only false comfort.

Spiritual care means putting people in touch with God through compassionate presence, active listening, witness, prayer, Bible reading and partnering with the body of Christ (the church community and the clergy). It is never coercive or rude.

Spiritual care can be appropriate in both secular and Christian settings, and for both Christians and non-Christians. In practical terms, spiritual care is usually well received when it is offered in a spirit of gentleness and humility. Christian nurses have often provided spiritual care in secular settings without encountering any resistance from either patients or hospital administration. Sometimes, though, there is opposition.

When patients or family members come from other religious traditions, or no religion, they may refuse any offer of spiritual intervention. Some may request spiritual care from a representative of their own belief system. In such cases we must respect their preferences.

Sometimes that opposition comes when spiritual care is inappropriately offered. I (Judy) once had to fire a nurse who, in addition to providing unsafe physical care, witnessed crassly and manipulatively to her patients. For example, she would ask preoperative patients, "If you die on the operating table, where will you spend eternity?" Most patients heard nothing beyond the first three words. They refused to sign the operative permits. To this day, I am sure she thinks she was fired for her Christian witness.

Other nurses have been censured for providing good spiritual care. Margie

is one example. She was called into the hospital administrator's office and reprimanded for praying with a patient. The administrator learned of this through a glowing letter of appreciation from the patient, who wrote, "The nurses were so caring, especially Margie Johnson, who prayed with me before surgery." He instructed Margie to never pray with a patient again.

Margie belonged to a nurses fellowship group, and she shared her story with them. The group began to pray for the hospital administration. Margie continued to pray with patients when she felt it was appropriate. Within six months the hospital chaplain approached the administrator with a plan for a continuing-education class on spiritual care. He asked Margie to serve on a panel of responders. The administrator attended the event—and was persuaded to change his policy! He began encouraging nurses to provide spiritual care.

Spiritual Care

Spiritual care means putting people in touch with God through compassionate presence, active listening, witness, prayer, Bible reading and partnering with the body of Christ (the church community and the clergy). It is never coercive or rude.

Not every story has such a happy ending. Some Christian nurses have continued to work under spiritually oppressive conditions. Others have chosen to change jobs to work in a more open environment. However, our commitment to Christ demands that we remain faithful to him. At times we will need to keep our witness quiet, but we cannot with integrity deny our patients the hope of Jesus Christ because of human rules (Acts 4:19-20; 5:29).

Compassionate Presence

When the prophet Elijah ran from those who were persecuting him, he became exhausted, depressed and a bit paranoid. God sent an angel, who "touched him" and then told him to "get up and eat" the food prepared for him (1 Kings 19:5). The angel persisted, coming repeatedly, constantly assessing and meeting Elijah's physical, emotional and spiritual needs. The ultimate effect of this angel's intervention was to put Elijah in a position where he could hear personally from God.

In many ways our nursing care is similar to that angel's intervention. We meet patients where they are, provide the assistance needed at the moment and constantly nudge them toward the goals God intends for them. Compassion means to *feel with* another person. Notice, though, that the angel did not stop there. Elijah wanted to die. He felt no hope. The angel did not offer assistance in dying! He came alongside Elijah, touched him, allowed him to rest, provided food

Darryl, thirty-two and dying of AIDS, turned his head toward the window as his evening nurse, Sarah, entered the room. Most of the personnel he had encountered so far seemed distant and subtly contemptuous toward him. The nurse who cared for him on the day shift made such a production of her universal precautions that he knew she was afraid of catching HIV from him. But Sarah seemed different. She laid her hand on his shoulder, saying, "Darryl, you seem tense—would you like a backrub at bedtime?" He relaxed and turned toward her, gratefully accepting the offer.

Compassion means to feel with *another person.*

In a similar way Sarah can offer Darryl her compassionate presence: giving him a backrub, feeding him when he is too weak to eat and treating him as the valuable human being that God created him to be. If Darryl receives that kind of humane care, he will be much more open to consider the hope that God has for him in Christ Jesus, and much less compelled to seek assisted suicide.

Active Listening

Nurses have a reputation for being "fixers." When someone suffers, we want to *do something* to ease the pain and provide comfort. Often that response comes in the form of providing answers and solutions, just as Job's friends did. After their harangues, Job called them "miserable comforters" (Job 16:2). He pleaded with them, "Listen carefully to my words. . . . Bear with me, and I will speak" (21:2-3). The monologue that followed was not easy to hear. Job complained against God. He spoke in utter despair. But through it all, God was doing an important work in Job's heart. In the end he could affirm, "I had heard of you by the hearing of the ear, but now my eye sees you; therefore I despise myself, and repent in dust and ashes" (42:5-6). Following that confession, Job's life turned around. He regained health, possessions and relationships.

Active listening includes hearing what a person is not saying as well as the actual thoughts and feelings articulated.

Active listening includes hearing what a person is *not* saying as well as the actual thoughts and feelings articulated. An active listener expresses empathy, humility and commitment to the other, even while sometimes challenging the ideas expressed. Compassionate listening often requires a personal vulnerability that leaves the listener open to rejection or ridicule. We are not talking here about reflective listening, where the nurse stands back and objectively facilitates

Witness

After careful, active listening, there are times when a word of witness is appropriate and helpful. Ruth Farr used such an approach with a suicidal patient. After carefully assessing the patient through reading her chart, listening and observing, Ruth related,

> In terms of therapeutic communication, I had no idea how to connect with this patient. Nevertheless, the Lord knew how. So it was up to him to provide an opening. If there was something he wanted me to say, I would need his help in knowing the right words to use. In a few minutes he answered my prayer. Her statement "I have to kill myself" was the cue.
>
> "What makes you think you have to kill yourself?" I asked.
>
> "Because I've done so many bad things," she answered.
>
> "But you don't have to die for bad things you've done."
>
> "Yes, I do. I have to be punished. God could never forgive me . . . I'll just have to die."
>
> "But that's why Jesus died for you, so you won't have to die. All you need to do is ask him to forgive you."[2]

Most Christian nurses would not be so bold. Many psychiatric nurses would say that Ruth took a terrible risk by interjecting religious ideation (even though the patient initiated it) and that her solution was too simplistic. But Ruth was apparently listening to the prompting of the Holy Spirit. She clearly documented her intervention. The patient came to a major turning point in her illness, and subsequent nurses notes on the chart by Ruth's colleagues documented the patient's marked improvement.

After careful, active listening, there are times when a word of witness is appropriate and helpful.

Sometimes a word of witness can come in the form of a story. The prophet Nathan used that approach with King David after he arranged to have Uriah, the husband of Bathsheba, killed in battle. David had accidentally observed Bathsheba while she was bathing, and he wanted her. Being a man of action, David got what he wanted, and soon Bathsheba gave birth to David's son.

> And the LORD sent Nathan to David. He came to him, and said to him, "There were two men in a certain city, the one rich and the other poor.

nothing but one little ewe lamb, which he had bought. He brought it up, and it grew up with him and with his children; it used to eat of his meager fare, and drink from his cup, and lie in his bosom, and it was like a daughter to him. Now there came a traveler to the rich man, and he was loath to take one of his own flock or herd to prepare for the wayfarer who had come to him, but he took the poor man's lamb, and prepared that for the guest who had come to him." Then David's anger was greatly kindled against the man. He said to Nathan, "As the LORD lives, the man who has done this deserves to die; he shall restore the lamb fourfold, because he did this thing, and because he had no pity."

Nathan said to David, "You are the man!" (2 Sam 12:1-7)

In this case, David responded by immediately confessing his sin and repenting, but he still had to pay the consequences for his behavior. Nathan went on to tell him that the baby would die. When the baby became ill, David fasted and prayed, then fell into a deep depression. It was not until after the baby died that David recovered. If anyone on the scene had been doing research on whether prayer "worked" or measuring the effectiveness of witness as a nursing intervention by whether it produced peace, they would have failed miserably.

A word of witness can also be telling our own stories of how God has met us in difficult times. For example, Cynthia, a nurse who has recovered from breast cancer, visits patients who have been newly diagnosed and leads postmastectomy support groups. She always tells her own story, including how God has helped her through her struggles.

Deirdre is another example. Sexually molested by a male missionary colleague, she has begun to tell her story so that other abused women will find help and hope. Many women who are abused by Christian leaders become disillusioned with the church and may turn away from God and the Christian community. Deirdre's witness affirms God's love in the midst of a horrible experience.

Our witness should not be self-righteous or manipulative, but it can be bold. It includes who God is and what he has done for us in Jesus Christ. More personally, it expresses what God has done in our own lives. It can be very appropriate to humbly share with a patient how God has met us in times of suffering and need. At times when saying "I know what you are going through" does not connect, telling your story can knit a powerful bond and provide hope. It forms a fellowship of suffering that provides strength and encouragement to others who struggle to trust God in hard times. However, whenever we offer a word of witness, we must be sure that it is just that, for when it becomes a sermon it

Prayer—of Many Kinds

Prayer is making big press today. It shows up even in *Time* and *Newsweek*. Nurses, physicians, psychologists and other health care professionals are conducting studies to show that prayer is "good for you" and that prayer "works."[3] Yet on closer observation the prayer being studied scientifically and advocated by everyone from physicians to talk-show hosts looks a lot different from Christian prayer.

Physician and prayer researcher Larry Dossey claims that it really doesn't matter where or to whom we direct our prayers.[4] He prefers to see God as impersonal and refers to him as *the Absolute,* saying,

> The Absolute is radically beyond any description whatsoever, including gender. . . . [T]he reader may insert . . . his or her preferred name for the Absolute—whether *Goddess, God, Allah, Krishna, Brahman, the Tao, the Universal Mind, the Almighty, Alpha and Omega, the One . . .*"[5]

Dossey contends that we should pray because it *works,* not because it maintains our relationship with a loving God. Since research seems to document that prayer is equally effective regardless of to whom it is addressed, he assumes that it really goes nowhere.[6] However, he recognizes a phenomenon of "negative prayer,"[7] while dismissing the reality of the spiritual world.

A quick check of Internet resources on prayer shows 123,530 sites. Limiting the search to healing prayer reduces the number to 38,275.[8] Exploring the web sites uncovers things you never learned in Sunday school—everything from "Angel Answers to Spiritual Questions" (sample answer, "No, Jesus is not part of the Trinity"), "Funky Angel Healing Chakra Doll Prints" (only $2.50 each, in your choice of colors), "HALO Healing Light Order Online Prayer & Healing Ministry" (the URL for "Meet the HALO Team Partners" came up with a blank page), to the more hopeful "Healing Prayer for the Community" (which turned out to be subtitled "Learn Wicca" and included a prayer addressed to the goddess Diana).

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[3] *Newsweek*, January 6, 1992, pp. 39-44; *Time*, June 24, 1996, pp. 56-68; *Christianity Today*, January 6, 1997, pp. 20-29. For abstracts on many of the research studies on prayer, see Dale A. Matthews, David B. Larson and Constance P. Barry, *The Faith Factor: An Annotated Bibliography of Clinical Research on Spiritual Subjects* (Arlington, Va.: National Institute for Healthcare Research, 1993).

[4] Larry Dossey, *Prayer Is Good Medicine* (San Francisco: HarperSanFrancisco, 1996), p. xiv.

[5] Ibid.

What is prayer? Why is it so popular? According to the Bible, prayer is communication with God. Interestingly, there are only 105 references to prayer in the whole Bible (122 to the word *pray*). Jesus taught us how to pray in Matthew 6 by giving the disciples this prayer:

> Pray then in this way: Our Father in heaven, / hallowed be your name. / Your kingdom come. / Your will be done, / on earth as it is in heaven. / Give us this day our daily bread. / And forgive us our debts, / as we also have forgiven our debtors. / And do not bring us to the time of trial, / but rescue us from the evil one. / For if you forgive others their trespasses, your heavenly Father will also forgive you; but if you do not forgive others, neither will your Father forgive your trespasses. (vv. 9-15)

While this prayer asks God for specific things, such as food, forgiveness and protection, its primary focus is on a participation in God's kingdom that requires commitment and action on our part as well.

Prayer is communication with God.

The Bible *does* tell us that God answers prayer. For example, Matthew 21:22 claims, "Whatever you ask for in prayer with faith, you will receive."

But prayer is not just asking God for things. It also involves praise, adoration, thanksgiving, confession and meditation on God's Word. It is the language of relationship, not magic or manipulation.

The first time I (Judy) prayed out loud with a patient was unplanned. In fact, I was fearful of doing the wrong thing. I was a junior nursing student assigned to a seventy-year-old woman who was scheduled for surgery the next day. As I finished her morning care, she asked, "Are you a Christian?"

Self-consciously I admitted that I was. We had been sternly warned by our instructors that students were not to discuss religion with patients, and this conversation felt like I might be getting myself into trouble. Then the woman demanded, "Well then, you pray for me!"

I mumbled that I would pray for her when I returned to the dorm that evening.

"No," she responded, "You pray *now, here!*"

I hesitated, pulled the curtain and prayed.

Afterward she was a different person. The once fearful, demanding patient was now hopeful and at peace. When I told my clinical instructor, who was a Christian, about what happened, she personally affirmed me—but reminded me that such behavior was unprofessional.

believe that God is our loving Father, is—*of course!* We go to our loving heavenly Father with our concerns for those who are hurting. In so doing we admit our own limitations and acknowledge his love and control of the situation. In the Gospels we see a pattern of just such behavior. The centurion came to Jesus when his servant was sick (Mt 8:5-13); Jairus came on behalf of his daughter (Lk 8). Peter and the other disciples asked Jesus about Peter's mother-in-law's high fever (Lk 4:38). In Luke 9, a father appealed to Jesus for a second opinion after the disciples were unable to heal his son. In Mark 2, a group of friends actually tore the roof off a house in order to bring their paralytic friend to Jesus.

God has told us to come to him with our concerns for the sick and suffering. James writes,

> Are any among you suffering? They should pray. Are any cheerful? They should sing songs of praise. Are any among you sick? They should call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord. The prayer of faith will save the sick, and the Lord will raise them up; and anyone who has committed sins will be forgiven. Therefore confess your sins to one another, and pray for one another, so that you may be healed. The prayer of the righteous is powerful and effective. (Jas 5:13-16)

Notice here, though, that the One we address in prayer *does* matter. Prayer is more than a technique; it is a relationship with God that is enjoyed at good times as well as in periods of need. Furthermore, this conversation with God is not just a private conversation. It involves the Christian community and the confession of sin within that community. More than a physical cure, healing prayer results in forgiveness of sin and a restoration of relationship with God and his people.

When we pray for our patients, we bring them to the One who created them and loves them, the only One who can truly make them well. Not to do so would be irresponsible. Sometimes we will pray out loud at the bedside, but we should always pray for every patient in our care, even if it is while we walk down the hall to answer a call light, adjust an IV or bathe a comatose patient. Visiting nurses have a wonderful opportunity to pray as they drive. Parish nurses may have the added advantage of a prayer team and healing services.

Bible Reading

The Scriptures can be a deep source of comfort and strength to the believer. The psalmist declares, "Your decrees are my heritage forever; they are the joy of my

tion. Shared appropriately with patients, the Word of God can facilitate powerful spiritual healing.

> Some were sick through their sinful ways, / and because of their iniquities endured affliction; / they loathed any kind of food, / and they drew near to the gates of death. / Then they cried to the LORD in their trouble, / and he saved them from their distress; / he sent out his word and healed them, / and delivered them from destruction. (Ps 107:17-20)

On the other hand, the Word of God does spiritual surgery:

> Indeed, the word of God is living and active, sharper than any two-edged sword, piercing until it divides soul from spirit, joints from marrow; it is able to judge the thoughts and intentions of the heart. And before him no creature is hidden, but all are naked and laid bare to the eyes of the one to whom we must render an account. (Heb 4:12-13)

Surgery causes pain before it heals. Sometimes the Bible will confront people with the painful news of their sin before they can hear the good news of salvation. Although we should never use Scripture to blame or attack others, God may well use it to convict people when we read it to them. We cannot measure the effectiveness of our spiritual interventions merely by whether we make patients feel good.

Norma Singer relates an experience where she used the Bible in her nursing care. Alma, a fifty-six-year-old woman admitted to the unit where Norma worked, asked if Norma could stay and talk with her for a few minutes. She poured out her concerns over her complicated medical history and a long list of fears, doubts and guilt. Finally she expressed a fear of dying, because "I don't know what will happen to me!" Norma offered to pray for her, but Alma hesitated, then said, "See, nurse, I had an abortion a long time ago. And I just feel so guilty about it. I guess that's why I don't believe in prayer. Because of what I did."

"Abortion is covered," said Norma.

Then she talked with the surprised woman about God's forgiveness and how even abortion was covered by what Christ did for us on the cross. When a colleague paged Norma, she offered Alma a Bible, pointing out some passages to read about forgiveness. Throughout the day, whenever Norma passed the room she noted that Alma was still reading the Bible. At the end of the shift, Norma again offered to pray with Alma. This time Alma eagerly agreed, and prayed herself, confessing her sin and accepting Christ as Savior.[9]

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[9]Norma Singer, "When Things Go Bump in the Night: A Story of Forgiveness," *Journal of Chris-*

In this story we see a beautiful example of the Word of God being "living and active" (Heb 4:12). Norma did not have to use it to back up her arguments, convince or coerce Alma. The Bible alone did the work after Norma's solid groundwork had been laid.

We can use the Bible inappropriately. For example, just quoting our favorite verses without stopping to listen to the patient's concerns will not usually communicate caring or understanding. Too many patients have merely had their suffering compounded by an insensitive Christian who flippantly quoted part of Romans 8:28, "We know that all things work together for good." Furthermore, using the Bible to judge and condemn someone tends to communicate self-righteousness, not hope.

Notice in Norma's story that Alma already felt guilty and assumed God hated her. She needed to hear the good news that God would forgive her, regardless of how bad her sin had been. Reading the Bible convinced her that her sin was indeed covered. Norma's approach took that sin very seriously, but she let God do the judging. The Bible, not Norma, set the standard of righteousness for Alma.

Although we should never use Scripture to blame or attack others, God may well use it to convict.

For patients who are already familiar with the Bible, we can often serve them by allowing them to minister to us. Marlene, a visiting nurse, recently related how much she enjoys visiting a particular patient on a weekly basis. Beulah is homebound, but she demonstrates a hopeful attitude and a strong faith. Whenever Marlene visits, Beulah hands her a slip of paper with a Bible verse written on it, saying, "This is your verse for today." Invariably, the verse applies directly to her needs that day.

We can use the same approach with those in our care. A handwritten verse or colorful Bible portion, chosen specifically for an individual patient, will often be carefully read, digested and treasured for years to come. It communicates God's Word, and it also demonstrates our own care and personal interest in the person.

In order to effectively use Scripture in our spiritual care, we need to be familiar with appropriate passages, spend time in personal and group study, and live in daily obedience to what we are learning from the Bible. Setting aside a time for daily personal Bible reading and prayer is essential, even in a hectic schedule. Studying the Bible in a small group provides us with insights from be-

tients. We also need to learn from the experts, including listening to sermons, reading commentaries and books that provide Bible background and application, and perhaps taking courses in Bible and theology.

Christian Community

Partnering with the body of Christ—the church community and the clergy—is another important aspect of spiritual care. Mary Jane, who had been in poor health and homebound for several years, missed her involvement in her church. When nurses from the congregation visited to encourage her and to assess her changing needs, Mary Jane expressed frustration that she could not get out to church activities.

So the nurses brought the church to Mary Jane. She became the official volunteer coordinator, each week calling every person who had a part in the upcoming Sunday services, from children's choir members to ushers. She also initiated the congregation's prayer chain, catalogued books for the church library and made crafts for special occasions. Mary Jane probably knew more about what was happening in the church than any of those who attended regularly. Her involvement with the church met a spiritual need for Christian community.

Partnering with the body of Christ—the church community and the clergy—is an important aspect of spiritual care.

We are created in God's image, which means we are designed to live in relationship with God and with one another. We need the body of Christ, the church, in order to live healthy lives. When a person becomes institutionalized or homebound, the isolation from the church compounds the sense of brokenness. An important aspect of spiritual care is connecting our patients to the Christian community.

While visiting Korea we were amazed at how seriously the Korean churches take this responsibility. One Christian hospital in particular is surrounded by dozens of churches started for the express purpose of incorporating all the new Christians who came to know the Lord through the ministry of that hospital. Nurses can provide only a small, though significant, part of the whole spectrum of spiritual care. For the most part that care will come through the church.

We can begin to connect patients with the church by asking whether they are associated with a church and whether their pastor knows about their present condition. Has their pastor, deacon, parish nurse or other member of their con-

alone, became seriously ill. She panicked and called an ambulance but did not tell anyone in the church, because she was too weak to make any more phone calls and too embarrassed to bother anyone. The effective grapevine of a small community, along with the prompting of the Holy Spirit, finally got the word to the pastor and to me. A neighbor saw the ambulance and called a church member the next day. That woman tried calling Martha at home. When she got no answer, she began calling local hospitals until she located Martha, and then called the pastor to report. The pastor and I visited Martha in the hospital, and she deeply appreciated the time of fellowship and prayer and felt relieved that we could notify her friends and extended family.

Our visit also drew in Martha's hospital roommate, Eunice, who was also a Christian. We ended up all joining hands and praying together. Up to that point Martha and Eunice had not talked about their faith with one another. Following the visit, they began praying together.

Intentionally including the pastor and the church community in the health care team may facilitate the healing process. Nursing literature recognizes the importance of the church community in health care.[10] In many cases, the church is merely viewed as another community-based location for primary health care. However, even when the spiritual dimension of care is limited, patients may perceive the care they receive as more caring and holistic. Frank is a good example.

Another long-time member of our church and an adult-onset diabetic, Frank at age eighty had little interest in following a diabetic diet. He would fast before going for his blood glucose tests, but he ate whatever he wanted in between. I had noticed that his general health seemed to be deteriorating. When the parish nurses at church sponsored a health fair in conjunction with the annual bazaar, I convinced Frank to come in to get his blood sugar tested. It was 542 mg/dl. We called his physician, who met him at the hospital emergency room. By the time Frank arrived at the hospital, his blood sugar was well over 600 mg/dl. His wife called me when they got home and reported that Frank had finally decided to take his diet seriously. "He wouldn't listen to me, but he is listening to you now," she remarked. Frank continues to check in periodically to tell me how his blood sugar is doing and assure me that he is sticking to his diet. In Frank's case there was little overt spiritual care of-

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[10]See for example, Margaret B. Clark, and Joanee K. Olson, *Nur[illegible] Within a Faith Community*

fered. However, because we worship together and have a long-term friendship, Frank trusts me with his physical health.

Another way the church meets our patients' spiritual needs is through the sacraments. The Lord's Supper was intended to be a healing event, a celebration of Christian unity and the salvation provided in the death and resurrection of Jesus Christ. As such, we can call on the clergy to bring the sacrament of Communion to those in our care. However, the Lord's Supper is not magic and should never be offered lightly.

The sacraments, according to *The Book of Common Prayer,* are "an outward and visible sign of an inward and spiritual grace given unto us; ordained by Christ himself, as a means by whereby we receive the same, and a pledge to assure us thereof."[11] Augustine of Hippo defined them as "a visible sign of an invisible reality."[12]

Augustine categorized around thirty liturgical ceremonies as sacraments.[13] By the Middle Ages the church had distinguished seven: baptism, confirmation, Communion, marriage, penance, extreme unction and ordination. Catholic churches still recognize all seven. Most Protestant churches recognize two sacraments: baptism and Communion (or the Lord's Supper). Except for baptism in the case of imminent death, most churches require ordained clergy to preside over the sacraments. However, nurses can be alert for appropriate opportunities to facilitate bringing clergy into the health care team so that the sacraments can be offered.

Spiritual Interventions

- Compassionate presence
- Active listening
- Witness
- Prayer
- Scripture
- Christian community

A Way of Life

We cannot underestimate the power of supportive presence in spiritual care—what Luther called the "mutual consolation of the saints." This involves active listening, encouragement, expressing faith and hope—and physical care. Anticipating a person's physical needs, being willing to cheerfully handle foul-smelling excrement and bodily discharges, offering a gentle touch or a helping hand

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[11] *The Book of Common Prayer* (Greenwich, Conn.: Seabury Press, 1928), p. 581.

[12] Irving Hexham, *Concise Dictionary of Religion* (Downers Grove, Ill.: InterVarsity Press, 1993),

David F. Wright (Downers Grove, Ill.: InterVarsity Press, 1988), p. 607.

all communicate personal dignity and worth. They are just as much spiritual care as prayer and Bible reading. Perhaps one of the strongest drawing points of many alternative therapies is that practitioners spend extended time with the patient, paying particular attention to the body. However, only in the biblical worldview is the physical body viewed as reflecting the image of God and thereby worthy of respect and care.

The ultimate aim of spiritual care is to bring people into dynamic personal relationship with Jesus Christ and fellowship with his people.

Spiritual care is not a set of techniques, although we have many resources at our disposal. Spiritual care is a way of life that involves walking together with the Lord. Sometimes it is merely a listening ear or a gentle touch. At other times it requires confrontation. The basic resources we have to offer are prayer, the Word of God and the Christian community; however, the most important resource is God himself. The ultimate aim of our spiritual care is to bring people into dynamic personal relationship with Jesus Christ and the fellowship of his people.

For Further Thinking

1. How would you describe the components of Christian spiritual care? How does this differ from *generic* spiritual care?
2. To whom are you accountable for the spiritual c[illegible] provide?