

LEADER'S GUIDE



YOUR COMPLETE GUIDE TO
STARTING AND LEADING A
CANCER CARE MINISTRY





We provide pastors and ministry leaders with the tools, training and support to raise up cancer care ministries in their churches and communities.

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Introduction

Welcome to the Our Journey of Hope® (OJOH) cancer care ministry leadership training. This material will help prepare you to lead the training program and guide you through the courses step by step.

Your role in this training program is that of a leader, not a facilitator. You should have a strong understanding of both what to do and why you need to do it. Comprehensive materials have been developed to guide you through the process and provide you with important insights relating to the overall concept of cancer care ministry, as well as the practical implementation.

This ministry training program was created because of the significant need in our nation, as well as in the body of Christ, to care for those dealing with cancer. According to the American Cancer Society, over 14.5 million people in the United States are living with or have been personally diagnosed with cancer. Every year, 1.6 million more people receive a cancer diagnosis. That means that in a church of 200 people, approximately eight people are living with cancer and two more will be diagnosed with it every year. Each of these individuals has family members and caregivers that are affected as well. This Bible-based ministry training program has been developed to equip God's people with the tools needed to bring hope to the millions who are living with cancer.





Leader's Guide Objectives

The objectives of this resource are to:

1. Refresh and expand upon what was learned at the Cancer Care Leadership Training
2. Provide information on how to initiate the cancer care ministry program
3. Guide the leader through the process of preparing to launch their cancer care ministry groups
4. Empower the leader to effectively lead and guide the Cancer Care Ministry
5. Provide strategies for effective ministry deployment and follow-through





Welcome

YOUR COMPLETE GUIDE TO
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After attending the Cancer Care Leadership Training, you as the group leader, should review all of the training materials while prayerfully preparing to begin the Cancer Care Ministry. You should also introduce Our Journey of Hope to the congregation and discuss the need, importance and amazing opportunities it represents. Participants are then recruited via passive sign-up or are sought out by the group leader to provide this important ministry to the congregation.

The participants of the Cancer Care Ministry Training will take part in an eight-week course and are commissioned to begin cancer care ministry. Throughout the training, the group leader works to identify and network with individuals in the church and community who have been impacted by cancer. They then work to pair the graduates of the training with those in need of ministry.

Following the eight-week course, the Cancer Care Ministry Training group will begin to meet monthly and the leader's role will shift to that of a mentor. At these meetings, the mentor will deliver supplementary training, encourage participants, give guidance and help pair participants with those needing ministry. The mentor will also work to identify potential leaders who can eventually engage in leadership training and begin their own Cancer Care Ministry. Newly trained leaders will minister under the guidance of their mentor for a season, but they will be cancer care ministers for the rest of their lives.

The Our Journey of Hope program includes:

1. Attending a Cancer Care Leadership Training
2. Reviewing the leader resources and presenting OJOH to the congregation
3. Hosting the eight-week cancer care ministry course
4. Deploying trained lay ministers into the ministry
5. Ministry continues and spreads
6. Providing ongoing fellowship and mentorship
7. Identifying new potential leaders and developing them to take the ministry further

Terminology and Roles

The following terms will be used throughout the training process:

Terms	Definition	Role
Church Leaders	Senior church pastors, assistant pastors or pastor-endorsed staff leaders	Endorse the OJOH program from the pulpit and provide support and vision
Cancer Care Ministry Leaders	Staff or volunteers who have attended a Cancer Care Leadership Training event and lead the OJOH ministry at each church	Lead the cancer care ministry in each church by training the lay ministers and providing mentorship when formal training concludes
Lay Ministers	Church members or community members who are trained through the OJOH curriculum to minister to patients and caregivers	Participate in the training before ministering to cancer patients and caregivers
Patients/Caregivers	Patients, caregivers, family, friends or any individuals who have been impacted by cancer	Receive ministry from lay ministers

Roles and Functions

In order to maximize the impact of cancer care ministry, it is important for everyone involved to understand their role. Please note that the role of the cancer care ministry leader and the church leader may be supported by the same person.

Roles	Leadership Training Event	Primary Program Advocate	Delivers Curriculum	Utilizes Leaders Materials	Receives Curriculum	Attends Group Training	Leaders Phone and Email Support	Participates in the Online Community	Utilizes Ongoing Resources	Gives Ministry and Care	Receives Ministry and Care
Church Leaders	X	X					X	X			
Cancer Care Ministry Leaders	X		X	X		X	X	X	X		
Lay Ministers					X	X		X	X	X	
Patient/Caregivers											X

The Role of the Leader

Cancer care ministry requires an engaged and active leader.

Participants need someone who will inspire, encourage, take the first step with them and if need be, do a little hand holding. Your role as the group leader is instrumental in starting the training, engaging participants in ministry and helping them to grow and become effective and independent lay ministers.

Leading vs. Facilitating

Many groups have a facilitator, which is an individual in charge of reading the materials aloud, playing the videos and helping the discussion to stay on topic and finish on time. In some settings, a facilitator is all that is needed.

Cancer Care Ministry group leaders are more than facilitators. They take responsibility for the training and the results. They champion the effort and see that it starts, runs and concludes effectively. They do more than read aloud – they present as if the content is their own. They do not just play the video; they integrate it into their lesson as a powerful tool. They do not oversee the discussion; they purposefully use questions and statements to facilitate discussion with the participants. This ministry requires a leader.

Your role is to love your group members and to ensure that they are learning, growing and stepping into what God has for them. You may need to nurture, guide and offer a little push. But most importantly, you need to take responsibility for teaching, guiding and coordinating while remembering that it is God who takes responsibility for heart change.

Becoming a Mentor

Once the eight-lesson curriculum is complete, your role will change from being a leader to being a mentor who guides and nurtures. Over time you will be empowering those who have been trained to minister on their own, and perhaps become future leaders.

The mentoring role involves organizing the monthly meetings (or however frequently you decide to meet), presenting the provided supplementary materials and encouraging group members as you help them become capable ministers. The primary purpose of these meetings should be the group members sharing their own experiences and the lessons learned in the field.

Throughout the training, you will need to build and foster relationships that have mentorship components with your group members. This may include individual conversations in which you help nurture and guide members. Prompts have been built into the training to help you seize opportunities to do this. Look for ways to build personal, ministry-oriented relationships with each of your participants.

Identifying and Presenting Opportunities for Ministry

This may be the most challenging part of the leader's role, but it is very important for the success of the ministry and the growth of the participants. You should connect with and identify opportunities for ministry even before the training begins, as well as throughout the entire process. This challenging step involves finding people in your church and community who have been impacted by cancer.

You are building a network of relationships. Your approach will need to be thought out, tactful, respectful and sensitive.

Start by getting to know those who are affected by cancer. If they are church members, then they likely already know you are starting a Cancer Care Ministry Training group. At that point, all you need to do is become friends and build your relationship with them, so you can later introduce them to one of your ministry graduates.

When the public announcement about Our Journey of Hope is made, church members may refer their own friends and family to you. Follow up with these individuals and build relationships. You may not want to tell them much about your cancer care ministry initially, as it may be overwhelming. Rather, get to know them so you can later introduce them to a ministry participant.

When the time comes to connect group members with ministry opportunities, be sure to relate the nature of the relationships to your participants. You are introducing people to new friends. Ministry, care and support will follow friendship more often than preceding it.

As you build this network of contacts, realize that you are actually doing cancer care ministry by building relationships and caring about them. Keep in mind that some may not necessarily have time or energy for another friendship, so you may need to think creatively to build bridges.

A photograph of three people, two women and one man, looking down with their hands clasped in prayer. The man on the left is older with grey hair and glasses. The woman in the center has dark hair and is wearing a grey top and a beaded necklace. The woman on the right has dark hair and is wearing a dark top. They are all looking down with a focused and reverent expression.

How to Prepare for Sessions

The most important part of session preparation is prayer. Cancer care ministry is a heart-based ministry, so the spiritual condition of the ministry leader is critical. As you lead, people will follow your heart more than anything else. Spend time in prayer and be spiritually prepared to lead and to be followed.

It is also important to study. You need to be well informed, to have answers to questions before they are asked and to become an expert for your group. Review the materials, the training, the resources and the videos. Be an expert, and know where you are going so you can lead with confidence.

Getting the Group Started

To start this ministry, it is beneficial to have the buy-in and support of the senior pastor. If the senior pastor endorses this training and champions it in front of the congregation, then the role of the group leader becomes that of an activator not a persuader. The vision has been cast, and the group leader is simply helping to fulfill it instead of pioneering it.

Sign ups posted on bulletin boards can be a useful tool for getting the groups started, but building relationships will be a key factor in motivating people to participate. Follow up with interested individuals in person. Get to know them and share your vision.

Recommended Group Format

Customarily, the meetings would be held once a week, in the evening, on a weekday. Schedule the meetings on days and times that best fit into your ministry's culture and participants' schedules. You can deliver the curriculum in a condensed format as well; for instance, you might choose to have meetings Monday through Thursday nights for two weeks.

The recommended length for each meeting is two hours. This period includes fifteen-minutes to allow for prayer, fellowship and refreshments. It is recommended that some kind of refreshments be provided, because it can help ease tension and increase fellowship opportunities.

The optimal group size is 5-12 participants. This allows for rich discussion and fruitful relationships between the participants and the leader. If the group grows larger than 16 participants, it may be best to split it in half and create a second group. One leader could oversee both groups, or it may be appropriate to have a second leader attend the Cancer Care Leadership Training.

Every session begins with prayer, a review of the last lesson and the introduction to the new lesson. The 30-minute video is played, followed by the lesson curriculum (see Participant Workbook). Following the leader's lesson, an exercise with guided discussion will continue until the closing prayer. Every lesson includes at-home prayer points, as well as supplemental resources. Each meeting may include:

- **15 minutes** – Leader prays, reviews the last lesson and introduces the new lesson
- **30 minutes** – Watch video
- **30 minutes** – Leader presents additional lesson content and reading materials
- **30 minutes** – Follow-up exercise and guided discussion
- **15 minutes** – Closing prayer, fellowship and refreshments

Each lesson contains notes and instructions to help you with preparation, delivery and discussion. Once you begin to walk through the lessons in the Leader's Guide, you should find that every lesson smoothly flows from one component to the next.

Supplementary Materials

Each lesson is paired with recommended supplemental materials. Some of these reinforce the content of the lesson and some of them provide additional parallel content. For example, one of the lessons touches on the different ways cancer is treated and mentions the component of nutrition and diet. Supplemental resources on the subject are provided for participants to review on the online community.

You can choose to print the supplemental materials ahead of time and distribute them to the group or download and email them to the participants. You can find these materials by logging on to ourjourneyofhope.com.

How to Use the Leader's Guide for the Lessons

Each lesson will appear in your guide exactly as it appears to the participants in their workbooks. It also indicates the page numbers for the participant's workbook. Layered on top of that, in your margins, you will find instructions, additional information, optional comments that can be offered and teaching strategies. As you prepare and present the lessons, you will be provided with insights, reminders and answers to questions.

Presenting the Lesson Content

While the videos are a critical part of the lessons, it is the leader's role to present the primary content. The video will inform, but it is primarily used to inspire and engage the participants. Every lesson requires prayer, preparation and practice. It may be helpful to think of this as presenting a sermon that is already outlined for you, with the references provided.

Each lesson begins with a scripture and an introduction. You will be prompted to dynamically read and present these. After you have viewed the video, you will have the opportunity to present the main lesson. This is your time to shine.

You will be prompted to read certain portions of the lessons, while others will be up to you to paraphrase, summarize or preach from your own heart. You will need to read, reflect and pray about this in advance. It is very important that you take ownership of the lessons and present them from the heart in order to engage your group. Each section will provide you with recommendations on how it should be delivered.

Likewise, the activities and discussions rely on the leader's ability to cultivate conversations and create interest. Be sure to read the exercises ahead of time, because every discussion has been designed to achieve an immediate objective and further a long-term goal.

Engaging in Ministry and Mentoring

Once the eight-week training has been completed, a distinct shift from learning to doing must occur. Participants need to be empowered, released and sometimes guided through the first steps of ministering. Future growth of your cancer care ministry is contingent on actively ministering. The time between ending the training and beginning to minister should be kept to a minimum.

When it is time to connect patients and caregivers with newly trained cancer care ministers, move quickly. During the final session, inform participants privately about whom you want to connect them with. Then try to make introductions within a few days. (Participants should be given at least a brief opportunity to pray before being introduced). When participants engage right away, there is a much greater chance that they will stay engaged and experience growth.

During the eighth session, schedule the ongoing follow-up group meetings, making sure everyone marks their calendars. It will be your job to keep the momentum going. Your role should become more and more passive over time as the group members develop into more capable and experienced ministers. Their strength and testimonies should begin to carry the group meetings over time.

Your primary role as a mentor and at the ongoing cancer care ministry meetings will be to:

- Present additional training and curriculum
- Distribute additional cancer care ministry resources
- Help connect your group members to those who have a need for ministry
- Coordinate the group meetings
- Facilitate discussion
- Provide advice

Over time, your position will continually become less demanding. Your most active role will involve identifying those group members who have leadership potential and grooming them to lead their own Cancer Care Ministry Training groups in the future.

Training and Releasing New Leaders

Your church may elect to host the ministry training annually or only as needed, in order to regularly train new ministers. You may want to lead those additional groups, which is appropriate, but there may be opportunity to appoint a new leader who has already gone through the training.

Whenever you are ready to commission a new ministry training group leader, please let your Spiritual Outreach Coordinator know the name of the person so they will begin receiving communications from Our Journey of Hope®.

Look for innovative ways to expand this ministry, train new leaders and reach new people. Along with help, care and hope, every cancer care minister is also bringing the gospel of Jesus Christ to others.

Participant guide booklet is available online to print. It is located at our website, OurJourneyOfHope.com, under Ministry Resources, and sub-tab Additional Resources.

Leader's Comments Key

The Leader's Guide contains comments throughout the lessons that will help you guide your group and give you more information to answer questions and lead discussions. These notes will help you prepare for the lessons and provide beneficial insights during the Cancer Care Ministry Training meetings. The comments are color coded to help you better organize the lessons.

Purple boxes provide insight into the content and information for the lesson.

Yellow boxes provide specific direction for managing the lesson and your group.



Participants workbook
with leader's comments.

WE PROVIDE PASTORS AND MINISTRY LEADERS
WITH THE TOOLS, TRAINING AND SUPPORT
TO RAISE UP CANCER CARE MINISTRIES IN THEIR
CHURCHES AND COMMUNITIES



*Our Journey of Hope® is an educational outreach brought to you by
the Pastoral Care Department at Cancer Treatment Centers of America®.*

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F O R W A R D

HOPE

In difficult times and trying times, God's answer is often a gift of **hope**.

Hope is God's plan for each of us. But cancer can bring fear, and it tests everyone affected by it. The need for someone to bring them news of **hope** has never been greater than it is today. For those who are willing, God desires to give the ability to take His precious gift to the hurting and change their difficult road into a journey of hope.

Our Journey of Hope® guides you along the path of men and women who have dedicated their lives for the purpose of bringing light to those who are suffering under the shadow of cancer.

This is not a program. This is not a course. This is the ministry of **hope**, courage and compassion.

"For I know the plans I have for you," declares the LORD, "plans to prosper you and not to harm you, plans to give you **hope** and a future."

Jeremiah 29:11 (NIV)

INTRODUCTION

Cancer attacks the body. It is an assault of rogue cells trying to take over the body and break down everything in their path. But its attack is no less intensive on the mind and on the spirit. Yet, there remains something that cancer cannot conquer: **hope**.

Cancer care ministry is a **hope** ministry. While it involves prayer, counsel, visits and assistance, it is centered on bringing God's hope to patients and their caregivers, family and friends. This requires an understanding of the impact of cancer, how people react to it and how God has called His people to respond. Above all, it requires us to have within ourselves an unfeigned **hope** that we can take to those in need.

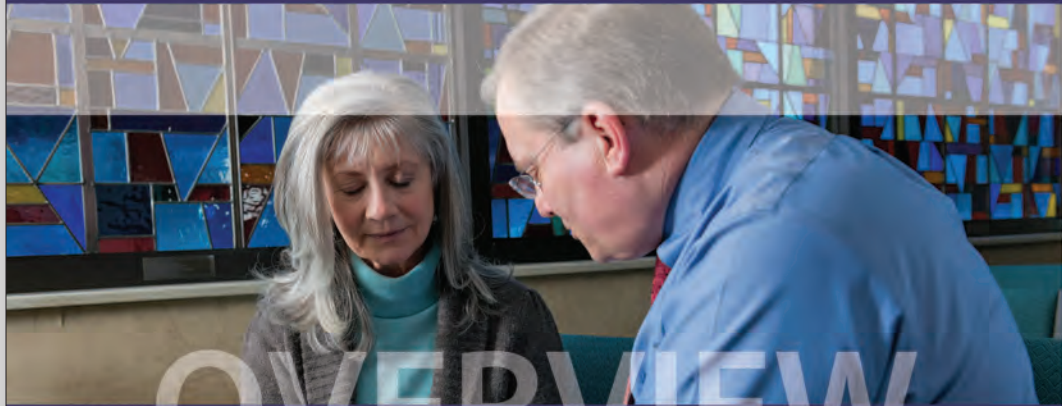
Cancer care ministry requires unique insights, both into the disease and into **God's Word**. The purpose of Our Journey of Hope is to equip you with these insights, and to help you cultivate and carry the **hope** for which so many are longing.

As you take this journey, you can hear from individuals who have devoted their lives to this cause. It is their **hope** that this instruction flows through you into others so that the impact of this ministry is multiplied.

“And the things that you have heard from me among many witnesses, commit these to faithful men who will be able to **teach others** also.”

2 Timothy 2:2 (NKJV)

INTRODUCTION



OVERVIEW

Our Journey of Hope was founded to partner with pastors, leaders and people of faith, and to train up men and women in local churches that are equipped and empowered to minister to those dealing with cancer.

What does a church-based cancer care ministry look like?

Typically, each church appoints a leader to champion the cause. The leader receives training and materials before starting a Cancer Care Ministry Training group in his or her church. Then, each group engages in training that provides the biblical, intellectual and practical foundation for performing cancer care ministry. Once this training (which you are about to begin) is complete, participants are commissioned to begin ministering.

This ministry can take on various forms depending on the needs of each church and community. But it involves bringing hope, assistance and encouragement to cancer patients, as well as their caregivers, family and friends. After the training, the Cancer Care Ministry group meets regularly to share testimonies, receive further training and encourage one another. The group leader takes on the role of a mentor and helps support and coordinate the work of the ministry.

How do we reach people?

The nature of cancer makes it challenging to bring patients and caregivers together in one place. So those who have been trained and are able, must go to them. Almost every church and every community contains someone who is directly or indirectly dealing with cancer. No shortage of opportunities exist for bringing hope and care to those affected by this disease. Group leaders work to identify opportunities for ministry and help make connections.

What is the impact?

Imagine you are feeling afraid, rejected, alone, powerless, ashamed and hopeless. Envision, then, if someone comes to you and says words that no one else has said, does things that no one else has done and leaves you with courage, strength, dignity and hope for the future – and God's plan. How would that affect you? What if it changed one day? What about 10 days? 100 days? What if it helped you through to see another whole season of life with hope?

The potential impact is **indescribable**.

Session 1 Objectives:

- Understand what makes cancer unique
- Learn about the potential of cancer care ministry
- Begin to grow through awareness
- Get to know the hearts of your group members

Begin this session with a word of prayer. Ask God for guidance, insight and understanding as you begin this ministry training. Consider all of those who stand to benefit from this investment of time.

Your tone as a leader will influence people to think of this training as worthy of their effort. Study deep into the lessons and content before you begin teaching, so that you can stand behind it and inspire confidence in others.

It is recommended that the entire introduction section be read aloud. Points will be made here that are built upon throughout the lesson.

Session 1

The Need Is Great

Introduction

“The Spirit of the Lord GOD is upon Me,
Because the LORD has anointed Me
To preach good tidings to the poor;
He has sent Me to heal the brokenhearted,
To proclaim liberty to the captives,
And the opening of the prison to those who are bound;
... **To comfort all who mourn,**
To console those who mourn in Zion,
To give them **beauty for ashes,**
The oil of joy for mourning,
The garment of praise for the spirit of heaviness;
That they may be called **trees of righteousness,**
The planting of the LORD, that He may be glorified.”

Isaiah 61:1-3 (NKJV)

Often, we focus on the positive words in this passage of Scripture: the help, the comforting, the liberty and the joy. But, if we lose sight of the simple truth that mourning happens before the arrival of comfort, then we lose sight of the **process** through which comfort comes. That process is part of the work that we have been given the privilege of taking part in by God.

Cancer is a dreaded word and challenges not only those diagnosed with it, but also the family, friends and caregivers of those battling the disease. But cancer is not the end. There is comfort, beauty, joy and healing. Cancer may put individuals and families on a dark journey they do not want to take, but with God's Spirit working through your words and hands, it can become a journey of hope. This is an unexpected journey – and there is great need for hope.

Mentally, emotionally,
physically and spiritually.

Video Session 1 – Fill in the blanks from the video.

Cancer is a unique and complicated disease with unbelievable effects upon people _____, emotionally, _____ and _____.

The MVP Club helps people to find:

M _____
V _____
P _____

Cancer care ministry can give you the opportunity to reach your _____ in a new way.

Briefly review the answers to the video guide once the video is complete to increase engagement.

Meaning
Value
Purpose

Local Community

It is recommended to transition directly from the video into the lesson. Prepare your notes and materials ahead of time so you can minimize the time between turning off the video and starting the lesson. This will help minimize distractions.

Lesson 1

PRESENTED BY THE
GROUP LEADER

Why Cancer Is Different

What makes sickness a burden?

- The daily challenges of your body not operating at its best?
- The symptoms of discomfort or pain that sickness brings?
- The agony of waiting long periods of time for a diagnosis or answers?
- The uncomfortable feeling of isolation when other people begin to distance themselves?
- The treatment being difficult or the medicine having harmful side effects?
- Spending too much time visiting doctors or hospitals?
- Being kept from work or recreation?
- Missing your favorite events or important life moments?
- Not being able to eat your favorite foods?

Cancer can bring these burdens, and it assaults the spirit and the mind – and ultimately, it attacks hope.

A Step in Someone Else's Shoes ...

Imagine for just a moment that you are experiencing some mild pain and go to see a doctor. The physician comes into the room, and instead of giving you a diagnosis and treatment recommendations, he simply tells you that you will not live much longer.

This section can be presented to the group in about 25-30 minutes. Some points you will want to read directly, others you can summarize in your own words. Think of these as informal sermon notes, with the audience having an outline ahead of time.

Touch on each of these points and elaborate, when possible, from personal experience.

This example communicates much more effectively when paraphrased than when read. Read over this ahead of time and give some serious thought and prayer to it. Think of how you might use a similar example that stems from your own heart or experience.

That is more than the number of people who file for bankruptcy or divorce each year!

This hardship also places a lot of pressure on finances and relationships. Not only is facing the disease a major issue in and of itself, but helping those affected by it can help to relieve some of society's other major challenges as well.

Take a moment to brainstorm with your group the potential number of churches directly and indirectly impacted by one cancer case.

People often think they understand how to pray for, encourage and help those dealing with cancer. Sometimes they unknowingly inflict greater hurt when trying to help because they have not had proper training. We must be careful to look beyond our instincts and traditions in order to see things through the eyes of the hurting.

Deep within you, your spirit, your emotions, your feelings begin to sink. Countless thoughts rush through your mind, and you experience many feelings in the short moments following the conversation. The fear, sadness and anguish in your heart spreads quickly to your family and close friends.

The reality is that doctors do not use such phrasing, but they do use a word that carries the same weight: cancer. When most individuals and families hear that word, their first thought is death. Unbelievable spiritual and emotional trauma accompanies many of the physical hardships. This is why hope is so powerful. This is why the love of God can have such a great impact.

To bring hope and love to someone who is dying, or believes they are, can make all of the difference in the world.

Who Is Affected

The numbers are staggering. According to the American Cancer Society, more than 1.6 million people are diagnosed with cancer every year. And, there are over 14.5 million people alive who have a history of cancer.

Think for a moment of how many people one cancer diagnosis affects. One diagnosis can impact immediate family directly – plus relatives, in-laws, close friends and coworkers to varying degrees. And consider: how many churches feel the impact of a diagnosis?

Now ask yourself these questions: how many cancer care ministries do you know? Who is providing specialized, scripturally based care and support for the millions of people living with cancer and the tens of millions impacted by it?

Why Cancer Care Ministry Is So Important

Every church recognizes that prayer is important and meaningful. Many churches understand that practical help, meals and visits are also valuable. But very few in the body of Christ have come to recognize the unique and specific trials that those dealing with cancer face in order to develop the type of ministry that can truly bring hope to a life.

Cancer care ministry is critically important because the kind of ministry that has been successful with other sicknesses is often not as effective with cancer. And sometimes, the first reaction of a minister can be the **exact opposite** of what would help a cancer patient.

Simply put, cancer affects the spirit differently from what most people have understood or experienced. In order to effectively minister in this area, **we need to become more like Christ** in ways that we may have overlooked in the past.

Once the discussion concludes comfortably, or time has expired, begin to thank everyone for their contributions, individually or as a group. Conclude in prayer as your heart leads. Consider asking God to open the hearts of the group and grant greater understanding, insight and ability to minister to those dealing with cancer.

Think about it like a pair of pliers verses a drill. Neither is substantially more complicated then the other but if you use the wrong one, then the end result will not be something you desired.

Cancer care ministry is no more complex than other forms of service; it simply requires a change of heart and of mind.

The beautiful news is that the work of this ministry changes lives in tremendous ways that words can hardly express.

Able to Help Others

This ministry is not about starting a journey. It is about **joining with individuals** who are in the middle of their own journey and helping them navigate their path with hope. When we stop trying to pray away someone's sickness and instead **lock arms** with them and minister to them **through their sickness**, then we will become a source of the love of God that can shine brightly.

This cancer care ministry training equips you to provide practical help to those dealing with cancer. But more than that, it enables you to see Christ in them more clearly. When that happens, and when hope is genuinely alive in your heart, then you are able to minister with a compassion that comforts and heals the brokenhearted, gives beauty and rekindles joy.

You may not have learned many practical principles yet, but something is **already working in your heart**. Even now, you are more able to minister to those who are facing these difficult challenges.

Discussion

Before we conclude this session, it is important for you to realize the widespread impact of cancer. It is also important for each of you to learn from the experiences of the other members in your group. If you feel comfortable, please share one or two experiences with the group that you have had with cancer. Perhaps you have a friend or family member who has or had cancer, or cared for someone that did. Maybe you have a more personal experience that you are willing to share in regard to yourself or someone close to you.

This is certainly a very sensitive topic, and a cautious discussion, but it is important. The challenges that we share today may help lift someone else's burden tomorrow.

At-Home Prayer Points

- Help us have greater understanding and insight.
- Help us grow in compassion and care.
- Empower us to replace unhelpful habits with more effective ones.
- Help our hearts to become more Christ-like.
- Open our eyes to the opportunities to help and minister to those who surround us.

After prayer, take 30 seconds to share the materials they should review before the next meeting.

After sharing the materials and prayer points, dismiss the group to a time of fellowship and refreshments, if available.

This is not to suggest that we do not look toward, hope in or believe for divine healing. But if we resolve to DO good as well as PRAY good, then we allow our faith to be lived out through our works. If we become unmovable and say "I will love them no matter what happens," then we begin to truly bear one another's burdens and fulfill the law of Christ.

Cancer care ministry is just as much about a change in heart and mind as it is about knowledge and specific practical tips. The most important takeaway is to see things the way Jesus sees them. Practical applications will flow out of a heart that is sensitive to the cancer journey.

You may have to lead or initiate the discussion. Consider a story in advance that you can share. Invite questions and discussion surrounding people's stories.

Take a little bit of time to assure the group that this is a safe place to share. Try not to control the discussion, but be willing to take a more active role.

The goal here is to help the group begin to bond and understand that cancer affects almost everyone. By sharing their testimonies and experiences, everyone will begin to see the character and heart of those they are sitting next to.

Notes: _____

Session 2 Objectives:

- Understand what cancer is and how it is treated
- Learn about its impact on spirit, mind and body
- Look at the role that faith, hope and love can play in the lives of those impacted by cancer

Session 2

Know Your Enemy

Introduction

“Turn all your anxiety over to God because he **cares** for you. **Keep your mind clear**, and be alert. Your opponent the devil is prowling around like a roaring lion as he looks for someone to devour. Be **firm in the faith** and resist him, knowing that other believers throughout the world are going through the same kind of suffering.”

1 Peter 5:7-9 (GWT)

Cancer is an enemy. It grows, it invades and it destroys. In order to beat this enemy, we need to understand how it works and how we can fight back.

Remember, though, that the physical side of cancer is only part of what we are fighting. The anxiety, anguish and fear people impacted by cancer feel may not be tangible, but they are just as real and harmful.

The scripture above encourages us to stand firm in the faith. We can stand against the enemy of cancer in several ways, both in the physical arena and in the spiritual realm.

In this session, we will learn about this enemy and how we can join with those who are fighting so that we can take a more effective stand.

Begin this section with a word of prayer, specifically emphasizing the desire to grow in understanding and empathy. This lesson is more about heart knowledge than head knowledge, so listen with your ears, but hear with your heart.

Read the scripture aloud with some enthusiasm and then read the rest of the introduction with the same zeal, or feel free to paraphrase and use your own words, if desired.

Briefly review the answers to the video guide once the video is complete.

Group of cells
Abandonment
Wall of silence

This section can be presented to the group in about 25-30 minutes. You will want to read some points directly; others, you can summarize in your own words.

Keep in mind that someone has recovered from every stage of every type of cancer. Even sitting on death's door, there is still hope for healing. And there is always our enduring, eternal hope. That should never be overlooked.

The will to fight can have a profound physical impact. God designed us so that the state and belief of our heart can impact our mind and body.

"Your will to live can sustain you when you are sick, but if you lose it, your last hope is gone."
Proverbs 18:14 (GNT)

This section can be read aloud or you can summarize the major points in your own words.

Video Session 2 – Fill in the blanks from the video.

Simply stated, cancer is a _____ of _____ that go rogue in the body.

One of the primary issues that cancer patients express that they struggle with is _____.

We need to lower the _____ of _____ when it comes to talking about cancer.

Lesson 2

PRESENTED BY THE
GROUP LEADER

What Cancer Is

Cancer begins when cells in the body divide and grow uncontrollably, forming tumors or invading other parts of the body. As the cells multiply and spread, they critically hamper the ability of organs and systems to function properly. Ultimately, the cells create enough damage that the body can no longer thrive. This devastating progression is what makes cancer such a fearful thing. It can be difficult to remove or stop cancer; it becomes intertwined with the healthy parts of the body. But it can be defeated; as there is hope.

The sickness of cancer can weaken people physically, mentally and spiritually. It can cause them to lose hope. They are then fighting not just a physical battle, but also a spiritual one. Medicine can be used to treat the physical manifestation of cancer, but something additional is needed for the spiritual aspect. This is where cancer care ministry shines.

How Cancer Is Treated

In conventional medicine, cancer is treated in three primary ways:

- **Surgery** involves a doctor physically removing cancerous cells. But if the cancer has spread, it may not be possible to remove the affected areas without damaging the patient's vital organs.
- **Chemotherapy** involves injecting a chemical mixture into the body that kills or weakens cancer cells. Chemotherapy can be helpful in battling the cancer cells, but it can also weaken the body's healthy cells and cause negative side effects, which can mean unpleasant physical demands on the patient.
- **Radiation therapy** is a process of using concentrated and precisely aimed radiation to kill or weaken the cancer cells. This tactic is challenging because cancer may have already spread beyond the localized area that the radiation is targeting, thereby causing harm to the patient's healthy tissue.

In many cases, a combination of these options may be needed for treatment. Additional therapies such as nutrition, naturopathic medicine, pain management, pastoral care, etc. may also be added to a patient's treatment plan to create a truly **integrative care** plan. This type of care focuses on strengthening the body, as well as the mind and spirit, in order to fight the battle.

Specifically, integrative care may include the following therapies:

- **Nutrition therapy:** Registered and licensed dietitians work closely with a patient's care team to provide a personal meal plan that complements the cancer treatment, and helps to prevent malnutrition, reduce side effects and enhance well-being.
- **Naturopathic medicine:** Qualified naturopathic clinicians work with oncologists to recommend natural approaches to safely strengthen the immune system, boost energy and reduce side effects during cancer treatment.
- **Pain management:** Experienced practitioners work with patients and the rest of the care team to relieve pain so individuals can use their own strength and energy to fight the disease.
- **Oncology rehabilitation:** Rehabilitation therapists – including physical, occupational, speech and massage therapists – help a patient rebuild strength and overcome some of the physical effects of treatment.
- **Chiropractic care:** Experienced chiropractors help patients deal with the pain and discomfort that can sometimes occur as a result of cancer-induced stress on the musculoskeletal system.
- **Mind-body medicine:** Licensed psychotherapists provide individual and family counseling, stress management techniques and support groups to improve emotional well-being during treatment.
- **Spiritual support:** An experienced pastoral care team provides ongoing support and encouragement to patients and their loved ones throughout the treatment process.

Integrative care involves having all of these treatment options available to help support and strengthen the body and spirit. It also involves informing patients and caregivers about all of the options so they can work with their treatment provider and make the best decision possible.

Cancer care ministry perfectly complements this model by bringing hope, compassion and support to patients, caregivers and all those affected by a cancer diagnosis every step of the way. Every patient deserves this thorough and comprehensive approach.

This section can also be read aloud or it can be delivered from the position of your own experience. The content is important, but your experience may be more memorable. If this section is not read aloud, then group members should be asked to take special care and read it at home.

Did you ever think that visiting and caring for someone with cancer could directly impact their ability to recover? Discuss this thought.

The Impact on Spirit, Mind and Body

Cancer is a deeply personal disease. Each case is different; each individual is unique. However, some commonalities can be found in the way cancer impacts the spirit, mind and body.

Spirit

Hope rests in the spirit, impacts the mind and helps chart the course of the body. Cancer directly challenges hope, even from the initial diagnosis. The war of the spirit is won and lost by whether or not hope prevails.

Some may feel like they are alone in their struggle, but the Scriptures remind us that others throughout the world are going through the same kind of suffering (1 Corinthians 10:13 GNT). God wants each of us to know that we are not alone and that hope endures.

Hope can burn like a torch, but it can also be fragile like a candle. If it goes out, the mind and the body feel the effects. Hope enables patients and caregivers to cherish time spent, even when impacted by cancer. Hope for recovery remains, no matter what the situation looks like, but even more so, we can always find unending hope in Christ. To rekindle or fan the flame of hope is one of the greatest aspirations of this ministry.

Mind

While cancer is being fought in the body, its assault on the mind is relentless. Thoughts, fears and anxiety are ever looming. Cancer is not physically contagious like a cold, but the fear and sorrow it causes can spread faster than a virus. Sometimes caregivers, family and friends suffer trauma that equals or even exceeds that of the patient they care about.

While these are mental and emotional challenges, the body can be strongly affected by them. Sleeplessness, a weakened immune system and even heart disease can result from the stress, strain and fear experienced by patients and those close to them. Stress and fear can directly impact the body's ability to fight cancer and respond to treatment.

Part of the role of cancer care ministry is to be an active force in people's lives, helping and encouraging them to cultivate a happier and more peaceful state of mind through Christ. The health of the body can be directly impacted by the mind.

Body

The effects on the body are twofold and include both the direct impact of the cancer and the effects of treatment. What is important to realize is that everyone experiences pain and hardship differently. In order to effectively

minister to a cancer patient, you have to make an emotional connection with the individual's heart and understand how each person reacts to their unique physical challenges.

Keeping the Commandment

"Then the King will say to the people on his right, 'Come, you that are blessed by my Father! Come and possess the kingdom which has been prepared for you ever since the creation of the world. I was hungry and you fed me, thirsty and you gave me a drink; I was a stranger and you received me in your homes, naked and you clothed me; **I was sick and you took care of me**, in prison and you visited me.'"

Matthew 25:34-36 (GNT)

Some have limited the role of cancer care ministry to only praying with people for healing. While praying and believing for healing is critical, this was not the only command that the Scriptures put forward regarding the sick.

"Blessed by my father" – That is what Jesus calls people who take care of the sick in Matthew 25:34. So, yes, love prays. Yes, love believes. But love also cares for, visits and looks after. This is the heart of cancer care ministry.

In fact, this ministry is in direct response to the words of Jesus. We strive to pray using every ounce of faith we have – and to provide care and compassion with our whole heart.

Discussion

Now that we are thinking about how faith and hope impact a person's spirit, mind and body, let's take a look at the following testimonies from real cancer patients.

Read some of them out loud and then discuss the roles that faith, hope and love played in each. If you have a testimony of your own, please feel free to share it with the group as well.

This section serves to underscore the importance of cancer care ministry, and to make the distinction that while it does include prayer, it scripturally includes additional forms of care as well.

Practice reading each of these out loud ahead of time. Your delivery should be exciting and enthused. Read one or two and then begin discussing each one as you go. Encourage people to share their experiences as well.

The goal here is to see and feel some of each person's struggle and then contrast that with the hope that is revealed.

While it was a very challenging time, I knew God was in control. He gave me an incredible peace. In fact, it was so overwhelming that even during the most discouraging and painful times, my blood pressure stayed absolutely normal.

It was a difficult time in my life. I simply trusted God, without any questions about "why?" Psalm 23 became my lifeline.

A cancer diagnosis, even one as dire as mine, does not automatically mean life is over. Life is not over until God says it is over. I choose to trust Him every day and be grateful for all He has done in my life. There were many times I could have given up.

– Chelsea (Chuck) Glenn



I was shocked to hear that I had a very rare cancer that was usually confined to the gastrointestinal tract. Quickly, my name went on prayer lists and was given to prayer teams in churches around the globe. The elders in my church laid hands on me, anointed me with oil, and my family, coworkers, friends and I began praying for healing.

To say this was a low point for me would be an understatement. But while the drugs were not working, God was. We decided to stop the treatment and watch and wait for a while to allow my body to recover from the chemicals and to see which way the remaining cancer would go. God's people continued to pray.

At the end of only three treatments, my oncologist ordered a PET scan. The scan was clean.

– Randy Knight



After noticing a lump during a breast self-exam in 2010, I had a biopsy. I received the dreaded results: it was cancer. I was devastated. I was grieving for the loss of my pre-cancer life. Cancer seemed so big and scary.

I became determined to fight cancer and went through a treatment plan. I think that when hard things happen, you run to something immediately for help. And who I ran to was my God because I know that He loves me and that He provides for me. My foundation is that I believe in Christ, and that my hope is eternal and that my life is beyond just the life here.

Since September 2011, there has been no active disease. I was ecstatic! I feel healthy and strong.

Now I know I have the strength to fight any battle. Cancer is not a good thing, but good has come out of my experience with this disease. If there is a fight before me, I can fight.

I also want to rejoice in every day. Each sunrise and sunset is a blessing. Cancer cannot make me afraid without my permission, and I refuse to give it permission. So I feed my faith, not my fears.

– Kimalea Conrad



At-Home Prayer Points

- Help us better understand the hearts and needs of those who are hurting.
- Help our hearts become more tender and sensitive.
- Give us words, ideas and actions that can bring comfort and compassion to those who feel far from it.
- Give us more understanding into how spiritual support can have natural benefits.
- Help us better see hope and learn to communicate it from the heart.

Notes:

Once the discussion concludes comfortably, or time has expired, begin to thank everyone for their contributions, individually or as a group. Conclude in prayer as your heart leads or using the at-home prayer points.

After prayer, take 30 seconds to share with everyone the materials they should review before the next meeting.

Mention that at-home prayer points are available, but do not feel obligated to read each or discuss them, unless desired.

After sharing the materials and prayer points, dismiss the group to a time of fellowship and refreshments, if available.

Session 3 Objectives:

- Learn about the dos and don'ts of cancer care ministry
- Understand the heart behind the tips to understand why they are the dos and don'ts
- Realize the big impact that simple changes can make and how to develop better intuition
- Apply all of these things to past experiences in order to learn from them

Begin this session with a word of prayer.

Read the scripture aloud and then read or paraphrase the rest of the introduction thoughtfully. The ideas here are not complicated, but the group must understand them for the rest of the lesson to be effective.

Session 3

The Dos and Don'ts

Introduction

"The **heart** of the wise teaches his mouth,
And adds learning to his lips.
Pleasant words are like a honeycomb,
Sweetness to the soul and **health** to the bones."

Proverbs 16:23-24 (NKJV)

What is the difference between conversations that are helpful and those that are harmful? Often, only a small change in what is said, or *how* it is said, can change a statement from being offensive to being **appreciated**.

The scripture above from Proverbs teaches us that the heart – the spirit – of wise people will teach their mouth what to say, specifically how to say things that are comforting and healing. If we can train our hearts to better connect with the hearts of those affected by cancer, then the words can come.

Today, we are going to examine some of the practical dos and don'ts of cancer care ministry. Some of which may seem counterintuitive. This is because our intuition is not yet being taught by our heart to the extent that it should be or can be.

The main goal of today's lesson is to understand **why** the dos and don'ts are what they are, not simply to memorize them. If we can grasp the heart behind these principles, then we can train ourselves to minister effectively.

Video Session 3 – Fill in the blanks from the video.

Psalm 141:3 (ESV) says, “Set a _____, O LORD, over my mouth; keep _____ over the door of my lips!”

Healing words come from a _____ heart.

The people involved in your cancer care ministry may need you to say something, but they may just need you to _____ and to give them a hug.

Lesson 3

PRESENTED BY THE
GROUP LEADER

Special Needs of Cancer Patients

Cancer patients have unique needs. Some of these needs are clearly understood once they are described; others may challenge our thinking. The following statements stem from wisdom gained over many years of cancer care ministry experience. For brevity's sake, they are focused and to the point, but each has tremendous depth. Please read each one, pause to reflect on it and return later to read all of them again. Search out the heart or thought behind each.

Cancer patients need someone to minister to them.

These patients ...

- ❑ Need to experience God's love in their circumstances.
- ❑ Need to be able to trust someone to walk alongside them and be accepting.
- ❑ Need to minimize and/or eliminate habitual, negative reactions to life, which render them more vulnerable to cancer, according to past research.
 - Early 1960s psychiatrists Thomas Holmes and Richard Rahe noticed that an unusually high percentage of cancer patients had experienced relatively severe psychological trauma between 6-18 months before diagnosis. Cancer patients should consider if they are being affected by a past traumatic event that may still be depressing the immune system (e.g., unforgiveness and revenge). But we should never leave the impression that cancer patients did something to get cancer.
- ❑ Need to be a part of community.
 - Research shows that cancer patients often feel their family and friends are abandoning them because of the cancer. Dr. Camile Wortman, a noted psychologist, conducted a study of the perceived support available to breast cancer patients in 1987. 72 percent of the respondents reported they were treated differently after people knew they had cancer. Of these, 75 percent indicated they were misunderstood by others, and more than 50 percent reported they were avoided or feared.

Briefly review the answers to the video guide once the video is complete.

Guard
Watch
Healthy
Be there

Often, the first thing that patients do is to draw back and let relationships and community fade. We need to actively work to correct this.

It is recommended that each of these be read aloud. Allow for some discussion to take place as you go, but be sensitive to your pace and time.

The challenge here is to understand the heart and struggle of those who are suffering, and then find words that are meaningful to them.

If we really have hope – that they can recover, that they can enjoy the days they are currently struggling through, that God is real and He cares for them – then we cannot look down upon patients or treat them awkwardly. We must look at Christ in them.

- ❑ Need to learn to communicate what they are feeling and not just react. Family structure may be profoundly affected. Women with breast cancer, for instance, may feel less attractive, less desirable. Men may feel as if they are no longer valuable if cancer hinders them from providing. They may feel like a financial burden. Fear isolates: “They could not handle it if they knew how scared I am.” Anger may make family members feel like they cannot win: “Do they not know how sick I am?” or “Why are they treating me like an invalid?”

Cancer patients have often heard many of the following customary phrases and begin to see them as empty, trite or cold:

- ❑ “God will work all this to the good, you will see.”
- ❑ “If you only have enough faith, I am sure you will get well.”
- ❑ “God will never give you more than you can handle.”
- ❑ “Let me know if there is anything I can do for you ...” and then the person is gone.
- ❑ “I will pray for you ...” and then there is no praying done.

REMEMBER: Cancer is a personal journey. Listen and pray before offering specific scriptures. Ask God what He wants to say to the cancer patient. Jesus said different things to different people. He asked one, “Do you want to be well?” He asked another what the problem was. Another time, He asked a man if he believed Jesus could heal him. To another, He simply said He wanted to heal him and told him to be healed. Jesus was very specific in what He said to each person because He wanted them to be healed from the inside out.

Cancer patients need their spirit to work with their body in this battle. Search your own spirit and look for words that are honest and meaningful.

Cancer patients need you to be natural. As much as possible, treat the cancer patient the same as you would anyone else.

- ❑ Do not be afraid to talk directly with the patient about cancer and how it is affecting them.
- ❑ Maintain regular contact with the patient. Do not be afraid to hug or touch them.
- ❑ Do not pity the patient.
- ❑ Do not tell stories about cancer or any other disease.
- ❑ Do tell success stories—as many as you hear.
- ❑ Refrain from well-intentioned advice unless asked for it.
- ❑ Additionally, make a point to talk about other things beyond cancer, like the person’s interests, hobbies, etc. . It is not the end-all in a person’s life.

Cancer patients do not need you to trivialize what they are going through.

- ❑ Should a cancer patient go through hair loss and feel badly about it, do not say, "Well, which would you rather lose, your hair or your life?" Be sure not to say things like "It is only hair."
- ❑ Consider shaving your own head to go through this indignity with the cancer patient. Loss is loss, and when patients are already feeling out of control with this disease that has invaded their lives, one more loss, whether hair or body part or anything else, is a big deal. Body image is part of feeling good about who you are and how you are perceived. When cancer takes something from patients, and they have had no choice in the matter, it is just one more thing that is part of this traumatic experience. Patients need understanding.

Cancer patients need a listening heart.

- ❑ They deal with fear, anger, grief, what ifs and why me questions, guilt, control and regret.
- ❑ They may also deal with chemical imbalances in their bodies created by the treatment itself (e.g., chemo can throw a woman into menopause and create serious hormonal imbalances).
- ❑ They need to know their feelings are normal.
- ❑ They need a safe place to vent. Maybe they are angry with God, with the church or with someone who has told them something that they have discovered is not true.
- ❑ They need to think about what gives their life meaning, what is important, what is their purpose, what others can draw from them.
- ❑ They need to know it is not too late to make changes, if they want to make them.

Cancer patients need hope.

- ❑ They need to understand that only God knows the number of days allotted to them, not a doctor or anyone else.
- ❑ They need to know people are standing with them if they choose to fight the cancer.
- ❑ They need to know it is okay to be themselves as they battle along, that they will not be abandoned.
- ❑ They do not need false hope, but they do need hope, like we all do, for each day that we live.
- ❑ They need to think through a "new normal."
- ❑ They need to see themselves as active participants in a fight for recovery and not as victims who have no recourse but to give in to their fears, depression and fatigue, and to isolate themselves and prepare to die.

This is rarely done with ill intentions, but we need to weigh our words and think about things from their point of view. No, we do not want to magnify the cancer, and, no, we do not want to place too much emphasis on the physical. But there are a lot of things in this area that would simply be better left unsaid.

Often times the most difficult thing to do for someone else is to listen.

They need hope in every area and at every level. This is hope to recover, hope that the current days can be fruitful, hope that their lives are not in vain, hope that their families can survive the trial and hope for eternity.

They need to feel that others are supporting them. It pleases God to see His children rallying around one another in their time of need.

We need to identify the greatest needs for each individual we minister to. Be careful not to develop a template-based system of care.

Consider trying to keep the house in order, take care of the lawn, shop for groceries and so on. Empathy starts with understanding the difficulty and then looking for effective ways to help ease the burden.

Cancer patients need to know someone is praying for them.

- ❑ Focus prayers on who God is and on who the person is in Christ. This enables the cancer patient to think about God and how He is so much bigger than cancer, people or any circumstances – and to consider how God sees the person, what He created him or her to be in Christ.
- ❑ Physical healing may not be the most critical healing a cancer patient needs. God knows the deepest needs may be spiritual, emotional, mental or relational. Be faithful to pray, seek Him and ask Him to give you insight and wisdom in what to pray for, what to say and how to minister.

Cancer patients need someone to help them with daily tasks while they are battling this disease.

- ❑ Perhaps they are tired. Perhaps they are emotionally drained and wondering if the battle is worth the effort. Perhaps they have got real image problems because of loss of hair or a body part, and so are becoming more and more isolated to not have to face people. Perhaps they are exhausted at the thought of even trying to keep the house clean, cook meals, run errands, care for their children and pay bills.
- ❑ Create a list of local resources, from both inside and outside the church, that are available to them.
- ❑ While you do not want to do for them what they can do for themselves, you do want to be involved enough to learn and see what needs might be there and how they could be met to take that burden off the patients and their caregivers.
- ❑ Be proactive. Ask patients and caregivers what they need, what would be helpful or what would be of practical benefit to them.

Cancer patients may have low white-blood counts during treatment.

- ❑ Call to make sure it is okay to visit. When blood counts are low, a cancer patient is highly susceptible to disease and often is confined to the house and not allowed visitors for a few days.

Intuition and Empathy

Are you beginning to understand some of the pressures, feelings and aches that are caused by a cancer diagnosis? Hopefully, you are starting to think a little differently. In order to experience empathy and minister effectively, we need to go beyond our own experiences.

This needs to be an active process. We have to actively retrain our way of thinking. When you are able to go back and read through the list of needs of cancer patients, ask yourself what individuals in that situation must be feeling.

This could be an at-home exercise or a group discussion, depending on how much time you have remaining. Try to save at least 20 minutes for the final group discussion.

Go point by point and ponder what they must have in their heart, what their daily routine must look like and what would draw out these needs.

We need to retrain our intuition and grow in empathy. Jesus was the greatest example of this. He understood what was in people's hearts and knew how to connect with them. Ponder some of the ways that He connected with people in the midst of struggle.

Feel free to read or summarize this section.

Wisdom in the Small Things

Which would be more beneficial to cancer patients: to visit for an hour and talk the whole time or to visit for an hour and only talk for 15 minutes? Sometimes, the second option is preferred. Patients may be tired. They may have talked a lot lately and may simply long to be near other people. With a little insight wisdom, we can often be more helpful doing things that are simpler.

A large portion of cancer care ministry involves small things. And often those things include knowing what not to say or when not to talk. As we have seen in this lesson, sometimes simply being present and hopeful can make all the difference.

Discussion

This may be the most challenging discussion of this entire training, but please hang in there. For those who are willing, begin to share some stories or experiences involving times that you have seen the right or the wrong words spoken.

We are not looking to point fingers or shift blame, so please be sensitive to names and places. But based on what you have learned in this lesson, are you able to identify experiences you have had in which you now understand things about words and actions that you did not realize before?

Maybe it would be helpful if you skim through the bullet points under the **Special Needs of Cancer Patients** section again and look for specific experiences that fit with some of those examples. Try to think of positive experiences.

The hope of this discussion is that through better understanding of the past, you can make someone's future brighter.

At-Home Prayer Points

- Teach our hearts to be more sensitive to others.
- Help us grow patient so that we look for the right words instead of just speaking the first ones that come to mind.
- Enable us to see through the eyes of those to whom we minister.
- Forgive us of any past mistakes or ignorant actions, and help us walk into tomorrow with wiser and more compassionate hearts.
- Renew our thinking to become more like Christ so that we see and treat everyone as He does: precious and worth pursuing.

This could be a challenging discussion to start and manage, but it could be very beneficial for the group. We want people to connect with each other and realize that many of them have faced some struggles and challenges of their own.

There should also be some "Ah-ha" moments as people begin to interpret their experiences through the lens of this lesson. Be careful to ensure the discussion focuses on positive experiences as well.

Keep in mind that some people could potentially develop feelings of regret. Both you and the group should immediately provide comfort and assure them that they did the best they knew how at the time.

Once the discussion concludes comfortably, or time has expired, begin to thank everyone for their contributions, individually or as a group. Conclude in prayer as your heart leads or using the at-home prayer points.

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After prayer, take 30 seconds to share the materials they should review before the next meeting.

After pointing to the materials and prayer points, dismiss the group to a time of fellowship and refreshments, if available.

Session 4 Objectives:

- Learn about what it means to be a ministering person
- Understand the biblical calling to cancer care ministry
- Reflect on the past and God's calling for your future

Session 4

A Marvelous Calling

Introduction

“Don’t just pretend to love others. **Really love them.** Hate what is wrong. Hold tightly to what is good. Love each other with genuine affection, and take delight in honoring each other. Never be lazy, but work hard and serve the Lord enthusiastically. Rejoice in our confident hope. Be patient in trouble, and **keep on praying.** When God’s people are in need, be ready to help them. Always be eager to practice hospitality.

Bless those who persecute you. Don’t curse them; pray that God will bless them. Be happy with those who are happy, and **weep with those who weep.** Live in harmony with each other. Don’t be too proud to enjoy the **company** of ordinary people. And don’t think you know it all!”

Romans 12:9-16 (NLT)

What kind of person has God called each of us to become? The passage above paints part of the picture, it is a powerful part. It is the image of a ministering person, someone whose life is a state of ministry in action.

This is not just a “preacher” verse; this is a “you and me” verse. We are called to love others with genuine affection and honor – to rejoice in hope, pray through trouble and be ready to help. God wants us to meet people where they are and lock arms in support with them whether it is in a season of joy or tears.

It is a marvelous calling. Will we rise to the occasion?

Begin this session with a word of prayer. This is a very pivotal step in the course of this training. Everything so far has led to this lesson and its conclusion. Take extra time as you prepare, pray and plan for this session.

Read the scripture aloud and then read the rest of the introduction thoughtfully.

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This can be left unanswered as a rhetorical question as you transition to the video.

Community

Sick

Name

Briefly review the answers to the video guide once the video is complete.

Video Session 4 – Fill in the blanks from the video.

Jesus was moved when he looked at the condition of His _____ ;
His world.

One-third of the ministry of Jesus Christ was to the _____.

When you begin to start your cancer care ministry, give thought and prayer to what you _____ that ministry.

This section can be presented to the group in about 25-30 minutes.

This section should be read in its entirety. It is the foundation of the lesson and frames the life we should aspire to model. Pause momentarily after each point and give room for digestion and comments.

Remember that the initial scripture in this session encouraged us to enjoy the company of others.

Just like God does ...

Lesson 4

PRESENTED BY THE
GROUP LEADER

The Definition of a Ministering Person

No single phrase can summarize what it means to become a ministering person. Many years of experience and the spiritual insights of those living out this calling have yielded the following wisdom (from **Spiritual Caregiving** by Dr. Harold G. Koenig and Verna Carson):

- At the heart of being a ministering person is seeking to **hear and understand** the story of the suffering person standing before us and to encourage hope in that person in developing the **next chapter** of the story.
- A ministering person enters into a relationship with another and shares that individual's pain, listens even when it causes some inconvenience, says little or nothing and raises questions for reflection.
- A ministering person takes the role of **companion** to another's journey, rather than being a problem solver or rescuer.
- A ministering person loves the unlovable, the ungrateful, the uncooperative, the aggressive and the unreachable.
- A ministering person accepts his or her own brokenness, humanness and fragility so as to enter into relationships with those who are burdened by the difficulties of life.
- A ministering person facilitates change in others but does not assume responsibility for that change.
- A ministering person allows others to make decisions and **supports** them through the decision-making process.

- A ministering person accepts that solutions are best arrived at by the person being served.
- A ministering person is able to recognize that one cannot put an end to the psychological pain and suffering of others but can be a witness to it and give voice to that suffering.
- A ministering person is able to accept others the way they are and make no attempt to fashion them into different people.
- A ministering person is able to encourage others to delineate their own values, goals and personal views.
- At the heart of a call to minister is a personal encounter between an individual and God, leading to an unfolding story of service.

Discovering Our Calling

Each one of us is called to the life described in Romans 12:9-16, but if you are hearing these words today, then you may very well be called to more. Cancer care ministry is a calling. It may not become a full-time occupation for everyone, but it is a specific seed planted in the heart by God.

This ministry is vital, the need is great and only a few have answered the call. If your heart goes out to those impacted by cancer and you believe that God wants their hearts to be filled with hope, then it is time to begin watering the seeds planted in your own heart.

Has God placed you here, trained you and given you a willing heart for just this occasion?

Taking an Active Role Through Cancer Care Ministry

This ministry is an expression of God's love and hope in us. It is patterned after His words, His directions and His heart. Cancer may only be the starting point and it is a unique need, but growth in this ministry will almost certainly bear fruit in other areas as well.

The pattern for walking this out is simple: complete the training, find those in need and do what God puts in your heart to do. You have some practical tools already and there are more to come. But most importantly, you have a big God who has a big heart and wants to see His compassion flow through you into others.

You also have help in finding patients, caregivers and others in which to minister. There is ongoing support, training and fellowship to help you grow in offering care and hope. The only thing that you need to do on your own is to make the decision to step forward.

This is not to say that God should not take a role guiding those decisions. This is saying that the people being served are more qualified than we are to judge or make decisions about their lives.

Additionally we do not want to take control of or presume responsibility for other people's lives. There may be good advice we can contribute, but we should not assume control.

If someone's ability to make good decisions is compromised then we should inform their caregiver or close family, who are in a better position to make decisions on behalf of the patient.

We as individuals can only do so much, but we can petition Someone who is able to do much, much more.

Be ready to communicate, that it is not implied that anyone is being called into full-time ministry. The intention is to realize that this calling usually falls within the bounds of the lifestyle and service that God expects from each Christian, regardless of occupation.

This is a rhetorical question and is not intended for discussion.

This discussion is two-fold: it begins by asking everyone to do an assessment individually and then builds upon the thoughts and feelings caused by it.

This assessment can be a great one-on-one conversation starter that you can use to help guide group members.

Feel free to either let participants read and answer these individually or read through each question one at a time and have people answer them as you go.

We only want participants to talk about what their answers made them realize, not what their answers are. Make sure the group remains a trusted and safe place.

Feel free to allow some discussion at this point.

Discussion

Now that you understand some of what goes into cancer care ministry, take a moment to assess the effectiveness of your ministering.

On a scale of 1 to 10 (1 being least effective, 10 being most effective), rate your ministering effectiveness for each of these points. Remember, these are your thoughts of how you have done **in the past**, before this training. Feel free to be completely honest, as you are not going to be asked to specifically share these points.

Seeking out how people think, feel and hurt in order to connect with them

1 2 3 4 5 6 7 8 9 10

Offering advice that is scripturally sound, easy to understand and meaningful

1 2 3 4 5 6 7 8 9 10

Giving time, effort, energy and love to those who are hurting

1 2 3 4 5 6 7 8 9 10

Standing with people so that they can depend on you as long as they need you

1 2 3 4 5 6 7 8 9 10

Being able to love, help and care for others without needing to take charge, lead or teach

1 2 3 4 5 6 7 8 9 10

Are there any areas that you did not score a 10? Better yet, do you think there are any areas you could do better in now if you applied what you have learned in this training?

How much progress can you make if you dedicate yourself to learning from the rest of this training and going back to review and practice what has been covered?

How many lives can be impacted if everyone in this room commits to improving these scores?

Taking the First Steps

We have looked at what it means to become a ministering person, and we have heard of the great needs of cancer patients and have recognized the impact that more effective ministry can make. So, how do we take action?

The first step to becoming a ministering person is to commit by saying, "I will answer the call."

This is the climax of the lesson and all of the sessions up until this point. Each individual is asked to commit to becoming a ministering person and take steps toward cancer care ministry.

Be careful not to rush this section. It should be treated as very important. Individuals who commit at this stage are much more likely to complete the training and begin to minister to people.

The role of the leader here is to lead by example and inspiration.

Everyone in the group, by virtue of being here, is on this path and should be able to make these commitments. This is not supposed to divide the group, but to unite it.

In just a moment, you can do just that: commit to becoming a ministering person. No one should take this lightly, but if you are here now, then you have already made some level of commitment to pursue this cause with a true heart.

We are about to make a commitment to pursue becoming a ministering person today. You are deciding to embrace hope, to honor the Scriptures and to care for others by letting the love of God work through you. A few weeks from now, when you are fully equipped and have built upon this foundation, you can be commissioned to begin cancer care ministry.

At-Home Prayer Points

- Help each of us to prepare and embrace Your heart and calling.
- Direct our learning and our steps.
- Enable each of us to grow into becoming a ministering person.
- Strengthen our resolve, but help us to cultivate tender hearts.

Notes:

After prayer, take 30 seconds to share the materials with everyone that they should review before the next meeting.

After sharing the materials and prayer points, dismiss the group to a time of fellowship and refreshments, if available.

This should feel weighty. Everyone should understand that this commitment puts them on course to become active and effective in cancer care ministry (not to be confused with full-time or credentialed ministry).

This is a critical moment. Please prepare for this ahead of time. This should be a tender moment that is handled with care.

At this point, you want to ask everyone to stand or raise their hand if they desire to embrace the call of becoming a ministering person.

Then pray over the group and ask God's blessing upon their commitment, growth and ministry. Consider a prayer similar to the following example:

"Dear Lord, we gather before You tonight in thanksgiving for the knowledge and understanding that You have continued to reveal to us. As these have indicated their desire to serve, to love and to become ministering persons, I ask Your blessing and guidance upon them. Lead them, teach them and mold them into more effective and compassionate followers of Christ. Honor the intents and commitments of their hearts that they might carry Your love to those who are hurting. In Jesus' name, amen."

Session 5 Objectives:

- Understand the role that fear, dread, anxiety and stress have in those impacted by cancer
- Learn how to overcome personal fear in order to minister courage to others
- Recognize the full measure of challenges that come with this ministry
- Be able to identify the styles of helping and implement their most beneficial traits

Begin this session with a word of prayer. The group should feel different than it did before: people should be more committed after Session 4, and they should be better prepared to dig into some of the weightier topics of this ministry.

Read the scripture aloud and then read the rest of the introduction thoughtfully.

Under fear falls distress, dread, anxiety, panic, nervousness, worry and discouragement. Overcoming all of these can be life changing.

Session 5

Overcoming Fear

Introduction

**“Don’t be afraid, for I am with you.
Don’t be discouraged, for I am your God.
I will **strengthen** you and help you.
I will hold you up with my victorious right hand.”**

Isaiah 41:10 (NLT)

In some ways, fear is more formidable than cancer. It can strike instantly, it can spread even more rapidly and it can directly impact those who do not have cancer. But like cancer, it can be overcome.

Fear is a force that affects our spirit, mind, body and relationships. It can cause a chain reaction that is capable of consuming our every waking hour. And it can damage our health with or without cancer. Is it any wonder that God does not want us to be afraid?

God knows what fear can do to us, and in the Scriptures, He charges us again and again to not be afraid. This shows us that fear, and the suffering it causes, are not sent by God. And it is possible to get fear out of our lives. He would not charge us to do something that could not be done.

God specifically tells us not to be afraid because He is with us. We are not alone, and we are not at the sole mercy of our circumstances. God said that He would help us. We may not feel like we have the strength to do it, but He said that He would strengthen us and He would hold us up no matter what is trying to pull us down.

The root of the word “encourage” literally means “to put courage into.” One of the biggest roles of cancer care ministry is to put courage into those who are overcome with fear.

Victory over fear can be just as meaningful as victory over cancer.

Briefly review the answers to the video guide once the video is complete.

Video Session 5 – Fill in the blanks from the video.

In Psalm 147:3 (NIV), we are told that “He _____ the brokenhearted and binds up their _____.”

Remember, God cares for His servants in both times of triumph and in times of defeat. God remains _____ with those who trust Him, no matter how fearful the situation.

Every patient and every cancer journey is different, and God simply wants you to be three things:

Heals Wounds

Present

Faithful
Available
Teachable

Lesson 5

PRESENTED BY THE
GROUP LEADER

Overcoming Our Own Fears First

Even as Christians, we may find ourselves closing our eyes to sickness and fear, or saying a quick prayer before transitioning to another subject. But this is not dealing with the heart of the issue, because it is not touching the heart of the hurting.

We should not become comfortable with cancer or suffering. But we must be comfortable with people. The reality is that people get sick and hurt, yet too often we allow fear to push us away from those who need us the most.

We need to **proactively** confront our subconscious fear. We need to get close enough to a heart to touch it, and we must overcome our own fear so we can bring courage to others.

In the Scriptures, we see Jesus, His disciples and the early church leaders placing their hands on people who were oppressed, sick, dead and dying, for the purpose of healing. Should we draw back from uncomfortable situations when God has placed in us the love, hope, words and prayer that are needed to encourage the hurting?

We cannot close our eyes to the hurt cancer can bring, be it physical, spiritual or emotional. We need to understand the full impact so that we can be fully prepared to minister. Isaiah 41:10, which says that God will give help and strength, applies just as much to us as to cancer patients.

This section can be presented to the group in about 25-30 minutes. Some points you will want to read directly, others you can summarize in your own words.

This section sets the tone for the lesson. It should be read aloud or closely paraphrased.

This question is intended to be rhetorical, but if it sparks valuable discussion, then allow a few comments before moving on.

This is some of the more challenging content of the training. We are directly looking into some of the things that we tend to shy away from. We need to boldly confront the challenges and recognize that they are real, they are difficult and they can be overcome.

You should read through all of these responses with the group and add a few comments to elaborate as you go. Some specific notes will be provided to guide you.

This can lead to other issues that may further jeopardize an individual's health.

This can include overanalyzing and focusing on every symptom, feeling or fear. It can also extend to extreme lifestyle changes that may or may not be healthy.

Life or God is seen as unfair. Keep in mind these are feelings more than logical thoughts.

This can be positive or negative, depending on the person and the context. If they are making fun of how impossible things are, then it is not humor that is beneficial to their healing.

Acceptance may mean coming to terms with reality and finding the desire to fight cancer, or it may mean the choice to stop fighting and let go of life.

Small things seem enormous.

Understanding the Response to Life-threatening Illness

When we face challenges that may impact the course and length of our life, we may experience a range of natural responses. These are not necessarily the ways we should respond, but they are natural tendencies. Those whom you minister to are likely to respond in some of these ways.

Understanding these responses enables us to get a clearer picture of what is happening in the heart and mind of a cancer patient. This allows us to find the right words and actions that can help them. **But, if we judge people based on the way they respond, or if we trivialize these responses, then we are no longer able to help them.** A ministering person supports people based on where they are, not where we think he or she should be.

Physical Responses

- Physical manifestations of stress
- Preoccupation with health
- Pain and suffering

With God or with doctors.

Cognitive Responses

- Shock
- Denial
- Bargaining
- Egocentricity and constriction of interests
- Changes in body image and self-esteem
- Reassessment of life and mortality
- Cognitive impairments
- Sleep disturbance
- Suicidal thoughts
- Loss of hope

Unable to think effectively.

Emotional Responses

- Guilt and shame
- Anger
- Fear and anxiety
- Jealousy and envy
- Grief, sadness and depression
- Humor
- Acceptance

It is critical to hold on to hope: hope for a cure, hope for healing, hope for the impossible. Embrace this and guide it forward.

Behavioral Responses

- Hypersensitivity
- Controlling behavior
- Acting out
- Disengagement
- Dependence
- Regression

A desire to control everything they can because there are things outside of their control.

This may take a lot of forms: sometimes progress is lost or given up, sometimes maturity wanes, sometimes faith erodes.

As you read through this list aloud, pause for the ones that seem most relevant or challenging, and look for one or two comments on how it may be handled. There are no wrong answers here. Brainstorming may help the group think of new ways to offer care.

Dealing with Feelings of Loss

Whether it is the fear of loss, or loss that has been experienced, the burden can be heavy. Dealing with these feelings requires patience and tact. Even more so, it takes a heart of hope and courage.

God is bigger than every one of these things, and He gives strength and help to stand against them. Think about how you might face and wrestle each of these if you find them in the life of someone you are ministering to:

- Loss of control
- Loss of independence
- Loss of productivity
- Loss of security
- Loss of predictability and consistency
- Loss of pleasure
- Loss of ability to complete plans and projects
- Loss of dreams and hopes for the future
- Loss of significant others
- Loss of familiar environment, possessions
- Loss of identity
- Loss of physical, psychological and cognitive abilities
- Loss of meaning
- Unfinished business

Three Styles of Helping

The last few sections have involved thinking through some of the challenges faced in cancer care ministry. Now it is time to move into discussing some of the solution styles and examine different ways help can and/or should be given.

Can you give bad help? This seems like an oxymoron, but not all help is useful. Sometimes what is labeled "help" is really a reaction to fear, not a plan. Here are three different styles of giving help. Study each one and look for examples in your own experience:

Enabler	Rescuer	Empowerer
1. Maintains status quo	1. Fosters dependency	1. Encourages independence
2. Acts for	2. Acts for	2. Acts with / facilitates
3. Denies problem	3. Tries to fix	3. Focuses on options
4. Tries to prevent consequences	4. Tries to remove consequences	4. Lets consequences happen
5. Equal or inferior	5. Hero or superior	5. Equal
6. Discards own needs	6. Acts from own needs	6. Takes care of self
7. Blurry boundaries	7. Blurry boundaries	7. Clear boundaries
8. Becomes trapped and dependent on outcome	8. Becomes trapped and dependent on outcomes	8. Remains free of outcome
9. The "helped" feel less capable	9. The "rescued" feel less capable	9. The "empowered" feel more capable

The Enabler, Rescuer and Empowerer concepts have been adapted with permission from the work of Chaplain Rev. Dr. Terry L. Irish from a presentation by Marilyn Gryte at the American Academy of Bereavement, Bereavement Facilitator Certificate Award Program Seminar, held in San Diego, California November 18-22, 1996.

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The enabler may seem helpful at first, but in the long run, they primarily help the problem to continue and hinder growth. They allow people to lean on them instead of facing and overcoming the challenges.

The rescuer tries to take charge and handle everything themselves. But Christ is the only true rescuer, and when someone tries to take His place, the results are always inferior and growth can be hindered.

Be sure to read the characteristics of each of the three styles aloud and give time for thought and comments. Feel free to read or summarize the rest of this section.

You are provided more information on the three styles than the participants. This is to ensure the participants think through and process each. The conclusions they come to may be more insightful than the clear definitions provided.

The empowerer is selflessly motivated and is interested in the long-term well-being of those being helped. They focus on strengthening those they are serving and helping them become more confident and capable. They help people grow closer to God without trying to do His work.

While this may be a sensitive topic, your group may be comfortable enough to discuss it freely. If it seems necessary, reassure your group members that their discussion is confidential.

The group is a safe place, and this discussion can benefit the group by discovering common challenges and solutions to them.

Participants may not neatly fit into one of the three styles. Assure them that this is okay. Consider asking them to mix and match the traits that best describe them.

The goal of this exercise is to identify tendencies and previous challenges to learn from. Feel free to encourage creative responses.

It may be a good idea for you to begin the discussion with identifying your own style.

It is recommended that each participant shares their own style. Then one at a time come back for a second round of discussion where you talk about the obstacles.

In thinking through the responses to an illness, feelings that come with anticipated loss and the three styles of helping, you should begin to understand some of the challenges facing cancer patients and those close to them. Patients and caregivers can be under enormous strain. Fear may hover just below the surface or be deeply rooted in the heart. Adopting the right helping style is critical.

As you may have guessed, the helping styles are not all equally effective. The Enabler is the least optimal, the Rescuer is better in some ways and the Empowerer is the most effective style. The key to improving your helping style is to identify which one best fits your tendencies and then actively work to improve each of the nine points.

Discussion

The helping styles are more than just a collection of responses; they exhibit different states of growth. The first step needs to be identifying your current helping style and looking for the obstacles that may be hindering you from growing into a better one.

Think for a moment about which of the three helping styles you most closely identify with. This may require a long look in the mirror, but keep in mind that even people who are Empowerers still have room to grow.

Now that you have one of the three styles in mind, go around the room and share your styles one at a time. Feel free to go deeper and talk about which of the nine characteristics are a part of your behavior and which ones may not fit you as well.

Lastly, think and talk about obstacles that hold you back or even lead you toward your current style. These could be previous experiences, personality traits, personal challenges, past examples or even purposeful training. As you discuss these as a group, look for ways to overcome these obstacles. Just acknowledging them can help you, but perhaps with all of the minds in the room, you can find creative solutions as well.

Growth in these areas can directly improve your ability to minister.

At-Home Prayer Points

- Strengthen us that we may become people of courage able to bring courage to others.
- Help us to overcome fear so that we can be an example to others.
- Teach us how to help those who are struggling with fear.
- Give us wisdom to understand the challenges people face and the best ways to help them.
- Enable us to further cultivate hope in our own hearts so we can better carry it to others.

After prayer, take 30 seconds to share the materials with everyone that they should review before the next meeting.

After sharing the materials and prayer points, dismiss the group to a time of fellowship and refreshments, if available.

[illegible]

Once the discussion concludes comfortably, or time has expired, begin to thank everyone for their contributions, individually or as a group. Conclude in prayer as your heart leads or using the at-home prayer points.

Session 6 Objectives:

- Understand the role that caregivers play
- Identify the challenges that they face
- Learn how to identify, help and minister to caregivers

Begin this session with a word of prayer.

Read the scripture aloud and then read or paraphrase the rest of the introduction thoughtfully.

You may have caregivers in your church that you are not aware of because the patients they support are not members of your church.

The opportunity here is enormous, and much of it is usually hidden from plain view. Begin to look for, ask about and find those who are caregivers. Get to know those who are already around you.

Session 6

Caring for Caregivers

Introduction

“So then, welcome him in the Lord with great joy, and **honor people like him**, because he almost died for the work of Christ. He risked his life to make up for the help you yourselves could not give me.”

Philippians 2:29-30 (NIV)

When you hear the phrase “cancer care ministry,” you most likely picture helping people with cancer through prayer, fellowship and practical assistance. But do you know that the majority of people affected by cancer do not even have the disease?

Caregivers are those specific individuals who aid, support and walk with a cancer patient through their cancer journey. They are often a spouse, child, sibling, relative or close friend.

This caregiver often coordinates schedules, treatments, finances and household chores, and may help feed or clothe the patient. They are sometimes referred to as the “healthy” patients because they go through most of the process that the patient goes through, and sometimes feel more.

Combine caregivers with the close friends and family of a cancer patient and you notice a circle of individuals affected by every cancer diagnosis and just as many candidates for cancer care ministry.

In the scripture passage above, the apostle Paul talks about giving honor to a man who risked his life and nearly died in order to help and support Paul when others could not. This was a man who pushed himself in order to care for someone who was important to him.

Modern day caregivers are rarely honored. In fact, they often face many of the same struggles as the patient, but in silence, not wanting to draw attention away from the one who is sick. These are men and women **who care so deeply** that they are willing to put their lives on hold in order to help someone else continue theirs.

Caregivers may not have cancer, but they are not immune to the fear, anxiety, responses to life-threatening illness, feelings of anticipated loss and worry. They may push themselves to the point of jeopardizing their own health for the sake of someone they love.

It should be easy for us to love and help caregivers because they are the first line of cancer care ministers, whether they realize it or not.

Video Session 6 – Fill in the blanks from the video.

Primarily caregivers are _____, spouses, _____, siblings and close friends.

Caregivers are attempting to meet needs of cancer patients that they are not _____ or _____ for.

We should _____ with caregivers when they have small victories that the patient has experienced, and remind them that they were part of that process.

Briefly review the answers to the video guide once the video is complete.

Parents
Children
Prepared
Equipped
Celebrate

Lesson 6

Hurting More Than the Patient

How could someone without cancer be affected even more than someone with cancer? The short answer is: fear. Almost everything we talked about in Session 5 is directly applicable to caregivers. They suffer many of the same feelings and fears.

Caregivers tend to spend a lot of time worrying. The patient is the one fighting, but the caregiver usually feels powerless on the sidelines. Since they are unable to change the big things, they may become anxious and highly stressed about the small things such as schedules, routines, finances and housework.

Sometimes caregivers can become so caught up in caring for the patients that they damage their own health. The constant physical and emotional grind of caring for someone can wear down their immune system, along with their mind. Patients spend a lot of time resting because they are sick, but the caregiver can become sick by not allowing themselves to rest as they vigilantly look after their loved one.

Caregivers may even come to feel that if they allow their loved one to die, then they may not be able to survive, either. They may take too much responsibility for the patient and can become emotionally exhausted.

These caregivers are honorable individuals, and they need our help, our love, our counsel and our prayer.

This can be presented to the group in about 25-30 minutes.

This lesson contains sections with more continuous information than most. You may choose to read it aloud or summarize it into your sermon-style presentation.

The ideas here are important and heart changing, and should be received with care and thoughtfulness.

They likely do not know about the right and wrong styles of helping, and may face bigger challenges because their helping style is hampering them.

This could be a good opportunity to ask people to think about caregivers they have known in the past. Are there ways that we could honor them now, wherever they are in life?

Sometimes you may not have access to the patient, and the opportunity that God provides is to love the caregiver.

Just a little bit of extra thought and effort can almost double your impact. Not only can you help the caregiver along with the patient, but they may better encourage one another and your impact can be multiplied.

God does not look down and see patients and caregivers separately. He sees people. If people are in need of ministry, then we should be happy to step in and love them because God loves them.

Our goal is to support, love and care for people on a heart-to-heart level.

Doing work for people may be a way to show them love and support. Often it is. But keep in mind that it is easy to fall into the wrong style of helping if we stop looking to empower people with our help.

Ministering to Caregivers

Many of the principles of ministering to cancer patients apply to caregivers, but are applied differently in some cases. Caregiver ministry can be categorized as direct or indirect ministry.

- **Direct caregiver ministry** involves going to the caregivers with the purpose of helping and encouraging them. You may not interact with the actual patient much, or even know the patient. Everything you do is centered around bringing hope directly to the caregivers.
- **Indirect caregiver ministry** is patient focused but also helps the caregiver. This can involve providing a patient with care that relieves the caregiver of some responsibilities. Or you may take some extra time encouraging the caregiver when you are visiting the patient. It can also be as practical as bringing the patient a meal that the caregiver can share.

We should always be thinking about ways to provide indirect caregiver ministry. Anytime we are making an effort to support a patient – whether with a visit, a phone call, a meal, a surprise, practical help or prayer – we should also think about what we can add to benefit the caregiver. If you are planning to spend the afternoon with a patient, it may help to look at it as if you are visiting two patients.

Ministering to caregivers directly is easy to do but harder to label. Caregivers do not usually think of themselves as needing “ministry.” But they often welcome encouragement, a listening ear, kind actions and support. So it may make things easier to not use the “ministry” terminology, and just talk about it as encouraging a friend. Building a genuine caring relationship with these individuals who are in the middle of such difficult challenges is sometimes the greatest ministry you can give.

Overcoming Stress, Anxiety and Sorrow

The most practical ministry you can offer to caregivers is often helping them with stress, anxiety and sadness. If you can lift their spirits and help them to come back to a position of peace, then you will have done much more for them than you realize. Maybe helping with some simple housework is the way that you can show them that they are loved.

Every person is different, and the way to touch each heart is unique. Consider what works for others, but get to know the people you are ministering to, and find out what can really help **them**. Do not be afraid to roll up your sleeves, but realize that in order to help people overcome, you need to understand their unique challenges.

It can be hard to deal with and minister to stress. Helping individuals cultivate the **peace of God** in their heart is not something that can often be accomplished with a one-hour visit. This often requires you to take a more active role in their

What is appropriate will vary with every situation. We never want to be invasive. Look for the right amount of involvement in which the heart can be encouraged.

Use this as time to talk, do activities, go for a cup of coffee or whatever fits best into each caregiver's busy life. Maybe this is just lunch after church on a Sunday. Look for where you can offer support.

Be their friend, be flexible.

lives in a variety of ways, over time. You may not need to become best friends, but the relationship needs to go deeper.

Practical steps can include:

- Regular visits
- Prayer (for and with)
- Helping with chores
- Smiling
- Meals (preparation or coordination)
- A willing ear
- Remembering special occasions prone to be lost in the shuffle
- Offering a shoulder to cry on
- Giving them a break so they can have a night off, go shopping or get some rest
- Encouraging words, cards, emails and notes
- Starting a new activity with them
- Meeting them where and when they are able
- Helping them stay active physically and socially, even if it is at a reduced level
- Helping them get to church or bringing church to them
- Bringing them healthy treats

Helping Through Grief

Additionally, grief and bereavement are realities that some caregivers and families face. These are powerful emotions, and sometimes are the greatest expression of sorrow an individual may ever face. We must be sensitive to those who are grieving. Our role in this area is to help caregivers through the grieving process, not to try and remove them from it.

We may be able to reduce the burden of caregiving, but we must remember that we are also called to mourn with those who mourn. We need to be careful not to strongly impress our individual theology and beliefs on to those who are grieving. The doctrine of someone who is not grieving may not be well received by someone who is. We need to bring love and hope to people in these difficult times. Here are some practical insights for ministry to caregivers and family members who are grieving.

Practical Ministry to the Grieving

- Avoid accusing patient or caregiver of "Not having enough faith."
- When asked, "Why did God not heal my loved one?", always compassionately reply "I do not know." Do not create or make up a reason.
- If the patient was a believer or possibly could have been, focus on core Christian theology (e.g., they are now able to rest in the presence of God and the suffering has been replaced with great joy). Connect how God can be honored (if possible) by the life lived by the deceased and how the deceased impacted others through their life/journey of sickness.

Caregivers may not feel like they have anyone they can really express their feelings to.

Sometimes just filling in and helping for an evening here or there can make all the difference in the world to those who have to give constant attention to their loved one.

Be willing to adapt your preferences to their comfort zone.

In terms of schedule and spiritual maturity.

This topic will be covered in supplemental trainings once the participants are able to grow and develop through experience. Much of this content is provided to you later in the Leader's Guide, if some of the participants find themselves needing to minister in these areas sooner.

This accusation never helps the patient or caregiver and it nearly always ends in greater hurt. There are few ways to hurt someone more than by saying their loved one would not have died if they had more faith. You will not find such strong accusations in the scriptures.

Many wounds and hurtful doctrines stem from a desire to always answer every question. 1 Corinthians 13:12 teaches us that "we know in part." There is no shame in admitting that there are parts you do not know.

This is a very sensitive area. There is healing in the scriptures. But we did not author the scriptures so we cannot take on the responsibility of bringing them to pass. We can always love, encourage and lead people toward Christ and the scriptures.

Try to position this as some of the first steps to direct ministry. Yes, the challenges are great, but this exercise is beginning to put the group into a position where they can begin making a real difference. This should be exciting!

Ask for a volunteer to take thoughtful notes. Try to record every good idea.

Feel free to read some or all of these, or use them for reference.

Symptom of weariness.

Ways to minister to them.

The weight is not the problem; it is a symptom. Always try to avoid making someone feel worse because of a symptom, unless they are facing serious health risks.

If you can help them overcome the root problem, then this symptom may be resolved without needing to be directly addressed.

Do not criticize people for sharing their feelings and frustrations. Respect their right to hurt, to question, to be upset. Support and encourage, this is not a time to bring correction.

- Allow loved ones the right to express anger, sadness and disbelief.
- Attempt to provide a pathway of participation for healthy closure for loved ones (e.g., singing of songs, sessions of confession/expressed feelings, testimonies or prayer at the bedside where death occurred).
- Be careful not to provide false hope. We have a sure, eternal hope in Christ that is unshakable. But be cautious not to promise things in this world that you are unable to deliver. For people to receive the promises in the Scriptures, they need to receive them from God, not necessarily from you.

These topics are discussed in greater detail in future lessons. If you need help in these areas sooner, consult with your group leader; they are equipped to assist you.

Discussion

Now that we have thought about some of the practical and spiritual ways to minister to caregivers, think about ways to identify weary caregivers. For today's discussion, have a pencil and paper handy, and as a group, begin to brainstorm potential signs of a weary caregiver.

Up until now, we have been talking about ways to minister to those who are worn down and understanding the difficulties that they may face. It is time to turn that thinking around and try to picture what it looks like from the other side. Imagine what a caregiver looks like who is worn out, discouraged, fearful and doing everything they can to hide it. Where do you think symptoms of weariness show up? How can your responses to these symptoms support and encourage the caregiver?

Here are some examples to help you get started:

- **Individuals who are usually prompt start to frequently run late or cancel appointments.**
 - Instead of asking what the problem is or how you can help, tell a story from your own experience or a family member's in which some unexpected challenges were sapping time and energy, but because you had help, you got through it. Then offer to help them.
- **Caregivers begin to lose weight or gain weight in historically uncharacteristic ways.**
 - Avoid addressing the weight as a topic of discussion. Instead, ask questions about what they like to do in their free time. Try to connect around a common interest and build a bridge into their lives. This lets them know they are important to you and that you want to help them enjoy things meaningful to them.
- **Passion for activities and recreation begins to dull.**
 - Remember, the symptom is not the real problem. But ask them what they might do with a full week's vacation if they did not have other commitments. Try to find what is smothering their passion, and look for ways to relate from personal experience. Try to get them to look out

beyond their current challenges, but even more than that, express your support and care for them in the moment.

• **Individuals stop noticing the people and events around them, and they may appear spaced out or completely unfocused.**

- Go out of your way to begin noticing them. Chances are they are paying less attention to themselves. Offer compliments, supportive words and express gratitude. Ask them what is on their mind and be prepared to sift through the opportunities they may unknowingly present for you to minister to them.

Put together a list of symptoms and then potential first steps for ministry. Then give the list to the group leader to type up and distribute to the group as a resource for everyone.

At-Home Prayer Points

- Help us to see and minister to those whom we have not noticed or looked for in the past.
- Give us opportunities to build friendships and relationships with those who are so focused on giving support that they have stopped receiving it.
- Show us the right words and ways to speak to people's hearts, not just their symptoms.
- Help us to grow in patience so we do not walk past the subtle signs of weariness in others.
- Enlarge our hearts so that we would abound with compassion to patients and caregivers alike.

Notes:

After prayer, take 30 seconds to share the materials with everyone that they should review before the next meeting.

After sharing the materials and prayer points, dismiss the group to a time of fellowship and refreshments, if available.

Try to expand what people came up with instead of condensing it. Fill in some of the blanks and put some prayerful thought into it. Then email or print the final copy to everyone as a useful and memorable resource.

Once the discussion concludes comfortably, or time has expired, begin to thank everyone for their contributions, individually or as a group. Conclude in prayer as your heart leads or using the at-home prayer points.

Begin this session with a word of prayer.

Read the scripture aloud and then read or paraphrase the rest of the introduction thoughtfully.

Session 7 Objectives:

- Learn about practical elements that can be directly applied through cancer care ministry
- Understand the heart behind these practical tips and how they can be built upon
- Practice responding to challenging questions that may be faced in ministry

Session 7

Practical Ministry

Introduction

“Suppose a brother or a sister is without clothes and daily food. If one of you says to them, “Go in peace; keep warm and well fed,” but does nothing about their physical needs, what good is it? In the same way, faith by itself, if it is not accompanied by action, is dead.”

James 2:15-17 (NIV)

We are called to be people of faith, hope and love. But unless those things produce action, they cannot be helpful to the hurting.

God wants the faith in us to help others. He wants the love in us to touch hearts. He wants our hope to be a beacon that draws people to safety. Finally, He wants our words to have a part in accomplishing all of these things.

The Scriptures definitively show us that action also means practical help. Cancer care ministry is a vehicle for this. The word “ministry” literally means “service” or “to serve.” It is an action-and work-based idea.

Up until this point, we have learned primarily about things that have spiritual, emotional and physiological depth. Early on, we saw that cancer care ministry was about the heart, and that a wise heart can help guide and teach us in what to say and do. Now that your heart has grown in wisdom, it is time to put more tools into your hands.

Briefly review the answers to the video guide once the video is complete.

Video Session 7 – Fill in the blanks from the video.

The Good Samaritan's response is a response of _____.

Jesus was a master at responding to people with compassion, because He took time to _____.

The overall principle, and probably the most practical response is this: _____.

Compassion
Get to know them
Model Jesus

Lesson 7

PRESENTED BY THE
GROUP LEADER

Hospital Visitation

We need to bring hope to those affected by cancer wherever they are. Sometimes that involves visiting a hospital. Hospital visitation should not cause you anxiety. Ultimately, you want to feel comfortable there because you want the patient to feel comfortable. This lesson provides practical guidelines for hospital visitation. Many of these principles apply to home visits as well.

This section can be presented to the group in about 25-30 minutes.

Depending on the experience of your group, it may make sense to read this section aloud.

Why We Visit

- We visit the sick to minister to them mentally and spiritually.
- We visit to bring hope and encouragement to those who are unable to find courage within.
- We visit to communicate that they are important to God and others by sharing that God truly cares and showing that we care as well.

Realize that you may come away with more insight than you had when you arrived.

Spiritual Preparation

Daily devotions, prayer and fasting are ways we can prepare our hearts to visit those who are hurting. We need to be careful that we are going with the right motives and are ready to represent Christ.

Keep in mind that, in addition to cancer patients, you may encounter caregivers, doctors, nurses, staff members and others whom you can impact in a positive way.

Right Attitude

- Must have a heart to serve because we are servants (John 12:26)
- Must have a love for the people (John 3:16)
- Must begin to give ourselves to people

Ministry should never feel rehearsed.

Always look for ways to have a positive impact. Encouraging a family member could easily result in the family member encouraging the patient as well. Sow hope wherever you can.

Rest can be very important. If they are sleeping well, do not be quick to rouse them. It is better if they get their rest and you encourage them later or through another channel.

Keep the Right Purpose of Heart

- Keep clean hands and a pure heart (Psalm 24:3-4)
- Stay holy before the Lord
- If we are having some personal problems that may interfere with our ministering at the time of a visit, it is better that we not go
- Keep in mind that God is the healer; the doctors only treat, and we are the messengers (Psalm 107:20)

Scripture Reading/Prayer

- Always have a prepared scripture or two ready with a brief explanation
- Keep in mind that we are visiting the sick, and they are not up for your three points and a close
- Never proclaim anything you are not striving to live
- Never promise healing. We can only give the promises of God's Word concerning healing

The Visit

Once in the hospital, we are under the authority of that hospital. We must remember to walk in humility. It is important that you assess the situation. Do not interfere if the hospital staff is treating the patient at the time. Wait outside the room or offer to return at another time. If the patient is in the ICU, and we are not admitted, minister to their family members if possible. If the person is unconscious, minister as usual by reading the scripture and praying.

After arriving and before leaving the hospital, you should wash your hands thoroughly in the restroom.

Before entering the patient's room, stop at the nurse's station to get permission to enter. You should also knock on the patient's door and ask their permission to enter. If special precautions are to be taken (wearing gloves, masks, shoe covers, etc.), please follow the nurse's instructions. Always identify yourself.

If the patient is asleep, ask a nurse at the nurse's station if they advise waking the patient. If 'yes', quietly call his or her name. If the patient awakens easily, you may visit. If not, you should leave a card or note.

Clearing the Way For the Visit

If the patient is watching TV or listening to the radio, ask for permission to turn it off. The length of the visit is determined by the condition of the patient. The average length of time is five to fifteen minutes. A quick look around the room can reveal the following:

- Who else is present
- The condition of the patient
- The medical equipment being used

Consider the surroundings to determine whether to stand or be seated.

Dos and Don'ts of Hospital Visitation

- Do not lean or sit on the bed.
- Do not give the impression of prying into the patient's medical details, or ask sensitive or extremely personal questions.
- Do offer to leave the room if medical procedures are being conducted.
- Do not argue or try to convince a patient of some issue.
- Do not get trapped into playing "Is it not awful?"
- Do not be a bearer of bad news.
- Do be natural.
- Do offer to read scripture and pray if the patient wishes.
- Do be cheerful.
- Do listen.
- Do recognize that the topic a patient is most concerned about may not be mentioned until you have announced that you are leaving.
- Do not assume that a comatose patient cannot hear. Share in the manner you would with any other patient.
- Do be respectful of all others that may be present.
- Do consider leaving CDs of songs or biblically based messages and encourage them to listen to them and also to read their Bible daily.

Improving Your Communication

- Patients and/or families who are coping with serious illness respond best to a combination of affective, emotional and cognitive information.
- "Big talk" often starts with "small talk."
- Patients and families who can share their "stories" often find meaning in the midst of crisis.
- Silence is also a form of communication. It allows us to share the "gift of presence."

These are very simple points but they can make all the difference. Read each slowly and make sure it has a chance to sink in. Feel free to elaborate or take a few comments as you go.

This is very important to realize before beginning a visit. People are often hesitant to say the things that are closest to them, so they wait for the conversation to warm up. Often nervousness takes over and they do not bring it up until they see that the opportunity to talk to you is ending.

If you are planning an hour-long visit, it may be wise to prepare to leave at the 50-minute mark so that you still have some extra time to discuss any important things they bring up at the end.

Also, try not to schedule yourself so tightly that you do not have any extra time to give. Sometimes just a few extra minutes can make a person's day.

This is another way of saying you should mix emotions and facts. When people are struggling, it may become difficult to process just facts or feelings, especially if they are not sure that either matters.

This may require thought and prayer, but look for the most effective ways to communicate.

These small words of wisdom have been learned from experience. Just keeping these in mind can help you navigate different situations.

This is a dense but very important section. It may not be feasible to read it aloud within the time allotted. Consider highlighting a few of your favorite points and read those to the group.

Encourage everyone to make sure they read the whole section thoroughly. This should be a bookmarked section that people continually return to.

Women and men can be affected by these challenges.

Keep in mind that sometimes it is just knowing that you care that can help.

There are definitely unique opportunities that God will give you to play a part in someone else's life. Look for those and embrace them when they appear.

One way to look at this is to provide help for those who are struggling badly.

The other way to see it is to provide help so that people do not become so discouraged.

Both are good approaches. Often we do not get to pick and choose the people God brings into our life who need ministry. So be ready and willing to help no matter what state they arrive in.

Creative Care

The home or hospital visit is a small but important part of cancer care ministry. It is one way to establish relationships. To develop these friendships and begin offering more personal and meaningful care, you may need some creativity. Here are a number of ideas to draw from as you begin to minister to cancer patients and caregivers:

Cancer treatment often affects self-image.

- **Loss of hair** – Buy a fun hat for a cancer patient or shave your own head to show support. Buy silly bows for both your heads. Buy them a wig before they lose their hair, or give them the money to pick out their own.
- **Get a gift certificate** at a spa for a massage or facial – something special.
- **Loss of a body part** – Talk to them about getting involved in a support group or talking to a support service.

Cancer treatment can leave a person feeling overwhelmed with the daily tasks of life.

- **Offer to prepare one meal a week** for the cancer patient and his or her immediate family for a specific amount of time during treatment.
- **Offer to run errands**, like taking pets to the vet, grocery shopping, etc. Often, you can just add their errand onto your own errand list.
- **Offer to clean house or do yard work** once a week during treatment.
- **Offer to babysit the kids** once or twice a month, so the parents can spend time together as a couple.
- **Create a special date for the cancer patient** and his or her spouse at a bed-and-breakfast or hotel.
- **Offer to learn a craft or new skill** with the person battling cancer, or teach him or her one. It is fun, keeps the mind occupied with something positive and often creates a fun memory as you learn something new together.
- **Offer to drive when you are going out together**; it is a nice, simple, delightful courtesy.
- **Offer to plant and tend a victory garden with the cancer patient** ... flowers or vegetables. Growing something beautiful or good for you can take your mind off heavy thoughts and give you something to look forward to in the future.

Cancer treatment can leave a person depressed or wondering whether the fight is worth it.

- **Make a daily phone call** just to chat.
- **Write a letter of encouragement** that can be read over and over.

- **Be a secret pal** sending encouraging cards every few days from lots of different places, so the cancer patient is kept guessing who it is. Get creative in getting those different postmarks – like sending a card inside another envelope to a relative or friend in another city and then having them mail the already addressed and stamped card back to your cancer-fighting friend.
- **Remind the cancer patient how many people love him or her** and the many concrete ways his or her life makes a difference in the lives of others.
- **Help the person start a journal**, or write or record what he or she is feeling and experiencing that might be helpful to someone else going through cancer.
- **Give flowers ...** maybe one a day ... or make a hanging basket. They bring a smile.
- **Be yourself.** If you were a good friend before cancer, do not change. Be the same kind of friend during and after cancer. That brings great normalcy. If you are generally silly, be silly. If you are normally thoughtful, be so. Conversely, do not be afraid to do something out of the ordinary for a change.
- **Make the cancer patient laugh.** There is nothing like a good laugh to help you remember that life is worth living. Be sure the humor is not demeaning in any way.
- **Send a basket of gifts, one to be opened each day of a hospital stay.** That way, you can give surprises throughout the course of treatment, reminding the cancer patient that there is life outside the hospital and people who love him or her. Snacks, beauty products, a candle, a picture frame ... little things that show you care.
- **Discuss future plans/return to work/vacation/recreational activities** with the person. Do not dwell on the cancer and treatment but on what he or she plans on doing when the treatment is over. That is always a great place to put the mind and thoughts!

Cancer treatment is usually expensive and not always covered by insurance.

- Coordinate a fundraiser to help with the expenses of treatment. Get neighbors/churches/groups together that might know the patient, or a family member, then hold a garage sale, bake sale, car wash, etc. and donate all the money toward the expenses.
- Think of things you can cut out of your life for awhile (like renting movies, going out to eat, buying extra clothes, etc.) and give the money you normally spend on these things to the cancer fighter to help with expenses.
- Ask God if there is some sacrifice you can make that would be a special blessing, financial or otherwise, to the one fighting cancer.

This is a difficult reality. But it is also a great opportunity for people to rally around those whom they care about.

There are creative ways to help with funding. Do not automatically assume that your own resources are the extent of your ability to help. Think creatively about how to raise funds, seek out the many great ideas that others have had and look to God for inspiration.

This exercise should be fun and challenging in some ways.

These typical responses are not necessarily bad, but they do not inspire hope and compassion like they could.

More Helpful Example:
Well, let's think about your treatment. Does that make sense for the big picture? Is there anything I could do for you that would help you out so that you can rest more?

More Helpful Example:
I want you to as well. Let's take a minute right now to pray and ask God for the strength to make it through. It's not over yet.

Look for a few responses from the group; perhaps talk through some as examples.

Lead the charge on this, and if the answers are really good, then type them up and distribute them to the group for reference.

Discussion

Ultimately, almost every element of cancer care ministry is affected by your ability to communicate. Usually, we can think through what we are going to say ahead of time, but when we are forced to quickly respond to a statement, we are put to the test. Practicing responses can help us feel more confident and allow us to give better answers when real questions are asked.

Below, is a list of statements followed by a typical response and a blank field where you can write in a more helpful response. Read through this list and write what you believe is a more helpful response to each on a separate sheet of paper. Then, discuss all of the statements and responses as a group.

Statement	Typical Response	More Helpful Response
These terrible doctors do not know the pain I am in. They do not know what they are doing.	Everyone is doing the best they can. You have got to trust your doctors.	
I am getting out of this hospital. I have got things to do.	Stay and rest so you can get better. Then you can go home.	
I just want one more Christmas with my family.	Do not worry. You will probably outlive us all.	
I really wish I did not have to start chemotherapy today.	You really do not have a choice. It is the only thing that will help.	
(Silence, turning away, weeping.)	You are just making this harder on yourself and your family.	
My doctor says that if I do not have surgery, I might die. What would you do if you were me?	I know exactly how you feel. Five years ago, my mother had the same problem. We got a second opinion. Have you thought about seeing another doctor?	
I do not want to live like this. I just want to die.	But life is always worth living.	

What makes the typical responses unhelpful? Once all of the answers are read and discussed, assign a "More Helpful" response to each question. Feel free to write the more helpful answer on the page or on a separate sheet of paper.

At-Home Prayer Points

- Grant us the insight to see how to apply these ministry tools and ideas.
- Help us to touch the hearts of those we minister to.
- Show us new and creative ways to give care.
- Enable us to communicate more effectively and clearly.
- Guide our hearts as we prepare to minister.

Once the discussion concludes comfortably, or time has expired, then begin to thank everyone for their contributions, individually or as a group. Conclude in prayer as your heart leads or using the at-home prayer points.

After prayer, take 30 seconds to share the materials that everyone should review before the next meeting.

Notes:

More Helpful Example:
Where does it hurt? Let's talk to someone. I'll ask for a pain management specialist.

More Helpful Example:
I know, it's a big hurdle. But look at it like throwing a punch back at cancer. I think a few years from now, you'll be glad you started today and didn't wait longer.

More Helpful Example:
Hey, God is a big God and this isn't over. I believe God will give you strength for this, and I'm going to stand with you as well. Can we pray together?

More Helpful Example:
I think God will guide you toward the right decision. Try not to let the fear push you in either direction. What does your heart tell you?

More Helpful Example:
This must be really hard for you. But God is a big God and this isn't over. I believe God will give you strength for this, and I'm going to stand with you as well. Can we pray together?

After sharing the materials and prayer points, dismiss the group to a time of fellowship and refreshments, if available.

Begin this session with a word of prayer.

Read the scripture aloud and then read or paraphrase the rest of the introduction thoughtfully.

Session 8 Objectives:

- Understand the principles of serving and ministering to Christ by helping those who are suffering from cancer
- Recognize the importance of treating patients and caregivers with dignity
- Take the step from training into ministering

Session 8

The Least of These

Introduction

“Then the King will say to those on his right, ‘Come, you who are blessed by my Father, inherit the Kingdom prepared for you from the creation of the world. For I was hungry, and you fed me. I was thirsty, and you gave me a drink. I was a stranger, and you invited me into your home. I was naked, and you gave me clothing. I was sick, and you cared for me. I was in prison, and you visited me.’

“Then these righteous ones will reply, ‘Lord, when did we ever see you hungry and feed you? Or thirsty and give you something to drink? Or a stranger and show you hospitality? Or naked and give you clothing? When did we ever see you sick or in prison and visit you?’

“And the King will say, ‘I tell you the truth, when you did it to one of the least of these my brothers and sisters, you were doing it to me!’”

Matthew 25:34-40 (NLT)

There is something profound about this passage when you think about it in terms of cancer care ministry. We are impacting “the least of these.” Jesus not only appreciates this, He takes it personally.

Some of those whom you help may never repay you. They may lack the resources, the strength or the time to let you know how much your care has meant to them.

But every man, woman and child we care for sets something in motion that is beyond our ability to fully understand. We are touching people, yes, but according to Jesus, we are also touching Him.

When we love people, when we inspire hope, when we give of ourselves, Jesus receives it. This ministry then becomes a way that we can directly touch the heart of God on an ongoing basis.

Video Session 8 – Fill in the blanks from the video.

“Bear one another’s burdens” is also translated “share each other’s _____ and _____”.

We need to shift from saying we will pray for people to saying we will pray _____ them. And then take the time, then and there, to make a difference to them.

God is _____ when we seek to be the hands and feet of Jesus.

Briefly review the answers to the video guide once the video is complete.

Troubles
Problems
With
Honored

Lesson 8

PRESENTED BY THE
GROUP LEADER

Preserving Dignity

Cancer can leave people in weak and difficult conditions, and after awhile, it can become easy to see individuals simply as “patients.” At some point, we can subconsciously stop seeing individuals as people and place them into a category. These individuals begin to lose their dignity, or worse, we may take it away from them. But ask yourself, “Should we be taking away Christ’s dignity?”

Dignity is about the self-esteem, respect and value that a person has for themselves and that one person confers upon another. Pride is boasting about what you think you are, but dignity is **honoring the person that God made you**. Pride is something the Scriptures teach us to avoid, but honest dignity is something that we are supposed to cultivate because it honors the One who created us.

It does not matter what state the body is in; we are still children of God, heirs with Christ and greatly loved. If God values us, then how can we not value one another?

If we take the Scriptures seriously, and honestly look at every person as if Christ is in that individual, then we are obligated to go out of our way to preserve one another’s dignity. In fact, we should go out of our way to maintain and restore the dignity of cancer patients and caregivers.

This section can be presented to the group in about 25-30 minutes.

Read or closely paraphrase this section, and feel free to elaborate further.

Read this section carefully and pause at the prompts for questions and discussion.

It should change our whole idea.

Pause here and let any brief comments be shared. The right answer is that we should treat one another as if there is royalty living in them.

Feel free to read or paraphrase this section.

This is done by looking at them as loved, as important and as valuable, and acting upon these feelings. Let patients have their say in their care, be tactful, do not impose and never look at them as less. Even if the body and mind are hindered, the individual is the same person. God sees them as valuable.

Respect them even if it seems strange to do so, because you are not just respecting them, you are respecting Christ.

Seeing Christ in Them

What does it mean to see Christ in someone? Is it something we understand, or does it change our whole idea about people?

Seeing someone as a patient involves looking at them as someone with cancer. But seeing Christ in them involves seeing God's unfailing love for that person. The fact that the person has cancer should not change our view of him or her any more than the color of socks he or she is wearing.

And if we really see Christ in these people, then we can respect them because of Him, regardless of their condition or behavior. Christ is always worthy of respect, even though people sometimes fall short.

We need to see people as more than patients or caregivers. We have to look at things in context. Christ died for them to save them from their sins and to welcome them into eternal life with Him. It would be good for us if we repeated that thought in our minds every time we go to minister to someone.

If you went to visit Jesus, you would treat Him like royalty. What should we do if we see Christ in others?

Seeking God's Heart

God knows the unique ins and outs of each one of us. He fashioned us from the beginning and has kept close watch on us ever since. No two people are the same, which is partially why labeling people as "patients" is not helpful. We cannot use a cookie-cutter approach to ministry; we need to seek God's heart constantly.

We must not start looking at people's lives and challenges as parts of a formula or as chapters out of a textbook. But we must pray about every person, every case and every situation. We need to ask God for wisdom to see His heart for each one – because that is the only way that we can be really effective, stay fresh and plant lasting seeds of hope.

As you begin to step out into this ministry, everything can seem new and dynamic. It may not be until you have experience that you may be tempted to fall into a routine ministry. Search out the heart of God at every turn, and let consistent prayer become the thing that becomes routine.

Your role as a mentor becomes very important here, as you must help everyone navigate starting new relationships without anyone feeling uncomfortable. Being natural and kind is important.

Stepping Out

The journey of cancer care ministry is only getting started. You have the vision, the tools and the heart to step into this great calling. You are well prepared, and at this point, experience is the number one thing you need to grow more. Even though this initial training is coming to an end, the fellowship and guidance of this group will continue.

Jesus once told His disciples that He had more things to tell them but they were not able to hear them yet (John 16:12). The same is true here. There are some additional things that you may not be ready for until you start putting this training to use.

The only thing you lack to begin ministering now is your commission.

Commissioning

We created this training with the hope that this moment would come and you would accept the commission to begin actively ministering to those affected by cancer. You have already learned more than you realize and have grown more than you can see. This moment is a time for blessing and committing the work of your hands to the Lord.

Are you willing to accept the charge of ministering to people whom God loves and who are affected by cancer?

If so, then lift your hand or give a nod of affirmation and we will have a moment of prayer. If you have any questions or reservations, discuss them with your group leader. They will be happy to help and offer insight.

Discussion

Now that you are ready to step out as cancer care ministers, it is time for a starting point. Over the last few weeks, your group leader has been working to put together a list of patients and caregivers within your church or community who can use additional support.

The names and information of these individuals should be treated with confidentiality and respect, as should the information of anyone to whom you minister. They may not be asking for encouragement and help, and do not want to be seen as recipients of charity. So you may need to be all the more genuine and simply become their friends and look to God for the times and ways to minister.

Your group leader is going to share some opportunities for ministry with you. Please be very careful to follow the leader's advice, guidance and discretion.

Take these opportunities, as well as those that you have already identified in your own life, before the Lord and ask Him what first step you should take and how He would use you to bring hope into their lives.

You will likely need to make introductions for most of the group members and the individuals you have identified. Avoid telling people that this is the new person who will be ministering to them. Simply introduce them as a friend.

The first step is often the most difficult. Their first role of ministry is to avoid using any ministry-related words and simply begin by becoming a friend and encourager.

At this point, pray a prayer of commissioning over all of those who are willing to receive the charge. Feel free to pray one prayer over the group or go person to person and pray one at a time. You may also lay hands on each person if the group is comfortable with that symbolic gesture.

Pray according to your heart, or in line with this example: "Lord God, we come before You today in the name of Jesus, and we thank You for the calling, the ministry and the training that You have delivered to us. I ask today that You would honor the intentions of the hearts of these who are ready to step forward into cancer care ministry. Bless the work of their hands, fill their hearts and minds with wisdom and let their speech be seasoned with grace. Guide them as they go to minister to those who are hurting, and let them bring hope, love, life and healing to those who are afflicted. Prepare their ways for them and protect them as they work. I ask that Your peace would guard their hearts and that many would be helped through their work. Help them to grow and develop even more as they minister. In Jesus' name we pray, amen."

This is your opportunity to present the various opportunities for ministry that you have identified over the past several weeks. Think through this before this lesson is presented and look for the best way to do this.

The biggest factor is the maturity of your group members and the openness of those patients and caregivers you have identified. It may be appropriate for you to have a group discussion and talk about each individual. Let participants select those whom they would like to help. You may need additional confidentiality and can meet one on one with each group member to tell them about the opportunity that would be the best fit for them.

Your role here is deployment and mentorship – to help all of the group members move to the next step in their development and to see that cancer care ministry truly begins. Feel free to come up with a more creative plan for having this discussion. Keep in mind the privacy of the patients and caregivers.

Be on the lookout for group members who have leadership potential and mentor them to develop it. If they desire to start their own group, then begin to groom them for it and introduce them to your spiritual outreach coordinator.

It could be that all of your group members become leaders of new groups and that your role becomes that of a mentor of leaders. Growth and expansion of the ministry is a beautiful thing.

After This

The ministry is just beginning. It is important for this group to continue to provide fellowship and work together. If possible, a monthly meeting is ideal. You can learn and grow from sharing your experiences and encouraging one another. Cancer care ministry is a long-term commitment. It may take weeks or even months before you begin to settle into relationships that you can affect. Sticking together can help you get started and keep going.

Additionally, your group leader has access to more training on advanced topics that they can share with you during your monthly meetings. From this point forward, your group leader takes on the role of a mentor for you. They can help with questions, challenges and ongoing opportunities.

As each of you begins to make progress in ministering to those facing cancer, you may want to gather together even more often. Or you may want to start your own cancer care ministry group. Your group leader can help you coordinate either of these.

At-Home Prayer Points

- Guide us as we step out to do the work of the ministry and reach those who are hurting.
- Give us wisdom to find the right words and the right ideas to touch people's hearts.
- Give us favor and help as we work to build new relationships and meet new people.
- Help us to grow as we work and put these principles into action.
- Enable us to remain in close fellowship, to stick together, to grow as a team and to encourage one another.

Notes:

Conclude in prayer as your heart leads or using the at-home prayer points.

After sharing the materials and prayer points, dismiss the group to a time of fellowship and refreshments, if available.

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Notes: _____

You have accepted a critical mission: to show God's love to those who are suffering from cancer and the loved ones who care for them. As you can learn throughout these eight training sessions, the most valuable gift you can give a cancer patient is the gift of hope.

There are many practical ways in which you can minister and offer support to the people in your community who are living with cancer, but most of all, you can share with them the hope that faith in God offers. Our Journey of Hope® created this curriculum to equip you to be a knowledgeable and skilled ambassador of hope.



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Advanced Topics

Organizing and Financing a Growing Ministry

One group may not require much more organization than its leader provides. But if a group begins to grow or multiple groups are started, then a systematic plan for coordination must be developed. Ideally, a senior cancer care ministry leader will be appointed by the senior pastor. The group leaders would then act as an advisory council to the appointed senior leader. No matter the organizational structure of the church, the ministry must be coordinated in such a way that everyone who completes the training has opportunities to serve. That service may take place within the church or outside of it.

Initially, most cancer care ministries have no need for finances beyond coffee and snacks for the group meetings. As the group develops or grows, financial needs may surface. There may be travel costs involved for group ministry or additional trainings. You may need to raise funds to help patients and caregivers with necessities or even treatment.

The ministry can be funded in several ways. The simplest is the church itself providing direct funding. The next option would involve adding a designated giving option within the church offering materials for cancer care ministry, explaining the merits and impact of this ministry to the congregation. A third option would involve developing an active fundraising program, which may include a wide variety of vehicles: bake sales, banquets, direct appeals, etc.

When it comes to managing funds, one leader should be appointed to oversee the management of the cancer care ministry finances. This person may need to work in tandem with the church financial officer, or receive approval from a board to use resources. Often, it will be simplest for the cancer care ministry to operate under the banner of the parent church or ministry.

Loving Through Grief and Bereavement

One of the most important topics not covered in depth in the initial eight-session training is grief and bereavement.

These are difficult subjects to teach within the eight lessons because emotionally and theologically, they are weighty in nature. However, cancer care ministers will come face-to-face with these if they continue their ministry for any length of time. For some, their ministry may unexpectedly begin here.

In terms of practical steps and care, the entire lesson on caregivers is directly applicable here. Have the affected participants review this chapter, and refocus the principles from this lesson for ministering to those dealing with the loss of a loved one. Most of the general cancer care ministry principles can be applied in caring for those who have lost a loved one. Some additional considerations need to be made.

Specific group training in this area will be forthcoming over time. For now, it is recommended that you do one-on-one mentoring with individuals who find themselves facing these challenges early in their ministry. The subject matter is challenging and those who are not yet mature in their ministry will need strong caring support from their mentor to stay focused, grow and help those who are hurting. Once the group grows in experience, the ministers will be more apt to productively receive this type of training.

God Is Always Faithful

Unfortunately, cancer can be fatal. Despite great efforts, courage and prayer, many have died from this terrible disease. This is part of the reason cancer has had such a strong stigma in the past. And while we are never looking for death, never accepting defeat, never yielding in faith, some of those we minister to may not survive. We may be sad, we may grieve. It may be comforting to caregivers if we grieve with them. We should not lose hope, or let our faith be shaken, even amongst our tears.

This is a difficult subject to discuss without triggering theological disputes. We must never blame God for things that happen, especially when He warned us they would happen. Just because someone's life ended in a way that we are not satisfied with, does not mean that we

understand or know all the details. It also does not mean that God is satisfied with the outcome.

God has given us the privilege to choose between life and death in this world (Deuteronomy 30:19). It should not be hard to grasp that at some point between Adam and Eve and today, choices that God did not desire have led to outcomes that He is not happy with. But, because He gave us the right to make choices, He permits the consequences of our actions to occur even if He does not like them.

We live in a fallen world; our living conditions, our food and even our bodies are affected by sin's presence in the earth. Even when we make good decisions, live well, eat well and pursue the lifestyle that God calls us to, each of our bodies will eventually wear out and die. And while we should never give in and concede to cancer, if a battle is lost, we must realize that God did not fail us.

We know that God delights in our health and long life. But even in death, He still cares for us. Psalm 116:15 says "Precious in the sight of the Lord is the death of his faithful servants." Even though He already knows the hour that it will occur, God Himself is moved when His people die in this world. **It touches Him.** There are so many things that we do not know when it comes to sickness, healing and death. But we do know that God is faithful, and He is good. Despite every tragedy that we have endured, He has never let us down.

We are called to be children of hope. We must never let go of our faith, and we must trust in God. If the person who died was – or was likely – a Christian, then we need to rejoice in the fact that the struggle here is over, and God is welcoming one of His children with open arms. If we do not have reason to believe that the individual knew Christ, we can still have hope that he or she received Him before the end.

But we should also have hope that God can use the person's life and legacy to impact the lives of those who remain.

Even if we believe someone died young, early or in the wrong way, God still receives that individual with open arms. Some may ask why God did not heal the person. Answering this question is less important than trusting God and recognizing Him as faithful, loving and good.

All of these things do not need to be said to the bereaved, but if cancer care ministers are aware of them, then they can be an expression of God's heart, as they have been called to be. When the bereaved do understand these things, it will often take some of the deep spiritual distress out of the sorrow that people are feeling. Sorrow in and of itself is natural – even when people do not look at God as the responsible party. Our role is to be there, to help, to comfort and to support them in their time of sorrow.

A Time to Mourn

The Bible directly states in Ecclesiastes 3:4 that there is "a time to mourn." Trying to deny, suppress or refuse this time is neither healthy nor biblical. Jesus wept and was sorrowful on multiple occasions in the few years that He walked on earth.

God has designed us with the capacity to experience tremendous emotions, and sometimes they are so powerful that they must be expressed outwardly. To try and contain them is not physically or spiritually healthy. Jesus both rejoiced and mourned with expressive action, and He is our example.

Our role is not to try and end the mourning process; it is to accompany, support and comfort through it. We can help lessen the depth of the grief, but we must realize that it is natural to grieve and that it is Godlike because God in the Person of Jesus grieved.

We are to act as agents of hope, even if we, too, are mourning and sorrowful. We grieve, but not like those who have no hope, knowing that in Christ there is victory even over the grave (1 Thessalonians 4:13-14).

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Starting a cancer care ministry in your community or church is an important undertaking, but with the expert training and resources provided through Our Journey of Hope® you will be thoroughly equipped for the role. You have received specialized leadership training, and will be imparting your detailed understanding of cancer care ministry to new ministry partners. This comprehensive guide will walk you through every step of the process.

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