PASTORAL VISITATION

PURPOSE OF VISITATION

It is important for shepherds to know their sheep. Jesus, our Master and ultimate example, said, "I am the Good Shepherd; I know my sheep and my sheep know me." One goal of elders is to "know" the congregation and for the congregation to "know" the elders. This can most effectively be accomplished through pastoral visitation. We are warned in Ez 34:5-10 and Zech. 11:15-17 against neglecting this important ministry.

Visitation demonstrates that we are aware, that people are valuable, that we care about them. Effectively done, this is an unfailing tool in assisting believers. It involves a spiritual person, the Spirit of God and the Word of God.

Routine calling merely to induce people to attend more meetings or to enlist workers is inadequate as a spiritual objective. Visiting should involve the care of persons. Consider these seven goals:

- Showing interest and concern
- Listening to suggestions and complaints.
- Determining needs that require help
- Strengthening relationships
- Assisting with problems (illness, family, grievance)
- Comforting by prayer and Scripture (elderly, sick, discouraged, troubled)
- Encouraging a faithful response to their situation

SOURCE OF CALLS

It would seem that in today's troubled world, there are more people needing visitation than we can effectively reach. Where do we begin? Here are some suggestions:

- Periodic visits to believers in the fellowship
- Special attention should be given to absentees
- Sick, elderly, shut-ins, those with problems
- Those appearing to be spiritually promising
- Referrals may come from those in fellowship
- Visitor register, Sunday School, youth, adult classes

HOME VISITATION

Preparation

Gather materials (literature, bulletin, etc.)
Careful personal hygiene, neat.
Generally, calling ahead of time and making an appointment is courteous, not to mention a way to prevent wasting time if no one is home.
Prayer, dependency on God, expectancy.

At the Door

Knock, stand back, don't crowd the door.
Identify yourself (your name, your companion if there are two of you). Make sure you properly pronounce names.
Think through how you will introduce yourself and the purpose of the visit.
Be warm, friendly, at ease, informal, confident.
Ask if you can come in briefly for a visit.

Initial Conversation

Show interest in decor, animals, objects, books, their interests, as appropriate. Be tactful, sincere, but not overdone. Speak informally, naturally, setting others at ease (getting on the same wavelength). Don't poke, pry, bring up unpleasant things. Avoid politics or other controversial subjects. Ask questions, but don't "interrogate".

Spiritual conversation

Move to church or spiritual matters generally (attitudes towards the chapel, sermons, etc.) Often, this may arise naturally out of your conversation. Be looking for opportunities. Try to find out what their spiritual concerns/needs are. Sometimes the spiritual does not naturally arise. Of course, not every visit needs to have direct spiritual discussion. But when there is a very definite opening to minister to them spiritually, having an arsenal of questions to choose from may be helpful. Here are a few that may be helpful:

"What can I pray about for you?"

"At the chapel, we want to help meet people's spiritual needs. Do you see any way in which the we at the chapel can do this better?"

"Tell me, have you had any questions about the messages at the chapel? Do they make sense? Do you find them helpful and relevant?"

Never plan to stay more than 30-60 minutes, unless invited to do so, or it is obvious that more time is needed.

Hospital Vistation

WHEN TO VISIT

Honor all requests for NO visitors. This means you (unless a specific and clear exception has been made by the patient or the family).

Restrict your visits to visiting hours, unless given specific permission by the nursing staff and patient.

Avoid mornings as this is a very busy time for the patient. Breakfast, getting presentable, x-rays, testing and therapy keep the patient busy.

It may be helpful to pre-warn the patient you are coming or ask permission from a close relative to visit.

Thursdays, Fridays and Saturdays are lonelier days for the patient, as people don't visit as much then. So visit on these days if possible.

ETIQUETTE

Do's

Be cheerful, optimistic.

ASK how many visitors have been in today already. If you are number 18, stay only 5 minutes AT MOST or come back another day.

Make the visit brief unless invited to stay longer (particularly if the patient wants to talk.) 10-15 minutes may be enough. Be sensitive to how the patient feels. Long visits can be harmful, exhausting and almost unbearable to someone who is ill.

Talk about newsy items, happenings at the church, etc. Bring them a magazine to read. Humorous cards may be helpful in an otherwise "dismal" situation.

Be ready to perform any service that is consistent with propriety and with hospital rules (e.g. writing a letter, making a call, running an errand, etc.)

Stand in a place that is easy for the patient to see you. Also be close enough to making talking and listening easier.

Don'ts

Don't sit on the bed or do anything that might disturb/upset the patient.

Don't bring up ***your*** troubles or trials. And try to avoid talking about "Aunt Tizzy who had a similar ailment…" or "Uncle George who died from that …" This usually does nothing for the patient.

Don't be negative (i.e. about the patient's appearance, nursing staff, doctors, etc.)

Never break a confidence. If his/her condition is sensitive or something they are embarrassed about, ask how specific you should be when sharing this prayer concern with others.

It is known that sometimes people who are in a coma can hear and understand what is being said, even if they cannot communicate. Be careful what you say.

SPIRITUAL

Scriptural

Ask if anyone has read the Scripture or prayed with them today. If not, offer to do so with them. Always ask permission.

Our counsel may fail. But God's Word turns the patient to the Lord.

Select an appropriate passage ahead of time or read one the patient requests. Best to keep it short. Please, no preaching.

Develop a list of appropriate Scripture references in the back of your Bible (on the blank pages). Some Bibles contain a list of verses for people suffering. This would be a good start, but develop your own personalized list that you feel comfortable using.

Passages having to do with the character of God are especially good. Also, the Psalms contain much reflection on suffering, depression, and various other issues that relate to people in the hospital.

Praying

When praying, it often adds a special dimension of comfort and warmth to hold the patient's hand or to "lay hands upon him/her." Exercise caution when doing this so that the touching is not "inappropriate." But don't be afraid of touching.

Pray for God's strength, encouragement and cheer.

If God has given you a strong burden or sense of faith, pray for healing.

Be careful of "claiming" God's healing. We have no such "claims" on God. But, we have a God who hears our prayers and may be pleased to heal.

God's healing may be miraculous or through medical treatment. Or his answer may be to strengthen the patient through suffering.

While you are praying for the patient you came to visit, you might include a prayer for the other patient(s) in the room. Often, they will hear you and thank you afterwards. This may lead to further opportunity to be used of God.

PERSONAL PREPARATION

Be clean and make sure you don't have bad breath!

Be neat, but casual.

Bring a small bible, not a huge one. You don't want to draw attention to yourself or to inadvertently make a big, but uncomfortable show for the patient.

If you are visiting as a representative of the church, check about getting "credentials" with the hospital which will give you "free" parking and some special visiting privileges.

Do not visit if you have a cold or other contagious illness.

GENERAL

Your goal is to help the patient look to God for comfort and answers. Don't preach a sermon or try to give all the answers to why God allows suffering. Sometimes, the best answer is "I don't know." They do need to know that God cares for them, and they may see that through you.

Avoid anything that implies their situation is a result of sin. If it is, they know it. If not, they don't need a guilt trip.

There is much pressure on Christians to present a "good show" when experiencing illness or injury. Inwardly there often is uncertainty, fear, anxiety and apprehension. Avoid common exclamations such as: "I came to encourage you, but you have encouraged me…"or "You are handling this so well …" Often, this doesn't really help. In fact, sometimes it may just discourage them from really facing their fears.

Be careful of ***so*** stressing faith for healing that you undermine the patient's faith if God chooses not to heal him/her.

If the patient is a Christian, you might bring a CD of Sunday's message, music CDs, pamphlets, etc. But be sensitive. They may have already received ten "special" books to read. Often, the best thing to is simply listen, read a short portion for Scripture which talks about trusting God, and then pray.