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IDEAS AND INSIGHTS FOR ACTIVE CONGREGATIONS

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Caring for the Caregivers

Rosalynn Carter pointed to the universal nature of caregiving when she said that there are four kinds of people in the world: those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers.¹ The church plays a unique role by helping many people realize that they are already engaged in some form of this ministry. Caring for a family member or loved one is a vocation that can be supported and celebrated by the congregation. Still, part of this support requires acknowledging that caregivers often put their own needs last and risk losing their ability to continue as caregivers.

What the Caregiver Experiences

Caregivers deal with immense personal stress, and often without much awareness of its effects. In the face of a problem or situation that cannot be fixed, feeling overwhelmed, helpless, and frustrated are common responses. Over time, isolation, loneliness, or depression can surface. All caregivers feel guilty, angry, or resentful at some point. Most caregivers express physical, emotional, financial, and spiritual concerns. Unfortunately, caregivers typically wait too long before seeking out personal medical care too.

The caregiver is also struggling with the feelings and needs of the care-receiver. Their loved one may experience physical limitations, lack of independence (such as no longer driving or an inability to care for self), poor health, and loss of the family home, church, and friends. Both the caregiver and care-receiver must try to find pathways to acceptance. This acceptance may take the form of understanding that some kind of end has occurred; grieving the loss or change; and feeling a sense of gratitude for what has ended. People fall prey to the “focusing illusion”—focusing on what is lost after a major surgery, illness, or large life change. The illusion neglects the fact that we have extraordinary capacity to adapt and enjoy a new life that is not “perfect.”²

Those who care for the caregivers can help them realize that all these feelings are normal. Gently ask

caregivers what they are doing to take care of their own needs. For example: How are you kind to yourself? What do you do or whom do you talk to when you are discouraged? Do you allow others to help you? What blessings have you received as a caregiver? Point them to online resources that identify the warning signs of caregiver burnout.³ Depending on the circumstances, consider sharing with them the Caregiver’s Bill of Rights.⁴

Ideas for the Caregiver

Caregivers need to care for themselves in order to care for others. Starting or strengthening spiritual disciplines such as prayer, worship, meditation, Bible reading, journaling, or singing help family caregivers handle their own emotional needs. Continuing to engage in activities that bring joy such as physical exercise, hobbies, reading, or time in nature also provide some respite. Doing social things like lunch or an outing with a friend, playing with children, going to a movie or concert, or shopping for oneself give people a break from care giving. Time away generates the most benefit if caregivers start early in the care giving process.



BOB REALIZED KAREN WAS APPROACHING BURNOUT WHEN SHE BEGAN SLIPPING INTO CAREGIVING MODE WITH TOTAL STRANGERS.

Ideas for Church Members

Individual church members can take actions that help caregivers—offering to do grocery shopping, assisting with transportation, or staying with the family member while the caregiver takes some much-deserved personal time. Prayers, cards, phone calls, and visits always bring comfort. Finally, never underestimate the power of listening to the caregiver’s concerns.

Ideas for the Congregation

Beyond what individual, caring church members can do for caregivers, the congregation as a whole can leverage resources and coordinate efforts to support caregivers. Here are some examples of how congregations can support caregivers.

Develop a Care Team or Stephen Ministry. Congregations of every size need a care team or system for providing care to one another. Without such a team or system, some members fall through the cracks. Details on establishing a care team are in a free resource on *The Parish Paper* website (Church Effectiveness Nuggets # 9: How to Develop a Congregational Care Team; www.theparishpaper.com).

Thousands of congregations have trained their staff and members to be Stephen Ministers, a way to provide one-on-one confidential Christian care. This nonprofit organization (www.stephenministries.org) offers training to equip local trainers, who in turn train others, who offer care and support to people in the congregation or community. After completing the training, a Stephen Minister is assigned to a care-receiver, who they visit once a week. Participants who complete the training report that the skills they learned were useful in many other settings where caring ministry was needed.

Start a caregiver support group. A staff person or member organizes a group of people who share the common situation of care giving. The group provides nonjudgmental support, and helps participants deal with emotions that accompany the role of caregiver. The group can also be a place to hear about community and governmental resources that could assist in the care of the family member. The group coordinator or convener should not currently be a caregiver and should encourage the full participation of the group members in choosing meeting times, topics, and guest speakers.

Coordinate a prayer shawl ministry. Some congregations gather a group of people who love knitting or crocheting to make shawls. Those who make a shawl offer prayers and blessings for a caregiver or their loved one. More information about this ministry is available at www.shawlministry.com

Offer workshops, lectures, or series about care giving. Caregivers and members who want to support them benefit from additional information about particular illnesses, conditions, technologies, and other topics related to caring for loved ones. Presentations could range from a single session on Alzheimer’s disease to a series on multiple topics related to community resources. Many local social service agencies are willing to send a speaker for such a program.

Create a resource directory. Compiling a directory of local organizations or services (such as Adult Day Care, respite care) is a time-saver for caregivers. The directory can also assist members who wish to make contacts on behalf of the family.

Share weekly worship services. If worship services are recorded or streamed on the internet, find out if families who can no longer attend services are interested in the opportunity to worship weekly.

Hold services of prayer and healing. Many congregations prepare special worship experiences several times a year where time is devoted to prayers for healing. Making extra efforts to invite and include caregivers in these services is greatly appreciated.

Organize additional outreach at Christmas, Easter, and during other religious seasons. Holidays and other busy times stress the already overwhelmed caregiver. Conversations with caregivers and their families can reveal ways that the congregation could be part of making rituals surrounding holidays more meaningful and less stressful.

Who Cares?

When we offer sympathy, empathy, compassion, concern, or the willingness to listen, we show our care and love. In Matthew 19:19, Jesus said, “You shall love your neighbor as yourself.” The young lawyer who pressed for the details heard the story of The Good Samaritan. Jesus’ story of compassion illustrates how we can overlook the one who cares unselfishly for another.

1. Rosalynn Carter, *Helping Yourself Help Others* (NY: Three Rivers Press, 1994), 3.
2. Maureen Dowd, “Decoding the God Complex,” *New York Times*, September 28, 2011.
3. <http://www.webmd.com/healthy-aging/caregiver-burnout>.
4. Jo Horne, A Caregiver’s Bill of Rights, <http://www.caregiver.com>.