and couldn't handle them

Now act out or watch the second version of the role play.

Lucy How have you been getting on, Isabel?

Isabel Just a bit lonely, I suppose. The house seems so empty without Bob.

Lucy It's OK. Life does seem empty without Bob. It's only natural you should feel that way.

Isabel You know we would have been married 40 years next month. We were just beginning to look forward to doing the things we had always planned to do together. Going to the gardening club together. Visiting our niece in Canada. And now this … What have I to look forward to? The future seems so bleak. I just keep going over those last hours in my mind. I should have known he was ill. I should have persuaded him to go for that check-up. He said he was fine. There was no hurry. He said he would go at the end of the bowling season.

Lucy Many people who have lost someone close feel in some way responsible for their death.

Isabel My daughter says there was no way I could have known that Bob was ill, and that I should stop blaming myself. I thought she was just trying to help. Perhaps she was right. Who knows? It's too late now anyway. You know, I found myself talking to Bob this morning. How stupid can you get?

Lucy It's only natural that you should want to talk to Bob. There is something that I want to leave you with that you can read now or later. It may help you to understand how you are feeling and that it is perfectly normal.

Isabel Thanks, Lucy. I don't seem able to concentrate on reading at the moment but I will read it later, I promise. It's been good just talking to you.

In your group, discuss "Why was this a better visit than the last one?" Note down on flip-chart paper what you noticed about Lucy's behaviour either from the video or the person acting Lucy in your group

Points that may be noted

- Lucy was sufficiently at peace to be there for Isabel
- she came and knelt beside Isabel (on the video) and put her arm round her
- she listened and followed where Isabel was leading
- she left space for Isabel to speak
- Isabel felt safe enough to share at a deeper level

(vi) Summary

When visiting someone who has suffered a loss it is important to remember

- the value of appropriate touch
- the value of offering practical help
- the need for someone to listen
- the power of prayer

Remember that they have a range of stages of grief to work through which will variously involve

- accepting the reality of the loss
- working through the pain of grief
- adjusting to the environment from which the deceased is missing
- emotionally relocating the deceased and moving on

Anniversaries

Day by nomadic day
our anniversaries go by,
dates anchored in an inner sky,
to utmost ground, interior clay.
It was September blue
when I walked with you first, my love,
in Roukenglen and Kelvingrove,
Inchinnan's beech-wood avenue.
That day will still exist
long after I have joined you where
rings radiate the dusty air
and bangles bind each powdered wrist.
Here comes that day again.
What shall I do? Instruct me, dear
longanimous encourager,
sweet soul in the athletic rain,
and wife now to the weather.
from Elegies by Douglas Dunn

Among feelings which may be shared

Anger:	at themselves, medical staff, the deceased or God
Fear:	for the future, about their security, about their own health
Guilt:	for not having done or said enough, or for what *was* said or done
Self-pity:	why me?
Depression:	no point to life, a longing for their own death
Searching:	for the deceased in a crowded street or familiar places
Denial:	refusal to accept the death, especially where the body was unrecovered

As a visitor remember:

- your visit mediates the love of God to the bereaved
- to keep the bereaved in your prayers
- to listen to all members of the family (and especially to the story of how the death occurred)
- the needs of children
- the importance of sharing stories of the deceased
- the value of sharing a short prayer and/or leaving a card with prayers or readings for later
- that the first time back to church unaccompanied can be very painful
- Christmas, New Year, birthdays or anniversaries *(which can be several - see poem*) can be particularly hard times; a 'phone call, card or visit then might be appreciated

Read – and reflect upon - the following passages.

Don't think I am unhappy and alone .. I am in a new country and she is the compass I travel by. I was grateful to you for your letter after Valentine's death, for you were the sole person who said that for pain and loneliness there is no cure. I suppose people have not the moral stamina to contemplate the idea of no cure, and to ease their uneasiness they trot out the most astonishing placebos. I was assured I would find consolation in writing, in gardening, in tortoises, in tapestry .. in keeping bees, in social service …. and many of these consolers were people who I had previously found quite rational. Your only runner-up was Reynolds Stone's wife, who said whisky. But when one has had one's head cut off …...

Sylvia Townsend Warner in a letter to David Garnett

An odd by-product of my loss is that I'm aware of being an embarrassment to everyone I meet. At work, at the club, in the street, I see people, as they approach me, trying to make up their minds whether they'll "say something about it" or not; I hate it if they do, and if they don't. Some funk it altogether. R. has been avoiding me for a week. I like best the well-brought up young men, almost boys, who walk up to me as if I were a dentist, turn very red, get it over, and then edge away to the bar as quickly as they decently can. Perhaps the bereaved ought to be isolated in special settlements like lepers. To some I'm worse than an embarrassment. I am a death's head. Whenever I meet a happily married pair I can feel them both thinking "One or other of us must some day be as he is now." *C. S. Lewis from A Grief Observed*

A colleague has recently described to me an occasion when a West Indian woman in a London flat was told of her husband's death in a street accident. The shock of the grief stunned her like a blow, she sank into a corner of the sofa and sat there rigid and unhearing. For a long time her terrible tranced look continued to embarrass the family friends and officials who came and went. Then the schoolteacher of one of her children, an Englishwoman, called and seeing how things were, went and sat beside her. Without a word she threw an arm round the tight shoulders, clasping them with her full strength. The white cheek was thrust hard against the brown. Then as the unrelenting pain seeped through to her, the newcomer's tears began to flow, falling on their two hands linked in the woman's lap. For a long time that was all that was happening. And then at last the West Indian woman started to sob. Still not a word was spoken and after a little while the visitor got up and left, leaving her contribution to help the family meet its immediate needs.

John V Taylor The Go-Between God

(vii) Ministry with the dying

Elizabeth Kubler-Ross, in her classic book *On Death and Dying*, has identified five stages in the dying process based upon clinical interviews with 200 patients. These stages are not an ironclad process, but help us understand what is going on with the dying person who may fluctuate between two or more stages at a time, as well as return to an earlier stage.

1. **Denial and isolation** may last a few seconds to many months and occurs when the person is told or comes to the realisation himself/herself. This denial functions to act as a buffer for this unexpected and shocking news, allowing the person to collect her/himself and mobilize less radical defences. Unable to accept the news, the person often searches for another opinion, unable to believe his/her diagnosis. This coping technique is used by almost all dying persons at the beginning, and often later.

2. **Anger, rage, envy, resentment** characterise the second stage. Misdirected anger is dispensed almost at random towards the hospital, doctor, family, spouse, minister, God and the Church. Such behaviour is usually a cry for attention and understanding on the part of the dying person.

3. **Bargaining** is a stage that is less well known. The person seeks to extend life by bargaining with the doctor or God. This is an attempt to postpone the impending death by good behaviour, special service, donation of body to science, a life dedicated to God or church etc.

4. **Depression** is the stage when the dying person can no longer deny his/her illness because of surgery, hospitalization, chemo or radiation therapy, weight loss or weakness. Depression may be related to financial burden, sadness, and guilt, earlier grief, and not the individual's own illness.

5. **Acceptance** is arrived at if the person has sufficient time and help in working through the earlier stages. This stage is associated with extended hours of sleep, a void of feelings, a lessening desire to se family and friends, a diminishing of verbal communication, a new importance for non-verbal communication (such as touch) and resistance to attempts to extend life.

Central to a ministry of caring for the dying person is our presence; the dying person most fears abandonment, emotional deprivation and the unknown, and needs other human beings to journey with them. Hope and confidence are ingredients that make it possible for the person to mobilize maximum resources.

- If the dying person senses another's unease with the subject of dying, they themselves will avoid the subject, which is unhelpful. If we as visitors are able to enter into their pain, distress and bewilderment, it is appreciated.

- Even when we must admit our inadequacies and don't have any answers, we can offer our love and care.

- Attempts to cheer the dying person unrealistically are an expression of our own needs and our inability to tolerate death and all that accompanies it. However, hope often persists through all stages and this should be reinforced but not after the acceptance stage.

- In the acceptance stage the *family* often needs as much - if not more - help and support than the person who is dying, especially if they perceive the person to be "prematurely giving up". Support will also be needed to help them deal with the dying person's lessening desire to be with family and friends. The family may be in need to practical help if the illness extends over a long period (childcare, lifts to and fro the hospice and cooking) and emotional help due to increased worry, loneliness or resentment.

- Support and a listening ear will continue to be needed after the death has occurred.

Read – and reflect upon - the following passage from Tolstoy's short story "The Death of Ivan Ilyich"

One of the most terrible things about Ilyich's dying is that family and friends made him feel so utterly alone in it; they were in the bloom of health and pleasure, in the midst of social hilarity and vigorous activity; he in his misery, weakness and despair, was an alien to them There was only one person who took a different attitude.

The awful, terrible act of his dying was, he saw, reduced by those about him to the level of a fortuitous, disagreeable and rather indecent incident (much in the same way as people behave with someone who goes into a drawing–room smelling unpleasantly) – and this was being done in the name of the very decorum he had served all his life long. He saw that no one felt for him, because no one was willing even to appreciate his situation. Gerassim was the only person who recognized the position and was sorry for him. He felt comforted when Gerassim supported his legs – sometimes all night long – and refused to go off to bed, saying; "Don't you worry, Ivan Ilyich, I'll get sleep enough later on," or suddenly dropped into the peasant thou instead of you, and added: "If thee weren't sick 'twould be another matter, but as things are 'twould be strange if I didn't wait on thee." Gerassim alone told no lies; everything showed that he alone understood the facts of the case, and did not consider it necessary to disguise them, and simply felt sorry for the sick, expiring master. On one occasion when Ivan Ilyich was for sending him away to bed he ever said straight out: "We shall all of us die, so what's a little extra trouble?" meaning by this that he did not mind the extra work because he was doing it for a dying man and hoped someone would do the same for him when his time came.

Apart from this lying, or in consequence of it, the most wretched thing of all for Ivan Ilyich was that nobody pitied him as he yearned to be pitied. At certain moments, after a prolonged bout of suffering, he craved more than anything – ashamed as he would have been to own it – for someone to feel sorry for him just as if he were a sick child. He longed to be petted, kissed and wept over, as children are petted and comforted. He knew he was an important functionary, that he had a beard turning grey, and that therefore what he longed for was impossible; but nevertheless he longed for it. And in Gerassim's attitude to towards him there was something akin to what he yearned for, and so Gerassim was a comfort to him. Ivan Ilyich feels like weeping and having someone to pet him and cry over him, but in comes his colleague Shebek and instead of weeping and being petted Ivan Ilyich puts on a grave, stern, profound air, and by force of habit expresses his opinion of a decision of the Court of Appeal and obstinately insists on it; this falsity around and within him did more than anything else to poison Ivan Ilyich's last days.

From *The Death of Ivan Ilyich* ed Rosemary Edmonds Penguin (1960), 143-4

Suggested Further Reading

Training courses

Just Listen! Christian Listening Training	Acorn Christian Foundation 2004
Caring for God's People. A Pastoral Care Training DVD	Sheilah Steven Pathway Productions (1997)
Prepared to Care; pastoral care and visiting	Methodist Church MPH (1996)
Called to Care; the pastoral care handbook of the Methodist Church	Ann Bird MPH
Encircled in Care	Methodist Church Methodist Publishing House 2007
First Steps in Pastoral Ministry. A foundation course for those preparing to be commissioned to pastoral ministry in the Diocese of Truro	Diocese of Truro
An Introductory Course for Parish Visitors Local Ministry Training Workpack	Diocese of Lichfield
Developing the Caring Community; a ten week course in pastoral care ministry for laity	Dennis Butcher The Alban Institute (1994)

Listening

The Wisdom to Listen	Michael Mitton Grove Pastoral Series 5 (1981)
Listening	Anne Long DLT (2007)
Swift to Hear: Facilitating Skills in Listening and responding	Michael Jacobs SPCK (2000)

Hospital visiting

Pastoral Care in Hospitals	Neville Kirkwood Morehouse Publishing (1998)
When I was in hospital, you visited me.	Simon Wilson Grove Pastoral Series P88 (2001)
Spiritual Care Matters; An Introductory Resource for all NHS Scotland Staff	NHS Education for Scotland www.nes.scot.nhs.uk

Pastoral Care

Exploring Pastoral Care	Cyril Skerratt Methodist Publishing House (1997)
Practical caring: a handbook for the pastoral visitor	Sheilah Steven Scottish Christian Press *(2004)*
Learning to Care; Christian reflection on past practice	Michael Taylor SPCK (1991)
Paid to Care? The Limits of Professionalism	Alistair Campbell SPCK (1985)
Rediscovering Pastoral Care	SPCK (1991)
Still Small Voice; an introduction to pastoral counselling	Michael Jacobs SPCK (1982)

Bereavement

Establishing a Bereavement Ministry Team	Helen Thorp Grove Book Pastoral Series 113 (2008)

Books of resources to help minister to those who are grieving

All in the End is Harvest; an anthology for those who grieve	Agnew Whitaker Cruse/DLT (1984)
In Loving Memory	Sally Emerson Little Brown (2004

Ministry with Ageing People

A Mission-Shaped Church for Older People	Michael Collyer The Leveson Centre 2008
The Church's Ministry to Ageing People	Jeffrey Harris MPH (1998)
FIOP web site	
A Daisy Among Dandelions; the Churches' Ministry with Older People	Jackie Treetops Faith in Elderly People Project Leeds (1992)

Dementia

Hearing the Voice of People with Dementia	Malcolm Goldsmith Jessica Kingsley Publishers (2002)
In a Strange Land; People with Dementia	Malcolm Goldsmith 4M Publications (2004)
The Wells of Life: Moments of Worship with People with Dementia	Gaynor Hammond and Jackie Treetops Faith in Elderly People Project Leeds (1992)
Holy, Holy, Holy: the Church's Ministry with People with Dementia	Jackie Treetops Faith in Elderly People Project Leeds (1996)

Readers

1 'Listening as Ministry' and 'Qualities in the Listener' pps 35-45 from *Listening* Anne Long DLT (2007)

2 'Communication and Dementia' Chapter 6 from *In a Strange Land: People with Dementia and the Local Church* Malcolm Goldsmith 4M Publications (2004)

3 "Hospital visiting for everyone" Chapter 3 from *When I was in Hospital, You Visited Me* Simon Wilson Grove Booklet Pastoral 88 (2001)

4 *Protecting Vulnerable Adults* Scottish Episcopal Church Office for the Protection of Children and Vulnerable Adults (July 2006).

5 "Waiting for Tomorrow" pps 51-77 from *The Wounded Healer* Henri Nouwen Doubleday (1979)

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[i] Michael Mitton *The Wisdom to Listen* Grove Books 2002, 3
[ii] Dietrich Bonhoeffer *Life Together* Harper and Row 1954, 97
[iii] Mother Mary Clare SLG *Listening to God and Listening to Community* Fairacres Publications 69 (1978), 4
[iv] Donald Coggan *The Sacrament of the Word* Fount (1987), 31-2
[v] Rowan Williams *Silence and Honey Cakes* Lion (2003) 72
[vi] Kneeling" R.S. Thomas *Collected Poems 1945-1990* Phoenix (1993), 199
[vii] Kevin Thew Forrester *I Have Called You Friends* Church Publishing (2003) 24-5
[viii] Thomas Merton *Raids on the Unspeakable* Burns and Oates (1997) 7-8
[ix] Ursula le Guin *The Wizard of Earthsea* Puffin (1971), 29
[x] Malcolm Goldsmith *In A Strange Land; people with dementia and the local church* 2004, 17-18
[xi] *Michael Collyer A Mission-Shaped Church for Older People* The Leveson Centre , 2008, 11
[xii] Malcolm Goldsmith *Hearing the Voice of People with Dementia* 2002, 57
[xiii] *Authorised Ministries in the Diocese of Glasgow and Galloway* MAG 2007, 6

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