

Preclass Reading – Week 6

B BOUNDARIES IN CAREGIVING

Establishing and Maintaining Limits

Amy was a Care Partner who spent a large amount of time between caring visits thinking about her care receiver, Rhonda. Rhonda had separated from her husband, Art, and Art was pursuing a divorce. Rhonda had responsibility to care for two children and never had enough money. She felt overwhelmed by her problems and didn't know what to do.

Amy helped Rhonda find a lawyer and met with the lawyer to make sure he understood Rhonda's situation. She helped Rhonda open a checking account and looked over Rhonda's checkbook every week. Amy would plan activities for Rhonda and her children. Amy also wrote out a weekly list of prayers and Bible passages for Rhonda's devotions.

One week, Amy was straightening up Rhonda's kitchen when Rhonda said, "Art called and said he wants to get back together."

Amy dropped the dish she was putting away. "No. You can't do that!"

"Why not?"

"You're making a new life for yourself. You have plans for your future."

"No, I think it'd be better to go back to Art. The kids need a father."

"After all I've done for you, don't you think I deserve a say in this?" Amy asked. Then she lectured Rhonda for a half hour about what a bad idea it was to go back to Art. Finally, Rhonda agreed with her, and Amy moved on to checking Rhonda's progress with her daily devotions.

Later Rhonda called Amy to say she moved back in with Art and wouldn't need to see Amy anymore.

WHAT ARE BOUNDARIES?

The story of Amy and Rhonda illustrates a deeply troubled caring relationship, the kind that will hopefully never happen in a Care Partner relationship. A key to understanding what was wrong in this relationship lies in the word *boundaries*. In caring relationships as well as daily interactions, it is necessary for people to maintain their own boundaries and respect others' boundaries.

If what you learn about boundaries seems familiar to you, there are good reasons. You have been dealing with boundaries most of your life, and you bring a great deal of experience to this topic. In addition, the training modules about process versus results and assertiveness contain ideas that are also very important in maintaining boundaries.

DEFINITIONS OF BOUNDARIES

Reference Box A contains three definitions of boundaries.

Reference Box A – Three Definitions

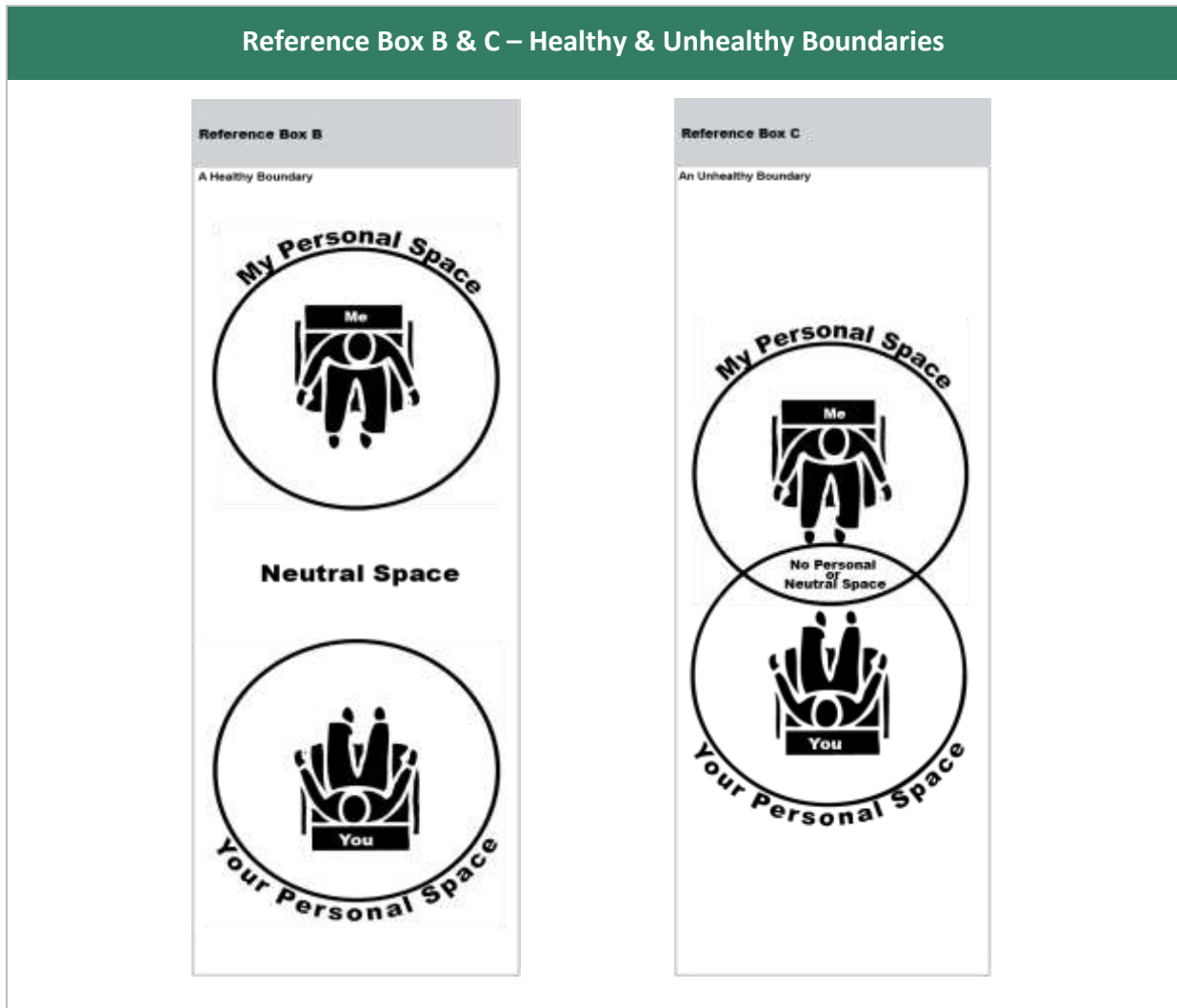
A boundary is *an invisible protective fence* around our personal God-given space. Boundaries keep people from abusing us, bursting into our space and controlling us or getting us to do things before

we have a chance to think or say no. Our boundaries also keep us aware of others' boundaries so we do not break into their God-given space to control or abuse them.

Boundaries define us. They define what is me and what is not me. A boundary shows me where I end and someone else begins, leading me to a sense of ownership

A boundary or limit is how far we can go with comfort in a relationship. It delineates where I and my physical and psychological space end and where you and yours begin

Although not a written definition, the diagrams in *Reference Box B* and *Reference Box C* give a picture of what healthy and unhealthy boundaries might look like.



One other image of a boundary might be helpful. Cells inside our bodies have walls that control what gets in and out. A cell's walls let in helpful nutrients, let out waste materials, and keep out poisons.

Boundaries are like a cell's walls. They let other people come close when it is safe and advantageous to do so. They keep others out when necessary and for our safety.

KINDS OF BOUNDARIES

People have two kinds of boundaries: external and internal.

External boundaries have to do with your physical self. If you have ever suffered the discomfort of someone who got too close to you and talked with their face mere inches away from yours, you understand what an external boundary is – and how uncomfortable it can be when someone violates it. External boundaries define how we control whether or not people may touch us, and how we protect ourselves from unwanted physical or sexual contact.

Your *internal boundaries* help you take responsibility for your own feelings, thoughts, beliefs, memories, choices, experiences, and actions, instead of blaming them on others. Your internal boundaries also keep you from taking responsibility for other people's thoughts, feelings, and behaviors. Internal boundaries help you remember other people are responsible for themselves – they help you remain process-oriented.

PROTECTION AND RESPONSIBILITY

The chart in *Reference Box D* clarifies the purposes of boundaries and who benefits from them.

Reference Box D – Purposes and Beneficiaries of Boundaries	
Protection	Appropriate Responsibility
<u>For Self</u> <i>Protection of Self</i>	<u>Taking Appropriate Responsibility for Self</u>
Boundaries are a way to protect ourselves from being hurt physically or emotionally. They keep others at a safe distance. This makes it possible to be as close to others as we want without fear of being overwhelmed.	Boundaries help us take responsibility for ourselves, instead of expecting others to be responsible for us. They define what we are and are not responsible for.
<u>For Others</u> <i>Protection of Others</i>	<u>Taking Appropriate Responsibility for Others</u>
When we respect others' boundaries, we allow them to determine how close we will get. We do not attempt to manipulate, control, or bully others or get them to take care of us.	When we respect others' boundaries we allow them to make their own decisions, plan their own future and conduct their own lives. We do not try to take responsibility for others' lives. We do take responsibility for ourselves and our personal interactions with others.

WITHIN OUR BOUNDARIES, OUTSIDE OUR BOUNDARIES

Boundaries are a way of understanding what we have responsibility for and what is outside our control. *Reference Box E* explains what is within our personal boundaries

Reference Box E – What is Within Our Personal Boundaries
<p>Feelings Feelings come from inside ourselves, and we are responsible for how we express them.</p> <p>Attitudes about Others Our attitudes are our own responsibility because we are the ones who choose what to believe about others, and we are the only ones who can change our attitudes and outlook.</p>

Behaviors

Each of us is responsible for his or her own behaviors.

Choices

We make our own choices and have to live with them. Even when we allow someone else to make decisions for us, it is our own choice to allow the other person to take over.

Values

We have responsibility for choosing what we consider important and for how we act on our values.

Limits

We have responsibility for setting limits on others in order to feel safe and comfortable. We also need to set limits for ourselves instead of taking advantage of others.

Talents

We are the ones who recognize and develop our talents and put our Spirit given gifts to use. Others can help us, but the final responsibility is our own.

Thoughts

Other people don't make us think in certain ways; our thoughts are our own---a result of choices.

Desires

Our desires do not control us; we have responsibility for controlling them.

Love

It is our responsibility to reach out with love for others and to receive the love others give us.

We are responsible for what goes on inside of ourselves and for the ways we act and relate to others. Those parts of our lives are within our boundaries. Other people's behaviors, thoughts, feelings, and beliefs are outside of our boundaries. While we may be able to influence others, we are not able to control what they say, think, or do. Just as others do not have responsibility for our thoughts, words, and actions, neither do we have responsibility for theirs.

WAYS PEOPLE PRESERVE THEIR BOUNDARIES

Here are common ways people communicate their boundaries and keep others from crossing them.

WORDS

People use words to establish distance between others and themselves, or to bring others closer to them. Simple words such as *get away* or *no* can let others know they are too close. Saying *welcome* or *come closer* can be ways to pull boundaries in and invite people to more intimacy.

NONVERBAL COMMUNICATION

People also use nonverbal communication –from shaking their heads to pushing people away – to keep others from crossing their boundaries.

EMOTIONAL DISTANCE

Sometimes you may need to withdraw from a relationship with a friend or co-worker for a while in order to protect yourself from too many emotional demands. If the other person is abusive and unlikely to change, you may need to withdraw permanently from the relationship. Otherwise, you can take some time away from the relationship and then try it again.

PHYSICAL DISTANCE

Sometimes you simply need to remove yourself from a situation. If the noise level in a theater or at a concert is so loud it hurts your ears, you may need to go outside or leave in order to regain your equilibrium. When you do, you have put a boundary between yourself and the noise.

TIME

You may need to take time away from other people in order to take care of yourself. You could say taking a vacation is a way to keep a necessary boundary between yourself and the demands of work.

CONSEQUENCES

There may be times when you need to tell others there will be consequences if they cross your boundaries. For example, "If you continue to criticize every one of my opinions, I simply won't talk to you anymore."

PROBLEMS WITH BOUNDARIES

While no one has perfectly healthy boundaries, some people have a great deal of difficulty with defining and protecting themselves. There are problems that come with unhealthy or nonexistent boundaries.

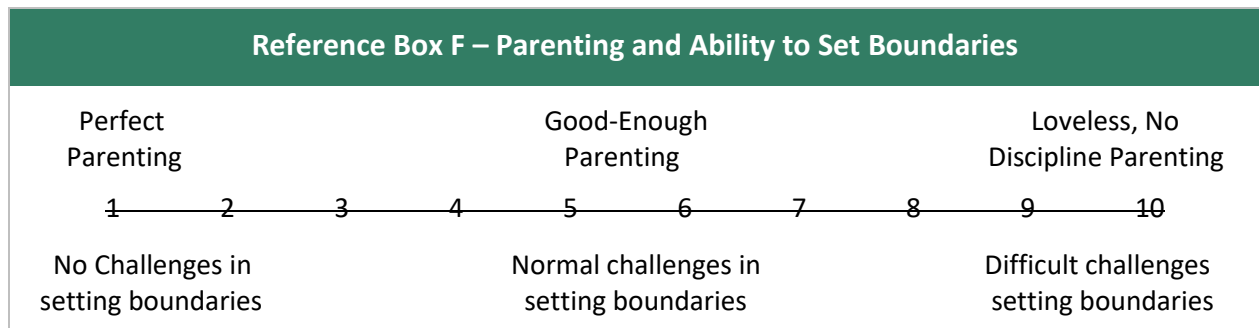
WHAT CAN GO WRONG

People learn to set boundaries as part of their growth and development into adulthood. Their ability to establish boundaries effectively is closely tied to how well their parents were able to help them balance the needs for security and independence.

While God loves parents dearly, they are like the rest of us – sinful and forgiven people who are sometimes selfish, unloving, and mean. People don't need to have had perfect parents to be relatively happy and healthy individuals. In addition, parents don't need to hold themselves to standards of perfection as they parent their own children. As a matter of fact, child psychiatrist D. W. Winnicott has written about how to be a "good-enough" parent.

Everyone suffers some insecurities from imperfect parenting, and some people suffer tremendously because their mothers and fathers were not able to parent them well at all. As a result, everyone is somewhere on the continuum in *Reference Box F*.

Most parents did a "good-enough" job, and while setting boundaries is certainly not easy or automatic for these people, they take care of themselves and relate in helpful and mutually satisfying ways with others.



FEARS THAT CAN KEEP PEOPLE FROM SETTING BOUNDARIES

Some people carry hurts inside that make them afraid to set boundaries. *Reference Box G* describes some of the fears that keep people from maintaining healthy boundaries.

Reference Box G – Fears that Prevent Healthy Boundaries

Fear of Abandonment

People may resist setting boundaries because they're afraid that if they do, the people they need will withhold love or leave them entirely.

Fear of Anger

Some people have suffered so much from others' anger that they become terrified that others might become angry with them if they set boundaries. They may also be terrified of their own angry feelings.

Fear of Loneliness

Some people behave passively in order to keep others around to help them. In this way they try to avoid the terrible pain they feel when they are alone.

Fear of Being Unlovable

There are people who only feel worthwhile when others affirm them. They give in to the wishes of others so they can continue to be affirmed and avoid feeling unlovable.

Fear of Being a Bad Person

Some people feel so guilty about things they have done that they try to earn redemption by always saying yes to others, even when they want to say no.

Fear of Being Unworthy

Some people believe they do not deserve any gifts. They think they must earn anything they receive. Believing they don't deserve the love and care of others may cause them to put up walls and not allow intimate relationships. Feelings of unworthiness may cause them to feel so obligated to others they are unable to stand up for themselves.

Fear of Disapproval

People can get stuck in a habit of always trying to please others in order to earn their approval. They never say no for fear that others will be displeased.

Fear of Hurting Others

There are people who have been badly hurt and have never found a way to deal with their pain. They may regularly give in to others for fear of making others hurt as much as they have been hurt. They also mistakenly believe if they refrain from hurting others, their own hurt will go away.

SERVANTHOOD VERSUS SERVITUDE

Chapter 9 in *Christian Caregiving – A Way of Life* spelled out the difference between servanthood and servitude. *Servanthood* is only possible when people are free enough to exercise appropriate boundaries and choose to give of themselves. When people are unable to maintain healthy boundaries, they are much more likely to fall into *servitude*.

SIGNS PEOPLE HAVE TROUBLE WITH BOUNDARIES

Reference Box H lists symptoms people may suffer when they do not establish and maintain their own healthy boundaries. You may have had trouble in some of these areas yourself, because no one has perfectly intact boundaries. The more of these areas people have trouble with, and the more severe their difficulties, the bigger their problems with boundaries probably are.

Reference Box H – Signs of Inability to Maintain One’s Own Boundaries

People who are unable to maintain their own boundaries tend to:

- Have difficulty making decisions
- Have difficulty saying no to people
- Have difficulty asking others for what they need
- Believe that their happiness depends on other people
- Find it hard to look others in the eye
- Regularly get involved with others who hurt them
- Have trouble trusting others
- Regularly value others' ideas and opinions over their own
- Find that people borrow their possessions without permission and borrow their money without paying it back
- Regularly feel ashamed
- Regularly feel anxious or afraid
- Feel bad for being different from other people
- Spend so much time helping others that they cannot meet their own needs
- Find it hard to know what they feel, believe, and think
- Not spend as much time alone as they would like
- Frequently feel angry
- Frequently feel sad
- Take on the moods of those around them
- Feel responsible for other people's feelings
- Have a hard time with keeping a confidence
- Be overly sensitive to criticism
- Feel empty, as if something is missing in their lives
- Get caught up in other people's problems
- Find it difficult to know what they believe about God or to commit themselves to God

Symptoms in *Reference Box I* describe people who have trouble respecting other people’s boundaries.

Again, the greater the number of problems and the greater the magnitude of the problems, the bigger the boundary problems are.

Reference Box I – Signs of Inability to Respect Others' Boundaries

People who are unable to respect others' boundaries may:

- Tend to make decisions for others
- Interrupt others and not allow them to finish sentences or thoughts
- Touch others in unwelcome ways and make unwelcome sexual advances
- Have difficulty allowing others to say no to them
- Have difficulty giving others what they need
- Believe that their happiness depends on other people
- Find it hard to look others in the eye
- Regularly hurt other people
- Invite others to trust them without earning or deserving that trust
- Regularly disparage others' ideas and opinions
- Take others' possessions without permission and borrow money without paying it back
- Regularly feel superior to others
- Criticize others for being different from them
- Use others to meet their own needs
- Frequently feel angry
- Project their faults onto others
- Feel no responsibility for other people's feelings
- Keep confidences only when they believe it is in their self-interest to do so
- Be overly critical
- Think God owes it to them to take care of them and however they want to relate to God is fine

FOUR BROAD CATEGORIES OF BOUNDARY PROBLEMS

The chart in *Reference Box J* summarizes four types of people with boundary problems.

COMPLIANTS

Compliants are people who find it difficult to say no. They have fuzzy or indistinct boundaries and want to blend with others, taking on others' thoughts, feelings, and desires. In their desire to avoid conflict, they downplay or don't even realize how they differ from others.

CONTROLLERS

These are people who do not respect other people's boundaries. They can't accept it when others say no to them, and they try to force others to do their bidding. Controllers don't want to take responsibility for their own lives, so they try to use others to serve their needs.

There are two types of controllers: aggressive and manipulative. *Aggressive controllers* are abusive. Most of the time they aren't even aware others have boundaries. It doesn't serve their needs to understand others' needs. *Manipulative* controllers try to persuade others to abandon their boundaries. Those who control through manipulation seduce others into going against their own best interests and use guilt or others' weaknesses to try to force them to do what the manipulators want.

NONRESPONSIVES

While people are not responsible for others' feelings, they are responsible to give love and care to others. Nonresponsive people are unable to love or care for others. They may be hateful, critical people who don't think others deserve their attention or care. They may be so self-absorbed that they simply never pay attention to others' needs because they are so busy taking care of only themselves.

AVOIDANTS

Avoidants are unable to ask for help, recognize their own needs, or let others in. They avoid intimacy and are unable to love. They put up walls instead of defining boundaries, and their walls not only protect them but keep others from getting close to them. Avoidants find it impossible to open up to people or to God.

Reference Box J – Four Types of Boundary Problems		
	Can't Say	Can't Hear
NO	<u>The Compliant</u>	<u>The Controller</u>
	Feels guilty or controlled by others, or both; can't set boundaries	Aggressively or manipulatively violates boundaries of others
YES	<u>The Nonresponsive</u>	<u>The Avoidant</u>
	Sets boundaries against providing love and care to others	Sets boundaries against receiving love and care from others

GOOD NEWS FOR PEOPLE WITH BOUNDARY PROBLEMS

People usually have boundary problems when *they are afraid, hopeless, and low self-esteem*. Christians have good news that speaks directly to these underlying causes of boundary problems. The Bible says:

- "There is no fear in love, but perfect love casts out fear..." (1 John 4:18a NRSV).
- "Therefore, since we have been justified through faith, we have peace with God through our Lord Jesus Christ, through whom we have gained access by faith into this grace in which we now stand. And we rejoice in the hope of the glory of God" (Romans 5:1-2).
- "We were therefore buried with him through baptism into death in order that, just as Christ was raised from the dead through the glory of the Father, we too may live a new life" (Romans 6:4).

This is certainly good news – for others and us. But you know from reading in *Christian Caregiving – A Way of Life* that such caring resources must be shared in other-centered, sensitive ways. It won't help to barge in with the Bible and hit people over the head with Scripture verses.

Rather, caregivers *communicate the love, hope, and new life* of the gospel through their actions, their words, and their care. Caregivers who treasure the gospel message and have experienced God at work in their own lives are in the best position to help others find the gospel's powerful foundation for a life with

appropriate boundaries.

Care Partners with healthy boundaries will also *respect other people's boundaries*. With healthy boundaries in place, you can remain process-oriented, allowing people to make their own decisions. You will also be sensitive to what makes others comfortable or uncomfortable, growing closer when invited and stepping back if you get too close. You will use touch and the tools of faith when they are appropriate and welcome. You will provide a sense of safety and security for a care receiver as well as for yourself. In all these ways, you will embody the good news of God's love for your care receiver.

GETTING READY FOR THE TRAINING CLASS SESSION

Between now and the Training Class Session, review the "Care Partner's Covenant to Care" in *Appendix A*. This covenant defines appropriate boundaries for you as a Care Partner. You will have a chance to talk about the covenant in class, and your Care Partner Leader will ask you to agree with the covenant as an expression of your commitment to conform your caregiving to these guidelines. Be familiar enough with the covenant to discuss it and to commit yourself to it.

APPENDIX A CARE PARTNER'S COVENANT TO CARE

I agree to and accept the following practices, priorities, and principles as a Care Partner,

1. I WILL PUT GOD FIRST WITH A GRATEFUL HEART.

Care Partners are first of all people of faith who seek to put God first in all that they say and do.

"Put God first ahead of all else and live righteously, and He will give you everything you need."

"Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength."

2. I WILL DEPEND ON GOD FOR RESULTS IN MY CAREGIVING.

Care Partners depend on God by lives of fervent prayer, by providing care that is process-oriented and not results-oriented, and by keeping in mind their role as caregiver and God's role as Curegiver.

"My help comes from the LORD, the Maker of heaven and earth."

"Pray continually."

"I planted the seed, Apollos watered it, but God made it grow."

3. I WILL WORSHIP GOD REGULARLY.

Care Partners express devotion to God by faithfully participating in worship and by trusting the Holy Spirit to renew and transform their lives, the lives of Care Receivers, the church, and the world.

"You also, like living stones, are being built into a spiritual house... offering spiritual sacrifices acceptable to God through Jesus Christ."

"And let us consider how to provoke one another to love and good deeds, not neglecting to meet together, as is the habit of some, but encouraging one another, and all the more as you see the Day approaching."

4. I WILL PROMOTE RESPECT AMONG CARE PARTNERS AND LEADERS.

Care Partners promote a spirit of gentleness and peace among other Care Partners, Care Partner Leaders, pastors, church staff, and congregants by behaving appropriately and respectfully toward them, by speaking well of all, and by putting the best construction on everything.

“But we appeal to you, brothers and sisters, to respect those who labor among you, and have charge of you in the Lord and admonish you; esteem them very highly in love because of their work. Be at peace among yourselves.”

“The fruit of the Spirit is love, joy, peace, patience, kindness, generosity, faithfulness, gentleness, and self-control.”

5. I WILL HELP MY CARE RECEIVER FIND CARE WHEN THEY NEED MORE THAN I CAN GIVE.

If Care Partners should see signs of serious problems such as depression, suicide, substance abuse, child or elder abuse, or spouse abuse, they will seek help and supervision from Care Partner Leaders and pastors. When faced with potentially serious issues that could affect the health, well-being, or reputation of their Care Receiver and others, they recognize their limitations as lay caregivers and, following the guidance of their Care Partner Leaders, encourage a care receiver to accept help from a professional caregiver when the Care Receiver needs more specialized care than a Care Partner can provide. In all these matters, they do what is right in the sight of God and in accordance with the laws of our state.

“Do not think of yourself more highly than you ought.”

“Do not withhold good from those to whom it is due, when it is in your power to do it.”

6. I WILL GUARD THE REPUTATION OF CARE MINISTRY.

Care Partners are matched with Care Receivers of the same gender and, in their relationships with other Care Partners and Care Partner Leaders, should work to guard one another against inappropriate physical contact, suggestive dress and gestures, or sexual behavior that could threaten the reputation and effectiveness of Care Partners in the church.

“Let us behave decently, as in the daytime...Clothe yourselves with the Lord Jesus Christ.”

“For this is the will of God, your sanctification: that you abstain from fornication; that each one of you know how to control your own body in holiness and honor, not with lustful passion, like the Gentiles who do not know God; that no one wrong or exploit a brother or sister in this matter, because the Lord is an avenger in all these things, just as we have already told you beforehand and solemnly warned you. For God did not call us to impurity but in holiness.”

7. I WILL SERVE WITHOUT EXPECTING OR ACCEPTING FINANCIAL REWARD.

Care Partners care freely without expecting return, never abusing a relationship by asking for or receiving favors, gifts, money, or material benefits from a Care Receiver (other than small tokens of appreciation).

“Keep your lives free from the love of money and be content with what you have.”

“And whatever you do, in word or deed, do everything in the name of the Lord Jesus, giving thanks to God the Father through him.”

“Since you know that from the Lord you will receive the inheritance as your reward; you serve the Lord Christ.”

8. I WILL MAINTAIN CONFIDENTIALITY.

Care Partners understand the importance of confidentiality and trust in the caring relationship, faithfully maintain confidentiality, and encourage other Care Partners to do the same.

“Set an example for the believers in speech.”

“Speaking the truth in love.”

“Reckless words pierce like a sword, but the tongue of the wise brings healing.”

9. I WILL DISCIPLINE MYSELF TO MEET MY CARE RECEIVER’S NEEDS.

Care Partners commit themselves to serve the needs of the Care Receiver and not their own needs, striving to understand themselves and their own motives, maintaining clear boundaries in relationships, and graciously accepting the guidance, decisions, and constructive comments of their Care Partner Leaders and other Care Partners.

“If it is serving, let him serve; ...if it is contributing to the needs of others, let him give generously.”

“Pay close attention to yourself and to your teaching; continue in these things, for in doing this you will save both yourself and your hearers.”

10. I WILL WILLINGLY RECEIVE DIRECTION AND SUPERVISION.

Care Partners receive their caregiving assignments from Care Partner Leaders, meet with Care Receivers faithfully, and participate in regularly scheduled supervision in order to ensure quality Christ-centered care for the Care Receiver.

“But everything should be done in a fitting and orderly way.”

Training Class Notes – Week 6



BOUNDARIES IN CAREGIVING

Establishing and Maintaining Limits

*Bear one another's burdens, and in this way you will fulfill the law of Christ ...
For all must carry their own loads. Galatians 6:2, 5 NRSV*

I. BURDENS AND LOADS

NOTES:

II. BOUNDARIES FOR CARE PARTNERS AND CARE RECEIVERS

A. THE CARE PARTNER'S BOUNDARIES

1. NOT TRYING TO TAKE OVER THE CARE RECEIVER'S LIFE

NOTES:

2. AVOIDING MANIPULATION

NOTES:

Focus Note 1 – Ways Care Receivers Manipulate

1. Regularly calling you to talk in the middle of the night when there is no **emergency**.
2. Trying to make you **feel guilty** enough to do tasks a Care Receiver is perfectly capable of doing for themselves.
3. Using **guilt** to try to make you meet more frequently or for longer periods of time; trying to talk you into lending them money.

NOTES:

3. KNOWING YOUR LIMITS

NOTES:

4. THE "CARE PARTNER'S COVENANT TO CARE"

NOTES:

B. RESPECTING YOUR CARE RECEIVER'S BOUNDARIES

1. HOW TO KNOW IF YOU ARE TRESPASSING A CARE RECEIVER'S BOUNDARIES

NOTES:

2. HELPING CARE RECEIVERS ESTABLISH AND STRENGTHEN BOUNDARIES

NOTES:

Focus Note 2 – Pointing Out Boundary Problems

"I understand that you've been hurt in past relationships and that you want to protect yourself from being hurt again. I think that is very sensible. I wonder, however, if you might be so scared of being hurt that you're putting up a wall between you and Fred."

"You've told me several times now how annoyed you are about your brother-in-law's habit of borrowing your golf clubs but not returning them. You've gone to his house several times to get them back. What could you do to reduce your upset and get him to respect your property?" *[Provide ideas if the Care Receiver cannot.]*

"Last week was the third time you canceled our visit. Each time you said you shared too much the week before and you were too embarrassed to see me. Maybe you could pay attention to those feelings *during* our caring visits. You have every right to stop talking about a topic any time you feel nervous about sharing too much. I want you to feel safe in our relationship. Just stop sharing if you start feeling uncomfortable.

III. WHAT BOUNDARIES ARE NEEDED HERE?

(Refer to the “Four Broad Categories of Boundary Problems” on page 8-9 of the PreReading)

Focus Note 3 – Relationship 1: Michael and Leon

Michael was in his late 20s with a wife and three children. Michael had lost his job and was still looking for a new job five months later. He felt panicked about his family's finances, and his self-esteem was very low.

Leon, a man in his 50s who worked as a police officer, had become Michael's Care Partner to help him deal with the challenges of being unemployed and finding a new job.

When Michael and Leon met, they would usually talk about how the job hunt was going. Leon offered helpful ideas and encouraged Michael to keep trying. When Michael tried to talk about his feelings, however, Leon seemed to stop paying attention. Usually after a few minutes with no response, Michael would give up talking about his feelings.

One week, just as Michael was about to leave for his visit with Leon, Michael's wife Cecilia blew up at him. She accused him of being lazy and incompetent. She shouted at him to stop visiting with Leon and go find a job instead. Michael was devastated by the time he got to his visit with Leon.

He spilled his feelings out without even noticing Leon's reaction. When he finally ran out of things to say, Michael looked at Leon and saw Leon was red-faced and upset. "Listen," Leon said, "I have been through unemployment and I spent a lot of time crying about it, but it didn't do any good. The only thing that helps is to search day and night for a new job. That was the only way I got my wife off my back, and that's the only way that's going to work for you."

NOTES:

Focus Note 4 – Discussion Questions

1. Who in this relationship has a problem with boundaries?
2. How would you describe the boundary problems? **Look at the “Four Broad Categories of Boundary Problems” in your Preclass Reading if needed.**
3. What could the Care Partner do to address the boundary problems in this relationship?

NOTES:

Focus Note 5 – Relationship 1: Brenda and Meagan

Brenda and her family had recently moved across the country because Ed, her husband, was transferred. Ed was extremely busy learning his new job and was rarely home. When he was home, he was too tired to do much besides watch television and sleep on the couch. Brenda's two children were two and four and a half years old. They demanded her constant attention.

Meagan was assigned as Brenda's Care Partner after Brenda talked to the pastor about her difficulties. Brenda was Meagan's first Care Receiver.

The first time Meagan came to Brenda's house for a visit, Brenda talked with her for a while and then asked her to watch the children while she went to the grocery store. "I won't be long, and it is so hard to go to the store with these two in tow." Meagan agreed and watched the children for an hour and a half until Ed got home. Ed tried to pay her, assuming she was the babysitter.

The next time Meagan visited with Brenda, she held the two-year-old while Brenda did dishes and cleaned the kitchen. Brenda talked about her stress while she was cleaning, but when Meagan asked her if she wanted to sit down and talk, Brenda said, "Oh, I couldn't. Who has the time to sit down?"

After several similar visits, Brenda called Meagan late one afternoon and said, "Ed just called me and said we have to go out with his boss tonight. I was wondering if you would mind watching the kids."

Meagan felt used and disrespected. "Don't you have a babysitter you can call?"

"Are you kidding? I haven't had time to find a babysitter."

Meagan decided to put her foot down. "I'm sorry; babysitting isn't part of my job as a Care Partner."

Brenda sounded angry when she replied. "Oh, come on. You're supposed to help me with my problems. I'm new in town and I don't have a babysitter, and I have to go out with my husband and his boss in a half hour. Don't you think that's a problem? If you won't help me, what good are you?"

Meagan could see Brenda's point of view even though she thought Brenda might be wrong. As Brenda waited impatiently on the telephone, Meagan felt she was at fault for Brenda's anxiety. After a minute she gave in and rushed over to Brenda's house to baby-sit her children.

NOTES:

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

_____	_____
_____	_____



CRISIS THEORY IN CAREGIVING

Danger Versus Opportunity

CRISES ARE INEVITABLE

Arla did not expect to spend Easter in the hospital. She had waited for the green light and pulled out into the intersection. The pickup truck came out of nowhere and demolished her car. Arla knew she was lucky to be alive, but she did not feel lucky to be lying in traction and wondering when, if ever, she would get out.

Arla found herself dwelling on the driver of the pickup. She had never met him, but her friends had told her he was drunk – at 10:30 A.M.! He had been arrested for drunk driving before. His only injuries in the accident were some cuts and bruises. The worst part was that he was not even in jail; he was out on the streets, probably continuing to drink and ready to put someone else in the hospital.

Arla had always thought of herself as an easygoing person. She had always been quick to understand and forgive. However, she was shocked at her feelings about the other driver as she fantasized about him driving his truck into a bridge abutment and dying in flames.

These thoughts troubled Arla deeply. She felt extremely angry and the intensity of her anger scared her. She had always been able to understand the other person's point of view and find a way to forgive. She wanted to do that in this situation, too. When her sister, Connie, came to visit, Arla said, "I've just decided to forgive him. He must have had a terrible life to cause him to drink all the time." That was when Connie told her the driver had a very rich father who hired lawyers to get his son out of trouble.

Arla was enraged, and she couldn't stop thinking about it. She hated the driver and she hated herself for her uncontrollable rage.

Aria's church assigned a Care Partner to talk with her. Veronica would listen to Arla as she talked about how she felt about the driver and about her life since the accident. At the end of every session Arla would apologize to Veronica for being so angry and negative. Veronica would say something like, "Your feelings are real and they are important. I want to hear how you feel, no matter how much your feelings hurt." Then Veronica would pray and Arla would try to pray along.

After a couple of months of Veronica's visits, Arla said, "I wish that guy would burn in hell, but I'm sure God will just forgive him and I'll probably burn in hell for hating him so much."

Veronica asked, "Do you think God will forgive you too?"

Arla spat out, "If he's going to forgive that jerk, I'm not sure I want him to forgive me." As soon as she realized what she had said, Arla turned white and said, "I didn't mean that."

Veronica said, "It's okay to be mad at God, you know. He can take it."

Arla was shocked. At that moment she knew she was actually much angrier with God than she was with the other driver. Over the weeks that followed she and Veronica talked about God and forgiveness. Slowly Arla realized God would forgive her for her anger and she had to understand God differently than she had before. It had always been a simple matter for her to forgive and forget, and she had assumed it

was the same for God. With Veronica's help she realized forgiveness was actually quite costly for God too. It cost him the life of his only Son.

It took Arla a while to feel comfortable driving again. She was much more cautious than she had ever been, and she never pulled into an intersection without first checking in both directions. Life seemed more serious to her than it ever had, but she also knew a new joy every time she remembered how much God had been willing to pay in order to love and forgive her.

Crises are inevitable. Everyone experiences them because everyone goes through change. When you experience changes that challenge you to find new ways of coping and that result in new ways of living – you will probably go through a time of crisis.

People experience many kinds of crises, from such predictable life events as the onset of puberty or facing death to such unpredictable events as an automobile accident or the sudden death of a loved one. You will be studying many types of crises in your Care Partner training, including the following topics:

- Ministering to Those Experiencing Grief
- Helping Suicidal Persons Get the Help They Need
- Ministry to the Dying and their Family and Friends
- Caring for People Before, During, and After Hospitalization
- Ministering to those Experiencing Losses Related to Aging
- Ministering to Persons Needing Long-Term Care
- Ministering to Those Experiencing Divorce
- Crises of Pregnancy and Childbirth

Regardless of its cause or its type, every crisis has many characteristics in common. This session deals with those common characteristics. It covers what a crisis is, what causes a crisis, and effective ways to care for those in crisis. This information helps you understand what people in crisis experience and how to care for them.

Begin your consideration of crises in general by recalling a particular crisis you have experienced. The questions in the following *Crisis Self-Inventory* will help you remember what happened. You will have a chance to share your answers in the In-Class Session.

Crisis Self-Inventory

Write your answers to the following questions in the space provided:

1. Give your crisis a name or a label – for example, "When I Lost My Job," or "Maryanne's Death."
2. What brought on the crisis?
3. Did it occur gradually or suddenly?
4. How did the crisis affect you at first in any of the following categories?

* Mentally

- * Emotionally
- * Physically
- * Socially
- * Spiritually

5. How did the crisis affect your ability to function:

- * with your family?
- * at work or school?
- * with friends and acquaintances?
- * at church?

6. How did you try to resolve the crisis at first? Were your first attempts successful?

7. How did caregivers help you throughout your crisis?

8. How were your caregivers not helpful?

9. How did you finally resolve your crisis?

10. How did you change as a result of your crisis?

DEFINITIONS OF CRISIS

You can understand what crisis is from your own personal experience. Compare your own understanding of crises with these definitions to learn something of what others have been through in their lives.

DICTIONARY DEFINITION

Look up *crisis* in a dictionary and you will find the words *turning point* as part of the definition. One dictionary, for example, defines crisis this way:

- 1) *The turning point for better or worse in an acute disease.*
- 2) *The point of time when it is decided whether an affair or course of action shall proceed, be modified, or terminate; a decisive moment; a turning point.*
- 3) *An unstable state of affairs in which a decisive change is impending.*

DEFINITIONS FROM MENTAL HEALTH PROFESSIONALS

Since crisis theory is part of mental health science, here is how two mental health professionals define it:

Reference Box A – Definitions of Crisis

Slaikeu's Definition of Crisis

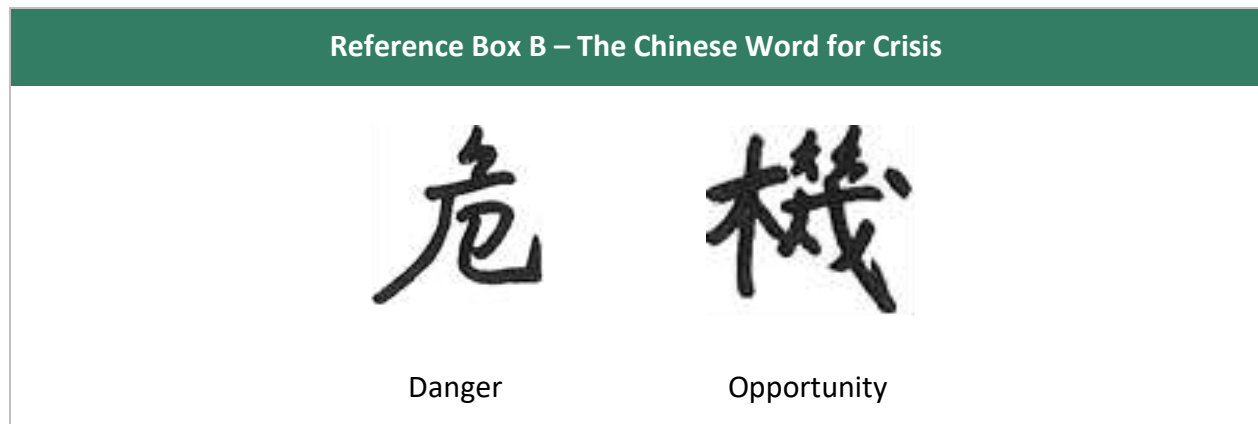
"A crisis is a temporary state of upset and disorganization, characterized chiefly by an individual's inability to cope with a particular situation using customary methods of problem-solving, and by the potential for a radically positive or negative outcome not."

Morley's Definition of Crisis

"...the person's internal reaction to a perceived external hazard."

THE CHINESE WORD FOR *CRISIS*

The Chinese word for *crisis* provides insight into the nature of crisis. In *Reference Box B*, you see it is a combination of two characters, one meaning "danger" and the other meaning "opportunity."



The Chinese symbols that spell *crisis* emphasize how every crisis provides both an opportunity to grow as well as the danger of choosing destructive solutions that result in unhealthy living and relating.

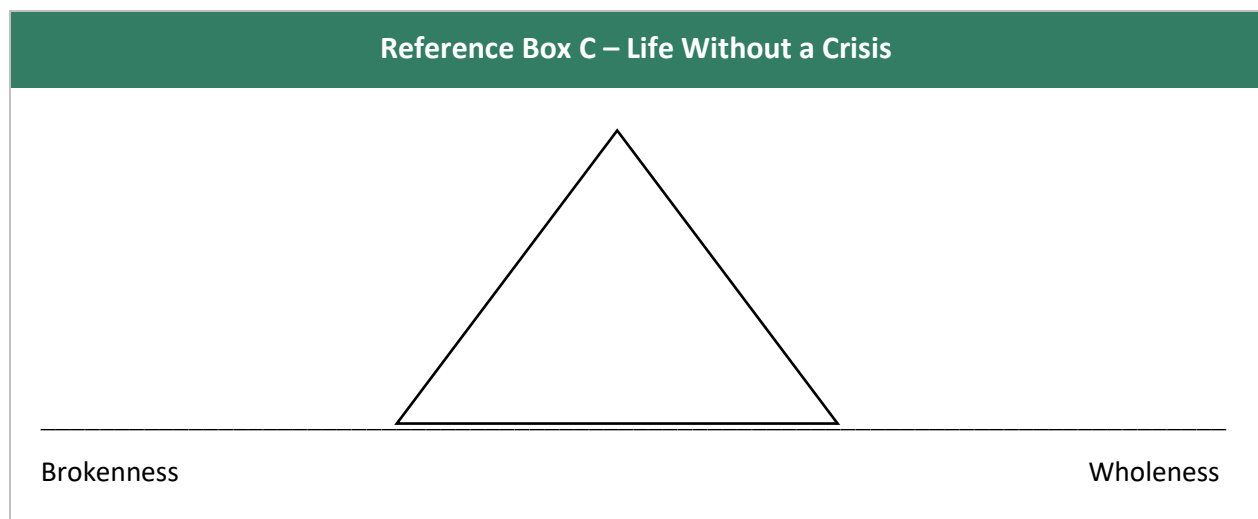
In the story at the beginning of this Preclass Reading, for example, Arla took the opportunity to understand herself and God better. She also faced the danger of living the rest of her life consumed by painful anger, resentment, and refusal to forgive.

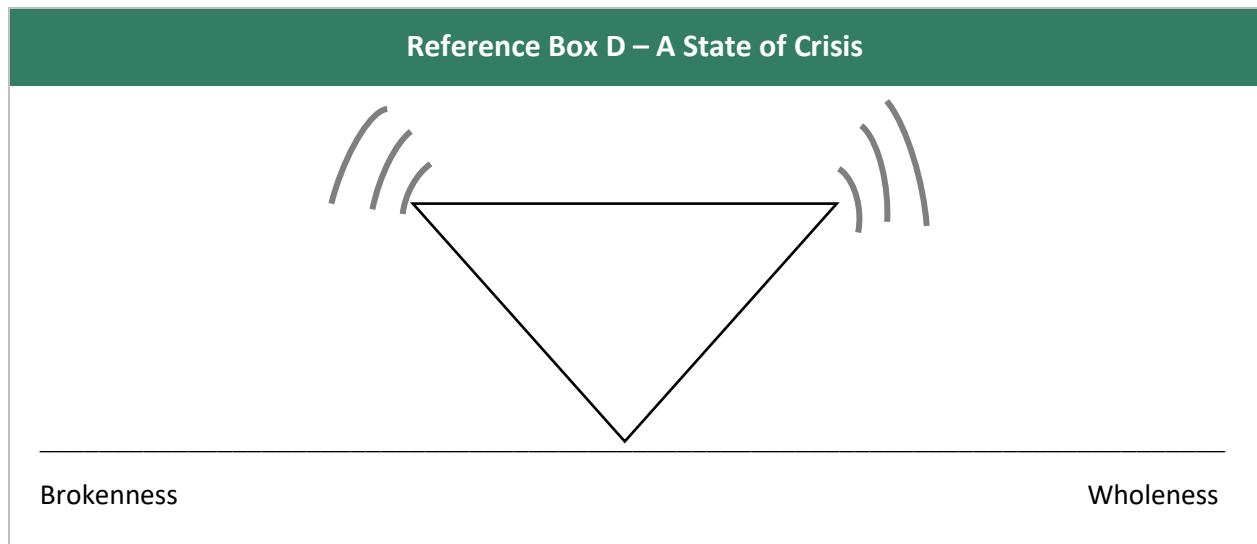
A TIPPED-OVER TRIANGLE

From all these definitions, it is clear a crisis is an upending experience. You can picture ordinary life when you are not experiencing a crisis as the triangle in *Reference Box C*. It rests in a stable position somewhere between brokenness and wholeness.

Crisis, however, brings instability. In crisis, people feel as if everything is up for grabs. It is as though the triangle is balanced precariously on one of its points, as in *Reference Box D*. Old ways of thinking, acting, and relating are called into question by radically new circumstances.

To resolve the crisis, the person has to find ways to get the triangle back on its base.





As the Care Partner, you are a "triangle tipper." By your care you hope to help tip the balance, so the person can find new equilibrium that is more toward wholeness than brokenness.

WHAT CAUSES CRISES?

Change causes crisis. Some change is rather predictable and can cause developmental crises. Other times change happens unexpectedly and brings an accidental crisis.

DEVELOPMENTAL CRISES

Most people go through fairly predictable changes in their lives. Examples include beginning the first day of school, entering puberty, leaving home, starting new jobs, getting married, having children, facing the physical changes that come with getting older, retiring, and facing death.

Each of these changes can leave us upset and feeling disorganized, force us to find new ways to cope, and contain possibilities for greater brokenness or greater wholeness. Even though many people go through these life events and we know they are coming, they can still throw us into painful crises.

ACCIDENTAL CRISES

Sometimes crises are caused by unexpected events that bring about threatening change, such as a serious illness, loss of a limb, losing a job, or death of a family member. When an accident forces a person to find new ways of living and coping, they are likely to go through a crisis.

LIFE CHANGES STRESS TEST

During the 1940s and 1950s, social scientists researched how difficult it was for people to adjust to stress. The scientists assigned point values to a number of life crises to represent how hard people found it to recover from each of these events.

The resulting *Holmes-Rahe Social Readjustment Rating Scale* provided insight into what events could bring about a crisis and rated the severity of the crisis. One valuable truth arising from the *Holmes-Rahe Scale* is this: While many of these events may not themselves cause a crisis, when combined with other events, they can build to a serious crisis.

Even positive events – marriage, major increase in income – can lead to a crisis. And high levels of stress can trigger physical and emotional illness.

Additional research by Holmes and Rahe determined if enough of the changes in *Reference Box E* occurred during a single year, with scores above a certain level, people were likely to experience illness, accidents, or severe emotional upset. People dealing with many challenges at once become less able to cope.

The original scale published in 1967 reflected an era vastly different from today, as income, values, and expectations have changed either subtly or drastically. Dr. Richard Rahe has recently updated the scale and assigned values that more accurately reflect the levels of stress specific events are likely to cause now.

The death of a child, for example, topping the new list of stressful events at 123 points, above 119 for the death of a spouse, didn't even appear in the original scale; it was included in "Death of close family member" at 63 points, compared to "Death of spouse" at the maximum 100 points.

The following scale assigns a measurement called the *Life Change Unit (LCU)* to events that can cause stress. The higher a person's LCU total, the greater their risk of stress-related illness. Scores above 450 in a single year signal a significant risk of illness or accident for the person experiencing those events.

Reference Box E – Holmes-Rahe Life Change Stress Test

Life Event	LCU
Health	
An illness or injury that was:	
♦ Very serious	74
♦ Moderately severe	44
♦ Less serious than above	20
Work	
♦ Change to a new type of work	51
♦ Change in your work conditions	35
♦ Change in your work responsibilities	41
♦ Taking courses to help you	18
♦ Troubles at work	32
♦ Major business readjustment	60
♦ Loss of job	74
♦ Retirement	52
Home and Family	
♦ Change in residence	40
♦ Major change in living conditions	42
♦ Change in family get-togethers	25
♦ Major change in health or behavior of a family member	55
♦ Marriage	50
♦ Pregnancy	67
♦ Miscarriage or abortion	65
♦ Birth (or adoption) of a child	66

◆ Spouse begins or stops work	46
◆ Change in arguments with spouse	50
◆ Problems with relatives or in-laws	38
◆ Parents' divorce	59
◆ A parent remarries	50
◆ Separation from spouse	
due to work or marital difficulties	79
◆ Child leaves home	42
◆ Relative moves in with you	59
◆ Divorce	96
◆ Birth of a grandchild	43
◆ Death of a spouse	119
◆ Death of a child	123
◆ Death of parent or sibling	101

Personal and Social

◆ Change in personal habits	26
◆ Beginning or ending school	38
◆ Change of school or college	35
◆ Change in political beliefs	24
◆ Change in religious beliefs	29
◆ Change in social activities	27
◆ Vacation	24
◆ New, close, personal relationship	37
◆ Engagement to marry	45
◆ Personal relationship problems	39
◆ Sexual difficulties	44
◆ Vehicle crash	48
◆ Minor violation of the law	20
◆ Being held in jail	75
◆ Major decision about your future	51
◆ Major personal achievement	36
◆ Death of a close friend	70

Financial

◆ Major loss of income	60
◆ Major increase in income	38
◆ Loss/damage to personal property	43
◆ Major purchase	37
◆ Minor purchase	20
◆ Credit difficulties	56

PERSONAL PERCEPTION AND REACTION

Here is one final thought to keep in mind as you consider what causes crises. Different people will react to similar events in different ways.

For one person, losing a job will result in a profound crisis, while another person will just go out and find another job and be only slightly troubled. Some people have natural abilities, life experience, or strong support from others to help them respond to changes without suffering a crisis. Others do not have these resources.

Sometimes, after making it easily through many changes, people may experience a change that proves very difficult for them to handle and results in a serious crisis.

The event itself is not as important as how threatening the person perceives the event to be, how appropriately he or she reacts to it, how successful his or her attempts to solve the problem are, and how strong his or her relationship with God is.

TYPICAL EFFECTS OF CRISIS

Each person will experience a crisis uniquely. Yet some types of thoughts, feelings, questions, and behaviors frequently occur and form typical patterns of response.

LOWERED SELF-CONCEPT

Crisis often brings a sense of personal failure or inadequacy, which results in lowered self-concept. This makes sense, because in a crisis people find their customary ways of dealing with problems no longer work, and they are left wondering how, or even if, they will be able to cope with their challenges.

Self-doubt may lead to passive behavior, which can lead to a downward spiral of others taking advantage, even lower self-esteem, and more passive behavior.

DISORGANIZATION

People in crisis have to deal with many challenges at once. This may result in “circuit overload” that causes increasingly disorganized thinking and ineffectual behavior.

People may have difficulty concentrating and take longer than usual to do common tasks. They may also have difficulty remembering things. People in crisis may be more susceptible to their own or others’ poor judgment, since they are not thinking as clearly and cannot evaluate their options as well.

They may allow others to make decisions for them, even when those decisions may not be in their own best interests. They may even find it difficult to maintain a realistic understanding of what is going on around them. This can result in unexpected behaviors. Disorganized behaviors can take many forms. People in crisis may:

- become less productive
- do things that others would consider inappropriate or strange
- make rash or unwise decisions
- leave their home or personal appearance in disarray
- have difficulty fulfilling commitments
- be less dependable than usual

PREOCCUPATION WITH SELF

People in crisis spend a lot of energy adjusting to their circumstance. As a result, they frequently have little energy left to invest in relationships with others. When people are in crisis, they need care and support, but they are often not able to give care and support back to others. The lowered self-confidence that goes with a crisis can also keep those in crisis from reaching out to others. Unable to solve their own problems, they are unable or unwilling to help others with theirs.

When the human body is badly injured, the blood tends to concentrate around the vital organs, attempting to maintain essential life-support systems. Likewise, when people are in a serious crisis, they must concentrate their resources. They can become so preoccupied with their own welfare, however, that they may withdraw from normal and helpful relationships and social functions, such as church. This can actually make the crisis worse by removing them from the care and support they need.

IRRITABILITY

People in crisis may express strong feelings in ways that alienate or drive others away. People who are feeling deeply hurt may be overly sensitive to criticism. If they feel threatened, they may act aggressively toward others. These strong feelings can repulse the very people who could provide the support that people in crisis need.

SHAKE-UP OF VALUES

Crises tend to shake a person's beliefs, opinions, and values. For example, a person who found primary value in providing support for the family would suffer a major challenge to that value if they were injured and unable to work or lost their job. Such a crisis may not end well until the person found other ways to measure their worth and success.

People in crisis may find that life seems unreal to them – the life they once knew is no more. They have to find a new way of understanding their life and its meaning.

Some people in crisis experience a renewed interest in religion or philosophy. Others may spend a lot of time day dreaming or sitting quietly, trying to make sense out of their lives. Still others may try new experiences, clothes, or relationships – attempting to find a new way of living that works for them. Their values once strongly held have failed them, and they need to find new values to anchor their lives.

A REEXAMINATION OF ONE'S RELATIONSHIP WITH GOD

A crisis may cause a temporary loss of faith. People may strongly sense God has abandoned them. They may forget God's care, love, and forgiveness. Even Jesus cried out from the crisis of the cross, "My God, my God, why have you forsaken me?" (Matthew 27:46b).

You might help your care receiver rediscover their faith in a caring God by allowing God to live his care through you.

A person in crisis may experience guilt that may affect their relationship with God. Guilt may arise if people think they deserve their crisis because of bad things they have done. People may feel guilty for not doing more to prevent the crisis or for the way their crisis is affecting others they love. The guilt may be real – the person may have really done something to feel guilty about, or the guilty feelings might be a misguided attempt to make sense of the crisis.

People in crisis may feel angry with God for allowing the crisis to occur. Such anger is often a healthy

reaction to a tragic event such as the sudden death of a family member or friend.

People can deal constructively or destructively with their anger at God. *Destructive ways* include hostility toward others who trust in God, dropping out of church, and becoming deeply depressed. *Constructive ways* to deal with anger at God include telling God about it and talking about the anger with a friend or caregiver. If you have the privilege of listening to another talk about their anger with God, remember you do not need to defend God. He can take care of himself.

GETTING READY FOR THE TRAINING CLASS SESSION

In the training class, you will talk about spiritual causes for crisis and about the path a crisis can take in a person's life. You will also have a chance to analyze crisis situations and discuss how you might care for people in crisis.

Be sure to have your *Crisis Self-Inventory* ready to share in class (reference 6-20 & 6-21).

For Further Reading...

Don't Sing Songs to a Heavy Heart: How to Relate to Those Who Are Suffering by Kenneth C. Haugk



CRISIS THEORY IN CAREGIVING

Danger Versus Opportunity

"Therefore everyone who hears these words of mine and puts them into practice is like a wise man who built his house on the rock. The rain came down, the streams rose, and the winds blew and beat against that house; yet it did not fall, because it had its foundation on the rock. But everyone who hears these words of mine and does not put them into practice is like a foolish man who built his house on sand. The rain came down, the streams rose, and the winds blew and beat against that house, and it fell with a great crash." Matthew 7:24-27

I. SAND AND ROCK

NOTES:

II. LIFE: CRISIS SELF-INVENTORY (PREREADING 6-20 AND 6-21)

What did you learn from your experience or your partner's about what crises are like?

NOTES:

III. THE COURSE OF A CRISIS

A. EQUILLIBRIUM

NOTES:

B. PRECIPITATING EVENT CHALLENGES OUR EQUILLIBRIUM

NOTES:

C. DISEQUILIBRIUM

NOTES:

Focus Note 1 – Factors Influencing the Intensity of Crisis

1. The suddenness of the onset of the crisis.
2. The person's personality.
3. How much self-esteem the person has.
4. How strong the person's sense of identity is.
5. Whether the person has a strong reason for living that gives purpose and meaning to their life.
6. Whether the person has others to support him or her, such as family, friends, a Care Partner, or another caregiver.
7. How effective the person's support is.
8. Whether the person has experienced similar crises in the past and learned how to cope with them.
9. The severity of the crisis; for example, losing a wallet versus losing one's home.
10. The person's relationship with God.
11. How much advance preparation the person has made for the crisis; for example, attending pre-retirement or childbirth classes, or having a chance to say good-bye before a loved one died.
12. Whether the person has unresolved issues from the past; for example, more difficulty grieving the recent death of a loved one because of never grieving another death in the past.
13. How healthy the person is in the present.

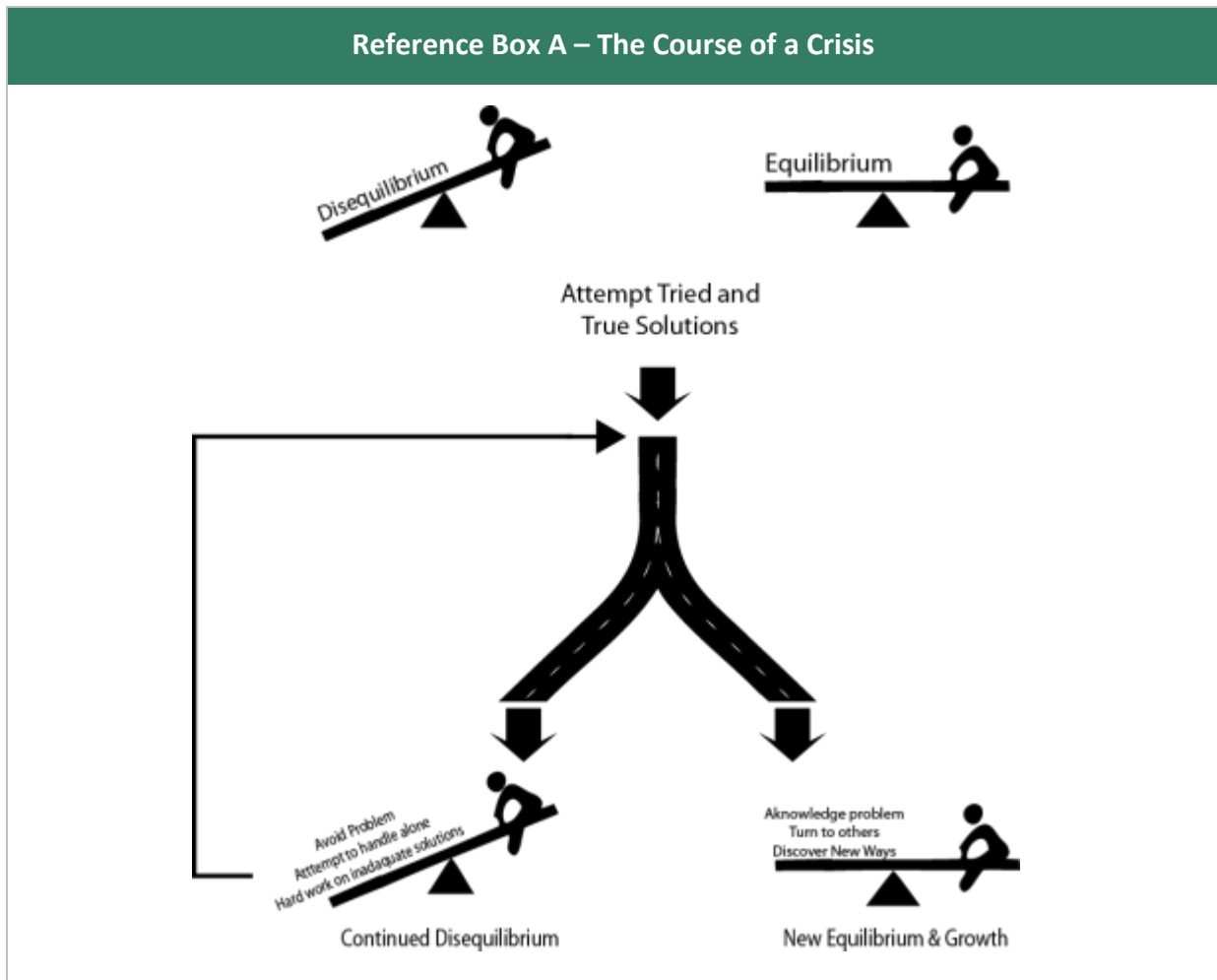
D. ATTEMPT TRIED AND TRUE SOLUTIONS

NOTES:

E. THE FORK IN THE ROAD – TO GREATER BROKENNESS OR GREATER WHOLENESS

NOTES:

THE CARE RECEIVER NEEDS TO CHOOSE (BE WILLING TO ACCEPT CHANGE)



F. THE PATH TO GREATER BROKENNESS

NOTES:

G. THE PATH TO GREATER WHOLENESS

NOTES:

IV. HOW CARE PARTNERS CARE FOR PEOPLE IN CRISIS

A. THE IMPORTANCE OF TIMING – CONNECT QUICKLY

B. TAKE THE CRISIS SERIOUSLY

NOTES:

C. BE CONSISTENT – DO WHAT YOU SAY YOU’RE GOING TO DO, BE ON TIME

NOTES:

D. HELP THE CARE RECEIVER STAY IN THE CRUCIBLE

NOTES:

E. BE A TRIANGLE TIPPER – PROVIDE CARE AND HOPE

NOTES:

F. REMAIN PROCESS-FOCUSED - BE SUPPORTIVE, ENCOURAGING

NOTES:

G. PRAY WITH PEOPLE IN CRISIS

NOTES:

V. CRISIS SCRIPT

Focus Note 2 – Crisis Skit

Description of the Situation

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 small contractor.

Crisis Skit: Lou's Crisis

Caregiver: Good morning, Lou. How are you doing this morning?

Lou: All right, I guess.

Caregiver: How did you sleep last night?

Lou: About as well as could be expected.

Caregiver: What have you been thinking about this morning?

Lou: You are really full of questions this morning, aren't you? "How, are you doing? How did you sleep? What are you thinking about?" I suppose "How's your mother?" will be next!

Caregiver: Sounds like the answer to "How are you doing?" is "Not so well."

Lou: Well, what do you expect? I'm flat on my back. They're talking about keeping me in here at least three more days at who knows how many hundreds of dollars a day, thank you very much! When I get home the doctor says I can't work for four weeks, maybe more. I have no idea what's going to happen to me or my family or my business.

Caregiver: I remember you saying your medical insurance doesn't cover your hospital stay. I can see how that could leave you with these worries.

Lou: I should never have had this operation. I should have waited until I had some money put away.

Caregiver: Lou, the way your legs were bothering you, I don't see how you could have walked, much less worked. In two days, the way things were going, you'd have been flat on your back whether you had the operation or not.

Lou: Yeah, it was pretty bad. I couldn't drive the truck anymore. I've got to keep remembering that.

Caregiver: Have you thought more about applying for assistance from the social services agencies?

Lou: Look, I told you how I feel about welfare. We'll get by somehow. I just can't see myself going begging for a handout. Besides, with two vehicles and a house, I'm sure I wouldn't qualify.

Caregiver: Well, general assistance isn't exactly welfare, Lou. True, it's a government program, but it's more like insurance to get people by in a pinch. What I would suggest – and if you like I would be glad to help you with this – is to talk to the social services department in the hospital.

Lou: You mean welfare keeps an office right here in the hospital?

Caregiver: No, this is part of the hospital staff. They know the kinds of situations that people are in, and they know what all the resources are. That's their job. You've been paying into the public resources kitty, if you will, all your working life. This is the time to draw on it if you can bring yourself to do it. I understand it's difficult to think about assistance, especially since you're employed. You don't even work for anybody else. You work for yourself.

Listen, exploring your options is not the same thing as taking welfare. What would you think about calling the social services person, or having me ask the social services person to stop in and visit you?

Lou: I guess it wouldn't hurt to check it out.

Caregiver: Okay.

VII. LOOKING AHEAD

READING ASSIGNMENT FOR WEEK 7

- *Care Partners Training Manual* – “Making the First Visit” 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

