

Spiritual Caregiving

Healthcare as a Ministry

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 To J. C. and J. C. C., the two most important men in my life.

To C. M. K. and R. M. K., the two most important women in my life.

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Preface

In today's climate of increasing technological advances, cumbersome insurance procedures, mazes of federal and state regulations, requirements for additional documentation, rising malpractice rates and escalating numbers of legal suits, the looming threat of Medicare and Medicaid collapse, and demands to see more patients, complete more medical tasks, do more with fewer resources, and keep up with the gains in health-related knowledge, we are overwhelmed and exhausted! As hard as we are working, we realize that many who need care are being left behind—and that the delivery of healthcare is becoming increasingly difficult. In fact, it is so difficult that some healthcare professionals are asking themselves: Why am I doing this? What is my purpose? Am I making a difference with the patients I serve? Is there a better way? And if there is a better way, what is it?

At the heart of these questions is deep concern. Everyone entering healthcare expects the job to be challenging. How could it not be? Daily we have encounters with those who are wounded and broken by disease—physical, emotional, cognitive, and spiritual disease. These people look to us for healing, for advice, for comfort and solace. When we find that we are too busy, too tired, and too pulled by what seem to be tangential issues to be fully present to our patients, we experience a sense of “dis-ease.” We ask, Where is the joy in serving? How can we recapture the initial dream that motivated us to enter the healthcare professions?

This book examines the *spiritual vision* that initially motivated and continues to nourish many caregivers. We examine this vision through the personal narratives of physicians, nurses, chaplains, healthcare educa-

tors, community resource workers, administrators, therapists, psychologists, and social workers. These professionals come from a wide range of religious traditions: Protestant Christianity, Catholic Christianity, Judaism, Islam, Sikhism, Hinduism, Buddhism, and others. The book addresses a number of issues, such as whether the healthcare professional has responded to a felt “call” from God to pursue a particular specialty. We asked participants to reflect on God’s continuing influence years after that choice was made. We look at healthcare not as a business concerned with the bottom line but rather as a *ministry* and what that ministry means to patients.

Many may react with discomfort to the idea that healthcare is a ministry, believing that the term *ministry* belongs to the clergy—priests, ministers, chaplains, rabbis—and to members of religious orders. Many would argue that years of professional education and training serve to mold the scientific, objective, and sometimes interpersonal distance that contributes to “good” science.

Yet for many healthcare professionals, there is so much more. Ministry is at the heart of what they do, and at the heart of ministry is service, comfort, relief of pain, healing, and support when healing is not possible. This ministry, supported by prayer, is descriptive of healthcare rooted in spirituality.

We examine the state of the current healthcare system and its impact on the spiritual well-being of those who work in it. We envision an ideal healthcare system that supports and nurtures the spirituality not only of patients and their families but also of the professional caregivers that work to bring about healing, comfort, and solace. We present examples of where elements of the ideal healthcare system already exist.

We provide an overview of the preparation necessary for healthcare professionals to provide spiritual care for patients and families. We take a close look at what spiritual care looks like when we are providing that care for others. We focus on a number of healthcare issues with major spiritual implications, including those with chronic illnesses such as AIDS and dementia; those with psychiatric conditions who may feel abandoned not only by family and society but by God as well; those who are facing death as well as those who are left behind; those with

devastating injuries; those facing surgery; and those who live with chronic pain. In each of these healthcare situations there are spiritual threads such as loss and grief, forgiveness, anger, questions of meaning and purpose, and the “Why” questions—Why me? Why now? and Why, God?

Also explored are ways that we as caregivers can maintain our own spiritual health. Activities such as praying alone or with other health professionals, worshiping, taking time to read inspirational literature, going on a retreat, becoming an active member of a faith community, listening to patients in an effort to meet their spiritual needs, and practicing the presence of God while at work are all ways that we can remain spiritually alive and well.

Last, in the appendixes we provide resources for professional caregivers on the beliefs and practices of different religions, assessment tools that can be used in clinical practice, and lists of organizations and other resources that can support health professionals in their roles as spiritual caregivers. Throughout each chapter we include reflective questions and suggestions to assist the healthcare professional in renewing the spiritual focus of practice.

Woven throughout this content are the stories of those who are providing healthcare from a spiritual foundation. We believe in the power of the story—not only the stories of our patients but our own as well. These stories are inspirational and educational and provide a glimpse into the character and motivation of the storyteller. They represent the generous sharing of sixty-five healthcare professionals from a broad array of faith traditions. Regardless of the faith tradition, we heard similar stories of hearing God’s call, responding to that call, and carrying forth the message to those who are served. We are grateful to those who generously gave of their time to answer our questions and to share with us.

Our wish is that as you read this book, you will derive certain benefits. First, we hope you will realize that you are not alone. Many struggle with feeling overwhelmed laboring in this chaotic healthcare system, and yet they have been able to overcome discouragement and exhaustion by adopting a spiritual attitude toward their work. There are many who quietly and powerfully provide care based on knowledge of

and a relationship with God. They provide loving and compassionate ministrations in spite of the demands of the system in which they function. Second, we hope you will examine your own practice of healthcare and identify ways that your spirituality influences that practice. Third, we ask you to examine ways that you can consciously and systematically influence the healthcare system to return to a vision that embraces and celebrates the spirituality of all.

One consistent theme emerged from all the contributors to this book: that the healthcare system needs to change. The changes that are needed are not cosmetic, nor do they represent minor tweaking of a system that is relatively okay. No, the changes that are imagined are sea changes that relegate technological advances and bureaucratic requirements to a subordinate position, beneath the caring relationship held together with spiritual twine that is at the heart of real healthcare ministry.

You may be thinking that such a change is truly a David-versus-Goliath scenario, that only someone out of touch with reality would even consider such a thing. But there are those who are devoting their professional careers to changing the system in just this way. And there are those such as the professionals whose stories appear in this book who are quietly changing the healthcare system, one day at a time, one patient at a time.

As you begin to read this book and reflect on these stories, consider this story:

ONE AT A TIME

A friend of ours was walking down a deserted Mexican beach at sunset. As he walked along, he began to see another man in the distance. As he grew nearer, he noticed that the local native kept leaning down, picking up something, and throwing it into the water. Time and again he kept hurling things out into the ocean.

As our friend approached even closer, he noticed that the man was picking up starfish that had been washed up on the beach, and one at a time, he was throwing them back into the water.

Our friend was puzzled. He approached the man and said, "Good evening, friend. I was wondering what you are doing."

"I'm throwing these starfish back into the ocean. You see, it's low tide right now and all of these starfish have been washed up onto the shore. If I don't throw them back into the sea, they'll die up here from lack of oxygen."

"I understand," our friend replied, "but there must be thousands of starfish on this beach. You can't possibly get to all of them. There are simply too many. And don't you realize this is probably happening on hundreds of beaches all up and down this coast? Can't you see that you can't possibly make a difference?"

The local native smiled, bent down, and picked up yet another starfish, and as he threw it back into the sea, he replied, "Made a difference to that one!"

—Author Unknown

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Harold G. Koenig, M.D.

Acknowledgments

Very few accomplishments are completed without help from others, and this book is no exception. The first group that deserves our thanks is the healthcare professionals who shared their stories with us. Without their generous contributions there would be no book. We asked them a lot of questions; we asked to hear long, in-depth stories; we asked very busy people to share their time with us. Without exception, we got what we asked for. We believe it is important to thank them each by name, and so we thank each of them here and include a list of their names in the list of contributors.

Thanks to Martha Loveland, a nurse and healthcare administrator who offered the perspective of “management” on what is needed to make the work environment more spiritual. Thank you to Drs. Julie Steiner, Herman Brecher, Bernita Taylor, and Franz Sewchand from Seton Medical Group in Catonsville, Maryland. Their stories of call and care are peppered throughout the book. Deep appreciation to Dr. Christina Puchalski for sharing with us her story of call and how she is turning her commitment to spiritual care into a reality at George Washington University. Dr. Gunnar E. Christiansen, a retired ophthalmologist who presently volunteers his time at the National Alliance for the Mentally Ill, shared deeply touching reflections from his career. To the psychiatric nurses, Nancy Shoemaker, Evelyn Yapp, Cynthia Poort, and Vicki Germer, who work with the “sickest of the sick and poorest of the poor” and do so with love and compassion, never forgetting the importance of their patients’ spiritual needs—thank you. Thanks to Joyce Kinstlinger, a community resource counselor, who shared her calling to work with the most unfortunate in society. To Miriam Jacik,

retired oncology nurse who continues to give to the bereaved, your insights were priceless. Thanks to Sandra Brown, family nurse practitioner, who strives to weave her spirituality into every interaction. To Shirley Herron, spiritual director and consultant regarding palliative care, your moving impressions of the icebergs off the coast of Newfoundland remind us that we can encounter God in the beauty of his creations.

Thanks to Dr. Sagrid Eleanor Edman, retired nursing dean of Bethel College, who always wanted to be a nurse and even asked Santa to bring her mother white nylons so her mom could look like a nurse! Dr. Edman has channeled her calling into the support of parish nursing. Our thanks go out to Dr. Patricia Camp, a retired nursing faculty member, who also continues to respond to God's call through her work in parish nursing. Recognition goes to another retired nursing dean, Dr. Sandra Jamison, who went into nursing because she greatly admired the work of her physician father. Dr. Jamison continues her commitment to nursing through the graduate ministry of Nurses' Christian Fellowship. Dr. Karen Soeken, a non-nurse faculty member, gave her perspective on what makes a work environment a spiritual place; she shared how the call of God for her to teach has been a constant throughout her career. Harriet Coeling, a nursing faculty member, told us how the current healthcare environment makes her more aware of her need to maintain a relationship with God and to draw upon God for strength and guidance. Genie Ford, also involved in nursing education, did not want to be a nurse, but God not only called her, he pushed her into nursing!

Thank you to Chaplain Jeffrey Flowers, whose story of Cassie, the baby who lived only one hour and twelve minutes, reminded us that it is not the length of a life nor the accomplishments of that life that make it valuable, but rather it is the presence of God in that life. To Reverend Rodger Murchison, whose work with the bereaved is a powerful spiritual intervention—we thank you for sharing. To Chaplain Robb Small, thank you for reminding us that to stay spiritually healthy we need to pray and play often! To Dr. Don Berry, dear friend, minister, and founder and president of the Institute for Religion and Health, thank you for your beautiful words regarding your own calling to serve God.

Charity Johansson, our only physical therapy participant, moved us greatly with her account of her “evolving” call, her struggles to meet the needs of the institution and at the same time be a spiritual presence to her patients, and her great desire that the workplace support openly sanctioned time for renewal of body, soul, and spirit. And, Jay Brashear, our only occupational therapist, challenges us all to make sure we are truly caring for the patient and not the chart. Jay’s description of how he approaches every patient’s bath as if he were assisting the Lord himself is an image that can help us all when we are feeling too tired to give.

Sister Karen Pozniak gave us an excellent example of how God may change our call over time as she described the evolution of her call from religious life, to working with the sick and dying, to becoming a chaplain who teaches volunteers to work with the sick and dying. Nurse Elizabeth Page also experienced a changing call, beginning her nursing ministry in the hospital, then moving to a nursing home ministry and currently working with handicapped children and their families.

Physician Daniel Ober shared his experiences working as a hospice medical director and told us how he ministers to suffering people out of his own spiritual resources. Retired pediatric hematologist and oncologist Alton Lightsey related how he often served as a mediator between the child who was his patient and the child’s parent to help resolve spiritual end-of-life issues.

Dr. Michael Parker, who focuses his social work and psychology background on the care of the elderly, gives us a wonderful example as he strives to affirm the faith of the elderly and encourages them to continue to serve communities and families. Dr. Othelia Lee, another social worker, shares her efforts to integrate spirituality into her teaching as well as her interactions with peers. We are thankful for those who reach out to others.

Thanks to Eileen Altenhofer, Carol Story, Carole Kornelis, Catherine Lick, Kay Hurd, and Kelly Preston, each involved in some aspect of parish nursing and each with powerful stories of how they minister to others. Thanks to nurses Beatrice Rosen, Marilyn Bulloch, Ada Scharf, Charmin Koenig, Nancy Hines, and Diane Molitor—each contributed memorable examples of their own spiritual ministry to patients.

Diane's affirmation, "God is the real deal, we should be too," is a reminder to us of the importance of authenticity in all relationships. Thanks to Dee Brooks, Carole Richards, and Dianne Smith, all of whom specialize in pediatric nursing, for reminding us that sick children and their families are in need of our ministry.

Physician Jack Hasson, as well as nurses Susan Feldman and Margie Schmier, explained how they approach spirituality from a Jewish perspective. We were moved by each of their stories. Surgeon Tom Grace's willingness to pray with his patients reminds us how important prayer is for surgical patients.

We are grateful to the physicians and psychologists who provided us with Islamic, Buddhist, Hindu, and Sikh perspectives on spirituality. It is clear from their stories that God calls each of us—we need only listen. Physicians Tarif Bakdash, Jirpesh Patel, Shahid Athar, and Hasan Shanawani, we thank you for the Islamic view. Thanks also to Reverend Kong Chhean, a psychologist and Buddhist monk, who has dedicated his life to assisting Cambodians in their healing from traumatic memories. Dr. Shyam Bhat, we thank you as well for providing us a Hindu perspective on receiving a calling. We appreciate the story of Dr. T. D. Singh, who heard God's voice in the midst of grieving his mother's unexpected death. Thank you, Dr. Dharma Singh Khalsa, for sharing your experience of receiving more than one call.

Nurses Amy Pollman, Florie Miranda, Brenda Thornton, and Karen McCauley provided us with a homecare perspective. Amy's recollection of singing "Friends in High Places" for a patient who had just lost her husband will stay with us a long time. Karen's story of how a dying patient ministered to her reminds us that we receive as much from patients as we give. Florie's narrative of her ministry to a young man dying from AIDS reminds us of the importance of leaving no one out of our ministry. Brenda's story of her faithfulness as she worked with angry Floyd reminds us that absolutely no one is immune from the transforming power of love.

We are thankful for all the patients and families whose stories we also heard throughout the text. It is clear again that they minister to us as we to them. Thanks to Kathy Guiffrida, who transcribed the taped

interviews—a tedious but necessary task. Thanks to John Carson, who helped find appropriate opening quotations for each of the chapters. Thanks to Laura Barrett of Templeton Foundation Press for her patience in waiting for the final manuscript.

Throughout the text we talk about the power of prayer, and the completion of this book is a tribute to that power. We had people praying for us all over the country. That prayer provided inspiration and support when the words just didn't want to come. We are so thankful to have a network of dependable "pray-ers."

We want to end these acknowledgments with the refrain of a hymn entitled "We Are Called." The words speak to the responsiveness of each of the professionals represented in this text.

We are called to act with justice
We are called to love tenderly
We are called to serve one another
To walk humbly with God.¹

Spiritual Caregiving

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Spiritual Caregiving

Healthcare as a Ministry

*A life devoted to things is a dead life, a stump;
a God-shaped life is a flourishing tree.*
—The Message

HEALTHCARE AS MINISTRY

This chapter presents stories told by doctors, nurses, chaplains, physical therapists, and other health professionals, discussing the concept of ministry as it pertains to healthcare, exploring the sense of call that led them into their chosen fields, examining how they define spirituality and religion, and describing how their spirituality and/or religious beliefs influence their daily work.

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Yet for many healthcare professionals, there is so much more.

Ministry is at the heart of what they do, and at the heart of ministry is service, comfort, relief of pain, healing, and support when healing is not possible. This ministry, supported by prayer, is descriptive of healthcare rooted in spirituality.

Oncology nurse Miriam Jacik believes that the focus of a profession and a ministry are slightly different, and that with the profession comes a “setting apart” of the helper from the person being helped. Catholic theologian Henri Nouwen, in a similar vein, observes that with increasing professionalization comes a widening space between the professional and the patient. This widening space tends to produce in the patient feelings of intimidation, fear, and apprehension toward the more powerful professional.¹ Patients may believe that the education and training of the professional have endowed him or her with mysterious power. Patients view healthcare providers with a mixture of fear and awe, accepting that the professional uses a language that cannot be understood, does things that cannot be questioned, and often makes decisions about patients’ lives with no explanations.² The poor, who already bear a disproportionate amount of suffering, are especially subject to these emotions. Many leave places of supposed healing feeling physically better but hurt by the interpersonal treatment they received at the hands of a healthcare provider.

This situation is not totally the fault of the healthcare professional, who is often the first to recognize the challenge of remaining interpersonally open to patients. The healer is under increased demands to do more, see more patients, complete more paperwork, deal with more bureaucratic requirements for payment, be aware of changing healthcare regulations, and remain current on advances in healthcare. The challenge to healthcare providers committed to ministry is great and requires constant striving to develop a personal spirituality that energizes them with purpose and meaning, enables them to find the time to ease the interpersonal pain experienced by so many of their patients, and protects them from excessively absorbing and becoming immobilized by that pain.³

CHARACTERISTICS OF A MINISTERING PERSON

Carol Story, a parish nurse, shares an experience of ministry:

On one occasion I was talking to a patient dying with cancer. This man had earned his Ph.D. and had dedicated his life to teaching. He was questioning the value of his life—had he made a difference? What did his life mean? We spoke for a long time about his life. He shared a painful experience that occurred when he was fifteen years old. A pastor had embarrassed him in front of the congregation by berating him, predicting that he would never be anything or anybody of significance. He reflected that he had taught a few students who moved on to be leaders in sports and education.

As I listened to all he shared, I synthesized what I was hearing. “What I am hearing you say is that you always felt unworthy of any praise because of what one man said to you as a young man.” He looked at me and said, “Yes, you have put into words something that I have struggled with for years—but it is true. I have always wondered if I measured up and felt unworthy. Thank you.” Then I simply said, “May I give you a message from God?” He replied, “Yes.” I said, “God loves you, and I believe he is going to say, ‘Well done, thou good and faithful servant!’” He grabbed my hand and said with tears, “Thank you,” and then asked me to pray with him.

Carol Story provided good nursing and good ministry.

Thankfully, there are many who practice every day, in hospitals, clinics, offices, homes, nursing homes, and professional schools, motivated by a powerful call—a sense of rightness about what they do. Each of these professionals draws from a deep personal spiritual well that keeps them nourished and allows them to minister to patients, families, co-workers, and even institutions.

In her examination of medicine as a ministry, Margaret E. Mohrmann, a physician, believes that the care of suffering persons requires that caregivers, drawn from within and beyond the ranks of the medical profession, acknowledge and honor the life stories of those to whom we provide care.⁴ Mohrmann emphasizes that God loves us as unique persons, each precious in his eyes. We have different needs, different problems, and different stories, so that honoring each of our stories requires

At the heart of being a ministering person is seeking to hear and understand the story of the suffering person standing before us and to encourage hope in that person in developing the next chapter of the story.



A ministering person enters into a relationship with another and shares that individual's pain, listens even when it causes some inconvenience, says little or nothing, and at other times raises questions for reflection.

a personal approach and a relationship that recognizes and responds to our uniqueness. At the heart of being a ministering person is seeking to hear and understand the story of the suffering person standing before us and to encourage hope in that person in developing the next chapter of the story.

Let's examine the specific characteristics of ministering healthcare professionals who seek to hear and respond to the stories of patients.⁵

The first characteristic is the ability to enter into a relationship with another and share that individual's pain, to listen even when it causes some inconvenience, to say little or nothing and at other times to raise questions for reflection. Physician Jack Hasson states, "My own spirituality makes me more sensitive to others. When I recognize that a patient or family has a desire to express their spiritual needs, I try to allow this expression without applying my own belief system. They know best what works for their spirituality, and I allow myself to be a conduit for their feelings and pain. I will then amplify and confirm their belief if possible." This is a good example of allowing space for the other's beliefs and pain. It is in this space that the patient and healthcare provider can reach out to each other and "connect as fellow travelers sharing the same broken human condition."⁶

The second characteristic of ministering persons is that they take the role of companion to another's journey rather than problem solver or rescuer. This involves serious reflection about the concerns of the patient, being present when needs arise, and sensing that we share a sense of helplessness and brokenness with the one we are helping. Miriam Jacik recounts:

As an oncology nurse I had frequent occasion to see and experience patients and their family members grappling with the meaning of illness, suffering, and death.

Helping them ask their own questions and arrive at their own answers in time was a spiritual service that I could offer. Seeing them turn from anger at a God who would let terrible things happen to good people, to seeking strength and comfort needed from that same God, always strengthened the faith of all of us. Helping family members let go and release their loved ones to the process of death and into the arms of the God of their beliefs was a spiritual service that my personal beliefs and values allowed me to provide.

The third characteristic of a ministering person is the ability to love the unlovable, the ungrateful, the uncooperative, the aggressive, and the unreachable. Charmin Koenig tells a story of a challenging patient for whom she provided care.

There was one patient, a woman who suffered greatly from migraines. I had such compassion for her—I understand what it is like to suffer from migraines. The rest of the staff were angry with this patient because they believed that she abused the system—she came in so often for pain medication. I saw something different. I wanted to work with her, and of course no one argued with me about this. They were glad that they didn't have to care for her. She was a very angry woman, angry at life, but most of all angry at God. Even though we did not share the same beliefs, I had opportunities to pray with her. I prayed for her healing, but more specifically I prayed for "heart healing." When she came in for care, she always asked that I be her nurse. Over time there was a dramatic change in her attitude—she seemed to soften, to harbor less anger.

The fourth ministering characteristic is that we accept our own brokenness, humanness, and fragility so as to enter into relationship with those who are burdened by the difficulties of life. This allows the freedom to cry with a person in sorrow, to rejoice with one who meets success, to share anger in the face of injustices, and to accept the doubts and confusion caused by the events of life.

Kelly Preston shares a story from early in her nursing career.

A ministering person takes the role of companion to another's journey rather than being a problem solver or rescuer.



A ministering person loves the unlovable, the ungrateful, the uncooperative, the aggressive, and the unreachable.

A ministering person accepts her own brokenness, humanness, and fragility so as to enter into relationships with those who are burdened by the difficulties of life.

I was working in oncology. One night a man was admitted with a serious heart condition but also terminal leukemia. Within twelve hours of being admitted, he was dead. We were unsure of his code status, and when he experienced a cardiac arrest, we initiated a code on him. We shouldn't have. I felt awful about the whole situation, that he died so quickly, that we put him through the trauma of the code. I just felt the pain of it. When I saw his wife and daughter, they embraced me, and we cried and prayed together. They told me that it meant so much to them that I was present to them and not afraid to share my emotions.

The fifth ministering characteristic is to be a facilitator of change in others but not assume responsibility for that change. Let's listen to Chaplain Robb Small's story.

I ministered to a middle-aged woman who suffered from mental health issues, including depression and anxiety. When I first met her, she talked constantly, ending every sentence with a catch phrase, "But God will never put more on a person that that person can bear, don't you agree?" For some reason, I chose not to verbally answer her and instead sat and listened attentively for a long time with only occasional head nods or other gestures. After about an hour of this, the patient stopped and asked me if this was the way I ministered, just sitting and saying nothing. I replied that I felt that she needed to talk more than listen to me. At first she became angry and stated that I was supposed to be the helper and that I was called to fix her problems. Over time she became angrier that I would not respond with "God talk."

After a few visits, she asked me one day what gave me the ability to resist telling her what to do or believe. It was easy at this point to explain that in my spiritual experience, her greatest need was to discover the answers from within herself, and my job was to facilitate that process with whatever resources I could bring to the relationship without giving advice. The most important role I could offer was to listen attentively, be present, unconditionally accept her condition, and share God's love and grace.