THE HEALING CONGREGATION

AN INTEGRATED APPROACH TO WHOLE PERSON MINISTRY

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Dr. Allen has a dream that "we each can be our brother's and sister's keeper for wellness".

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PREFACE

As a pre-teen I was encouraged by my family and church to make a decision to accept Christ. This was because I dared to ask, "What exactly is the meaning of the word salvation?" The explanation seemed clear then and my faith grew as God sustained me through the struggles of life. My high school and early university years involved leadership in the Students' Christian Movement and participation in the Inter-Varsity Christian Fellowship. As a medical student, I had to face another question "what is health?" Sure enough I thought I had the answers during my hospital training as well as the answer to "what is salvation?"

But then the confusion started. I began to feel split apart. On Sundays I would visit the hospital and witness to patients as a member of my Christian student group. On Mondays, as a medical student in the same ward, I would be helping to treat "bodies." I would feel obliged not to dare think about, or mention, anything spiritual lest I offend the non-Christian on the medical team or become distracted and miss the really important medical symptoms or signs. In fact, with this conditioning, it hardly occurred to me to think in spiritual terms at all in my role as a health care trainee.

In the midst of all this, I had a strong urge to care spiritually for people and to see their lives really turn around. So I began thinking about becoming a pastor. Medicine as I was learning it, seemed too much like patchwork.

The confusion worsened during internship. Once while I was trying to "*save the life*" of a young woman in the final stages of renal failure, a student nurse pulled the screens around the dying patient and prayed her into eternity. Was that audacity or being a "*Christian*" health professional? During my psychiatric residency, while I was trying to be a health professional, who had a zeal to witness to the Gospel and thus help people really change their lives, I was becoming even more frustrated. While doing backbreaking work under inadequate conditions, I was moreso helping the very ill to "*cope*" only or the less ill to merely return to their former level of coping or to achieve limited growth. The ideal of what "*salvation*" meant in practical terms, became harder to see fulfilled. At the same time "*health care*" seemed more and more like patchwork.

Eventually I decided to enter the Christian Ministry. This was partly in order to discover exactly what this "*salvation*" was that I had experienced through childlike faith, but had difficulty understanding and sharing as a Christian health professional.

Fortunately, God had other plans for me than to leave medicine completely. He helped me to resolve my confusion and therefore to become a more aware, and thus more fulfilled Christian health professional.

I share this personal example to illustrate the problems that both health workers and other interested church and community workers must experience. I took the "*drastic*" step that I

did, not only to clarify my theology, but because I moreso felt a call of God to the working out of a Ministry. This has resulted in the part-time work that I am now doing with the churches as a Community Whole Person Health Consultant, as well as the work that I have been used by God to do in influencing the setting up of Church-based Healing Ministries in Jamaica.

Doing a theological degree, and "*doing theology*", or working out my understanding of God, humanity, sin and salvation, in the process, was my way of beginning to unravel the confusion I was experiencing, in language, and thus practice.

My personal understanding of health and salvation was developed through Bible study, listening to God in prayer, from my clinical work and from reading and dialogue with several "*fellow-searchers.*" My own vision of the Church witnessing in the world came to include the role of local congregations sponsoring Healing Ministries. Such ministries would promote and provide wholistic health as *the* demonstration of what salvation is.

This vision was broadened when I visited, shared and had discussions with leaders and workers in church-based clinics pioneered by Granger Westberg in the USA and described by Donald Tubesing in the book *Wholistic Health* (New York, Human Science Press, 1979). I have also had stimulating interactions with Christian health care leaders and interested theologians from many countries through my involvement with organizations such as the Christian Medical Commission of the World Council of Churches, the Lausanne II International Congress on World Evangelism and World Vision International. Many of these persons have been involved in theological reflection as well as developing creative new approaches or **"innovative models"** in primary health-care and community organization. This has led to an increase in the awareness of the Whole Person approach as well as the meaning of Health and Healing in the worldwide church. Some attention also has been focused on the local congregation in countries such as Jamaica and the USA. Nevertheless, at the global level, this is still a fairly young and embryonic movement.

This handbook seeks to address questions related to achieving healing for the whole person, within a church sponsored community-based setting. It is the outcome of over twenty-five years of pioneering team action within many Jamaican churches. The Jamaica experience is still evolving but the knowledge gained can be used with appropriate modifications anywhere in the world.
My prayer is that God will use this handbook as a training tool in the Healing Ministry of the Church. May it provide a handy reference to those who wish to start or further develop a whole person Healing Ministry and to all those who seek to "*heal the sick.*"

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Kingston, Jamaica
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HOW TO USE THIS HANDBOOK HOW TO USE THIS MANUAL

There are several handbooks that exist in the respective areas of community health, counselling, community organization, environmental care, pastoral care and spiritual healing. Also books have been written on the management of health service delivery. Nevertheless the need exists for a handbook that addresses how all these aspects can be integrated into a whole person model of service sponsored by a local congregation. Local church leaders or Christian community workers do not usually have the time and financial resources to do their own integration from the wide volume of literature that exists in various disciplines. Also they can benefit from assistance in reflecting on the role of the local congregation in health promotion and healing.
As the task of Church sponsored Whole Person Healing Ministries is still relatively new it is important that a combination of problems and solutions as well as theory and practice be addressed in a single publication.

This document is written for pastors, health care administrators and multidisciplinary human service professional teams from local churches that are involved in planning Healing Ministry services. It is also meant to be used by non-professional and semi-professional volunteers and paid staff. As well, it is written for students in theology, health care, mental health, social services and other related professions. As a serious effort at synthesis in both practical theology and health service delivery, it is recommended equally alike for theologians, specialists in public health and donor agency personnel.
At the same time any interested person, without being a professional should find this handbook useful. This is because it focuses mainly on health promotion that can be carried out by *all* members of the community and local congregation.

The handbook is best used for purposes of:

- building awareness about the need for and nature of a Whole Person Healing Ministry;
- planning;
- training;
- staff orientation, and
- guiding in ongoing programme management.

In the "**Introduction**" the reader is challenged to examine his or her ways of thinking about the person and about the meaning of "*health*" and "salvation." The negative influences of the traditional Western paradigm of health are explored. A rediscovery of the Biblical Whole Person paradigm is urged and examined. The challenge to the Church is highlighted.

Use the first section on "**The Rediscovered Paradigm and a Renewed Vision**" as the foundation cornerstone for your own initial reflection. Reflections on the Biblical perspective and a wholistic understanding of the person underscore the rationale for the Church as God's healing community as well as the basic underlying principles of Whole Person Health. As you study the suggested model of Ministry, the priorities involved, the various levels and

options for the utilization of human expertise - ask God to help you to have a vision of all the possibilities within your own church setting and community.

You will discover that the use of non-professionals in health promotion and in basic preventive, curative and rehabilitative health is the option recommended as a priority and as a beginning for all congregations.

In the second section on "**The Practical Possibilities: The Basic Core**" examples are shared as to how to get started or how to enrich your Ministry. Strategies for delivering a basic core of services at various levels of expertise are discussed. Suggestions are given on Whole Person promotive, preventive, curative and rehabilitative services within the target groups of the local community, congregation and wider community or region. First, I have highlighted references to what can be done, working with unsupervised non-professionals, informally in local communities and in the congregation. Then there are suggestions about preventive services by non-professionals that will involve professional supervision. This is followed by a description of possible activities involving the direct curative and rehabilitative services of semi-professionals and professionals.

In the third section on "**The Neglected Priorities**" special mention is made of certain much-neglected ministries in our Western influenced churches. These are natural healing, spiritual assessment, spiritual healing and caring for creation.

In the fourth section on "**Healing through Community**" it is affirmed that community is the context where healing takes place. We cannot be healed outside of it. The small group, whether family or otherwise, is the basic unit of community. A chapter is shared on transformation and healing through small support groups. Following this, family cluster coalitions are discussed as enabling the strengthening and healing of families as the most critical small group units in human development.

The geographical community is the location where we all live out our "contexts" of "community". Here the issues of power, inclusion and marginalization are played out. Too often the Church comes to serve the purpose of protecting the social mobility of the "privileged" rather than seeking to transform the politics of the world to include the marginalized. Thus there is a chapter on "Empowering the Local Community".

Local congregations cannot afford to work in isolation from other churches and agencies involved in caring for people. Unfortunately such fragmentation is too widespread. Thus strategies for geographical networking with Government and Non-Government institutions are also shared as critical, practical elements of the congregations in facilitating national communities and a worldwide community of healing.

In the fifth section on "**Programme Management for Ministry**" an outline of strategies for service management is presented. This is done mainly because there seems to be a relative lack of formal training and skills in this area in several churches. This section will enable teams to better carry out their own assessment, planning, training, implementation, monitoring and evaluation (APTIME).

Because of the tendency of some churches to go to the extremes of putting faith exclusively in techniques on one hand or in spirituality on the other, an attempt is made to integrate both into a balanced management strategy. The approach of the team and its members to contemplative spirituality as loving God and receiving from His Spirit is discussed.

How best can the handbook be used as part of one's ongoing involvement in Ministry? While the book has many chapters, it can be read in instalments for best absorption of the material. First you may wish to study the introduction and table of contents. Next, you can read the summaries at the start of each section. You can then go through the first section to gain a basic orientation together with the final three chapters. Then read the other sections when you are ready to consider these topics in further detail.

It is best that team leaders make use of the whole document and apply relevant sections as the situation demands. Other workers need only deal with the sections that relate to them most. Nevertheless it is best that all personnel receive an exposure to an overview of the handbook. Its contents could be presented in a simple format by trainers within the church.

The "**appendices**" contain more detailed aspects of the contents relating to service components, client assessment and basic research and information handling. These should be of special value to planners and leaders.

Readers should recognise the need for adaptation of the suggestions provided in this handbook to their own culture, developmental situation and national health system. For example in some countries the local church may not need to deliver much curative service as the state or insurance programmes provide for this. In others the church may be a main provider. Yet there is a place for spiritual healing community organization activities such as church sponsored health promotion and advocacy for the marginalized in every culture.

The handbook is only a "framework" on which further concepts and practical suggestions can be added. Ultimately it is the local team with God's guidance that will shape any particular Ministry. The use of the list of recommended reading is highly encouraged in order to make the best of one's learning.

In the case studies, fictitious names are used to protect the anonymity of persons referred to.

It is also hoped that this handbook will assist and aid development organizations, as well as government and non-governmental organizations to be more aware of the potential and possibilities of local churches working within and with the community. It is also hoped to help the value of the Whole Person approach in health delivery.

Any suggestions that could be included in further editions will be most welcome.

INTRODUCTION:
Being Clear About What We Think

The framework of assumptions, or the ways that we think about a reality, can be described as a *paradigm.* How and what we think affects what we believe. What we believe affects how we do what we do. If we wish to have the best in health care and human development, then we therefore need to be clear about what we think or what paradigm we live by.

A. THE TRADITIONAL WESTERN PARADIGM

There has been a traditional Western paradigm of health. This framework of assumption has guided the practice of health care in much of the world for several centuries. In traditional Western health care, we often treat patients as physical "*bodies*" only. This is partly because most patients describe their symptoms as physical pain or other discomfort. Obvious emotional problems are treated differently and/or in a different setting. Where there is a social and/or economic problem, this has very little to do with traditional health care. A person's spiritual health and welfare is seen as the responsibility of the Church. Thus a person's total health needs are broken down as it were into different compartments, to be met by different professionals at different times in different settings. This is the current way that too many of us still tend to think and practise rather than organizing our resources to help people as Whole Persons. In fact, mental and spiritual health has tended to be neglected in Primary Health Care worldwide.[1] [2] Furthermore, both the Church and health care professionals see "*health*" and "*salvation*" as unrelated.

I PROBLEMS

PROBLEM # 1: A Belief in Dualism

Countries that have been influenced by Western philosophy often adopt an "either/or" approach in their understanding of mankind and the world around them. This approach is called "*dualism*". Thus, according to the influential philosopher, Descartes, the mind and the body have no interaction with each other.[3] [4] At the same time, spiritual and material realities are seen as completely separate.

This aspect of dualism is supported by the philosophy called "*materialism*" whereby persons are influenced solely by physical forces. Small wonder, therefore, that in capitalist countries, western medicine has become largely a commercial exercise.[5]

According to the dualism of Western culture also, the needs of the individual and the needs of the community in which the individual lives are separate. It is the goal of the individual to be completely free and independent.

This dualistic view contrasts with the "*both/and*" or wholistic view of human reality. According to this view, the various aspects of a person - body, mind, spirit and the socio-economic environment - are held together in a positive dynamic tension known as "*wholeness*". Thus attention should be focused always on the whole person rather than on the various parts seen in isolation from each other.

PROBLEM # 2: A Limited Vision of Health and Salvation

Think of the word "*health*". Influenced by Western thought, most of us would have a picture in our minds of someone having a strong disease-free body. This idea of health commonly suggests an absence of physical symptoms and signs as well as normal laboratory and X-ray test results. Rather grudgingly, the medical establishment has given some recognition to "mental health" as something real. This term is commonly taken to mean merely the absence of any mental illness. Yet "*health*" as physical perfection is still the most popular view. How appropriate is it for us to continue with this tendency towards a narrow and largely materialistic view of health?

Similarly, our view of "*sin*" and "*salvation*" has failed us. Unfortunately, Western Christianity influenced by the narrow approach of dualism portrays sin and salvation as moral and spiritual realities rather than directly relating to practical suffering. Thus sin has to do with lawlessness, rebellion, moral disobedience, guilt and punishment.

Salvation is offered mainly as a forensic or "*law court*" entity which enables one to be saved from the punishment for moral sinning.

Given this view therefore, salvation from sin would involve nothing more than repentance and forgiveness as well as Christ taking on our punishment, His changing us morally, and our striving towards moral perfection (holiness). With regard to our physical, emotional and socio-economic suffering, the role of God in the life of mortals is only to comfort and give strength until death and the resurrection. Any healing in the various dimensions is to be carried out by separate professionals and their related teams. The body is left to the doctor, the mind to the psychologist, the spirit to the Church and the socio-economic to the social scientists and politicians! It is no wonder that, as history and current public life show, the person divided is the person exploited by the dividers.

II THE RESULTS

Because of the deficiencies in the way many persons and institutions look at health, disease and health care, large gaps exist in the kind of training and services we provide. This has led to several related problems in countries both north and south of the equator.[6]

1. South of the Equator and in the ghettos of northern countries, we observe the impact of the following: -
   a. Westernised medicine and Christianity have largely ignored those non-western ways of looking at the spiritual world which influence the understanding of illness and healing practices held by traditional healers. This has caused these persons to be suspicious of the benefits of Western medicine. It has led to a disrespect that makes it difficult for non-western persons to accept the Christian faith and life-style.
   b. The popular "*one-sided*" approach to spiritual living and witness influenced by Western thinking has failed to come to terms with several of today's problems.

These include problems of justice, resource distribution, human rights, peace and community. This failure has contributed to social oppression, civil war, community violence, racism and inadequate land reform programmes.

c. Our deficiencies in the way we think about health have made us powerless in the face of poverty. Those in the grip of poverty find it hard to gain adequate access to potable water, food, immunisation and family planning. Poverty in turn is seen as the main contributing factor to preventable infectious and nutritional diseases.

   HIV/AIDS is most rapidly proliferating among populations where political disenfranchisement and poverty threaten realities such as social and family integration as well as the availability of health educational facilities, condom use and medications. This includes Sub-Saharan Africa, the Caribbean and African-American minority groups in the United States.

2. In the North and among the upper classes and cities of the South these are the result of faulty approaches to health care: -
   a. The crisis of life style or how persons look after their own health is becoming the greatest cause of death. Common problems include death from eating food over-rich in fats, sugar, salt and additives, smoking, drinking, stress and lack of exercise.
   b. Lack of caring for "*the person*" and the emphasis on the commercialisation of health care is making it become less "*healing*" and less available.
   c. Isolation and feeling cut off from others, which is typical of urban life is contributing to the death of the family and community. Hence the rise of suicide, drug abuse, incest and family violence.
   d. Secularisation, or lack of religious awareness and practice has led to the lack of a shared awareness of "*what is normal*" and to a growing absence of values in life style. It has also resulted in a loss of meaning and purpose in life. In both settings, neglect and also the rape and pollution of the environment is producing unnecessary disaster, deaths, and toxic and infectious diseases.

B. REDISCOVERING THE WHOLE PERSON PARADIGM: A DIFFERENT WAY OF THINKING

Since my own personal search began over thirty years ago, medical and psychological research has shown the realities of a clear mind-body relationship in disease and health. The connection between the socio-economic aspects of a person's life and the other areas of self and living, have also been demonstrated. This is reflected in Engel's call for a "*bio-psychosocial*" approach to health care.[7] Increasingly also, studies are showing that one's spiritual life shares a mutual relationship with both mind and body.[8] Thus a lack of belief or hope in God can lead to despair which can worsen stress. Stress in turn can bring on psychosomatic disorders.

The Biblical view has long since informed us that the person is a unified (or whole) being. Thus God's action as well as the "*Healing*" Ministry of Christ and the Apostles related to the whole person.

Health now, therefore, ought to mean wholeness, which is: an integration or harmony between body, mind and spirit, between the individual and others, and between the individual, nature and God.

Thus the new paradigm of health in its Whole Person or "total" sense includes the bio-psychosocial perspective of Engel but goes beyond it. *It is not merely the absence of physical or mental disease, but a maximum quality of life called "wellness"*. All persons, therefore including those who are "disabled" in one way or another, can indeed be whole. It can be seen that the Biblical view of salvation is quite different from that too often conveyed in popular language and practice. Transformation means a change or renewal of both self and experience within the life of the Church as a healing community. The salvation of the Scriptures is about transformation. It includes justification in the forensic or law court sense but goes beyond it. In the Bible, to be saved not only means to be forgiven, justified, reconciled and to become morally pure, but *also to be totally restored or transformed,* to become whole. Inasmuch as healing is total transformation, THEN SALVATION AND HEALING (in the true sense of he word) ARE ONE AND THE SAME.

The Whole Person paradigm is based on the Biblical understanding of the person, sin and alienation from God, human suffering, forgiveness, reconciliation, restoration, healing and the final resurrection. Thus it is not a new paradigm in the true sense of the word. It is one that governed early aspects of Christian missions before the Western paradigm took full command. Thus what we are really doing today is to *rediscover* the Whole Person paradigm. A more extensive discussion of the theology and philosophy of this new paradigm is shared in my book *Caring for the Whole Person*.[9]

C. THE VALUE AND ROLE OF THE CHURCH

Against this background of a worldwide crisis of understanding health and health care, there are certain features of a local church congregation that challenge it to become a powerful agent for promoting community-managed whole-person health: -

1) According to its beliefs, the Church aims to be a healing community to those both within and without its membership.
2) The Christian approach to spiritual living, seeks to embrace all aspects of human life. Thus many local churches have become increasingly involved in educational, social welfare, and more recently, medical activities. With an increasing awareness of "wholeness," more churches are seeking to provide resources for the development of the total life. This it does directly or through working along with other community agencies.
3) The local church is involved in Ministry, guidance and support at various stages in an individual's life cycle. This it does through the sacraments and ordinances such as infant

baptism or blessing, adult baptism or confirmations, marriage, house blessing, wedding anniversaries, visitation to the elderly shut-ins and eventually funerals.

4) The church congregation is a highly valuable point of contact for gaining access to the community. It draws together individuals from several families, cutting across the barriers of age, gender, occupation, social class groupings and geographical areas and keeps these individuals together for much of their lives. Through its evangelism and social ministry activities the local church seeks also to reach out to the community.

5) Through spiritual and moral teachings, its belief in spiritual empowerment as well as its related rituals, the congregation is a powerful agent for socialisation and behaviour change.

6) In the past and even today the Church has tended to overlook this potential of the local congregation for promoting community health. Instead, health care efforts have been mainly in the context of mission hospitals and, more recently, hospital outposts providing primary health care. The involvement of the local church congregation is, therefore, one of the newer challenges in health care delivery.

The challenge is to bridge the large gaps that have existed for too long in the church, in our overall paradigm of the world and in our paradigm of health care, and consequently, in our popular understanding of health and salvation.

Such gaps have occurred both at the level of theological reflection and ministry within the Church, on the one hand, and at the level of services in the hospitals and their outposts on the other. The body/mind dualism and the materialism of Western thought that I have outlined have separated the delivery of health care from spirituality and the Christian faith.[10][11][12] Thus even where denominations have been involved in health care, there has been an inadequate integration of spirituality into medical procedures in their hospitals or clinics.

The local congregations themselves have tended to either relegate their Ministry of healing to "secular" medicine or to segregate Divine Healing from medical and psychological healing. Moreover, disease is seen more in terms of the individual in isolation rather than as reflecting a disruption of community or social harmony. Thus the resources of both the geographical community and local congregation as healing agents have been neglected.

Evangelism and missions need to be seen as ministering to the needs of the Whole Person. Here, *the Kingdom of God is both proclaimed verbally in evangelism and demonstrated practically in healing.*

As a demonstration of the Kingdom of God, health care, particularly in a local church, should go far beyond attending to the physical. *Healing must involve not only traditional medical services but also a spiritual ministry.* Counselling and social services are also necessary.

A Healing Ministry should be one that is community-based and managed. Individuals and families from the community should feel free to visit such a church-based centre to have their health looked after by the "healing community" of the local congregation. They should also be working in their own communities to ensure adequate health care and promotion for all.

Consequently, *a church's Healing Ministry should aim at the promotion of healing for the Whole Person - body, mind, spirit, and socio-economic relationships*. Why? It is because each of these areas of health affects all of the others. This means that if a person is to receive help to become well, any hidden problems must get attention. This will include examining and addressing contributing factors both within the total individual and within his or her geographical and local church community.

ENDNOTES

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PART I: THE REDISCOVERED PARADIGM AND A RENEWED VISION

INTRODUCTORY SUMMARY

The rediscovered Biblical paradigm, or way of thinking, about the Whole Person approach to health and salvation (or transformation) will bring about a renewed vision of the Church as being God's healing community. Here the vision will be the one of healing as central to the Church's mission – not as a "peripheral" option to be taken on and dropped as "popular fashion" demands. The renewed vision will also bring about a new understanding of the concepts of "Health" and "Health Care" as involving total healing for the whole person, changing values and behaviours, multidisciplinary teamwork and developing community.

In time this new understanding will define the shape of the service following model of the Healing Ministry of a local congregation. This model considers the following five aspects: congregational sponsorship, a whole person approach, a comprehensive scope of services (promotion, prevention, cure and rehabilitation) a community-based and managed method of service delivery and a multilevel utilization of human resource expertise. All these five aspects of the model will need to be integrated with each other at all times. Within each aspect, the widest level of people participation should be guaranteed, focusing on low cost promotion and prevention as well as on the poorest of the poor. In the meantime, the primary role of the spiritual dimension would undergird all activities.

This vision, the new understanding and the suggested model will now be discussed. It is being suggested that the main focus for every church should be on using the services of mainly non-professional workers in health promotion and prevention as well as basic cure and rehabilitation. This represents the most cost effective option for human resource utilization. The traditional model of the professional-centred, curative health clinic is the least cost effective option. A combined option is best but most expensive.

CHAPTER 1 – THE VISION OF THE CHURCH AS GOD'S HEALING COMMUNITY

Too often health is seen as the business of medical services or indigenous traditional healers only.

Why should the Church see a ministry of Healing as central to its mission in the world?

Whole Person Healing is one of the foremost challenges to the Church today. The task of health care, health promotion and indigenous healing should not be seen as belonging only to secular medical services or traditional healers. The Bible clearly teaches about the need for a ministry of healing. This is part of the Church's mission. The Church needs to be God's healing community – the healing "body" of the healing Christ.

Jesus' ministry on earth serves as the main example. *In the Gospels, we see Jesus as a Preacher, Teacher and Healer. He gave His disciples (and the whole church) authority and a mission to do the same*. (Matthew 11:2-6, 10:1,7-8). Thus while the Church continues to exercise the more traditional ministries of preaching and teaching, it should also exercise a ministry of healing. Healing through medicines, counselling and miracles was also a major feature of the New Testament Church. The Acts of the Apostles bears record of this. Jesus' apostles in those early days were involved in caring for the whole person, seeking to alleviate physical, psychological, social and spiritual suffering. We can be sure, for example, that as a physician, Luke employed the stewardship of medicine as part of his ministry to others. Believers were also encouraged to "bear one another's burdens," to restore those who were "overtaken in a fault" and to "do good unto all men" (Galatians 6: 1-2,10). Here was the essence of effective counselling and caring social support - so vital in the early life of the Church. Above all, ***prayer*** was a powerful means of releasing the Holy Spirit's miraculous healing power (James 5: 13-16; 1 Cor. 12: 4-10).

Today's local church congregation can do no less than that which was practised in those early days. The Bible underscores the priesthood of all believers (1 Peter 2:5,9). This means that those belonging to any congregation should share in all pastoral duties. The commissioning today of all members to the healing of fellow members and persons in the community will enable a truly congregation-sponsored ministry (James 5: 16; Mark 16: 15-20). This is the only way the Church, as a healing community, can reach the world.

The reality of tremendous suffering in our world today should motivate every church to exercise a healing ministry, however small and limited in scope. Suffering, however, does not always make a newspaper headline.

Suffering is caused by the person's separation from the source of his or her spirituality - God. Despite our capacity as human beings for wholeness (Genesis 1: 31), this

separation (known as sin) makes us vulnerable and leads to disharmony or disintegration and suffering in our beings, between self and others and between self and the environment (Genesis 3: 16-19; 4: 8). Sadly, this kind of suffering as it is actually experienced by persons, families and communities, is largely unknown to, or ignored by others.

The Church which seeks to be a healing community should never be accused of such ignorance or neglect or even blindness to personal suffering, injustice, social disorganization and poverty. Christ's mission was to combat these very evils. *This mission to the suffering and especially the poor is His priority for the church (Luke 4: 18; Matthew 25: 32-46).*

Thus salvation, full and free, offers not only forgiveness and reconciliation to God, but also total healing - life restored and transformed to wholeness through Jesus Christ (1 Peter 2: 24; John 10: 10).

As shared in the introduction, salvation, and the health and healing of the whole person are the same. This is how Christ understood His ministry and His command for the mission of the church.

The following true story demonstrates how attentive listening to the suffering of others can provide the key to healing.

Mary S. had heard about the Bethel Healing centre on her regular visits to church services at Bethel Baptist Church, but it was only when her doctors failed to help her that she decided to go to the Healing Centre for help.

> *"I started experiencing chest pains, nervousness, and weakness, and I lost a lot of weight, so much so that my husband became alarmed. He sent me to have a thorough check-up. I had blood tests and a chest X-ray, but nothing was found and the symptoms continued. Finally, I decided to try the Bethel Clinic. I thought that since the doctors there are Christians, they might be better able to help."*

Mrs. S describes her visit to the clinic:

> *"I first went to the nurse, who asked me some questions. I remember she prayed with me and gave me some advice. Then I went in to see a doctor. It was a female doctor. Patiently she listened to me tell her about a very distressing problem I was having at home. A relative had come to live with us, and was making my life miserable.*
>
> *I made two other visits to the clinic. The doctor helped me to see that my problem was caused by emotional stress. The tension in my home environment was not only a physical one.*
>
> *I found the clinic a place where people really cared. I felt free to share my problems, which I had not been able to do before. I used to keep everything inside of me because I have no close friends and my husband is very busy so there is no one to talk to. At the clinic I found friends who listened and prayed. My situation is now changed. I am well again. I have regained the weight I lost, and the pains and nervousness have gone. I am so thankful."*

Mrs S. became a volunteer worker at the clinic, passing on to others the help she received.

In the book "Health, Healing and Transformation,"[1] Kenneth L. Luscombe challenges the Church to "Discipleship as a Paradigm for Health, Healing and Wholeness". The story of Mary S. is a small reminder of this. Luscombe writes: "discipleship is placed in the light of the cross and the resurrection. The life of Jesus and the life of the disciple go hand in hand...." "The disciple is one who is sensitive and responsive to the everyday need of others, especially those who are usually overlooked in the course of events". Discipleship costs. Yet it is as we "deny" ourselves and "take up the cross" and follow Jesus that we will truly "find" and "save" our own lives. This should be the mission of the church.

[1] Kenneth L. Luscombe. "Discipleship as a Paradigm for Health, Healing and Transformation." *Health, Healing and Transformation*. Monrovia: MARC and World Vision International, 1991. pp. 45-84.

CHAPTER 2: A NEW UNDERSTANDING OF "HEALTH" AND "HEALTH CARE":
THE FOUR BASIC PRINCIPLES OF WHOLE PERSON HEALTH

What is the basic philosophy that will guide the Whole Person Healing Ministry of the church? This philosophy embraces the principles of: health as wholeness; health promotion as encouraging positive changes in health related values and behaviours; multidisciplinary teamwork; and self-help community participation. These principles are summarised in Table 1.

A. The Mission: Health is wholeness. It involves total healing for the Whole Person.

B. The Goal: Health promotion seeks positive changes in values and behaviours.

C. The Strategy: Total healing calls for multi-disciplinary teamwork.

D. The Context: Community is the greatest human agent of whole person health.

Table 1. The Four Basic Principles of Whole Person Health

A. THE MISSION: TOTAL HEALING FOR THE WHOLE PERSON

Health is "***wholeness***". "Jesus grew both in body and in wisdom, gaining favour with God and people" (Luke 2:52 TEV). The growth and development of Jesus from boyhood into manhood demonstrates the meaning of health in its truest sense. It is wholeness or a harmony or integration between:

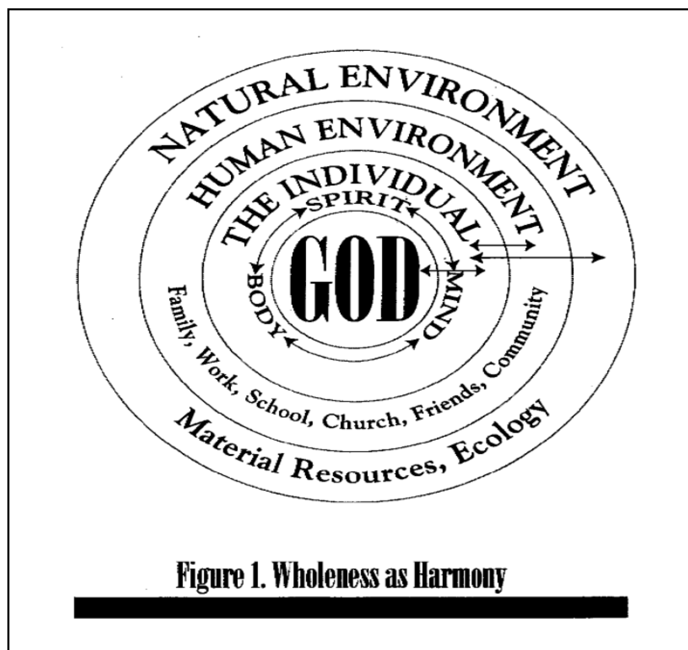


Figure 1. Wholeness as Harmony

- aspects of the self (mind, body and spirit)
- self and God
- self and others, and in addition
- self and the natural environment (Genesis 1:28).

This integration is illustrated in Figure 1.

Our caring prayer as we minister to one another should be like the prayer of St. Paul to the Thessalonians. "And the very God of peace sanctify you wholly; and I pray God your whole spirit and soul and body be preserved blameless..." (I Thess. 5: 23, KJV). This is the undergirding fundamental principle by which any Healing Ministry should operate. In the final analysis, we cannot do it alone or in our own strength. God is our Enabler.

"Faithful is he that calleth you, who also will do it" (I Thess. 5: 24, KJV).

(Thus the mission of the Church's Healing Ministry is "Total Healing for the Whole Person"). Less than a wholeness approach in health care is but patchwork. It is God's will for us to be whole, to have life "more abundantly" (John 10: 10, KJV). With wholeness comes harmony at all levels of life and living.

B. THE GOAL: CHANGING VALUES AND BEHAVIOURS THROUGH HEALTH PROMOTION

Whole Person Health Promotion involves modifying health related "***values and behaviours***." This is the ultimate goal of the Church's Healing Ministry. Cure is not enough. If the negative health, values and behaviours that caused a cured illness continue then a recurrence is inevitable. The Bible both warns and encourages us in Proverbs 4:23 –

> "Be careful how you think; your life is shaped by your thoughts". (TEV)

St. Paul's plea to the Philippians is this:

> "In conclusion, my brothers, fill your minds with those things that are good and
> that deserve praise: things that are true, noble, right, pure, lovely, and
> honourable." (Phil. 4: 8)

It is how we think and behave as a result that will affect, for good or bad, the harmony that brings about our wholeness.
As Christian caregivers we can assist others to:

- clarify their current health-related values,
- recognise the gap between perceived wants and objective needs, and
- commit themselves to changes in values and related behaviours that will promote whole person health and well being.

These changes in values should reflect SELF-RESPONSIBILITY and SPECIFIC BEHAVIOUR CHANGES in areas of:

a) self-help health activities, and
b) one's general life-style

Behavioural change can be facilitated by persons covenanting to be accountable to a support partner or group for such change. Today many physical and emotional illnesses are due to a lack of self-responsibility in areas such as eating habits and stress management, exercise, smoking, loneliness and spiritual neglect. Persons who take care of their physical health, who are involved in supportive relationships and who have a meaningful relationship with God, through the power of His Holy Spirit, tend to live longer and to have a better quality of life.

C. THE STRATEGY: DELIVERING WHOLE PERSON MINISTRY THROUGH MULTIDISCIPLINARY TEAMWORK

Total Healing and Health Promotion for the whole Person involve ***multidisciplinary teamwork*****, involving persons from different human service disciplines**. "Now there are diversities of gifts, but the same Spirit. And there are differences of administrations, but the same Lord. And there are diversities of operations, but it is the same God which worketh all in all" (I Cor. 12: 4-6, KJV).

Practising the philosophy of whole person health will call for transcending professional politics, exclusivism, rivalry and egotism. Restoring the patient to complete health should be the common goal. Teamwork involves co-operation and mutual respect for each other's abilities and contributions. For example, other members of the team may have opportunity to get to know some patients more intimately than the physician or physical health worker. Such knowledge should be added to the general pool of information about the patient and could make a significant difference in the quality of care offered to the patient.

A Whole Person Healing Ministry should include the following disciplines:

- Medicine and the use of Nature
- Counselling and Mental Health
- Prayer and Spiritual Ministry
- Social Casework and Community Organization

The practice of each of these disciplines should involve a *comprehensive* scope of PROMOTIVE, PREVENTIVE, CURATIVE and REHABILITATIVE activities.

A team approach, under God, is a major criterion for effective ministry in the day-to-day activities of each team member. It requires wholistic assessment and diagnosis, interdisciplinary team linkages and a case management approach. Thus each team member could be truly called a "whole person health care giver" who helps each client select and integrate various possible pathways to healing. The local church, through its Healing Ministry, is the ideal place to promote and demonstrate what is

involved in multi-disciplinary teamwork and co-operation. If patients are to experience personal healing and wellness, then the balanced combination of spiritual maturity and vibrancy, scientific objectivity, and humanitarian community building, is essential.

D. THE CONTEXT: DEVELOPING THE COMMUNITY AS THE HUMAN VEHICLE OF HEALING

"***Community***" is the greatest human agent of whole person health. "For as the body is one and hath many members, and all the members of that one body, being many, are one body: so also is Christ." (I Cor. 12: 12, KJV) "That there should be no schism in the body, but that the members should have the same care one for another." (I Cor. 12: 25, KJV).

The church should encourage community not only in:

I. the church (the *local congregation*), but also in
II. the "neighbourhood" community (a specific *geographical entity*), as well as
III. the community of *small support groups* (groups formed to accomplish specific healing tasks or goals.)

The health promoting community looks not only to God or its human leaders for help, but also to its own members. Any community that focuses on unity, teamwork, a combination of varied human resources and which provides mutual, accountable and covenanting support, is able to do far more than individuals can to promote whole-person health.

The Church, more than any other community, has a challenge and a commission to model these attributes of a healing community.
The members of any local congregation should be challenged by the scriptures to demonstrate the true meaning of the term - "the Church as a healing community". We cannot heal in isolation. We need others. To neglect the community of the Church is to neglect the life-blood of the Church's healing ministry. Christ is the author, but community is the context.

CHAPTER 3: A MODEL FOR THE HEALING MINISTRY OF THE LOCAL CONGREGATION

The following recommended model for a local congregation's Healing Ministry is informed by the rediscovered paradigm of Whole Person Health. It comprehensively identifies the interacting aspects within such a ministry. The availability of human resources, other resources, as well as management capability, will affect the scope and contents of the particular services that any congregation can provide but the overall systems design would be the same.

There are five aspects that will need specific attention:

1. sponsorship
2. approach to the persons being served
3. scope of the Ministry
4. method of functioning
5. levels of expertise in the use of human resources

The model is illustrated in Figure 2. It provides answers to questions in relation to the five aspects.

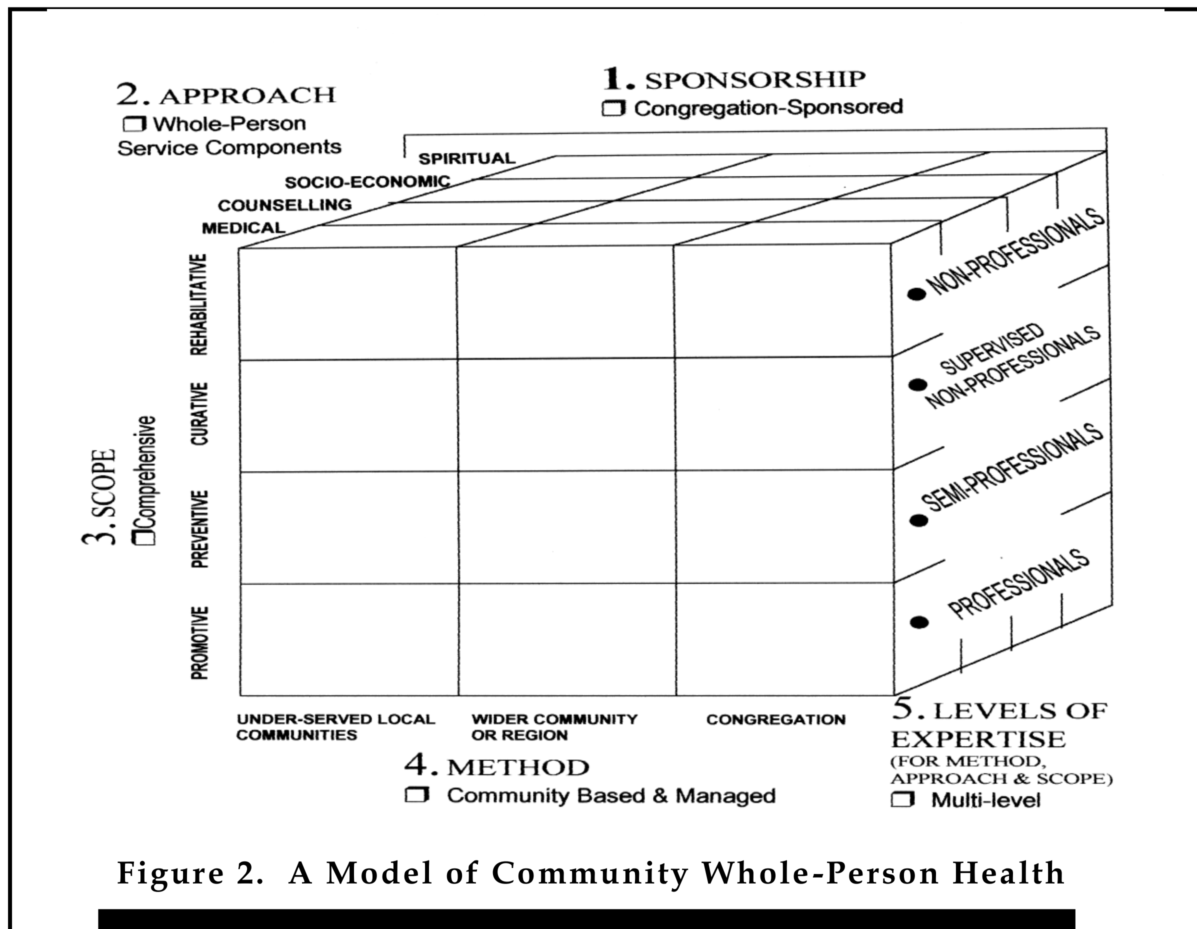


Figure 2. A Model of Community Whole-Person Health

A. CONGREGATION SPONSORED

Who can *sponsor* the ministry?

The ministry can be *CONGREGATION SPONSORED*; that is, run mainly by volunteer activity from members of the local church. To be sustainable, services to communities and clients should not revolve around the pastor. Neither should services be relegated mainly to outside paid staff. Where there is a need for a specific area of expertise or help, every effort can be made, where possible, to first recruit volunteer workers from within the congregation. In some instances, it may be necessary to recruit paid full-time or part-time staff. It is best however if such workers, whether paid or volunteer, feel called by God to serve and see their work as part of the church's missionary outreach ministry. Workers recruited mainly from all sections of the church's fellowship will thus form the main resource and outreach base of the Healing Ministry. In this way the church will be fulfilling its role as a healing community.

Nevertheless, in the outreach activities sponsored by the congregation for the surrounding geographical community, church members need to serve merely as catalysts. It is the community members themselves enabled by God who can best transform their own circumstances.

B. WHOLE PERSON ORIENTED

What *approach* should be taken towards persons being served by the Healing Ministry?

Persons seeking help may come from the immediate or wider community or from within the congregation. Such individuals are searching for healing (or wholeness) - as it affects their physical health, spiritual well being, social relationships as well as their economic status.

The Ministry should therefore adopt a *WHOLE-PERSON APPROACH* to caring for these persons. This approach recognises that there are four interacting dimensions in a person's life, each of which either alone or in combination may affect an individual's health.

These dimensions will require help in the following areas: physical care, counselling, prayer and spiritual direction, and socio-economic development (via social casework and community organization). The latter will include caring for the environment.

In all of the above, the emphasis will be on prayer and promoting spirituality, not to the exclusion of the other dimensions, but rather as the foundation of total healing.

C. A COMPREHENSIVE SERVICE

What should be the *scope* of this Ministry?

The Ministry should be COMPREHENSIVE in its scope, incorporating as needed, four possible levels of intervention: - the Promotive, Preventive, Curative, and Rehabilitative.

How can one distinguish between these different levels of intervention? Varying definitions exist in the medical literature. An explanation of what usually occurs is given below.

Promotion mainly involves helping all persons maintain and advance their wellness including even those not directly known to be at high risk for illness. All persons will be helped to maintain and advance their wellness as well as recovery from illness. Activities are aimed at increasing knowledge and understanding in order to encourage appropriate attitude and behavioural changes within persons, communities, institutions and governments. Ultimately, the goal is to maintain wholeness or facilitate constant improvement towards wholeness in individuals and society.

Prevention commonly involves:

(a) the early detection of whole person problems, which allows for deterring any worsening by means of affording rapid treatment.

(b) enabling health promotion and special whole person support for individuals known to be at high risk or vulnerable to various problems in respective areas of whole person health. Non-professionals can be trained to carry out all aspects of prevention.

Cure entails the total restoration of whole person health or wholeness in persons whose well-being has been compromised.

Rehabilitation is concerned with restoration of well-being and functioning to the greatest feasible level in persons with illnesses or problems where a total resolution cannot be guaranteed.

In this handbook, it is being suggested that churches focus on **basic** rehabilitation involving non-professionals functioning on their own where possible. For more advanced, supervised assistance, workers could co-operate with existing agencies in the community or with special institutions. Ideally speaking, if proper promotive, preventive

and early curative services are provided, the number of persons needing such specialised care should be relatively small.

In this context, priority should be given to the promotive work of the Ministry. Not only is this level of intervention the least costly, but it also has the most lasting effect in improving the quality as well as the length of one's life.

D. COMMUNITY BASED AND MANAGED

1. What *method of functioning* should this Ministry adopt in its service delivery?

In order for the services to be effective, workers in the Healing Ministry will need to adopt a COMMUNITY-BASED and MANAGED method of functioning. Thus the target populations or communities to be served will be clearly identified. If necessary, a part of the Ministry's work can be located where people live, work, play or meet informally instead of in an office or church building. In this way emphasis will be on members of the community participating in decision-making and self-help activities as against other less effective methods of functioning such as authoritarian or leader-centred methods, patronage and handouts.

Identifiable target groups for community building may include:

- the wider community or region served by the church's Whole Person Healing Centre and including all those persons who may have need for healing.
- a specific underserved local/geographical community. This could be rural, urban, suburban or made up of transient labourers or refugees.
- the community of the church congregation

In dealing with the wider community or region, churches can also enable various smaller communities within it to work together for their common good.

2. Within each target group what *levels of community issues and interaction* need to be addressed?

The answer is all levels. These levels may include the following listed in order of inclusiveness: -

- National
- Regional - such as State, Country, Parish and more specifically Urban/Rural Community or Village
- Social institutions such as church, school or work place.
- Families - extended and nuclear
- Age and gender groupings, for example, youth, elderly, men, women

- Special interest groups, for example, occupation, sports, health concerns, civic concerns, self-help, service and witness, economic co-operatives, cultural, recreational.
- Informal groups, for example, peer groups, adult friendship groups

In order not to take on more than your church can manage *a catchment area should be clearly defined* on a map indicating the size and composition of the communities that the Healing Ministry would serve.

E. MULTILEVEL EXPERTISE

With regard to human resource utilization, what *levels of expertise* will the Healing Ministry need?

The ministry should be *MULTI-LEVEL* in its use of the expertise of volunteers and paid workers. The focus should not be on professionals only but on a range of levels of expertise involving non-professionals or "peer helpers", supervised semi-professionals and professionals. This range can also be identified when choosing workers for each area of discipline within the whole person ministry.

Chapter 4 provides more details as to options for combinations of levels and priorities in the multilevel-approach. Nevertheless *the priority should be the use of non-professionals* who are most available. They can be taught to carry out some *30% or more of the curative and rehabilitative work professionals* do in medicine, counselling, social work and pastoral care and *almost all of the health promotion and prevention work necessary.*

F. INTEGRATION IN SERVICE DELIVERY

Finally, how can one ensure *integration* of this model?

The ability to integrate all aspects of a Whole Person Healing Ministry requires a whole-hearted adoption of the four basic principles of the Whole Person Health. A deep commitment to this Ministry as a form of Christian service is essential.

The integrated nature of this model can also be realised even if adopted and implemented from the vantage point of any of the five aspects of the Ministry discussed in this chapter. *Each aspect applies to all of the others*. Thus the following five statements for establishing a successful Healing Ministry can all be true to this model. A Whole Person Healing Ministry can be effective when it is:-

(1) "***Congregation – Sponsored***" while being:
- whole person in approach
- comprehensive in scope
- community-based and managed in method.

- multi-level in the use of human resource expertise

(2) "***Wholistic in its approach***" to the person and each *dimension* is:
- congregation-sponsored
- comprehensive in scope
- community-based and managed in method
- multi-level in use of human resource expertise

(3) "***Comprehensive in its scope***" and at each *level of intervention* is:
- whole person in approach
- congregation-sponsored
- community-based and managed in method
- multi-level in use of human resource expertise

(4) "***Community - based and managed***" *in its method* and within each *target group* also is:
- congregation-sponsored
- whole person in approach
- comprehensive in scope
- multi-level in use of human resource expertise

(5) "***Multi-level in its use of* human resource *expertise***" and with each *option for combination* is:
- congregation-sponsored
- whole person in approach
- comprehensive in scope
- community-based and managed in method

It is the inter-dependence of all five aspects that brings about the need for integration. This integrated model can be called a *Community Whole Person Health Service*.

Each church member with suitable training can be involved in some way, in one or all aspects of the model.

"Without a vision the people perish."

Few churches can afford adequate curative and rehabilitative facilities. *Thus each congregation should seek to provide mainly promotive services*. Each church can refer clients and church community members to such other services as are provided by relevant agencies. These may be sponsored by those churches with more developed services, or by government or non-government organizations. There are some basic preventive, curative and rehabilitative services that team members can carry out. These include: -

(a) screening for easily detectable illnesses;
(b) first-aid;
(c) occupational therapy and vocational training.

More details will be given in later chapters.

G. RESTRUCTURED PYRAMIDS OF PRIORITIES

Within the five aspects of the proposed model certain desirable priorities have been suggested. Put together, these would be at the top of what we can call "the Pyramids of Priorities".

Traditionally however, most health services as we have known them, tend to maintain a particular order of priorities. This is illustrated in Figure 3.

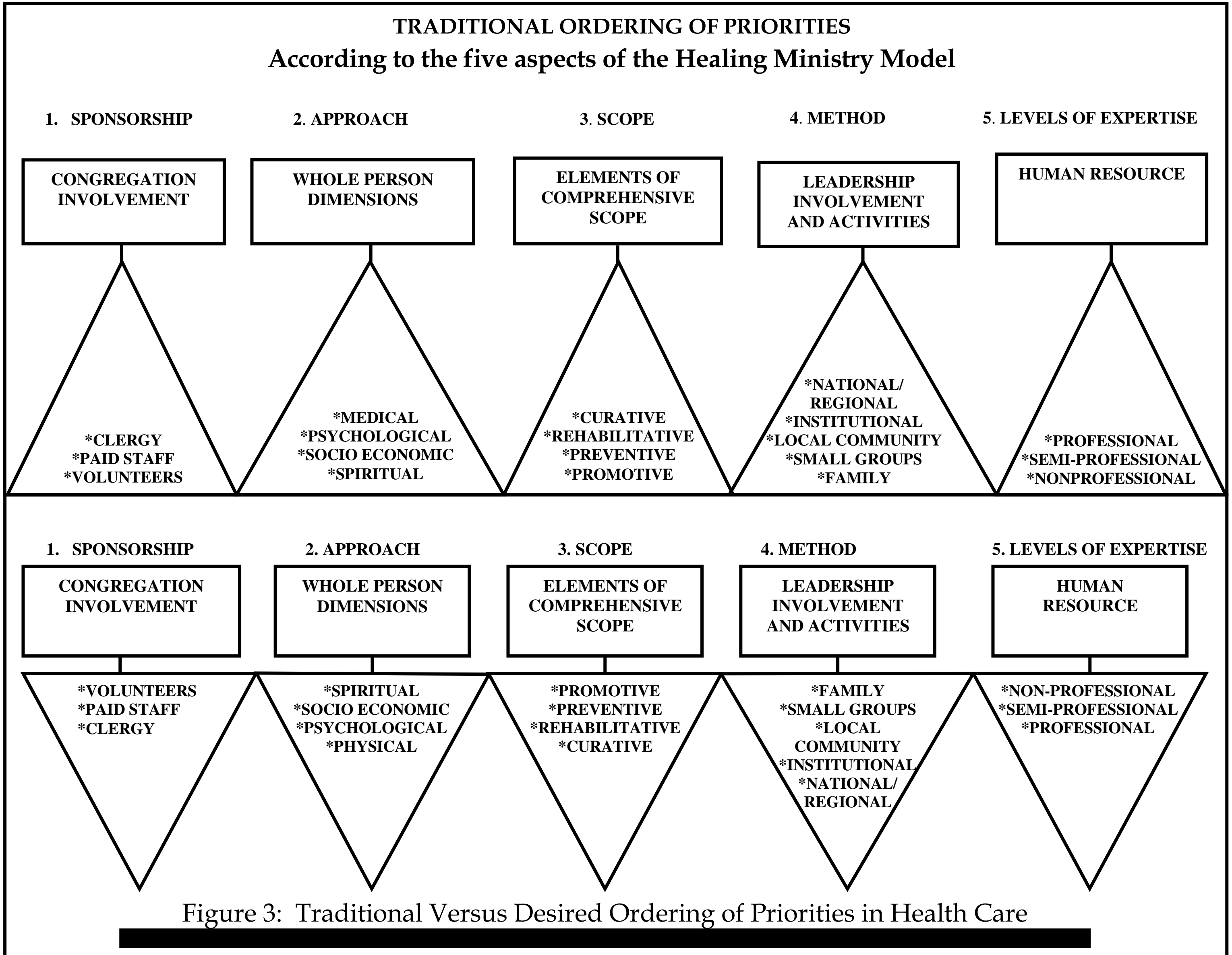


Figure 3: Traditional Versus Desired Ordering of Priorities in Health Care

Within the five aspects of the proposed model certain desirable priorities have been suggested. Put together, these would be at the top of what we can call "the Pyramids of Priorities".

Traditionally however, most health services as we have known them, tend to maintain a particular order of priorities. This is illustrated in Figure 3.
This ordering of priorities, unfortunately dictates that the routine of a personal "sickness" must be patently manifest before medical help is sought. *Physical* pain, and to a lesser degree, *psychological* pain create a need for the more expensive institutional, *curative or rehabilitative professional or semi-professional* support systems. The patient is thus seen as a medical or psychological case. *Leaders at regional and national levels* operating through various institutions and local agencies - for example hospitals, clinics and special social services or agencies, do whatever they can with limited resources to try to care or to alleviate physical or psychological suffering. However, prohibitive costs have only tended to make a bad situation worse.

These leaders have the greatest influence in deciding what happens in the field of health at regional and national levels, while the voices of families, small groups and small local communities are often ignored.

In many cases too, where churches are involved in health care delivery, the *clergy hierarchy* has the greatest influence administratively, *paid staff* in churches or hospitals or clinics provide most of the services while congregation members, as volunteers, are the least involved at the "front lines" of service.

The desired priorities, therefore, must be looked at from the other end of the spectrum. (Also see Figure 3).

Therefore the pyramids must be turned on their heads! *What now become the priorities are those resources that are most available.*

Volunteers, who are in greatest numbers, will be on the front lines of service.

A truly whole person approach will seek to give service mostly at a promotive or preventive level, with greater attention being given to the *spiritual and socio-economic* needs of the individual. This would be done in addition to current promotive and preventive measures being taken in the area of physical well-being - measures such as healthy lifestyle education, immunisation, sanitation, oral rehydration, and family planning services. In this way the well being of a person can be looked after before there is a psychological, or physical breakdown. It will be recognised that socio-economic factors are strong determinants of psychological problems and that these in turn impact on physical illnesses. Thus, in the Whole Person approach, rather than focussing mainly on curative medical and psychological work, it is best to concentrate most of our efforts on tackling the underlying spiritual and socio-economic contributing factors. Nevertheless, in all of this, no activity will be fully successful without the others.

Later, in this book, the author has intentionally presented the order of services in the traditional manner, that is, beginning with the curative. Thus we begin where many persons start thinking about health and in the process we try to shift around the traditional hierarchy of priorities.

It is at the *promotive and preventive* levels that the help of "lay" or non-professional workers and volunteers can best be harnessed to ensure the development of "community", - that most potent of healing forces - within the *family, small groups and local community.* This should constitute the main focus of the strategy of a Healing Ministry. What is the motto therefore? It is "Small is beautiful - work from the bottom up".

The Pyramids of Priorities provide therefore an important theoretical framework from which to establish a model for a Healing Ministry. Such a framework, however, does not require rigid adherence or application. For example, in an *emergency situation* such as a national disaster, a priority would be to effect interactions using elements such as medical, curative and professional services. In addition, *all elements are important in themselves and can take place concurrently with the appropriate degrees of emphasis*. It is best that any model of Whole-Person Health should have all elements of the hierarchy of priorities present in all five Pyramids or aspects of the model - even if they cannot be fully provided for by any given local church. The key to proper prioritising is flexibility, wisdom (which comes from God) as well as proper planning and organization.

CHAPTER 4: LEVELS OF HUMAN RESOURCE UTILIZATION – OVERVIEW AND OPTIONS

The model described in Chapter 3, calls for services that are not only whole person in approach but *comprehensive* in scope. That may sound like a lot! However, once we have grasped the idea and the concepts, as described in the model, then it will be a lot easier to see how this model can be scaled down or modified to meet our particular situation.

Take some time to study figure 4, which provides a comprehensive overview of:

- the four basic *levels* of human resource expertise that can be utilised in a comprehensive healing ministry.
- the *options* of combinations of levels you may consider when starting a healing ministry.

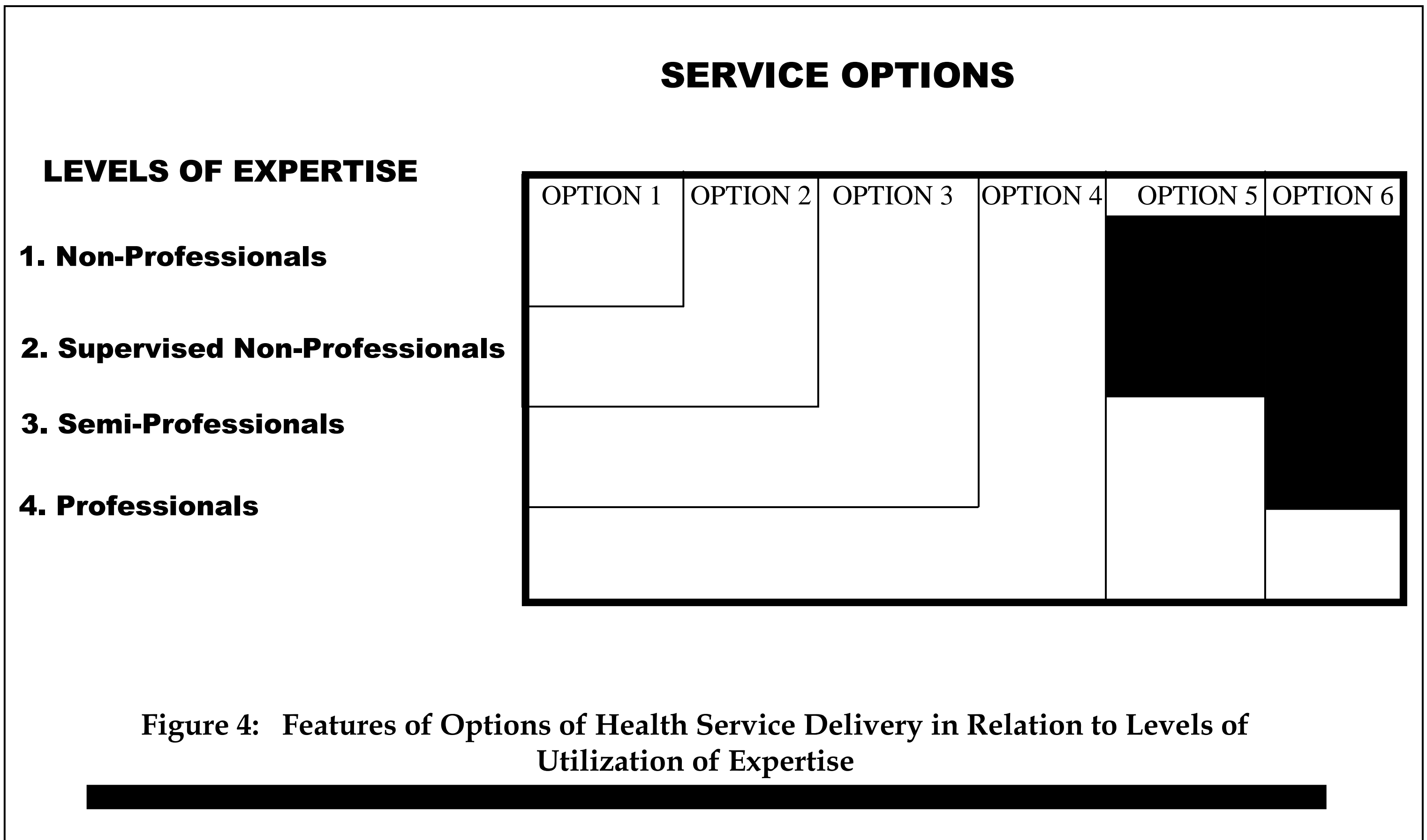


Figure 4: Features of Options of Health Service Delivery in Relation to Levels of Utilization of Expertise

OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTIONS 5 and 6 VARY ACCORDING TO DEGREE AND EMPHASIS
•Mainly community-based and managed.	•Mainly community-based and managed.	•Close to a balanced approach - Focus on community-based help for those needing greater individual care	•Most balanced approach - A community based & managed component - More specialised help for those needing greater individual care	•Individual centred
•Comprehensive in scope - Mainly promotive - Basic preventive - Basic rehabilitative & curative	•Comprehensive in scope - Mainly promotive and preventive - More advanced preventive - Basic rehabilitative & curative	•Comprehensive in scope, with: - More rehabilitative & curative services	•Comprehensive in scope, with: - Fuller rehabilitative & curative services	•Mainly curative
•Mainly paid - Non-professionals - Volunteers	•As for Option 1, plus supervision for some non-professional	•Staff at Levels 1-3, including semi-professionals plus Professional supervisors	•All levels of staff	•Mainly paid - Semi-professionals and professionals (OPTION 5) - Professionals (OPTION 6)
•Services for: - The well - The "little bit sick"	•Services for: - The well - The "little bit sick"	•Services for: - The well - The "little bit sick" - The "more than little bit sick"	•Services for: - The well - The "little bit sick" - The "more than little bit sick" (including more serious or complicated cases)	•Services mostly for: - the "more than little bit sick" – all cases
•Lowest Cost •Many to benefit •Least die prematurely •Easiest to maintain •Most cost-effective	•Low Cost •More to benefit •Least die prematurely •Easier to maintain •Cost-effective	•Medium range cost •More to benefit •Less die prematurely than in options 5 and 6, but not "least" •Getting hard to maintain •Less cost-effective	•High cost •All to benefit •Less die prematurely than in options 5 and 6, but not "least" •Hard to maintain •Less cost-effective	•Highest cost •Least to benefit •More die prematurely •Hardest to maintain •Least cost-effective

Figure 4 (Cont'd) Main Features of Options

A. LEVELS OF EXPERTISE

The four basic levels of workers are summarised below.

Level 1 **Services by non-professionals**

Non-professional volunteers or staff can be trained to carry out many services unsupervised, and just as effectively as the professionally trained worker. Persons required in the respective whole person disciplines may include:
Every church member functioning as:

- Health Promoters
- Church Health Workers
- Community Health Workers
- Lay or Peer Counsellors
- Prayer Partners
- Lay Social Workers
- Lay or "Peer" Community Organizers

The work that they do would be largely promotive and preventive, but also include basic curative and rehabilitative services.

Level 2 : **Services mainly by supervised non-professionals**

Persons required would be the same as level 1.

The professional involvement at level 2 would be that of supervision. Such supervisors could work part-time on a voluntary or paid basis. They need not provide direct curative or rehabilitative services. Nurses, public health inspectors, counsellors, social workers and other "non-doctors" could provide supervision. This would be in the area of such special preventive, curative and rehabilitative activities as thought feasible by the Healing Ministry Team.

Level 3: **Services using mainly semi-professionals supervised by professionals.**

Persons required would include:

- Medical Assistants
- Enrolled Assistant Nurses
- Counselling Assistants
- Prayer and Spiritual Counsellors
- Social work Assistants with training in community organization

These services would be mainly curative and rehabilitative.

At this level, the professionals would function mainly as supervisors and service co-ordinators. They need not provide direct service at the given church Ministry. Thus functions would be mainly supervisory and/or administrative. Clients needing direct professional care would be appropriately referred outside.

Level 4: **Services requiring the involvement of professionals.**

These would include:

- Physicians
- Nurse Practitioners
- Nurses
- Counsellors
- Clinical Psychologists
- Social Workers trained in casework, group work and community organization
- Pastors trained in pastoral care

These persons would provide mainly those curative and rehabilitative services needing their level of expertise.

B. OPTIONS OF COMBINATIONS

The option you choose when starting a Healing Ministry will be affected by the level or combinations of levels of expertise available in your church community, as well as other basic financial and material resources. Each of the six options, outlined in Figure 4 indicate the basic level and other combinations of levels of services which can be provided, as well as other very pertinent factors to bear in mind.

Option 1 - This is a single level approach and it is the point at which any church can start and immediately make a significant impact on the health of a specific geographic area as well as on that of its own congregation. The challenge here is to be able to harness "grassroots" interest, support and leadership and to organize basic training for workers in the services to be offered. Skills can be developed in the provision of promotive, preventive, basic rehabilitative and curative services.

Option 2 - This is a "two-level" approach - levels 1 and 2 with level 1 being the main priority. With adequate supervision, workers at this level will be able to offer a wider range of services. More advanced preventive work, such as immunization and maternal and child health care, can be performed. This option requires that professional workers must be encouraged to offer their services as supervisors and, if necessary some level of remuneration could be offered. This option moves to a higher level of planning and organizing and could create some additional costs.

Option 3 - A combination of Levels 1-3, makes this option a "three-level" approach, with levels 1 and 2 as first and second priorities. At this level, there is greater scope to begin to focus on those needing greater individual care. Costs will again further increase at this level as it may involve employing semi-professionals as well as professionals to supervise them. The management and organization of a Ministry at this level begins to get

more complex. Sound leadership and clear administrative systems must be put in place especially if the objective is to move on to option 4.

Option 4 - A "four-level" approach. This combination of levels 1-4 still maintains levels 1 and 2 as priorities. Levels 3 and 4 are at the optimum levels in order for those who are more acutely ill to get attention. This level, therefore, is the more balanced approach. Here curative, professional services are utilised as necessary, even though cost-benefit may be more in humanitarian, than strictly economic terms. This level requires advanced management and administrative systems with the necessary support staff. Dynamic leadership continues to be a pivotal need - especially the ability to harness funding, motivate workers to a missionary zeal and excellence in service and maintain the primary spiritual and health promotion witness of the Ministry.

Option 5 - This option includes only levels 3 and 4 and loses the benefits of levels 1 and 2. It is highly costly and has no outreach benefit. It is not recommended for a church's Healing Ministry that is to be sustainable and just.

Option 6 - A level 4 only option - this option costs the highest and is the least cost-effective service. It does not include most of the factors needed for wellness - such as promotion, prevention and community involvement. *Yet it is the most sought after as the first choice in setting up services*. Why is this so? It is the most dramatically life-saving option and brings quickest results. It becomes a source of pride when church leaders and government officials can point to a building and show statistics of patients seen. The lure of the dramatic, the advertisements of the commercial industry and the focus on the use of high technology have influenced many of us in the Church and health-related professions. Too many of us believe that without a stethoscope and a prescription we have not been helped. This option, however, is again not recommended for a church's Healing Ministry that is to be sustainable and just.

Which options will your church choose?

A Graduated Multi-level Approach in human resource utilisation is suggested with health promotion by non-professionals as the priority. Start with option 1 and grow according to resources and management capability. Think, pray and plan positively "for with God all things are possible."

When deciding on options, your motto should be - "*keep the 'well' well, help the `little bit sick' get well* at all times.

Help the 'more sick' that you are able to attend to, and refer the rest.

Physicians and other professionals will be needed at some point in any option, though not always in direct service. They should function mainly in planning, management consultation, training and supervision. Backup services can be provided via referral. *If churches opt mainly for a doctor-centred or otherwise professionally run service, very few will be able to afford a Healing Ministry*. They will have the least total impact in making the majority of the target population whole.

Opting for a *graduated multi - level approach* can be based on the following considerations:

(a) *All churches can and should be involved in some or all forms of Ministry at level 1 (option 1).*

- *Several can be involved at levels 1&2 (option 2).*
- Fewer churches could afford levels 1-3 (option 3) services.
- For varied reasons *only a relatively few churches in a country, parish, town or village would be able to function at all levels (1 to 4)*, that is, using option 4.
- No church should function at level 4 only (option 6) or even be limited to a combination of levels 3 and 4 only (option 5). This will involve wastage of human resources, material resources and administration energy.

(b) Duplication in the same village or urban community or having a service nearby to a similar government facility is a waste.

(c) A few churches providing multilevel options 3 and 4 could serve a wide geographical area. This would involve local and denominational churches working together to avoid duplication and to strengthen the central semi-professional and professional centres to which clients will be referred.

(d) Activities in Level 1 will involve some planning and a lot of training. This is especially so as health promotion is a neglected and inadequately understood area. *Yet it is manageable*! This is mainly why this handbook is written. For example, a street cleaner telling an obese neighbour how to lose weight, and grow vegetables, a household helper encouraging her friend to breast-feed and a neighbourhood group praying for one of their sons on drugs are our most needed agents of health care. They all can be involved in proving that *health for all is health by all!*

The full range of integrated options is presented in this handbook. Option 1 is presented in chapters 6 to 7, option 2 is discussed in chapter 8 and options 3 and 4 in chapter 9. To stress again, option 1 is most advocated, followed by option 2. Even where a church feels it has adequate resources and funding for an option 3 or 4 service, it should first begin at option 1 and work its way through to the desired end-point.

PART II: PRACTICAL POSSIBILITIES: THE BASIC CORE

INTRODUCTORY SUMMARY

We have looked at our rediscovered Biblical paradigm of *Whole Person Health* being one *and the same as "salvation" or transformation*. We have examined the renewed vision of *healing as central to the Church's mission in the world*. This paradigm also defines a new vision and understanding of health and health care. These new visions will in turn inform the overall model of Healing Ministry services delivered by the local congregation.

The next step is for us to ask the question: What can be done practically that can work? What are the possibilities? This section first seeks to focus on methods of *laying the foundation and beginning the ministry*. Sharing the vision, praying for power, getting to know the community, strategic planning and having a launch, are all related aspects.

Next the *basic core of possibilities* of Healing Ministry services is presented. Explanations are provided as to how most of the *outreach work of all aspects* of the Ministry in the congregation, and surrounding local community, can be done by unsupervised, but well trained, non-professionals as lay workers. Every community and church member can carry the work of health promotion. Lay workers can provide unsupervised basic preventive, curative and rehabilitative work. Special emphasis is made that counselling services have to be taken to where people are. It needs to be integrated with the usual and unusual acceptable crises that occur at various stages of human development.

Some aspects of preventive whole person services, especially among vulnerable groups of persons, will need supervision by professionals. *Curative activities* integrated with promotive and preventive can be part of the Healing Centre or Mobile Healing Clinic where all levels of human resources are used including professionals and supervised semi-professionals.

It is not enough that physical health, counselling, social work, prayer and spiritual direction merely coexist in outreach and in-house Healing Centre or Mobile Health Clinic services. Various methods of *interdisciplinary integration* of services are described. *Resources* necessary for curative services are outlined.

CHAPTER 5: LAYING THE FOUNDATION AND MAKING A START

"He or she who fails to plan, plans to fail"

A Healing Ministry provides many challenges and opportunities. Hence it requires proper planning, recruiting and organizing under the guidance of the Holy Spirit. The following are cornerstones for laying a lasting foundation.

A. SHARING THE VISION

The purpose of sharing the vision is to make your local church more aware of God's challenge to both preach and heal as well as to find practical ways in which the congregation can be involved in the healing of the whole person. Share the vision with church leaders and as many church and community members as possible.

Ways to Share the Vision:

- Study what the Bible has to say on healing. Your pastor or selected church leaders could prepare a special series of topics for Bible studies.
- Learn about and share success stories of any existing informal and formal initiatives in any aspects of the Healing Ministry in your church and community or elsewhere.
- Study literature on this subject (a book list has been provided at the end of this handbook). Some of the material can be requested by your church's healing committee from a Christian bookstore or ordered directly from the publisher. Individuals can read different sections of a book and share what they have learnt with the group.
- Both the literature and God's Word should be studied by the pastor and those church leaders whom the pastor feels will be able to share the vision with the rest of the church.
- Discuss the vision and success stories during church Bible studies, officers' meetings, in church organizations (such as women's and men's groups), and members meetings.
- Share the vision and stories in preaching and in Christian education programmes.
- Share the vision with church leaders of other denominations through telephone calls, visits, and group discussions. This will enable expansion of the Ministry as well as establish a vibrant, supportive, networking system.

B. PRAYING FOR POWER

After the church begins to become more aware, pray that God will prepare the way for the ministry. You can pray with assurance because we know that God wants to heal. Prayer can take place in several settings. **A special group** can be set up to pray for the ministry at least twice per month as a group and at a certain hour every day on an individual basis. The *pastor and church officers* can pray for the ministry as special intercessors. Prayer can take place during Sunday services, prayer meetings/Bible studies, cottage meetings, and church organizations activities.

What should your church pray for?
Pray for guidance; filling of the Holy Spirit; provision of gifts for divine healing as God wills; provision of gifts of wisdom and knowledge for counselling; provision of human resources; provision of financial resources, space and equipment. Pray as the Lord leads.

C. KNOWING YOUR COMMUNITY

After the church determines its calling to a healing ministry through prayer and supplication, the next step would be to determine the needs in the communities *in your catchment area*.

This can be accomplished in several ways:

- By having community volunteers collecting data through a "basic assets and needs" survey – with a main emphasis on the assets
- Having focus groups and "animation" discussions with existing formal and informal community agencies and leaders
    - Identifying social and cultural community practices and their impact on health status
    - Meeting and communicating with community members both as learners and facilitators.

More of these methods are discussed in Chapter 17 and Appendix 5.

D. SETTING YOUR MAIN OBJECTIVES

These are best set by members of the community and congregation themselves.
Some main aims and objectives for the healing ministry could include the following:

- To establish a model of congregation-sponsored primary health care that will minister to the whole person in body, mind and spirit and one's relationships to the social and natural environments.

- To provide wholistic comprehensive healing resources with a promotive and preventive emphasis and, where possible, curative and rehabilitative assistance.

- To deliver quality and adequate care to all income groups in the communities served by the centre. Groups affected, would be the church congregation, special underserved areas and the wider community.

- To facilitate community-based self-help activities which will promote socio-economic development and whole person health.
- To develop management capability for teamwork, quality, efficiency, sustainability in service delivery, and networking.

E. PLANNING THE PROGRAMME

Programme planning includes such components as:

- identifying *enabling objectives*
- outlining the *services* (including the option in Chapter 4 that is chosen)
- integrating a variety of *resources*
- recruiting and *training* staff as necessary
- setting up the *structure*
- clarifying a method for *evaluating* the services

Here the whole congregation as well as other target community members should be involved. Be patient. Plan and pray for a whole year or more if necessary.
See Chapter 19 for further details on the team's planning process.

F. LAUNCHING THE MINISTRY

Begin with a service of praise, prayer and commitment of both congregation and workers. This is a call to missionary outreach service. Such a service of commissioning should:

- highlight the work of the Healing Ministry
- pledge the wholehearted support of the pastor, leaders and church congregation
- challenge the workers to be sure of their Divine call to serve and commitment to service under God at all costs
- challenge others to offer their talents to serve as they are called
- send forth the workers empowered and blessed

As well, the above could later be incorporated in your annual services of commitment for all workers in the church.

Start Small!

Many churches fail to start because they feel a full-blown Healing Ministry is needed with all sections fully developed and with 'medical' staff in place. *Each member can be an informal Health Promoter.* Remember that with *prayer and visitation* alone, you can be involved in healing.

Informal counselling can be carried out by a selected team looking out for people with burdens, and helping them through discussions at home, after church or on the telephone.

"Grassroots" medical activities can be simple, including first aid, screening and basic health education.

There is much promotive and preventive work and early health care that can be done without a doctor. This could be done even on a once per month basis. The book, ***Where there is no Doctor*** by David Werner provides practical ideas for activities in this area.

Socio-economic needs of persons can be addressed at a basic level through a Social Services Committee. Where there is no trained professional, members could seek basic training and carry out informal *community organization and social casework*.

Phase in the volume of services gradually. Let volunteers serve on a *rotation basis* as their time can allow. This will usually be a few hours per week in the evening or on weekends.

Start a part-time Community Prevention Centre or Healing Centre services on a once or twice per week basis. Extend services as your human and fund-raising resources allow. *Offer to pay persons whose extent of duties causes them to sacrifice part or all of their usual employment*.

CHAPTER 6: REACHING OUT WITHOUT PROFESSIONALS:
PROMOTION, PREVENTION, BASIC TREATMENT AND REHABILITATION

Whole person care is possible where there are no professionals. Each church should do what it can to help promote good health, assist the physically sick and reach out to persons with emotional, socio-economic and spiritual problems. A church does not need to have a special clinic in order to do this. As indicated in Chapter 4, many illnesses and concerns can be prevented, detected and helped without a highly trained professional.

What can your church do without a professional such as a doctor, nurse, dentist, pharmacist, counsellor or social worker, or without the direct involvement of your pastor? Some people say "nothing". However, that is far from the case. There are several activities in the *promotive, preventive, basic curative and basic rehabilitative* aspects of Whole Person health care that need not involve a professional directly. Such activities can be provided for and by members of the *local community in homes, "yards", under trees, in community centres. They can be provided for, and by the local congregation*. They can also be in place in the same location and on the same days as professional curative activities for the wider regional population, provided through the Healing Centre and Mobile Health Clinic.

As a special activity your church could sponsor a special *Health Week*, *Health Fairs* or *Healing Sundays* for education, screening, prayer and other promotive and preventive activities.

Figure 5 includes an overview of which non-professionals can be involved in the church's Healing Ministry Community Outreach programme. It specifies in what settings they can serve.

Appendix 2 summarises some possible activities for each church to consider. Most of these are described below. It will be well worth your time to consider which activities are more appropriate for meeting the specific needs of your communities with regards to whole person care.

As stated in chapter 3, the services of the Healing Ministry can be comprehensive in its scope. The various levels of intervention: promotive, preventive, curative and rehabilitative are defined in that chapter.

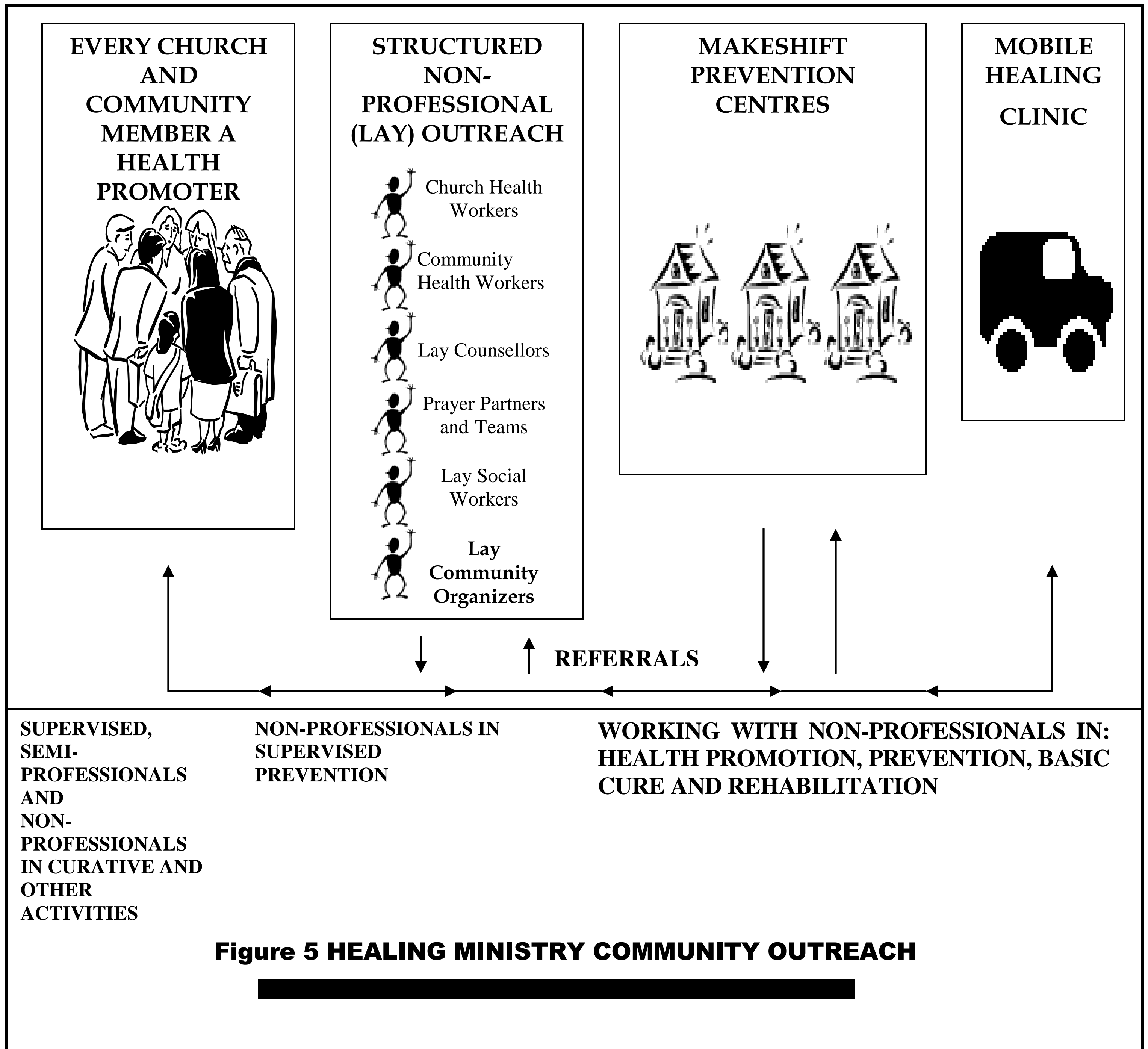


Figure 5 HEALING MINISTRY COMMUNITY OUTREACH

A. EVERY CHURCH AND COMMUNITY MEMBER A HEALTH PROMOTER

Every church and community member can function as a health promoter!

There is a lot that trained Whole Person Health Promotion workers can do to help others change their health related lifestyles. A programme for "Every Member a Health Promoter" could be started. Equip as many members as possible with basic information and first aid techniques to share with others. This would be the same as

training members for personal evangelism. Remember that health - properly defined - and “salvation” are one and the same reality.

Education and Motivation for Behaviour Change is one activity that all can partake in to help each other.

Have a *Whole Person Health Education programme* for men, women, the youth and the elderly in your church and community.

Every church and community member as well as “church health workers” and community health workers should be able to:

(a) understand and teach the importance of *personal hygiene* and instruct in the basic procedures underlying the general cleanliness of the whole body including the ears, teeth, eyes, mouth and nails;

(b) share about effective *stress management*, and *healthy interpersonal relationships;*

(c) promote various aspects of *spiritual growth*, and *prayer* for one’s and others’ healing and welfare;

(d) promote the importance of, and need for refuse disposal, care of pit-latrines, control of rats, mosquitoes, fleas and other insects. Workers should know the common water-borne diseases and their causes and prevention. Other aspects of caring the environment can be shared. All these are important factors in the area of *environmental health;*

(e) teach simple methods of *treatment and storage of water* for household use as well as demonstrate *basic management of the home environment*;

(f) advise on *healthy eating habits* such as providing and preparing a proper diet;

(g) teach the importance of *other useful health habits;*

Table 2 illustrates some possible health habits that could be shared;

HEALTH HABITS CHECK LIST Do I engage in the following lifestyles?	
✓ exercise for at least 30 minutes 3 times a week regularly?	✓ have an annual medical check up?
✓ eat 7-10 portions of fruits and/or vegetables daily?	✓ have regular fun, e.g. entertainment and recreation?
✓ drink one glass of skim, or low fat soy milk daily?	✓ have regular hobbies?
✓ avoid fatty meats?	✓ find occasions for humour?
✓ eat meat substitutes (e.g. soy products, legume-grain combinations)?	✓ relax regularly?
✓ eat mostly whole and natural carbohydrates?	✓ promote my intellectual growth?
✓ take multivitamin and mineral supplements when affordable or suggested by my doctor?	✓ pay regular attention to my spiritual life (e.g. devotions, fellowship, meditation, praise, forgiveness)?
✓ avoid excess fats and use "good fats" (e.g. olive, canola, peanut, fish or flaxseed oils)?	✓ pay attention to my social life (e.g. family, close friends, calling, visiting and entertaining)?
✓ avoid excess sugar and salt, and have these mainly from that which occurs naturally in food?	✓ help others in the society?
✓ use herbal seasoning for taste and medicine?	✓ enjoy nature regularly (e.g. gardening, pets, walks, seabathing)?
✓ drink 6-8 glasses of water daily?	✓ regularly help to preserve the environment and avoid practices that will damage it?
✓ avoid smoking	
✓ avoid alcohol abuse and use of recreational drug	
✓ avoid unsafe sexual practices	

Table 2 Health Habits Check List

(h) identify that some of the problems related to being *overweight* are high blood pressure, diabetes, heart disease, osteoarthritis and some cancers;

(i) motivate clients, in the area of *maternal and child-care*, to use available medical and social agencies in the community. They should also know the basics of caring for, feeding and cleaning infants. Families must be advised on the importance of family planning, nutrition, breast-feeding, oral - rehydration therapy and full immunisation;

(j) challenge the denials and myths surrounding *HIV/AIDS and other sexually transmitted diseases*. Not only mothers, but fathers and more mature older children should also be involved.

(k) assist persons to develop their own **health maintenance programme** including:
   i) regular personal checks e.g. breast, weight, teeth;
   ii) regular non-professional screening and medical examinations;
   iii) confidential HIV testing, with pre- and post-test counselling, in vulnerable persons, for example spouses or partners of infected persons, and sex workers;
   iv) life style self-monitoring;
   v) self-care learning;
   vi) how to make up and use a *home medicine kit*.

Assist persons to *support each other for behaviour change* through sharing, listening, prayer and partnering with each other for joint activities (such as exercise) and for *accountability agreements*. The latter would involve agreeing to help monitor and encourage one another to make desired changes in healthy lifestyle behaviours.

B. LAY HEALTH WORKER OUTREACH THROUGH HEALTH PROMOTION

1. Education and building motivation for behavioural change

These activities would be identical to those described above.

2. First Aid and Advice

Have a *First Aid and Health Advice Centre* equipped with a medicine kit for treating minor conditions. This centre could be in an area within the church, or in someone's home in the community.

3. A Fitness Programme

Lay health workers could be trained to be fitness instructors to facilitate the following:

a) screening for levels of fitness and recording the results;

b) instituting of activities such as walking clubs, gyms, step aerobics classes and sports activities for the more mobile persons;

c) members learning to use outside gymnasiums or walking areas if these are not available at the local church or community;

d) home exercises including "chair aerobics" strength building and stretching for those who are house or wheelchair bound;

e) Periodic walking competitions or fundraising walkathons;

Miracle Open Bible Church Kingston, Jamaica has employed a number of measures to promote fitness within the congregation. The pastor of the Miracle Open Bible Church felt that somehow, too many persons in the congregation had illnesses that did not have to occur. The planning team started a gymnasium. Participants work out to music that delivers not only a rhythm but also a spiritual message. Individuals receive guidance as to healthy eating and the use of herbs for health benefits. As well as being a place of wellness promotion through physical fitness, the gym has also become a centre for social fellowship. Several persons have also made their commitment to the Christian faith.

C. HEALTH WORKERS IN PREVENTION

1. Screening

Screening is the main activity in the preventive programme of church and community health work. Have *screening days* in the church and community when you can do special tests to detect hypertension, diabetes, eye problems, obesity, need for dental care, and (for women) cervical cancer and lumps in the breast. Trained "health workers" from the church and surrounding community can easily carry these out. The necessary basic equipment and reagents will have to be bought, donated or probably borrowed. In addition, persons in whom problems are detected can be invited to come for prayer, counselling, sharing their special needs and/or concerns for socio-economic assistance, or be referred to appropriate community agencies. Depression screening is a critical prevention activity that non-professionals can also be taught to do.

2. Assisting in other areas where there is no professional counsellor or social worker

Such preventive interventions will include some of the activities discussed under sub-sections F and G.

D. HEALTH WORKER OUTREACH THROUGH BASIC CARE AND REHABILITATION

1. Basic Care

Health workers should be able to take and read accurately *temperature, pulse, respiration* and blood pressure. They should be able to provide *simple and appropriate treatments* for simple cuts and bruises, choking, burns and scalds, insect bites, cardiac arrest, inhalation of water in the lungs, bleeding and fainting, - first aid in general.

Church and community health workers and members should be able to :

* recognise signs and symptoms of *infection*;
* take steps to prevent and care for infection;
* recognise where to make referrals for infections that require advanced technical management;
* perform *simple dressings;*
* share acquired knowledge of *natural remedies* and their effects on health - tried and tested use of *herbal medicines* and other "natural remedies" should not be ignored;
* differentiate between *prescribed and non-prescribed medications* and understand and recognise their *common side effects;*
* understand and advise patients on the importance of *taking and completing prescribed medication* - especially for persons with chronic physical and mental diseases;
* emphasize to patients the importance of *keeping medical and dental appointments*
* identify the six basic food groups and advocate the need for a *balanced healthy diet* that is high in fruit and vegetables, low on fat, salt, sugar and refined or processed food and includes sources of calcium such as skim milk;
* demonstrate the preparation of foods in the *diabetic and hypertension diet*.

2. Basic Rehabilitation

Rehabilitation involves restoration of well being and functioning to the greatest feasible level in persons with illnesses or problems where a total resolution cannot be guaranteed. Rehabilitation services are needed for the chronic physically and mentally ill, the addicted (drugs and alcohol), the elderly, persons with HIV/AIDS as well as persons with disabilities in areas such as learning, attention, sight, hearing and mobility. Activities can include occupational and group therapy and other forms of stimulation.

* Seek to establish *special facilities for the disabled*, such as training in sign language and Braille, and assistance in physiotherapy. Make sure that

homes and public buildings such as the school, community centre and church are "user-friendly" for the physically disabled.

* Organize *home care and stimulating creative activities* for shut-in members of church and community. For the *elderly and bed-ridden patients,* volunteers should be able to give bed-baths, feed them and give passive and active exercises depending on individual conditions.
* Provide *special encouragement and support for the mentally ill*. Seek to remove stigma and misconceptions and assist them in regaining employment.
* Develop a special *HIV/AIDS policy* relating to the promotion of further well-being and integration of affected persons. Such a policy will include issues such as:
    - Is HIV/AIDS God's punishment?
    - Confidentiality
    - Discrimination
    - Myths
    - Employment
    - Access to all church and public facilities
    - Physical contact

3. Prayer and Counselling

These can be integrated into both basic care and rehabilitation activities.
Remember that many persons with physical problems also need *counselling* and encouragement, and that all persons with physical and other problems can receive *healing by prayer and faith.*

As in a regular clinic situation, health volunteers, lay counsellors or lay social workers should be able to *listen* to some of the clients' problems and refer the issues that cannot be addressed, to appropriate sources. They should, of course have good listening skills; pray and counsel with clients about their difficulties; be able to reassure clients and lead them to make a commitment to Christ if they so desire.

Church health workers and community health workers should be advised to pay attention to their own personal hygiene and appearance. Neglecting this important practical area may "put off" the client.

4. Recruitment and Training

The congregation and community can identify and train mature, motivated and well accepted "*church health workers*" and community health workers in health promotion, first aid, health assistance, health advice and screening. Use local and regional professionals and health educators as trainers. Adolescents and children can be used in peer counselling and "child to child" education.

E. LAY COUNSELLING OUTREACH

The word of God exhorts us to "bear ye one another's burdens, and so fulfil the law of Christ" (Gal. 6:2 KJV). Most laypersons, given some basic training, can effectively help others in promotive, preventive and basic curative and rehabilitative counselling. The Healing Ministry of the church should be seen as a beacon for informal counselling support where privacy and confidentiality are ensured. Lay counselling can take place in any setting, whenever a need is expressed and at the point of contact.

Such "non-professional" counselling, for example, should focus on the promotion of personal growth and mature relationships through knowledge, understanding and encouragement. Additionally, individuals can be taught how to effectively manage stress in order to prevent distress, and to develop precise decision-making and problem solving skills. More details of a suggested lay counselling outreach model are presented in chapter 7.

1. Training

Identify suitable persons in the congregation and community to receive training in basic communication and counselling skills to function as "*lay peer counsellors.*"

Training is crucial for the would-be counsellor, since the well-trained counsellor is the one who will be better able to listen effectively and help another person find solutions to his problems. A suitably trained pastor, or another qualified person, could conduct training sessions for lay counsellors by making them acquainted with the "Do's and Don'ts" in effective counselling, and by providing other basic information so that counsellors can become competent. He/she could recommend appropriate books for them to read on their own. Perhaps the denomination and health co-ordinating agency to which your church belongs, may offer short- term counsellor training seminars.

2. Education on personal growth

Persons often have problems because they do not understand themselves or what it means to be mature individuals. Areas of interest include sex, dating, personal relationship, vocation, self-acceptability and coping with crises such as death, sickness, broken marriages and financial problems.

In most churches and communities, resource persons can be found to help others understand these areas.

3. Stress management promotion

Stress is one of the most common causes of disease. Persons can be taught special techniques and life-style habits to prevent stress becoming distress.

4. Family life promotion

Family life is one of the biggest problems worldwide. Issues relating to the family unit include family lifestyles, marriage, divorce, roles and communication. These could be highlighted through activities including: -

- panel discussions
- film series
- special lectures
- music
- dramatic presentations
- small group discussions
- special marriage enrichment activities for couples
- support groups for single adults
- family clusters involving group activities and consisting of 5-8 families
- providing recreation
- support in preventive and other family issues.

More information on how family clusters could work is shared in chapter 16.

5. Sharing and support groups

The small group is a *potent healing agent*.

With a mature group leader, consider a group setting where individuals could share personal problems. Group members could encourage one another, offer suggestions and practical help, and pray for each other. They could share experiences of God's help in time of need. Groups may be formed according to issues relating to age or stages of life, gender, crisis needs, special issues and during certain church activities. GROUP FORMATIONS could include:

(a) those formed during congregational assembly, broken up (on a regular basis) from the larger group into small sharing groups during the *midweek prayer meeting time* or *Sunday night services*;

(b) small ongoing *age related groups* that involve teens, young adults, mid stage adults and the elderly;

(c) convening small ongoing groups of men and women relating to *gender issues;*

(d) *regional cell groups* for all church members who desire participation;

(e) other special support groups arranged, as people feel drawn to each other. These could be based on concerns such as (a) specific *chronic illnesses*, and *coping with cancer,* (b) *tough love* groups for parents of difficult youth (c) groups for persons having difficulty in crises such as bereavement;

(f) individuals wishing to meet in groups of particular *occupations* such as teachers, health workers, secretaries, farmers, etc;

(g) groups that emphasise confidentiality will become increasingly necessary for persons with *HIV/AIDS* and their families and caregivers.

Chapter 15 discusses the use of small groups in detail.

i. Informal individual sharing and helping

Members and leaders need to talk with persons who are hurting or going through a difficult time. This can take place *after church, on the street, over the telephone, during an invitation* to one's home, or by *visitation*. An informal *telephone ministry* or *internet ministry* will reach many that are in a crisis and/or who fear being identified.

ii. Contextual outreach strategies

The next chapter suggests specific “contextual outreach strategies” for making counselling accessible using various informal methods.

F. OUTREACH IN PRAYER AND SPIRITUAL DIRECTION

Each congregation can have a specific Prayer Ministry Outreach for total health promotion and for the healing of the sick. The only cost involved is the "cost of discipleship". So, what can your church do?
First of all, *each worker in all aspects of the Healing Ministry should be encouraged to function as a general prayer partner*. The Ministry of Healing as intended by God is based on prayer.

Secondly, your congregation could form special prayer teams in the local church and in the local community on an ecumenical, or inter-denominational basis. The specially selected **prayer partners** should be mature Christians, humble, willing to listen and understand and willing to exercise their faith in a ministry that is focussed on healing and health promotion. Include those who have experienced special empowerment in divine healing. These teams should be trained in spiritual direction for understanding and growth.
The activities of teams of prayer partners may include the following:

- ✝ regular meetings in intercessory prayer groups to pray for the sick members of the church and community, for programmes of the Healing Centre, and the staff;
- ✝ inviting persons with concerns to join the group for special prayer;

- ✝ organizing visitation programme for the sick and the shut-ins in nursing homes for the aged, children's homes, infirmaries, homeless shelters, refugee shelters, drug rehabilitation centres, correctional institutions and women's crisis hostels;
- ✝ a specific focus on prayer for, and as part of, the church's worship services and community based evangelistic activities. This would include interceding for God's blessing during the services as well as praying for the sick and afflicted as part of the service. Remember that Jesus' evangelistic ministry included both preaching and healing. The prayer team should be available to pray with those who come forward for healing;
- ✝ special Healing Sundays held to emphasise prayer for healing and reporting on the Healing Ministry activities, as part of the worship services;
- ✝ special Bible studies and sharing in the community setting among the socially disadvantaged, in order to build self-awareness and life-awareness or “conscientisation". Such persons can be helped to see God's special concern for the liberation and transformation of the poor;
- ✝ within the Healing Centre and Mobile Healing Clinic, prayer team members providing basic spiritual counselling, health promotion, screening, first aid, and socio-economic services’;
- ✝ spiritual counselling or direction provided in the community and congregation for growth relevant to various life stages and situations. It should not be offered only after the conversion of persons to the Christian way of life.

Let the prayers and the praise of God's people rise up continuously to the Father. There is power in congregational and united prayer. The prayer team should seek always to challenge the church to steadfast prayer at all times. Read again James 5:13-16.

Chapter 11 provides more detailed information on carrying out a spiritual assessment. Chapter 12 discusses various aspects of a ministry of Spiritual Healing though faith and prayer.

G. SOCIAL AND ECONOMIC DEVELOPMENT

The Church has a mission to reach out to those with social and economic needs. Activities will relate to issues such as:

(a) basic needs, for example, food, clothing, employment and housing;

(b) the existing and potential assets to succeed in meeting these needs through self-help: for example, education, skills training, developing life coping skills and land and building space. These would include the power to budget, make effective decisions and manage a small business;

(c) how to maintain the integrity of the family and community as social units which need to learn how to maintain and manage basic resources.

Persons with disabilities, addiction, chronic mental illness, HIV/AIDS, other chronic disabling conditions, the elderly shut-ins, homeless, refugees, abused and criminally involved will need help with all the above as well as with re-integration into their communities.

Ideally, a team consisting of a professional, trained social worker and community organizer can carry out the following functions. Otherwise, two mature *lay social-work volunteers* could be given basic training in community organization, social casework and group work skills.

1. Community Organization

This involves "lay community organizers" working with community leaders and members in order to:

* engage in community animation
* facilitate participation,
* develop cohesion,
* train in leadership skills, and
* facilitate self-help activities as a means of strengthening the socio-economic base of the community as a whole. This will in turn enhance the status of family units and individuals. See chapter 17 for a more detailed description.

2. Social casework

This is described in chapter 9, section D.

It can be carried out informally as volunteer "lay social workers" interact with community and congregation members, in homes and other locations in relation to various activities.

3. Group work

Focus groups, led by the community organizer, will be a critical activity in the processes of community animation, self-assessment surveys, planning and evaluation. Also the lay social work volunteers can learn to facilitate *problem solving and support groups.* These could be for persons with special socio-economic crises and needs, such as job loss, chronic unemployment and teenage pregnancy.

Where manpower is limited, lay community organizers can carry out social casework and group work as well as community organization, instead of lay social workers.

H. DOCUMENTATION AND REFERRAL

Outreach volunteers or paid lay workers should also understand the importance of *documentation* - writing simple reports and using a filing system. As much as is possible confidential personal details would not be documented. Reports can include biographical information, visits, follow up interventions and referrals made. Relevant verbal reports can be passed on to professionals with the permission of persons who shared with the outreach worker.

Refer persons who need further help to the pastor, a nearby clinic, public health nurse, general practitioner or government social welfare agency.

Assist members of your church to receive early professional attention by helping with *fees and transportation*.

A final note of caution: Non-professionals need to avoid going beyond the boundaries of their training or capacity to help. This could result in the opposite of healing. Seek further advice and/or help from a competent semi-professional or professional in the Mobile Healing Clinic or refer to the appropriate person or agency.

CHAPTER 7: MAKING LAY COUNSELLING ACCESSIBLE - CONTEXTUAL OUTREACH STRATEGIES IN INFORMAL COUNSELLING FOR A CHURCH AND COMMUNITY

Counselling services for individuals, couples, families or groups, whether informal, semi-professional, or fully professional, are a necessary part of the healing ministry of any local church. Yet, a church may set up a counselling centre, or formal counselling service within the Healing Centre or Mobile Healing Clinic, and find that there is limited use of this formal type of service by members of the congregation. This may also be the case for the immediately surrounding community.

It is necessary for each congregation to understand why this may be so in their particular case and to develop strategies to make counselling a ministry that is accessible to all.

A. WHY FORMAL SERVICES MAY NOT BE USED

There are certain reasons why several church and community members may not come to formal counselling services. These include the following:-

1. Persons may not wish to be identified as having a problem out of the ordinary

This raises the issue as to whether the church's counselling programme is geared mainly for normal everyday problems or for highly abnormal and unusual situations. The church's counselling programme ought to be mainly preventive in nature. It is meant to help people through the normal adjustments of everyday living. It has to be done in a way that helps these persons to maintain, as much as possible, a sense of being "normal" while dealing with their adjustment problems. Thus, they have to be helped in a setting that is considered a natural part of the routine of the individual or the congregation.

For many churches and surrounding communities, it is not routine for members, couples or families to see their pastor or lay leader in a special office and in a formal setting outside of the routine context, such as discussing plans for marriage, getting a document signed, etc. A visit outside of the individual's or church's routine may suggest to others that the person, couple or family has unusual problems. In one's mind this provides scope for labelling, stigmatisation, gossiping and alienation. This may occur especially in rural or inner city areas, or in closely knitted suburban settings, where people know each other's activities very well. There can also be the fear that not only the other members, but that the minister, counsellor, lay leader or a professional may see the individual, couple or family as a "special problem case". These fears may involve some pride and mistrust on the part of the individual, couple or family.

Sometimes the fear of losing one's dignity and of being alienated may become justified in cases where fellow members of one's congregation are unsupportive and less respectful to persons in need of emotional support. Pastors or lay leaders too, can unconsciously become guilty of this behaviour.

2. **Church and community members may not feel that their problem is great enough to merit the effort to attend and make use of the pastor's, counsellor's or lay leader's time.**

   Often when persons, couples or families have problems, their energy becomes drained and they become bogged down with trying to sort things out and trying to cope under the pressures. Sometimes they may just give up and feel hopeless. Thus, it may not appear to the individual, couple or family that they have the energy, time, or the optimism needed to get ready and go the distance to the church office. Some persons, couples and families feel that their minister, counsellor or lay leader may consider their problems too trivial and that they are wasting his or her time. Sometimes this comes out of a low self-esteem or guilt i.e. "I don't deserve such attention". At other times, individuals or families, out of ignorance about the consequences of neglecting to 'nip' certain problems 'in the bud', may genuinely feel that the problem is minor and will 'blow away'.

   Other individuals, couples or families use certain defence mechanisms to avoid facing their difficulties and corresponding feelings. These defences include denial ("nothing is really wrong") or suppression of feelings (" I don't feel strongly enough to talk to someone about my problem").

3. Anyone can feel vulnerable in counselling. **Members of the congregation or community may not know the minister, counsellor, or lay leader well enough to trust them.**

   As has been mentioned, there is fear that the one to whom we will bare our soul may come to hold a lower opinion of us. There are also the fears of being ridiculed, not taken seriously or judged. Confidences may be broken. Most of all there may be actually a questioning of the competence of that person to understand, care, and truly help.

   These fears can relate to a minister, counsellor, or lay leader being someone largely unknown in the local church and community outside their public roles of preaching, teaching or administration. These fears are frequently unconscious and may only manifest themselves as "just not feeling drawn" to go to talk with these particular individuals.

4. Often **the crisis simmers down by the time the person, couples or families muster up the courage and energy and gets the opportunity** to see a minister,

counsellor or lay leader in a formal setting. People are most likely to accept help and be open to making personal changes when their anxiety level is high. This is usually the case when the crisis is fresh and at its peak. When things settle down, the individual, couple or family's anxiety falls and they begin to use their defences of denial and suppression. Then they just go back to "life as usual".

Very often when a crisis comes and passes without new learning and growth, similar crises are likely to recur at a greater intensity in the future. Alternatively, the individual, couple or family may be left with scars that will make it more difficult for him to cope with future crises.

5. **Some individuals, couples or families may not be clear as to what to expect from counselling and may not be used to seeing persons formally to discuss one's personal problems.**

   Most persons are clear why they go to a doctor or a nurse, but some may not have thought of why they should go to a pastor, counsellor, or lay counsellor to talk about other than "spiritual", or other church related concerns. As has been mentioned, they are used to talking to their pastors or lay leaders about themselves only while discussing other matters like a wedding, a death or a church administration issue. Yet, unless a pastor or church comes to identify counselling as an understood and expected routine, it is not common for individuals, couples or families to go to ministers, counsellors, or lay leaders specifically for personal problems where emotional pain is being experienced.

B. STRATEGIES AND ACTIVITIES IN INFORMAL COUNSELLING

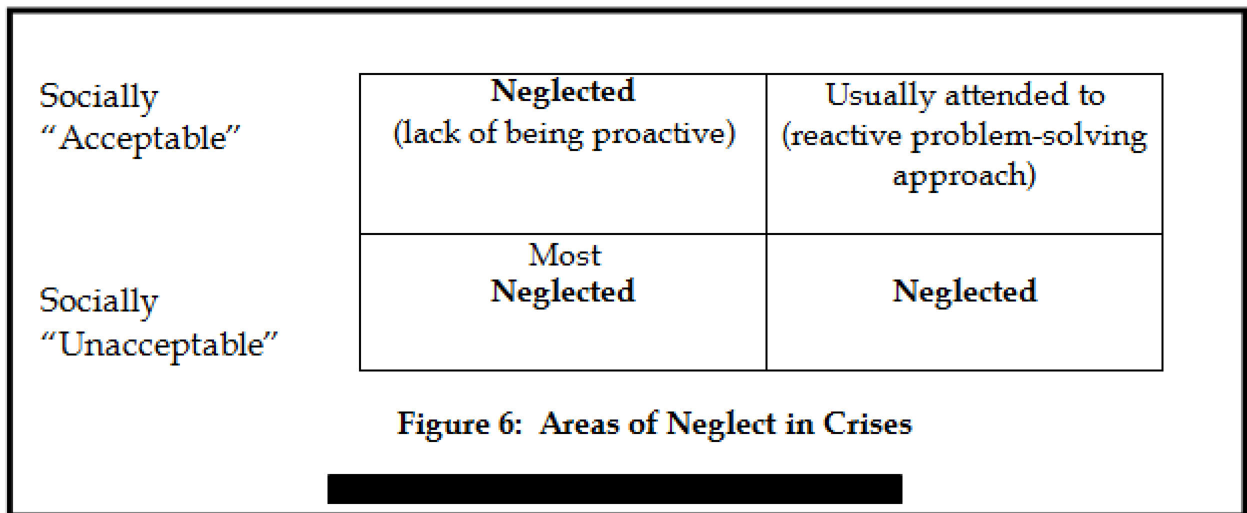
Appropriate strategies for meeting the problems described can include the following: -

1. **Pastors and lay leaders need to make themselves available to members, couples and families both in the usual and unusual crises, and also both in the "acceptable" as well as "unacceptable" crisis situations.**

   Crises can be termed usual and unusual as well as socially "acceptable" and "unacceptable". Too often the local congregation and its leaders rally around persons at times of obvious **unusual** crisis such as sickness and bereavement but then **neglect them in the "usual crises"**. This is indicative of a **reactive** versus **proactive** approach to problem solving. What make things worse is that **the "unusual crises" that we tend to pay regular attention to with our presence are too often those that are deemed to be socially "acceptable"**. **Those that are seen as "unacceptable" crises such as a marriage on the rocks, a teenage pregnancy, a mental illness, HIV/AIDS or a son becoming a member of a cult**

are too often ignored except for gossip and speculations behind persons' backs. Crises are seen as "unacceptable" when individuals, couples or families may feel embarrassed, ashamed or guilty. This is because they or someone close to them are perceived to have deviated from the "acceptable" norms in the church or community in behaviour or illness. Thus, while a death in one's family is seen as an "acceptable" norm for a Christian, this may not be the case for having a problem marriage. Certain crises may be **usual** in certain geographical areas, such as some inner-city ghettos, but be **socially unacceptable** by persons in the church and also by several persons in the inner city community itself. This could include drug abuse, teenage pregnancy or a gang member being severely injured or killed due to unnecessary infighting. These are considered "hard core" or "impossible" problems. Yet the persons involved need ministry.

The problems referred to and the approaches recommended in this section are illustrated in figures 6 and 7.



Socially "Acceptable"	**Neglected** (lack of being proactive)	Usually attended to (reactive problem-solving approach)
Socially "Unacceptable"	Most **Neglected**	**Neglected**

Figure 6: Areas of Neglect in Crises

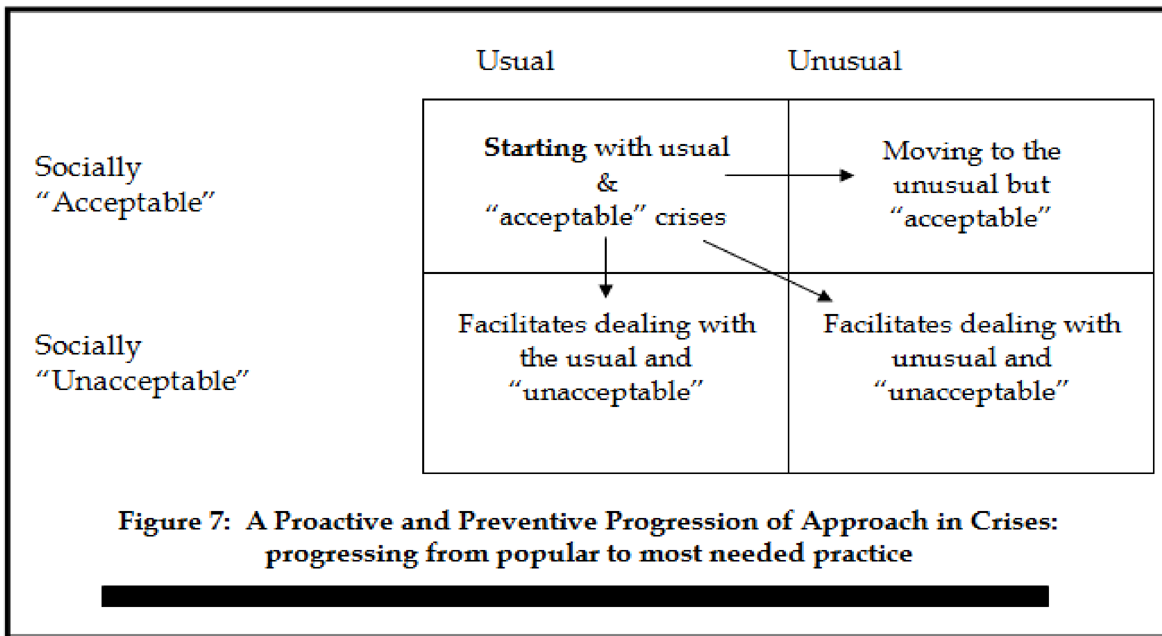


Figure 7: A Proactive and Preventive Progression of Approach in Crises: progressing from popular to most needed practice

i) TAKING ADVANTAGE OF THE *USUAL* AND *ACCEPTABLE* CRISES - Being Proactive and Preventive

It has been mentioned that we tend to neglect "usual" and socially acceptable or developmental crises. This makes it more difficult to be in touch with the lives of our fellow church and community members or couples and families when the "unacceptable" - unusual, or "unacceptable-usual", crises occur. Thus we are not sufficiently close or available in the usual and acceptable times to help persons in the more difficult and embarrassing moments.

By "usual" and "acceptable" crises one means the routine adjustments that all individuals, couples and families have to make to new stages of development. Often these crises may have positive aspects in the sense of taking on more responsibility and achieving more. Nevertheless, in this context, they call upon resources that the person may not feel that he or she has. Where there is a lack of support and guidance from others, this may further make the individual ill-equipped to deal with whatever the adjustment requires.

Some usual crises or routine developmental adjustments are usually accompanied by certain rituals in the church. Such crises and their corresponding church rituals include: -

"Usual Crises"	Church Rituals
Childbirth	Blessing or baptism of infants
Making a decision for Christ (conversion)	Baptism or Confirmation
Getting married	Wedding ceremony
Buying a house	House blessing
Midlife or later wedding anniversary for example 10th, 25th, 50th	Renewal of vows

On these occasions pastors, or the lay leaders assisting them, would usually take the opportunity to discuss the rituals and their meaning with the church and community members, couples and families. This can provide excellent opportunities for informal counselling. Here, issues relating to child rearing, child health, the Christian life, adolescent problems, marriage, building a family, the midlife crisis or dealing with old age, and death can be discussed. Any existing problems in those areas can be dealt with. Here one has a ready audience and the pastor or lay leader should not miss the obvious opportunities. There are other usual crises or life adjustments that can call for preventive action. These include the following:-

- a child or teenager going to a new school
- a child facing the high school entry examination
- a teenager coping with issues such as:
  a. independence from parents
  b. dealing with the opposite sex
  c. choosing a career
  d. knowing who they are
- a young person going to a tertiary institution
- a new job
- getting a promotion
- parents coping with teenagers
- offspring leaving home

These transitions also provide justifiable reasons for engaging individuals, couples and other family members in informal counselling. In this context, **such engagement can occur in the following settings: -**

a. Conversing after church services
b. Conversing on the street, at school or during office lunch hours
c. Using the telephone or e-mail where available
d. Home visitation
e. Entertaining
f. Sports, socials and other church and community recreation and entertainment activities

Being close to individuals, couples and family members during their "usual" and "acceptable" crises of developmental adjustment would help them to receive counselling without having to go into a formal office and thus to feel that they have a problem out of the ordinary. Furthermore, this proactive assistance with everyday issues helps to prevent the development of controllable problems in the three other types of crises mentioned previously and below.

ii) MOVING TO *UNUSUAL* BUT *ACCEPTABLE* CRISES

Several of the methods described above also usually apply to persons with **unusual** but **"acceptable"** crises, such as sickness and bereavement, which, as previously mentioned, we tend to give more attention to. Nevertheless, attention to these crises is vitally necessary. Here, visits to hospitals, nursing homes and other such institutions could be carried out in relation to the sick. Support before and after funerals should be provided. Assistance needs to be maintained for long enough until complete recovery or adjustment takes place. This can take years! This is the case even when persons whom we know are ill or bereaved or couples and families in other difficulties, appear to be over their crises and seem to have regained their composure. Just as an illness can become chronic or have recurrences, so can bereavement take years to heal. Grief can become worse again years after death, especially at times such as on the anniversary dates, and Christmas. The same can occur in the case of marital or family tension.

iii) THE *USUAL* AND *UNACCEPTABLE* CRISES

Examples have previously been mentioned. These are the most difficult personal marital / partner or family crises to relate to and often involve some form of social deviance and behaviour damaging to others or self. They usually occur in "trouble spots" or geographical areas of social neglect as well as in other marginalized and "at-risk" underserved groups. More than ever these areas and groups of persons require a day to day presence by church members in order to deal with the **usual** and **"acceptable"** crises that occur **alongside** the **usual** and **"unacceptable"**. This will call for developing specialised participatory outreach ministries in areas such as community organization, skill training, self-employment projects and conflict mediation. All this is preventive and will enable easier access to helping in the more difficult crises. A lot of prayer and fasting will become necessary for these often hard-core problems, the same will apply to dealing with one's class and colour, "shade" and ethnic prejudices as well as attitudes to stigmatized conditions such as mental illness and HIV/AIDS.

iv) MOVING TO THE *UNUSUAL* AND *UNACCEPTABLE* CRISES

Beyond this, **similar engagement methods can be used for the "unusual" and "unacceptable" crises**. Here again the pathway to them is through the "usual" and "acceptable" ones. The unusual nature of the "unacceptable" problems may be due to the fact that given the social status, usual financial well-being, or religious background of an individual, couple or family, such a problem would be unexpected. This can make the crisis worse because there is often a sense of the person involved failing the expectations of self and

others. This calls for helping persons, couples and families to deal with issues of both social pride and self esteem.

2. **Pastors and lay leaders need to be readily available to members in their everyday settings.**

   Reasons have been shared why individuals, couples or families are often reluctant to come for formal counselling while leaving their everyday settings. It therefore is best to help persons who are equipped to offer informal counselling to be available to church and community members in their natural habitats.

   The first implication of this is that **the everyday contexts referred to earlier need to be used**. This includes after church services, on the street, visiting homes or entertaining. Also, a visit to the workplace during lunchtime could be employed.

   The second implication is that **there has to be an adequate quantity and distribution of lay leaders among members** so that they are readily available. The pastor cannot be omnipresent. Here, we can employ the "Moses" principle. Where Moses on the advice of his father-in-law "chose capable men... and made them leaders of the people, officials over thousands, hundreds, fifties and tens" (Exodus 18: 25 - NIV).

Lay leaders would, by this principle, be allotted a manageable number of church and community members, couples and families on a **regional** basis to form small groups within a certain area or zone. **Groups and sub-groups by birth months** is another possibility. Teams of small group leaders for an area or month would have a co-ordinator. The area or month group co-ordinators would report to a director of area and/or month ministries who in turn reports to the pastor and church board or council. Each lay leader would then be in

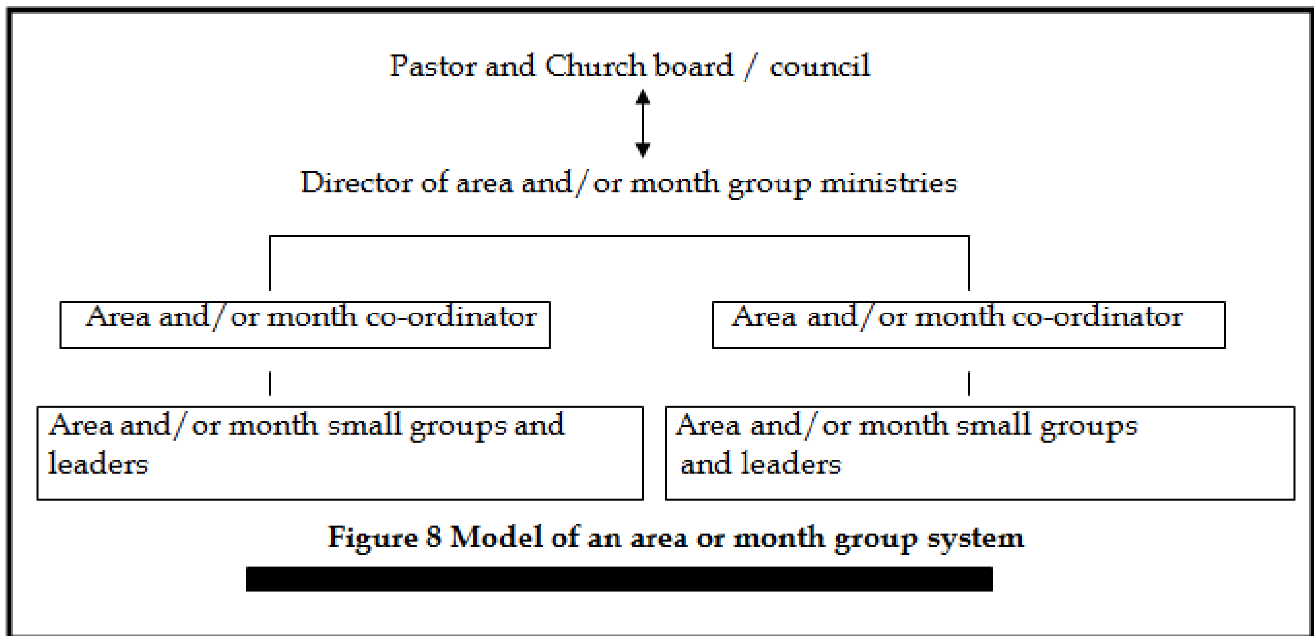


Figure 8 Model of an area or month group system

regular touch with members, couples and families in his/her prescribed area or month group by the means suggested and at times of both usual and unusual life crises (as well as acceptable and unacceptable situations). Members, couples and families in a given area or month group could come together to form **sharing and prayer fellowship groups** for daily living. These could be held in homes and may be led by area or month small group leaders. These leaders would, of course, receive basic training in, for example, counselling and visitation and engage in special spiritual preparation. This system is illustrated in figure 8.

Both the area and month group systems could run concurrently where a church reaches out to several suburban areas as well as to its immediate environment. By these means members will be seen in their everyday settings and with regard to “usual crises”. These problems seem small and may meet with denial or suppression. Nevertheless, with the lay leader being on the spot in regular conversation, the chances of these problems eventually being shared and addressed will be much greater.

3. **Pastors and lay leaders will need to get to know and be well known by their members.**

   This is made eminently feasible by the "Moses" principle of area responsibility shared earlier. Here, lay leaders would, through informal means such as visitation and entertaining, get to know each church and community member, couple and family in their charge at a **personal** and **informal** level. When a truly mature Christian leader is well known by his area or month small group member, couple or family, then the fears of being held in ridicule, having confidences betrayed, not being taken seriously, or being judged, will become less.

   Of course, leaders must develop **qualities** by preparation and daily growth that will attract the confidence of members, couples and families. The members, couples and families must see Christ in their spiritual leaders. It will take the pastor a longer time, but he too must seek to get to know all the members of his church and its immediately surrounding community.

4. **Pastors and lay leaders should be on the lookout for both "usual" and "unusual" crises and take the initiative in relevant conversation.**

   As has been shared earlier, the usual and "acceptable" crises tend to appear to settle down and can be ignored or suppressed in one's mind when adequate attention is not given. Thus pastors and lay leaders need to be in regular touch with the lives and ongoing development of their charges. As has been previously discussed, by being well known, being in regular touch and following the development of members, couples and families in their area or month group, leaders will be better able to detect the usual adjustment problems as they emerge. The same will occur for unusual but "acceptable" crises. Thus the lay leader will be able to get involved at a stage when individuals, couples and families would be more open to help and to making change in their own lives. If necessary, the pastor would be brought in at this crucial stage. **This point of entry for both lay leader and pastor will also be critically useful if an "unacceptable" crisis develops.**

   It is important for the lay leader to *take the initiative* and to *act early*. Do not feel shy about asking a member, couple or family how they feel about some new adjustment to be faced even if there are no evident embarrassing aspects of the adjustment. There are ways to show interest without appearing to be merely curious. Genuine concern will always be appreciated even though the other person or a couple or family may appear to be reticent or defensive.

   Get to the individual, couple and family before **anticipated adjustments** take place and **also after the event.** This applies to such events as childbirth, going to college or getting a new job, as well as dealing with the events of illness and death of a loved one. **Where the problem is an "unacceptable", or**

embarrassing, crisis, being well known, usually on the spot and having dealt with, usual and "acceptable" crises will make it more likely for your interest to be accepted.

In taking the initiative then, certain activities become necessary in the following stages:-

a) Help the individual, couple and family anticipate an adjustment related usual crisis or event or to identify an unusual crisis.

b) Find out what precisely they anticipate or are experiencing and how they feel about it.

c) Inform them of what other issues are usually faced in their crisis struggles.

d) Offer to pray for them and help them sort out how they can approach their situation.

e) Explain how others have been helpful to you in similar times and, where this is true, state that their problem is not an unusual one

f) Show unconditional acceptance, as Christ did when he said, "If anyone of you is without sin, let him be the first to throw a stone..." (John 8: 7, NIV), where the crisis is unacceptable.

g) Offer mainly a listening ear and a willingness to facilitate understanding and prayer, rather than appear to want to give advice.

h) When the person, couple or family is willing to share - engage in further informal counselling activities (such as exploration and problem-solving).

5. Provide special growth-oriented group activities as a promotive and preventive measure.

The process outlined for taking the initiative can be facilitated by certain community and church activities including the following:

a) family life education

b) personal growth education

c) marriage enrichment activities

d) parenting enrichment activities

e) family cluster activities (see chapter 16)

f) group activities for single persons

g) groups for single parents

h) special educational and small group reflections and growth experiences for other special categories of persons according to categories of:-

i) gender (men and women's issues)

ii) age (children, adolescent, young adult, mid-life, the elderly)

iii) occupation

i) group activities for persons preparing for marriage

j) support groups for:-

- persons, couples or families in unusual and "acceptable" crises
- including bereavement and serious illnesses socially neglected crises such as:-
  - HIV/AIDS
  - domestic abuse, alcoholism, substance abuse
  - recovery from sexual abuse and sexual addiction or orientation issues

Enrichment activities for persons, couples or families as well as support activities for crises can also be part of area or month small groups.

The functioning of small support groups is discussed in detail in chapter 15.

6. Churches need to provide access to formal or semi-formal counselling services.

In early Israel, the lay counsellor referred the "difficult cases" to Moses (Exodus 18: 26, NIV), likewise some members, because of the unusual nature of their problems will need formal counselling by a pastor or by a professional, or semi-professional on a regular basis.

This can be done at the church's office, a counselling centre or, preferably, as part of the church's Healing Centre or Mobile Healing Clinic. Thus members will have to get accustomed to the idea of some persons, couples or families using the church's counselling service. If the member, couple or family affected gets to know a lay leader and the pastor and comes to develop trust in them, and if they have become accustomed to the idea of sharing their problems in an informal setting, then it will become much easier for them to do this in a formal setting.

One way to overcome the reluctance of some members, couples or families to be seen going for counselling on the church premises, may be to use the school

office or the office of some other willing institution after working hours. Persons offering semi-formal counselling could do so in suitable offices located at their homes. Here there would have to be an understanding with one's family and also a firm setting of office hours. A lot would depend on the understanding and self-discipline of the members, couples or families who make such visits.

Another possibility would be to use the home of the church or community member, couple or family in crisis. Here, when the pastor or his professional assistants are through with a counselling session, the member, couple or family will still have their privacy and the member can easily ask the person calling to come again. In the home setting, it is usually advisable for someone else to be in another section of the house. This will help avoid sexual misunderstandings or rumours where counsellors and counsellees are of different genders.

Whatever setting is used, it must be realised that most of all, what will attract church and community members, couples and families is a competent, well run service. If the pastor and his professional or semi-professional assistants have good reputations as counsellors, then people will seek them out. Thus, while informal counselling by a lay leader is going to be the main means of helping persons, there must be access to a pastor or his assistants who will provide formal or semi-formal counselling. Not all churches can afford a professional or semi-professional counsellor. Not all pastors are trained counsellors. Such resources may be scarce in some rural or inner city communities. Thus churches could **share** such facilities where they exist. Denominations will need to train and place counsellors on a regional basis as well as to ensure basic adequate training of pastors in pastoral counselling. It will be necessary for church and community members to be educated about the *nature*, *need* and *place* of formal or semi-formal counselling.

C. WHOLE PERSON INTEGRATION

While this chapter has set out a strategy for outreach based informal counselling, this approach will also be necessary for all other aspects of the Whole Person Healing Ministry. Thus *all the promotive and preventive medical, prayer and socio-economic activities referred to elsewhere in the handbook can be integrated into this strategy* of reaching out to deliver services informally in the day to day living context of persons.

CONCLUSION

A good system of informal counselling with an easy availability of lay leaders and pastors for **usual and "acceptable"** (or largely developmental) crises, is necessary in congregations and their surrounding communities. It will facilitate access to informal semi-formal and formal services for the more serious problems. Moreover,

such a system will ensure help to many more church and community members, couples and families than the pastor and his professional counselling assistants could cope with. Beyond this, the services would help to prevent further problems, such as many unusual or "unacceptable" crises. Caring for one another is the bedrock of being community. A comprehensive strategy of accessible counselling is a must if the church is to be truly a healing community.

CHAPTER 8: PROFESSIONALLY SUPERVISED LAY PREVENTIVE SERVICES

There are certain activities in preventive health care services that can be carried out by non-professionals, but these will also need the supervision of professionals. These involve preventing problems in persons who are at *high risk* for illness. This risk could exist because of factors such as extremes of age, life style, isolation, poverty and social disharmony. Such situations that generate vulnerability can include:

- *infancy;*
- under *nutrition;*
- exposure to *communicable diseases*;
- having a strong *family history* of genetically influenced disorders;
- *developmental transitions* such as adolescence, mid-life, and old age;
- culturally-related *gender discrimination;*
- special *occupations* – with persons being exposed to risks including: poisoning, injury, burnout, or injustice;
- situations of *loss* and drastic *life changes* such as bereavement, retirement, divorce, children leaving home, natural disasters and migration;
- being in a *dysfunctional family* whose members are prone to physical, sexual, emotional and excessive abuse;
- being a caregiver for a *relative with special needs*, for example, mental illness or needing home nursing;
- *lacking opportunities* for gaining skills and/or employment;
- living in *neglected areas* with environmental dangers, high crime rate, and poor government services;
- persons at high risk for HIV/AIDS and other sexually transmitted diseases due to *unsafe sexual practices;*
- individuals, families and communities that *lack positive spiritual values and experiences* or who are involved in destructive religious practices;
- persons *without the support of a Christian healing community* (small group or congregation);
- persons who are *socially isolated.*

Supervision is needed because dealing with high-risk groups involves a greater complexity of knowledge, experience and techniques.

These services can be delivered at a *makeshift Prevention Centre*. This centre may be located at a community centre, school, home, shop, yard, or in the church building. Supervised preventive

activities could also be a part of the *Curative* Healing Centre or Mobile Healing Clinic to be described in the next chapter. Several such centres could be set up when necessary, and where possible, to meet the need for community accessibility.

Appendix 2 provides a summary and complement to this section

A. PHYSICAL HEALTH PREVENTIVE SERVICES

This could include the following:-

(a) An *under - five's clinic*

(b) The more advanced aspect of *maternal* and *child health*

(c) *Immunisation*

(d) The *survey and control* of communicable diseases such as Malaria, TB, HIV/AIDS, other Sexually Transmitted Diseases and Leprosy

(e) *Food inspection*, issuing of food handlers' permits.

(f) *Screening for cervical cancer.*

Public health or community nurses or otherwise specially trained nurses and public health inspectors would be involved in supervising and working with church and community health workers in the communities. The supervisors would work as closely as necessary with physicians in the Healing Centre or government clinics. Their activities would be closely co-ordinated with the public health programme of the government. The government could assist where possible. This would include help with personnel where possible, and with vaccines and reporting forms.

B. PREVENTIVE COUNSELLING ACTIVITIES

These could include support groups for special concerns, and persons who are at high risk for experiencing suffering in all aspects of whole person health provide information about support groups (see Chapters 6 and 15). In such groups, persons would encourage and assist each other emotionally and practically and to develop effective coping skills. Lay counsellors would receive training and supervision from professionals in facilitating such groups.

C. PRAYER AND SPIRITUAL DIRECTION

Here the involvement of the Pastor, trained healing evangelists and teachers would be needed both to train and to minister alongside lay workers when possible. Such supervisory personnel will be needed to help monitor the ministry of prayer partners to high-risk persons as defined earlier, but especially to those without a strong spiritual faith or the support of a healing community. This supervised preventive prayer and spiritual direction ministry would be similar to activities described in chapter 6 for unsupervised non-professional outreach, with further details given in chapters 11 and 12. The difference would involve those more timely

approaches requiring the special experience needed to deal with persons at high risk for more serious spiritual difficulties and other problems of the whole person.

D. THE SOCIO- AND ECONOMIC AREA

Professional supervision will be needed in preventive activities in the context of special situations such as the need for financial consultation. Here persons could help community leaders organize self-help activities such as economic projects, investment and revolving loan schemes as well as housing cooperatives.

Legal assistance would relate to areas such as human rights and land rights.

The early stages of the following situations need to be detected urgently and addressed as best as possible:

i. environmental hazards,
ii. lack of supervision of children and adolescents,
iii. absence of skills,
iv. unemployment among young males, and
v. family and community conflict.

Early attention can prevent crises such as domestic and community violence, school drop out and drug abuse. Because of the complex nature of these problems, the lay social workers and community organizers involved will need professional assistance.

E. THE SUPERVISION PROCESS

Though professionals will be involved in all these aspects of lay preventive services, they will be operating more in the background and on a periodic basis. It will be the non-professionals who will provide most of the respective services. Supervision can take place in specially planned team meetings and in one-to-one discussions. Training and suggested reading can also form part of the supervision process.

<u>CHAPTER 9: THE HEALING CENTRE AND MOBILE HEALING CLINIC: THE WHOLE TEAM IN CURATIVE SERVICES</u>

The church that is able to offer multilevel services (levels 1-3 or levels 1-4) has the broader scope to witness to God's "amazing grace" and all His power to heal through "medicine and nature, men and women and miracles" in a formal curative setting.

In this context, *professional staff* such as the physician, nurse practitioner, nurse, professional counsellor, social worker and pastor, or his associate, *work as a multidisciplinary team* in providing curative services. They work along with supervised *semi-professionals* such as the physician's assistant, enrolled assistant nurse, counselling assistant, social work assistant and prayer and spiritual counsellor.

Non-professional or "lay" staff are also valuable in the centre as part of a multilevel *health delivery service*. At this level, too, the role of the management and administrative staff is crucial.

While the non-professionals in level 1 and 2 (community based services) may be mostly volunteers functioning as part of everyday community self help, some of those in the formal curative centres could be paid full-time or part-time workers.

Curative services can be located in a part of the church premises which could be termed the *"Healing Centre"*. This is because the activities embrace all aspects, or the "three M's", of healing:

a. **m**edicines and nature;

b. **m**en and women in counselling and social casework and group work; and

c. **m**iracles.

At the Bethel Baptist Church our use of the term "Healing" was misunderstood at first, as some persons came only for prayer. Nevertheless many churches in Jamaica have now embraced the wider view of healing.

Though it will be curative, through its multilevel and multidisciplinary staff, the Healing Centre will also deliver as much as possible of the promotive and preventive services that have already been discussed. For example, wellness education could be provided in the waiting room by non-professionals, as well as by each professional and semi-professional as part of their work with patients. *The centre should be as much a health promotional as a curative one,* with the focus being equally on wellness and disease.

The curative and other activities suggested for the Healing Centre could also be provided in the form of a *Mobile Healing Clinic*. Here the team would visit a local community in vehicles that would also transport needed medicines, natural products, equipment, records, and teaching aids. The staff would be comprised mostly of non-professionals and semi-professionals. Professional staff would function mainly as supervisors.

Both the Healing Centre and Mobile Healing Clinic should be pleasing to the eyes and have a warm, pleasant, and friendly atmosphere. Clients, on their arrival, should be told their rights, what the services have to offer and why.

At various times, as stated before, the Healing Centre or Mobile Healing Clinic *could also function separately as a Preventive Centre.*

A. STEPS IN THE HEALING CENTRE PROCESS

Appendix 2 provides a useful summary complement to this chapter.
Figure 9 gives an overview of how the various elements of the multidisciplinary Healing Centre work together.

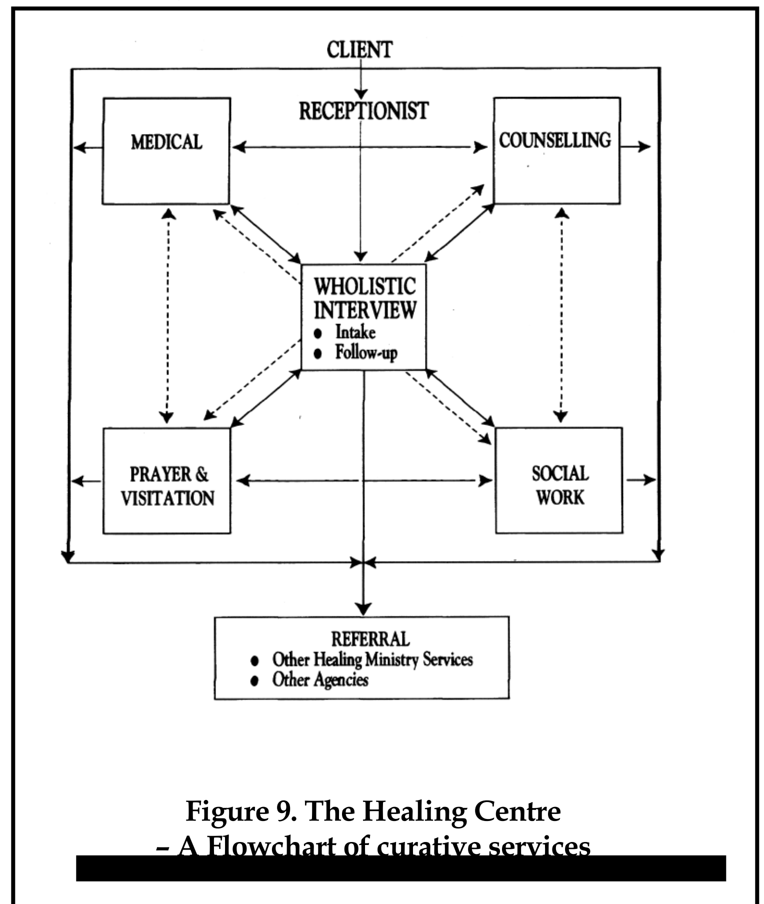


Figure 9. The Healing Centre – A Flowchart of curative services

1. The client will first see the *receptionist* who will in turn refer him/her for
2. an *intake wholistic interview* with the nurse or trained volunteer intake interviewer, supervised by the nurse. The interview will involve the following steps:
   i. an explanation of the whole person approach;
   ii. an assessment of how "wholistic-minded" the client is, or how much they see themselves in whole person terms;
   iii. an assessment of whole person needs and related community factors (see chapter 17), and how all the various needs affect each other.

   The Whole Person Questionnaire in appendix 3 provides a model for wholistic assessment. A shortened version can be adapted for use if there are constraints of personnel and time;
3. A case manager could then be assigned by the nurse to the client. This person could be the next member of the interdisciplinary team that the client first needs to see. They would promote their services to the client as well as begin the steps of case management described later in this chapter.
4. Next, the client would be referred to as many other *services* as are necessary. He or she would begin with that service which is most urgent in terms of need.

5. The client would then see the *cashier* to contribute to the cost of services provided.
6. Team members from each service can *refer* the client to attend other centre services or to facilities within those areas of the Healing Ministry outside the centre. Referrals can also be made to other agencies in the church or wider community.
7. At designated intervals the client would *return to the case manager* for a follow up wholistic interview. Any necessary further referrals would be made.

The same content and flow design can be used for the Mobile Healing Clinic to the extent that all categories of semi-professional staff are available.

B. INTEGRATED MEDICAL SERVICES

1. The scope of the service:

The church's medical facilities and preventive centre, must be viewed as something different from a typical medical clinic. People from the community - regardless of their religious beliefs - should be invited to come and talk about their health problems. However, they should know that workers could witness to them through their words and actions about the power of God to save and to heal.

The *medical* aspect of the Whole Person Healing Centre or Mobile Healing Clinic should be organized along the lines of a general practitioner or supervised nurse practitioner services. However unlike a hospital it would not be equipped to deal with moderate to serious medical emergencies. A plan should be in place where individuals are diagnosed and treated and referrals made according to their needs. Basic *dental* services can also be provided through a dentist or supervised dental technician or assistant. Persons involved in any aspect of medical services can also provide basic counselling, social casework, prayer and spiritual help with the permission of the community member or client.

The use of *natural methods* of healing needs to be integrated as part of medical services. More of this is discussed in chapter 10.

2. Pharmaceutical and Health Food Services

The church’s Healing Ministry committee may consider the possibility of a small pharmacy where medication can be purchased at a minimum price. Medication prescribed by the doctors may be filled at the Ministry's pharmacy at a nominal cost in comparison to other private pharmacies, or the person may opt to use other pharmacies in the community. The cost of some drugs is subsidised by the church when the need warrants such subsidy. Donations of commonly used drugs with a reasonable expiry date can be sought from the government, the private sector or

special overseas agencies. Non-prescription drugs and safe herbal medicinal products, can also be supplied with clear directions given for use. In addition to this, healthy foods, such as nutritional food supplements, whole grains and cereals, low fat and low salt products, soy-based meat substitutes, and others that may not be easily available, could be provided for sale.

3. **Laboratory Services**

   The provision of laboratory services "on the spot" will bring much relief to patients. Where possible therefore, encourage a lab technician to join the team. Of course, the necessary clinic space should be provided. The technician could carry out simple testing procedures with basic affordable equipment. Patients should make a contribution for this service. The team may otherwise seek laboratory services at reduced cost from government or private agencies. Some laboratories will send phlebotomists to do blood collections in larger church clinics. This could provide a less expensive rate for services. A special system of confidentiality needs to be developed for the reporting of results for highly stigmatised illnesses such as Tuberculosis, HIV/AIDS and other sexually transmitted diseases. Clients will need special counselling before testing and if the results are positive.

4. **Referrals**

   Referrals should be made as speedily as possible to various *specialists, hospitals,* government and non-government social *services* or *agencies* depending on the resources needed and available for continuity of care. Where severe visual refractory errors are common, clients may be referred to special non-government organizations that provide *eye testing* and glasses at low cost. Because a significant number of medical problems have an emotional aspect, a close relationship with a *psychiatrist and child guidance* clinic is necessary. It can be helpful to have a psychiatrist do a few weekly consultations and training sessions.

C. COUNSELLING SERVICES

One of the most crucial areas in a healing ministry is a counselling service for clients with personal and practical concerns. The number of days to be used to accommodate this service should be determined by your healing ministry committee. Trained counsellors can assist clients to decide on the best way to cope with a particular problem. This should be treated as a professional and confidential service available to people despite sex, age and marital status. Types of counselling would include individual, marital, family and group. As well as being crisis-oriented, counselling can also be curative and supportive for persons needing physical, mental and social rehabilitation. Prayer and spiritual counselling as well as social casework and health promotion should be offered if this is desirable.

Each church should set aside specific areas or rooms in the Whole Person Clinic for counselling. These areas should provide the kind of atmosphere in which people will feel perfectly free to discuss their problems. Consequently, there must be privacy and the counselling areas should be situated where there will be as little distraction as possible.

Suitable literature should be within easy reach of the counsellor to be used as the need arises. The counsellor will benefit from always having his/her own Bible at hand. A separate Bible may also be placed in the counselling room for the use of interested clients.

The counsellor will need to be fully aware of issues and problems relating to the *culture, ethnic origin, social class and gender* of the client. These factors should influence the approach in counselling. *They also relate to the promotive, preventive and rehabilitative aspects of counselling.*

In selecting counsellors, there should be great care in making sure they have certain qualities. A counsellor should be

- a committed Christian
- familiar with the word of God
- one who communicates with God through prayer on a regular, consistent basis
- respected by the local church and community
- interested in people and genuinely concerned about their welfare
- willing to be open to others
- a good listener; positive about his/her own values/beliefs but able to listen to the views/values expressed which may be different from his/her own without starting an argument
- non-judgmental with clients
- able to be comfortable with clients with HIV/AIDS and in other socially controversial situations such as homosexual and abusive relationships
- not overly inclined to impose his/her views and opinions
- able to maintain confidentiality with regard to client information.

The story of Ms. P. demonstrates the nature and value of counselling.

> Angela P was referred to the counsellor at the Bethel Centre when she sought help in controlling her 14-year-old son. The 36-year-old mother of three had been separated from her husband for nine years. She explains, "I was having a very hard time with my son Michael. He had serious behavioural problems. His father and I separated when he was five, and I think this had a bad effect on him. I tried my best with him, but I was not reaching him."
>
> At the time that Ms P visited the counsellor, she had not been in touch with her

husband for years. The counsellor suggested she contact him to discuss Michael's problems. "I didn't take kindly to this suggestion at all, but eventually I decided to try it. As a result, Michael was able to see his father again. This seemed to help him; they developed a relationship, which has strengthened to the point that Michael now lives with his father to attend school. He visits me on holidays and some weekends. He is much happier, and his behaviour has improved."

Although her problem is resolved, Ms. P continues to see the counsellor. Her bi-monthly sessions help her cope better with life. "I still have many personal problems to work out since my separation and also other areas of my life. Talking one-to-one helps to clarify things for me, and guides my decision making. I am particularly happy about the Christian aspect of the visit, and ever since that (the first visit), the counsellor prayed with me even before we started talking. I was very impressed with that."

Ms. P is now active in her church. She recommends counselling to others who have problems. "Counselling has helped me cope with the pressures I face as a single mother and also with the difficulties of trying to relate my faith to daily life. If I had had counselling earlier, maybe my marriage could have been saved. I know counselling works."

D. SOCIAL CASEWORK AND GROUP WORK

At the Healing Centre, the *Whole Person Questionnaire* that is filled out by the intake interviewer will *assess each client's socio-economic need*. Further to this, the social worker or social work assistant can assist with referred clients their community setting, family structure, details of needs, resources and attitudes. Follow up activities could take place on a one to one or small group basis as is necessary. The latter can be time saving and provides for more effective problem solving and support. In either case, activities may include:

- assessing, with the help of other team members, the *contributory effects* of physical, psychological and spiritual factors on the client's socio-economic problems
- the provision of basic psychological *counselling and health promotion*
- training, by the social case worker and other team members, in the development of relevant socio-economic and other *self-help skills and strategies*
- special *facilitation* of education, skill training, job seeking and on the job growth
- assistance with family budgeting, setting up a small business and accessing start up loans
- consultations with and *referrals* to the relevant social agencies in the community for welfare relief crisis, legal aid management, family court assistance and other services

- working with *family and other support systems,* for example, church, neighbour, employers, in problem-solving, relationship building and rehabilitation
- helping families, churches and communities to *promote the well-being of persons with HIV/AIDS*
- inviting the client, who indicates an interest, to *commit or re-commit his/her life to God* as the ultimate source of all help
- offering confidential *prayer support* from the prayer partners in the Ministry.

E. PRAYER AND SPIRITUAL DIRECTION

It is vital that each worker in the Healing Centre carries out prayer and basic spiritual counselling as part of his/her whole person functioning. As stated earlier, prayer is the foundation of the church's healing ministry. Some patients or clients may need and desire additional time and more intensive ministry. Thus members of a prayer team led by the pastor, could be assigned on a rotated basis as "prayer counsellors". Also the church's pastor, or one invited from another church, could provide more professional pastoral care. Spiritual direction or guidance using the scriptures in relation to the person's problems can accompany prayer. Faith and spiritual growth would be encouraged over a period of time. Chapter 12 outlines aspects of assessing the ethics of the healing practitioner and how to encourage prayer and faith on the part of the client.

Members of the target populations can be invited to visit the Healing Centre for prayer even if they have no recognised special needs in other areas at the time. Prayer counsellors can provide basic psychological counselling, and health habits promotion and assist, where possible, in socio-economic information giving and support. Of course, if it becomes necessary, prayer counsellors must know when to refer a client for more professional help.

An assessment of a client's spiritual life and problems by both the whole person worker and client will be necessary. This will aid self-understanding problem solving and growth. A detailed description of a model of spiritual assessment is given in Chapter 11.

F. INTER DISCIPLINARY INTEGRATION OF SERVICES

It is possible for someone to attend the church's Whole Person Healing Centre and be involved in community-based activities without experiencing full wholistic care. This can occur when the various aspects in the proposed model, that is its sponsorship approach, and the scope and strategy of the services, are not integrated. Thus an individual could receive inadequate support from the healing congregation, without having his/ her whole person needs really met. This could also occur with the full scope of services not being provided (for example, through inadequate prevention of

future illnesses), and the origins of his/her problems in community disorganization neglected. This situation can be prevented by the activities discusses below.

1. **The multidisciplinary team and "interdisciplinary" functioning**

   Though the Healing Centre will be multidisciplinary in nature, the mere presence of volunteers and staff who relate to the various aspects of the person is not enough. They could be there and not relate to each other. Here, the client will often fall between the cracks. As shown earlier, given the constant and dynamic nature of the mutual interactions among the physical, spiritual, mental and socio-economic factors within a client's life, multidisciplinary teamwork and strong interdisciplinary linkages will become necessary.
   Interdisciplinary linkages can be fostered in the following ways:

   a. Cross referrals between team members;

   b. Appropriate feedback from referrals;

   c. Mutual consultations about common clients;

   d. Cross consultations about clients that are not shared;

   e. Case discussions including an input from all team members as well as from the client himself or herself.

2. **Each worker as a generalist or a Whole Person Care Giver**

   Apart from *interdisciplinary linkages*, services can be integrated by means of each team member becoming a *generic whole person care giver*. Thus each would seek to provide some aspect or type of assistance outside of his/her main discipline, but within his/her capacity. For example, the nurse could do basic counselling and prayer while the lay counsellor can educate on health habits and assist in community organization.

   In this context *each worker needs to have a multidisciplinary component in their ongoing training*.

3. **Integrating Pathways to Health and Healing**

   There are *five main pathways to health and healing*: Medical care, Psychological care, Social Therapy and Networking, Spiritual Healing and Ministry, and Integration with Nature. A listing of common methods in each pathway can be found in the figure entitled **The 5-Point Star Showing the Pathways to Health and Healing (figure 10)**. These methods should be well understood by each member of the team – in essence rather than detail. This is part of functioning as a generic whole person care giver. Some staff will need to learn certain methods particularly well according to how these will relate to their particular discipline. Sometimes *one pathway will be the main one* to provide a cure. At other times, and more usually, *several methods*

need to be used in an integrated or wholistic combination. Each pathway includes specific healing methods that can be administered immediately *by one's self* or in *self-help groups*. Also, there are methods that require the supervision of *professionals*.

Making choices

Each person needs to make his or her own choices about which pathways to choose and how much to involve self or professionals. For religious persons, prayer may influence that choice. *It is the belief of the Christian faith that whatever the other choices, Spiritual Healing should be central.* Yet God is a God of the "5 Ms" - Medicines, Mental Health Care, Miracles, Mutual Relationships and Mother Nature! He works through *all* the pathways.

As clients engage in their integrated approach, they can be encouraged to gain more information about the various pathways and methods by consulting the list of recommended literature and other sources.

4. **Case Management**

Case management seeks to strengthen integration mainly by enabling *continuity of care*.

Two persons will need to carry out case management - the individual himself/herself as being responsible for his/her own health and a professional case manager, representing the church-sponsored team. Case managers can be professionals from any area of the Whole person care team who are especially assigned various patients or clients, as part of their duties. The discipline from which the case manager is assigned would depend on the client's greatest need. Usually this would involve the professional or supervised semi-professional to whom the client is first referred by the intake interviewer. This person would seek to ensure that the team provides integrated services. They would also facilitate self-management on the part of the client.

Use this **five-point star** to help you decide about self-help or professional help. *Tick your choice*. Use your journal, diary and support system for follow-through.

Self-help

* First aid and Home-care
* Community health workers

Professional

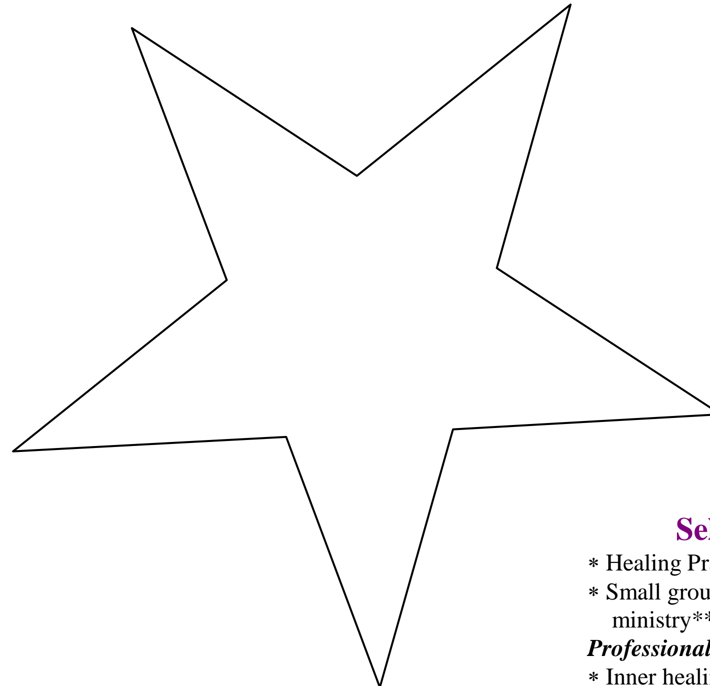
* Internal medicine and related specialities
* Obstetrics & gynaecology
* Physiotherapy
* Radiotherapy
* Psychiatry
* Medical Psychology
* Medical Hypnosis
* Nutrition
* General practice (integration)
* Community Health (integration)

Self-help

* Peer counselling
* Self-help groups
* Recovery groups
* Support groups

Professional Counselling & Psychotherapy

* Individual
* Marital
* Family
* Group
* Pastoral
* Educational
* Occupational
* Career
* Disaster



Self-help

* Self-help groups
* Recovery groups
* Community organizations

-
rofessional

* Social work intervention
* Professional advisors – lawyers, financial advisors, clergy

Self-help

* Healing Prayer**
* Small group ministry**

Professional

* Inner healing**
* Spiritual Deliverance**
* Spiritual counselling*
* Spiritual direction*
* Spiritual retreats**

Self-help

* Foods and spices that heal
* Herbal remedies**

Personal exercise

*training***

* Relaxation methods
* Massage therapy**
* Aromatherapy**
* Chromotherapy
* Imagery
* Biofeedback**
* Acupressure

Professional

* Naturopathy*
* Chiropractic*
* Chelaton Therapy*
* Osteopathy*
* Acupuncture

* Professional ** both Self-help and Professional

Figure 10 5-Points Star Showing the Pathways to Health and Healing

The case management process should include the following:

a. The *assigning of a case manager* by the intake interviewer. As suggested earlier, the intake interview could be performed by the nurse or a specially trained and the intake volunteer supervised by the nurse
b. The case manager ensuring that an initial *intake interview* was done, completed and understood. This would be done by means of:
    i. an explanation of the whole person approach
    ii. an assessment of how "wholistic-minded" the client is or how much they see themselves in whole person terms
    iii. an assessment of whole person needs and related community factors (see chapter 17), and how all the various needs affect each other. The Whole Person questionnaire in appendix 3 provides a model for wholistic assessment. A shortened version can be adapted for use if there are constraints of personnel and time
c. Completing or repeating the interview if necessary
d. *Reviewing* the findings with the client
e. *Consultations* with other team members in order to facilitate and further integrate the assessment and develop a *wholistic action plan*. This consultation could take place informally or in **case-discussion sessions**
f. Similar *sessions with the client* alone or in special care discussion sessions with other team members. The client must ultimately take final responsibility for carrying out his/her own wholistic action health plan involving the use of the various pathways to healing
g. making *referrals* as is necessary
h. monitoring interventions through *gaining regular feedback*
i. a *follow-up wholistic interview* to ensure that all needs from other staff members have been addressed
j. *evaluating* all aspects of the model of care provided, (see chapter 3), and the effects of interventions on promoting whole person healing
k. developing a *modified or new action plan* as is necessary
l. *continuing* the case management process as needed

This method of case management will mean that *each person will have access to each of the services that he or she needs, when and for as long as he or she needs it*.

G. RESOURCES

A proper infrastructure will be needed for the Healing Centre to function efficiently and effectively.

1. **Fees, Contributions and Income Generation**

   Clinical services should be self-supporting, if possible. To achieve this, all users of the doctor and professional counselling services would be charged an affordable fee or asked to make a contribution for cost of material, community services and administration. Fees could be on a sliding scale basis in ratio to patient's/client's own income and ability to pay. The maximum or minimum charge should be decided by your church's Healing Ministry committee. The receptionist or nurse can use a slip of paper to advise the receptionist of the fee to be paid. Also a note could be written to the social worker for subsidy.

   Health insurance remittances can go a far way in cost recovery. All fees or contributions should go towards the cost of dressing material, equipment and drugs for those who cannot afford them. In *full-time* healing ministry centres, fees would also go towards paying salaries of the staff from the various disciplines.

   Other income-generating activities will be necessary especially for the cost of salaries. This could be done through self-help activities as well as through donations in cash or kind from church members, others in the community and special agencies.

2. **Site and supplies**

   Begin with where you are. The church sanctuary could be used as a *Whole Person Healing Centre* or *Prevention Centre* until more appropriate accommodation can be provided. Preferably, the Centre could be housed in a multipurpose Christian education building or church hall, the vestry, or rooms adjoining the sanctuary. A community centre or a home near the church could also be used. The buildings would be used for their normal purposes outside clinic hours. Ideally, there should be a purpose-built room in which the physician's facilities would be housed.

   A mini-van or station wagon could be borrowed to function as a *mobile clinic*.

   As for the resources of supplies, *start with what you have*. Use screens as dividers to make better use of halls and rooms. Tables and chairs can serve a multi-purpose function. A carpenter could make a simple examination table with foam rubber for mattress. Donations could be made to provide basic medical equipment for screening and services.

3. **Personnel**

Utilise your church members. They do not necessarily have to be highly trained professionals. If there are no professional volunteers or potential paid staff, especially *medical practitioners, dentists*, and *professional counsellors* in the church, volunteers or employees could be sought from other churches in the community. The ideal primary qualification is for each volunteer or employee to be a follower of Christ and active member of a church who feels a call to serve in the Healing Ministry.

It is recommended that at least one *registered nurse* be available, working along with volunteer *intake interviewers* where possible. In many clinical situations the medical needs of a patient can be met by the services of a supervised *nurse practitioner* that works with a nurse, prayer counsellor, professional *counsellor* and/or a *social worker.* Where the scope of the work demands it, a separate *community organizer* could be responsible for community outreach. Other personnel could include *nursing aides, church and community health workers, semi-professional counsellors, lay counsellors, social work assistants and lay social workers and lay community organizers.*

On-going training is essential. Ministers, *lay leaders*, teachers and *other interested persons* could be trained in basic first aid, health education, interviewing, counselling and social work skills. Professional staff should have in-service education to upgrade or learn new skills in order to give optimum service in the healing ministry.

The day-to-day operations of the centre will require effective *administrative* and *support staff* such as a healing ministry administrator, receptionist, cashier and other office personnel. The *pastor* has a crucial role to play in helping to guide the leaders, and minister to the staff. Someone could also be asked to conduct basic *research* activities which will involve evaluation of the services.

4. **Staff Development**

There should be on-going staff development sessions. Such structured activities could take the form of:

a. group support sessions with a trained group worker or pastoral counsellor;
b. case discussions;
c. staff devotions;
d. prayer groups; as well as
e. retreats which provide an educational and social focus;
f. lectures/discussions for human resource development can be given by persons in the community.

These staff development activities could be co-ordinated by an experienced *volunteer or paid trainer* recruited from within or outside the church who could work along with the Healing Ministry administrator and multidisciplinary team leader.

The Healing Centre is not the first option of the Healing Ministry. It may be somewhat costly to run on a full time basis, especially when poverty makes cost recovery low.

Nevertheless, where it is possible for it to exist, such a service can be a vital asset of Whole Person ministry to needy communities and to the local congregation.

PART III: NEGLECTED PRIORITIES

INTRODUCTORY SUMMARY

The introduction and first nine chapters of this book have dealt with the rediscovered paradigm or way of thinking, about the Whole Person approach to health and salvation. We have recognised how it informs our vision, understanding and model of a Healing Ministry as well as specific programme possibilities.

The possibilities have already begun to form the core of several congregational ministries worldwide. Nevertheless, given the strong influences of the traditional Western paradigm certain priorities in healing have been neglected on a day to day basis. These also need to become practical possibilities.

Explanations are given as to how natural Healing, spiritual assessment, spiritual healing by faith and caring for creation - as neglected realities - can become possible programmes in the Healing Ministries of congregations. These are discussed in the context of addressing: the mechanisms and types of natural healing, the definitions and types of spirituality, the nature of a friendly environment and the hazards of a damaged creation.

In turn, methods of natural healing, the nature of a spiritual assessment, the setting and occasions for prayer for healing as well as ways of restoring damaged creation are described.

Certain cautions are mentioned which need to be borne in mind with regards to both natural healing and spiritual healing practitioners. Self help is the priority.

The church and community member as health promoter needs to become a change agent for Creation Care. All of us can be friendly to the environment as we determine to reduce, reuse, recycle, and refuse or avoid.

CHAPTER 10: USING NATURE TO HEAL

This chapter is best used in conjunction with "*The 5-Point Star Showing the Pathways for Health and Healing*".

It is not enough to use manufactured drugs, machines or minor surgical procedures in the Healing Centre, the Mobile Clinic, in first-aid and in basic care lay outreach activities.

A. MECHANISMS

Whereas Western medicine usually heals from outside of ourselves by the use of mostly manufactured drugs, surgery, radiotherapy and other procedures, the use of nature to heal operates from within. Thus it is much more accessible as a self-help method of healing. Also it is more lasting in benefit. This is because nature promotes wellness

We are a part of nature. All of one's body is made from "…the dust of the ground…" (Genesis 2:7, NIV)

We can use natural methods that have an effect by building up the natural functioning of our senses, muscles, joints, skin, organs and immune systems. We can relate nature to our *five senses* (seeing, hearing, smelling, tasting, touching). These senses exist to tell us what is good and bad for us. Therefore, properly stimulating these senses to meet our whole person needs in a non-addictive way will improve our health.
Also important is developing our *muscles* and caring our *joints*, protecting and stimulating one's *skin*. Specific substances as well as manipulative measures can provide healing and wellness promoting stimulation of our various *organs*.

There are certain foods, vitamins and minerals, herbs and spices included that boost our *immune systems*, by eliminating dangerous free radicals (molecules enhanced by smoking, pollution and other toxins) and in other ways preventing infection and cancer and auto-immune diseases. The latter are illnesses such as rheumatoid arthritis, systemic lupus, erythematosus, insulin-resistant diabetes and some kinds of thyroid, skin and asthma problems, where the body's immune system turns against itself.

B. METHODS

Considering all these mechanisms and needs, the following are included among natural healing methods:

- Foods and spices
- Herbal remedies
- Personal exercise training
- Relaxation methods
- Massage therapy

- Aromatherapy
- Music / audio therapy (using the sounds of nature)
- Colour therapy
- Imagery
- Biofeedback
- Acupressure
- Naturopathy
- Chiropractic
- Chelation Therapy
- Osteopathy
- Acupuncture

A glossary of some natural therapy terms is provided below.

GLOSSARY OF NATURAL THERAPY TERMS

Acupressure - This method uses finger pressure on specific spots of low electrical resistance on the body, which stimulates the free flow of energy through the system. When this happens, the body functions more healthily. On the other hand, when energy is blocked along the energy pathways, tension builds and the body becomes energy deficient. As a result, the body will become susceptible to experience certain symptoms that may, in turn, lead to a debilitating disease.

Acupuncture - Used mainly for relieving pain, pressure and congestion associated with acute sinus infections, to speed the healing of joint injuries, to help substance abusers suffering withdrawal symptoms, and to manipulate energy flows around the body. The procedure entails the insertion of needles into particular pressure points.

Aromatherapy - This involves surrounding one's self with a particular scent to create a certain emotion. Scientists have found that the area of the brain that interprets scents is the same area that deals with emotions. While some scents may be used as relaxing agents, there are others that can energise (rose, carnation), reduce pain (plum, peach), relieve depression and promote joy (ylang-ylang, peppermint), lower blood pressure (spiced apples), calm in disorder lavender) and dispel anxiety (geranium, bergamot).

Biofeedback - This is a relaxation technique, where body responses are amplified using electronic equipment so that they become perceptible. Useful especially for nervous system disorders. This method teaches how it feels to be relaxed naturally.

Chiropractic - Here, doctors manipulate the spine to correct problems of muscular pain, tension headaches and recovery from trauma. Not suggested for those suffering persistent pain problems.

Chromotherapy - Here various colours are used to create certain feelings. Each colour represents energy vibrating in a different manner, and has individual properties of healing. In chromotherapy, colour is infused through the body to heal. One may either employ the method using coloured lights or filters, or using the mind to envision the colours.

Chelation Therapy – Chelation therapy is used to eliminate excess toxins in the body, and helps the body do so via the kidneys. Chelators rid the body of harmful substances, particularly toxic metals, which have negative effects on the body's blood vessel and immune functions. Chelating agents can be obtained in oral over-the-counter formulae which can be taken at home, and can also be taken intravenously under a physician's supervision.

With regard to FOODS AND SPICES THAT HEAL, these healthy foods that one brings into the kitchen, are usually safe. Periodic short fasts (½ day to 1 day) allow for detoxification and lowering stress on one's organs. The periodic use of purgatives used judiciously would also be beneficial.

What about the use of HERBS? At least 40% of medicines used by physicians are derived from plants. There are certain herbs that are well-known in various cultures, and can be grown in one's own backyard. Most are both *nutritional* and medicinal. Be sure to get the best community guidance as to how these can be employed. Every home can have a list of these common foods, herbs and spices and how they can promote health and remove certain symptoms and conditions.

In reality, several herbal products are not part of the regular diet and have specific effects on various organs. These *medicinal herbs* can have side effects that vary according to length of usage, dosage and interactions with other agents. *It is important for each person to do his/her own research about the effectiveness, properties, safety, dosage and method of use of herbs that are not part of one's own folk medicinal tradition*.

Use those that you are most familiar with and research the others. Avoid buying over-the-counter herbal products where natural substitutes are available. Use your own kitchen garden where possible.

We need to remember, as well, that many advertisers and commercial agents care more about their own profit margin than the consumers' wellness. Thus they promote certain food products, cigarettes, excess alcohol, household chemicals and other items that are harmful to our health. Some also misinform about natural methods. Unfortunately, not enough physicians are trained in promoting health and healing through education and natural methods. Because of these factors, it is one's own responsibility to know as much as possible by doing one's own research.

NATURAL REMEDIES - massage therapy, acupressure and biofeedback in simplified forms - can be used on one's own with proper self-information as well as the other methods indicated. Exercise training, aromatherapy, music and audio therapy, along with colour therapy and guided imagery are mainly self-help methods that can also be taught by professionals.

C. NATURAL HEALING, CULTURE AND CHRISTIANITY

Natural methods of healing have existed in all cultures. Nevertheless some persons tend to view natural healing as being part of non-Western Traditional Medicine practices and, more recently, particular "New Age" therapies. Because in some instances these may also integrate non-Christian spiritual healing methods, then

natural healing has often come to be negatively stereotyped and viewed with suspicion by certain Christians.

However, an examination of the Bible will show that natural methods of prevention and healing are well integrated into its teachings. They also have been part of the practices of persons in Biblical times. Nature, however misrepresented, is God's creation that He has given to us to use for our health and well being.

D. NATURAL HEALING PRACTITIONERS

When using PRACTITIONERS of herbal and other forms of natural healing, *ensure that these persons are properly certified*. This would include suitably trained human service professionals, or trained non- professional church and community workers with experience in areas such as physical health care, pharmacy, counselling and social work. It is good for one to seek evidence of certification, or training in natural therapies, including what training is involved, what is the level of certification or training and which was the relevant institution. The mature practitioner should not be offended by this enquiry. Practitioners should also be a *part of a support and supervisory body*. They should also be willing to give you access to *proper researched references* to substantiate their practices. (Such persons should be mature Christians sharing the fruit of the Holy Spirit as described in the Bible, love, joy, peace, patience, kindness, goodness, faithfulness, humility and self-control. They should be experienced in counselling and prayer.) They should also be prepared to *work together with your medical practitioner, community health workers, pastor and counsellor*. Be careful about practitioners of natural healing methods who advise you to discard prescribed medications or to avoid surgery. If natural methods help, your health will improve and your doctor will then change or eliminate his or her treatment. By the same token, all physicians should recognise the value of tried and tested natural methods of healing and that there is a place for ethical practitioners who respect both empirical and scientific methods.

With regard to **both medical and natural health practitioners**, the consumer should be willing to be fully informed as to the practitioner's spiritual beliefs, and to avoid the surreptitious or coercive use of religious practices that are not in keeping with one's own beliefs or preferences.

These healing practitioners should aim to foster the least possible dependencies on him or herself. At all times the focus should be on God's healing provisions in nature. As much as possible, education and the self-help methods should be encouraged. Clients should be informed as to the "what" and "why" of various methods used. It is the benefits of God's gift of nature as well as His love, power and grace of the cross, and not the skills of the practitioner that should be stressed. Persons who believe in or claim to have psychic powers apart from the Gifts of the Holy Spirit should be regarded as operating outside of the belief system and practices of the Christian faith. All healing should lead to faith in and commitment

to Christ the Great Healer and our Saviour. Other spiritual practices are in danger of leading to dependence on spiritual entities which are in the end opposed to the Kingdom, or reign, of God and thus to the welfare of human beings.

References are usually made in the description of certain natural methods such as acupuncture and acupressure, to “energies” and “energy flows” such as *chi* or *pranic* energy. The use of the word “energy” refers to mechanisms not well understood by science. They could very well be related to undiscovered nervous system mechanisms. In some Eastern religions the mechanism “energy” is given spiritual significance. The fact that other natural entities such as the sun are given spiritual significance in certain cultures does not mean that they do not have *natural value subject to scientific enquiry*. Nevertheless we need to both recognize and avoid spiritual interpretations of natural phenomenon which are different to those revealed by God in His Holy Scriptures.

Any type of surgical procedures, as well as medicinal treatment for chronic or life threatening conditions should be performed by a qualified physician.

In this publication, both the natural methods indicated with an asterisk (*) (denoting those requiring specialist practitioners) and others not so indicated, have been established by medical science as having significant value when properly used (see figure 10). The reader is encouraged to seek more information on these methods through consulting the list of recommended reading and other sources.

It is wise and most cost-effective to employ *self-help methods for minor and short-lived ailments* before seeking professional advice from either medical or natural health practitioners.

CHAPTER 11: UNDERSTANDING AND ASSESSING SPIRITUALITY

A spiritual self-assessment or history is a vital aspect of joining with one's self or with a client, who has an illness, or problems in living. This joining is for the purpose of gaining a better understanding of self and of the challenges of life.

With the rise of the materialism, scientific rationalism and secularism of the modern era of the nineteenth and early to late twentieth centuries, the idea of the spiritual has tended to become vague and secondary in Western influenced and developed healthcare settings. Now, in the current post-modern era, with so many being disillusioned with the utopian promises of science and rationalism, there has been a renewal of interest in things spiritual. Evidence of this in Christian-influenced countries has included the Charismatic Renewal, and Contemplative Spirituality. In addition there is a rise of several types of new or New Age "spiritualities" in the West. These include a growing interest in Celtic, Eastern, Egyptian and Sub-Saharan African religions. In addition, there is a resurgence of the occult in all walks of life. All these are being pursued as ways of dealing with the problems of living. In non Western cultures, or population subgroups, persons working in physical, counselling or social care will frequently relate to clients who are involved in beliefs and practices related to either world religions, such as Islam or Buddhism, or to indigenous religious systems.

Health caregivers and community workers in both non-Western and Western cultures are very likely to be serving patients or clients involved in some form of spiritual beliefs and practices. It is therefore vital for them to be able to facilitate a patient based spiritual assessment, spiritual diagnosis, spiritual interventions (with permission) and appropriate referrals with some clarity of understanding. The model of assessment shared in this paper is commonly employed in the writer's practice and used in the Bethel Baptist Healing Ministry in Jamaica. As well, it is being provided for use in other Healing Ministries in Jamaica and by health professionals in general.

PHILOSOPHY

The life of spirituality is *a life of individual searching*. This search is an "upward" search, for meaning beyond self and the world through a relationship with the transcendent. It is an 'inward' search, into the depths of one's selfhood, soul and 'spirit life.' It is 'outwards' in terms of finding meaning, purpose and transcendence in one's living in the world. *Spirituality is inclusive of religion*, which is in essence the organized mutual interplay of the spiritual with the social and natural environment. Koenig, McCullough and Larson define spirituality as including religion which they define as an "organized system of beliefs, practices, rituals, and symbols designed

(a) to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality) and (b) to foster an understanding of one's relationship and responsibility to others in living together in a community"[2]. Broadly speaking, therefore, *spirituality is a personal search and journey that usually (but not necessarily) includes an involvement with formally articulated beliefs, practices and community of faith.* This individual oriented and inclusive perspective of "spirituality" is the focus of this article on clinical assessment. Though it runs the risk of imprecision in research, it is a unifying concept across religious traditions. It also allows for a lack of religious involvement. Assessing one's spiritual journey and one's style, method and steps in travelling the journey in a self directed way is vital to its enjoyment and completion. Patient based spiritual assessment is facilitated with more ease and effectiveness as part of a whole person approach to care which is articulated in a developmental perspective.

DEFINITIONS OF TYPES OF SPIRITUALITY

Persons of varying belief systems can use the term spirituality to mean different things. Thus, a discussion of the types of spirituality (including religious beliefs and practices) can be useful. The definitions of types being used in this chapter are along the following dimensions: -

I. PERSONALISTIC – NON-PERSONALISTIC

A. Personalistic spirituality involves a relationship with an all-loving and omni-potent Supreme Being. This relationship provides a sense of meaning and purpose. It undergirds one's values. It also provides a sense of empowerment in living. One's belief in a Supreme Being, or beings, includes faith for the provision for needs and protection from danger.

Personalistic Spirituality relates to the ability for self, *in relation to the Being,* to transcend one's outer circumstances. Personalistic spirituality can be *monotheistic* (belief in one God) or *polytheistic* where there is a belief in several gods. **Spiritualism** is another type of personalistic spirituality where one's dependence is on departed and other spirits.

B. Non-personalistic spirituality includes the metaphysical and animistic varieties. For some persons, rather than centering on an "I-thou" or personalistic relationship, their spirituality may be **metaphysical** or based on abstract general reasoning. For example "God" may mean "a higher consciousness" and "Christ" may refer to a principle of living.

[2] Koenig, Harold, McCullough, Michael, Larson, David. *Handbook of Religion and Health.* Oxford: Oxford University Press, 2001, p. 18.

Animism involves a belief that objects such as trees, animals and rocks have supernatural powers.

II. MONOTHEISM – NON-MONOTHEISM

A. The **Christian** understanding of spirituality is the *monotheistic* type that centres on an "I-thou" relationship with a Supreme Being. This spiritual understanding is also consistent with other *monotheistic* religions such as **Judaism** and **Islam**.

B. Non-monotheism includes **polytheism,** where there is a belief in several gods and **pantheism,** which sees divinity in everything.

The patient-based spiritual assessment tool being shared allows for responses from persons of various faiths. It therefore can also assess the extent to which they do embrace, or are willing to accept, the Christian belief and way of life. Nevertheless, the assessment should never be used as an instrument of coercion.

PURPOSES OF THE ASSESSMENT

The main purpose of a patient based spiritual assessment is to *create a space* for the patient to achieve a better *understanding as to how they structure and experience:*

- *their self-understanding;*
- *their beliefs: identification and overview;*
- *their practices;*
- *their quality of faith;*
- *their spiritual experience or "I-thou" encounters with God ;*
- *their spiritual problems;*
- *their existential concerns or" living in the world";*
- *their strengths and assets for living; and*
- *their goals and plans for spiritual growth.*

These aspects then become the main areas for reflection.

The writings of Bergin (1998), and Bergin and Richards (1997), provide useful discussions on several of these areas as part of their experience and that of other workers in spiritual assessment. Koenig, McCullough and Larson (2001) have provided a thorough discussion of measurement tools for religiosity, which usefully aid spiritual assessment. They illustrate and discuss measures for assessing the following dimensions: religious belief; religious affiliation or denomination; organizational religiosity; non-organizational religiosity; subjective religiosity; religious commitment or orientation; religious "quest"; religious well-being; religious coping; religious history; religious and spiritual maturity; and other

religious attitudes and practices. They suggest that "*the three major dimensions are organizational, non-organizational and intrinsic or subjective religiousness*" and that "each of these dimensions should be analysed separately when examining relationships to physical or mental health"[3].

The assessment discussed in this article is a clinical tool for self-help in one's searching and discovering Divine resources for one's healing and problem solving. This tool is shared for the purpose of aiding the patient to be self-directive in this process. Its open ended and discursive approach seeks to capture most elements of spirituality. The improved understanding and cognitive structuring of one's spiritual life will enable a 'spiritual diagnosis' and more effective interventions for self-help.

METHODOLOGY

The various aspects of the methodology used are outlined as follows:

INTRODUCTION

An explanation about the purpose of the assessment can be given in writing and verbally. As well, sharing about the whole-person nature of the caregiver's practice and philosophy helps to set the stage for the practical relevance of the exercise. The questionnaire is administered as part of the wider wholistic history taking. Where possible, patients complete the form along with other data gathering instruments during the waiting period. In the interview the questionnaire is accordingly reviewed or directly administered if necessary. This is done by using the items to help guide a free flowing discussion.

FORMAT AND APPROACH

The questions in this format are intentionally open-ended. Thus they allow for a wide variety of responses. In this way, one's self or the client will be helped to achieve reflection and self-exploration to as deep a level as one wishes and as time allows.

The responses sought are also geared more towards a greater awareness of self-understanding, beliefs, practice, experience and feelings rather than for eliciting intellectual opinions and debate. Thus how we word our questions is critical. *We best grow when we can freely tell our stories as well as share our philosophies*.

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[3] Koenig, Harold, McCullough, Michael, Larson, David. *Handbook of Religion and Health.* Oxford: Oxford University Press, 2001, p. 495-6, 509.

STAGES

An appropriate sequence of interchangeable stages that can facilitate the open-ended approach is as follows:

1. *entry* involves explaining the purpose of the assessment as well as the related whole person philosophy and nature of the caregiver's service. This sets the stage for the practical relevance of the exercise;
2. *eliciting responses* using the questionnaire as a guide;
3. further *exploration* as necessary through follow-up questions such as "tell me more about this";
4. enabling *ventilation of feelings* "how does that make you feel";
5. *summarizing* for putting information together;
6. facilitating a *self-directed spiritual diagnosis*;
7. *facilitating problem solving* through exploring options, goal setting and planning – all done by the patient.

Several of these steps are described in detail by Brammer and McDonald (1999) as part of a model of communicating in the genuine "helping relationship".

BIO PSYCHO SOCIAL – SPIRITUAL INTERPLAYS AND WHOLENESS

Our physical health, childhood socialization, as well as one's personality, mental health, and current socio-economic state of well-being often affect or are influenced by one's past and current state of spirituality. Thus a *relevant biopsychosocial and developmental* history, as part of the caregiver's overall assessment, can assist this understanding. It is necessary to integrate a *spiritual history* into developmental enquiries. The patient can be facilitated in making the necessary links during the stage of *exploration* in the self-directed spiritual assessment. This approach can also enable the patient to set goals to promote a more positive mutual relationship between these biopsychosocial factors and his or her faith life.

EXISTENTIAL CONCERNS

Spirituality is also a part of *our existential questions*. Such concerns include: " How do I feel about life? What is most important to me? Why has this problem happened to me in particular? Why now? What then? Or how do I see the future, including the end of life?".

Most of these questions are part of the questionnaire. They offer room for the patient to explore the struggles of living and crises from a spiritual perspective.

THE OPEN-ENDED SPIRITUAL ASSESSMENT QUESTIONNAIRE AND INTERVIEW

The following questionnaire can be used.

SPIRITUAL ASSESSMENT PATIENT INTERVIEW QUESTIONNAIRE

This questionnaire is to aid you in understanding more about your spiritual life and concerns and to make decisions for growth. It can be completed and used by you for your own self-assessment, goal setting and self-monitoring. It can also be administered by a human service professional or their assistant. You are free to answer as you wish. You can write out your responses on a separate sheet of paper.

You can use this questionnaire for further reflection and decision-making.

- SELF-UNDERSTANDING
  1) What is *most important* to you in life?

- BELIEFS: IDENTIFICATION
  2) Do you belong to any *specific religion or denomination*? If so which?

- BELIEFS: OVERVIEW
  3) Tell me, or share with yourself, about your *spiritual life*?

  (If one is intentionally not spiritually involved, then the other questions need not to be pursued. Also one may have a definition of spirituality that would need clarification. Here clarify for the interviewer or one's self)

  4) What does your spirituality mean to you?

- PRACTICES
  5) How regularly do you attend your *place of worship*?
  6) In what *other spiritual activities* are you involved?
  7) How regular are your *devotional activities*?
     - the reading of your scriptures
     - prayer and meditation

- QUALITY OF FAITH
  8) How do you *feel about God*?

  EXPERIENCE
  9) How has He *been to you*?

If the individual has a *non-personalistic* or a *non-monotheistic* understanding of spirituality one may ask:

10) If you don't believe in the God of Christianity, what is your understanding of who or what you consider most supreme in the order of life?
11) How has(ve) this/these being(s) or entity(ies) affected your life?

- PROBLEMS
  12) Are you having any *spiritual problems*?
  13) If so do you wish to discuss them? What are they?

(Sometimes problems may be considered before the process of the spiritual self-exploration stage)

- EXISTENTIAL CONCERNS
  14) How do you *feel about life*?
  15) How do you feel about *the future*?
  16) Why do you think the main crisis you now face has *happened to you in particular*?
  17) Why do you think it has *happened now*?
  18) What do you see as the *main purpose* of your life?
  19) What feeling do you have about *the end of life*?

- STRENGTHS AND ASSETS
  20) What are some of your strengths, goals and other *assets for living*?

- GOALS AND PLANS FOR SPIRITUAL GROWTH
  21) What *goals,* if any, do you wish to set for your future spiritual growth?
  22) Whom, if anyone, would you seek *assistance* from?

ELICITING SPECIFIC SPIRITUAL CONCERNS

A more directive approach can be used to elicit what the interviewer could consider as specific spiritual concerns.

Appendix 3 is a whole person questionnaire that has been adapted from that developed at the Bethel Baptist Church by the author (Allen, 1991) and also used in his practice to elicit life problems that could be addressed by one's spirituality as well as by other means. It seeks to be more specific for identifying particular spiritual problems. Relevant responses could be explored as part of the *spiritual problems* section of the interview after the open-ended questions and related answers.

SPIRITUAL DIAGNOSIS

In a patient-based approach to spiritual assessment, it is the patient himself or herself who is the "diagnostician". Thus to facilitate persons of varying formal learning backgrounds, complex classification systems are best avoided. With the open-ended approach, the various questions culminating in those about spiritual problems and goals for growth have the potential to yield what could be called

"*areas of critical spiritual difficulty*". These could be identified using the topic headings in the questionnaire or using terms such as "doubt", "guilt", "conflicts", "neglect of spiritual disciplines" and "helplessness". As well, the patient could be helped to identify *contributory biopsychosocial factors*. In some cases, patients will volunteer their beliefs and perceived experiences about *the contributory factors of evil spiritual entities*. This has not been uncommon in the author's experience. Often patients from various faith systems and cultures will seek out their own spiritual support system to deal with these realities of theirs. Here, the caregiver can aid in a self-directed reflective decision making process in the context of the degrees of limitation or freedom for intervention provided by the patient.

INTERVENTION

In formal and secular service settings, the ethics of helping professionals does not usually encourage efforts to evangelise. The main goal of the practitioner would be to offer *general support* through listening and promoting self-help efforts for growth. The caregiver may also wish to *refer* the client to a chaplain, congregation minister, or other spiritual leader within his or her faith community. More simply, one can provide relevant information about available persons to whom patients can refer themselves.

In a church based Healing Ministry or in wholistic health services run by Christian organizations or private practitioners, the caregivers of various disciplines will more usually experience a willingness of a patient or community member to have direct spiritual intervention. Where the health or counselling practitioner shares a common faith with the patient, the patient will often voluntarily seek to discuss their spiritual experiences, problems and victories.

In the context of the caregiver assuming the "pastoral" role of a spiritual counsellor, *prayer* and *spiritual direction* can be offered at the request of the client. Consent for spiritual care can be included as part of the patients' registration form. (See figure 1).*It is essential to recognize that the role of the counselling or health professional is not to proselytise or impose any religious ritual – or anything else for that matter against the client's will.*

Figure 1

CONSENT FOR SPIRITUAL CARE

1. I wish to include spiritual activities in my therapy: Yes ( ) No ( ).
2. I will **share** and reflect about spiritual issues but **prefer not to engage in any formal spiritual activities in therapy** ( ).
3. I prefer to have **no special references to any religion** in my therapy ( ).

Signed: ____________________ Date: ________________

Thank you for your co-operation!

THE PATIENT'S EVALUATION

In our "patient-based" approach, it is considered vital for the patient to be in the driver's seat.

Beyond the use of an open-ended self-assessment test, he or she is facilitated in the self-directed approach by the use of a Spiritual Assessment Feedback Questionnaire. This is usually completed on the second or third visit. It is illustrated in Case Example 2 below. This feedback will enable the patient to keep the health caregiver and community worker "on track" in relation to his or her own needs, experiences, purposes and preferences.

CASE STUDIES

The following case studies will illustrate the use and possible benefits of the patient based spiritual assessment.

CASE EXAMPLE 1

Marion*, a young woman in her late 20s, presented with a psychotic illness. Her symptoms (not included here) were identified from the more structured Whole Person Questionnaire, which also elicited the following as her life concerns:

CRISES: a broken relationship;
fertility problems;

* Not her real name

LIFE-PROGRESS CONCERNS: feeling of not getting where one would like with life (3, on a scale of 1-5);
problems making life decisions;

RELATIONSHIP CONCERNS: problems with job;
loneliness;
lack of personal and emotional support;

SPECIFIC SPIRITUAL CONCERNS: experiencing guilt;
experiencing doubts about God;
experiencing lack of hope in God's help for the future;
experiencing a lack of assurance of salvation;
feeling sometimes that God has given up on one;
feeling that one's spiritual life is neglected;

In a subsequent interview, she stated that her illness had contributed to the specific spiritual concerns indicated. These were resolved with her improvement.

On her third visit, Marion's concentration had improved sufficiently for her to complete the patient-based spiritual assessment form. The results are below:

- What is *most important* to you in life?
  To ensure my place in heaven; helping family and friends.

- Do you belong to any *specific religion or denomination*? If so which?
  Baptist.

- Share about *your spiritual life*.
  I got saved at 14 yrs and it has been a constant battle in leading a Christian life.

- What does your spirituality mean to you?
  It means a better quality of life on earth and eventually eternal life with God.

- How regularly do you attend your *place of worship*?
  Every Sunday.

- How regular are your *devotional activities*?
  Daily basis.

- How do you *feel about God*?
  I have a strong and unwavering belief in God.

- How had He *been to you*?
  He has never let me down or forsaken me.

- List five things you like about yourself or that others have complimented you about.
  1. good listener
  2. genuine
  3. helpful
  4. calm
  5. good friend

- List five good things about your life circumstances.
  1. roof over my head
  2. food to eat
  3. family
  4. friends
  5. ability to work

- What are your major strengths?
  1. hard working
  2. sympathetic
  3. strong character
  4. good personality

- List five things about yourself that *you would like to change*.
  1. express myself more
  2. to be more patient.

- Are you having any *spiritual problems*?
  No.

- What *goals*, if any, do you wish to set for your future spiritual growth?
  To become baptized and become a more mature Christian.

- Whom, if anyone, would you seek *assistance* from?
  My pastor.

- How do you *feel about life*?
  Life can be enjoyed if you allow God to work in it.

- How do you feel about *the future?*
  My future is very promising and will be filled with blessings.

- What do you see as the *main purpose* of your life?
  To live a life that will encourage others to become Christians.

- What feeling do you have about *the end of life*?
  I have a little fear, but I know it will be unavoidable.

Marion's initial *areas of critical spiritual difficulty* such as guilt, doubt, hopelessness and neglect of practices were related to her illness. They remitted with mental recovery to reveal a pre-existing significant degree of spiritual maturity.

It was evident from the discussion with Marion that her spiritual rootedness helped her to accept the reality of a mental illness with relative equanimity and with hope. This was despite one of her parents appearing to be initially devastated. The assessment not only helped her to better appreciate the value of her faith, but also aided her in clarifying her goals for baptism and further spiritual growth, involving the help of a pastor.

CASE EXAMPLE 2

Shirley[*], a clerical worker in her early 30s, had suffered from chronic depression (Dysthymic Disorder), low self esteem and crack cocaine abuse, which led to family alienation and her feeling stigmatised. She was also experiencing significant guilt from a series of abortions coming from relationships with different men. When asked about her spiritual life she stated, "I cry to God. Sometimes I talk to Him – I ask Him to heal me." She prays to be a nurse, for her daughter, for daily provisions and for God to forgive all her sins. "You have a higher power who can direct you in the higher path or when you pray you can see results". She prayed to stop cocaine. "God – you made me." Now she declares: "Next month will make 10 years."

With regard to her existential concerns, she stated, "Life is unfair. God don't make everybody equal." She referred to social discrimination whereby people would feel that "you and me nuh pass" according to skin "colour", or others "don't want to see good in me". Here she reflected on her experience of being from a poor and African-descent background in the Jamaican colour-class hierarchical social system.

Shirley's goals for growth included the following: "I want to be a Christian" and to be a nurse and "I can lay my hands on them and they get healing (people 'sick' or possessed)".

---

[*] Not her real name

Yet she felt deterred in her desire to become a Christian by being in a sexual relationship outside of marriage in a context of poverty and dependence for financial support.

The strong natural interplay between socio-economic factors and spirituality is well demonstrated in the "duality" of Shirley's struggle and hope. Her self-directed assessment facilitated greater clarity for a spiritual goal. Of her own accord, she has been striving to advance herself educationally for financial independence. A challenge could be for the therapist to facilitate her looking at the possibility of her church assisting in her education versus her male benefactor. The ethical concerns were essentially hers and were completely unsolicited. So were her decisions. Shirley's feedback questionnaire was completed on her own as follows:

- How did you feel about the *spiritual self-assessment questionnaire and discussion?*
  I was feeling very comfortable about the discussion.

- What has this meant to you?
  God has put you here to help me.

- What difference, if any, has doing this *self-assessment* made in your life?
  Talking to me about God tells me that you really want to see me get well... and that you are not just after my money, as previous doctors.

- What difference, if any, has *discussing your spiritual life* in interviews made in your life?
  I am feeling more confident. You brought hope in my life.

- Was there anything that you did not like about the *spiritual self-assessment questionnaire*? If so, what?
  Everything was fine.

  Also, there was nothing that she disliked about the *spiritual discussion in interviews* and *the spiritual self-assessment questionnaire* and there were no suggestions or comments made regarding either.

FOLLOW-UP

At each follow-up interview, there can be a brief assessment of aspects of spirituality, such as religious practices and spiritual well-being, as part of the *whole-person self-directed review*.

DISCUSSIONS

The model and methodology described are presented as a preliminary reflection and sharing about the likely value of a particular approach to the increasingly used practice of spiritual assessment in patient care. This model has not as yet been statistically tested for clinical benefit. Nevertheless, it has been found to be a very helpful tool in keeping the reality of the spiritual "on the table" in a way that is optimal, non-intrusive, non-judgemental and, most of all, self-directed. This has helped avoid the extremes of reticence for fear of offending the patients' rights on one hand or a blind overenthusiastic proselytising on the other. Using the whole-person approach makes the discussion more of a "natural" aspect of a survey of one's life in its totality. Several patients have felt a freedom, even with apologies at times, to struggle with embarrassing conflicts or to share fantastic sounding spiritual experiences. Indeed, in the patient-based approach, the author as caregiver has been the one most healed.

The model was inspired some 30 years ago while the author was a divinity school student and ethical preceptor to Yale medical students along with the medical school chaplain as supervisor. A 70 year old African-American female patient, who appeared to be no more than age 50, enthusiastically regaled the attending medical student with photographs of her children and grandchildren. We had not yet enquired about her background. When the student took my suggestion to ask the woman about the reason for her relative physical health and overall well-being, the patient shared her own assessment: "It is the Lord, doctor, it is the Lord". All this was before the recent era of burgeoning research findings on spirituality and health. That response has driven my practice as a healthcare provider ever since.

It is hoped that empirical research can be developed to test the efficiency of the described and similar approaches to patient-based spiritual assessment.

CONCLUSION

It is hoped that these questionnaires and the related ideas that have been shared will be useful to all professional and non-professional workers in whole person health care. These instruments can be used for ongoing evaluation and goal setting for assisting clients in their spiritual development. They can also be helpful in building awareness as part of the training and personal growth of both non-professional and professional workers as well as anyone else interested in understanding more about spirituality and spiritual formation.

Our life of spirituality and faith is a life of searching – upward, inward and onward. It is a life of connecting to the "ground of our being" in which all of our experiences and quality of existence are rooted. Thus, facilitating a patient-based spiritual assessment is one of the best services that one can provide in health care.

CHAPTER 12: SPIRITUAL HEALING AND FAITH

There has been a tendency for many Christians to become too influenced by the approach in Western culture that has elevated medical, psychological and social healing to the exclusion of spiritual healing.
As well, just as with natural healing, several persons have tended to view spiritual healing as being mainly a part of non-Western traditional medicine practices and, more recently, particular "New Age" therapies. Because in some instances these may include certain non-Christian spiritual healing methods, then all spiritual healing has often come to be negatively labelled and viewed with suspicion by certain Christians. Several of these traditional medicine and New Age spiritual healing methods claim to derive their power from the activity of various spiritual beings outside of the Trinity and God's angels. Such non-Biblical methods[i] include secret mantras (in meditation), divination and clairvoyance (in "psychic reading," tarot cards and astrology), telekinesis or movement of objects, spells, levitation, communication with and veneration of ancestral and other spirit guides, "past life regression," "astral travelling", the use of "protective objects" (charms).

By doing their own research, persons of Christian persuasion will recognize that *spiritual healing* is well integrated into Biblical teachings and into the practices of persons in Biblical times. *It involves healing of body, mind, spirit, soul, social relationships as well as economic and environmental problems,* by prayer for and faith in God's direct action. It is a gift of God for Christians to use in the context of Biblical wholistic theology and practice. God's healing activities are a demonstration of His power and authority "to drive out all demons and to cure diseases". He gives us as he did his early disciples this power and sends us out "to preach the Kingdom (or reign) of God and to heal the sick".[ii] Divine Healing is thus both a sign and manifestation of the Kingdom of God's love and "greatest good" that we both preach and demonstrate.

The spiritual healing model referred to in this publication is within the context of Christian spirituality. Hopefully it will be helpful to readers.

A. THE HEALING PRACTITIONER

Each of us has direct access to God for our healing through faith and prayer. Nevertheless, we can benefit from being assisted in this process by a healing practitioner who may be one's pastor or otherwise. When consulting PRACTITIONERS of spiritual healing other than one's pastor or other trained clergy, *ensure that these persons are commended by the local congregation*. They also need to function under the spiritual supervision of the pastor. This would include lay leaders, Christian human service professional or trained non professional workers in areas such as health, counselling, social and community work. It is good for one to seek evidence of certification, or training. The mature practitioner should not be offended by enquiry

about their sponsorship or beliefs. Practitioners should also be a *part of a support and supervisory body* in their church. They should also be willing to give you access to *proper researched Biblical references and exegesis* to substantiate their ministry. Such persons should be mature Christians sharing the fruit of the Spirit…"But the Spirit produces love, joy, peace, patience, kindness, goodness, faithfulness".[iii] They should be experienced in lay counselling and prayer and have basic knowledge of physical health. They should also be prepared to *work together with your medical practitioner and professional counsellor*. Be careful about practitioners of spiritual healing methods who advise you to discard prescribed medications or to avoid surgery. If spiritual methods help, your health will improve and your doctor will then change or eliminate his or her treatment. By the same token, all physicians should recognise the value of tried and tested spiritual methods of healing and that there is a place for ethical practitioners who respect both empirical and scientific methods.

With regard to medical, mental health and spiritual health practitioners, the consumer should be willing to be fully informed as to the practitioner's spiritual beliefs, and to avoid the surreptitious or coercive use of religious practices that are not in keeping with one's own beliefs or preferences.

Practitioners of prayer for healing should aim to foster the least possible dependencies on him or herself. At all times the focus should be on God's Healing Spirit. As much as possible, education and self-help methods of prayer and one's own faith should be encouraged. Clients should be informed as to the "what" and "why" of various methods used. It is the benefits of God's love, power and grace of the cross and not the skills of the practitioner that should be stressed. Persons who claim to have psychic powers apart from the Gifts of the Holy Spirit are operating outside the beliefs and practices of the Christian faith. All healing should lead to faith in and commitment to Christ the Great Healer and our Saviour. Other spiritual practices are in danger of leading to dependence on spiritual entities which are in the end opposed to the Kingdom, or reign, of God and thus to the welfare of human beings.

Practitioners of intercessory prayer for healing often prefer to work in groups, for purposes of spiritual support, strengthening and mutual consultation. Those who work on a one to one basis may best work with persons of their own gender unless they are certified human service professionals.

B. THE SETTINGS AND OCCASIONS

Some suggestions for settings and occasions are summarized in Appendix 2. Prayer for healing can take place anywhere and anytime starting with wherever an individual may find himself at the time of need.

Various settings and occasions can include:-

- at home alone or with family members;
- in open spaces, e.g. under tress, on the street;
- in the homes of others including the sick and shut-in;
- on the telephone;
- through letters or email;
- with one's friend or prayer or account partner;
- in small support groups;
- with one's "accountability partner";
- in family clusters;
- during community prayer or worship events;
- in hospitals
- during regular church services;
- in special healing services before or after regular services or during the week;
- during Healing Sunday activities and Health Fairs;
- as part of lay outreach activities (health promotion and prevention);
- as part of the Mobile Clinic and Healing centre activities;
- in infirmaries, homeless shelters, refugee centres, prisons, abuse shelters and addiction centres;
- as part of other rehabilitative services.

The methods of healing practices in the Church have become quite varied according to tradition, whether Catholic, Orthodox, Protestant or Pentecostal/ Charismatic. It is best to be as simple as possible and let God do the rest.

There is no standard practical technique of healing used in the Bible. All Healing Ministry workers are encouraged to do their own research.

However the following considerations seem to be regularly represented in the Bible:

I. The aspect of caring *touch* is common, representing God's contact of caring, love and being a vehicle of God's power or "dunamis",[iv] working through us.

II. The aspect of *encouraging and exercising faith or belie*f powerfully sets up conditions in our mind, body, spirit and relationships for healing.

III. All persons can pray directly on their behalf or for others.

IV. Some persons are given special "gifts" of healing, faith, miracle working, speaking God's message (prophecy), discerning of the origin of "gifts" and helping. These gifts enable such persons to be used by God in a special way for a ministry of assisting others in prayer for healing.[v]

V. Some unusual occurrences may occur during healing prayer:

a. Sudden healings may take place
b. Persons overcome by a sense of the presence and living power of God may fall to the ground in a brief trance state. This is why it is good to have persons to assist those being prayed for. They may also be overcome with weeping.
c. God's Holy Spirit may reveal to the person praying, particular undisclosed problems, physical or otherwise, being experienced by the other person. This can strengthen the person's faith.
d. It has been refuted by persons such as Francis MacNutt, a minister of healing and former Catholic priest,[vi] that sometimes persons display behaviour that they would not normally be capable of. These occurred during healing miracles in the Bible[vii] and include:-
    i. extreme physical contortions and one's body being thrown down;
    ii. speaking in a voice vastly different from the individual's and which if questioned claims origins from beings with various names, e.g. of non-Christian deities or disabling mental aberrations such as "fear";
    iii. the voice reporting information about others to which the suffering person has no known access.

If this ever occurs do not be alarmed. Ask God to show you whether this is a mental condition or the result of evil spirits. In the case of the latter, commanding in the name of Jesus that the spirit depart and be subject to God's disposal will deliver the suffering person. Persons engaging in practices involving spiritualism, or black or white magic, will benefit by renouncing such practices.[viii]

I. Most times nothing dramatic will seem to happen or should be expected. The change will be on the inside or may not be completed for some time, over weeks or months, while further prayer takes place.

II. The apostle James[ix] advocates certain practices that have become part of Catholic
sacraments and which Protestants do well to re-discover. This includes: -

III. anointing with oil as a natural healing agent (for wounds and massage) and as a symbol of God's grace; the use of confession of one's faults. Confession and forgiveness of others clear the way to one's own forgiveness and healing.

The greatest transformation to expect in the person that is healed is a basic change in one's lifestyle, human relationships, integrity and closeness to God. In other words, without these changes in the person's character, any appearance of healing may only be temporary. Basic character change comes from a relationship with the healing Christ. Thus *seeking for a spiritual commitment and experience of a new or renewed relationship with Christ is the main task of the person ministering prayer for healing.*

D. PRACTICING FAITH

Prayer is the greatest weapon for good known to humankind. It is the greatest weapon against all suffering and disease. No endeavour at self-help towards wholeness or wellness will be lastingly effective without prayer. No attempts to aid in the complete healing of others will be complete if prayer is neglected.

In this section, I will share with you some seemingly unexposed "secrets" of faith that empowers healing prayer. I refer to these as "secrets" because they are so often ignored and neglected that when many persons hear of someone being healed by prayer it appears as if some "formula" unknown to us is being used. My hope is that what is shared will no longer be secrets but information known and used by as many persons as possible. This information can be used by those who pray for others as well as by those who wish to pray for themselves. All that is shared here applies to *all aspects of one's welfare* including body, mind, spirit, spiritual oppression, relationship and one's social and economic needs. One can also pray for healing of institutions, communities and nations.

Scripture is in itself an agent of healing. The passages indicated in this chapter will be valuable for your meditation. It is suggested that you read through the chapter first, and then meditate on the passages in relation to each section. This can be done over a period of time.

1. The Greatness of God

The God who has created the universe and each of the trillions of cells in our bodies sustains the universe and each subatomic particle of each atom in each cell. Not all the particles of each atom has yet been identified. The scientists are still speculating about what some are like. They use machines called accelerators to try to identify these particles. These machines cost millions of dollars and are miles long! They exist, each for the purpose of analysing one atom at a time! Not all the galaxies, or group of planets, in the universe have yet been identified. The particles of the atom and the stars of the universe are held together by forces that scientists do not fully understand

All the cells in our bodies are changed completely in cycles of a few years. What is it that determines that the new cells that come from the food that we eat and

the air we breathe will be exactly as the old ones and will group together into the same organs?

What holds everything together into the intricate order of the universe? Is it some impersonal force that just happens to be there? Or is it a "who", a God who knows each of us by name and loves us?[x] [xi] [xii]

Scientific experiments using double blind studies and control groups have established that prayer and faith have healing effects on both body and mind.[xiii] [xiv]

Not just science but the combined experience of billions of persons throughout the centuries of human existence. If one takes the trouble to speak with several persons one will find those who report changes in their lives that came about miraculously by the prayer of themselves and others.

Prayer is not a magical recitation of words designed to give us control of our circumstances. Prayer is not just a healing attitude of mind. It is *a communication with a personal God who wishes to relate to us in love and to restore each of us to wholeness so that we can fully live out the purposes that He has for us*.[xv] [xvi] It is a *sharing of need in the context of a relationship with the Great Healer.*

2. The Attitudes of Prayer

What are the main attitudes of mind that we need to bring to healing prayer? These are the "three Fs". They are as follows:

III. Faith, or a *belief in God's love for us and power to do anything for us that is best*.[xvii] [xviii]

IV. Faithfulness, or a *willingness to live as God wishes us to.*[xix] [xx]

V. Forgiveness, or a *removal of perpetual resentment and evil intent to those who have wronged us*.[xxi] A lack of belief, surrender and cleansing of negative intents to those who have contributed to our suffering, are three of the greatest blocks to the effectiveness of healing prayer. God in his wisdom and power can heal a person who may not at the time be exercising faith, faithfulness or forgiveness without that person even praying. Yet this would be His way of bringing this person into these realities of living. Often such healing of God would occur through the prayers of others. Nevertheless such persons would need to follow the principles of effective prayer.

More will be shared about faith below. A refusal to be faithful to live as God wishes us to would be similar to asking a physician to help us while refusing to carry out his instructions! All of God's laws of living, like His laws of nature are for our ultimate good.

3. The Steps of Prayer

There are three basic steps to which we can refer as "the ABC of healing prayer" These are as follows:

a) Ask

This is as simple as one can get. God is always waiting for us to ask for what we need. He encourages us to ask. [xxii] [xxiii] Prayer can be just a simple cry or request to God in the briefest of a moment: "Lord Jesus, heal me (or this person in need) of this ailment. I pray in faith, seeking always to be faithful to you and to forgive those who cause harm" One may need to pray in greater depth or on several occasions in some circumstances, *but the simple basic request opens the door to healing.*

This request can be aided by placing your hand on yourself or on the person you are praying for. Our hands have their own energy of comfort and love given to us by God. Furthermore, through the power of His Spirit they can become channels of God's healing power.

b) Believe

Our faith is in a God who can do *all* things, and who *loves* us enough to want to do the best for us. This faith builds an attitude of expectancy that opens the door to God's power and love.[xxiv] Scientists have shown that expectation of cure sets up certain biochemical changes in the body that makes the cure more possible.[xxv] Positive thinking has been shown to have the power to remove anxiety and depression and to break down barriers in how we relate to others.

If faith can cause chemical as well as mental changes, it can also create the conditions in our spirits to surrender to the Spirit of God so that He can bring about supernatural changes in all aspects of our existence.

c) Conceive

To conceive means *to develop something in one's mind so that one can bring it into actual existence by one's actions*. It is similar to a woman conceiving a child which first becomes an embryo, then a foetus and then a fully formed baby. The embryo has all of the genetic elements necessary for the full formation of the infant!

Similarly when we conceive in our minds of the full healing, that we have requested, taking place, *all the elements of that healing comes into existence and begin to develop either instantaneously, or gradually into the fully formed reality.*

Conceiving involves the following aspects:

i. *visualising* the new reality, such as white blood cells eating up cancer cells, the results of a removal of depression, or the transformation of a troubled relationship. [xxvi]

ii. *thanking* God for bringing the healing into being. [xxvii]

iii. *acting out* the reality of the arrived healing.[xxviii]

To act out a reality of Divine healing does not mean that one abandons all other forms of healing such as medicines or counselling. God acts through these pathways to produce healing also. It means that *one will stop acting as though the limitations of the condition or situation are still imposed.* What occurs here is a simple and logical outcome of a combination of one's expectation and God's action. It is not like sympathetic magic as where one sticks a pin into a doll and expects something to happen. It is *accepting the reality of what God himself has done or is doing.* In instantaneous healing one will see or feel the difference and thus it will be easier to *fully exercise the repaired function of body, mind or relationship* that was missing or weakened. In cases of gradual healing one will sense a *beginning of change*. One can then use that beginning as a foundation for *further expectations and exercise of new capacities*. Acting out one's healing is necessary because it is not uncommon for persons to continue in the sick role even after they are benefiting from treatment such as medical care.

It is difficult to adequately describe experience with words. This is the reason why the best way to be able to learn to swim is not to read a manual only, but to also get into the water and move one's arms and legs. The interactive relationship between one's actions and the `response' of the water leads to a new reality called swimming. Similarly *as one enters into a relationship of prayer with God, the interactive relationship between one's actions and the response of God leads to a new reality called healing.*

So then, let us get into the "water" of prayer. Identify your need, exercise faith, faithfulness, and forgiveness. Ask and believe. Conceive of God's healing into your life by means of visualising the result, thanking God and acting out the reality.

E. SOME QUESTIONS

In closing, a comment on the questions "when healing does not take place" and "is it God's will?" To put these questions in between one's faith and taking the steps of prayer, is exactly the action of a doubting mind that can prevent healing. Very few persons seek the services of a physician expecting that nothing will happen or

doubting the ability or desire of the physician to help them, why should it be any different with God who gives abilities and resources to physicians?

I have already suggested some blockages to healing that come from our own thoughts and actions in terms of a lack of faithfulness and forgiveness. Beyond this, *God in his wisdom at times may withhold a lesser good for a greater one*. To be whole does not necessarily mean to be perfect. It is possible that God can use an ailment or negative situation to allow us to depend on him in a way that we may never have otherwise. Then he can enable us to develop a special strength to deal with that situation.[xxix] This strength and depth of dependence, can then be used to deal with even greater problems that we never expected and that we perhaps may never have been equipped to cope with. *A healing, greater than that for which we originally prayed, and which we most need, can come into being.* When we approach Him with the appropriate attitude, *God only withholds something good from us for something better*.[xxx]

Finally, God's healing embraces death. For the person of faith and faithfulness who has been made right with God through Christ, there is the resurrection of a new body into a new and never ending life. In this life, there is no sorrow or pain. *It is a life of complete and eternal health or wholeness.*[xxxi] [xxxii]

Now is the Time

So with these questions hopefully answered, at least in part, you are encouraged to engage with God in prayer each and every time you face a difficulty or challenge in any aspect of your health and living. We can afford to do this with even greater faith and expectation than persons give to the best of human physicians.

It is hoped that these words of encouragement about faith will be valuable both to the person praying for himself or herself, and to the Healing Ministry worker who is praying for someone else.

Healing Will Come

God is ready to hear your prayer any time wherever you are and however hopeless you feel, and in whatever physical or mental pain you or the other person maybe experiencing. So ask Him!

By whatever route, directly or to a greater degree in another context, your healing, of any aspect of self and circumstances, will come. With whatever speed, immediately or gradually, your healing will come.

CHAPTER 13: WHOLE PERSON HEALTH CARE AND CARING FOR CREATION

A commitment to creation care is the responsibility of every Christian health worker who cares for the well-being of persons, communities, nations and the world. This is a path to sustainable development for the 21st century.

If harmony with the environment is to be achieved, then we must:

1. understand how the environment can be friendly or unfriendly to our health;
2. seek curative and rehabilitative corrections for the negative effects of an unfriendly environment;
3. be friendly to the environment so that it can be friendly to our health;
4. avoid the dangers of a damaged environment.

A. A FRIENDLY ENVIRONMENT

A healthy environment is vital for our total well being. Nature preserved gives us the joy of clean, fresh air, predictable, enjoyable sunshine and weather, potable nourishing water, non-toxic nutritious food, and a wide variety of medicinal plants. There are the healing stress-relieving colours, smells, sounds and scenery from flora, fauna, rivers, seas and landscapes. The wonder of nature preserved draws us closer to God, and sharing it draws us closer to others.

B. THE HAZARDS OF DAMAGED CREATION

Alas! We have been careless with creation, and now we are suffering from the backlash. There are two types of threats to human health. There are the *traditional hazards.* These include threats resulting from underdevelopment such as unsanitary drinking water, deficient sanitation facilities, food contamination, improper solid waste disposal, natural disasters and indoor air pollution resulting from the use of coal and biomass fuel.

Modern hazards, on the other hand, are those which result from unsustainable development where there is a lack of stringent health and environmental standards, and where there is overconsumption of natural resources. These hazards include water and air pollution, toxic chemicals, climate change and ozone depletion, radiation threats, noise pollution, and the emergence of new, infectious diseases, along with the strengthening of new ones. On the farm and in other workplaces, traditional occupational hazards have given way to new risks posed by modern changes in these settings.

Where evils such as social injustice and warfare exist, we have a coming together, even in "developed" countries, of traditional and modern hazards, to create a *double jeopardy* for the poor and marginalised of the world.

How the Environment Affects our Health

If the environmental change is due to toxic elements, transitory symptoms may include asthma, eczema, depression, arthritis, fatigue and other flu-like symptoms. These elements cause a direct poisoning of cells within the body and symptoms may persist even after the element is no longer present in the environment. In the long term, there can be more tragic results such as chronic respiratory diseases, neurological changes, foetal defects, infertility and various cancers. This is not the case with environmental allergens. In these instances, symptoms will abate with the removal of the person from the harmful environment, as there is no longer any threat to the immune system.

A lowered immune system leads to vulnerability to infections ranging from colds and mild influenza, to severe influenza and other diseases such as arthritis, lupus and certain cancers. More frightening, one chemical alone can produce all three effects – cell toxicity, allergic reactions and long-term immune system damage.

Air pollutants, especially oxides of sulphur and nitrogen, when ingested, can lead to complications such as asthma and pneumonia, and may contribute to the development of cancer and emphysema.

Other air pollutants include “heavy metals” such as mercury, zinc, iron, copper, lead, silver, cadmium and chromium. These metallic agents are released from elements such as when certain forms of coal are burnt. These released agents, called particulates, are extremely small in size and contaminate soil and water as they fall to the Earth. Contaminated vegetables or fish, when eaten can cause nervous system damage or death, especially in children. Ironically, many fertilisers, herbicides, fungicides and pesticides, designed to aid in plant growth, actually contain these harmful metals.

The issue of the US-banned DDT (Dichloro-Diphenyl-Trichloroethane), a dangerous cell toxin, which was used in pesticides to kill mosquitoes and other insect pests, still remains a problem. Other apparently “safe” activities such as the use of ‘premium’ and ‘regular’ gasoline and backyard car manufacturing can lead to slow lead poisoning.

Waste hazards from neighbouring industries are the bane of small villages and urban communities. Water supply is contaminated by waste emissions resulting in scarce water supply followed by a corresponding scarcity in food supplies. There is also the threat of solid waste material in the form of regular trash. The landfills designed to dispose of such trash are themselves unsafe. They attract rodents and parasites. Moreover, the landfills may also pollute the underground reservoirs of water that lie directly beneath it. Similarly, nutrients from human faeces that flow or soak into the sea upset the ecological balance. This affects fish life, and kills coral reefs, which leads to erosion or recessing of the shoreline. Improper disposal of faeces also leads to communicable diseases such as typhoid and cholera.

Non-biodegradable substances raise the important issue of proper disposal facilities. The elements of such substances do not decompose in tandem with the environment. Matter such as styrofoam, plastic and metal are prime examples.

Natural elements are also potentially dangerous. Allergens such as grass pollen, dust mites, feathers (in pillows) and animal hair commonly found in households can cause attacks of hay fever and asthma. Hydrogen sulphide from animal waste on farms can be a danger to respiration and cell life. When we are exposed to these elements early in life, there is a greater risk of suffering from asthma later on.

Global Warming is a transnational issue. This phenomenon is a major cause for concern. Carbon dioxide (CO_2) levels have been rising steadily since the 1950's. due to increased industrialisation. The component is released during the process of *fossil fuel burning.* This causes warmer temperatures worldwide as the CO_2 accumulates with water vapour and methane and traps heat in the Earth's surrounding atmosphere, much like what happens in a greenhouse. Hence the term "*the greenhouse effect*". Forests are cleared, too, often by *burning trees and plants*, to make way for newer industries. The result is fewer trees and plants to consume the increased CO_2. The effect of this phenomenon is far-reaching, affecting the environmental, social and economic spheres alike.

The warming also can lead to a change in the pattern of rainfall and other climatic aspects. Large trees may be destroyed, and are often replaced with shrubs or grassland. The death or decay of these trees will, once again, release more CO_2 into the atmosphere.

Global warming contributes to the melting of polar ice caps to produce a rising of the sea level that results in the destruction of land, vegetation and buildings. It also contributes to unusual climatic changes resulting in hurricanes, tornadoes, excessive rainfall, droughts and other damage to crops, infrastructure and human life. The rising sea levels will cause a decrease in already scarce land space.

Ozone layer depletion can have severe damaging effects on life forms. The ozone is the earth's protective layer. When chlorofluorocarbons (CFCs), the elements found primarily in air conditioners and refrigerator coolants and in aerosol sprays, are released into the atmosphere, they create a widening hole in the ozone layer. This means that more of the sun's harmful radiation can filter through to the earth. These include ultraviolet (UV) rays that contribute to premature ageing of the skin, skin cancer (especially malignant melanoma) and cataracts of the eye. It is important, therefore, to wear protection from this element, in the form of sunblocks for the skin, tinted lenses for eyeglasses, and appropriate headgear. The lighter one's complexion, the more susceptible the person to harm from UV rays. The skin contains a natural pigment called melanin, which is a natural protective element. The darker one's complexion, the more melanin present in the skin, and the more naturally protected the individual.

Radiation is another danger. Harmful radiation is produced by common electrical instruments such as cellular phones, computers, microwaves, electric clock radios and electric heating pads. Electrical appliances can create electromagnetic hazards that can disrupt healing processes. Keep in mind that there is no such thing as "safe" radiation. Even radiation used in X-ray investigations and the treatment of cancer has been proven to weaken the body's natural immune system.

Electromagnetic radiation and low frequency waves coming from high voltage wires, transformers and other installations built near to households, are suspected for contributing to cancer, birth defects and other diseases.

Noise is not often considered a pollutive element. Yet loud noises from factories, music speakers, earphones, cars with bad mufflers, sirens and air traffic are all potentially hazardous to eardrums and can cause hearing nerve damage. Sleep deprivation and severe emotional stress can also result.

Home hazards are less obvious causes of environmental decay, yet they occur daily. Simple agents such as permanent-pressed clothes, pressed wood and plastics, can cause the emission of toxic vapours into the air. The residue of household chemicals and toiletries are equally toxic to the environment. Dust, mould and animal hair usually are not given much thought by the ordinary householder. Add to this the issue of tobacco smoking that is damaging to both smoker and second-hand smoker.

The "sick building" syndrome (SBS) is a recent important issue. This is the name given to a particular phenomenon whereby individuals working and/or living within a particular structure experience health complications attributable to the building itself. Common symptoms of the SBS are frequent colds and headaches, poor concentration and difficulty in breathing. These symptoms are found to be caused by the attempts of companies to become more energy efficient when using indoor air conditioning. This would be done by allowing no outside ventilation, and instead, recycling the already present air throughout the building. As a result, bacteria, chemical fumes and moulds do not get a chance to escape the building. They circulate in the air daily, increase in potency with the passage of time, and are, instead, ingested by the individuals in the building. Other contributing factors to SBS are asbestos linings located within walls, unnatural florescent lighting, radiation from office machines and fungus from any sustained water damage.

The harvesting, packaging and preparation of food also provide modern environmental hazards. There is a growing suspicion in research circles that antibiotics used to treat livestock such as cattle, poultry and fish to ensure safe growth, may produce resistance in bacteria that can infect human beings. The use of growth hormones and steroids also will damage the human endocrine systems.

Agents used to induce premature ripening in fruits and vegetables and the wax and polishes used to improve the appearance of plants, also contain chemical toxins. Additives are often used to brighten the colour of meat and to provide an appearance of extra freshness. They are also used to colour various processed

drinks and foods. In most circumstances, the potential dangers to humans of these chemicals are really unknown.

Though not fully established, the risks of leaching of chemicals from plastic and aluminium foil wrappings of foods, as well as from cooking in aluminium vessels, merit serious consideration. Again, although no clear links have been firmly established, excessive accumulation of aluminium has been found during autopsies in the brains of many patients diagnosed with Alzheimer's disease. When microwaving food, it is best to use glass or ceramic containers and avoid plastic in all forms. When microwaved, plastic may cause foreign elements to enter one's food. Use the microwave for heating rather than for cooking or defrosting purposes as prolonged exposure to microwaves can alter the chemistry of foods containing protein.

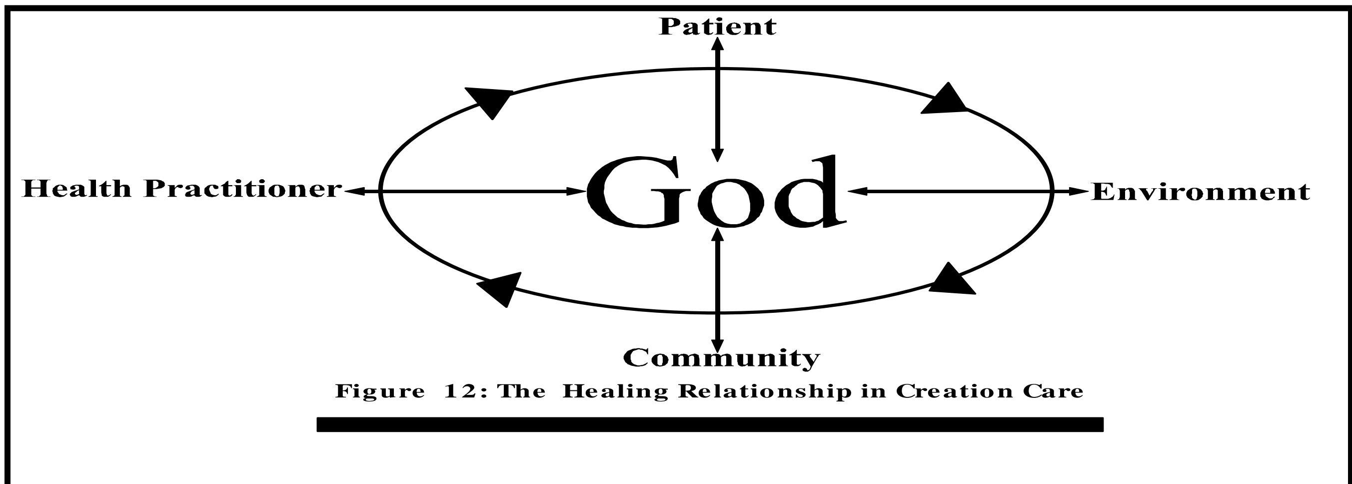

Figure 12: The Healing Relationship in Creation Care

C. THE HEALING RELATIONSHIP

The healing relationship in creation care and healthcare is a five-way relationship that includes not just the Christian health practitioner and the patient (and his or her family), but also the community members, the environment and the Creator (See figure 11). Throughout the healing process, the caregiver facilitates this five-way relationship by working with both the person and the community in the context of the environment with God as the central guide, restorer and healer.

Attending to this complex of dynamic inter-relationships is necessary for dealing with both the effects and prevention of environmental hazards. This integrated approach of a "healer" versus "treater" can also help to strengthen an individual against his/her vulnerability to hazards.

The proposed framework that follows suggests ways to meet these demands. Resource materials, with more details of specific techniques, are outlined in the references at the end of this book.

Self-examination: It is necessary to remove blind spots in one's work as a Healing Ministry member, through awareness building. This can be done through self-assessment of one's own environment literacy.

Patient and community assessment: Assessment of the whole patient and the community is the next step. For every health care practitioner in any situation, such an assessment needs to include considerations of the natural environment. This is because most clinical syndromes seen anywhere will have some modern environmental hazard factor involved in their aetiology. Special surveys and focus groups, utilising community members, will be the means for obtaining a community profile. A wholistic assessment will include the following:

- A *general history* of the patient and community – social relationships, physical, mental, spiritual and socio-economic factors.
- An overview of the *environmental surroundings* – home, workplace, farm or garden. Be alert to any possible hazards. Check on lifestyles and household practices.
- An assessment of the *relationships between problems emerging from each dimension of the whole person and community*. For example, is poverty due to drug abuse contributing to a family living near a garbage or toxic waste dump?
- An assessment of both the internal and external *factors that can expose the community* to environmental hazards. For example, how cohesive and determined is the community to advocate for justice and for the poorest of the poor? What is the status of environmental practices of families, government and commerce in the geographical area?
- An evaluation of internal and external *factors that can make the patient or community vulnerable* to environmental hazards (see Table 3). Lifestyle is critical for the individual. For the community, the team can help them evaluate their cohesiveness and determination to advocate for justice and for the poorest of the poor.
- An understanding of the patient's and community's *"wellness literacy"* and "*environment literacy"*. To what extent are they able to make the links between the interactions of self and the environment?
- A description of the *spiritual health* of the patient and/or community. How do they see God? Is faith translated into corporate congregational life, personal spiritual disciplines, inner healing and love of neighbour? What is their experience of God like? How does faithful living relate to environmental and health promotion practices?

Personal Characteristics	- Age - Sex
Lifestyle	- Tobacco or marijuana smoking - Alcohol consumption - Substance abuse - Regular exercise - Regular direct exposure to sunlight - Dietary factors
Mental States	- Stressed
Physical States	- Pregnancy - Lactation - Circadian variations - Disease, infection, fever - Undernutrition - Organ system functions - Immunological functions - Albumen concentrations - Immunisations
Environmental Conditions	- Occupational environmental exposure - Seasonal variations - Barometric pressure
Genetic Constitution	- Family history of illness, such as cancer

Table 3: Factors Influencing Individual Response to Foreign Elements (e.g. chemicals, toxins)

- For the patient, a thorough *physical examination* and appropriate cost-effective *clinical investigations*, by the physician or nurse practitioner in the Healing Centre or outside clinic, will bring to light illnesses potentially related to environmental hazards.

Christian health workers and their teams should develop their own protocols for assessment. This can be done with the assistance of the books suggested.

Clinical management through the healing relationship: Healing involves a relationship on the part of the patient who is being "made whole" with his/her "healer". It also involves an inner relationship with one's self, together with relationships with one's community, with nature and with God. The patient is an active participant in the process in terms of expectancy, co-operation and self-help.

Bearing the above in mind, what then should be our concerns and responsibilities as whole person healers?

- Provide the *best physical medical care.* This will include ensuring first aid treatment in homes, communities, workplaces and farms. Suitable emergency and rehabilitation services should be available in close proximity to all communities.
- Carry out detailed measures for treating the *effects of specific environmental hazards*.
- Help facilitate the *five-way relationship* with regard to environmental hazards, prevention and care.
- Enable the patient or community to be both *participant and human manager* in the healing and rehabilitation process, as well as being a *steward* of both self and creation in future prevention and health promotion.
- Enable listening to each other, especially *listening from the heart.*
- In cases where there is severe or permanent damage to patient or community members as a whole, there will be a need to recognise and *deal with anger and hopelessness*.
- Seek "*touching from the heart*" and "*touching from spirit to spirit*".
- Facilitate *divine healing and spiritual commitment to Christ* through sharing of one's faith and prayer, if accepted by the patient and community members. *It is a transformed person and community, fully committed to serve Christ and neighbour, who will be the most effective stewards of the environment.* In clinic or hospital settings which do not allow such practices by health employees and volunteers, external arrangements with a chaplain, pastor or mature prayer teams could be arranged. We should also be respectful and tactful while evangelising and praying in cultures where non-Christian religions predominate.
- *Support and encourage in relevant legal action* where there is negligence by industrial, civic or other organizations. This should be done without fostering learnt helplessness.

Using the creation in healing: The health care worker who is seeking to become more aware of God's creation, will also recognise the power of the healing forces of nature resident both outside and within the body with both sets of resources working together in tandem. The Bible has several references to natural healing practices. Let us remember that death caused by the side effects of overzealously used "anti-" or invasive pharmaceuticals is becoming a significant potential modern environmental hazard. Even hospitals can now be harmful to our health through resistant pathogens and overused radiation and other procedures.

The use of natural methods in addition to our usual medical practices is aimed at boosting the immune system to withstand the effects of natural hazards. Such methods include the following:

- A healthy *diet* of fruit, vegetables, grains and legumes. Where these can be afforded, vitamin and mineral supplements can be helpful. These include vitamins A, C and E, beta-carotene, selenium, zinc and melatonin together with "anti-oxidants." These fight against the free radicals that are destructive to the cells of body tissues and the immune system. Pay attention, also, to other antioxidants as well as cancer-fighting phytochemicals and bioflavinoids found in plant foods.
- *Exercise, rest and relaxation* – these build and strengthen the immune system. The Sabbath given by God for all humanity was provided not merely for a day full of Church activities, or for work. It was provided *as a health measure – for rest.*
- The use of pleasant *colours and sounds* for de-stressing, relaxing and energising.
- Investing in *faith and humour!* What healing powers will be released!
- Exposure to as much *fresh air* as possible. Deep breathing relaxation is healthy for the whole person.
- The care and maintenance of *plants.* They not only help to purify the air but their beauty can contribute to our re-creation.
- The use of *herbal products.* Such products, when properly standardised, with adequate information about side effects and drug interactions, can help build the immune system as well as strengthen certain organ systems.
- *Chelation therapy* which can be used to eliminate toxic metals.

D. PROMOTING CREATION CARE AND WHOLENESS

Our challenge as Christian health care workers is to help patients and community members become transformed from being mere responders and victims to responsible change agents. This is necessary to facilitate every individual's own health promotion, healing and creation care. How can we facilitate this transformation? This can be done through health education for lifestyle change. The process involves four steps:

1. *Self-information* - through seeing, hearing, role-playing and discussing.
2. *Self-assessment* - through the use of resources such as check lists and focus groups.
3. *Self-action* - through preservation, conservation and hazard prevention.
4. *Self-monitoring* - by the repeated use of self-assessment methods.

Health care professional and their teams should outline specific measures for patients and community members to follow in order to make the environment friendlier as well as to avoid the dangers of a damaged environment. Details of these measures can be developed under the following headings:

- REDUCE
- REUSE
- RECYCLE
- REFUSE (or AVOID)
- REFORM

We can even develop our own literature in these areas, for popular distribution. Books such as "50 Ways to Help Save the Earth"[4] can be very useful in this regard.

A list of practical suggestions is provided in the next chapter.

Workbooks and community focus groups discussions can include special evaluation designs where persons can assess their awareness and compliance, and make resolutions to themselves and their community to improve their environment.

Self-information can be sustained through very diverse methods such as:

- Handouts
- Comics
- Audio-visual aids
- Community drama
- Songs
- Stories, and
- Other public media.

E. THE HEALTH CARE WORKER AS CHANGE AGENT

The health care worker and his or her team face a positive challenge to enable self-responsibility on the part of patient and community members for active promotion of health care and creation care, under God. A difficult aspect of this challenge is to constantly *assess and monitor* the extent of environmental hazards and the related human damage and then seek to bring about necessary change. Professionals and

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[4] The Earthworks Group. *50 Simple Things You Can Do to Save Earth*. Earthworks Press - 1400
Shattuck Ave. #25, Berkeley CA 94709 USA.

community workers will need to either develop or access skills in areas such as epidemiology, environmental impact studies for development projects and environmental pollution monitoring. Biological screening and monitoring (where possible) for high-risk groups will also be necessary.

The patient, community and caregiver need to join efforts at becoming agents of change. This should include the local clergy, congregation and other Church structures. All these persons and agencies have a God-given prophetic and liberating role. *Advocacy* will be needed to deal with human powers. *Joint intercessory prayers* will become necessary to combat, in God's strength, the spiritual forces of evil resident in institutions bent on environmental destruction in the name of money and military power.

F. CULTURAL AND THEOLOGICAL REFLECTIONS

Not only human beings, but also fallen, or "corrupted," creation is the object of God's love. God is renewing His creation. This begins with His working through the efforts of His stewards in healthcare, Church and community. On the final day of Christ's coming, He will fully restore creation in His Kingdom as part of "a new heaven and a new earth" (Revelation 21:1) – a new supernatural and natural order.

The Lordship of the Holy Spirit created the earth out of formlessness, chaos and darkness (Genesis 1:1-3). He has the power to miraculously restore those wounded by human-made hazards and to restore a healing relationship between persons and His creation. This is part of the "abundant life" that Christ came for all to have (St. John 10:10).

CHAPTER 14: BEING FRIENDLY TO THE ENVIRONMENT

The promotion of a healthy environment is one of the most critical tasks of a church's Healing Ministry working along with its target communities. It is the outworking of God's salvation in enabling "abundant life" or a life of whole person wellness.

Below are some short tips that persons from the community, Healing Centre and congregation can adopt to make the environment friendlier and to avoid the dangers of a damaged environment. The contents of the chapter can be used as an information leaflet for these persons.

Remember the "4 R's": REDUCE, REUSE, RECYCLE and REFUSE

A. REDUCE

- PURCHASE less things you don't really need. Buy products that will last, to avoid over consumption and excessive waste
- USE less food wrappings such as aluminium foil and plastic wrapping, which often produce toxins in their making. Wash foods wrapped in plastic before use. Change your kitchen habits – use glassware, or china food containers instead
- USE less aluminium vessels in cooking. Pyrex, ceramic or iron vessels are good alternatives
- CONSERVE water. Check hoses and faucets for leaks regularly… and **fix them**. Less water also means greater reserves and less fossil fuels required for use with water pumps
- CONSERVE water also, when conducting daily practices
  - by using water saving showerheads and toilets and faucet aerators
  - when gardening, choose to grow plants that require minimal water
- LESSEN petroleum costs - car pool, walk, cycle, or use public transportation
- LOWER long-term transportation costs - consider fuel efficiency when buying a car
- LESSEN unnecessary transportation costs - service cars regularly and keep tyres properly inflated to control emissions and to maintain good mileage
- REDUCE bad disposal of waste - read and follow disposal suggestions for substances such as oil, anti-freeze, gas and harmful chemicals
- LESSEN indoor bacteria growth by checking and cleaning vents and air ducts regularly

- keep storage items in steel cabinets, rather than in the open, because of dust generation
- archival material is best kept away from main working area
- replace shag carpeting or rugs with short pile carpeting

• REDUCE stagnant indoor air by installing air vents in all rooms

• LESSEN pollution intake by making sure that vents carrying air from the outside are above ground level, thereby preventing the entry of carbon monoxide fumes from vehicular traffic, among other things

• REDUCE the use of harmful chemicals (such as chlorine and corrosives) as much as possible. The less chemicals, the better!
  - use the following agents instead: ammonia (general household cleaner), baking soda (deodoriser for rugs, refrigerators and rooms), mineral oil, olive oil, beeswax, linseed oil, lemon oil or paste wax (furniture polishers), non-chlorine bleaches (general household cleaning and laundry use), club soda (stain remover), salt (cleansing exfoliant in the kitchen), mild soaps with no perfumes or artificial colourings, vinegar (general cleaner to remove mineral deposits, clean glass and remove mould)
  - take careful note of the suggestions for disposal of chemicals, which are frequently found on the container
  - in cases where these instructions are not provided, dispose of chemicals using a sink/drain, rather than pouring directly into the ground, which could possibly affect underground water supplies, as well as nearby vegetation
  - contact the manufacturers of the chemicals to ask for disposal suggestions

• MINIMIZE electricity consumption. It is produced, most often, by the burning of fossil fuels
  - watch the light, television, stereos, computers and other electronic
  - equipment
  - use fluorescent light bulbs
  - household equipment that generates heat (such as clothes dryers and water heaters) and cold (such as refrigerators and air conditioners) use the most electricity. Iron clothes in one sitting. Set the refrigerator as low as possible, and open only when necessary and briefly. Buy refrigerators with separate freezers, if possible. Avoid self-defrosting refrigerators
  - keep rooms with air conditioning closed

• USE renewable energy. It will pay back for itself and save future costs
  - use a solar water heater

  - use a biogas generator
  - use wind energy where this is possible
- AVOID overexposure to radiation elements
  - avoid being too close to electrical appliances (such as those mentioned earlier)
  - avoid too long a sitting at the computer
  - avoid too many unnecessary x-rays – radiation is involved
  - if possible, avoid living or working too close to overhead power lines
- REDUCE domestic consumption costs by buying in bulk. This saves both money and packaging
- MAXIMISE the use of artificial lighting and cooling / heat
- LESSEN noise pollution by not being near or contributing to noisy environments (keep within noise pollution acts)
- REDUCE water contaminants – ensure that water is as free as possible of micro-organisms such as bacteria, protozoa, lead and other chemicals – use a filter designed specially for this purpose. Do research on this. Drink bottled water where necessary. Don't trust all public water supplies. Ensure that the bottled water is monitored according to safety standards and appropriately labelled.

B. REUSE

- BUY and use reusable items, where necessary
- USE plastic or other containers over and over again - as much as is possible. Take along your own plastic bags to the supermarket
- DONATE, rather than throw away old articles
- USE cloth napkins and dishtowels instead of paper. Consider using cloth bags at the supermarket. Paper requires the use of many trees
- USE washable mugs instead of disposable styrofoam, plastic or paper cups
- USE cloth, instead of plastic diapers. The disposal of these vast amounts of used plastic diapers requires large spaces in landfills. The excretions from the diapers are therefore not properly treated and may cause related diseases. The use of 100% wool felt has been found to be effective diaper covers to hold in moisture - use instead of plastic

C. RECYCLE

- PRACTICE composting – i.e. using natural organic material from trash to reduce evaporation and keep soil moist
- RECYCLE newspapers, glass, aluminium and plastic (using bins) to limit solid waste. Recycling also limits the use of energy for manufacturing the materials you use, which in turn will reduce fossil fuel usage
- RETURN glass, plastic and aluminium articles to manufacturers, or lobby for this to be done on a more nation-wide level
- USE recycled paper, whether for stationery, computer or copy paper when possible. Millions of trees will be saved
- USE rechargeable batteries, rather than using and discarding non-rechargeable ones

D. REFUSE or AVOID

- REFUSE products that are **not proven** to be friendly to the environment. Though they might be less expensive, the long-term benefits of eco-friendly products are immeasurable. These include unleaded gasoline and phosphate-free detergents
- STOP junk mail – write to the senders asking them to desist
- AVOID oil-based paint. It is toxic and produces environmentally unsound by-products in its making. Also, when cleaning up from painting, wash items in sink, rather than outdoors where it will be taken directly into the soil
- AVOID pesticides and herbicides
  - whenever possible, use predatory animals, such as cats, instead of pesticides to control insect or rodent problems
  - learn about and use "organic" means of pest control such as inter-cropping to build plant resistance
  - use the least toxic pesticides, if this method is absolutely necessary
- AVOID CFC (Chlorofluorocarbons) products in aerosol sprays and in your air conditioning. Have your refrigerator, car A/C, etc. serviced with an agent that recycles CFCs
- REFUSE food products, such as meat, fruits and vegetables that have been treated with hormones, antibiotics, ripening agents, irradiation, colourings or other additives
  - use fresh, unprocessed foods as much as possible

  - seek out organically-grown plant and animal food produced on special farms
  - use fresh fruit juices and herbal teas rather than processed drinks
- MINIMIZE the use of non-biodegradable substances such as Styrofoam, plastic and rubber. These clog drains to cause flooding and also pollute the rivers and sea for centuries! Styrofoam and plastic, specifically, are made of substances that contribute to depletion of the ozone layer
- REFUSE to be ignorant
  - inspect food labels for information on genetic enhancements
  - lobby to force companies to provide such information
  - share your concerns about the environment with friends, family, church members, schoolmates and work colleagues
  - ask your union and employer for regular indoor air tests to be conducted
  - report any physical maladies you may think to be attributed to the air, or other environmental elements, in your building
  - collect information about indoor air from the respective authorities
- REFUSE to stand idle
  - plant trees and shrubbery to get ample shade to make your house energy-efficient
  - wash fruit and vegetable thoroughly (though not excessively) to remove pesticides and herbicides. Peel fruit if you suspect it to be waxed
  - support environment-conservation policies at both national and international levels
  - turn your environment crusade into a community, church and political effort. Pressure governments, industries, institutions and communities to carry out and facilitate all the methods mentioned
  - organize or support projects against 'evils' such as improperly disposed industrial waste, air pollution, nuclear waste, land mined, oil spills, 'sick buildings', improper solid waste management and destruction of marshes, mangroves, forests and wildlife
  - invest your money in organizations that are friendly to life and nature
  - "hunt the dump." Attack litterbugs! Clean the beaches. Protest
  - plant trees and encourage tree planting campaigns; they have the added benefit of providing shading in areas of increasing temperatures
  - insist on open green spaces, botanical gardens and re-forestation in your cities

- lobby for parks and forest reserves
- ensure proper protection in the workplace and farms
- lobby for the use of renewable energy nationally and for tax and tariff` incentives for equipment importers, manufacturers, producers and users

Remember the 4 Rs – Reduce, Reuse, Recycle, Refuse. Let us all:
"Live simply, so that we may simply live."

Evaluate Yourself, Your Community and Your Congregation
How about trying this? In pencil to the left of each item, put a 'T' or 'F' for 'True' or 'False'. Calculate the percentages of 'Trues' of the total items. What resolutions can you and fellow community and church members make to improve the health of yourself and others through better environmental health practices?

PART IV: HEALING THROUGH COMMUNITY
INTRODUCTORY SUMMARY

A true "Community" is a set of relationships where each person has a place and each works with others for the benefit of all. We have seen that too many activities in a congregation's Healing Ministry, including those involving outreach and the Healing Centre, can neglect the priorities of natural and spiritual healing as well as healing the environment. Nevertheless, even when these are integrated not much will be achieved without the involvement of true "Community" type activities as part of all this. Dealing with persons on a one-to-one basis alone is doomed to fail.

This section shares that the small peer group and the family are two of the basic units of society. These are the units that exercise the most profound influence on human development, behaviour and well being. These are elements that combine to form geographical living communities. It is disturbances in the functioning of peer groups, families and communities as a whole, that most engender the problems faced in the one-to-one context.

The "SPEERS" or small peer-managed support group context is introduced and described. So is the family cluster model as well as a framework for empowering the local geographical community.

The "circle of change" in small groups involves: sharing, awareness building, self-evaluation, reflection on blockages, encouraging accountability and promoting fellowship. A 12-step approach can also facilitate group-mediated change in lifestyle and healing. Groups can be established for almost any type of person or problem within the various aspects and dimensions of the comprehensive scope of whole person care.

Family clusters seek to foster education and skill training in family tasks as well as an alternative environment for peer interaction and recreation. They also vitally provide for strengthening mentorship ties between adults and youth across generations and families. It is a close networking of families that will win back our youth and stabilize disintegrating communities.

The informal leaders and members of the local geographical communities can give "permission" for trained Church workers to engage them in a process of asset mapping, animation and conscientization. Possible self-help community activities are described including those for suburban "Glittering Ghettos" with their own peculiar challenges.

Community building activities for church and community volunteers are also outlined.

The Healing Ministry of the local congregation needs to function as an active member of the network of the wider community of region, nation and world. As such it will maintain linkages for working together with governmental, non-governmental and other religious bodies locally, especially nationally and overseas. Specific practical suggestions are shared.

Networking will not only be for mutual strengthening of services and workers. Also it will be for the critical task of advocating for social justice and proper health and nutrition facilities and practices among institutions of influence.

CHAPTER 15: TRANSFORMATION AND HEALING THROUGH SMALL SUPPORT GROUPS

True "Community" – all for each and each for all - is the context where wholeness and healing take place. "Community" is a system made up of parts. The basic unit of "Community" is the small group. Thus, this unit deserves full attention in a church's Healing Ministry.

A. THE "SPEERS" APPROACH

The name speaks for itself. It is a special approach to PEER Counselling in human service, commercial and religious organizations, functioning as true "Communities", and in geographical community-based settings. It is mainly:

Small Group based
PEER managed
Self-help support in philosophy
In addition, it is:

- *Enrichment* oriented
- *Enabling* in crisis
- *Promotive* and *preventive* in focus

SPEERS is not for the *"better off"* helping the *"worse off."* SPEERS is about people caring for, reaching out to help and, if they wish, praying for each other as *"fellow sufferers."*

SPEERS is about the *"input of sustenance"* being equal to the *"input of service."*

1. Why a Small Group?

The small group is the basic unit of any form of efficient productivity in human action. People function most effectively in small groups. First, we are socialised into the family group and then into other groups in the school, community, the work setting and other social institutions. The local church as a system of small groups of people can be a powerful force for good.

At the same time, several existing groups fail to provide a strong supportive function. Natural or "traditional" existing, "formalised" groups in various secular institutions or in communities are often large groups and have become routine and ritualistic in the way they operate. The same could be said for the local church congregation - including Sunday School, cottage meeting groups, church councils and men's and women's auxiliaries. In the Church, worship, educational and evangelistic activities have often tended to be impersonal.

Not enough sharing takes place at a deep personal level in today's society. Individualism is on the increase. With urbanisation and materialism, this is a worldwide trend.

The SPEERS approach advocates a return to small self-help groups within human settings. It can be the most effective way of tackling the despair, frustrations and lifestyle problems of modern fast-paced living. It is the ultimate challenge and hope for reaching individuals at their point of need - not only to save their "souls, bodies or minds," but also their whole lives.

Religious persons can learn about group-based community from the pattern of the early church in the Bible, which serves as a model for us today. Those who received God's Holy Spirit and became Church members gathered in homes for prayer and eating, lived in togetherness, shared together and experienced the power and provision of God in their lives *(Acts Chapter 2: 37-47).*

The science of psychology demonstrates that the small group is the most powerful human agency of healing and the promotion of healthy lifestyles.

Persons who have the experience of belonging to, interacting with and gaining support from others actually live longer than those who do not. In a real sense *a person without some form of group support, family or otherwise, can be a walking time bomb!* Thus a small group support is *an essential tool* for persons and organizations to use in promoting one's whole person.

Kinds of Groups

Small peer managed self-help support groups can also be identified more clearly as role-related groups. Such support groups respond to the various ROLES that individuals need to play at different *stages* throughout the *life cycle* or according to the various STATUSES that they may hold in different spheres of life. These roles can be related to the following stages or statuses:

- *Age and life stages*, for example, pre-teen, adolescence, mid-life, retirement and the "golden" age
- *Gender* (special male or female groups e.g. mothers' or fathers' groups, women's or men's group)
- *Marital status* (engaged or married, "singles" including widowed, separated and divorced persons)
- *Parenting* (mothering, fathering, foster parenting, mixed parenting groups or family clusters)
- *Career or occupation* (such as various caring professionals, managers, business persons, civil servants, workers in a particular organization, and students)
- *Church duties* (such as being deacons, council members, youth workers and other ministry team members)

– *Community duties* (such as being community health and development workers, citizen association members and members of cooperatives)
– *Consumer status* (users of goods and services)

Role responsibilities carry their own challenges and stress that call for mutual support.

In addition to these types of groups one can also have the following related to SPECIAL CONCERNS: -

- *Enrichment* groups (such as Marriage Enhancement groups)
- *Crises* groups (such as Bereavement Support groups or Toughlove groups for parents of difficult youths
- *Recovery* groups that relate to issues of co-dependency (such as Alcoholics Anonymous, Narcotics Anonymous Overeaters Anonymous, Sexual Addictions, Sexual Orientation and Paedophilia recovery groups for those who are motivated to attend)
- *Anger control group*s providing for support and change in abusive spouses and parents
- Rehabilitative groups for chronic illness and disabilitie*s*
- *Adult children of dysfunctional families*, where there has been chaos, neglect, abuse of various types, addictions, other mental illness or severe poverty

2. Why Peer Managed?

People need people especially those with whom they can identify. Institutions and community organizations, including the local church, as well as neighbourhoods, must therefore grasp the opportunity to encourage the growth of small peer-managed, self-help groups.

Peers are persons who share common characteristics, such as age, gender, marital status, occupation, group participation, voluntary activity, a common area of service or area of residence. They also share common interests, experiences, or needs. Thus, examples of such peer groups make up most of earlier lists of types of groups in this chapter relating to role, status and special concerns.

In the peer-managed group, each person can be a leader at some point or in some way. *No one member is considered an expert or outstanding figure.* Each person can be given an equal opportunity and challenge to manage some aspect of the group's activities. Not all help-giving for personal growth has to be done by a professional; most of it can be done by EQUAL SHARING among peers. *Peers helping each other have the widest scope of influence for growth and change.* In this way

most persons can be helped.

The Bible encourages Christians to "*Rejoice with those who rejoice; mourn with those who mourn*" (Romans 12: 15, NIV) and to "*carry each other's burdens*" (Galatians 6: 2, NIV).

3. Why Self Help?

People who truly seek help essentially have the answers within themselves but they often lack the will or the power to unlock those answers. Depending mainly on counsellors, doctors or other professionals is not the answer. Those persons are only there to help us unlock the potential of self and nature. It is self-discovery that unlocks potential. It is in the small self-help group that this best takes place.

The approach of self-help by sharing with peers is the most inexpensive and accessible form of whole person health care. This is another critical reason for self-help in groups.

Furthermore, help is most lasting when it comes from self-initiative. The small group lays a strong foundation for the self-examination and discovery necessary for healing. This leads to self-growth and ultimately enrichment for outreach to the community beyond.

From the Christian perspective, the local church is a community that has the power, through the Holy Spirit (dwelling in self), to truly unleash the potential for total self-empowerment and mutual support.

"The abundant life" (John 10: 10) of the Bible, can elude many - in spite of the promise of John 8:36: "*If the Son therefore shall make you free, ye shall be free indeed*" (KJV). This abundant life and freedom are facilitated through the COMMUNITY of the Spirit (Ephesians 4: 2-3).

4. Enrichment Oriented Activities

a. Group activities can be aimed at ENRICHMENT in terms of a *wholistic quality of life and functioning. Enrichment activities may include a rich blending of physically, socially, mentally, spiritually and environmentally stimulating experiences*. These would be geared towards AWARENESS, WHOLE PERSON GROWTH and MORE EFFECTIVE RELATIONSHIPS AND FUNCTIONING.

b. For Christian groups, *spiritual growth,* or the enhancing and living out of the victorious "Spirit filled" life, should be the primary focus. As Matthew 6: 33 promises, "*Seek ye first the kingdom of God and his righteousness; and all these things shall be added unto you*" (KJV).

5. Enablement in Crisis

Persons are most vulnerable to disease of body, mind, spirit and relationship when in a crisis. Small groups can deal with:

a. Unexpected individual crises, such as:
   - Bereavement
   - Physical illness: acute or the onset of chronic or terminal conditions
   - Emotional despair
   - Spiritual crises, such as doubt, "dryness" or loss of hope
   - Criminal violence
   - Rape or other sexual abuse or harassment
   - Problems at work
   - Lay-offs / redundancy
   - Financial setbacks
   - Loss of property by fire or theft
   - Natural disasters, such as flood, hurricane or earthquake

b. Life stage related crises such as:
   - Adolescent crisis
   - Mid-life crisis
   - Facing retirement
   - Adjustment to old age

c. Family-related crises:
   - Problems in marriage
   - Recent separation
   - Family violence (emotional, physical, verbal or otherwise)
   - Incest
   - Children being out of control and abusive
   - Sickness in the family: especially chronic illness such as HIV/AIDS, Alzheimer's disease, severe stroke, Schizophrenia and Bipolar Disorder

d. Coping with disabilities:
   - physical disabilities
   - learning disorders
   - Attention Deficit Hyperactivity Disorder, etc.

e. Other crises or setbacks

Support in crisis needs to begin as early as possible. At the same time, it can be still useful even months or years after the onset of the crisis. Such support is one of the most effective means of preventing unnecessary suffering of the whole person.

Special CRISIS GROUPS can be formed for persons who will need medium to long term support.

Here groups can be mixed or homogeneous, depending on the number of persons experiencing each concern or crisis and the peculiar nature of the crisis (e.g. rape) or concern. In the local church having groups with varieties of crises or commonly occurring concerns cuts down the fear of stigma.

6. The Promotive and Preventive Focus

An "ounce" of promotion and prevention is better than "one costly ton" of expensive cure by professionals. *Wellness promotion and the prevention of emotional, relationship, family, physical, spiritual or socio-economic problems are surely the main reasons for encouraging small group interactions*, whatever the type of group.

Whole Person Health Promotion activities will be for those" who want to maintain and advance their wellness.

A Focus on PREVENTION means EARLY PROBLEM DETECTION. This involves giving attention to actual individual and community concerns *before they become crises*. Time will be spent in sharing and bearing one another's burdens and facilitating early preventive ACTION for help and change.

B. HOW "SPEERS" GROUPS HELP

1. Promotion of Whole Person Health will Involve Seeking and Maintaining Wellness through Re-education and Self-training.

This will lead to a *renewed understanding* of specific concerns as well as "seeking for *changed relationships*" and renewed surrounding *environments* as well as *advocacy* for governmental action for the collective welfare of persons. It will include learning *new life-coping skills*. Areas can include:

- effective stress management
- life stage planning (e.g. mid-life or retirement)

- self-awareness and personal growth
- relationship skills
- health life-style changes (such as exercise, weight management)
- health through balanced nutrition, herbal products and other natural means
- socio-economic skills development
- life and career planning
- social support skills and activity promotion
- community living and co-operation
- community advocacy
- growth in one's spirituality
- prayer support
- seeking and building spiritual peer counselling
- discipleship training

For individual and group learning, literature and audiovisual material can be used. Presentations by visiting resource persons could be arranged.

2. Promoting Wellness Through Group Mediated Changes in Lifestyle

Taking responsibility for a healthy lifestyle is the surest guarantee to achieving wholeness or wellness. *A difficulty in changing one's behaviour is one of the biggest contributors to unnecessary illness and premature death*. This is perhaps the second biggest worldwide health problem, next to poverty.

To what extent can we achieve change in our behaviours by ourselves? Just by making resolutions? Many resolutions have been broken! Old habits die hard. Every person can develop his or her own personal programme for health-promoting lifestyles. But barriers from "within" such as our personalities, mental health, addictions and attitudes can make such changes difficult.

Small support groups where members build accountability to one another becomes a powerful tool for change. Accountability and doing activities together are two of the most effective weapons for building motivation and overcoming the difficulties of giving up short-term pleasures for long-term benefits.

The small group can become a powerful facilitator of behaviour change for healthy lifestyles through the following activities: -

- ENCOURAGING ACCOUNTABILITY to one's self and to one another for one's own welfare and that of others. This can be enabled through: -

a. ENCOURAGING PARTNERSHIP FOR JOINT ACCOUNTABILITY activities. This could include: a) joint *planning* such as for exercise and a healthy diet; b) making agreements for joint *compliance*, *monitoring* and *prayer*. All these will make behaviour change easier
b. ENCOURAGING MUTUAL REFLECTION ON BLOCKAGES such as entrenched personal habits, cultural patterns, media pressure, lack of healthy food or other resources or addictive behaviours

3. **Healing Factors In Groups**:

There are certain ways in which groups heal that are hardly found in other settings of living. What are the healing factors in support groups? These are as follows:

- UNIVERSALISATION - Comfort comes from knowing that most of us experience similar problems. Support comes from knowing that we are not alone.
- VENTILATION OF FEELINGS – This brings dramatic emotional relief. We should not be afraid to express hurt anger and disappointment. Crying is usually good medicine.
- SYMPATHY AND SOLIDARITY - All of us need to be understood and to be supported in good and bad times.
- LEARNING – This involves being more aware of ourselves, what makes us well, and how we may be able to grow.
- ALTRUISM - This is the most important aspect of support groups - the mutual giving of one's self, time and resource in love. When all give, all receive.
- A sense of ACCEPTANCE AND BELONGING in a group despite one's weaknesses and being different, in any way, from others.
- GROWTH – Here we move into maturity through learning, and practising new ways of relating to others and ourselves.
- For Christians – PRAYER, through which one experiences the work of Christ through His Holy Spirit to heal, change one's behaviour and bring closeness to God. Also, the turning point in Job's life (Job 42:10) was when he prayed for his friends, in an act of forgiveness and altruism.

4. **Empowerment By Spirituality**

Building a spiritual fellowship in groups acts powerfully to heal and promote change.

For Christian groups, the ultimate power for change, for overcoming crisis and for enjoying the "*abundant life*" quality of living comes through the character

transforming and healing work of the Holy Spirit of God. This comes out of a belief in Christ, His Son and His dying for our forgiveness. It comes through repentance, or deciding to give up our negative habits. The work of God's Spirit in us results in our being changed in values, behaviour and relationships and ultimately resurrected as the culmination of our "eternal" life (John 3: 16). In this context, such SPEERS groups see success being achieved by means of individuals and groups submitting themselves to Christ to *serve others effectively* and by asking for and receiving the gift of God's Holy Spirit with His fullness and power. As stated in the Bible, spiritual groups have their greatest healing effect when the special gifts of God's Spirit, such as healing, faith, wisdom inspired words from God and helping, are recognised, sought and used by members in ministering to one another (I Corinthians 12: 13, 28).

Healing and support in Christian oriented groups where members are in crisis, call for intensive prayer and fasting for problem solving.

On the other hand, groups in churches and especially those not church related, should respect the rights of persons not to claim any particular spiritual beliefs or to hold to views that are different from the majority. Also, religion should not be used for mind control or any other destructive purpose.

C. ACTIVITIES OF "SPEERS" GROUP: THE "CIRCLE OF CHANGE"

DECIDING WHICH GROUP TO JOIN

Individuals will need to make a choice as to:

1. whether to join a small self-help support group or not,
2. whether to become part of:
   a) a MIXED OR HETEROGENOUS and GENERAL INTEREST group in terms of:
      - *age*,
      - *gender*,
      - *marital status*,
      - *occupation*,
      - *crisis/non-crisis*
      - and in terms of *issues* (such as roles, types of health promotion concerns, crises, etc.); or

   b) a more HOMOGENOUS and SPECIAL INTEREST group, using the same criteria as described above.

3. which type of homogeneous and special interest group to join. Persons can form different types of groups dealing with various issues at points in their lives according to the main need of the moment.

It is not uncommon, and can be desirable for individuals, to be in more than one type of group according to co-existing roles, statuses and needs.

GROUP ACTIVITIES: STEPS IN THE "CIRCLE OF CHANGE"

Activities that make small peer managed self-help support groups work, are indicated in figure 12. They can be seen as stages in a process that can enable the transformation to Wholeness through healing and behaviour change. Thus, they can be seen as *steps in the circle of change*. They are described as follows: -

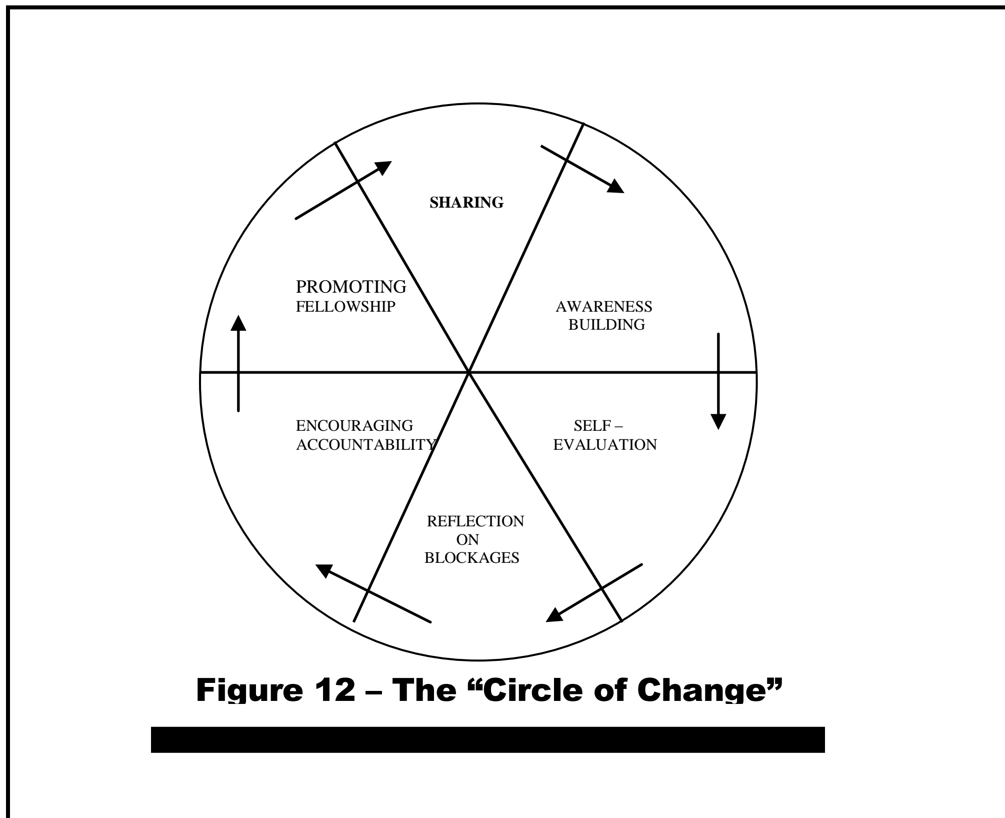

Figure 12 – The "Circle of Change"

1. **SHARING**

   How do we share with one another? How can we affirm, set goals together and help each other's healing, growth and healthy living?

   Self-help is experienced through the following activities of the group:

a. HISTORY GIVING - Persons within the group will be liberated by sharing with each other.

   i. Members can SHARE EXPERIENCES of OVERCOMING DIFFICULTIES in some aspect of their lives (or wholeness) that would most interest other members of the specific group. Sharing, for Christians, means revealing about one's self - starting with testimonies of how God has helped them in practical ways. This will build a positive atmosphere.

   ii. Group members can SHARE CONCERNS including the following :-

   - *Problems of the whole person*.
   - *Lifestyle deficiencies* (such as obesity, non-fitness, overwork),
   - When members are more used to each other they can share about *painful memories* of past trauma during childhood that still produce emotional and behavioural distress.
   - *Co-dependency behavioural patterns* that affect one's lifestyle and well-being - that is, those which involve "addictions" or over-attachments to:
     - Persons (emotional dependency)
     - Food
     - Chemical substances (such as alcohol, caffeine, tobacco and prescription and other drugs)
     - Places (such as pornographic theatres or bookstores)
     - Behaviour (such as overwork, pleasing others, spending, eating, gambling, misdirected sexuality, hypersexuality, controlling one's partner, rage)

In the sharing process of history giving, feelings are expressed - even by tears. *Not everyone has to share in a particular group session*. Yet history giving requires listening by all. *Listening to shared difficulties and feelings is the most important work of the group*.

   iii. Group members can then respond by EMPATHISING and reflecting feelings -*"That must be making you feel quite frustrated."* Members can share common or similar experiences as a way of showing empathy - *"I have been there too -"* or *"You are not alone."*

b. AFFIRMATION - In a sincere and non-condescending manner, each person AFFIRMS THE GOOD POINTS AND HELPFULNESS of the other. *An example would be "I am strengthened by your encouraging us and your patience despite all your*

problems." Affirmation of others does not have to take place for each member on every occasion, but *at some stage* and periodically as discretion allows. This is especially helpful after the trauma of "baring one's soul" in self-disclosure.

c. GOAL SETTING – At this stage, group members can now help one another in setting goals as a way of SEEKING SOLUTIONS TO PROBLEMS as well as SETTING NEW DIRECTIONS IN LIVING and HEALTHY LIFESTYLES. This involves:
   i. *Encouraging hope*
   ii. *Encouraging honesty*
   iii. *Assistance in Problem Solving or Decision making*
   iv. *Encouraging growth and a healthy lifestyle*

Not everyone will be ready for goal setting. Sometimes all that some persons may need for some time is just to be heard!

2. AWARENESS BUILDING

This involves building each other's awareness about what constitutes a healthy lifestyle.

The lifestyle checklist (see Table 2) could provide a useful starting point.

3. SELF EVALUATION

Members may *use the sample healthy lifestyle checklist* in Table 2 as a means of evaluating the extent to which each person is maintaining positive health values and a healthy lifestyle. The checklists will also improve one's awareness. The group may also identify and use more specific "life area" instruments.

The evaluation process could then be used *for setting goals for change*.

The Whole Person Assessment Questionnaire in appendix 3 would be used to identify specific problems and concerns.

The guidebook *Simple Steps to Wellness* written by the author is designed for further self-evaluation and self-training.

4. REFLECTION ON BLOCKAGES

Factors such as *cultural* tradition, *media* influence, lack of *knowledge*, negative *habits* and one's *personality* help to prevent us from making needed changes in health values and lifestyle.

These and other blockages could be discussed in general and how they affect each member in particular. The same steps in *sharing,* as described above, could be used to assist.

Also, the Twelve Steps approach in the next section will be useful in overcoming blockages.

5. ENCOURAGING ACCOUNTABILITY

a. It is easier to make specific changes in our health habits if we can work along with an ACCOUNTABILITY PARTNER, (otherwise called "co-adviser" or "sponsor"), from the group. Same-sex pairing can be considered unless married (or otherwise partnering) couples wish to work together.

   Persons may agree to:

   i. set and share their goals
   ii. monitor, encourage and remind one another about specific behaviours or activities
   iii. reward one another
   iv. do activities together such as planning, scheduling, walking, recreation and hobbies, if desired.

Partners may also go in more depth in sharing about personal struggles and provide support for each other. Those who are Christians would pray for each other together and separately.

b. Fostering accountability to one's-self for change can also be encouraged by ACCOUNTABILITY TO THE GROUP. Here each person can agree to be responsible for certain new behaviours, not only to a partner, but the group as a whole. Each person can share their *goals* for change and their *strategy*. Then at each meeting various persons can share their *progress* and *setbacks*. One can give the group permission to confront in love where one is failing in one's responsibilities to self.

6. PROMOTING FELLOWSHIP

This activity will involve:

a) *Sharing practical help* - such as one's services – free of cost, referral to a professional, or help in finding a job.
b) *Sharing material resources*. This can include finances and belongings, but only on the basis of non-exploitation and not lessening the best efforts of

others at self-help.

c) *Sharing information and reflections* - verbal presentations, audio-visual, material, leaflets and other types of information RELATING TO SOME RELEVANT ASPECT OF WHOLE PERSON WELLBEING OR PROBLEM SOLVING can be shared. The group can use the lists in this chapter referring to issues for groups relating to role, status, specific concerns, crises and life coping skills.

d) *Spiritual support* - this can be optional.

   FOR CHRISTIAN GROUPS, fellowship is referred to by the Biblical Greek word "KOINONIA." Here there can be -

   - *Prayer for all expressed needs of the WHOLE PERSON*. Christians believe that in all of the activities the Holy Spirit, described earlier, can lead, guide and empower. His work is sought through prayer. (James 5: 13 - 19). God who is the Creator can provide for all the needs of his creatures.
   - *The use of the gifts of the Spirit* (1 Corinthians 12 - 14). This would be involved in ministering divine healing of the body, mind, spirit and relationships, in providing guidance from God, as well as in dealing with what Christians understand as the "bondage" of "evil spiritual forces".

These six steps in the circle of change can recur as overall *stages in the growth of the group. Also several can recur* within each meeting. The group will often move back and forth between stages. Yet together, the steps will produce change.

D. TWELVE STEPS FOR GROWTH AND INNER HEALING

The "Twelve Steps for recovery" have been very helpful to persons who seek to share, grow and overcome lifestyle blockages in Alcoholics Anonymous and several other types of self-help support groups. They can be used as *stages in the personal growth and inner healing* for group members in various settings. The twelve steps are particularly useful where persons are *seeking to overcome particular co-dependent ways of relating to self, others, and things*. These typically involve *behaviours* that are *destructive to self or others and have been difficult to change. This applies to each of us at some stage of life*. Following is a version of the "Twelve Steps."

AN AMPLIFIED ADAPTATION OF THE
"TWELVE STEPS FOR RECOVERY"

FROM ALCOHOLICS ANONYMOUS.[5]

1. **I admit** that my life needs a new direction.
2. **I accept that a spiritual power exists** at a higher level and this power can restore me to a state of well being.
3. **I decide to turn my will and life over** to the care of this spiritual power, as I understand him.
4. **I search myself** and list my strengths and my weaknesses as honestly as I can.
5. **I admit to God, to myself, and to other human beings** the exact nature of wrongs which I have done / am doing to any member of the human family, including myself.
6. I **am entirely ready to trust** God's Holy Spirit to heal all shortcomings in my character.
7. **I humbly ask God to remove** the beliefs I hold which interfere with my ability to experience peace and harmony within myself and with others.
8. **I make a list of all persons I have harmed** in action or in thought: and I become willing to make amends, to forgive and to be forgiven.
9. **I make direct amends** to such people wherever possible, except where to do so would injure them or others.
10. **I continue to examine myself**, where I am wrong, I admit promptly; and where I recognise healing and growth, I give thanks to the spiritual power.
11. **I seek through prayer and meditation** to improve my conscious contact with God, as I understand him.
12. **I send the message** by the way in which I live, that God's spiritual power can change any individual or situation.

These Twelve Steps can be integrated into each of the group activities or STEPS IN THE CIRCLE OF CHANGE. Group members can focus on one of the twelve steps at a time.

Various members will be at different stages in the proposed steps of growth. Yet each is encouraged to *share in meetings, his or her struggles and victories relevant to the step he or she is dealing with*. Not all groups may wish to use this particular tool in their programme of activities. Nevertheless, it is being highly recommended. The Twelve Steps approach can be very useful for groups that have begun to achieve some stability in attendance over a period of time.

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[5] Adapted by the Minnesota based Institute of Christian Living. Quoted by Dr. Archibald Hart in "Healing Hidden Addictions".

E. ORGANIZING A "SPEERS" GROUP

ESTABLISHING RULES FOR THE GROUP

The following guidelines need to be agreed on by all small, peer-managed, self-help support group members: -

1) A *covenant of confidentiality*. This is a critical guarantee of group success;
2) *Involvement in sharing and listening*. Members should not interrupt;
3) *Honesty and openness*;
4) *Discipline* in regularity, punctuality and apologies for absence;
5) *Compassionate diplomacy*;
6) *No therapists or experts*. This means that members should not probe, psychoanalyse, give advice or judge;
7) *No pressure is to be on any member to share*. The silent member may be hurting a lot and can also benefit.
8) *Stick to the topic* at hand. Avoid the types of doctrinal, political or any other topics that will create a division. Also avoid griping or debating sessions. Nevertheless, be flexible in allowing concerns to be expressed about how the group can be improved or how obstacles can be dealt with.
9) *Shared responsibility* for the practical aspects of running the group. No codependency of "workers" and "shirkers".

THE GROUP LEADER'S ROLE

The leader's functions are to *enable discussion*, to act as a *referee* and *NOT to dominate*. He or she helps to *clarify the objectives* and *ground rules* and to *manage the practical aspects*. Otherwise he/she is just another member and needs to make as much use of the group's benefits as the others.

THE LEADER'S RESPONSIBILITIES

The leader's responsibilities could include:

- Starting and ending meetings on time
- Selecting the special topic or issues for discussion, if any
- Dealing with business matters and/or changes in format at the end of the meeting.
- helping the group choose another leader for the following meeting, or period of meetings, before closing the session.

THE LEADER'S QUALIFICATIONS

Group leaders are most effective when they are:

- more willing to listen than to talk;
- impartial in allowing all members to participate;
- certain of their own values without being judgmental;
- able to put the needs of others before their own, being honest with self, remembering that we all have our weaknesses or "skeletons in the cupboard";
- mature;
- patient;
- non-domineering. (He/she must be the most silent in giving opinions);
- willing to stay in the background and let other members do the ministering;
- responsible: facilitating the process, ensuring that the rules and the planned activities of the group are "adhered" to;
- a participant (the leader also needs help).

Where the relevant organizations having support groups are Christian, and using faith as a means of whole person health and healing, the leader needs to share the common faith and commitment of group members (James 3: 17). Galatians 6: 1-3 shares how the leader can set the tone for the group to be non-judgemental.

PRACTICAL ASPECTS

- **LEADERS**

Leaders can be rotated. The *co-ordinating leadership* can be rotated once per quarter, per 6 months or per year. *The discussion leadership* could be changed from one session to the next. If assigned leaders fail to perform for any reason, someone else should be delegated by the group as soon as possible.

- **DURATION**

Sharing groups advisedly last about an hour and a half.

- **SIZE**

Recruit about 15-20 persons. Then you may have 8 - 12 attending regularly as some will get cold feet or be kept away by unexpected circumstances.

- **FREQUENCY**

The group could meet once weekly, fortnightly, or monthly on a day to be decided. This should be specified in the written guidelines, "covenant" or "contract" that the group could develop.

- **PERMANENCE**

This will be related to the nature of the group and may be decided by the participants. Groups such as those that are crisis and age related (except for old age) may be temporary.

- **PARTNERING**

The group can decide the method of forming partnerships for change and support. It is usually best for this to be standard for all and may include: a) a delegated person making a list of same-sex or married (or otherwise partnering) couples; b) random same-sex selection by means of drawing lots; c) spontaneous choices with an agreement not to leave any group member out of the process. Partners may be changed on a periodic basis.

HOW TO GET GROUPS STARTED

The idea of small support groups for wholeness may sound good, but how do persons or organizations begin? The idea could be introduced to prospective members and/or organizational leaders. This can be done through special FOCUS GROUP DISCUSSIONS at a designated time and place. **As shared in Section C, choices would need to be made in terms of varieties of groups according to heterogeneous/ homogeneous *compositions* and general / special *interests*.** Thus the groups can be either MIXED or ROLE and STATUS-related and ENRICHMENT or CRISIS related. Once a peer group, organization – institution, church, or community agency accepts the need for action, perhaps the most effective way to start support groups would be to use the 'word of mouth' or 'face-to-face' approach to recruit members. Churches negotiating for heterogeneous general interest groups could involve *all members* on commonly shared bases such as *geographical areas* or *birth month*. As one gets to know fellow organization or friendship circle members better, one will sense those with the motivation to be involved, as well as those with particular needs that require "special interest" group support or caring. Other methods of group promotion can include meeting or church service announcements, bulletin notices, posters and written invitations. A telephone call or e-mail message is a good method for follow-up reminders.

There should be no coercion. Some persons need time to get used to the idea of sharing within groups.

Any individual can suggest or start a support group related to a challenge that they are experiencing or have come through. This is one of the most common and most effective ways in which groups get started.

F. TRAINING

In some settings, as the organization and related communities see necessary, it may be useful to train lay counsellors, prayer partners, church and community health workers and social workers to become group facilitators. They could in turn train members of various teams in how to run a support group.

CONDUCTING MEETINGS

The stages of the meeting schedule are to be flexible and agreed upon by the members of the group. Below is an example:

(1) Moment of silent meditation — 1 minute

(2) Prayer (for religious groups) — 2 minutes

(3) Opening and explanation of purpose — 5 minutes

(4) Introductions — 2 minutes

(5) Discussion of guidelines and special agenda items — 5 minutes

(6) Group sharing (including summarising) — 40 minutes

The SHARING steps of *history giving* (the sharing of blessings, positive life events or problems), *affirmation* and *goal setting* could be used. Also, the other steps of AWARENESS BUILDING, SELF-EVALUATION, REFLECTION ON BLOCKAGES, AND ENCOURAGING ACCOUNTABILITY can be included for changes in healthy lifestyle and living. The TWELVE STEPS for growth and inner healing can be integrated into the various stages and activities of the group experience. At times a discussion or structured group exercise of a topic relating to some aspect of living and whole person health can be included to complement the process, but not as a substitute, for personal sharing. Religious groups can include brief Bible or inspirational reflections.

(7) FELLOWSHIP includes: practical helping as well as prayer and spiritual ministry (for religious groups) — 20 minutes

(8)	Discussion of business/changes in format	5 minutes
(9)	Selection of a leader for the next meeting or period of months	2 minutes
(10)	Moment of silent reflection	10 minutes
(11)	Suggested length of meeting	1½ hours
(12)	Refreshments (after the formal meeting)	

The meeting can be longer or shorter as agreed on by members.

OUTREACH

It is as we give to the wider community, nation and world that we truly grow. Thus members of self-help groups in various settings can be encouraged to identify and address special needs in their social environment such as POVERTY, INJUSTICE, HIV/AIDS and the NEGLECT OF YOUTH. Problems of the NATURAL ENVIRONMENT can also be addressed. Also the group may seek to take on a *small scale* and *manageable* outreach service. In all of this *the balance between caring for self and caring for others needs to be preserved.* It is recognised that several members of some support groups may already be extensively involved in outreach activities. Thus these groups may not need to engage in further special activities.

It is not enough that groups exist only for the well being of its members. Whole Person Healing or "wellness" is for the purpose of effective service to others. For Christians it is also meant to enable the sharing of the good news of what Christ does for persons.

CONCLUSION

It is hoped that the SPEERS or Small Group PEER-managed Self-help support approach will be found to be useful in your personal life, organization, institution, local community agency, church or circle of friends. As you seek to be a healing community, to be leaders, or whether you function as a group member you are encouraged to use your own team initiative and creativity in modifying what has been shared. Relate and adapt the ideas to the needs of your organization and wider community. THE GROUP IS THE MOST POWERFUL HUMAN TOOL OF HEALING AND THE PROMOTION OF A HEALTHY LIFESTYLE. Let us not neglect to use its potential as we seek whole person growth for others and for ourselves.

Any individual can advocate for or bring other persons together to start a group.

WE CAN ONLY BE HEALED, WHILE CHANGING AND GROWING WHEN WE ARE IN COMMUNITY. This is a growing movement in recent years and will be one of the greatest determinants of health in this new millennium.

Some persons find it difficult and threatening to share in *any* type of group. This needs to be respected. We all need our space. Being alone at times is necessary. Nevertheless, groups can still find ways of supporting such reticent persons. Where possible *no person should be allowed to end up marginalised* even if they unconsciously seek to bring this on to themselves.

To be isolated is to be a walking time bomb!

How can I be there for you?
How can you be there for me?
How can we be there for each other?
There is no other way to be.

CHAPTER 16: FAMILY CLUSTER COALITIONS

The family as a small group is one of the basic units of "Community". As the main agent of socialisation, human nurture and economic consumption and production, it is one of the most vital types of small groups. It is as these entities are strengthened and made into healing communities that the same can happen to the local community and congregation. Families can work together to strengthen one another. It is through such a system of clusters that the saying can be fulfilled – "It takes a village to raise a child". The principles and practical suggestions in the preceding chapter on small groups should be applied to understanding and managing family clusters. Nevertheless, certain additional and peculiar aspects of running such clusters are shared below.

A. AIM

Family cluster coalition is a concept suggested for families whose wish it is to give priority to the assessment and enrichment of their family lives.[6]

This assessment and enrichment could be in the context of the wholistic health of family members and more importantly of *the family as a whole.*

B. COMPOSITION

A family cluster could comprise of between four (4) and six (6) family units or households who agree to meet together for a specified, usually prolonged, period of time with the aim of sharing their learning experiences.
It could be helpful to seek to attain an equilibrium between the *types* of family units including a) two parent families, b) single parent or guardian families, c) single persons, d) sibling groups, e) other household arrangements. Also there should be a consideration with regard to the age-related peership for children in the groups.

C. PURPOSES

Family clusters could be used to accommodate the following purposes in a whole person context:

1. a *support and family healing network* in which values, insights practical and prayer assistance between families and generations may be imparted;
2. *opportunities for skills training*, especially in the areas of communication and problem solving;
3. assistance in the setting up and maintenance of *meaningful family rituals*;
4. assistance and opportunity for *Christian education* within the family;

[6] Thanks to Dr. Mahan Siler, Jr. of North Carolina Baptist Hospital, Hawthorne Road, Winston-Salem, NC 27103, USA for written suggestions

5. chances to *assess family strengths* and to elucidate *family goals*;
6. providing the opportunities for *modeling across generations and families* as well as for cross-generational and cross-family modeling, *mentoring* and *friendships*;
7. encouragement of opportunities for *peer support*, *recreation* and the *total whole person development* of children;
8. *aid the wider congregation or congregations of family unit*s in ministering to youth and the families themselves.
9. involvement in *outreach* to persons and communities with special needs.

D. EDUCATIONAL EXPERIENCES

Concentration on educational experiences could emerge from the needs and interests of the particular cluster or group. The experiences chosen could be so designed to encourage all members to participate based on their own level of experience and maturity. Examples of such concentrations could be in issues such as:

- communication patterns within the family
- recreation
- family's stories and identity
- conflict resolution
- decision making
- holiday celebrations
- deaths
- beliefs and values
- power within the family
- sexuality
- family worship
- poverty
- community needs

At the outset, nine (9) months of participation could be arranged. Families may withdraw if they find the experiences not helpful enough after having participated for a reasonable period. It must be stressed, however, the importance of full participation for the entire duration. This should be expressed to the interested families during their interviews.

E. PRACTICAL MANAGEMENT

A team evaluation is best carried out after the initial period, at which time the cluster will decide whether or not to continue and on what time basis (either limited or open-ended). If the latter, then new families would be able to be added in the event that others withdraw.

Agreement among the families in a cluster could include:

1. A monthly *three (3) hour meeting* of the cluster, with an *all day (8 hour) meeting* every four (4) months.
2. *Once weekly meetings for each family unit* which could be used for recreation, personal sharing and/or problem solving or worship, or other suggestions can be made.
3. *Parents* in the family clusters would agree to:
   a) meet once or twice monthly with the Family Cluster leaders. These meetings would be useful for:
      - dealing with family issues
      - parental training
      - marriage enrichment, personal growth and spirituality building

      Here the parents would be able to shape the agenda themselves.

   a) participate in a minimum of two enrichment events during the entire nine month period such as :-
      - Marriage Enrichment retreats
      - Parental training
      - Personal Growth events
      - Couples Communication programmes
      - other types of support groups

      The family cluster would seek to provide a system of support for the decisions of growth-oriented change made during the more short-term events.
4. Parents could also *meet periodically as gender groups* for support on gender related issues such as parenting and marriage.
5. On a more long term basis, parents could accommodate *co-operative arrangements* such as:
   - allowing each other time off by taking care of children and house
   - car pooling
   - helping children with their studies

- wholesale purchasing of groceries
- helping with special cases such as illness and disability.

Costs - should be shared by the family units, single parents may pay less. Payment may be made anytime during the nine months of the program.

The family cluster experience may be adapted to suit the needs of the group, and would clearly involve a serious commitment from all family members.
After the programme idea is adopted by a local church or other organization, it could be advertised among membership and to persons outside, if desired.

Those who have a general interest in this program could be asked to call or write someone from a team of persons designated by a congregation, or other organization or neighbourhood, or who have a particular concern about bringing together family units from various similar entities.

As families of various types stay together the congregation and it's surrounding community will stay together.

CHAPTER 17: EMPOWERING THE LOCAL COMMUNITY

Geographical communities can be rural, inner city, suburban or transient (such as farm labourers, refugees, or persons displaced by local violence or disaster). They are composed of household units as well as various institutions and organizations relating to religion, commerce, health, education and various social utility and infrastructure services. There are also "people groups" relating to activities such as sports, recreation, politics and economic corporations.

A. RATIONALE

1. Why should we work at the geographical community level?

"Community" is the greatest human enabler of whole person health.

Furthermore, it is the geographical community functioning as a whole that provides the living context for families and other social groups to thrive. Thus, a geographical community needs to be organized and managed by its members so that it can efficiently fulfil its functions.

It is vital to recognise that to simply try to solve physical, emotional and social problems by curative medicine, counselling and giving handouts, at the individual and family levels, is not enough. What is most important is to prevent the problems from occurring in the first place. Otherwise persons will keep coming back for help and be dependent on the service rather than becoming truly whole by being self-reliant. It is important therefore to address the underlying socio-economic and related environmental problems that generate ill health. For example, a lack of educational opportunities leads to insufficient work related and living skills. This leads in turn to unemployment, poverty and ultimately to health problems such as malnutrition, gastro-enteritis, and increased respiratory infections. A lack of clean drinking water and proper sewerage disposal contributes to communicable diseases such as typhoid and cholera. Inadequate family planning services together with no breast-feeding and incomplete immunisations contribute to increased maternal and infant mortality.

Insufficient housing leads to overcrowding and in turn to increased communicable diseases, stress and related physical, emotional and sexual abuse of family members. A lack of "community power" and amenities for control of environmental factors can lead to health hazards, such as dumps, industrial waste and backyard battery repairing. These, among other problems, cause polluted water, poisoned fish, and lead poisoning.

Social problems such as class and colour prejudice, lack of education as well as poverty and illiteracy all contribute to a lack of identity. These lead to frustration, psychological illness, and worsened psychosomatic disorders such as high blood pressure and diabetes. Crime and violence also result, especially among the poor unskilled young, leading to injuries and premature death.

Social oppression, unemployment, poverty, and the related drug abuse, multiple sexual partners, domestic abuse, prostitution, civil violence and related mass rape all contribute to the rapid rise of HIV/AIDS among the world's poor.

Economic injustice and social neglect are a part of all societies. The Scriptures teach against this 1 John 3:15-18, Matthew 5:31-40 and James 2:1-9 are useful passages for group Bible study.

2. Why Empowerment?

Given all the facts mentioned, a significant priority of the Healing Ministry team will be to help in the self-development of underserved communities. Because persons in urban ghettos and deep rural transient communities tend to be underserved and neglected they tend to show the following features:

- a *lack of morale and hope* despite a strong presence of significant assets and potential of various types: human, material and spiritual
- a *lack of initiative* which often is related to a *dependence* on politicians, drug "dons", big land-owners and others who belittle them and buy their souls with handouts and issues of guns or threats
- social *disorganization* leading to disunity and insufficient community co-operation in gaining access to social services, utilities, economic and health resources
- rising *domestic and community violence*.

The suburban communities with their commuting isolationism and transience are often social and spiritual deserts. There may be wealth but another type of empowerment is also necessary. Many of the suggestions that follow can be modified for these settings.

B. APPROACHING THE COMMUNITY

How do we approach the local community? The following are some simple steps which will help you promote wholistic development in a community. Too many agencies fail in community-based services because of neglect or a lack of commitment to these non-authoritarian, or "top down," approaches. *Services should be not only community based but also COMMUNITY MANAGED*.

1. Get *permission* of the informal leaders (such as a shopkeeper or sports captain) as well as members of the community for a community organizer or public health nurse (if available), and a small supporting team from the church to help them. The team can include counselling, medical and prayer personnel.
2. Use *existing clubs and other organizations* as a point of entry.
3. Avoid going much beyond helping them ask their own questions and *providing their own answers*. Help them develop their own *leadership, strategies for co-operation, diagnoses, plans, citizens' associations, community activities and evaluation.*
4. *Do not impose* answers and merely give handouts. This is a patronising and disastrous initiative. (Acts 3:5-6 and Galatians 6:6).
5. Focus on helping community members discover their *assets* before they look at their needs. Needs depress, assets motivate! They are already overwhelmed by their needs. An identity of Matthew the carpenter can lead to more self-pride and action than "Matthew the alcoholic".
6. *Learn from the community members* about their own methods of organizing themselves, their culture, human and material resources, technology etc. Sometimes time-tested methods are the best foundation for progress.
7. Remember *you are a learner* as the clients know their problems better than you do.
8. Help them use and develop the least expensive and *simplest appropriate technology* (ways and tools for doing things) which can work.
9. Focus on enabling the building of *small teams* and *leaders* around different tasks.

C. ANIMATION AND CONSCIENTIZATION

Help to *give community members recognition of their own power* (empowerment). This can be achieved by facilitating them to ask themselves certain *questions which will bring out issues about which they have strong feelings* such as hope, anger, frustration, fear or depression. Focus most of all on what elicits positive excitement and hope. This process is known as *animation*. The questions could be discussed in focus groups. Self expression often works best when it is expressed creatively and with the whole body and on a group basis through processes such as story telling, drama, songs, games,

sculpture, art and other structured experiences. Some of the questions for animation can include:

- Who am I?
- Who are we?
- What are our strengths?
- What are the major problems facing the community?
- What are our positive and negative attitudes?
- How healthy is our community? The checklist in Table 4 indicates the habits of a healthy community
- Why are we in our present situation?
- What are the main forces working against us?
- What are the main forces working for us?
- How do we feel about all this?
- What is the way out?
- How can we work together to find the way?
- How do our religious awareness and experiences affect our decision-making?

The answers that emerge or "hot issues" can serve as *"action generation themes"*. The critical analysis of these "action generative themes" is vital for empowerment. More structured *surveys and epidemiological studies* can be done as a follow up. This should involve trained community workers from the community itself as much as possible. Community workers should also be trained to be "animators" or facilitators of the process just described. Animation can lead to *conscientization* where persons through participatory dialogue discover and own their questions, answers, awareness, feelings and action on their own behalf.

COMMUNITY HEALTH HABITS CHECK LIST
Do we engage in the following?

- ✓ regularly **determine our own vision and mission** for our community?
- ✓ have a well run **non-partisan community governance association** (or citizens association) which includes:
- ✓ our own *assessment of our assets and needs*?
- ✓ regular *planning* of strategies
- ✓ systematic *follow up* of related activities?
- ✓ regularly *evaluating* our community activities?
- ✓ regular *training* in leadership and advocacy for all community workers?
- ✓ have **education and skills programmes** to ensure access to:
- ✓ infant education?
- ✓ secondary education?
- ✓ work and living skills training for adolescents and adults?
- ✓ primary education?
- ✓ participate in **economic cooperative projects** to promote production and employment?
- ✓ have active **health and developemnt councils** for:
- ✓ whole person health
- ✓ sports and recreational activities?
- ✓ cultural activities?
- ✓ a neighbourhood watch?
- ✓ have **a programme for conflict mediation** and **training in conflict management**?
- ✓ have a **working relationship with related organizations** (such as schools, churches, health, social and community organization services) in, or near, the community to enhance our total development?
- ✓ engage in non-violent **advocacy for just access to resources** such as:
- ✓ land?
- ✓ housing?
- ✓ utilities?
- ✓ employment agencies?
- ✓ social welfare services?
- ✓ health services?
- ✓ social development agencies?
- ✓ agricultural extension services?
- ✓ police protection?
- ✓ the justice system?
- ✓ human rights?
- ✓ regularly **engage in networking alliances with other communities** in activities for a better society and world?
- ✓ **regularly encourage and allow all members to participate** in community activities?

Table 4. Community Health Habits Check List

B. POSSIBLE COMMUNITY PROJECT AREAS

What are some of the activities that community self-help should include? Be prepared to hear about problems and proposals coming from community members. Though the church team will not be the decision-makers, in order to be prepared it needs to have some knowledge of the common areas in which the needs, resources and necessary projects of many marginalized communities are likely to fall. These include:

- *Education*, such as basic schools and adult literacy programmes

- Community oriented *skills training*, self-help, employment promotion and on going employment support. This could include areas outlined below.
  - *Self-employment projects* such as arts, crafts, home economics, building, carpentry, welding, repairing machines and small farming.
  - *Self-employment* or small business management, training.
  - *Income generating community projects* such as co-operative enterprises. These should be feasible, labour intensive, adaptable to the local situation and resources, and replicable.
  - *Agriculture*, including access to land, technology, extension services, backyard garden initiatives.
  - *Revolving loan funds* with local input. These would be for community-approved projects.
  - Affordable low cost *housing.*
  - *Energy* conservation and alternative energy sources such as solar, wind and biogas.
  - Access to drinking *water, sewerage and garbage disposal.*
  - Community aesthetics (appearance) and *environmental* pollution management.
  - Community *self-help in other promotive health services* such as education and small groups for healthy lifestyles, breast-feeding promotion, nutrition awareness and family planning.
  - *Preventive health services* previously mentioned in Chapter 8.
  - *Special prevention* programmes for crisis problems of our time such as HIV/AIDS, smoking, alcohol and drug abuse and domestic violence.
  - Well-known *alternative medicine* methods with a locally recognised empirical basis, such as herbal medicine. The use of some traditional healers such as Traditional Birth Attendants and Herbalists who are not involved with spirits could be encouraged where effective and cost saving.
  - *Training volunteer workers* - community health workers, agriculture advisors, peer counsellors, trainers and community peer – organizers. As many persons as possible could be given basic training to be health promoters. Every person can be a health promoter.
  - Training in *teamwork and group leadership*
  - *Survival skills development* (e.g. dealing with legal and financial issues and offices, deportment, self-management and accessing information. This could

be achieved/approached through activities such as sports and other recreation, drama and the other cultural arts.

- Growth and community building activities for vulnerable demographic groups such as *children* and the *elderly*. These could also relate to *gender issues* among girls, women and young men. Older men will also need to be sensitised to gender matters.
- *Conflict mediation* can reduce violence in families and communities as well as the need for expensive legal procedures. Peacemaking and forgiveness skills can be promoted between gangs, political parties and ethnic groups.
- *Advocacy* (negotiating for rights locally and nationally) *and networking* with government institutions and departments, political representatives, the commercial sector, non-government organizations, etc.
- Building *religious awareness*, faith, experience and application as part of a whole person approach. This would include evangelism and Christian education in such as community crusades, door-to-door visits Sunday school for all ages and Youth Fellowship activities. Theological reflection could be encouraged as part of the animation and conscientization process through "base community" reflection groups. Related prayer cells could be formed.

F. COMMUNITY GOVERNMENT

The church could facilitate the community to establish a *Citizens' Association Community Development Fund* with the help of citizen recruitment fund raising, income generating projects, donor organizations and government. Citizens' Associations and community funds and cooperatives are best non-partisan, non-ethnic and non-denominational or sectarian – so as to be equally owned by all the community. Conscientized community members usually find their own peaceful ways of excluding power seekers. Sometimes the cost is one's life including that of church workers. Yet our freedom cost Christ His life.

F. THE "GLITTERING GHETTOS"

Persons who live in middle class or wealthy suburban areas have their own type of "ghetto" existence. Their illnesses, rather than being related to the starvation of extreme poverty, may be related to too much food "rich" in sugar and fats (such as pastry and steak) and to stress.

Frequent moving, working long distances outside of one's neighbourhood and social pride lead to loneliness and lack of communication. Intimacy is lacking in "latch key"

families. The pressures of alienation and the "rat race" take their toll in psychosomatic diseases, broken homes, abuse, addiction and even organized "white collar" crimes.

Community organization is also needed in these areas as in poverty stricken areas. Areas for community mobilisation and action can include:

- the environment (e.g. car pools)
- anti-crime neighbourhood watches
- health clubs
- parenting education groups
- family clusters, potluck dinners, and indoor games
- neighbourhood prayer cells
- service clubs
- men's movement groups
- alternative entertainment for youth

All communities, underserved or affluent, need healing. The Healing Ministry of God's Church is the key agent for bringing about this healing by a ministry of reconciliation, advocacy, self-help promotion, and true "community building".

G. ACTIVITIES THAT VOLUNTEERS CAN DO ON THEIR OWN – OR WITH A FEW FRIENDS

Several of the activities in the previous section of this chapter can also be performed outside the context of working with a community *as a whole*. While it is highly desirable to be involved in this way, volunteers can also carry out activities on their own or with a few friends or colleagues. It is best to recruit volunteers from within communities themselves whether rural, inner-city or suburban. Church members can help in any of these geographical locations as well as in the congregation itself. Volunteering is a valuable pathway to the personal growth of all. All of us can seek to help others in more difficult economic and health related circumstances. Volunteers can identify activities of their choice from the previous list, and may add options from those listed below. Following are some suggestions for action by volunteers.[7]

- ✓ Commit time and resources to the needy, elderly, and disabled.
- ✓ Help raise money and school supplies for disadvantaged children.
- ✓ Volunteer with a community centre or other charitable organization.

[7] Fiffer, Sharon and Steve. *50 Ways to Help Your Community*. Doubleday, New York, 1994.

- ✓ Organize an escort and patrol service in your community for those in fear of night travel, etc.
- ✓ Commit your talents or professional skills to a non-profit organization.
- ✓ Organize a walk-a-thon or other fund-raising drive for a worthy charity.
- ✓ Become a mentor for a child, teenager or young adult.
- ✓ Institute a car-pooling system as an environmental preservation mechanism or to help those who have problems with public transportation.

Where possible, one can involve other members from your business organization or school.

Also, you can:

- ✓ Become involved in your own neighbourhood watch, and PTA.
- ✓ Become trained and function as an informal "health promoter" and peer counsellor in your church, educational institution, workplace and community.
- ✓ Help in a youth club
- ✓ Visit hospital patients who have few visitors. Be sensitive and confidential with special problems such as HIV/AIDS and persons with mental illness. This will also provide groundwork for solving community issues.
- ✓ Visit persons in children's homes and places of safety.
- ✓ Visit persons in prisons, youth in remand centres and the indigent in homeless shelters.
- ✓ Assist in or start a meal programme or soup kitchen for the homeless.
- ✓ Become aware of existing community organizations and make necessary improvements.
- ✓ Become a role model for your community. Your influence is bound to inspire others.

Most importantly, seek to be involved in intercessory prayer for particular communities and those organizations, groups, families, leaders and individuals in need within them.

Volunteers will need adequate orientation, training, follow up, support and evaluation. Don't just leave them to sink or swim on their own.

Keep in mind that applying one's efforts to the community, even in small ways, strengthens the systems, and makes for a healthier community environment. The more people involved, the quicker progress can be made and the more people can be helped.

H. PATIENCE, TRUST AND TEAM WORK

The community organizer and his/her team will need to be very patient as he/she tries through an on-going presence and relationship with the community to establish mutual trust and help them to begin working together towards self-reliance. *This could take years*. Nevertheless the results would be rewarding and will last. The employed staff and/or volunteer team will need to have a strong sense of mission under God and *develop a good working relationship among themselves*. This is essential in order to avoid unnecessary friction.

The story of Monica J. shows how the Bethel Baptist Church in Kingston Jamaica tried to relate to a nearby community.

Monica J has lived in Ambrook Lane for nine years. She is a twenty-two year old mother of three small children ranging from 1 to 6 years. What is life like in the Lane for Monica?

> "Not very good. We have many problems, especially housing. Another problem is the lack of water and the surroundings in general are poor."

Monica J worked as a voluntary health aide in the clinics run fortnightly by Bethel in Ambrook Lane. Because of her interest and ability, the Church sponsored her attendance at a six-month community health aide course. Among the skills learnt was how to take blood pressure readings and temperatures and apply dressings. Monica gives voluntary help on clinic days; on other days she often gives help to community members who visit her home.

According to Monica, the Clinic has made a big difference to mothers in Ambrook Lane.

> "Some mothers do not like to go to clinics outside the community and many of them have big children who are not yet immunised. When the Church Clinic comes, they are willing to go there. Many children have been immunised and the adults get help with their medical problems and medication."

Monica, now a community leader and caregiver, has gained a new direction in life. She is getting closer to making a commitment to Christ.

CHAPTER 18: NETWORKING WITH GOVERNMENT AND NON-GOVERNMENT AGENCIES

Church Healing Ministries cannot stand alone in their geographical communities. They also need to relate to a wider community of their region, nation and world.

A. NETWORKING FOR MUTUAL STRENGTH

What can be done to gain strength by networking?

1. Your team can share what you are doing with other agencies - government and non-government - that relate to all the human service disciplines represented in your whole person Ministry. Their co-operation and assistance at all stages will prove invaluable. You also will avoid duplication of services.

   How can you network with these agencies?

   - They can offer *services* in health care, mental health, social work, legal aid, financial advice, education and community development.
   - They can offer management *consultation* and *service training.*
   - You can *refer* clients from your church's healing ministry to these agencies.
   - When you *utilise services* in the community such as a Women's Crisis Centre, government health departments and hospital services, you will increase the network of supportive systems for individual clients - especially in the area of family problems and special medical interventions.
   - *HIV/AIDS and drug abuse* are growing crises. National and regional officials are willing to offer education and training in attitudes, counselling and care.
   - Certain agencies can provide *information* on sources of funding and other types of resources.

2. Establish a close *liaison with other churches* offering a healing ministry. Share, plan, pray and work together. Remember that your common objective is to witness to the full salvation (total healing) offered through Jesus Christ.

3. Your *religious denomination* could establish a Healing Ministry Committee or Department.

4. At a national level, representatives from various denominations could combine to form an Association of Health Healing and Counselling Ministries or other types of National *Church Health Coordinating Agencies*. These could exist for the purpose of sharing fellowship, stories and resources such as personnel and donated drugs, equipment and literature.
5. Your church and denomination could also *liaise with other faith groups* such as those from Islam, Buddhism, Hinduism and Judaism who are involved in providing health and other human services to your communities.
6. Local Healing Ministries, denominational departments and National Church Health Coordinating Agencies can all network with other Non Governmental Organizations in health to be part of a *Non Governmental Health Forum* at the national level. This Forum can coordinate activities and also seek to *lobby the national government* for better services to communities and individuals at risk. There is a *worldwide NGO Forum* for health based in Geneva that works with bodies such as the World Health Organization.
7. Keep abreast of what *international organizations* have to offer. For example, World Vision International and World Council of Churches offer literature, consultation, training and other services.[8]
8. Some churches, denominations and *co-ordinating agencies in other countries* are happy to share information with their counterparts elsewhere.
9. Make use of the capacity of *the Internet* for e-mailing and accessing websites. Set up your own website if possible. Also you can join "list serve" discussion groups or live chat rooms and so on.

From time to time it will be important for you to reflect on the *quality* of your networking. As Christian workers our attitudes, behaviours, activities and relationships should at all times be "circumspect". Where necessary, workers may need to be trained not only in how to relate to the "public" at large but how to demonstrate good etiquette and a high level of professionalism when networking with outside institutions - locally, nationally and internationally. Remember to answer all correspondence and follow up on all undertakings made, where possible.

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[8] The book *The Healing Ministry Resource Guide* offers a detailed list of international facilitating agencies and is available from the Whole Person Resource Centre – 8 Durham Avenue, Kingston 6.

B. NETWORKING FOR ADVOCACY

In many countries the suffering of the poor is partly due to policies of governments and business corporations. These entities can contribute to economic hardships, lack of education, and deaths due to smoking and "junk food" and lack of environmental safety. Often governments and business companies can be co-participants in political or other forms of corruption and violence.
As shared earlier, Healing Ministries may need to network with several non-governmental organizations to lobby governments and corporations for better health practices. Yet this will need to extend to all practices that are harmful to the well being and the effective delivery of services to the marginalized.

Networking is a must!

Organizations working for people can only be effective when the *inefficiency of isolation* is reversed by the *success of synergy*.

PART V: PROGRAMME MANAGEMENT FOR MINISTRY

INTRODUCTORY SUMMARY

We have reflected on the importance of the Biblical Whole Person paradigm, a vision of the Church as God's healing community, a mission of total healing for the whole person, goals of achieving healthy values and behaviours, a multidisciplinary strategy and a model of Ministry that is congregation sponsored, whole person oriented, comprehensive, community-based and managed, multi-level in expertise and integrated in service delivery with restructured "Pyramids of Priorities". We have seen the need for an inclusion of all the usually neglected service priorities of natural and spiritual healing and caring for the environment in the Healing Ministry of the Church. The vital role of healing through community building and of networking for healing have been emphasized.

Nevertheless, very little of all this will either come into being or last for very long without sound programme management. The sponsoring bodies as well as all leaders and workers need to be committed to a well thought out system and process of planning and management. These in turn need to have adequate support systems of documentation, research and consultation – both internal and external. Training and planning for sustainability are critical.

A sense of Christian stewardship as well as the spiritual growth and empowerment of all involved will be vital to the effective management of the Healing Ministry.

The 5 M's of sustainability are stressed, namely: *mentoring* through training, *money and materials*, *manpower (or human resource) recruitment* and retention, *motivation* and *management* by *monitoring and participation*.

All the above aspects of programme management are discussed in some detail, as this has been a weak area among many underserved populations where facilities for training in service administration is lacking. Even in the " so called" developed countries, management is too often missing from the training of health care professionals.

CHAPTER 19: MANAGING THE SERVICES

One of the biggest problems affecting the progress of organizations is that of efficiency in management. This is not always a reflection on the personality or values of leaders or group members. Most often the need is for a greater awareness of the knowledge, attitudes and skills required in the management process. Few persons are "born leaders" and even born leaders can fail. Like anything else, team and service management are learnt. One of the most necessary qualities of the successful leader or manager is the willingness to be as informed and equipped as possible for the task. This involves a constant process of learning, no matter how equipped one may be otherwise. It is vital for leaders and managers as well as other team members to take time out for their own reflection and the planning of their involvement. This outline is intended to assist you and your team in this process. A summary diagram of the major elements of organizational management is shown in Figure 13.

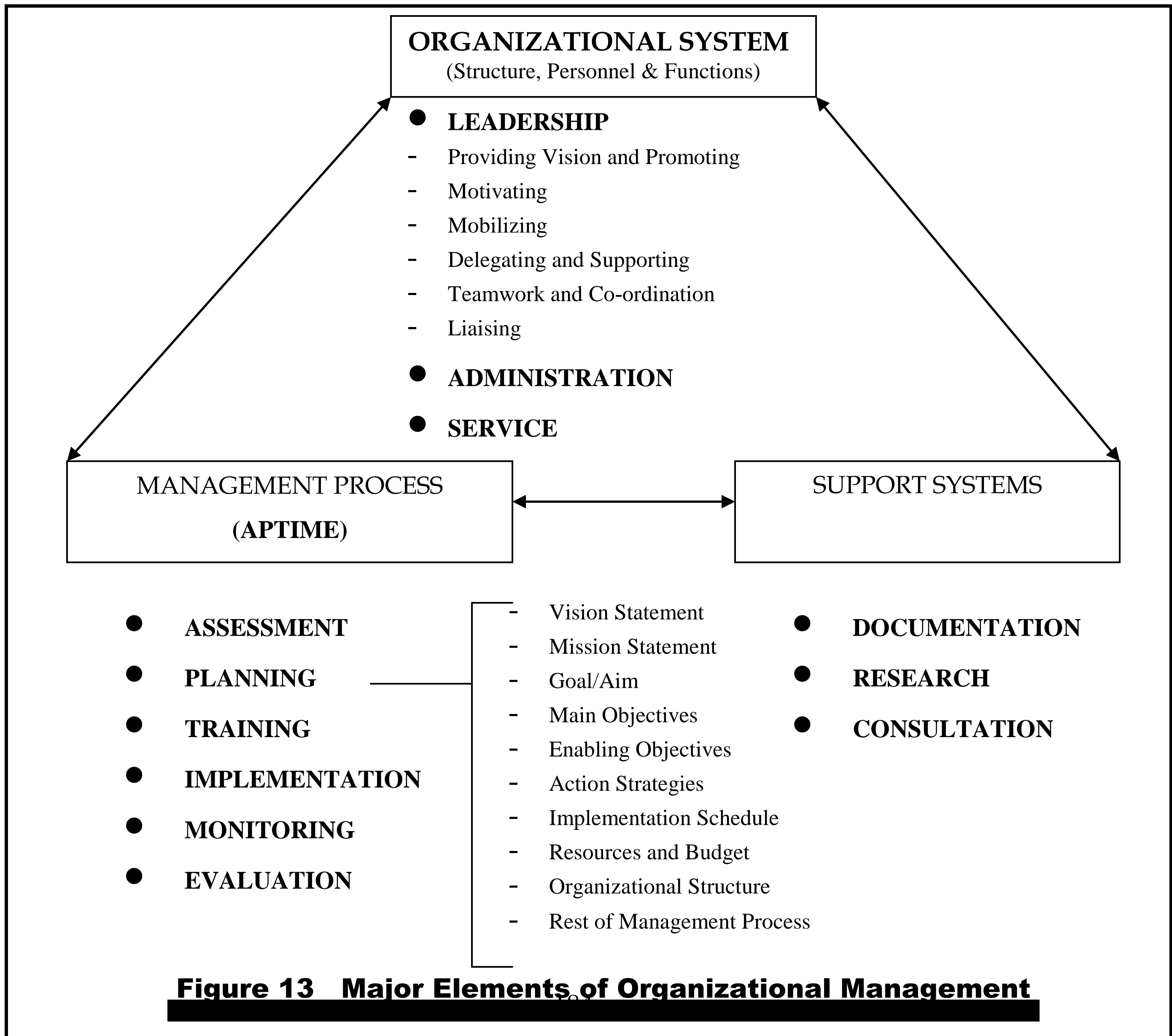

Figure 13 Major Elements of Organizational Management

A. THE ORGANIZATIONAL SYSTEM

An organizational system needs to be developed having a *structure*, relevant experienced *personnel* and respective *functions* within the structure.

An **organizational chart** will be essential especially when setting up the Healing Ministry. This is helpful to resolve reporting ("line") and liaison ("staff") relationships. It will also help to establish where each service and administrative activity fits into the whole Ministry.
Figure 14 gives an example of a possible organizational chart.

The *levels* and *span of control* in the organizational chart and structure will depend upon the *volume of services*. The complex structure described here would be necessary only for a few churches, which may have the size congregation, expertise and finances to serve large populations.

Where one person, working team or committee can efficiently perform more than one function this should be done.

1. Leadership

Without effective leadership the Ministry will fail. Under God's guidance the congregation should elect a *Healing Ministry chairperson*. The chairperson should be responsible for the overall directing of the project. He/she will

- enable the formation and widespread articulation of an overall *vision* of the ministry through awareness building and conscientization
- facilitate the *promotion* of the ministry within the church and community
- help to *challenge and motivate* the various prospective and actual team leaders and members
- *mobilise* wide multidisciplinary involvement and *build leader and worker capabilities* within the ministry
- lead the team in developing and ensuring fulfilment of a *strategic plan* and mission policy, including measurable objectives, through *delegating, follow up and providing support*
- work closely with the Pastor, Assistant Director, the Healing Ministry Administrator, Service Co-ordinators and team members in *building strong teamwork and co-ordinating* activities
- *liaise* with, and engaging the active support of the managing body of the church, the Pastor and other church staff, church members and outside agencies

The Directing Committee, or *Central Management Committee* would be made up of various leaders and co-ordinators in the Ministry (See Figure 14). Where feasible, include selected church representatives with special professional and business

management expertise and maturity in spiritual ministry. If there is a separate Community Organization and Social Work Committee for the church, it's representative could sit on the CMC for liaison purposes.

Community representatives should also be able to have appropriate representation at meetings directly relevant to their welfare.

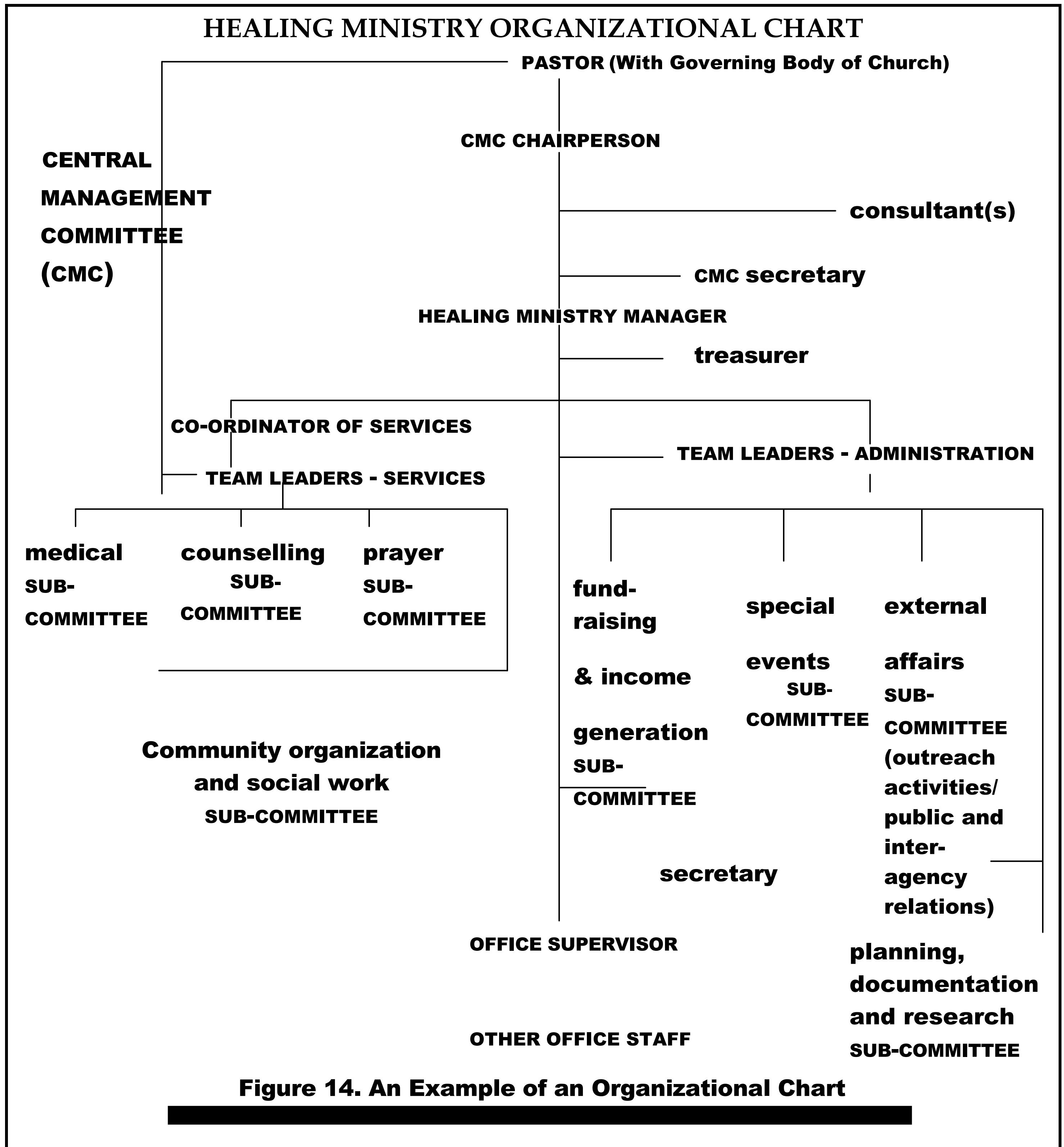

Figure 14. An Example of an Organizational Chart

Leadership roles will apply in various degrees to all members of the management committee. All these aspects of leadership have been found to be vital to the sustainability of Church Health Projects internationally.[9]

2. Administration

Larger Healing Ministries will need the services of a paid manager to ensure co-ordination and integration of all related activities. Smaller ministries could use part-time paid staff or volunteers.

Administrative activities include:

(a) Central Administration

The manager would be directly responsible for carrying out day-to-day functions such as

- manpower (or human resource) recruitment (executive team and workers) – a vital activity!
- personnel administration
- human resource development (including motivation and training, welfare and counselling)
- clarifying policies and monitoring to ensure correct administrative procedures
- ensuring patients'/clients' rights and satisfaction
- overseeing secretarial and office services
- ensuring proper maintenance of the physical plant and equipment
- monitoring the provision and use of supplies
- building up and maintaining a useful library
- harnessing appropriate support services as necessary
- convening and servicing of meetings, conferences and retreats

(b) **Financial Management**

The role of the treasurer is vital for ensuring financing *cost-recovery* and *cost-effectiveness*. Responsibilities will include budgeting, funding projections, financial control, investing, and providing accounting services

[9] Asante, Rexford Kofi Oduro. Sustainability of Church Hospitals in Developing Countries: A Search for Criteria For Success. Geneva: World Council of Churches. 1998.

(c) **Fund Raising**

This would include *traditional fund-raising activities* within the Christian ethical policies of the church. The sub-committee responsible should encourage *innovative ideas*. It should also access *special grants* as well as establish and monitor a vibrant "*Friends of the Healing Ministry*" *group.*

(d) **Income Generation**

Encourage innovative *self-help economic projects* utilising the skills and expertise of community and church members. Such projects could even provide employment for qualified persons. This will help the projects to succeed and become profitable.

(e) **Special Events**

These would include *open days, healing Sundays, healing services,* public *screening* days, staff inspirational and planning *retreats,* staff *prayer sessions, socials* and *celebrations* of Ministry anniversaries.

(f) **Public Relations**

Develop a *logo* and a *motto*. Share your message, achievements and needs. Include *pictures* and *stories* in publications. Prepare *brochures* for purposes of fund-raising, service marketing, outreach volunteer and staff recruiting and networking. Publish *reports* and *newsletters*. Utilise the public *media* as needed for interviews, news releases, etc. Take advantage of the Internet. Set up a website if you can afford it.

(g) **Outreach**

Reach out to other churches to *promote* the Healing Ministry concepts and activities and to help them to get started. Provide *assistance* to those with limited resources.

(h) **Inter-agency Relations**

The discussion on "Networking" in Chapter 18 provides information relating to this area.

(i) **Documentation and Research**

This aspect is discussed later in this chapter.

(j) **Planning and Development**

Planning and development applies to each service and administrative component. The relevant steps are described later in this chapter.

The management of the wide scope of administrative activities described above requires that the Healing Ministry Manager or Administrator should be someone who is

- trained and experienced in general management and administration
- trained, in particular, in health management
- trained, even at a basic level, and with some experience in whole person health care delivery

Such a person will function even more effectively when there is a sense of call and mission to the post and a burning desire to promote all aspects of total healing.

3. Co-ordination of Services

Medical, Counselling, Prayer and Spiritual Direction, and Socio-Economic *sub-committees* could be formed to do the following:

- professional co-ordination of the specific service
- education of clients and communities
- training and supervision of semi- and non-professionals
- facilitating peer review
- documentation of services
- evaluation of services

Each sub-committee should have a *service team co-ordinator*.

The role of overall *Co-ordinator of Services* could be rotated among the medical, counselling, social work and prayer and spiritual direction team leaders. The physician has usually filled this role because the Western medical model has been doctor-centred. Some physicians may feel uncomfortable not being in charge all the time. Nevertheless, the whole person and multi-disciplinary team approach calls for a "*levelling of the hierarchy*" and a *sharing of leadership*.

Health professionals should be willing to work with a Healing Ministry Chairperson and Manager who are not necessarily health professionals. This can be difficult. For example, some paid professionals might be also self-employed or run a separate agency in their own discipline on a part-time basis, only to have this possible conflict of interest questioned by a non-colleague. Potential territorial and "leader-team"

conflicts as well as conflicts of interests or personalities can be avoided by the following:

- *Praying* for one another
- *Mutual respect* for each other's wisdom and unique role.
- The Chairperson and Manager/Administrator having appropriate regard for their own leadership skills, management and professional training and experience.
- The Co-ordinator of Services and Team Leaders focusing on and *strongly representing the needs of the services and staff.*
- Management staff having some *direct involvement in services* so they can better understand the issues.
- A *sound management process* involving teamwork, participation and, above all, dependence on Divine guidance.

B. THE PLANNING AND MANAGEMENT PROCESS

An effective management process within the organizational structure of your church's Healing Ministry will involve the following steps:

- **A**ssessment
- **P**lanning
- **T**raining
- **I**mplementation
- **M**onitoring
- **E**valuation

Remember - "APTIME"

When these aspects of **strategic planning**, **programme development** and **administration** are well established, the sub-committee can *carry out ongoing* updating as necessary. Because team members and service needs constant change, this will be a continuous process.

As stated earlier, *a dependence on the Spirit's guidance and empowering is vital at every stage in the management process.*

Pray, pray, pray!

1. Assessment

A wholistic assessment is a continuous process and involves the participation of both *staff* and *members of the target communities* to be served.

Without adequate assessment of needs, no programme will be relevant to whomever it serves. No activity will be effective.

In what context should needs be examined?

The following should be addressed: -

- The wholistic needs in *each target community* (surrounding or specially related underserved geographical community, congregation and wider region)
- The needs to be met *for each programme activity*

What types of questions can be asked?

The following can be included:-

a. What are the historical, demographic, socio-economic and cultural characteristics of the target group?
b. What is health - as the community understands it?
c. What constitutes the related knowledge, attitudes, practices and expectations (KAPE) of community members?
d. What are the views of the target community on how health programmes should be managed?
e. This will influence how persons and communities define their needs
f. What human motivational, spiritual and material *assets* does the community have to meet the needs?
g. What are the *needs* of the target community?
h. These should be listed in order of priority.
i. Who in the community are at *greatest* risk?
j. This would be defined in terms of features such as age, gender, location, occupation and life style.
k. What are the *gaps* between needs and *assets*?

2. Planning steps

Strategic planning must focus also on the future development and sustainability of the Healing Ministry.

It involves answering the questions:

- How can we help to empower persons and groups to *fill the gaps* between the needs of the target communities and available resources?
- What are the *steps* to meeting those needs adequately?

This is a very important process. *Before* the Healing Ministry is established a *Steering Committee* needs to be involved in several months of planning. This

committee would include prospective team leaders and other Central Management Committee members. *After* establishing the Ministry, the same committee, or selected suitably qualified and experienced members, could continue as a *Planning and Development sub-committee.*

The input of the target communities, sponsoring church and staff members in planning *is vital* both before and after starting the Ministry. Use workshops and retreats to achieve this goal.

Utilise special experts or consultants in areas such as proposal writing, health and human service management, establishing whole person ministries and fundraising. You can also get similar help from experienced leaders from other Healing Ministries or from Healing Ministry Committees or Coordinating Agencies at a denominational or national level. For ideas use a *Creative Problem Solving Team* approach: - brainstorming while suspending judgement - examining likely outcomes for each alternative, - then choosing the option with best likely outcome. A process of transformation through animation and conscientization, as discussed in Chapter 17, will be critical. Old concepts and models that have failed need to be replaced with new ones applicable to the "real" people situations of suffering and alienation – spiritual and human.

Plan for the following using a building block approach to address the whole and its parts:-

- the overall *service programme*
- the *administration* of the entire ministry
- each *area of service* and for the *specific activities* to be carried out
- the *administration of each area* of service

More specifically, the above will involve the following *strategic planning steps:*

a. Writing a Vision Statement

This will consist of what specifically the team would visualize as the "ultimate state of being" or end result, of existence in individuals and various human groupings, which represents the fulfilment of the organization's Divine mandate.

b. **Writing a Mission Statement**

This includes

- the basic Biblical principles about health, healing and wholeness
- the main thrust or the overall goal or aim of the entire Healing Ministry

Both statements should be concise and will affirm

- the central philosophy of the Healing Ministry

c. **Setting Goals (overall end states) and Main Objectives (specific end results)**

   i. for the Healing Ministry as a whole (programme and administration)

   ii. for each area of service (programme and administration)

These must address

- the wholistic *assets and needs of the target communities*
- the specific *service or services* that will be offered to build on the assets in order to meet specific needs
- the relevant *administrative needs*
- the *main approach* you intend to adopt to achieve each goal and objective

  For the *Ministry as a whole* as well as *each area of service* the team should be able to state what are the *target groups* and their expressed *assets and needs.* As you spell out your thinking, what is vital is to develop skill in translating the meeting of needs - by means of building on assets - into goals and objectives. Study the example given in Figure 15 on how to set goals and objectives and identify action strategies.

- Your *goal or aim* will express the overall ultimate state you wish your target group to experience based on your joint assessment. This should be expressed in one umbrella statement.
- Your *main objectives* will clearly state the *specific* and *measurable* end result you all wish to achieve. Once these are clearly spelt out, they will encourage ideas as to enabling objectives and the action strategies that all involved can implement. Such strategies should be stated in order of need priorities.

(d) **Setting Enabling Objectives**

Your *enabling objectives* will identify the smaller activity steps that you intend to take to achieve the main objectives. This will enable you to clarify what methods you will adopt. In other words it deals with the *how* of fulfilling the activities.

Both main and enabling objectives must be "believable, achievable and measurable". Thus there should be *operational criteria* that will identify how well each enabling objective has been met.

Simple measuring such as by numbers of persons to be reached or quantities of money to be raised can test main objectives. Specific instruments such as checklists can measure enabling objectives. The section below and appendix 5, dealing with evaluation, and basic research respectively will provide further information on measuring.

Examine figure 15 again for an example of setting objectives and strategies.

(e) **Identifying Action Strategies**

This will ensure the achievement of your main and enabling objectives. A plan should be written out for each activity and should respond to the following:

- *What* activity needs to be done for each main objective to be achieved?.................................(Activity)
- *Where* should it be done?......(Location)
- *Who* should do what?............(Responsibility)
- *When* should it be done?........(Projected starting date and ending date)

(f) **Scheduling Activities**

This will answer the question as to "*When*?"

Some activities will need to be carried out on a phased basis according to time frame. Preparing an *implementation schedule* chart is a useful tool for summarising all activity plans of the Healing Ministry. The chart should provide the main information as follows:-

i. Main objective
ii. Target Population
iii. Activity
iv. Person (s) responsible
v. Projected starting and completion dates
vi. Measures for monitoring
vii. Measures for evaluation

The purpose of the chart is to give an overview at a glance of the planned activities for any given year. This would apply for:

- the overall Healing Ministry

- respective service areas (such as medical, counselling, prayer and spiritual direction)

There would be a chart both for *service* and *administrative* activities. An example is provided in figure 16.

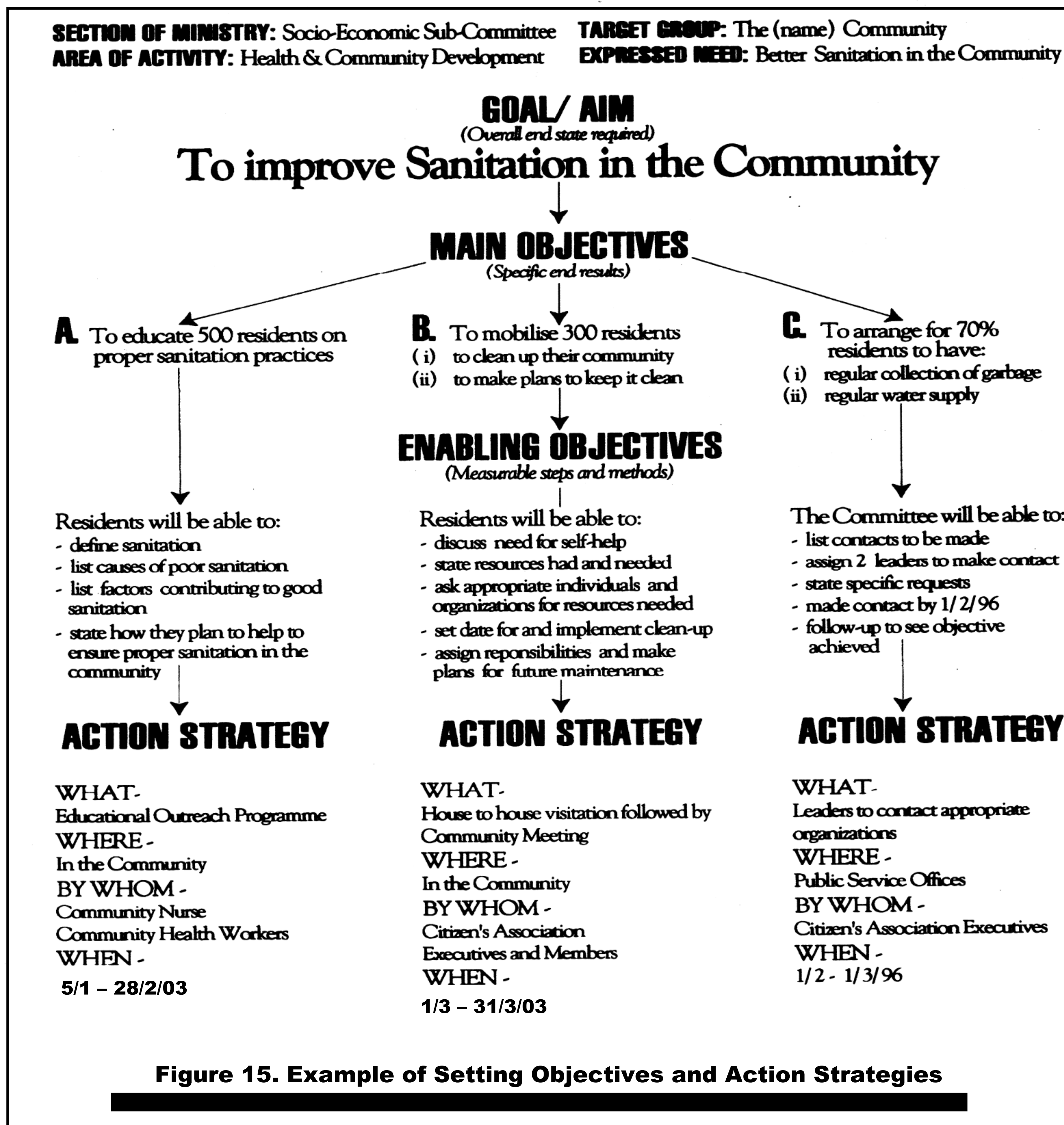

Figure 15. Example of Setting Objectives and Action Strategies

(g) **Developing a Resource List and Budget**

This answers the question: *With what*?

Be able to list all the resources, (human and material) needed and the costs involved. Identify where and how you intend to meet these costs. See Table 5, which is a list of item headings. This list applies to an *overall Ministry*. Aspects of it can be applied to *specific service activities*.

(h) **Establishing an Organizational Structure**

A possible model for establishing an *overall organization* chart for the Healing Ministry was described earlier. For some specific activities, *sub-committees or working groups* will need to be established. The relevant roles and persons to be assigned would be determined.

(i) **Planning systems and methods for the rest of the management process: Training, Implementation, Monitoring and Evaluation.**

(j) **Planning support systems for management**

(k) **Planning regularly for sustainability**

For each of these remaining areas of the management process, apply the planning steps as described above. Details of these areas will be discussed further.

How often should planning take place?

- according to a *3 to 5 year cycle* for the overall Ministry. This facilitates continuity in terms of the ongoing programme, projections, budgeting and fund-raising
- *annually* for specific areas of the Ministry
- *periodically* within the year for small, time-limited projects
- on an *emergency* basis, when urgent problems or needs for change arise. These should be the least chosen times for planning

When all four levels of planning are on going the process will be a constant one.

SECTION OF MINISTRY – Central Management Committee
AREA: Administration

MAIN OBJECTIVES	TARGET POPULATION	ACTIVITY	PERSON(S) RESPONSIBLE	PROJECTED STARTING & COMPLETION DATES	MONITORING METHODS	EVALUATION METHODS
1. To train all the management and supervisory team in management planning	CMC Members Office Supervisor, Sub-committee leaders, Community leaders	Three Workshops	Manager Consultant	01/03/03 to 31/04/03	1. CMC to examine: - training plan - progress plan - final report and overall evaluation results	1. Trainee evaluation questionnaires 2. Short answer test (kept by trainees) 3. Staff questionnaires evaluating the management system in 6 months
2. To evaluate the performance of paid staff	1. Clients 2. All paid staff individually 3. The staff as a team	1. Client feedback survey 2. Use of structured interviews and (clients and staff) 3. Focus Groups (Clients & Staff)	Manager Director of Services	January 2003 to June 2003	1. CMC to examine: - evaluation plan - progress report - final report	1. Staff assessment of the evaluation exercise (questionnaire and focus group) 2. Observe performance changes in six months

Figure 16. Example of an Implementation Schedule Chart

ITEMS	COST		
	Year 1	Year 2	Year 3
1. STAFFING (and related staff services)			
- Categories and salaries			
- *Volunteer equivalent costs			
- *Health benefits and welfare			
- Pension scheme			
- Gratuity			
- Travelling			
- Consultants			
- Bank Charges			
- Auditing			
2. INFRASTRUCTURE			
- *Rental			
- *Utilities			
- *Maintenance of building			
3. GENERAL EQUIPMENT			
- Office equipment			
- Furniture/fixtures			
- Audio-visual			
- Kitchenette			
- Maintenance of equipment			
4. MEDICAL EQUIPMENT (If applicable)			
5. MEDICAL SUPPLIES (If applicable)			
6. PHARMACEUTICALS (If applicable)			
7. SPECIAL SERVICES (If applicable)			
8. ADMINISTRATIVE			
- Office supplies			
- Library			
- Membership of Associations			
- Insurance (equipment, liabilities, etc.)			
- Retreats and conference			
- Education			
- Training			
- Training literature			
- Documentation			
- Publication			
- Public relations			
- Research			
- Community outreach and relief			
9. CONTINGENCIES			
- Etc.			
10. TOTAL			
11. CHURCH'S CONTRIBUTION Including items indicated with asterisks (specify costs)			
12. COMMUNITY'S CONTRIBUTION Including items indicated with asterisks (specify costs)			
13. CLIENT'S CONTRIBUTION			
14. AMOUNT REQUESTED			

Table 5. Example of Budget Item Headings

3. Training

Implementation can only be effective when it is ensured that all paid team members and community and congregational volunteers are adequately equipped. This will be facilitated by training. This process is described in chapter 21.

4. Implementation

Implementation will involve the steps outlined below:

(a) **Delegating areas of responsibilities**

Here the team needs to do the following: -

- Make sure job descriptions are clear and understood
- Ensure worker performance and satisfaction
- Be supportive

(b) **Ensuring the development, documentation and correct interpretation of policies**

This avoids repetitive planning and decision-making

Apart from the overall policy of the Ministry, policies will need to be set for

- certain administrative issues, for example the ethics of fund-raising and research
- the rights of community members and service clients
- services issues such as: methods for community organization, staff client relations; confidentiality and the supervision of non-professionals in curative services
- ethical issues such as family planning for teenagers, abortion counselling and handling partner notification when patients have HIV/AIDS.

Set policies especially where there can be conflict, controversy or doubt.

(c) **Establishing procedures**

- The procedures for each area of activity must be *spelt out,* step by step.
- Each set of procedures must relate to the *wholistic integration* of all activities - whether service or administration
- Monitor the preparation of procedures to ensure that all activities are streamlined. For example, action steps should *follow logically*. *Duplication* between team members should be avoided. Activities should be *time-saving* and *cost-saving* where possible while maintaining *maximum efficiency*

- Training of new staff will be necessary in relation to policies and procedures. All team members will need to understand the policies and procedures that have been agreed upon.
- A written and signed *agreement*, where necessary, will ensure greater commitment and compliance from the staff members carrying out the procedures.

(d) **Maintaining a cohesive team**

This is most vital for success in implementation.

An authoritarian and individualistic approach to implementation is fatal!

- *Pray* for each other
- Keep the channels of *communication* open
- Plan ahead for *productive meetings*. Use
  - a circulated agenda
  - an action list
  - pre-circulated discussion documents, reports and minutes.
  - carry out follow-up between meetings.
- Adopt a *creative, problem-solving* approach. Suspend judgement while brainstorming for various alternative ideas. Think crazy! Don't be afraid of revolutionary thoughts.
- Encourage team-member *participation* in decision-making.
- Have *workshops, retreats and social activities* that will build team relationships and ensure integration of services. Involve families in social activities too. They do share the pressure!
- Be *flexible.*

5. Monitoring – of services and administration

(a) Constantly *follow-up* and *provide support*.

Ask the following questions using the implementation plan:

- Was this activity carried out as planned?
- If not, why not?
- What must be done to ensure successful implementation?

(b) **Provide various channels for providing feedback.**

These might include:

- documentation of all *action plans*

- regular documentation of *activities implemented* - e.g. quarterly, half yearly, yearly reports
- holding regular team/staff *meetings*
- having ongoing telephone, Internet and face-to-face *discussions* between staff and team leaders, the administrator director and other management team members

(c) **Use the procedural steps as a checklist**.

- At a more formal level, a system check listing using procedural steps can be developed to monitor activities in various areas or to monitor the overall functioning of the entire Ministry.

6. Evaluation

One of the best ways to improve services is to evaluate what is being provided.

(a) **Who should we ask to evaluate?**

This could involve the following persons: -

- A sample of *clients/patients*
- Local *community* members
- *Church* members
- An external *consultant*. This will allow for objective learning from others.
- *Workers* in the Ministry
- The Spirit of *God* through our prayer, waiting on God and Bible study

(b) **What methods of evaluation could be utilised?**

These could include: -

- Survey Questionnaires
- Face-to-face interviews
- Telephone interviews
- Focus groups
- A Suggestion Box
- Sharing groups in special team retreats

(c) **What specific areas need to be evaluated?**

The team may wish to look at the following: -

- patient/client responses to the *health, counselling* and *socio-economic services*

- any reports by patients/clients of experiences of *divine healing and spiritual growth*
- patient/client responses to the *Christian witness of workers* in the Ministry
- the *administrative structure and services* and how these have impacted on users of the Ministry
- all stages of the *management process*
- *worker responses* to all of the above
- other areas thought necessary by the target populations and the team

(d) **What do we need to know?**

One could seek to answer the following questions:-

- What is the *overall impact* of the Healing Ministry within the church and the local community?
- How effective is our *Christian witness* - "to know Christ and to make Him known"?
- How well did we achieve our *service and administrative objectives?*
- What *new objectives and activities* do we need to consider? In other words, after evaluation the management process begins again.

(e) **What about self-evaluation?**

Worker attitudes and actions can be powerful enablers or disablers to the effectiveness of the Healing Ministry. How can honesty and openness be achieved?

- Study *Biblical principles* for being an effective Christian worker.
- Plan specific times for prayer, *waiting to hear from God*, and *sharing* - e.g. staff retreats, workshops etc. Let the Spirit be the chief evaluator both of self and the ministry as a whole.
- Have regular *performance appraisals* between leaders and team members.

(f) **When should evaluation be done?**

- *Periodically* during the year such as at usual monthly and special quarterly meetings
- *Annually*

Without the support systems of documentation, research and consultation all these management steps will not be very successful. These systems will be discussed in the next chapter.

CHAPTER 20: SUPPORT SYSTEMS FOR MANAGEMENT

If the management process is to be effective it needs to be supported by documentation, research and consultation. Record, seek and ask - these are the ways to keep the team functioning.

A. DOCUMENTATION

Why Document?
Persons who help people often hate paperwork!
For an organization to function effectively one has to be able to have adequate information about it constantly available. Documentation is the *mirror* through which an organization can gain feedback about itself and it is the *window* through which those on the outside can gain an adequate picture of what happens within.

Documentation allows for continuity and consistency. *It helps to prevent mistakes from being repeated.*

Proper *preparation and filing* of documents are vital. There should be regular *sharing* with staff of what is documented A computer system, if affordable, will be highly valuable.

What should be documented?
A list of proposed documents (numbered 1-25) is shared below:-

1. The *history* of your Healing Ministry

2. A *rationale* for its existence

3. Its *philosophy*

4. The conceptual *model* used

5. Vision and *mission statements*

6. *Aim* and *main objectives* with measurable criteria of fulfilment

7. *Location/s* of central office and activities

8. *Target populations* served, their characteristics and needs (starting with country background)

9. Description of the *services* provided with action strategies and enabling objectives

10. Characteristics and needs of *clients* or patients seen in direct services

11. A description of the *management system* including: Philosophy, structure, methodology and sequence of the planning and management process (see elsewhere in this document).

12. An *organizational chart*

13. The *structure and terms of reference* of the respective committees, sub-committees, working groups etc. Include resource and skill panels used by the Ministry

14. *Staff list* with names by section and categories

15. The *strategic plans* for the next short, medium and long term period being considered

16. *Implementation schedule* (a planning document with activity targets for times in a given year)

17. *A calendar* of future activities such as meetings, retreats, workshops, public events, evaluation and planning workshops, fund-raising etc.

18. A *budget*: annual, five-year or other designated period.
    - Include specific service budgets as necessary

19. An *evaluation* of the programme services and management system

20. *Policies* of the ministry

21. *Procedures for activities* and events in service and administration

22. *Financial Procedures* including:
    - budgeting
    - grant seeking
    - income generation investment
    - the accounting system
    - inventory and movement of equipment and supplies
    - payroll
    - control
    - monitoring for cost effectiveness and cost recovery
    - reporting

23. Daily *activity records* for
    - services done
    - clients or patients seen (including confidential records)
    - administrative activities
    - personnel matters
    - finance

24. Periodic *reports* and *projections* (monthly, semi-annual, annual)

25. *External information* about other organizations, institutions, agencies, for training, networking, research background information, etc.

How can documents be used?

The documents itemised above (1-25) can be used in order to prepare the following information packages for organizational purposes:

- *Information brochure* for clients and target community members (1 - 14, 19)
- Documentation for *incorporation* in order to become a legal entity, where this is seen as necessary. (5 - 9, 11 - 13)
- *Public relations material* for networking and fund-raising etc. (1 - 14, 19). These would include newsletters, news reports, brochures, etc.
- Brochures for staff *recruitment* (1 - 14, 19). Persons (including volunteers) must be attracted to serve
- Staff *orientation and training* handbook (1 - 14, 20 - 22)
- Reports for team monitoring, evaluating and planning (1 - 24)
- *Proposals* for external funding or grants (1 - 20, 24). Donor agencies will also require written reports. Where there is proper documentation they are reassured that it is worthwhile to continue financial and other support.
- Documented reports and papers can provide help to governments and other supporting agencies so that they can better co-operate with churches and so fulfil their promises to the public.
- *Publications* for learning and reflection (1 - 14, 19). Others working in the field will be encouraged to emulate your successes and avoid your mistakes.

How can recording be done?

Methods of documentation can include:

- *Narrative* descriptions
- *Diagrams* (including flow charts, graphs)
- *Pictures* (drawings and photographs)
- *Stories* of needs, efforts, results, etc.
- A *logo* and *motto* to portray your mission and model
- *Audio-visual* recording using aids such as slides, videotape, audiotape and posters *Drama* and *songs*
- A library should be maintained of all written material, properly documented and easily accessible;
- A linkage system can be established (e.g. catalogues, mail, computer) to access sources.

B. RESEARCH

Why research?

Basic research is a must for effective management. The mere idea however, seems intimidating to someone who is not formally trained. Yet we all do research in some way. For example, we seek to get the facts before making decisions or long term plans such as buying a house or car or other expensive item. Opinions are not enough.

How specifically could the information be used?

1. For your organization to be well planned and thus effective and sustainable you will need to be able to have information on a regular basis to deal with the following areas described in *the management process*:-
    - Characteristics of target populations and clientele
    - Assets and assessment needs
    - Monitoring of services and administration through auditing
    - A descriptive documentation of services and administration
    - Evaluation

    Where possible, statistics should accompany narrative descriptions.
    See appendix 5 for suggested approaches

    This is called *operational research. Proper research and documentation is vital for working with aid and development organizations*. Evaluation ensures continued development. Statistics can be encouraging when things appear difficult. *For staff and church leaders to be motivated it is vital that they regularly share their research findings with each other.*

Evaluation workshops can be held and should include clients, community members, consultants and persons from government, other churches, non-government organizations and donors.

2. *Investigative Research* can also be used to advance the understanding of the nature and causes of community, clinical and management problems being dealt with, or to test the effects of specific interventions. Such investigations usually include the in-depth testing of relevant hypotheses.
   As stated, this type of research should be encouraged among staff in academic institutions, trained in areas such as health care, mental health, sociology, anthropology and management that can work along with the local team.

What are the stages of basic research?

These are as follows: -

- Establishing a *baseline status* at the starting point. What were things like when we started?
- Establishing *changes achieved*. What are things like, now that we have done something?

Who should be involved?

Most service programmes will be equipped with enough personnel and expertise to collect the basic information you will need. Do what you can. Be as simple as possible. Use your staff and target community members. These persons can decide as a team what questions to ask. These would be geared to the objective of the research. One could ask volunteer or paid resource persons from *government health services*, a nearby *university* or other local or *international research* or *health promotion agency* to help with protocol, instruments (e.g. questionnaires) and methods for more detailed data collection and analysis.

External evaluation by a *consultant* or team will be very useful from time to time.

Be prepared for the 21st century. Computers are getting less expensive. Don't be afraid of them. Several churches could share one. Nevertheless don't depend on getting one before you start. *Start with what you have*

Appendix 5 gives more detailed suggestions as to research areas and basic methods.

C. CONSULTATION

The local church is an organization. Its prime responsibility is that of offering wholeness (or salvation) to broken lives and, in the process, to help bridge the gap between persons and God. Its programmes and outreach services, therefore, must be properly organized and managed. Sadly, many churches seem to be satisfied to offer second best in this important area of stewardship.

The idea of involving outside consultants may sound like too secular a solution to some, or too expensive a proposition. Yet there are usually few church members who have expertise in management in general and in particular in the area of health and human resource management. Proper consultation, followed by appropriate corrective measures, could make a big difference. There can be no excuse for poor management practices, however sincerely applied.

In a fast changing world, the church needs to maintain its professionalism, technical competence and relevance. It certainly will do no harm to get an objective outside perspective from time to time. Consultants can be invited to examine various aspects and stages of the management process (APTIME) and to help in setting up the support systems of documentation and research.

How does one work along with a consultant?
The following steps are useful:

1. Clarify *why* you need a consultant

   - is it a part of your regular management process?
   - is it because of a crisis? If so what is the nature of the crisis?

2. Establish the precise *areas in which you need help,* for example:

   - the service programme
   - the management process

   Within these areas identify specific challenges your Ministry is encountering. This will determine the type of consultant you will contract.

3. Work out specific *terms of reference* with the consultant.
   These include:-

   a. the *objectives* of the exercise

   b. the specific *tasks* to be performed, for example:

i. evaluation (reviewing the system) and making recommendations with regard to:
    - specific areas
    - the whole organization
ii. training
iii. specific research
iv. assisting in developing a specific plan and project
v. project management

c. the *role* of the consultant. Usually he or she is but a facilitator of a designated task and does not engage in day to day work or take sides in the politics of the organization. He or she can also assist in the training of trainers or managers and in problem-solving research.

d. the *duration* of the assignment

e. the system and amount of *remuneration* (e.g. hourly, daily or monthly rate)

4. Be efficient in giving the consultant *access to sources of information*, for example:
   - reports, minutes, files etc.
   - interviews with staff members

   Once you trust his/her confidentiality be as open as possible in giving information needed to the consultant

5. While not following blindly, do not ignore reflecting seriously on any *worthwhile suggestions and recommendations* made by the consultant. This will be to your detriment. He or she is usually sharing what the facts are telling you!

6. *Do your own on-going evaluation* of the consultant.
   - How much is he/she sticking to the task and fulfilling the objectives set?
   - How professional and ethical is he/she?
   - How helpful to the process is his/her manner?
7. Arrange for medium to long-term *follow-up tasks* as may be necessary.

Even with a well thought out management system and procedures in place along with relevant support systems, nothing will work well for long without the adequate training of all staff involved.
This is discussed next.

CHAPTER 21: TRAINING FOR MINISTRY

Training is a must for all workers in the Healing Ministry in all disciplines, at all levels. The ultimate goal is to develop a team well prepared for all aspects of programme implementation. Each person should be challenged to give his/her "utmost for the highest".

Make sure to distinguish among, and facilitate, the following types of learning:

a. **The formal educational route:**
   This involves the use of the more traditional education system for:

   i. *non-professional* workers who need to complete their basic or secondary level of formal education and obtain the required certification for further studies.
   ii. *semi-professional* and professional service staff who require basic full or part-time training in a specific discipline at a seminary, college or university.
   iii. *professional* workers seeking postgraduate or other special training in areas such as public health, health management studies, theology , counselling and social work.
   iv. *management staff* at various levels (i to iii above)

b. **The non-formal routes of training.**
   This refers to both short and longer courses that are offered at various institutions at home and abroad and outside of the traditional educational system of high schools or equivalent colleges and universities. Make sure to evaluate the type of certificate offered. A proper professional certificate is required for practice in certain disciplines - e.g. nursing, counselling, and social work.

c. **In-service continuing education:**

   This can include the following objectives:-

   i. *To provide basic training*
   This would be especially for non-professionals in specific disciplines, e.g. peer counsellors, community health workers and prayer partners. Semi-professionals or professionals can conduct this type of training. It should involve as many members of the congregation as possible over a period

of time. *Such training could also be at a denominational or interdenominational level*.

ii. *To offer self-directed individual and team learning.*
This is the most cost-efficient method; and is most vital for the continuity and growth of your Ministry. It should involve all team members at all levels. Do not wait for scholarships or for the experts to come. Order books, manuals and audio-visual material for your library. Get on the Internet if you have access. Even degrees are now accessible there. Encourage curiosity and get workers to do their own home study or prepare topics (see reading list) to present to the team for discussions on learning.

iii. *To develop generic whole-person caregivers.*
Team members should be trained in as many areas of whole person health as possible, outside of their main discipline. For example, the counsellor could do blood pressure screening or carry out certain social work functions. This reduces costs and allows for an integration of services.

A note of caution is crucial at this point! *One danger of using non-professionals and semi-professionals in various aspects of health delivery is that they may try to carry out activities exceeding their level of qualification and/or competence*. This may cause harm to persons and damage the reliability of your Ministry. Such a situation can be prevented by doing the following:

Train workers

- to *act ethically* with regard to their limitations to recognise the "*red flags*" which indicate the need to refer someone to a semi-professional, a professional or a specialist
- in *how to refer*
- where possible, through continuing education programmes, to ensure *increasing levels of competence*

Health workers who have reached the maximum level of proficiency within their given scope can be tempted to exceed limits due to feelings of unfulfilment. This can be prevented by *facilitating career mobility* for such persons.

When organizing for training, the following points must be borne in mind:

- Make a *3-year training plan* to involve all workers in the Ministry as well as potential new recruits.

- Training must seek to *meet the needs of both the Ministry and the workers*.
- The *level and type of training* must be clearly identified bearing in mind the individual's educational background and current qualifications, as well as his/her specific interest or talents.
- The *specific learning objectives* must be spelt out in terms of the knowledge, attitudes and skills to be acquired.
- Build up a *staff library.* See the list of recommended reading for a list of relevant learning material. The library facilities could include relevant information technology, via the computer and Internet.

No matter the discipline, each worker should be exposed to the following core curriculum in training.

- The nature of human needs
- The theology of wholeness, healing and salvation
- Basic sociology and anthropology
- The effects of culture and indigenous religious beliefs and practices on health understanding and behaviour
- Understanding the whole person health approach
- The theory and practice of whole person service delivery
- The basics of health promotion and disease prevention
- Basic counselling, spiritual ministry, social interventions, and medical and natural cures
- Basic rehabilitation
- Case management
- How to be effective agents of self-awareness (conscientization), empowerment and change (transformation)
- Team building under God
- Basic management principles

Above all, *train workers to become trainers of others*. This should be seen as a priority as it will ensure effective continuity of the Ministry.

CHAPTER 22: ACHIEVING SUSTAINABILITY

Sustainability is one of the biggest problems in non-profit organizations. What can your Ministry do to secure this? Maintain the principles described below. Most of these have been described earlier. Nevertheless they bear repetition and elaboration.

"Work continuously to keep alive the 5 M's"

What are the 5-M's?

1. Mentoring through training

(a) *Train staff at all levels* in all disciplines of wholeness. This will include:

(i) professionals

(ii) semi-professionals who can be supervised by professionals. These include nurse practitioners, counselling assistants, social work assistants, as well as "prayer and spiritual counsellors".

(iii) peer helpers e.g. intake interviewers, church and community health workers, lay counsellors, "prayer partners", "lay social workers" and lay "community organizers" and health promoters.

(b) *Train staff to train others* in basic skills of health promotion, prevention, helping, rehabilitating and organizing.

(c) *Train constantly*.
Almost every two years knowledge doubles. As well, staff will come and go.

2. Money and materials

(a) *Keep fundraising ahead of your service schedule.* (2-5 years). Raise enough funds to ensure reasonable remuneration for employees, and to adequately cover other projected costs.
Make sure to forecast all future costs as accurately as possible.

(b) *Be responsible stewards* of the money and materials you have raised, or the grants which have been allocated to your Ministry. Maintain proper accounts and financial controls. Have audited reports ready on time for adequate advance planning.

(c) Aim for maximum income-generation efforts involving all the target communities. *Encourage creative and innovative self-help efforts at all levels.* Nothing is free! If your funding is seen as free, it encourages dependency, corruption and eventually, bankruptcy! Accountability is therefore essential.

(d) *Make prayer your main means* of raising money, materials and human resource. Have a prayer group or prayer partners pray constantly for all the specific needs of the Ministry. For "my God will meet all your needs..." (Philippians 4: 19, NIV)

(e) Seek *cost recovery* for services where possible.

(f) Practise *cost-effectiveness* by means of:
- maximum use of *non-professionals*, semi-professionals and volunteers, e.g. use mostly health workers instead of several nurses. Use nurse practitioners along with doctors instead of two doctors.
- focusing on services that encourage *community building, health promotion* and the use of *natural remedies* which are all low on costs.
- *Spiritual care and Divine Healing* will not incur a cost on your budget! *Effective evangelism is the best gateway to wholistic health promotion*! Jesus spoke about the kingdom of God as he healed (Luke 9:11)

3. **Manpower, or human resource, recruitment and retention**

Keep a manpower, or human resource *register* of persons within the congregation and community from whom volunteers and paid staff can be recruited. *Keep the work of the Ministry in the forefront of people's minds*. Christians should be made constantly aware that this is one option to consider for local missionary outreach service. *Pray* for God to provide persons to serve.

Recruit, train and develop persons constantly in order to retain staff adequately. Staff should be recruited from the local church as much as is possible. Focus mainly on volunteers. Some congregations incorrectly hire outside persons as their main supply of workers rather than becoming more involved themselves in volunteering for outreach. Encourage volunteer recruitment for self-help in the community. Watch for political handouts aimed at co-opting community workers into parties at the expense of community teamwork!

Many organizations fail to provide professional or advanced training because they fear that trained personnel will move on to "greener pastures". Remember that this is the Lord's work. If we do our part, moreso by faith, He will not fail to provide whoever or whatever is necessary.

Paid staff should be adequately remunerated as much as is possible. St. Paul reminds us - "Do not muzzle an ox when you are using it to thresh grain". (I Cor. 9: 9, TEV)

Promote staff where possible and where merited through performance and training.

4. **Motivation**

   Commitment and endurance comes from motivation. *Keep the vision alive*. Articulate clear vision and mission statements to all staff and to all communities. Constantly *stress the benefits* of their fulfilment, through service among each other in the team and to all who are served.

   Develop a strong *team spirit.* Promote *spiritual growth* and inspiration. *Build fellowship* to avoid burnout. Pray, share and play together to stay together. *Delegate*, *communicate* and *appreciate.*

5. **Management by monitoring and participation**

   a) *Monitor* your entire management steps constantly. Remember APTIME! Assess, plan, train, implement, monitor and evaluate. Six steps in all - one from six leaves nothing! Have a *three to five year plan* at all times.

   b) *Manage by the active participation* of all in planning, documenting services and in evaluation. This is the only way that both potential sponsors, donors, staff, clients and community members will *own* the Ministry. The Ministry will be sustainable only when it is *owned by all the stakeholders*.

   c) Mismanagement will lead to failure. You will fail if you:

      - have persons on the Committee mainly for “political” reasons rather than for their relevant expertise and experience
      - have little support from the Church and Management Committee or Board
      - use mainly fully trained, or professional, paid staff rather than non-professionals and volunteers as the majority of your workers
      - provide free services and depend solely on overseas funding agencies
      - recruit persons on your staff who do not share the spiritual commitment and worldview required for effective service in this particular ministry
      - let foreign missionaries run the Ministry or function as the majority of your service providers when you have local personnel (paid and volunteer) to do the job.
      - let the Ministry run separately from congregational life

- focus mainly on social welfare versus promoting community building and self-help
- operate only within a clinic providing handouts, physical and medical-related activities, such as the use of stethoscopes and prescriptions
- once you recruit staff, forget about their needs for personal development and spiritual empowerment
- make no plans for further recruitment
- leave it to staff to motivate themselves
- avoid regular management and special planning meetings
- make decisions only as the need arises
- practise crisis management

Remember the **5-M's** of sustainability!

- ✓ ***Mentoring*** (Training)
- ✓ ***Money*** *and* ***Materials*** through stewardship, prayer, self help, cost recovery, and cost effectiveness
- ✓ ***Manpower***, (or human resource), recruitment and retention
- ✓ ***Motivation*** by vision, and divine inspiration
- ✓ ***Management*** by the “APTIME steps”: assessment, planning, training, implementation, monitoring and evaluation.

This Ministry belongs to your church. It is a means of its mission outreach and evangelisation. The whole congregation must run it! support it! and operate it!

CHAPTER 23: THE HEALING MINISTRY AS A CHRISTIAN SERVICE

This chapter has been placed near to the end because it represents one of the most important emphases of this handbook.

Healing is a much-needed stewardship throughout the world. Medicine itself has always been an important aspect of the missionary work of the church. Yet there can be several problems when one attempts the desired model of a Healing Ministry and its management.

What are some of the management implications of a health related ministry being run by the church as a truly "healing" community?

A church-sponsored Healing Ministry should involve a wise combination of: a *Christian stewardship in effective management* along with *spiritual contemplation* (loving God and receiving from Him). This is necessary in the community and within the local congregation if medicine and natural healing, counselling, socio-economic services, spiritual direction and prayer are all to be offered in a truly integrated way.

A. CHRISTIAN STEWARDSHIP IN MANAGEMENT

Exercising Christian stewardship for effective management will involve the following principles:-

1. *Prayer, as well as remaining united to or "abiding in" Christ by having God's Holy Spirit living within us,* are absolute pre-requisites[10]. Without these two essential actions, there can be no effective management of a healing ministry.

   God will work in all ways to heal if we will have Him heal through prayer and the filling of the Holy Spirit[11].

   Prayer and daily conversation with God's Holy Spirit are the most effective spiritual tools in Whole Person Healing.

2. If this form of Christian service is to succeed to its full spiritual potential then it is best that every worker involved, *who represents the church*, be a believer in Christ with qualities of a New Testament deacon or bishop[12]. *Careful selection* must take place, even among believers, through wisdom and the leadership of the Holy Spirit.

[10] Mark 9: 17-29; John 15:6-7; 14: 12-17; 16: 7-14
[11] Acts 4:29-33; 5:16
[12] 1 Timothy 3:1

If this ministry of the Church is to be spiritually effective, it needs to be carried out by more-than-nominal Christians. Such persons, out of their own experience and growth, can represent to clients and patients, Christ as the Great Healer working through His Holy Spirit. They can also represent the Church as a healing community. These Christians should share a faith in the healing power of God available through medicines and nature, men and women and miracles. These statements apply specifically to persons representing the Church, to Healing Ministry clients, congregations and community members. Workers selected by the geographical community to function *on its behalf* will need to reflect the diversity of faith beliefs represented in the community.

3. *The Healing Ministry should be approved of and supported by the whole local church.* Church leadership must neither be neglectful nor pay lip service only to this ministry. The Healing Ministry cannot be viewed as being less important or more important than any other ministry in the church. The Church Council, or other governing body, needs to exercise a balanced leadership through consensus and prayer to guard against damage by either sceptics, on the one hand, or fanatics on the other.

   The Pastor, in his role as spiritual leader of the congregation should maintain pastoral care for workers in this ministry as in any other ministry in the church. The Pastor's role is also vital in encouraging congregational support and in ensuring that this relatively new form of ministry becomes integrated with the more traditional as well as other innovative ministries. Without this level of pastoral care and active church support, workers may experience feelings of spiritual burnout and isolation. This may severely retard the ministry's growth and witness. On the other hand it is best for the Pastor not to exercise an authoritarian leadership style. He should allow for delegation, participation, teamwork, Divine guidance and enough autonomy for effective motivation and creativity.

   The workers in the Healing Ministry need to experience a Divine call to serve in this way - as local missionaries! *Public acknowledgement of God's call could take the form of a service of Commissioning.* Here, the local congregation pledges its support to provide for the needs of workers and the Ministry through:
   - prayer
   - moral and spiritual support
   - appropriate training
   - adequate working conditions
   - adequate remuneration for paid staff
   - adequate fund-raising and income generation

4. *The church's confident support of this ministry could also be reflected in the level of utilisation of the services* offered, especially promotive and preventive, by members of the church's own congregation.

5. All areas of this ministry need to be:-
   (a) *integrated within the ministry*
   (b) *integrated with other services provided by the church;*
   (c) *included in joint planning, prayer, feedback, and inspirational retreats.* Along with the rest of the church, specialised workers as well as the whole church in general can be encouraged to participate fully in this co-ordinated witness to Christ.

6. Leaders and workers in local churches need to recognise that because health is wholeness and health and salvation are the same, then several of the activities listed in this handbook are already a part of all areas of the local church's ministry. This may occur even if the activities are not *conventionally defined* as having a healing function. This would include for example community evangelism, social outreach, discipleship training, Christian education and family life education.

   Thus *every activity listed would not have to come directly under the direct management of the Healing Ministry Committee*. In a sense the whole life of the church is a Healing Ministry! What the committee would seek to do is as follows:

   - Introduce new services to complement the church's existing Healing Ministry.
   - Provide physical space and facilitate the integration of new activities with pre-existing church ministries.

   The committee would not be merely running a "separate arm" of the church. The main function of the Healing Ministry Committee would be to work with the whole church to help it augment all its activities towards being a "total healing community" as a fulfilment of its evangelistic and caring roles.

7. Because the church will serve persons including those who are not Christians, *it should not impose its beliefs on others*. Permission as well as Divine guidance should be sought before one seeks to provide prayer or spiritual counselling. An individual's rights of refusal should be respected.

8. *Christian stewardship calls for proper attention to proper management practices*. Too often Christian leaders (clergy and lay) compartmentalise matters of the spiritual and technical. Christian piety should support rather than denigrate the following: -

a. the development of *proper management systems* and an appropriate training programme

b. the best available financial and moral *support of technical and management staff* despite their sacrificial "*missionary*" calling and status. Despite a strong focus on volunteers as the core of the Ministry, the local congregation should be willing to adequately compensate paid staff, as well as external resource persons such as trainers and consultants.

c. *seeing finances as a Godly means to an end and not as an end in itself* (or "filthy lucre"). Sometimes churches feel that it is wrong to seek and spend beyond small sums of money. This is too often the case, despite the spiritual goodwill of small or large contributors, or despite the results that significant funding will achieve for God's kingdom.

   With God's "big" resources, Christians can think big where the challenges are big. This consideration, of course, needs to be within the context of the principle of sustainability outlined in chapter 22.

d. a willingness to carry out *professional evaluation* which may show up weaknesses in how the church's Healing Ministry and the church in general, are functioning

e. an openness to *participatory teamwork* versus authoritarian management.

Ensure that the above aspects of stewardship in management are consistent with Biblical principles through the appropriate team Bible studies and reflection.

C. CONTEMPLATIVE SPIRITUALITY:
THE DISCIPLINES OF SPIRITUAL LOVING AND RECEIVING

1. Obstacles and Challenges in Ministry

The management and services of the church's Healing Ministry need to consist of a balance between *activism* on one hand, and *development in spirituality* on the other. Why is this so?

There are several obstacles and impossible-seeming challenges involved in community-based Whole Person healing. Some of these are:

- severe *physical suffering*
- *psychological bondage*, including such as:-
  - addictions to substances, persons, things and behaviour

- personality disorders
- the severe emotional pain of anxiety, depression and psychosis

- *socio-economic and interpersonal oppression* such as:-
  - poverty by discrimination
  - racism
  - social disorganization
  - war
  - crime and violence
  - abuse in families (sexual, physical, verbal)

- *spiritual evil* such as occurs in
  - secularisation and loss of spiritual values
  - occult practices and propaganda for purposes of destroying others
  - mind controlling
  - the activities of evil spirits to tempt, oppress and control
  - existential despair and loss of meaning and purpose in life

- *lack of management resources* for ministry – manpower (or human resources), money and materials, motivation and mentoring (for training)

Without a balance of development in spirituality on the one hand, with activism on the other, these barriers will never be overcome.

2. Loving God and Receiving in Contemplative Spirituality

Loving God and receiving goes beyond the first steps of the conversion experience involving one's commitment to follow Christ. In Acts 2:38 St. Peter shares that "repentance" or turning our backs on our undesirable lifestyles and our rejection of God and becoming initiated into the communion of believers by the symbolic act of *baptism* are only first steps. *The fullness of spiritual experience comes with being filled with God's presence in the person of His Holy Spirit*.

There are two aspects to relating to God's Holy Spirit as individuals and as a Ministry team.

a) *Receiving the Spirit*. This is asking Him to be within us. This occurs when we ask Christ to enter our lives. Yet with all of this he could perhaps be invited to dwell only in a single room in the "house" of our lives. Thus *we could have His presence only*.

b) being completely governed by the Spirit[13] in one's mind (thoughts and actions) or even *being filled* and *"walking" (or living, daily) in the Spirit*. Here He is not merely received and present in a "token" fashion. Rather He is *given total access* to every room and corner of the "house" of our lives to do His work of transforming, empowering[14], teaching[15] and leading[16].

3. The goals of Loving and Receiving

Loving God as the fulfilment of His first commandment and receiving from His Holy Spirit, provide the following benefits for the Healing Ministry team and its target communities: -

a) We receive *God's power* and *spiritual gifts.* This enables us to deal with the impossible seeming obstacles and challenges that exist outside and within oneself, and one's team and community. Christ gave His disciples power over demons and diseases[17] and told them to wait for the power of His Spirit before starting on the Great Commission of witnessing to the world[18]
b) We receive *God's love and grace.* God gives his Church supernatural gifts or special caring abilities for ministry[19] God's love is unconditional and forgiving[20] for all[21] and totally sacrificial[22]. It leads to His grace, which is His undeserved favour in meeting all our needs - spiritual, psychological, socio-economic and physical[23] God's love and grace are made effective by the power of His spirit[24].

4. The Disciplines of Loving and Receiving
The loving and receiving aspect of spirituality, like anything else that we do, will involve specific steps. These can be seen as disciplines in that *they require consistent and constant application* - daily if possible.

[13] Romans 8:5
[14] Galatians 5:4, 16-25, 1 Corinthians 12:4-11
[15] John 14:26
[16] Romans 8:14, Acts 13:2
[17] Luke 9:1
[18] Acts 1:4-8
[19] 1 Cor. 12: 4-11, 28
[20] Ephesians 2:4-5
[21] John 3:16
[22] Romans 5:8
[23] Ephesians 2:7-10, Philippians 4:19
[24] II Corinthians 12:9, I Chronicles 29:12

Individuals and Ministry teams are free to develop their own steps to devotion and contemplation with the aid of various guides. Nevertheless the following steps are being suggested:-

a) *Loving* God with our whole person[25]. This is a daily act of adoration, thanksgiving and self-giving in absolute loyalty. It is saying to God "all that I am is yours". This is similar to the total devotion of one human being to another. It is the loss of self-centredness to becoming God-centred It is giving of our possessions as well as self[26]

b) *Believing* in God and in His power, love and grace operating through Christ and His Holy Spirit. This is the main pathway to effective living - not merely our own efforts[27]. It leads to the miraculous power of the Spirit in us[28].

   Faith is not blind. It is a belief in God as a real person who will come to us whenever we expect Him to[29]. When we believe we receive[30] even the impossible[31].

c) *Surrendering* of the obstacles and challenges that we face to God. This is a surrender of our efforts and frustrations with the recognition of our limitedness and of God's limitlessness[32]. It is also a confession of our failing God, others and self as well as a "repentance" or turning away from this. It is to *let go* and *let God"*[33].

   i. In *letting go or "exhaling"* the burden will become light[34]. It is to let go so that we "cease to live" in our own strength alone, so that Christ can live through us[35].
   ii. In *Letting God or "inhaling"* to surrender is an *opening of self*, in order to be filled with God's presence through His spirit. This comes by asking and by our expectancy[36].

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[25] Deuteronomy 6:5, 10:12, Jude 21
[26] Luke 14:33
[27] Ephesians 2:8-10
[28] Galatians 3:5
[29] Hebrews 11:1,6
[30] Matthew 21:22
[31] Matthew 17:20
[32] Mark 10:27
[33] Philippians 4:6-7
[34] Matthew 11:28-30
[35] Galatians 2:20
[36] Luke 11:9-13

d) *Listening* to God. Having loved God, believed in Him, and surrendered to Him in our spiritual walk and contemplation we will continue to receive as we listen to Him.

This is perhaps the most vital aspect of contemplation or loving and receiving. Having yielded self in love and received the indwelling Spirit of Christ through faith and surrender we must now listen to the Spirit as He directs us when and how to minister and to manage our ministry.

God's Spirit speaks to us through several means as we listen. These include:

- His words of scripture[37]
- His directing through our meditating in silence[38]
- the words of others[39]
- dreams and visions[40]
- the miraculous unfolding of circumstances (or "signs and wonders")[41]
- angels[42]

5. Practical Aids

What are some aids to help us love God, believe in him, surrender to him and listen to his voice?

Prayer

Prayer is the most important activity in the discipline of contemplative spirituality. Christ said to his disciples that faith and the power they needed to overcome evil come only by prayer and fasting. Prayer should involve adoration, thanksgiving, confession, intercession and supplication[43] – waiting on God and listening, if we are to hear him.

Divine Healing, Prayer and laying on of Hands is another form of prayer. We can lay hands on ourselves, our spouses, children, friends, fellow workers or church members, as well as others in more structured situations. The hands have their own energy and symbolise love and caring. *The power of the touch is powerful*, yet when all of this is taken over by God's power, imagine what the results can be!

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[37] II Timothy 3:15-17
[38] I Kings 19:11-12
[39] Acts 9:17
[40] Acts 10:19
[41] Hebrews 2:4
[42] Acts 10:3
[43] Philippians 4:6

Bible Study

Alongside prayer, comes *Bible Study*, involving a daily listening to God through his Word. Also, there is silent *meditation* – finding a quiet place, as Christ himself went "apart" to be alone.

Journalling

Another form of support is *writing a journal*, putting down on paper our burdens, what God says to us, and what we say to God in our prayers. We can come back from week to week and month to month and review the journal and be inspired and reminded to God's power and grace.

Sharing

Community is the greatest human agent of healing and spiritual growth. Therefore we need a *prayer partner* and / or a *small group* of brethren with whom we can share. In a small group, the gifts of the Spirit, such as prophecy and healing, can be used. In inspirational *retreats* our teams can come apart for a while to listen to God.

Fasting

Fasting is a valuable discipline to accompany all the others, because it facilitates a greater emptying of self and reception of God's power.[44] Fasting has a physical benefit of allowing the body to detoxify itself in the relative absence of ingestive loading. It leads to feelings of refreshment and longer life. It also clears the mind and spirit. Drinking water or juices should be maintained, plus medical advice given for persons with acute or chronic ailments.

6. **Obedience**

Listening to God is the pathway to effective activism in Ministry in that it affords us the challenge to obedience. Obeying Him is an act of love that leads to a greater presence of God within us[45].

When this obedience comes, *we will find our new selves*[46] and a new direction in that we will be transformed. We will minister effectively in accordance with what God wishes to do. His wishes for good are always fulfilled in those who are guided by His purpose and Spirit[47]

Obedience in faith leads to a renewed motivation that endures[48] to an empowerment that bears fruit and overcomes[49].

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[44] Matthew 17: 21

[45] John 14:23

[46] II Corinthians 5:17

[47] Romans 8:27-28

[48] Hebrews 12:1-4

Assessment, planning, training implementation, monitoring and evaluation (APTIME), as well as effective leadership and participation in teamwork, all become possible because the same Spirit of God leads, empowers and works in all.

So it is that activism and spiritual contemplation (loving God and receiving from him) go hand in hand with each other to produce an effective and efficient ministry of healing.

[49] John 15:5, 16:33

CHAPTER 24: IN CLOSING
Review, Invitation And Challenge

It is hoped that this handbook has inspired and informed your team so that you may more effectively fulfil the Biblical and truly scientific vision of total healing for the whole person "in community".

For a comprehensive review of this handbook, I suggest the following:

1. review the introduction
2. examine the table of contents
3. read over the introductory summaries before each section of the book
4. examine the review points below

Here are some summarising and concluding comments.

REVIEW POINTS

- The rediscovered Whole Person paradigm of the Bible provides the Church with a renewed vision of the Church as God's "Healing community".

- The mission of the Church now comes to be "Total Healing and Development for the Whole Person". To neglect any aspect of *the whole person* in our mission is but patchwork. It will not bring total healing and development.

- Promoting sound *health values*, the individual taking *responsibility* for himself or herself, the empowerment of the *community* as well as an involvement in *advocacy* for justice and equity from institutions of power, are the gateways to wellness.

- *"Health for all" can only be accomplished through health by all.* There needs to be a massive mobilisation of *non-professional volunteers* and community members as part of a *comprehensive service* to each other. Only a minority of their services in the community needs supervision. This covers only some aspects of preventive activities. Also *every church and community member can be a health promotion worker*.

- *Counselling services need to be taken into the contexts of where and how people live*. Do not expect many to leave their contexts to seek such services.

- Curative services can be expensive but will be very useful especially if they are t*ruly wholistic and involve interdisciplinary integration* through l*inkages*, adequate *case management* and through each member of the multidisciplinary team working as a *generic whole person care giver*.

- *Natural healing, spiritual assessment and healing* and *creation care* are not just "New Age" fads. They are central to Biblical theology and Christian practice. These neglected aspects of both Western health care and religious practices need to be a vital part of the Church's Healing Ministry.

- *Community building through small group* support and family cluster coalitions is the greatest human force in healing. Community building also involves networking with other churches, other faith groups, other NGOs and with governments locally, nationally and internationally.

- To do for people what they need to *do for themselves* is to invite disease and underdevelopment through fostering powerlessness.

- A *proper management system and process* with adequate *support systems, training* and measures for *sustainability* too often together become missing links in Healing Ministries. They are a vital link. We have a stewardship to excellence and accountability in all things.

- Wholeness in community comes from workers making a choice for *a growing commitment to God through development in spirituality*. This choice and commitment is also what enables effective *activism* in ministry against the odds of human and non-human obstacles.

- Where the "Kingdom of God" reigns, we will experience wholeness. Our God makes possible all the resources for healing - spiritual, medical and natural, counselling and socio-economic. "*Being made whole" is what "salvation" is about*. Properly defined, *health and salvation are one and the same*.

- *Pray* for God's guidance as you embark on this Ministry.

- *Begin small* and expand. Be patient. He makes all things possible.

- *Be flexible and open* to God's leading and to learning from others. Don't be afraid to try something new.

GETTING INVOLVED

Finally, how can the average church or local community member or other interested persons respond to this Ministry?

You can:

- *Pray!* Pray! Pray for the Ministry! "The prayer of a good person has a powerful effect" (James 5:16, TEV).
- *Visit* your community and church Healing Ministry activities. Get to know the staff, community members and clients. Learn about the Ministry. Offer encouragement.
- Offer to participate in *community building* activities.
- *Volunteer* your skills for use in the Ministry.
- *Contribute* financially, in addition to your usual giving to your church, to enable the continuation of the Ministry's service to the underserved.
- Use the Health Habits Check List to *promote your own health and the health of others.* Learn some basic medical and natural self-help cures.
- Listen to, encourage and pray for others.
- *Utilise* the services offered according to your needs.
- Have others *share* their experience of being involved and with regards to what services are offered.
- Offer *suggestions* for improvement of the management and delivery of services.
- Become a volunteer.

THE CHALLENGE

The needs in this new millennium may seem overwhelming as new diseases, such as HIV/AIDS, afflict the world, as community and civil violence continues, and as the rich get richer and the poor get poorer. Yet, the challenge goes out to members of the church to be disciples *proclaiming* and *demonstrating* the *total gospel* of salvation, which involves not only the atonement of the cross, Christ's forgiveness to the repentant, and our reconciliation to God, but also our healing and behavioural transformation.

Let us proclaim and demonstrate, regardless.

The existing need and possibility of healing the whole person is very real.
Let us practise whole person healing, regardless.

The possibility of Divine power and authority in healing exists for each Christian and congregation[50].
Let us pray for power, regardless.

We are confronted by the need for God's people to be healers in a healing community
Let us build community, regardless.

We have been given the mandate to be good stewards of our resources
Let us practise effective management, regardless.

[50] (Luke 9:1)

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RECOMMENDED READING

This list of readings is being suggested for staff in the Healing Ministry. They are meant to provide an excellent orientation to the several facets of the wholistic approach. **Copies of these and the remaining books can be kept in the Ministry's library**. Nevertheless workers in a particular area can purchase all of the books relevant if affordable.

The books do not have to be read all at once. It is suggested that one becomes familiar with the contents and use the books as reference when necessary. At the same time, it is hoped that staff will maintain on-going reading as part of their continuing education.

How To Order Books
Write to the Publisher to make an order. Request an invoice from them. Use the invoice to buy foreign exchange from your bank in the form of a draft made out to the publisher. Mail the draft and invoice to the publisher who will mail the book to you.

Books indicated with an asterisk (*) are especially recommended.

Books can be ordered using the following methods:-

1. Using a US$ credit card and purchasing via the corresponding 800 number or the Internet (Amazon, Barnes & Noble, or publisher's websites)
2. Ordering directly from publisher by requesting a pro-forma invoice and paying via bank draft.
3. Through a better-known bookstore.

NB It is suggested that enquiries can be made re ordering any accompanying audiotape and workbook for each publication cited.

COMMUNITY SELF-MANAGEMENT

Empowering the Poor*	Robert C Linthicum	MARC Publications – 121 East Huntingdon Drive, Monrovia, CA 91016-3400	Issues and practical steps in community organization.
Health for All*	Health and Welfare Ministries	Health and Welfare Ministries – Service Centre, General Board of Global Ministries, United Methodist Church, PO Box 691328, Cincinnati, OH 45269-1328	How to reach out to promote others' well-being – a vital aspect to wellness. Practical information and ideas for promoting health in individuals, families, congregations, communities, nations, world. Also deal with special health problems and populations, e.g. youth and elderly.
Training for Transformation*	A. Hope & S. Timmel	Mambo Press – Gweru, P.O. Box 779, Zimbabwe:	Strategies and training for facilitators and citizens in Community Organization.

COUNSELLING

Basic Types of Pastoral Care and Counselling: Resources for the ministry of healing and growth*	Howard Clinebell	Abingdon Press – 201 8th Avenue, South Nashville, TN 37203	Useful ideas about counselling services and personal growth promotion. A good text for training in counselling in a church context.

COUNSELLING: - USING LAY COUNSELLORS

Counsellor Training on Video Cassette with accompanying workbook*	E. Anthony Allen	Caribbean Christian Publications / CBF Media Centre – 3400 Raleigh Street, Hollywood, FL 33020 (Phone: [954] 981-2271/964-2940) (Fax: [954] 981-9518) (Email: ccp@cinmail.net) or contact Whole Person Resource Centre	Seven sessions covering general counselling skills, premarital and marital counselling. Uses role-playing.
How to be a People Helper: You can help the others in your life*	Gary Collins	Vision House Publishers - Santa Ana, California, 92705	Peer and Lay Counselling – a guide for services and members.

DIVINE HEALING AND OTHER INTERCESSION

5-Minute Miracles: Praying for people with simplicity and power*	Linda Schubert	Resurrection Press - P.O. Box 248, Williston Park, NY 11596	A brief, simple guide for everyday healing prayer.
Christian Healing: A practical and comprehensive guide*	Mark Pearson	Hodder & Stoughton Ltd. – 338 Euston Road, London NW1 3BH	Excellent manual for a ministry of divine healing.

ENVIRONMENTAL PRESERVATION

50 Simple Things You Can Do to Save Earth*	The Earthworks Group	Earthworks Press – 1400 Shattuck Ave., #25, Berkeley, CA 94709	Ideas for a healthy environment.

GROUP SHARING AND SUPPORT

Come Pray With Me: Prayer group guide*	Camps Farthest Out, Inc.	Association of Camps Farthest Out, Inc. – 475 Cleveland Ave. N., #321, St. Paul, MN 55104	Suggestions to leaders and participants establishing prayer groups for healing and support.

Encyclopedia of Serendipity*	L. Coleman	Serendipity House - Box 1012, Littleton, CO 80160	Guidelines plus structured activities for small caring groups.

HEALTH WORKER TRAINING

Disabled Village Children: A guide for health workers, rehabilitation workers and families	David Werner	The Hesperian Foundation - P.O. Box 1692, Palo Alto, California 94320	A very useful guide for community workers using very simple methods and technology.
Helping Health Workers Learn*	David Werner	The Hesperian Foundation - P.O. Box 1692, Palo Alto, California 94320	Excellent manual on ways to train health workers effectively for grassroots involvement.
Where There is No Dentist*	Murray Dickson	The Hesperian Foundation - P.O. Box 1692, Palo Alto, California 94320	Excellent resource to help anyone treat basic dental problems and to prevent disease. Useful for self-help.
Where There is No Doctor: A village health care handbook*	David Werner	The Hesperian Foundation - P.O. Box 1692, Palo Alto, California 94320	Excellent resource to help anyone treat general health care problems and to prevent disease. Useful for self-help.

MARRIAGE AND FAMILY ACTIVITIES

Close Companions: The marriage enrichment handbook*	David Mace	c/o ACME Co – P.O. Box 10596, Winston-Salem, NC 27108	Looks at the development of the family and suggests ideas for further growth.

NATURAL HEALTH AND WELLNESS METHODS

Back to Eden: The classic guide to herbal medicine, natural foods and home remedies	Jethro Kloss	Back to Eden Publishing - P.O. Box 1439, Loma Linda, California 92354	Healing through nature and self-help. Includes massage and hydrotherapy. Lower cost, more basic, for average member.
Prescription for Nutritional Healing: A practical A-Z reference to drug-free remedies using vitamins, minerals, herbs and food supplements*	James & Phyllis Balch	Avery Publishing Group	Excellent explanation and guides to natural remedies, specifies prevention techniques and measure for various illnesses. Lists organizations, hot lines and distributors.

PRAYER AND SPIRITUAL DIRECTION

Compact Guide to the Christian Life*	KC Hinkley (Ed.)	Navpress - P.O. Box 6000, Colorado Springs, CO 80934	"Highly relevant, concise explanations of the most often asked questions regarding the Christian faith. It will give you immediate access to information otherwise buried in lengthy commentaries and books". Good sourcebook for Christian beliefs, Biblical doctrine and applications to everyday life.
The Helper*	Catherine Marshall	Servant Publications – P.O. Box 8617, Ann Arbor, MI 48107	A presentation of the nature and practical work of the Holy Spirit as a powerful presence in daily life. Forty devotional helps supplemented with true stories and special prayers.
The Spiritual Warrior's Prayer Guide*	Quin Sherrer & Ruthanne Garlock	World Books – 4800 West Wasco Dr., Wasco TX 76710	A guide to "applying biblical promises to every area of your life, whether it's illness, confusion, financial trouble, burn-out, depression, concern for wayward loved ones, marital strife, temptation, or dissension in your church or community". Hundreds of verses topically organized. Very useful in prayer.

SETTING UP A HEALING MINISTRY

The Parish Nurse: Providing a minister of health for your congregation*	E. Granger Westburg	Augsburg Fortress – 426 S. Fifth St., Box 1209, Minneapolis MN 55440	A Congregational Healing Ministry Model.
Whole Person Healing: A basic guidebook for your church's healing ministry*	E. Anthony Allen	Jamaica Baptist Union – available at Whole Person Resource Centre – 8 Durham Ave., Kingston 6, JA. (Email: tonlit@kasnet.com)	A good 'start up' guidebook to developing a Whole Person Healing ministry. An additional bibliography is included.

UNDERSTANDING THE WHOLE PERSON HEALING MINISTRY

Caring for the Whole Person*	E. Anthony Allen	Whole Person Resource Centre / Office Plus Ltd. – 8 Durham Ave., Kingston 6	A comprehensive theological and philosophical reflection on whole person healing and salvation. Includes practical issues in spirituality and a case study in congregational healing. For a wide range of users.
Healing and Wholeness: Churches' role in health*	World Council of Churches	WCC – 150 Route de Ferney, 1211 Geneva 2, Switzerland	Report of a worldwide study covering a wide range of key issues. Good book for group study.

WHOLENESS PROMOTION ACTIVITIES AND SELF HELP

Simple Steps to Wellness*	E. Anthony Allen	Whole Person Resource Centre – 8 Durham Ave., Kingston 6	A wide-ranging guide for information, self-evaluation and self-monitoring, to enable the 5 pathways to wellness and whole person healing: medical, psychological, spiritual, social and natural.
Structured Exercises in Wellness Promotion: A whole person handbook for trainers, educators and group leaders (Vols 1-5)*	Nancy & Donald Tubesing (Eds.)	Whole Person Press – P.O. Box 3151, Duluth, MN 55803	Excellent tools for health promotion training.

APPENDIX 1
A Suggested Order for Your Healing Service

E. Anthony Allen
Consultant Psychiatrist; Chairperson, Whole Person Resource Centre;
Consultant in Whole Person Health and Church-Sponsored Health Ministries;

This annotated order of service is shared only as a collection of suggestions to be used as part of the planning by various congregations. Essentially, such planning would be led by God's spirit. Allowance should be made for spontaneity but within the context of order. See I Corinthians 14.

Some congregational traditions already have pre-existing liturgies of healing. These could be treated with some flexibility to allow for the work of the Spirit and more effective participation by persons present.

Healing services can involve various sizes of groups and various settings. This could include small group settings in homes or in a chapel during the week. Thus, the nature, length, contents and style of the service could vary accordingly.

THE SERVICE

I. Ministry of Praise
   1. ***Choruses of Praise and Worship*** (or alternatively 5 or 10 minutes of silent prayerful praise and meditation)
   2. ***Call to Worship*** (using appropriate verses inviting an awareness of God's willingness and power to heal, e.g. verses from Psalm 103. Another opinion would be other Psalms of praise.
   3. ***Prayer of Praise and Invocation*** (after an opening prayer by the leader, participants could be asked to mention at least one blessing that they would like to give God thanks for. This could relate to any aspect of the whole person. The leader can close this act of corporate prayer.)
   4. ***Opening Hymn*** (a hymn of praise for God's love, providence and healing.)
   5. ***Responsive reading*** using a Psalm of praise or other appropriate passage relating to God's love, mercy, healing and answer to prayer
   6. ***Welcome and announcements***. (This could involve sharing the purpose of the service)

II. Ministry of the Word

These readings would reflect the promises of God, the challenges of God and illustrating God's healing love and power. They would be geared towards encouraging faith and expectation. The need for attitudes and acts that promote healing could also be included, such as forgiveness, loving one another and healthy living. The readings could be as follows:

1. ***Old Testament lesson***
2. ***New Testament lesson***
3. ***Hymn of meditation***

III. Recitation of the Apostles or Nicene Creed

The use of this would depend on the tradition of the congregation.

IV. Ministry of Preparation

1. ***Celebration of the Healing Fellowship*** by exchanging the peace

2. ***Hymn of Preparation and Offertory***[*]. (The purpose of the hymn would be to encourage special expectation and faith for healing or to invoke the special presence of the Holy Spirit. The offertory represents the offering up of all that we are and have to Christ our provider and healer. Funds collected could go towards the church's healing ministry.)

3. ***Prayer of Thanksgiving for Offering***. (This would include a corporate prayer to total commitment to love and serve.)

V. ***The Eucharist or Holy Communion****

In some cases, the service could be built around the Eucharist or Holy Communion.

The Eucharist has its own facilitation of healing as we celebrate and re-experience the forgiving and healing passion of Christ. In several communions, the elements are consecrated to be the vehicles for the mediation of Grace. It is quite usual for various types of healing to take place during Holy Communion.

VI. Ministry of Prayer

1. ***Prayer of Confession and Reconciliation***. In James 5, the apostle is encouraging us to confess our faults to one another and pray for one another so we can be healed. Participants would be encouraged to share their weaknesses or wrong doings for confession using the following options:

[*] optional in smaller services.

a. Silent confession of specific personal sins as part of a structured responsive prayer;
b. They could write out what they have to share on a slip of paper and take it to the alter where the slips could be burned during a prayer seeking and affirming God's forgiveness;
c. The slips of paper could be kept by participants.

2. ***Prayer for Reconciliation*** (This prayer could express affirmation and gratitude for God's forgiveness using verses such as 1 John 1:9.)

3. ***Prayer of Intercession*** for those absent. Each willing participant could share the name of someone as part of the corporate prayer of intercession. This could include un-named requests. For named requests, stating the condition or situation being prayed for could be optional but may be desirable if time allows. Another option would be for participants to silently share their requests to God during an appropriate pause in the led corporate prayer. The leader can add names from the congregation's sick list and then close this act of corporate prayer.

4. ***Prayer of Commitment*** to Christ. This would be for persons who wish to make a commitment to follow Christ as Lord and Saviour. These persons could either raise their hands or come forward and the appropriate prayer made. In more evangelical services, this would include the believer's prayer. These persons could receive special counselling at the end of the service.

5. ***Prayer for healing***.
   - The *intention to receive God's healing could be expressed* by participants in several ways, including the following:
     a. Verbally sharing one's request while remaining seated;
     b. Raising one's hand or standing up;
     c. Writing the request and leaving it at the alter or at the front of the chapel.
     d. Coming to the alter for the laying of hands by the leader. The laying on of hands could also be done by the elders, deacons or other types of leaders in the church along with the pastor, as well as other persons who have felt called in a special way to the ministry of healing. Gifts of the Holy Spirit can be exercises through such persons as God may choose and according to the principles of unity and order in I Corinthians 12-14. Some congregations would be comfortable with the ritual of anointing with oil as shared in James 5.

- During the period of participants expressing their intention to receive healing, choruses or a healing could be sung together to *foster the expectation of faith*. Alternatively, there could be silence with the organ and other instruments playing in the background.
- With the expressions of intentions having been made, the leader or leaders could then *pray* according to a traditional format and as led by the Holy Spirit.
- After the prayer, those who have made special requests for themselves, others or the whole *congregation could be encouraged to continue exercising their faith and to claim God's Healing*.

VI. Closing

1. ***Closing Hymn***. This could be a hymn of thanksgiving or further encouraging faith and expectation. Alternatively, it could encourage going out into the world to seek the healing and wellness of others.

2. ***Closing Prayer and Dismissal***. This would include thanksgiving and sending persons out into the world to seek the salvation and wholeness of others through witness, service and prayer in the power of the Holy Spirit.

It is hoped that these suggestions will be of use to you in your church's ministry of healing. With God all things are possible. Many miracles can come through faith and prayer.

Recommended Resources

1. Below are a number of recommended organizations and books related to the ministry of healing. From these resources, your congregation should be able to obtain alternative liturgies for healing services.

APPENDIX 2A

SERVICE COMPONENTS OF A WHOLE PERSON COMPREHENSIVE HEALING MINISTRY A SUMMARY CHART

PROMOTIVE

MEDICAL	COUNSELLING	PRAYER/ SPIRITUAL	SOCIO-ECONOMIC
• Education and skills training – Personal hygiene – Home and environmental health – Nutrition • Fitness & sports programmes • Health habits promotion • Health maintenance promotion • Breast feeding promotion • Family planning • Healing Sundays • Health Fairs	• Education and skills training – Personal growth – Life stage adjustment – Parenting – Problem-solving & decision making – Career choice • Singles groups/clubs • Pre-marital counselling • Family life promotion • Family clusters • Marriage enrichment groups • Single parenting • Other sharing groups (as needed) • Stress management promotion • Informal individual sharing and helping • Cultural arts activities • Recreational activities • Healing Sundays	• Education – Awareness-building – Teaching in personal and group prayer and spiritual growth • Bible study • Christian education • Community evangelism • Discipleship training • Prayer partners and prayer cells praying for: – Target populations – Healing Ministry and staff – Church services and crusades – Each other • Spiritual counseling and direction • Divine Healing • Doing Theology (reflection from action) • Healing Sundays	• Community animation (awareness building, problem-solving and mobilization) • Formal education • Skills training • Survival skills • Training in: – Leadership – Teamwork – Action planning – Problem-solving • Environmental control • Advocacy for social justice and services • Housing promotion • Agricultural and land reform • Healing Sundays

APPENDIX 2B

SERVICE COMPONENTS OF A WHOLE PERSON COMPREHENSIVE HEALING MINISTRY

PREVENTIVE

A. BASIC SERVICES

MEDICAL	COUNSELLING	PRAYER/ SPIRITUAL	SOCIO-ECONOMIC
• Screening • Oral Rehydration Training	• Early detection of Family and Mental Health concerns • Small support groups (self-directed) – age – gender – occupation • Appropriate referral	• Early detection of spiritual concerns • Spiritual ministry in counselling support groups (column 2)	• Early detection of socio-economic and community organization expansion problems • Environmental watch • Neighbourhood crime watch • Economic projects: – Self-employment – Cooperatives • Investment and revolving loan schemes

B. PROFESSIONAL SUPERVISION

(Prevention Centre)

MEDICAL	COUNSELLING	PRAYER/ SPIRITUAL	SOCIO-ECONOMIC
• Under 5's Clinic • Maternal & Child Health • Immunization • Survey & control of communicable diseases • Food inspection • Food handler's permit • Public sanitation • Liaison with other professionals and government clinics	• Self-directed support groups for: – Special concerns – High risk persons, e.g. crises • Group leadership training	• Special ministry to high risk persons and communities	• Finance & business consultation • Legal assistance – Human rights – Land rights – Will preparation • Other services as needed for any high risk person

APPENDIX 2C
SERVICE COMPONENTS OF A WHOLE PERSON COMPREHENSIVE HEALING MINISTRY

CURATIVE

C. BASIC SERVICES

MEDICAL	COUNSELLING	PRAYER/ SPIRITUAL	SOCIO-ECONOMIC
• First Aid and Health advice • Basic care: – Home Health care – "Clinic Outpost"	• Peer counselling • Telephone counselling • Self-help groups	• Visitiation • Intercessory prayer group • Healing services • Divine healing in regular worship	• Social work lay volunteers

D. PROFESSIONAL SUPERVISION
(Health Care, Mobile Clinic: Professionals and Semi-Professionals)

MEDICAL	COUNSELLING	PRAYER/ SPIRITUAL	SOCIO-ECONOMIC
• Medical Services • Dental Services • Optical Services	• Formal counselling • Crisis groups	• Pastoral care • Formal Spiritual Counselling • Prayer - Counsellor	• Social casework

APPENDIX 2D

SERVICE COMPONENTS OF A WHOLE PERSON COMPREHENSIVE HEALING MINISTRY

REHABILITATIVE

E. BASIC SERVICES

MEDICAL	COUNSELLING	PRAYER/ SPIRITUAL	SOCIO-ECONOMIC
• Remedial management • Relapse prevention • Home health care services for the: – Disabled – Chronically ill – Shut in – Elderly – Terminally ill	• Self-help groups • Counselling • Resocialization • Relapse prevention services for: – Learning disabilities – Mental retardation – Addiction – Abuse victims – The mentally ill (Also see other columns)	• Ministry to: – The shut in – The elderly – The chronically institutionalised (physical & mental) – Infirmaries – Homeless – Refugees – Abuse Centre clients – Addiction Centre clients – Correctional Service clients – The unemployed	• Employment placement and support • Advocacy for the marginalized (See other columns) • Social re-integration of the marginalized

F. PROFESSIONAL SUPERVISION

More specialized or advanced forms of rehabilitation where trained professional interventions are required

APPENDIX 3

WHOLE PERSON ASSESSMENT QUESTIONNAIRE

A. Biographical Information

Name [ ] Age [ ] Sex [ ]

Address [ ]

Marital Status [ ] Occupation [ ]

B. Denomination or Religion [ ]

C. Source of Referral [ ]

D. What help are you expecting from this Centre?

[ ] medical [ ] counselling [ ] prayer [ ] spiritual guidance [ ] socio-economic

E. How long have you had your main problem? [ ]

F. Please tick where you have been recently experiencing the following and wish to share the information :
(tick the first column "I" for initial visit and second "R" for review).

PSYCHOSOCIAL PROBLEMS

Stress, anxiety, depression

I	R	
		Feeling ill
		Poor concentration
		Problems with memory
		Loss of appetite
		Difficulty sleeping
		Loss of interest in daily activities
		Loss of energy
		Feeling under stress
		Experiencing irritability or easily upset
		Depressed or "down in spirits"
		Nervous or tense (tight in muscles)
		Not getting where you would like with your life Extent: Great [ ] Moderate [ ] Mild [ ]
		Lack of self-confidence
		Distress caused by memories of childhood

Relationship problems

I	R	
		with your partner
		with your children
		with your parents
		with other relatives
		on the job
		at school
		with your neighbour
		with people in your church
		getting along with other people
		making friends
		with opposite sex
		with cultural background (e.g. race, colour, social class, nationality, etc.)
		making decisions
		expressing needs and feelings and saying no
		when you don't feel like doing something

Habit problems

I	R	
		Drink alcohol
		Smoke cigarettes
		Smoke ganja
		Cocaine
		Other drugs (specify) ____________
		Gambling
		Excessive work
		Neglect of time for self (e.g.. rest, relaxation, recreation)
		Other ________________

Life crises

I	R	
		Death of a loved one
		Separation or divorce
		Broken relationship
		Loss of job
		Trouble with law
		Victim of crime
		Retirement
		Getting married
		Unplanned pregnancy
		Looking after elderly relative
		Serious or chronic psychological illness
		Serious or chronic medical illness
		Uncertain about main goals in life
		study / exam difficulties
		feel like you are not getting where you would like with your life
		other ________________

Sexual problems

I	R	
		feeling that sexual behaviour is not sufficiently healthy and satisfying
		Not comfortable with sexual orientation
		not clear about sexual orientation values
		problems with sexual reproductive issues (such as concerns about having children potency, dysfunction, fertility, pregnancy, birth control or abortion Specify ____________
		Problems with previous abuse

Problems living out one's faith

I	R	
		in the home
		in neighbourhood
		on the job
		in your circle of friends

Experiencing :

I	R	
		lack of assurance of salvation
		feeling unforgiven
		discouraged living as a believer
		feeling that God has given up on you
		Specific evidence of Spiritual evil affecting you Specify ____________
		any recent changes (for better or for worse) in your religious practices or lifestyle? Specify ____________
		Have consulted occult psychic or spiritualist healer

Life stage adjustment

I R

- [ ] [ ] Problems adjusting to situations at your age that you did not have to face earlier in life (e.g.. adolescent identity problems, looking for a mate as a young adult, in midlife crisis at 35, facing retirement at 55 years)

Specify problems ______________________________

____

____

Degree of adjustment to these

- [ ] [ ] great difficulty
- [ ] [ ] moderate difficulty
- [ ] [ ] small difficulty

SPIRITUAL PROBLEMS

I R

- [ ] [ ] Feeling separated from God*
- [ ] [ ] Guilt about some act, attitude, thought
- [ ] [ ] Doubts about God or other aspects of religion
- [ ] [ ] Difficulty making a religious commitment
- [ ] [ ] Experiencing lack of hope of God's help in future

(* as you understand your Higher Power)

SOCIO-ECONOMIC PROBLEMS

I R

- [ ] [ ] Feel handicapped by lack of educational opportunities

Problems in:

- [ ] [ ] getting employment
- [ ] [ ] finding housing
- [ ] [ ] severe financial crisis
- [ ] [ ] other. Specify ______________________________

Weaknesses: finding it difficult to give up :

- [ ] [ ] sexual activities
- [ ] [ ] bad temper
- [ ] [ ] resentment
- [ ] [ ] lack of forgiveness
- [ ] [ ] self-centredness
- [ ] [ ] envy
- [ ] [ ] worry and overwork
- [ ] [ ] others. Specify ______________________________

Lack of:

- [ ] [ ] regular reading of your scriptures
- [ ] [ ] spiritual growth
- [ ] [ ] regular church attendance

Reasons for neglecting spiritual life

- [ ] [ ] too busy
- [ ] [ ] work
- [ ] [ ] becoming too materialistic
- [ ] [ ] relationship
- [ ] [ ] illness
- [ ] [ ] others. Specify ______________________________

____

____

____

Feeling of uncertainty of God's plans for your :

- [ ] [ ] career
- [ ] [ ] plans
- [ ] [ ] choice of partner
- [ ] [ ] other important areas

Specify ______________________________

- [ ] [ ] You are not yet a Christian
- [ ] [ ] You are not ready to become a Christian
- [ ] [ ] You are now ready to become a Christian
- [ ] [ ] You are committed to another religion

STRENGTHS

I	R	
		<u>Personality strengths</u>
		being assertive
		helpful to others
		able to express feelings
		able to make decisions
		friendly
		others. Specify ____________
		____________
		<u>Skills and talents</u>
		creative
		athletic
		other. Specify ____________
		____________
		<u>Spirituality</u>
		active Christian
		regular devotions or religious practices
		<u>Intellectual ability</u>
		reasoning
		academic
		other. Specify ____________
		<u>Social activities. Participation in</u>
		clubs
		Church activities
		community groups
		other. Specify ____________
		<u>Physical abilities</u>
		____________
		____________
		<u>Other personal strengths:</u>
		____________
		____________

MEDICAL SECTION

I	R	
		Having a physical problem. Specify ____________
		Wish to be seen by a doctor or nurse practitioner
		Due for a check-up
		Would like to have a check-up
		<u>HEALTH HABITS - Physical</u>
		I do not participate in a vigorous physical exercise programme regularly (at least 3 times a week for 30 minutes)
		My weight is not within 10 lbs. of the ideal weight for my height
		I am not sure what is a well balanced and healthy diet
		I do not eat 7-10 portions of fruits and/or vegetables daily
		I do not drink 1 glass of skim, or low fat soy milk daily
		I do not eat meat substitutes (e.g. soy products, legume-grain combinations)
		I do not eat mostly whole and natural carbohydrates
		I do not take multivitamin and mineral supplements
		I do not avoid fats except "good fats" (e.g. olive, canola, peanut, fish or flaxseed oils)
		I do not avoid sugar and salt, except that which occurs naturally in food
		I do not use herbal seasoning for taste and medicine
		My alcohol consumption is more than seven drinks per week ("shot" of liquor, bottle of beer or glass of wine)
		I do not drink 6-8 glasses of water daily
		I do not always wear my seat-belt
		I smoke cigarettes, cigars or a pipe
		I generally do not get adequate and satisfying sleep
		I do not have an annual check-up (clients over 30)
		I am sexually active and neglect family planning
		I am sexually active and neglect safe sex

HEALTH HABITS - Mental

- [ ] I do not usually laugh several times a day, and don't usually fit "play" into my schedule
- [ ] I do not have regular hobbies
- [ ] I do not find occasions for humour
- [ ] I do not relax regularly
- [ ] I am not often curious and always on the lookout for new learning
- [ ] I tend not to maintain a realistic and positive self-image
- [ ] I do not promote my intellectual growth

HEALTH HABITS - Social

- [ ] I tend not to seek help and support when I need it
- [ ] I do not pay attention to my social life (e.g. close friends, calling, visiting and entertainment
- [ ] I do not maintain close relationships
- [ ] I do not help others in the society

HEALTH HABITS - Spiritual

- [ ] I do not pay regular attention to my spiritual life (e.g. devotions, fellowship, meditation, praise, forgiveness)

HEALTH HABITS - Environmental

- [ ] I do not enjoy nature regularly (e.g. gardening, pets, walks, seabathing)
- [ ] I do not regularly help to preserve the environment and avoid practices that will damage it

G. Interviewer's or Individual's Wholistic Summary and Comments

APPENDIX 4
A Mutual Programme of Caring Through Support Groups: Introduction and Planning

A. QUESTIONS FOR FOCUS GROUP DISCUSSIONS

During a planning workshop of your organization, neighbourhood institution, church or group of friends you can divide into small groups, choose a leader and a secretary and discuss the following questions. Use the brainstorming approach so that as many persons as possible can share briefly without their opinions being debated or evaluated in the first stage.

Each topic can be dealt with by one or more groups. Then the findings can be pooled and discussed in a plenary session.

THE NEED

(1) Why should we have a programme of caring through support groups?

(2) To what extent do we have adequate small group support in our institution, organization, neighbourhood or friendship circles? How much access does each member have to a group which would meet his or her real needs?

(3) What general and special needs do we know of among ourselves and fellow members that would be helped by small group caring?

(4) Given the day to day and human realities that we all face, what degree of caring is really possible in practice?

OBSTACLES TO CARING

(1) What are the obstacles to small group caring in general?

(2) What obstacles have we found in our own organization, neighbourhood, church or friendship circles in particular?

(3) What are those in our own culture?

(4) How can the main and other obstacles be overcome?

ORGANIZATION OF CARING SUPPORT GROUPS

(1) How desirable are caring support groups in our organization, institution, neighbourhood, church or friendship circles? Are the needs of members being adequately met through other activities, their own families, friends or personal devotional life - or any other means?

(2) How can caring support groups be organized (or better organized if they
(3) already exist)? This will include such issues as: who, where, when, how and leadership training.
(4) How will choices with regard to composition and types of issue groups be made to ensure the variety of need of as many persons as possible being met?

PRACTICE

(1) What could be some objectives of our caring self-help support groups? In other words, resulting from consistent involvement, what changes in aspects of the whole person and lifestyle (including relating to the world outside of one's self) would we wish to see in ourselves and others?
(2) What activities could be developed in the group session and outside of it to enhance these objectives?
(3) How should groups be led to enable
   a) the involvement of all who are willing
   b) the fulfilment of objectives?
(4) What should be some qualities of the leaders?
(5) What should be some of the commonly agreed on ground rules that members could adopt for the effectiveness and continuity of the group?

B. A SAMPLE GROUP - SOME STRUCTURED EXERCISES

This can be used as an introduction to illustrate what a small peer support group can be like. The members of the organisation, institution, community group, church or circle of friends can break into small groups and do the following:-

1. Choose a group facilitator.
2. Have a few moments of silence when each person focuses his or her attention on being there for others. (Christian groups can invite God's Spirit into the group to direct, enable and minister according to His will.)

I. HISTORY GIVING

3. Participants can introduce themselves and share some useful personal introductory information.
4. Participants can find some object on their person that they think symbolises something that they value about themselves and which describes what it is that they consider to be very important in life or the way they try to live. For

example "I am like this key because I am always trying to open doors of opportunity for others." In a Christian group, this strength can be expressed as a blessing from God.

5. Participants can describe three of the things or changes in their own personality or circumstances that they would most greatly wish for. If time is too short, identify one or two wishes. In Christian groups, this could be: "Three wishes that I would bring to God if He promised to grant me them totally..." These wishes could be made in the context of bringing glory to God as well as addressing the whole person needs of individuals.

II. AFFIRMATION

6. Inasmuch as each person can genuinely do so, they could describe some very significant positive quality of another person in the group by likening them to an animal, plant or some inanimate object. "John, you remind me of a seagull because of the way you calmly ride above troubled water borne up by your dependence on God". Take turns until everybody has a chance to describe at least one other person. If time allows each person could describe a quality of all other persons in the group. Members could be requested to follow up whatever decisions or recommendations are made.

III. GOAL SETTING

7. Each person can set a practical goal that they would aim for in order to achieve the desired changes they shared. Members can respond positively, assisting as they feel led to, but without giving direct advice. Others can seek clarification.

IV. FELLOWSHIP

8. Persons can share about any resources of practical help or information that they can offer each other. In Christian settings, members can find a way to pray for each other and to share a word of inspiration that the Lord has given them for others. They can do this after a few moments of waiting on God in silent meditation, prayer and listening.

The following methods could be used for stages III and IV as time and preference allows:

- pairing off with the person to one's right.
- each person responding to someone else in the group at random until all persons are ministered to.
- each person responding to others as he or she feels led.

9. In Christian groups each person can wait on God, again in silence, for Him to instruct as to how to continue ministering outside the group, as well as for Him to speak to them in some particular way about their own needs and where they need to be obedient

   Members may adopt the number, extent and type of exercises to their group needs, the Spirit's leading (for Christians) and the time available.

V. PLENARY SHARING

After each small group discussion team leaders can share findings with the larger group present. Then there can be questions and further discussion as time allows.

Hopefully the members of the organization, institution, community agency or friendship circle can then agree corporately to commit themselves to further specific action. The leader of the organisation, other types of leaders and other members could be requested to follow up whatever decisions or recommendations are made.

APPENDIX 5
Suggested Research Areas and Methods

I. AREAS

Assessment of Needs and Resources

1. Community Needs and Resources (for each community served)

What are the characteristics and needs of the community served?
How do they relate to the national picture?
Input would be mainly from community members.
Data required:

- Location
- Geography
- Area and population
- Demographic features (*see below*)
- History and culture
- Degree of social, economic, physical and spiritual well-being. Design your own indicators or obtain standardized questionnaire. Identify needs and strengths
- Social structure, leadership, degree and methods of social organization.
- Motivation and opportunities for community participation
- Perceived needs, resources and resource gaps
- Understanding of "what is health"
- Health knowledge, attitudes and skills
- Extent of health promotion habits
- Traditional or alternative health promoting, healing practices and healers
- Knowledge relating to accessing public and non-government economic and social services (including health, education and social casework)
- Availability of such services
- Availability and types of religious nurture
- Degree of advocacy for community rights and public facilities
- Objective needs not fully perceived, including the prevalence (existing degree) and incidence (annual new cases) of various common or serious conditions.

You will need the help of persons trained in public health and social surveys to enable you to construct a simple questionnaire and use other methods of fact finding.

Do not wait until you have everything down on paper before you facilitate community action. A lot will come out from community discussions.

2. Client Characteristics and Need

What types of persons are we providing direct services for? What have been their needs? (Some of this information can be provided by using the Whole Person Assessment Questionnaire – Appendix 2)

- ☐ Source of referral
- ☐ Demographic features (e.g. age, sex, marital status, residence, occupation, occupation of main breadwinner in family of origin, education level, religion and denomination)
- ☐ Understanding of "what is health"
- ☐ Health habits
- ☐ Health knowledge, attitude and skills
- ☐ Traditional or alternative health practices
- ☐ Degree of religious involvement (formal and informal)
- ☐ Nature of problems (physical, psychological, socio-economic, spiritual)
- ☐ Reported nature of present problems
- ☐ Objective assessment (e.g. diagnosis derived from physical examination and investigations, mental state examination, psychological testing)
- ☐ Duration, to date, of main presenting problem(s)
- ☐ Reason for seeking help now
- ☐ Strengths in all four (4) dimensions of the whole person, including skills and talents
- ☐ Number of visits made to respective services
- ☐ Discharge status (discharged or defaulted)
- ☐ Degrees of reported and objective overall improvement

The above information could constitute the *confidential* records for clients.

Monitoring Through Auditing

1. **Auditing of Services**

   Despite what we say we do, what exactly is being done?

   Data:

   ☐ A listing of all services provided
   ☐ Sample audits of daily and weekly service hours logged per staff member
   ☐ Reports of activities performed
   ☐ Logging of amount of work done per hour, for example, community contacts made, areas discussed, clients seen.

2. **Auditing of Management Structure and Procedures**

   What is the management capacity of the organization? To what extent have we put into effect the type of management planned?

   Data:

   ☐ Numbers of staff (paid and volunteers) with management experience and training

   ☐ Degree of experience and of training

   ☐ Existence of a comprehensive strategic plan

   ☐ Presence and fulfilment of functions of elements of the overall organizational system (as previously described)

   ☐ Fulfilment of management philosophy, objectives, and steps in the process

   ☐ Audit of structure (organization chart, committee structure, staff positions)

   ☐ Fulfilment of leadership roles at all levels

   ☐ Job descriptions in place and degree of compliance thereof

   ☐ Compliance with procedures documented for day-to-day administrative and service activities

   ☐ Financial management audit (budgeting, control, accounting and other procedures)

   ☐ Inventory control (supplies are **not** to be taken for the personal use of staff, friends or relatives)

The team can use the services of volunteer consultants in developing ways of auditing. **The team** can also develop its own **basic methods** using: -

- diaries
- worksheets
- checklists
- audio-visual recordings
- personal stories / testimonies
- community reporting in meetings
- counselling of staff (in confidence) is a valuable data-collecting tool from the case study and anecdotal perspective. It is useful for detecting feelings, attitudes and priorities. Data gained would be translated in such a way that identities would not be revealed.

Programme Evaluation

This can include both direct and indirect services (such as education) at an individual or group level.

1. Service Utilisation

This should be measured for each service (promotive, preventive, curative and rehabilitative) in various *disciplines* offered to respective *populations* at different levels of professionalism ("non," "semi-," or "fully" professional)

The term "participant" refers to persons with whom a "contract" is made in promotion and prevention activities.

Data should be obtained for a given month and year, or other period, and extent of usage made:

- First-time or "new" participant contacts or client visits, for each participant / client period
- *First follow-up* contacts or visits from previous year, for each participant / client (i.e. "old" participants / clients)
- Total number of participants / clients for period (combining first visits for "new" and first follow-up visits for "old" participants / clients)
- Total visits made or contacts with all clients / participants
- Percentage of participants / clients from respective target populations, underserved communities, local congregations, and surrounding regions
- Changes in usage (for example from month-to-month in one year and over a period or periods of previous years, starting from first year of operation)

2. **Quality of Service**

   This would be evaluated:-

   a) subjectively by clients, target community members, and

   b) by staff and consultants using objective measures

   Data would include *knowledge* and *skills* gained, as well as one's *state of well being*.

   - extent to which participant, client or community needs have been met over a given period
   - subjective improvement in specific aspects of whole person or community welfare and behaviour change
   - the degree of objective participant / client improvement
   - changes in epidemiology (incidence and prevalence) of common and important conditions in the community
   - changes in selected indicators of community well being.

3. **Quality of Administrative Impact on Target Communities, Participants, Clients and Staff**

   The impact would be evaluated by target community members, participants and clients, as well as by the staff themselves. This will include various indicators:

   - staff relationships with participants, clients and the community as a whole
   - staff attitude
   - teamwork
   - effect of physical surrounding in the Prevention Centre, Mobile Clinic of Healing Centre
   - supervisory relationships
   - management style
   - rate of administrative crises
   - stated staff satisfaction
   - absenteeism, turnover, burnout, unstated measures of staff satisfaction
   - staff growth (as per performance evaluations and reporting)
   - career mobility among staff
   - fulfilment of administrative plans from audit results
   - cost effectiveness
   - cost recovery within capability of populations served

4. Review of Service and Administrative Objectives

- extent to which *objectives have been met* (according to measurable targets and standards previously set)
- special *problems or barriers*
- *recommendations*
- proposed *new objectives and procedures*

Literature Review

It is useful to learn from the experience of others through reading and documenting from books, journals, magazines, etc. Others may have written about your own target communities or nation. Also, other persons may have written about services and administrative experience similar to yours.

II. METHODS OF DATA COLLECTION IN RESEARCH

These include: -

- ☐ Simple tabulation of numbers relating to a specific basic activity objective: for example, employment found, attendance at talks, children immunised, etc.
- ☐ Questionnaires administered by interviewers
- ☐ Observation protocols (e.g. for the environment, or a client's physical or mental state)
- ☐ Objective investigations: epidemiological surveys, on-site camera inspections, clinical examinations, medical technology, etc.)
- ☐ Case studies Evaluation forms for training and education
- ☐ Test of learning and performance (for trainees and staff)
- ☐ Administrative audit protocols
- ☐ Use of minutes of meetings
- ☐ Use of existing documentation (as per Appendix II)
- ☐ Audio-visual recordings
- ☐ Personal stories / testimonies
- ☐ Focus groups
- ☐ Community reporting in meetings
- ☐ Counselling, in itself, is a valuable data-collecting tool, from the case study and anecdotal perspective. It is useful for detecting feelings.

Data gathered would be transmitted in such a way that identities would not be revealed. Full confidentiality should be preserved during counselling.

Methods of Data Analysis

This includes the following types: -

- **Direct reporting:** involving adding numbers of
  a) person within a given category or characteristic (e.g. *age*)
  b) activities occurring within, or for, a given category of persons (e.g. *talks given*).

- **Cross tabulating:** seeing how many items (such as "category of person" or "activities") in one category (or variable) relate to another category or variable, such as "types of problems" or "leaders of activities." For example, one could find out how many under-20s have sexually transmitted disease or spiritual problems or how many talks were given by locally trained peer counsellors.
- **Looking at patterns:** This can aid in identifying *high-risk groups* (characteristics of persons more likely to be affected by a particular problem) and *identifying how situations and conditions affect each other* (such as poor education affecting teenage pregnancy).

Reporting can be in forms including:

- tables
- graphs
- histograms
- pie charts

These can be on posters, or a part of written reports or papers. Creativity can be used to devise various types of drawings to illustrate quantities, proportions, rate of change and so on.

N.B. Most church health services will *not* need to do more than direct reporting using simple tables or pictures. Others with a large enough programme, staff and funding can seek the help of government, the university, private consultants (volunteer or paid) in other types of data analysis.

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