



PROCESS V RESULTS IN CAREGIVING

Allowing God to Do the Work

TWO EXAMPLES OF CAREGIVING

CARLA AND HELEN

Carla had been assigned to be Helen's Care Partner a couple of days after Helen's mother finally had to go into the nursing home. Helen felt guilty she couldn't move her mother in with her family and care for her at home, but realistically, that was not possible.

Every time Carla and Helen met, Helen berated herself for putting her mother into the nursing home. It seemed to Carla that Helen felt worse rather than better at the end of her visits.

Carla did her best to listen to Helen, but she started feeling impatient with Helen after hearing the same complaints for five visits. On her sixth visit Carla said, "Helen, I care about you and your feelings, but I want you to move past your guilt and deal with the real issues. I think it would be better if you'd stop talking about how guilty you feel and accept the fact that you cannot do anything to change this situation."

ALEX AND GEORGE

Alex had been meeting with his Care Receiver, George, for almost a year. George had been involved in a divorce during that time, and the divorce had just recently become final.

George felt deeply hurt that his wife didn't want to be married to him anymore. George would share with Alex thoughts such as, "Maybe if I write Patty a letter and tell her how much I've changed, then we can get back together," or "I know Patty and I belong together. I'll just keep waiting, praying, and hoping, and one day I'm sure we'll get remarried."

From all he knew, Alex believed George's marriage could not be salvaged. He saw George's preoccupation with salvaging the dissolved marriage as a sign George was resisting the painful truth. Instead of trying to get George to realize this, however, Alex continued to listen and understand George's feelings. He also included George in his daily prayers. Alex trusted God would help George admit the death of his marriage and get on with the grieving process.

DIFFERENT APPROACHES

Carla and Alex took very different approaches to their caregiving. Carla took a *results-oriented approach*. She saw what Helen needed and tried to get Helen to change. Alex, however, took a *process-oriented approach*. He also knew what his Care Receiver needed to realize, but he didn't try to bring about change by himself. Alex focused on the process of caring and left the results to God.

Which Care Receiver do you think is more likely to experience the deeper growth and change they need? The answer to that question is the main point of this class session.

COMPARING RESULTS AND PROCESS ORIENTED CAREGIVING

AN IMPORTANT SIMILARITY

Although there are many important differences between caring with a process-orientation and caring with

a results-orientation, there is also one very important similarity. The people who use a results-orientation and those who use a process-orientation both want the best for the Care Receiver. Both want the Care Receiver to experience healing and new life, to make positive adjustments, and to grow in relationship with Jesus.

These are all appropriate hopes and desires for the caring relationship. Results like these are the reason Care Partners care the way they do. As you've seen from your reading in *Christian Caregiving – A Way of Life*, however, *results start happening when you stop pushing for them*. A process-orientation is actually more likely to achieve desired results than a results-orientation because pushing for results often increases an individual's resistance to change and growth.

A FIVE-POINT COMPARISON

Reference Box A compares results-oriented and process-oriented caring.

Reference Box A	
Results-Oriented Caregivers	Process-Oriented Caregivers
1. Try to do for others what only God can do	Concentrate on what they are able to do and leave the results to God
2. Focus on <i>cure giving</i> and trying to solve others' problems	Concentrate on caring for others
3. Foster dependency by making decisions for others	Foster dependence on God and self-reliance by helping others make their own decisions
4. Use their "caregiving" to satisfy self-centered needs to feel good about themselves and in control	Focus their other-centered care on providing what their Care Receivers need
5. Try to control others' behaviors	Try to control their own behavior

1. WHAT WE CAN DO VERSUS WHAT ONLY GOD CAN DO

Care Partners care for their Care Receivers in many ways, but only God can bring healing and change lives. When Care Partners try to take over God's role, it never works out. You will hope for many results in your Care Receivers' lives that only God can bring about.

- **Healing.** No matter what physicians, therapists, nurses, Care Partners, or other caregivers do, healing is God's doing. This applies not only to physical healing but also to emotional and spiritual healing and to healing in relationships.
- **Faith.** Care Partners often want their Care Receivers to trust God more fully. The only way people grow in faith is by the Holy Spirit's work. "Consequently, faith comes from hearing the message, and the message is heard through the word of Christ" (Romans 10:17).
- **New life.** When Care Receivers grieve the death of loved ones, they reach a point where they can look to the future and make a new life without the loved ones. Such new life is God's gift.
- **Forgiveness.** Your reading in *Christian Caregiving – A Way of Life* spoke of *forgivableness* and *forgivability* as results to expect. Forgiveness comes only through Jesus Christ, crucified and

resurrected.

- *Hope*. Paul wrote, "May the God of hope fill you with all joy and peace as you trust in him, so that you may overflow with hope by the power of the Holy Spirit" (Romans 15:13). Hope needs to be backed up by the Holy Spirit's power to withstand the temptation to despair.
- *Peace*. "Therefore, since we have been justified through faith, we have peace with God through our Lord Jesus Christ" (Romans 5:1). Only God can give deep and lasting peace that comes from knowing God is on our side no matter what may happen.

Care Partners can't bring about these results – the *nouns*. However, they can do the process – all the *verbs* of caregiving. Care Partners can:

- Listen
- Pray with and for their Care Receivers
- Be reliable
- Witness about what God has done
- Patiently wait for God to act
- Be with Care Receivers through thick and thin
- Help Care Receivers recognize, accept, and express their feelings
- Accept Care Receivers and relate to them nonjudgmentally

When Care Partners focus on what *they* can do, God brings the results that only *He* can bring.

2. CURE VERSUS CARE

In the two *Christian Caregiving – A Way of Life* chapters about process-oriented caring, Kenneth Haugk makes clear the difference between caring and curing. Here are a couple of additional thoughts.

Care Partners are sometimes "wounded healers" who have gone through crises similar to their Care Receivers. It can be easy, however, for Care Partners to forget how long it took and how much struggle was involved in working through their own crises. They may push Care Receivers to try a particular solution that worked for them. This may appear as caring, but it crosses the line from caregiving into cure giving. Most often, people need to figure out their own solutions.

Part of caring is sharing the Care Receiver's pain. This may well be the hardest part of relating as a caregiver instead of a cure giver. When a Care Partner tries to impose a cure, they may think it is for the Care Receiver's sake. It may actually be done, however, to relieve their own pain they feel from empathizing with the Care Receiver. It is most caring to stick with the process-orientation and continue caring, even though it hurts to do so.

3. DEPENDING ON THE CAREGIVER VERSUS DEPENDING ON GOD

When someone uses results-oriented care, it may make the Care Receiver dependent on the caregiver. If the Care Partner makes decisions for the Care Receiver, the Care Receiver may end up making fewer and fewer decisions for him- or herself. This delays a Care Receiver's recovery from a crisis.

Some caregivers may be tempted to encourage such dependency. They may like the feeling of having someone else depend on them. It may make them feel needed and bolster their self-esteem. Such

dependency, however, does Care Receivers no good.

Instead, Care Partners encourage Care Receivers to depend on God and become more self-reliant. With a process-orientation, Care Partners help Care Receivers take responsibility for themselves. They help Care Receivers to think through what they can do for themselves. They also model reliance on God by praying with and for their Care Receivers and by sharing how much they personally depend on God's help.

Sometimes Care Partners are convinced they know what a Care Receiver needs better than he or she does. Even then, they need to remain process-oriented, allowing the Care Receiver to make their own choices and leaving the results to God.

4. SELF-CENTERED VERSUS OTHER-CENTERED

Self-centered care might include:

- Pushing the Care Receiver to get over their grief so the Care Partner will be able to report a "success" in ministry
- Pressuring the Care Receiver to get started sharing so the caring visit can end and the Care Partner can go do something else
- Putting guilt on the Care Receiver for not trying to reconcile with their estranged spouse because the Care Partner does not believe in divorce
- Hurrying the Care Receiver to get better because their pain is very painful for the Care Partner
- Compelling the Care Receiver to pray when they do not want to because the Care Partner thinks the person should pray
- Pressuring a Care Receiver to accept Christ because the Care Partner believes God will hold them accountable if the Care Receiver does not become a Christian

Other-centered care might include:

- Listening to a Care Receiver talk repeatedly about how much they miss a beloved
- Spending time in silence with the Care Receiver until they are ready to share
- Spending an extra half hour with the Care Receiver occasionally, so they can continue exploring an important feeling
- Caring for a Care Receiver even though they have made a choice the Care Partner strongly disagrees with
- Hurting along with the Care Receiver for as long as it takes them to move through their pain
- Letting the Care Receiver decide whether praying will be part of the caring visit
- Continuing to love, care for, and pray for a Care Receiver even if they aren't ready to believe in Jesus

Self-centered care is always results-oriented. Other-centered care is always process-oriented.

5. CONTROLLING OTHERS VERSUS CONTROLLING OURSELVES

With a results-orientation, caregivers try to control their Care Receiver's behavior. They believe they know what is best for a Care Receiver and try to convince them to follow their advice.

Process-oriented Care Partners, however, focus on controlling their own behavior. It takes self-discipline to listen to a Care Receiver tell the same story for the umpteenth time. Care Partners need self-control to love and support a Care Receiver who continues to make irresponsible choices.

Since process-oriented caregiving involves controlling one's own behavior, Care Partners can be successful caregivers. If Care Partners believe they were responsible for controlling others, they might often feel like failures. People do not like others controlling them. Everyone, however, can have some success in controlling their own behavior.

A BIBLICAL VIEW OF PROCESS-ORIENTED CAREGIVING

Here are 18 biblical suggestions for ways to be a process-oriented caregiver.

1. CARE [BE CONCERNED FOR, LOOK AFTER, ATTEND TO]

- "That there may be no dissension within the body, but the members may have the same care for one another" (1 Corinthians 12:25 NRSV).
- "Carry each other's burdens, and in this way you will fulfill the law of Christ" (Galatians 6:2). If you wonder what that "law of Christ" is, see John 13:34.

2. LISTEN

- "Listen carefully to my words; let this be the consolation you give me" (Job 21:2).
- "Let everyone be quick to listen, slow to speak" (James 1:19b NRSV).

3. ACCEPT [RECEIVE WILLINGLY]

- "Accept one another, then, just as Christ accepted you, in order to bring praise to God" (Rom 15:7).
- "Let us therefore no longer pass judgment on one another, but resolve instead never to put a stumbling block or hindrance in the way of another" (Romans 14:13 NRSV).

4. UNDERSTAND [KNOW DEARLY OR FULLY]

- "By wisdom a house is built, and by understanding it is established" (Proverbs 24:3 NRSV). The *house* in this proverb is the Safe House from Session 2, "Feelings: Yours, Mine, and Ours." It is the secure structure of care and concern with which you surround the Care Receiver. You establish that "house" by understanding others and communicating your understanding clearly.

5. ENCOURAGE [GIVE COURAGE, HOPE, CONFIDENCE; SUPPORT; AFFIRM]

- "Therefore encourage one another and build up each other, as indeed you are doing. . . . Encourage the faint hearted, help the weak" (1 Thessalonians 5:11, 14b NRSV).
- "Each of us must please our neighbor for the good purpose of building up the neighbor" (Romans 15:2 NRSV).

6. ACT WITH HUMILITY

- "As God's chosen ones, holy and beloved, clothe yourselves with . . . humility" (Col 3:12 NRSV).
- "Do nothing from selfish ambition or conceit, but in humility regard others as better than yourselves" (Philippians 2:3 NRSV).

7. APOLOGIZE

- "Do not let the sun go down on your anger" (Ephesians 4:26b NRSV).
- Sometimes acting with humility may involve apologizing. You might apologize for a mistake you have made that has hurt your Care Receiver. Your apology may be on behalf of the church for something that has hurt the Care Receiver. Your authority for making an apology on behalf of the congregation is in Paul's description of the church as the body of Christ (1 Cor. 12:12-27).

8. RESPECT [GIVE HONOR]

- "Honor one another above yourselves" (Romans 12:10b).
- "Show proper respect to everyone" (1 Peter 2:17a).
- You show respect for your Care Receiver by keeping confidences, by honoring the person's uniqueness, and by respecting their need to make decisions.

9. ACT WITH KINDNESS

- "But the fruit of the Spirit is. . . kindness" (Galatians 5:22).
- "And be kind to one another, tender-hearted, forgiving one another, as God in Christ has forgiven you" (Ephesians 4:32 NRSV).

10. ACT WITH GENTLENESS [BE TENDER]

- "But we were gentle among you, like a nurse tenderly caring for her own children" (1 Thessalonians 2:7b NRSV).
- "I . . . beg you to lead a life worthy of the calling to which you have been called, with all humility and gentleness" (Ephesians 4:1-2a NRSV).

11. ACT WITH PATIENCE

- "Love is patient" (1 Corinthians 13:4a).
- "As God's chosen ones . . . clothe yourselves with . . . patience" (Colossians 3:12 NRSV).

12. BE CONSIDERATE

- "Remind the people . . . to be peaceable and considerate" (Titus 3:1-2).

13. ACT WITH SYMPATHY

- "Finally, all of you, have unity of spirit, sympathy, love for one another" (1 Peter 3:8 NRSV).

14. ACT WITH EMPATHY

- "Rejoice with those who rejoice, weep with those who weep" (Romans 12:15 NRSV).

15. ACT GRACIOUSLY [BE PLEASANT]

- "Let your speech always be gracious" (Colossians 4:6a NRSV).
- "Perfume and incense bring joy to the heart, and the pleasantness of one's friend springs from . . . earnest counsel" (Proverbs 27:9).

16. ACT WITH COMPASSION [SUFFER WITH]

- "If one member suffers, all suffer together with it" (1 Corinthians 12:26a NRSV).

- "Be compassionate" (1 Peter 3:8b).

17. PRAY FOR AND WITH

- "Therefore confess your sins to one another, and pray for one another, so that you may be healed" (James 5:16a NRSV).
- "Pray without ceasing" (1 Thessalonians 5:17 NRSV).
- You only pray *with* your Care Receiver when it is appropriate, natural, and timely. But you can always pray *for* your Care Receiver.

18. ADMONISH [WARN, CAUTION, CONFRONT]

- "Let the word of Christ dwell in you richly; teach and admonish one another in all wisdom" (Colossians 3:16a NRSV).
- Admonishment can be a process-oriented, caring act as long as it is not the first act. As David Augsburger writes:

"Hearing confrontation from another is no problem when one is certain the other respects, values, cares in spite of all differences Caring comes first, confrontation follows."

GETTING READY FOR THE TRAINING CLASS SESSION

Become very familiar with the ideas in this Preclass Reading.

FOR MORE INFORMATION

If you'd like more information about process-oriented care, you may want to read *Christian Caregiving: A Way of Life* by Kenneth C. Haugk, Augsburg Publishing House (Minneapolis), 1984. We recommend purchasing the book from an online used bookstore such as Thriftbooks or Abebooks.

Training Class Notes – Week 4



PROCESS V RESULTS IN CAREGIVING

Allowing God to Do the Work

I planted the seed, Apollos watered it, but God made it grow. (1 Corinthians 3:6)

I. PAUL, APOLLOS, AND GOD

NOTES:

II. PROCESS VERSUS RESULTS SKILL PRACTICE

Focus Note 1 – Care Receiver Profile

Describe a Care Receiver the same age and gender as the person playing the role.

1. What is the Care Receiver's primary need for care?
2. How long has this been going on?
3. What feelings is the Care Receiver experiencing?
4. What does the Care Receiver most want from his or her caregiver?

Focus Note 2 – Discussion Questions

1. How did the Care Receiver feel?
2. How did the caregiver feel?
3. What body language and feelings did the observer notice?
4. What did this exercise have to do with caregiving anyway?

III. PROCESS-ORIENTED GOALS

A DEFINITION OF PROCESS-ORIENTED GOALS

Focus Note 3 – Definition of Process-Oriented Caregiving Goals	
Definition	Significance
Process goals are <u>actions</u>	Focus on <u>means</u> , not end.

NOTES:

Focus Note 4 – Definition of Process-Oriented Caregiving Goals (Cont.)	
Definition	Significance
Process goals are actions I <u>can do</u>	Focus on what I can <u>control</u>

NOTES:

Focus Note 5 – Wisdom from Thomas A. Kempis
<i>"Be not angry that you cannot make others as you wish them to be, since you cannot make yourself as you wish to be."</i>

NOTES:

Focus Note 6 – Definition of Process-Oriented Caregiving Goals (Cont.)	
Definition	Significance
Process goals are actions I can <u>do now</u>	Focus on the <u>present</u>

NOTES:

Focus Note 7 – Definition of Process-Oriented Caregiving Goals (Cont.)	
Definition	Significance
Process goals are actions I can do now that concentrate on the <u>needs</u> of others.	Focus on <u>servanthood</u>

Focus Note 8 – Jesus’ Attitude of Servanthood

*Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves. Each of you should look not only to your own interests, but also to the interests of others. Your attitude should be the same as that of Christ Jesus: Who, being in very nature God, did not consider equality with God something to be grasped, but made himself nothing, taking the very nature of a servant, being made in human likeness. And being found in appearance as a man, he humbled himself and became obedient to death—even death on a cross! **Philippians 2:3-8***

Focus Note 9 – Definition of Process-Oriented Caregiving Goals (Cont.)

Definition

Process goals are actions I can do now that concentrate on the needs of others and leave the **results** to God.

Significance

Focus on caring, not **cure**

NOTES:

B. EXAMPLES OF PROCESS-ORIENTED GOALS

Focus Note 10 – Process-Oriented Caregiving Goals

1. I will be physically and mentally **present** with and for the Care Receiver.
2. I will actively **listen**.
3. I will focus on the Care Receiver's **feelings**.
4. I will strive to understand the Care Receiver's **frame of reference**, to see their need or loss as they see it.
5. I will be **non-judgmental** and accept the Care Receiver as a person deeply loved by God.
6. I will share prayer, Scripture, or other resource as **appropriate**, **natural**, and **timely**.

IV. HOW TO PROVIDE PROCESS-ORIENTED CARE

Focus Note 11 – Caregiving Situation 1

Lou joked about his experience in the magnetic resonance imaging scanner. "It was like crawling into a culvert and having someone throw a chain saw in after you." The scanner revealed a herniated disk in his spine and Lou wasn't making jokes about his worsening pain. Conservative treatment regimens had failed one by one, leaving surgery as his only recourse. You are already aware the financial implications are worrying him, both because he does not have adequate medical insurance and because he will lose significant income from his work as a self-employed contractor.

Process-oriented ways to care:

- 1.
- 2.
- 3.
- 4.
- 5.

NOTES:

Focus Note 12 – Instructions for Discussing Focus Notes 13 and 14

1. Have someone read aloud the caregiving situation in the Focus Note you are working on.
2. Brainstorm at least five process-oriented ways a Care Partner could care for the Care Receiver.
3. Recorders: Write your group's ideas in the space provided in the Focus Note.
4. Evaluate your ideas for caring to make sure they really are process-oriented.
5. After you have worked through the first caregiving situation, the class will discuss the situation.

NOTES:

Focus Note 13 – Caregiving Situation 2

Cassie and Ed were living the American dream, or so it seemed. They had a 2-year-old daughter and Cassie was pregnant with a second child. They had just bought their first home. Then Ed died in an accident on the job. Now a month later, Cassie is barely coping with her daughter, pregnancy, a new house, and memories, while what's left of the \$20,000 company life insurance payment dwindles.

Process-oriented ways to care:

- 1.
- 2.
- 3.
- 4.
- 5.

NOTES:

Focus Note 14 – Caregiving Situation 3

At the nursing home where you visit 87-year-old Pat, you learn she is dying. No one is sure whether she can hear, but what is certain is that she does not respond. Pat has no living family, and the staff of the nursing home is hard-pressed to provide more than basic services to her.

Process-oriented ways to care:

- 1.
- 2.
- 3.
- 4.
- 5.

NOTES:

V. PRACTICING PROCESS-ORIENTED CAREGIVING

Focus Note 15 – Discussion Questions

1. How did the caregiver feel about providing process-oriented care?
2. How did the Care Receiver feel about receiving process-oriented care?
3. How did the caregiver care in process-oriented ways?
4. How else could the caregiver have provided process-oriented care?

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 process v results as a Care Partner. How can you demonstrate the character and skills of a caregiver?



VII. LOOKING AHEAD

READING ASSIGNMENT FOR WEEK 5

- Care Partner Training Manual – “Assertiveness” Preclass Reading

VIII. CLOSING PRAYER

PRAYER 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

Prayer requests and testimonies shared by my prayer partner

