

Preclass Reading – Week 3



THE ART OF LISTENING

Listening is Caring

Listening is perhaps the most important skill a Care Partner uses. Even though you might think of listening as a simple, natural activity, it is also a powerful caregiving tool. Sometimes participants in Care Partner Ministry training have asked with disappointment,

"Do you mean all I will do is listen when I care for someone?"

Such a question shows a lack of understanding about the true power of listening. If you listen well, you will be highly effective as a Care Partner.

THE ART OF LISTENING

This session discusses therapeutic listening. Therapeutic does not mean Care Partner Ministry is a substitute for professional therapy. Therapeutic, in the context of Care Partner Ministry, means healing. God works through your listening to accomplish healing.

THE WORK OF LISTENING

Listening is an active process that requires considerable personal involvement and commitment. Listening takes work. It calls upon the caregiver to be fully present in the caring situation. To a casual onlooker, the listener may not appear to be active, as a person jogging or swimming is active, but the listener's mind and heart are very active indeed.

JESUS LISTENED

Jesus continually demonstrated the relationship between caring and listening.

- Before Jesus healed the daughter of a Canaanite woman, he let her give her testimony of faith (Matthew 15:21-28).
- Before Jesus healed the blind man (Mark 10:46-52), Jesus asked what he wanted and carefully listened to the man's reply.

Jesus could have spoken without first taking the time to let them speak. Instead, he showed care and concern by first listening and then ministering to their needs.

Certainly, Jesus presents a good example of listening for caregivers. Even with his insight into people's problems, indeed because of his insight, Jesus listened to people before acting or responding. It is important that you, too, listen before you respond.

CHARACTERISTICS OF EFFECTIVE LISTENERS

Good listening requires three personal qualities in the listener: desire, commitment, and patience.

1. DESIRE

A key to your caring ministry will be your desire to listen. You can't fake it! A person who needs care can quickly detect a phony or superficial desire to listen.

Reference Box A contains an example.

Reference Box A – Insufficient Desire

- A telephone crisis volunteer was on duty at home one evening. While he was waiting for calls, he was watching TV and the phone rang. The woman on the other end of the line was depressed and needed someone to talk to. They began talking, but the volunteer continued to watch TV out of the corner of his eye. After a few minutes, hearing the TV in the background, the caller asked, "Are you watching TV?" The volunteer replied, "The TV is on." Then the woman asked again, "Are you watching TV?" The volunteer hesitated and then replied, "Yes, to be honest with you, I am." Without saying another word, the caller hung up.
- The volunteer was upset, so he asked his supervisor about this situation. As they talked, the supervisor asked, "Did you want to listen to the caller that night?" The volunteer answered, "Yes, I did. You know I enjoy my work as a phone volunteer." But then the supervisor said, "Did you really want to listen that night? If you had really wanted to listen, wouldn't you have turned off the TV?"
- People do not listen well unless they want to hear what is said. To be a good listener, you have to want to do it. Such desire is at the heart James 1:19: "be quick to listen, slow to speak."

2. COMMITMENT

A good listener must be committed to the listening task. You may be tired at the end of a long day at work, for example, but you have an appointment to meet your Care Receiver at 7:00 P.M. Even though you would much rather go home and relax, you keep your appointment. You discipline yourself to keep your commitment to the person. This commitment shows you care.

3. PATIENCE

Paul says, "Love is patient...It always perseveres" (1 Corinthians 13:4, 7). It takes time to develop a good caring relationship. One requirement is patient and intensive listening. If you are in a hurry with the caring relationship and are anxious to get the whole situation "solved" or "cured," chances are that you will do a poor job of listening and caring.

Your actions need to communicate you want to work with Care Receivers and you are there to actively listen, not to push them into a quick solution. This even applies to those instances when you might very clearly see the causes as well as possible solutions to the problem. For example, if you are talking with a person who needs surgery, *Reference Box B* contains two ways the conversation might go.

Reference Box B – Don't Say/Do Say

- **Care Receiver:** I've been doing a lot of thinking and I've decided to not have the operation after all.
- **Don't say:** Your physician says you must have the operation. You know, you really don't have any choice. You won't get better without it.
- **Do say:** You once seemed very confident about having this surgery and now you say you don't want to go through with it. Tell me a little more about what you've been thinking...

Patiently take time to understand the person's needs and listen fully as the person works through their situation. Many times, people in crisis already know exactly what they should do.

They need patient, listening ears---people who can be completely present as they express their feelings. God works in such caregiving to inspire courage in people to do what they know they must do. Being a patient listener also means allowing silence during helping conversations. Ecclesiastes reminds us there is a time for speaking and a time for keeping silent (3:7b). Silences are usually not as long as they seem.

Effective listening entails remaining patient and at ease in silent moments as others struggle to express a feeling or pause to consider a thought. The Talmud states, "The deeper the sorrow, the less tongue it has." Job 2 tells how Job's friends sat with him seven days and nights in silence. By patiently listening during silent moments, you encourage Care Receivers to share their thoughts and feelings.

THE PHYSICAL SETTING FOR LISTENING

The physical setting of the caring visit also affects the quality of your listening. Many different settings will work, if you can be sure you won't be overheard, there are no major distractions, and you and the Care Receiver feel comfortable and relaxed.

PLAN AHEAD FOR LISTENING

Plan ahead to ensure your caring sessions take place in distraction-free settings. If you are meeting with a Care Receiver in a place that had many distractions when you last met, *Reference Box C* shows what you might say at the beginning of your meeting.

Reference Box C – Dealing with Distractions

- "Last time when we met here, there were a lot of interruptions. I'm wondering if there's a place where we can visit without so many distractions."
- If you visit a Care Receiver in a hospital and the noise in the hall or in the next room is distracting, you might say something like the example in *Reference Box D*

Reference Box D – Dealing with Hospital Noise

- "There's a lot of noise out there. How about if I close the door?"
- If you are in a crowded, noisy room at church and your Care Receiver pulls you aside and says, "I really need to talk to you," you might want to say something as in *Reference Box E or F*.

Reference Box E – Finding a Quieter Place

- "Why don't we go to....?"

Reference Box F – Dealing with Noise During a Phone Call

- "I really can't hear you very well now because of all this noise. Let me step into another room or can I call you back in a few minutes?"

SITTING DISTANCE

Sit a comfortable distance from the other person. Don't sit too close and invade the Care Receiver's physical space. But don't sit too far away, either. This might reduce the intimacy of the relationship. If you sit down first and the other person sits at the opposite end of the room, for example, feel free to make a request such as in *Reference Box G*.

Reference Box G – Adjusting Distance

- "Is it okay if I sit in this chair closer to you?"
- If you are in a hospital room, certainly ask permission to rearrange the furniture to improve the seating for your conversation. Don't sit on the bed, however. And don't sit with bright sunlight behind you so the Care Receiver will have to squint to look at you.
- The physical setting of the visit greatly affects the quality of your care.

HANDLING DISTRACTIONS AND INTERRUPTIONS

In spite of your best plans, interruptions and distractions will occur. The phone will ring, children will come in from the yard, or people will wander into the room where you are meeting, and so on. When such interruptions happen, be patient. Remember what you were talking about just before the interruption occurred. After the interruption ends, help the Care Receiver to pick up where they left off.

When distractions are excessive and prolonged and you can't do anything about them, you can either ask to end the session and make plans to meet at another time, or continue the conversation and make the best of the situation. If your Care Receiver is being prepared for surgery in an hour, for example, it is usually better to continue the conversation rather than cut it off because you cannot hear very well. In that situation, the importance of ministering to the person right then usually outweighs concern about distractions. Use your best judgment in situations where interruptions and distractions occur.

WHAT TO LISTEN FOR

A good listener wants to receive all a Care Receiver communicates during a caring visit. Good listening involves paying attention to body language, piecing together fragments of multiple conversations, and even noticing what the person does not say.

LISTENING TO MORE THAN JUST WORDS

Good listeners seek to understand as completely as possible how the speaker views or relates to their world. They read between the lines of another's communication and observe their body language. Pay attention to voice tremors, gestures, rate and type of breathing (rapid and shallow, slow and deep, such as sighs), color (flushed or pale), muscle tension (such as clenched fists), posture (rigid, comfortable, or slouched), and choice of clothing.

Consider facial expressions and what the Care Receiver's eyes tell you (tearful, focused away during conversation, closed). Ask yourself: "Is this person's nonverbal behavior consistent with their verbal statements?" For example, an inappropriate laugh or smile usually is a good indicator of anxiety.

LISTENING OVER TIME

As you regularly meet with your Care Receiver, recall your previous conversations with him or her. Listen for patterns of communication, recurring themes, or apparent contradictions. For example, a Care Partner may note the Care Receiver has talked a number of times about being unwilling to make decisions. The Care Partner might want to ask about this with a question such as *Reference Box H*.

Reference Box H – Asking About Recurring Themes

- "You've said several times you are having a tough time making decisions. What do you think may be contributing to this?"
- Good listening also involves noting how your Care Receiver thinks or behaves differently from his or her established patterns.
- You may notice one week a Care Receiver is very talkative, while in the past he or she had been very quiet. Or, in one visit, a person may speak highly of a job, while in the next conversation the person threatens to quit work.
- Explore such changes by saying something like the statement in *Reference Box I*.

Reference Box I – Exploring Changes

- (*Smiling pleasantly*) "You seem much more talkative than usual tonight. Any particular reason?"
- "Hmm. In the past you've said many times how much you like your job. I wonder what's happened to change your mind?"

LISTENING TO WHAT IS NOT SAID

Listening also means noticing what is not said. For example, a Care Receiver has three children and regularly talks about her family, but she hardly ever mentions one of the children. What is silently passed over may be what secretly troubles the person and what they need to talk about most. You might say something like the statement in *Reference Box J*.

Reference Box J – Asking About What Hasn't Been Said

- "You've talked a lot about John and Mary, but I haven't heard you say much about Sam."
- Such an open-ended statement often leads individuals who are covering over certain issues to express important feelings.

ACTIVE LISTENING

Active listening is a way of understanding what others communicate and helping them understand

themselves better. As an active listener you serve as a kind of mirror, helping your Care Receiver see themselves through what you hear and see. Active listening involves three main activities: paying attention, asking questions, and reflecting.

PAY ATTENTION

Paying attention to others helps them feel valued. It helps them know someone cares for them so much they put aside everything else and focuses only on them. The care you show by paying attention helps others trust you, allowing them to reveal deeply personal thoughts, fears, joys, and hopes.

Sharing at a deeper level gives them freedom to take a fresh look at their feelings, thoughts, and behaviors and move past some of the ideas or feelings that may have paralyzed them in the past.

Paying attention is the only way to really hear what the other person is saying. Here are practical suggestions to help you pay attention and to help others know you are doing so.

- Make eye contact. Don't glare into the other's eyes, but make solid eye contact as often as is comfortable for you and the Care Receiver.
- Lean forward slightly, face the speaker, and nod your head often.
- Avoid looking at your watch or out the window, doodling, finger tapping, or other activities that show your mind is elsewhere.
- After an interruption, summarize what the speaker said before the interruption; for example, "Before we were interrupted, you said you called your mother." This helps the Care Receiver get back on track, shows you were paying attention, and keeps the conversation rolling.

ASK QUESTIONS

Active listening encourages others to continue talking about their interests or concerns. The more they share, the more you understand. Sharing more helps Care Receivers understand themselves better. Open-ended and clarifying questions are excellent tools to achieve these goals.

1. OPEN-ENDED QUESTIONS

If you ask a question that can be answered with a yes or no, or with a one- or two-word response, you don't encourage your Care Receiver to open up and share fully. Questions answered with a simple, short statement of fact are closed-ended questions.

You invite deeper sharing and learn much more about a Care Receiver when you ask open-ended questions which require an essay-type response, interpretation, and elaboration. *Reference Box K* contains examples of closed- and open-ended questions.

| Reference Box K – Closed-And Open-Ended Questions | |
|---|---|
| Closed | Open |
| "Did that make you angry?" | "How were you feeling when that happened?" |
| "Did you like the Bible study class?" | "What did you think of the Bible study?" |
| "How many children do you have?" | "What can you tell me about your children?" |
| "Are you going to quit work?" | "What do you plan to do about your job?" |

"Did you feel honored?"

"Wow! How did that make you feel?"

2. CLARIFYING QUESTIONS

Clarifying questions help you understand what the Care Receiver means. If someone says, "I can't stand my job another day," you could ask, "What's going on at work?" You might find out the speaker wants to change careers, they are having serious problems with a coworker, or any number of other possibilities.

3. WHAT AND HOW QUESTIONS, NOT WHY

Questions beginning with *why* can put a speaker on the defensive---she or he may feel a need to explain, justify, defend, or give reasons for feelings or behaviors. People are unlikely to trust those who put them on the defensive. Instead of asking *why*, try asking *what* or *how* most of the time.

These questions ask for specifics about the situation and help you and the speaker get a clearer idea of what is going on. They also focus on how a problem can be solved or a situation improved.

GUIDELINES FOR ASKING QUESTIONS

Phrase questions in a way that shows your care and concern. Look at the questions in *Reference Box L*.

Reference Box L – How Not to Ask Questions

- **Don't say:** What made you do *that*?
- **Do say:** How did it happen? What was going on that contributed to it?

When your questions are gentle and kindly inquisitive, the speaker most likely will tell you more. If your questions are too abrupt or imply judgment, the speaker may feel defensive or end the conversation.

Once you have asked a question, *listen to the answer*. This sounds basic, but people often ask questions and then never give the other person time to respond. Look at the example in *Reference Box M*.

Reference Box M – Wrong and Right Ways to Ask Questions

- **Don't say:** You had some tests today. How did they go? I can see by the way you look they were pretty rough on you. I bet you're feeling pretty bad right now. I had a niece who had the same tests you had, and she said they were murder. First, they put her . . .
- **Do say:** You had some tests today. How did they go? (*And pause to listen.*)

A closely related pitfall is to drill the Care Receiver with rapid-fire questions without giving them a chance to answer the first one. *Reference Box N* contains an example.

Reference Box N – Don't Ask Too Many Questions

- **Don't say:** How is it going for you today? Any better than yesterday? Did your physician see you today? What did the doctor say? What is the treatment plan? When will you see the doctor again?
- **Do say:** How is it going for you today? (*And then pause to listen.*)

REFLECT WHAT THE CARE RECEIVER SAYS

Reflecting means listening to someone for a while and then summarizing what they say in your own words as you say it back to them. Reflecting is not parroting back others' exact words. That is not only wooden and uncomfortable, but quickly becomes ridiculous and cruel.

Good reflecting means saying back what others have said *as you have understood them*, which adds a brand new layer of information.

Reference Box O is an example.

Reference Box O – An Example of Reflecting

- **Speaker:** I don't know what's wrong with my sister. If I call her, she doesn't want to talk to me. If I don't call her, she emails and texts me to complain I don't care about her.
- **Listener:** It sounds as if you're confused or angry or offended by how your sister is treating you.

Reflecting helps you know how well you understood what the speaker was trying to say. For example, if you continue the conversation above, the speaker might say one of the statements in *Reference Box P*.

Reference Box P – An Example of Reflecting (Continued)

- **Speaker:** "That's right. I just don't know what she wants from me... "
- "No, I'm not confused about it! She's treating me badly, and I don't like it!"

Reflecting responses also invites others to tell you more and to continue talking about the issue for as long as they need to. Reflecting gives the speaker a chance to hear a paraphrase of their words, ideas, or feelings. This can lead the speaker to greater self-awareness and self-understanding. After stopping to think, "Yes, that's what I mean," or "No, it's not quite like that," the speaker clarifies what they meant.

Using reflective responses may feel a bit awkward at first. Don't worry; with practice it will soon feel more natural. Avoid parroting the speaker mechanically or word for word. Instead, focus on saying back what you have understood the person to mean and responses will come to you naturally.

There are many different ways to make reflective responses. Use a variety of phrases and clarifying questions like the ones in *Reference Box Q*.

Reference Box Q – Reflecting Responses

- "It sounds to me as if you're wondering whether..."
- "It seems as if you're feeling..."
- "From what you're saying, I get the idea that..."
- "As I understand it, you're planning to..."
- "Let's see whether I have it right. You've decided to..."
- "If I understand what's going on, the situation is..."

- "I think what you're telling me is..."
- "It seems to you that..."

THREE TYPES OF INFORMATION YOU MIGHT REFLECT

Three types of information to reflect to your Care Receiver are: content, feelings, and spiritual concerns.

1. CONTENT

Content includes who, what, why, when, where, and how of what a person says. Here are examples of content, followed by statements reflecting content:

- Thoughts
"So, you're thinking this would be a good time to change jobs."
- Beliefs
"Am I right in saying your beliefs and convictions are different from your father's?"
- Plans
"So your family is planning to move next spring?"
- Evaluations
"It seems to me you really don't like what's going on at work."
- Ideas
"You're thinking the best thing to do now might be to quit."
- Dreams
"So your idea of where you'd like to be in five years is..."
- Opinions
"It's clear to me you don't have any use for hypocrites."
- Expectations
"You thought marriage would be very different from this."
- Judgments
"You've decided it's time to do something about this."
- Attitudes
"It appears as if you are approaching this move in a very upbeat, positive way."
- Hopes
"It's not hard to see you really want things to be better."
- Values
"That seems like a waste of time to you."
- Wishes
"It sounds as if you wish you could live that day over again."

2. FEELINGS

When you reflect feelings, you encourage people to talk more about feelings, even if they are painful or difficult. Giving someone this opportunity is an act of caring; people rarely have others invite them to share their feelings. The following words describe different kinds of feelings.

- Sad & Despondent

"You're feeling very sad about your mother's death."

- Unconcerned
"It seems as if you aren't worried about what's going to happen."
- Excited
"I can tell you're excited about the possibilities."
- Angry & Furious
"That's something you're really angry about."
- Pleased
"It sounds as if you're really pleased with how it turned out."

Take a few minutes to write a reflective statement for three more of the feelings listed here. What other words could you add to this list?

- Afraid & Fearful
- Amazed
- Anxious & Nervous
- Happy & Glad
- Relaxed

3. SPIRITUAL CONCERNS

Once your Care Receiver trusts you, they may share spiritual concerns---hopes, fears, questions, or joys that, at the root, have to do with the person's relationship with God. Sometimes Care Receivers will know their thoughts and feelings are spiritual concerns. They will talk very openly about how they need God's help or about how God has come through for them. Other times, people won't realize only God can fully meet their ultimate concerns. Their intense feelings and difficult life issues become more confusing because they don't turn to God for help.

Regardless of if the other person knows their concerns have to do with a need for Jesus, you can summarize and repeat those concerns. This encourages your Care Receiver to talk more about their relationship with God. You may or may not mention God in a particular conversation, but you know only God can meet these needs. The following examples of spiritual concerns often come up in a conversation:

- Identity
"It sounds to me as if you have some questions about who you are and who God might want you to be."
- Self-Esteem
"Am I right you don't feel so great about yourself right now?"
- Meaning
"It seems difficult for you to see what good can come from all this."
- Evil & Sin
"You're wondering why God allows so much evil in the world."
- Guilt
"It seems you're having trouble living with what's happened."
- Hope and Despair
"Right now you're dreading what lies ahead of you, when you'd rather have hope things will be okay."

Write a reflective statement for three of the concerns listed here. What words could you add to this list?

- Failure
- Loneliness/Separation from God
- Aging
- Pain & Suffering
- Purpose in Life
- Forgiveness
- Regrets
- Doubts about Self and God
- Death

Exploring spiritual concerns can be very challenging. Because they touch the core of life, discussing them involves an element of risk for both the Care Partner and the Care Receiver. Careful listening builds a trusting environment in which both parties can take such a risk.

Remember you cannot solve the spiritual concerns of another person. You can listen, care, and struggle with a Care Receiver. You can pray with and for them, trusting God is at work through your caregiving.

WHEN DO YOU REFLECT WHAT?

Will you always reflect first content, then feelings, and then spiritual concerns? No. You will reflect what the Care Receiver says, and that may or may not be in this order.

You may find, however, Care Receivers tend to talk more about content at first, and then move more into feelings, and then spiritual concerns. This is because content is the least risky of the three, feelings are riskier, and spiritual concerns are riskiest. As your Care Receiver learns to trust you more, he or she will share more and more risky thoughts and feelings.

GETTING READY FOR THE TRAINING CLASS SESSION

You will discuss what you learned in this Preclass Reading with your class. There will be a brief true/false quiz, but don't feel anxious. You won't receive a grade or even share your answers with anyone else unless you choose to on your own. The purpose of the quiz is to make sure everyone in class has learned the important points and set the stage for the discussion.

Training Class Notes – Week 3



THE ART OF LISTENING

Listening is Caring

You must know this, my friends: let everyone be quick to listen and slow to speak... (James 1:19a NRSV)

I. OUR LISTENING GOD

NOTES:

- Will you make it your life-long objective to continually work at becoming a great **story listener** rather than being an everyday, run-of-the-mill, ordinary **story teller**?

II. MAY I HAVE YOUR ATTENTION, PLEASE?

Focus Note 1 - The SOLAR Diagram

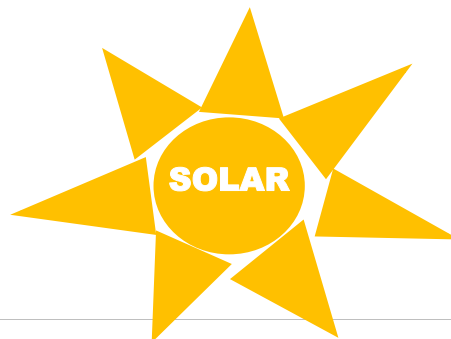
Sit slightly forward

Maintain an Open, relaxed posture

Look into the person's eyes

Pay Attention to what the person is saying

Reflect what the person says and feels



Focus Note 2 - Discussion Questions

1. How different was this experience from the previous experience?
2. How did you feel when the listener was not paying attention?
3. How did you feel when the listener was really paying attention?
4. What did you learn from this exercise?
5. What is difficult or easy for you as a listener?

III. LISTENING FACTS QUIZ

QUESTION #1

If you are having a hard time hearing your Care Receiver due to noise around you, you should listen harder. (It would be rude to interrupt the Care Receiver and suggest a quieter setting.)

True False **NOTES:**

QUESTION #2

Long silences are destructive to listening and erode the Care Receiver's trust in the Care Partner.

True False **NOTES:**

QUESTION #3

Sometimes you will learn more about your Care Receiver's thoughts and feelings by their tone of voice or body language than you will from their actual words.

True False **NOTES:**

QUESTION #4

It would be valuable to mentally review previous conversations you've had with your Care Receiver before each caring visit.

True False **NOTES:**

QUESTION #5

Active listening means carrying on a conversation while you are jogging or doing aerobics.

True False **NOTES:**

QUESTION #6

An open-ended question is one for which there is simply no answer.

True False **NOTES:**

QUESTION #7

Questions beginning with the word "why" can make people feel defensive.

True False **NOTES:**

QUESTION #8

When it comes to reflecting, a tape recorder or a parrot could do as well as a Care Partner.

True False **NOTES:**

QUESTION #9

When you do reflective listening, it is a good practice to use a number of different lead-ins, rather than always beginning with a statement such as, “What I hear you saying is...”

True False **NOTES:**

QUESTION #10

Reflecting spiritual concerns is a way to force people to admit they need a Savior and must repent of their sins to get through their situation.

True False **NOTES:**

IV. REFLECTIVE LISTENING EXERCISE

Focus Note 3 - Sharing Situations

- **Situation 1/Person A:** Tell about what you did on your last vacation. (Content)
- **Situation 2/Person B:** Tell about a time in the last few months when you felt very happy. (Feelings)
- **Situation 3/Person C:** Tell about a time when you really felt you needed God’s help. (Spiritual)

Focus Note 4 - Discussion Questions

1. How did it feel for listeners to give reflecting responses?
2. How did speakers feel having experiences reflected?
3. What were some instances in which the listener reflected well?
4. What were instances when the listener could have reflected differently?

VI. THE CAREGIVER'S GUIDE

For each of the four points and center of the Caregiver's Guide, write words or sentences to summarize what you learned about listening as a Care Partner. As a listener, how can you demonstrate the character and skills of a caregiver?

VII. LOOKING AHEAD

NOTES:

READING ASSIGNMENT FOR WEEK 4

- *Care Partner Training Manual* – “Process vs Results in Caregiving” Preclass Reading

VII. LISTENING TO GOD

Focus Note 5 - Listening to God

- What content is God sharing? Identify it specifically.
- What feelings is God sharing? What are you feeling about what God says?
- What spiritual concerns is God sharing? How can you respond to this?

PSALM 46

God is our refuge and strength, an ever-present help in trouble. Therefore, we will not fear, though the earth give way and the mountains fall into the heart of the sea, though its waters roar and foam and the mountains quake with their surging.

There is a river whose streams make glad the city of God, the holy place, where the Most High dwells. God is in her, she will not fall; God will help her at break of day. Nations are in uproar, kingdoms fall; he lifts his voice, the earth melts.

The LORD Almighty is with us; the God of Jacob is our fortress.

Come and see the works of the LORD, the desolations he brought on the earth. He makes wars cease to the ends of the earth; he breaks the bow and shatters the spear, he burns the shields with fire. “Be still, and know that I am God; I will be exalted among the nations, I will be exalted in the earth.”

The LORD Almighty is with us; the God of Jacob is our fortress.

ISAIAH 40:25-31

“To whom will you compare me? Or who is my equal?” says the Holy One. Lift your eyes and look to the heavens: Who created all these? He who brings out the starry host one by one, and calls them each by name. Because of his great power and mighty strength, not one of them is missing.

Why do you say, O Jacob, and complain, O Israel, “My way is hidden from the LORD; my cause is disregarded by my God”? Do you not know? Have you not heard? The LORD is the everlasting God, the Creator of the ends of the earth. He will not grow tired or weary, and his understanding no one can fathom. He gives strength to the weary and increases the power of the weak.

Even youths grow tired and weary, and young men stumble and fall; but those who hope in the LORD will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint.

MATTHEW 6:25-34

“Therefore I tell you, do not worry about your life, what you will eat or drink; or about your body, what you will wear. Is not life more important than food, and the body more important than clothes? Look at the birds of the air; they do not sow or reap or store away in barns, and yet your heavenly Father feeds them. Are you not much more valuable than they? Who of you by worrying can add a

single hour to his life?

“And why do you worry about clothes? See how the lilies of the field grow. They do not labor or spin. Yet I tell you that not even Solomon in all his splendor was dressed like one of these. If that is how God clothes the grass of the field, which is here today and tomorrow is thrown into the fire, will he not much more clothe you, O you of little faith? So do not worry, saying, ‘What shall we eat?’ or ‘What shall we drink?’ or ‘What shall we wear?’ For the pagans run after all these things, and your heavenly Father knows that you need them.

But seek first his kingdom and his righteousness, and all these things will be given to you as well. Therefore, do not worry about tomorrow, for tomorrow will worry about itself. Each day has enough trouble of its own.”

ROMANS 8:26-39

In the same way, the Spirit helps us in our weakness. We do not know what we ought to pray for, but the Spirit intercedes for us with groans that words cannot express. He who searches our hearts knows the mind of the Spirit, because the Spirit intercedes for the saints in accord with God’s will.

And we know that in all things God works for the good of those who love him, who have been called according to his purpose. For those God foreknew he also predestined to be conformed to the likeness of his Son, that he might be the firstborn among many brothers. And those he predestined, he also called; those he called, he also justified; those he justified, he also glorified.

What, then shall we say in response to this? If God is for us, who can be against us? He who did not spare his own Son, but gave him up for us all---how will he not also, along with him, graciously give us all things? Who will bring any charge against those whom God has chosen? It is God who justifies. Who is he that condemns? Christ Jesus, who died---more than that, who was raised to life---is at the right hand of God and is also interceding for us. Who shall separate us from the love of Christ? Shall trouble or hardship or persecution or famine or nakedness or danger or sword? As it is written: “For your sake we face death all day long; we are considered as sheep to be slaughtered.”

No, in all things we are more than conquerors through him who loved us. For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord.

VIII. CLOSING PRAYER

Prayer Partner Suggestions for This Week

My Prayer Partner is _____

Prayer partners can do together as much or as little as they desire. Here are some possibilities.

- Pray privately for each other.
- Share prayer concerns (in person or over the telephone) once a week and pray for each other (privately).
- Meet regularly in person to share prayer concerns and pray for each other.
- Talk regularly by telephone to share prayer concerns and pray for each other over the telephone.
- Practice a spiritual discipline, such as Bible study, together.

Prayer requests and testimonies to share with my prayer partner

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|-------|-------|
| _____ | _____ |
| _____ | _____ |

Prayer requests and testimonies shared by my prayer partner

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| _____ | _____ |
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