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Empowering Laity to Engage in Pastoral Care Ministry: A Proposal for Capacity  
Building and Supervision for Larger Congregation with Special Reference to Kohima Ao  
Baptist Church, Nagaland, India.

by

TSUWAINLA JAMIR

A Thesis Submitted to the Faculty of

Luther Seminary

In Partial Fulfillment of

The Requirements for the Degree of

MASTER OF THEOLOGY

THESIS ADVISER: DR. CARLA M. DAHL

ST. PAUL, MINNESOTA

Summer, 2019



## ACKNOWLEDGMENTS

My heart is filled with gratitude to God for enabling me to complete my studies here at Luther Seminary. I have experienced God's faithfulness, His unfailing love, grace, and mercy abundantly in my life during my journey here as a student at Luther Seminary.

I am grateful to my mom and my family members for their unceasing prayers and support throughout my studies. My deepest appreciation goes to my thesis advisor, Dr. Carla Dahl, and readers, Dr. Lois Farag and Dr. Amy Marga, for their wisdom and guidance. I am also grateful to Dr. Lois Malcolm for her guidance and support during my time at Luther Seminary and to all my friends that I have met at Luther and beyond who have impacted positively in different ways. Thank you all.

Thank you, Luther Seminary, for the tuition scholarship, the staff who were always willing to extend their helping hand when I needed. A special thank you to Peter Susag for helping me with editing and for the constant encouragement and support.

TABLE OF CONTENTS

ACKNOWLEDGMENTS ..... iii

1. INTRODUCTION ..... 1

2. HISTORICAL AND CULTURAL BACKGROUND..... 8

    Development of Lay Pastoral Ministry ..... 8

    Historical and Religious Background of Naga Churches ..... 11

    Naga Religious Beliefs and Practices before Christianity ..... 12

        General Beliefs and Practices ..... 13

    Religious Ceremonies ..... 14

    Advent and Growth of Christianity in Nagaland ..... 18

3. BIBLICAL AND THEOLOGICAL FOUNDATION OF LAY CARE MINISTRY.. 23

    Biblical Foundation for Lay Care Ministry ..... 24

    Theological Foundation for Lay Care Ministry ..... 30

4. CHALLENGES OF LAY PASTORAL CARE MINISTRY IN LARGER CONGREGATION..... 35

    Attitudes of the Congregation ..... 36

    Clergy Reactions ..... 39

5. ALTERNATIVE WAY OF DOING PASTORAL CARE MINISTRY..... 44

    Stephen Ministry ..... 44

    The Role of Stephen Ministers ..... 46

    Types of Care Stephen Ministers Provide ..... 48

6. CARE MINISTRY PROPOSAL FOR CAPACITY BUILDING AND SUPERVISION FOR LARGER CONGREGATION IN NAGALAND WITH SPECIAL REFERENCE TO KOHIMA AO BAPTIST CHURCH ..... 51

    Level 1: Equipping and Training Volunteers for Care Ministry ..... 52

    Basic Care Ministry Tools ..... 53

    Listening ..... 54

    Characteristic of Effective Listeners ..... 56

    What to Listen for ..... 58

    Ask Questions ..... 59

    Caring for the Sick ..... 62

Care in Situation of Grief and Serious Loss .....	64
Follow-Up Care .....	67
KABA Training Model for Care Ministry Volunteers .....	68
Level II: To Form a Counseling Team .....	70
7. CONCLUSION.....	76
Challenges .....	78

## CHAPTER 1

### INTRODUCTION

The church is an important institution for Christians, because it is not only a place for communal worship, but a place where people gather for fellowship, build relationships, and care and support each other in good times as well as bad times. It is a place where people are nurtured spiritually through preaching, teaching, and small groups and where they receive pastoral care/counseling in times of need.

Pastors are considered shepherds of the congregation, and one of the important ministries they carry out is pastoral care/counseling. Donald Capps, emphasizing the need of the pastoral care/counseling in the life of a congregation says, “Pastoral counseling is indeed essential to the life of the congregation, and that where it is missing from the congregation’s ministry, the life of that congregation is, in consequence, impoverished.”<sup>1</sup> Can the absence of pastoral care or counselling be blamed as the only reason for having an impoverished congregation? I argue no, because there are a lot of other factors that contribute to the growth of the church in the life of the congregation. But I would say that pastoral care or counseling does play a vital role in nurturing and nourishing the lives in the congregation because, unlike preaching, teaching or fellowshiping together in a small group, in pastoral care and counseling, an individual receives personalized attention, care and support whether it is for few minutes or more.

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<sup>1</sup> Donald Capps, *Living Stories: Pastoral Counselling in Congregational Context* (Minneapolis: Fortress Press, 1998), 7.

There are different sides to pastoral care and counseling, from a set appointment to a casual encounter, which many times happen in unexpected places and times. As James E. Dittes says, “Most pastoral counseling comes by surprise and in disguise, not by appointment and clearly separated from non-counseling encounters.”<sup>2</sup> Because we live in a broken world with broken people, as Dittes pointed out, the onset of pastoral care or counseling might get “triggered by a concrete precipitating or so-called presenting problem, a missed commitment to clean up a church, a sense of distress over a friend’s career change.”<sup>3</sup> Many times, such casual conversations have an underlying need and turn in the direction of needing pastoral care or counselling because of the person’s “readiness to deepen and broaden the discussion of that precipitating problem to an exploration of more general and fundamental questions about his or her life.”<sup>4</sup> Whether it is by appointment or casual encounter, pastoral care or counseling is therefore indispensable to the life of the congregation because, “it responds to a fundamental human need to give systematic, constructive attention to the ways that individuals ‘story’ their lives so that they may develop new, more fulfilling life stories.”<sup>5</sup>

### **The Problem**

Of the many, one of the challenges that Churches face today is in the area of pastoral care and counselling. When a church has more than one hundred members, providing pastoral care and counselling becomes a challenge because, a pastor in the context of a parish or congregation carries out different roles, from office administration,

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<sup>2</sup> James E. Dittes, *Pastoral Counseling: The Basics* (Louisville: Westminster John Knox Press, 1999), 5.

<sup>3</sup> *Ibid.*, 6.

<sup>4</sup> *Ibid.*, 6.

<sup>5</sup> Capps, *Living Stories*, viii.

organizing events, preaching, teaching on Sundays and weekdays, visiting sick people, ministering at weddings and funerals, showing up for church members' celebrations of special occasions, to spending time with members who come needing help at different times. There are certain roles which only the pastor can do such as ministering during weddings, funerals, communion, etc., but there are other areas where the pastor can train members from the congregation, and care ministry is one. So instead of stretching far too thin, the pastor should train members of the congregation, so that they can assist in the pastoral care ministry of the Church. As Dittes says,

A pastor is a pastor in many ways, all valid and important, all faithful to call and commission, sometimes relying on resources of theological perspective or of ordination, sometimes not. Sometimes a pastor exhorts and instructs, sometimes not. Sometimes a pastor intervenes, like any other good friend, to add resources to solving a problem, to finding a job, to making a decision, to breaking an addiction, to corralling stray passions.<sup>6</sup>

It is a lot to expect from a person. Fulfilling all these roles and expectations is next to impossible. No wonder pastors experience burn-out in ministry easily—and sometimes at the expense of family—to meet the greater needs. Last summer, in one of my interactions with a pastor, he expressed his desire to retire early. When I asked him the reason why, he responded that he had seen many of his colleagues who worked full-time and, upon retirement, passed away in few months' or a year's time. He attributed the reason as stress and pointed out how stressful pastoral ministry is and how one gets very little time for self-care. Whether that is a valid reason or not, it is true that pastoral ministry is fulfilling as well as stressful because there are always needs to meet and things to get done. Therefore, it is important that pastors train members of the congregation who are

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<sup>6</sup> Dittes, *Pastoral Counseling*, 22.

able and passionate and utilize their help because much can be accomplished when there are more individuals contributing to the ministry of the church.

One of the unspoken tensions that some congregations face is the expectation from the pastor to carry out actively the care ministry, whether it be counseling a person, visiting the sick in the hospitals or homes, or just visiting families, in addition to the expected roles of preaching, teaching and church administration. According to Detwiler-Zapp and Dixon, “Most churches place a much higher priority on their pastor’s providing direct care than on their ability to enable others to be caregivers.”<sup>7</sup> Expectations may vary from one congregation to the other and from one context to the other. I do not deny the importance of pastoral care and counseling in the life of the congregation, and I admit that a pastor should, to the best of his/her ability, care and spend time in counseling as and when the need arises. But it does not mean that the pastor is the only person who is responsible for the ministry of care and counseling, though this has been the accepted way of doing ministry in a lot of congregation for many years. Sometimes, it can be the other way around:

The pastor’s personality also can inhibit the use of lay people as caregivers, even though the overworked pastor gains from their involvement. Often the qualities that attract people to the ministry and make them effective are the very ones that get in their way of sharing this ministry.<sup>8</sup>

Whatever the reason is, there are ways we can do ministry where we encourage each other and provide space to receive as well as give from each other. Caregiving can be

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<sup>7</sup> Diane Detwiler-Zapp and William Caveness Dixon, *Lay Caregiving* (Philadelphia: Fortress Press, 1982), 8.

<sup>8</sup> *Ibid.*, 9.

shared or carried out not just by the pastor but also by the members of the congregations who are committed and trained.

The reason for my emphasis in this area of ministry is because there is a great need for the churches in Nagaland, because most of the churches have more than five hundred members and a congregation requires more than a pastor to address the needs of its members. In every congregation, members experience adverse situations of different kinds because:

Life is messy and often painful. No one can avoid the grief and loss that happens in all of our lives at some point. What we do to help one another get through difficult times can be complex, yet it can be so simple. As people of faith committed to healing and wholeness, sometimes we can just show up and reach out. Other times, we offer words of comfort or a listening ear.<sup>9</sup>

This is a very simple yet powerful ministry which we all can do, because when we care and support each other in times of grief and loss or when we go through losses of different kinds, we grow together as a community, our bond is strengthened, and we in turn help the church in the ministry of caregiving. This kind of ministry is not something new, but it does need a new approach. Pastors as well as the members of the congregation need to understand that “difficulties arise when the need for the pastoral care exceeds the capabilities of one person to provide that care, which it does in any congregation of more than fifty members.”<sup>10</sup> And therefore, the expectation for the pastor to be there for everyone becomes challenging for the pastor. This challenge can be addressed by empowering and equipping those already in the care ministry through adapting the basic care ministry training of the Stephen Ministry training manual and forming/setting up an

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<sup>9</sup> Karen Lampe, *The Caring Congregation: How to Become One and Why It Matters* (Nashville: Abingdon Press, 2011), ix.

<sup>10</sup> Detwiler-Zapp and Caveness Dixon, *Lay Caregiving*, 9.

intentional care ministry group/counseling team which is recognized and supported by church staff as well as the congregation. This research paper will ask the following question: How do we equip the laity of Kohima Ao Baptist church to do care ministry? Using scriptural evidence and in conversation with Stephen Ministry, I will argue the importance of offering basic care training to the care ministry team, and the need to train a team of volunteers who can offer basic counseling to those in need through two-level capacity-building training manual which I believe will be a useful resource not just for Kohima Ao Baptist church but for all the large churches in Nagaland.

The first chapter introduces the importance of pastoral care and counseling and the need to equip and empower laity to do care ministry which is vital for the health of the congregation. The second chapter explores how lay care ministry came about, the history of Naga Christianity and its present church which are organized along the tribal lines. In the third chapter, it explores how Christians are called to engage in care ministry from a biblical and theological perspective. The fourth chapter discussed the attitudes and expectations of the laity and the clergy, the challenges from both ends with regard to offering and receiving care in a congregation. The fifth chapter introduces Stephen Ministry as the alternative way of doing pastoral care ministry and discusses the role and types of care Stephen ministers provide. Chapter six explores the capacity building and supervision training for level one and two. For level 1, the focus is to equip and train the prayer committee members at KABA, and all the new members that joins the committee every year, and the second level is to form a counseling team, under the leadership of a competent staff. The focus is to carefully screen volunteers, equip and train the team members so that they can offer counseling to those in need. In the conclusion, I have

summarized how offering care is a way of life for the Nagas in general because of the communal culture, and how basic care training will empower the prayer committee volunteers to do care ministry in a greater capacity and the challenges that comes with it in a lager church like KABA.

## CHAPTER 2

### HISTORICAL AND CULTURAL BACKGROUND

To get a grasp of the importance of lay people in offering care ministry in larger congregation, it is vital to understand how lay pastoral ministry develop and also the historical and cultural background of the Nagas in general.

#### **Development of Lay Pastoral Ministry**

Lay pastoral counseling is a recent development which has gained significant importance in the care ministry of the church. According to Ronald H. Sunderland and Earl E. Shelp, who are pioneers of Interfaith CarePartners,

Congregational pastoral care has undergone a radical change in the past three decades. Until the early 1970s, congregants expected their pastors to fulfill the basic pastoral functions of hospital, bereavement, and elder visits. As the emphasis shifted to pastoral care as a congregational, rather than exclusively clergy responsibility, the way was paved for a further development, namely, focus on the pastoral support needs of individuals and families stricken with chronic, catastrophic health problems.<sup>1</sup>

Prior to 1970s, both clergy and laypeople believed the field of pastoral care ministry “as the province and responsibility of the clergy.”<sup>2</sup> Sunderland and Shelp stated two reasons that led to such understanding. First, the development in the area of clinical pastoral education in the beginning of the 1920s “created the appearance that pastoral

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<sup>1</sup> Ronald H. Sunderland and Earl E. Shelp, “Bearing One Another’s Burden,” *Family Ministry*, Vol. 17, No 3 (Fall, 2003): 10.

<sup>2</sup> Ibid.

care was best left to those specially prepared for this function of ministry.”<sup>3</sup> Secondly, “Throughout the twentieth century, seminary curricula also contributed to the growing tendency to restrict formal pastoral functions to the clergy.”<sup>4</sup> Such stereotype were challenged by pastoral care theologians such as Howard Clinebell and C. W. Brister, as well as clinically trained theologians like Ron Sunderland in the mid-60s,<sup>5</sup> which resulted in developing “program to equip lay people for their congregations’ pastoral ministry,”<sup>6</sup> and “clergy workshops, to communities nationally,”<sup>7</sup> in the early 1970s. Though the need for laity in care ministry “has mushroomed and expanded in recent years,”<sup>8</sup> according to Clinebell, the World Council of Churches affirmed this ministry as early as 1955 with the statement:

Any emphasis on the ministry of laity means not only training but a special kind of pastoral care. Lay men and women should be encouraged to use the pastoral gifts that many of them possess. Mutual care of members by each other as well as by the clergy is needed in the Church. Christians have many natural opportunities for the pastoral care of neighbors, workmates and others.<sup>9</sup>

The radical change in the field of pastoral counseling in the last quarter of the twentieth century, according to Charles V. Gerkin, a pastoral theologian, emerged “in response to the changing scenes of human experience over the long reaches of time.”<sup>10</sup> Citing the example of the outbreak of HIV/AIDS in the Houston community in 1985 and their response, Sunderland and Shelp said, “the onset of the HIV/AIDS epidemic proved

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<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid., 11.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

<sup>8</sup> Siang-Yang Tan & Eric T. Scalise, *Lay Counseling: Equipping Christians for a Helping Ministry* (Grand Rapids, MI: Zondervan, 2016), 66.

<sup>9</sup> Howard J. Clinebell, *Basic Types of Pastoral Care & Counseling: Resources for the Ministry of Healing and Growth* (Nashville: Abingdon Press, 2011), 442.

<sup>10</sup> Charles V. Gerkin, *An Introduction to Pastoral Care* (Nashville: Abingdon Press, 1997), 21.

to be a turning point in highlighting the dilemmas faced by these families.”<sup>11</sup> When this epidemic broke out, “The traditional one-to-one pastoral ministry was unable to respond to the intensity of families’ needs.”<sup>12</sup> Their situations “called for a new pattern of pastoral care,”<sup>13</sup> which led to the emergence of the care team concept “as a revolutionary means of providing pastoral ministry for families confronted by catastrophic needs.”<sup>14</sup> Such revolutionary experiences in different situations over the years resulted in looking at pastoral care ministry from “being an exclusive function of the clergy to acknowledgement as one of the obligations of the congregation to which ordained and selected lay ministers are called.”<sup>15</sup> As Sunderland and Shelp state, by the last decade of the twentieth century, “the old mold had been broken, and calling and training laypeople for their congregations’ pastoral ministry became customary as lay pastoral care training programs spread rapidly.”<sup>16</sup> The rapid growth and interest in the area of lay counseling according to Christian psychologists Tan and Scalise, has become a global phenomenon.

They said that the movement of lay counseling is due in part to the shortage of professionally trained clinicians, the lack of regulatory infrastructure in many countries, and the resulting need for lay counselors to provide mental health services to the millions who fall between the cracks, especially in church and other faith-based environments.<sup>17</sup> With such pressing needs, there is a realization and a rapid growth and interest for lay pastoral care ministry.

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<sup>11</sup> Sunderland & Shelp, “Bearing One Another’s Burden,” 11.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.

<sup>17</sup> Tan & Scalise, *Lay Counseling*, 16.

## **Historical and Religious Background of Naga Churches**

Nagaland is a predominantly Christian state in Northeast India where ninety percent of the population are Christians (and seventy percent of this population belongs to the Baptist Church).<sup>18</sup> Nagas were first introduced to Christianity by Godhula and the American Baptist Mission in 1872. Before the advent of Christianity, Nagas practiced their indigenous religion. The first Naga church was started by nine Naga members who were baptized by E. W. Clark on November 1872.<sup>19</sup>

### Origin of the Nagas

The origin of the Nagas is unknown, though many scholars have attempted to give various theories surrounding their origin. Naga people had no written history, and therefore, there are no records to ascertain the exact origin. But, according to the oral tradition and some of the Naga scholars, it is believed that Nagas belong to the Mongoloid ethnic group. Imliwabang Jamir, quoting Tajenyuba Ao, a well-known authority on Ao-Naga customary law and a politician, describes the Nagas as

Having more characteristic[s] of Mongolian race. . . The inherent features of Nagas were their internecine headhunting warfare, and [they] were known as headhunters. In the early periods of British contact with the hill tribes in the North East of India, the Nagas were [the] toughest and most warlike tribes.<sup>20</sup>

Visier Sanyu, a Naga scholar also holds the view that “Nagas are a powerful indigenous people consisting of forty tribes which have for centuries inhabited the Naga

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<sup>18</sup> Chen Rengma, *Empowerment of Lay Ministry: A Source Book for Equipping the Local Congregation of the Baptist Churches in Nagaland* (Tseminyu: Mt. TTC, 2010), 16.

<sup>19</sup> Nuklu Longkumer, *The Growth of Baptist Churches Among the Aos of Nagaland* (Jorhat: Printing Works (Pvt) Ltd., 1988), 17.

<sup>20</sup> Imliwabang Jamir, *Vocation in Christ: Naga Christian Theology in Conversation with Karl Barth* (Eugene, OR: Pickwick Publications, 2016), 17.

Hills at the crossroads of China, India, and Burma.”<sup>21</sup> An affirmation that Nagas inhabited the Nagas Hills long before, W. C. Smith, an American educator and a sociologist who worked with the American Baptist Foreign Mission Society, mentions about the existence of Nagas settled in the hills of Assam when the Ahom kings from Thailand invaded Assam in A.D. 1215. According to Smith, “these were the same Nagas who were residing when the British assumed suzerainty over the Ao-Naga tribes in A.D. 1885.”<sup>22</sup> The lifestyle of the Nagas then “centered around agricultural and headhunting and the various rites and rituals connected to the two activities.”<sup>23</sup> Today, “the Nagas consist of about forty ethnic groups, numbering approximately three million people.”<sup>24</sup> It is fascinating to note that every “tribe or clan has its own myth of origin,”<sup>25</sup> although no one “exactly knows “how the Nagas came to settle in the land where they presently dwell.”<sup>26</sup> From the above sources, it can be ascertained that though the Nagas are not certain about their origin it is clear that they belong to the mongoloid group that have inhabited the area where they are now.

### **Naga Religious Beliefs and Practices before Christianity**

The religious beliefs and practices of the Nagas before the advent of Christianity is deeply enmeshed with the daily life and activity as it provided meaning to their life’s existence.

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<sup>21</sup> Visier Sanyu, “A History of Nagas and Nagaland,” in Jamir, *Vocation in Christ*, 17.

<sup>22</sup> W. C. Smith, *The Ao Naga Tribes of Assam* (London: Macmillan, 1925), xxi.

<sup>23</sup> Jamir, *Vocation in Christ*, 17.

<sup>24</sup> Sashinungla Pongen, “The Predicament of Christian Spirituality in Nagaland: 1947 to the Present: Historical Background, Cultural Context, and Proposal for Change” (Ph.D. Diss., Luther Seminary, Saint Paul, 2016), 31.

<sup>25</sup> Jamir, *Vocation in Christ*, 17.

<sup>26</sup> *Ibid.*

### General Beliefs and Practices

Nagas practiced their own indigenous religion before the arrival of Christianity based on “their traditional culture and belief system.”<sup>27</sup> The indigenous religion was generally known as animism. The Nagas worshipped “natural forces, sun, moon, strong wind, heavy rain, trees, streams, stones and hills.”<sup>28</sup> They also worshipped “the supernatural such as gods, ghosts, demons and other spirits.”<sup>29</sup> Although the Nagas feared and worshipped the supernatural, it had no deep-rooted philosophy and its faith and practice did not demand “a spiritual or mystical union or participation of the worshipper.”<sup>30</sup> According to Imliwabang Jamir, a Naga theologian, the Naga “indigenous religious understanding of the gods did not provide them with a concept of salvation or a hope in a personal savior. They attributed natural calamities and diseases to super natural powers. They held that even after death they had to be contented with the dreadful god of health.”<sup>31</sup> As a result, the Nagas always lived a life of fear and offered sacrifices to appease the gods, which was a common practice then. Nagas also believed that the evil spirits caused illnesses and it was “believed that one of the commonest causes of illness is theft of the soul by an evil spirit.”<sup>32</sup> During times of illness, they relied on the medicine man - a fortuneteller and a physician, who placated the evil spirits that caused the illness. Sacrifices were made to appease the spirit by offering fowl or pigs.<sup>33</sup> In some cases they practice the release of the “scapegoat chicken”<sup>34</sup> which was believed to carry away the

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<sup>27</sup> Ibid., 26.

<sup>28</sup> Puthuvail Thomas Philip, *The Growth of Baptist Churches in Nagaland* (Guwhati: Christian Literature Center, 1972), 38.

<sup>29</sup> Ibid., 39.

<sup>30</sup> Ibid.

<sup>31</sup> Jamir, *Vocation in Christ*, 26.

<sup>32</sup> J. B. Mills, *The Rengma Nagas* (London: MacMillan and Company, 1937), 166.

<sup>33</sup> Philip, *The Growth of Baptist Churches in Nagaland*, 40.

<sup>34</sup> J. B. Mills, *The Lotha Nagas* (London: MacMillan and Company, 1922), 135.

curse of the sick person, or the killing of dogs outside of the village gate to cure the sick person.<sup>35</sup>

### **Religious Ceremonies**

The Naga indigenous religion is full of ceremonies accompanied by rituals, which slightly differs from one tribe to the other. According to Sashinungla Pongen, a Naga Theologian, “The Nagas encircle themselves with a number of regular, irregular or emergency ceremonies (among) and ceremonies of illnesses and sacrifices, which kept them consciously and deeply religious.”<sup>36</sup> The Nagas not only held religious ceremonies regularly, but it proved to be very expensive because almost every ceremony involves the sacrifice of an animal of one kind or the other and the “worshippers were constantly bargaining through sacrifices for their very existence on a give and take basis.”<sup>37</sup>

### **Genna**

The Nagas practiced days of prohibition called “genna,”<sup>38</sup> which they carried out with strong notions of taboo:

[Genna] was observed for the benefit of the individual, house-hold, clan, village, age-group or sex group as the occasion may arise. Strict observance of “genna” is absolutely necessary for health, wealth and progress of the individual and the community. Breaking “genna” bring a curse. When the “genna” is declared people are to abstain from normal work and avoid contact with the outside world.<sup>39</sup>

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<sup>35</sup> Philip, *The Growth of Baptist Churches in Nagaland*, 40.

<sup>36</sup> Pongen, “The Predicament of Christian Spirituality in Nagaland,” 56.

<sup>37</sup> Ibid.

<sup>38</sup> Philip, *The Growth of Baptist Churches in Nagaland*, 40.

<sup>39</sup> Ibid., 40-41.

Nagas observed genna during “agricultural operation such as jhuming, sowing and harvesting,”<sup>40</sup> and on occasions such as “fishing, hunting, and building houses.”<sup>41</sup> Nagas believed that people who met with unnatural death were victims of divine displeasure, and therefore, they did not speak to the family members of the victim for a given period.<sup>42</sup> Genna was observed “to assert publicly the solidarity and identity of the members of the village and to restore their unity.”<sup>43</sup>

### Births and Funerals

Birth rites were important to Nagas. After a woman gives birth to a child, she was considered unclean for two or three days.<sup>44</sup> The naming ceremony of a girl child was held on the fifth day and the boy on the sixth day. The girl is named on the fifth day rather than on the sixth day to signify that male child is superior than the female child.<sup>45</sup> Nagas also practice rites for the first haircut of the baby and the piercing of the ear.<sup>46</sup>

When a loved one died, they were mourned both by the family members and relatives. Most of the Nagas bury their death. They kill cows and pigs for the occasion and feed friends and relatives.<sup>47</sup> Some of the tribes practiced also ceremonial wailing and mourning. After the burial, “some make a roof or a small house over the grave,”<sup>48</sup> while some place tools such as spears, machetes and shields to help the de cease to continue his/her journey in the other world.<sup>49</sup> If a woman died while giving birth to a child, her

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<sup>40</sup> Ibid., 41.

<sup>41</sup> Ibid.

<sup>42</sup> Ibid.

<sup>43</sup> Ibid.

<sup>44</sup> Ibid.

<sup>45</sup> Ibid.

<sup>46</sup> Ibid.

<sup>47</sup> Ibid., 42.

<sup>48</sup> Ibid.

<sup>49</sup> Ibid.

body was taken out not through the main door, but a new door cut out from the wall at the side of the house. The priest and the husband are the only people allowed to attend the funeral. If a person dies outside of the village, then the body was buried outside of the village.<sup>50</sup>

### Witchcraft, Shamanism, Sorcery and Lycanthropy

The practice of witchcraft was common, and it played an important role in the social and religious life of the Nagas before Christianity. The practice of “witchcraft is connected with the medicine man (Shaman), the diviner”<sup>51</sup> and lycanthropy, which is popularly known as the “tigerman.”<sup>52</sup> Many Naga tribes believe that certain men and women are connected with individual leopards and tigers who were considered to be superior, as they could predict things.<sup>53</sup> People with such powers could also “fix broken bones, dislocated body parts like nerves, bones, intestinal disorders attached to the navel and problems of internal organs, and prescribe various herbal medicines for healing.”<sup>54</sup> A tigerman plays various roles: “a diviner, a witch doctor and a medicine man at the same time.”<sup>55</sup> A person with such gifts plays a higher role in the community because they become the chief consultants in the community on all occasions.<sup>56</sup>

Sorcerers or diviners were people who practice a trance-like state and remain in a coma-like condition for days, and sometimes talks in an unknown tongue claiming to be the language of the death.<sup>57</sup> When they recover from their trance state, “all news and

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<sup>50</sup> Ibid., 43.

<sup>51</sup> Pongen, “The Predicament of Christian Spirituality in Nagaland,” 61.

<sup>52</sup> Ibid.

<sup>53</sup> Philip, *The Growth of Baptist Churches in Nagaland*, 44.

<sup>54</sup> Pongen, “The Predicament of Christian Spirituality in Nagaland,” 61.

<sup>55</sup> Ibid.

<sup>56</sup> Ibid., 62.

<sup>57</sup> Ibid.

wishes, and unhappiness or condition of the dead are narrated to relatives and they send messages or make offerings to the dead accordingly.”<sup>58</sup> Being a sorcerer or diviner was a highly paid profession which was popular in the community.<sup>59</sup>

### Belief in Life after Death

Nagas believed that there is life after death. The common understanding surrounding life after death is that “the souls of the deceased go to the land of the death.”<sup>60</sup> “The notion of life after death is based on the concept of blessing for the righteous, who adhere strictly to their ancestral cultural norms, and punishment for the wicket.”<sup>61</sup> When a person dies, in the case of man,

he proceeds toward the abode of death, carries his bag of earthly possessions on his back and walks with a spear in his hand. Upon reaching *Meyutsungba's salang* (court), there is a test to prove his honesty. First he is asked to hurl the spear into a tree called *nötsudong*. Hitting the target proves his honesty, but missing it proves his dishonest life. If he is a thief, every stolen thing will come out from his bag by itself even if he tries to hide it. As *Meyutsungba* watches the test of each person, he calls the honest ones into his court and sends them into the village of the dead, whereas the dishonest ones have to go by a side path that passes through *sangsunu* (land of sawgrass). In case of a Naga woman, the same principles and test applies, except she is required to hurl her wooden weaving-batten at the *nötsudong*.<sup>62</sup>

A more common belief and understanding is that “the souls go to the Hills of the Death, and from there pass into another world, sometimes conceived of as celestial, more often as subterranean, where they continue to exist much as they did in their mortal lives.”<sup>63</sup>

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<sup>58</sup> Panger Imchen, “Ancient Ao Naga Religion and Culture,” in Pongen, “The Predicament of Christian Spirituality in Nagaland,” 62.

<sup>59</sup> Ibid.

<sup>60</sup> Philip, *The Growth of Baptist Churches in Nagaland*, 45.

<sup>61</sup> Pongen, “The Predicament of Christian Spirituality in Nagaland,” 64.

<sup>62</sup> Ibid., 65.

<sup>63</sup> J. H. Hutton, “The Sema Nagas,” in Puthuvail Thomas Philip, *The Growth of the Baptist Churches in Nagaland*, 46.

### **Advent and Growth of Christianity in Nagaland**

The American Baptist missionaries encountered the Nagas and began its work as early as 1838-1841, but no significant work was done during that period of time.<sup>64</sup> It was only after the arrival of E. W. Clark and his wife at Sibsagar, Assam, in North-east India on March 30, 1869, under the sponsorship of the American Baptist Mission Foreign Society that the pioneering works to lay the foundation of the gospel among the Nagas took place.<sup>65</sup> The tangible work by American Baptist Missionary commenced among the Nagas on March 2, 1876, when Clark went to Dekahaimong to live.<sup>66</sup> The work and ministry of Godhula, the Assamese evangelist, who made his first appearance in the Naga Hills in October 1871, was a vehicle for the commencement of the American Baptist Missionary work in the Naga Hills starting from 1872. E.W. Clark labored among the Nagas from March 1872 until 1911.<sup>67</sup> The missionary enterprise of Clark among the Ao-Nagas, which was foundational in the spread of Christianity to the entire Naga population can be summarized as follows: “preaching to and baptizing of the Naga converts, training native evangelist, village schools, inculcation of self-help, literary works, and medical service.”<sup>68</sup>

E. W. Clark moved to Molung in October, 1876, where he set up the first mission center, “which remained the center of mission operations among the Ao-Nagas until it was moved to Impur in November, 1894, to accommodate more incoming

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<sup>64</sup> M. M. Clark, *A Corner in India* (Philadelphia: American Baptist Publication Society, 1907), 5.

<sup>65</sup> Jamir, *Vocation in Christ*, 30.

<sup>66</sup> Philip, *The Growth of Baptist Churches in Nagaland*, 201.

<sup>67</sup> *Ibid.*, 53-55.

<sup>68</sup> Joseph Puthenpurakal, *Baptist Missions in Nagaland* (Calcutta: Firma KLM Pvt., 1987), 70, quoted in Jamir: *Vocation in Christ*, 31.

missionaries.”<sup>69</sup> The second Naga mission center was set up at Kohima among the Angami Nagas in 1880, and a third one among the Lotha Nagas in 1885.<sup>70</sup> The fourth mission center and the last one that was established under the American Baptist Missionary union was at Aizuto, among the Sema Nagas which was initiated as early as 1906, but was realized only in February, 1928.<sup>71</sup> The American Baptist Missionaries labored in Nagaland starting from March, 1869 until March, 1955. During these eighty-six years of ministry, forty-six American Baptist missionaries worked in Nagaland which ushered

a dramatic shift among the Nagas from their traditional notion of a dreadful god of death to a biblical understanding of God. Their traditional religion without a complex philosophical and ethical system, gave way to the gospel witness of the missionaries and accepting of the Christian understanding of God as a loving father and Christ as the savior. The efficacy of the gospel brought new meaning to Naga’s lives: divorces lessened, polygamy faded, they no longer took pride in consuming opium, and traditional head-taking disappeared. Health and hygiene among the Nagas also began to improve tremendously.<sup>72</sup>

The churches in Nagaland have come a long way. From a humble beginning of twenty-four members who gathered together on December 23, 1872, for fellowship,<sup>73</sup> according to the 2017 statistics collected by Nagaland Baptist Church Council, Nagaland now has 1,634 Churches which is comprised of six hundred twenty-eight thousand one hundred and ninety-two (628192) baptized members. During the first twenty years of the American Baptist Missionary work in Nagaland, the church did not

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<sup>69</sup> F. S. Downs, *History of Christianity in India*, Vol. 5, pt. 5. (Bangalore: Church History Association of India, 1992), 82-83, in Jamir, *Vocation of Christ*, 32.

<sup>70</sup> Ibid.

<sup>71</sup> Philip, *The Growth of Baptist Churches in Nagaland*, 101-2; Puthenpurakal, *Baptist Missions in Nagaland*, 102-04 quoted in Jamir, *Vocation of Christ*, 33.

<sup>72</sup> David Meren Jamir, *A Study on Nagaland: A Theology of Justice in Cross-Cultural Mission* (Lombard, IL: Bethany Theological Seminary, 1986) quoted in Jamir, *Vocation of Christ*, 34.

<sup>73</sup> Philip, *The Growth of Baptist Churches in Nagaland*, 201.

make much progress. In 1892, the total number of membership were seventy-three and it was dropped to thirty-two in 1894, because the church at Molung was disbanded. The disbanding of the church at Molung did not stop the missionaries in their evangelism work, but they continued to labor with prayer and hope.<sup>74</sup> In 1894, the missionaries reconstituted the church, and made a covenant on Christian discipline and ask the believers to abide by the new covenant, which paved the way for qualitative growth of Christians and the expansion of churches,<sup>75</sup> and by 1902, the membership increased to four-hundred eighty-four (484), and in 1912, there was a considerable growth of membership as it increased to one thousand three hundred and thirty-three (1333). By 1922, the membership increased to three thousand nine hundred and forty-six.<sup>76</sup>

After fifty years of labor and toil by the American Baptist missionaries and also with the help of the Naga converts many of who “turned out to be potential evangelists”<sup>77</sup> the church made significant progress from 1922 to 1932. The membership of the believers increased to 14,397 in 1932 and spectacular growth happened in the next ten years. In 1942, the Naga church had 31,678. The Naga converts not only helped in the work of evangelism, but also made financial contribution to be used for mission work, which was evident “from the contribution made by the Ao church to the Angami work,”<sup>78</sup> as mentioned in an 1888 report. It is also believed that the great people movement of the Sema tribe might be one of the reasons for the surge of growth in the membership among the Naga churches.<sup>79</sup> The years after 1942 till 1962, the number of baptized members

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<sup>74</sup> Ibid.

<sup>75</sup> Nuklu Longkumer, *The Growth of Baptist Churches Among the Ao's of Nagaland* (Johart, Assam: Printing Works (Pvt) Ltd, 1988), 19.

<sup>76</sup> Philip, *The Growth of Baptist Churches in Nagaland*, 203.

<sup>77</sup> Ibid., 69.

<sup>78</sup> Ibid., 70.

<sup>79</sup> Ibid., 203.

increased to fifty-six thousand two hundred and seventy-two (56,272) and seventy-six thousand eight hundred and forty (76,840) respectively.<sup>80</sup> There are a lot of factors that led to the tremendous growth of the churches in Nagaland. Along with the American Baptist missionaries, “the Assamese preachers and teachers played an important role in evangelizing many Naga villages at the beginning of the mission work,”<sup>81</sup> and the mission work of Nagas to Nagas cannot be ignored when it comes to the church growth. It is said that

When the true light came, each Naga became burdened for his perishing brother still hunting heads. The “Andrew” spirit of the Nagas prompted them to impart the knowledge of God that they received and to show Christ the savior to their own kinfolk. This ‘Andrew’ spirit saved the Naga church from retardation. “when ever the church fails to witness effectively for Christ its growth is retarded” (Pickett, J. w., 1963: 18). The Naga Churches went on witnessing. They kept on growing. They are growing even today.<sup>82</sup>

By 1970s, the Christians in Nagaland was well established. A great wave of spiritual awakening amongst the Christians in Nagaland which was popularly known as “revival” swept across the state of Nagaland during the later part of the 1970s to early part of the 1980s, which made the churches grow drastically in number.<sup>83</sup> The impact of this revival movement resulted in “mass conversion, repentance, reconciliation, strengthening of their faith to endure and overcome persecution and hardship, and testifying to the joy of being forgiven of their sins.”<sup>84</sup> After this mighty revival movement, Naga Baptist churches were never the same again.

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<sup>80</sup> Ibid.

<sup>81</sup> Ibid., 134.

<sup>82</sup> Ibid., 133.

<sup>83</sup> Jamir, *Vocation in Christ*, 42.

<sup>84</sup> Ibid., 42-43.

### Present Church

At present the Nagaland Baptist Church Council is organized into twenty (20) tribal association and four (4) associate Members with a total of one thousand six hundred and thirty-four (1,634) churches which is comprised of six hundred twenty-eight thousand one hundred and ninety-two (628192) baptized members. Most of the Christians are Baptist which makes Nagaland unique and it is also considered as the “only state predominantly Baptist in the world.”<sup>85</sup> As cited in Pongen’s thesis, it is no wonder that, “Most churches in Nagaland are relatively big with big church buildings and membership running from several hundreds to mostly several thousands.”<sup>86</sup> The churches in Nagaland are organized along the tribal lines, and there is at least twenty different tribal groups, each speaking its own language and “each tribe form their own association with a mission center, and from here all administration is carried out.”<sup>87</sup> All the tribal association form the Nagaland Baptist Church Council (NBCC), which is considered as the largest church council in the Northeastern part of India. The NBCC coordinates the general management of all the tribal associations,<sup>88</sup> and “act as a guiding and policy making body providing to all its affiliated members.”<sup>89</sup> Though the churches are under the umbrella of NBCC and the tribal associations, the local churches are autonomous in nature.

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<sup>85</sup> V. K. Nuh, ed., *Crusade on Naga Morality* (Kohima, CNBC, 1996), 4.

<sup>86</sup> Pongen, “The Predicament of Christian Spirituality in Nagaland,” 150.

<sup>87</sup> Akumla Longkumer, “A Study of Revival Movement in Nagaland” (Th. M. Thesis, Fuller Theological Seminary, 1981), 20.

<sup>88</sup> *Ibid.*

<sup>89</sup> Renthly Keitzar, “Triumph of Faith in Nagaland,” in Chen Rengma, *Empowerment of Lay Ministry: A Source Book for Equipping the Local Congregation of the Baptist Churches in Nagaland*, 89.

## CHAPTER 3

### BIBLICAL AND THEOLOGICAL FOUNDATION OF LAY CARE MINISTRY

Life is complex, and it presents us with numerous challenges. Humans, both young and old, are not exempted from it because it is part life. In Matthew 7:24-27, “Jesus describes two distinct foundations on which to build one’s life -rock and sand- representing those who hear and incorporate the word of God and those who do not.”<sup>1</sup> This passage explains how the tempest come upon both houses, and how one was able to withstand the tempest and the other not. From this parable we understand that believers whose foundation is built upon the rock are not exempted from the storms of life. In Genesis 3:19, God told Adam that he will by the sweat of his brow eat his food until he returns to the ground. Sweat is associated with painful labor, and therefore it is a reminder that believers are not exempted from trials of life, “trials that can ravage the mind, emotions and soul.”<sup>2</sup> Having this understanding that no one is exempted from the trials of life

The church needs to stand up and acknowledge that suffering and mental illness are realities, and as Christians, we must learn to fully step into our God-given role as ambassadors of reconciliation and those who help foster healing, restoration, recovery and transformation.<sup>3</sup>

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<sup>1</sup> Tan & Scalise, *Lay Counseling*, 28.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

The church should step in and empower the laity to fully engage in care ministry not because there is shortage of mental health professionals or some other reasons but solely “because the Lord, through his Word, the Bible has called us to be engaged in this ministry to others.”<sup>4</sup>

### **Biblical Foundation for Lay Care Ministry**

Every Christian is called to ministry in different capacities, and therefore the pastors do not have to bear the care giving ministry alone. In Numbers 11:14-17, we find Moses struggling with this leadership responsibility because it was too heavy for him to carry alone. When Moses lifted his heavy leadership burden to God, God responded to him and allowed him to choose seventy leaders who would help him carry the burden of the people. Pastoral leadership calls for courage, courage to say I cannot do this alone, and, discernment to the leading of the Holy Spirit and when it is time to seek for helping hand. Pastors as leaders are called to serve and lead the congregation, but it does not mean that one is called to serve alone especially as the challenges and the need for care ministry increases. In Acts 6:1-4, it is said that when the disciples increased, and the widows were overlooked in the daily distribution of food, seven men filled with the spirit were to be chosen to help in carrying out the responsibility of the distribution of food, so that the twelve disciples could give their attention to prayer and the ministry of the word. When growth happens within the Christian community, it also brings with it new challenges and opportunities. Therefore, the leader’s response to the growing needs should be to work effectively and efficiently by investing in training and equipping laity

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<sup>4</sup> Ibid.

who can help and serve, thereby providing opportunity to those who has the passion and the gift, which is evident in both the Old and New Testament Christian community.

Pastoral care ministry is a noble ministry, because it helps you walk alongside people who are going through or have gone through some dark moments in life. This care ministry is a privilege, because you get the honor to walk with them which to me is sacred and which only few out of many get to experience. It is also a ministry that requires much love, care, and time investment not just once, but over an extended period. According to Carey Nieuwhof, the founding pastor of multi-site Connexus Community Church near Toronto, in a large congregation, it become challenging

When a pastor has to visit every sick person, do every wedding and funeral and make regular house calls, attend every meeting, and lead every bible study or group, he/she becomes incapable of doing almost anything else. Message preparation falls to the side, and providing organizational leadership for the future is almost out of the question.<sup>5</sup>

Thus, for the pastor or the leadership team, to carry out its responsibility in a way that does not hamper in nurturing the congregation, it is essential to allow laity to actively participate in ways possible and utilize their care giving talent which will not only assist the pastor in carrying out the task of ministry but will help in building a closer and caring relationship amongst the members of the congregation and beyond. The scripture in 1 Peter 2:5, 9 teaches that “all the Christians belong to the universal priesthood of believers and therefore we are called to minister to each other so that we can all achieve the ultimate maturity in Christ.”<sup>6</sup> For the congregation to receive the care they need and for

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<sup>5</sup> Carey Nieuwhof, “How Pastoral Care Stunts the Growth of Most Churches,” March 14, 2016, <https://careynieuwhof.com/how-pastoral-care-stunts-the-growth-of-most-churches> 1-3.

<sup>6</sup> Tan & Scalise, *Lay Counseling*, 29.

the church to grow, the help and support of the laity who are willing to engage in the care ministry is indispensable. As Howard Clinebell said,

A church's caring ministry to the community's lonely, sick, aging, bereaved, shut-ins, strangers, institutionalized, and a host of other suffering human beings, can be tripled or more by involving trained lay people in pastoral work. When dedicated lay people become informal pastors to their neighbors, associates, and fellow church members, they become the church—the body of Christ serving those in need.<sup>7</sup>

The distinctiveness in empowering the laity to carry out care ministry in the community “lies not only in what we do, but in why we do it. As the message of God's love grips Christians, we are filled by the Holy Spirit, who moves clay footed Christians to use our God-given gifts for others. He makes cared-for Christians into caring Christians.”<sup>8</sup> Romans 12:4-8 encourages us that we are

one body with many members, and these members do not all have the same function, so in Christ we who are many from one body, and each member belongs to all the others. We have different gifts, according to the grace given us. If a man's gift is prophesying, let him use it in proportion to his faith. If it is serving, let him serve; if it is teaching, let him teach; if it is encouraging, let him encourage; if it is contributing to the needs of others, let him give generously; if it is leadership, let him govern diligently; if it is showing mercy, let him do it cheerfully. (NIV)

Each member in the body of Christ has a role to play. Enabling lay people in the care ministry “manifests the very nature and foundation of the church as a caring community with its common priesthood of all believers. It provides a place in the life and ministry of the church for those who hear and believe and want to put their faith into

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<sup>7</sup> Howard J. Clinebell, *Basic Types of Pastoral Counseling* (Nashville: Abingdon Press, 1966), 284.

<sup>8</sup> Kenneth C. Haugk, *Christian Caregiving—A Way of Life* (Minneapolis, MN: Augsburg Publishing House, 1984), 35.

practice in a visible, tangible way.”<sup>9</sup> According to Tan and Scalise, a growing number of authors have recognized the biblical emphasis of the priesthood of all believers and have written “on the liberation of the laity, Christian caregiving, lay caregiving, helping laity help others, and training members in pastoral care.”<sup>10</sup> Paul Stevens, a teaching elder at Marineview Chapel at Vancouver and the author of the book *Liberating the Laity*, has emphasized that every church has far more work than any one person or pastor can do. He used Ephesians 4:1-16 as the biblical basis to demonstrate that it is God’s will for all the saints to be equipped for ministry or service.<sup>11</sup> Stevens pointed out that in the Bible

the laity (Gk. Laikoi) is the whole people of God—both the clergy and the so-called laity. It is a term of honor because the whole people of God in Christ is chosen to be “a royal priesthood, a holy nation, a people [laikoi] belonging to God” (1 Peter 2:9). Christianity arose as an essentially lay movement.<sup>12</sup>

Therefore, when the whole people of God is chosen to be a royal priesthood, it testifies that the call to care ministry is not just exclusive for the pastors, which has been the understanding and practice for many years in many congregations, but it is a call for all believers because, “Every believer has been called to be Jesus’ disciples and to serve in the kingdom of God.”<sup>13</sup> According to Howard W. Stone, a scholar in pastoral psychology

the phrase priesthood of all believers simply advances the view that every Christian is ordained as a minister in Christ’s church. Priestly functions such as evangelism, visiting the sick and lonely, giving spiritual counsel, praying with the

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<sup>9</sup> Diane Detwiler-Zapp and William Caveness Dixon, *Lay Caregiving* (Philadelphia: Fortress Press, 1982), 5.

<sup>10</sup> Tan & Scalise, *Lay Counseling*, 29.

<sup>11</sup> Paul Stevens, “*Liberating the Laity*” (Downers Grove, IL: InterVarsity, 1985), 26-42.

<sup>12</sup> *Ibid.*, 21.

<sup>13</sup> *Ibid.*, 30.

dying, and comforting the bereaved, or speaking the word of forgiveness are not reserved for the clergy.<sup>14</sup>

Ephesians 4:1 says, “As a prisoner for the Lord, then, I urge you to live a life worthy of the call you have received.” This scripture passage is a reminder that every believer is called and though the calling is one, we need to remember that there are many expressions of grace and gifts for ministry including care giving.

As Christians we are called not just to ministry in general, but specifically to care ministry too. The apostle Paul gives the directive to all the Christians in Galatians 6:2 to “Carry each other’s burdens, and in this way you will fulfill the law of Christ.” This directive to carry each other’s burden “involves counseling in its broad sense of helping people.”<sup>15</sup> When we help bear each other’s burden, we fulfill the law of Jesus Christ who has called us to love and serve one another just as He loves us. When we obey and fulfill the law of Christ, we become the instruments of God’s grace and healing.<sup>16</sup> Along with bearing each other’s burden James tells us to confess your sins to each other and pray so that you may be healed (James 5:16). Confession and prayer is a critical component of Christian people-helping,<sup>17</sup> just as it is a critical component in our relationship with our Lord Jesus Christ.

There are several passages in the Bible that point believers to help one another which is basically lay care ministry. Scripture passages such as Romans 15:14, Colossians 3:16, and 1 Thessalonians 5:14 not only points all believers to admonish,

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<sup>14</sup> Howard W. Stone, *The Caring Church: A Guide for Lay Pastoral Care* (Minneapolis, MN: Fortress Press, 1991), 30.

<sup>15</sup> Tan & Scalise, *Lay Counseling*, 32.

<sup>16</sup> *Ibid.*, 27.

<sup>17</sup> *Ibid.*, 32.

encourage or help one another<sup>18</sup> but emphasize “that spiritual qualities or qualifications like goodness or caring, knowledge and wisdom (rather than only having credentials or professional training) are crucial for effective Christian counseling.”<sup>19</sup> It is to be noted that while the call to ministry is for everyone, some are gifted especially in the area of care ministry. Tan and Scalise quote C. Peter Wagner, a theologian who defines the spiritual gift of exhortation as “the special ability that God gives to certain members of the body of Christ to minister words of comfort, consolation, encouragement and counsel to other members of the body in such a way that they feel helped and healed.”<sup>20</sup> Wagner explains the role of caring for one another based on Hebrews 3:13, which says, “Exhort one another daily.” According to Wagner,

The lifestyle of Christians in contact with one another should be to counsel and share and encourage at all times. But over and above this, some Christians have a special gift of counseling that should become recognized to the extent that people in the church who are hurting know where to find help. When this happens, the body is in good health. It is a positive growth characteristic.<sup>21</sup>

It is comforting to know and witness that many Christians with the gift of counselling are involved in the ministry of care giving within and outside of the congregation in different capacities. Such gifts can be utilized more efficiently when there is an organized structure within the church system. Having an organized structure will not only help those with the gifts to help and reach out to people who are in need more efficiently, but most importantly, will help those who in need to know where to get/seek help. Care giving ministry is vast and complex. From a simple I am here to listen

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<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

<sup>20</sup> Tan & Scalise, *Lay Counseling*, 32.

<sup>21</sup> C. Peter Wagner, “*Your Spiritual Gifts Can Help Your Church Grow*” (Ventura, CA: Regal, 1979), 154.

and pray with you to reach out to people who are dealing with severe mental health challenges. Rodger K. Bufford and Robert Buckler, who are trained psychologists, are of the view that lay counseling ministries are important and necessary aspects of the church's mission, and they conclude that "Trained counselors, forming a coordinated multilevel network of care, can extend pastoral counseling care to all members of the church, while relieving the pastoral staff of often unbearable burdens in this area."<sup>22</sup>

### **Theological Foundation for Lay Care Ministry**

God is love and we are redeemed by God's love who send his son Jesus to die on the cross for us so that we can have eternal life. The task of every Christians and the natural fruit of our redeemed life in Christ is to care for those around us: our neighbors. Caring for our neighbors is not the sole responsibility of the pastors or the church staff, but we are all called to it,<sup>23</sup> as believers because 1 John 4:16 says, God is love. Whoever lives in love lives in God, and God in him. Martin Luther compared the interrelated love of God and the love of neighbor to a water fountain, where God's love flow into us, and then flow out to our neighbors. Althaus contends,

Because the Christian's activity flows out of his experience of God's love and since this activity is in itself love, it shares all the characteristics of God's own love. God wants his people to act spontaneously, freely and voluntarily, happily and eagerly. Where the spirit and faith do their work, the Christian does not respond compulsively or artificially to his neighbor; rather, he acts with an inner necessity comparable to the natural process by which tree bear fruits.<sup>24</sup>

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<sup>22</sup> R. K. Bufford and R. E. Buckler, "Counseling in the Church: A Proposed Strategy for Ministering to Mental Health Needs in the Church," *Journal of Psychology and Christianity* 6, no 2 (1987): 28.

<sup>23</sup> Stone, *The Caring Church*, 22.

<sup>24</sup> Paul Althaus, "*The Ethics of Martin Luther*," Translated by Robert C. Schultz (Philadelphia: Fortress Press, 1972), 14-15.

The synoptic gospels in the New Testament are filled with passages that explain what it means to love God and to love one's neighbor. Matthew 22:36-40 says to love God with our whole being, which is the greatest commandment, and the second greatest commandment is to love our neighbors as ourselves. Loving God with our whole being means to trust God. Trust in God means to acknowledge him in all our ways at all times. Loving God requires that we remain active in our relationship with God and respond to his perfect will and purpose in and through our lives, which is essential in every active relationship especially in the lives of believers; a relationship which God initiated right from the time of our conception. When we respond to God's love and live our lives filled with his love, our actions will result in loving our neighbors. The two synoptic gospels of Matthew and Mark report on the importance of the two commandments of loving God and one's neighbor. Stone referring to the two great commandments says,

the double command to love God and neighbor emphasizes the supreme importance of both commandments—which would in effect delimit the significance of the ceremonial laws of the time (especially among the scribes and pharisees) and elevate the importance of caring for one's neighbors.<sup>25</sup>

The significance of the two commandments and how both are crucial is demonstrated in the parable of the Good Samaritan which is found in the gospel of Luke 10:25-37. This scripture passage shows how the priest and the Levite who were considered righteous and religious refused to help the man who was by the road side hurt and injured but rather it was a hated Samaritan who helped. This parable emphasizes that knowledge is insufficient without action.<sup>26</sup> This parable is also about obedience in love which

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<sup>25</sup> Stone, *The Caring Church*, 23.

<sup>26</sup> *Ibid.*

Establishes relationships where none were conceivable or possible before. Thus the problem of neighbor is not one of definition but of performance, and where there is performance, where one's deeds are moved and shaped by love, there is neither time nor reason to ask, "who is my neighbor?" . . . Concrete deeds of love, not casuistic definitions of love's limits, should be of concern.<sup>27</sup>

As saved sinners, it is very easy to fall into the trap of understanding and defining who our neighbors are, in limited ways. It is not wrong to think of our immediate family members, our next-door neighbors, our church community, or people that we interact with daily as our neighbor. As humans and believers, sometimes we tend to give special preference when it comes to extending help whom we have demarcated as our neighbors. But the biblical and the theological understanding and implication of the greatest two commandment goes beyond our limited understanding and practice/action. While all the above conceptions of who constitutes our neighbors are valid, we need to realize, understand, and acknowledge as believers that our neighbors are beyond those with whom we share a physical affinity. As believers created in the image of God, we need to acknowledge that God created everyone in his own image. Therefore, irrespective of family, friends, gender, race, or color, any person in need is our neighbor and without hesitation we ought to extend our helping hand because that is what loving God and neighbor is. As Stone says, "Both love of God and love of neighbor are inextricably linked parts of one and the same response to God's grace and to God's claim upon our lives."<sup>28</sup> Therefore, to love one's neighbor is not only a commandment for believers, but it is a result which flows from within because of one's love for God. The scripture in Matthew 25:40 says, "I tell you the truth, whatever you did for one of the least of these

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<sup>27</sup> Victoria Furnish, "The Love Commandment in the New Testament" (Nashville: Abingdon, 1972), 44-45.

<sup>28</sup> Stone, *The Caring Church*, 24.

brothers of mine, you did for me” (NIV). The reformation history has a strong theology directed by “the law of love and service to one’s neighbor.”<sup>29</sup> Stone paraphrased Martin Luther, stating “a Christian lives in Christ through faith and in the neighbor through love. By faith the Christian is caught up beyond oneself into God. By love, the Christian sinks down beneath oneself into the neighbor.”<sup>30</sup> The greatest commandment to love God and to love one’s neighbor is summed up into one by Luther as quoted by Stone which says,

any love for God is properly offered to others. Thus, he contends, in the suffering and needy neighbor we find and love God; we serve the neighbor whenever we serve God; “Thus the commandment to love God is to fully and completely subsumed in the commandment to love our neighbor.”<sup>31</sup>

In the gospel of John, the law of love is revealed in the farewell discourses from chapter 13-17, where the emphasis is on love within the Christian community.<sup>32</sup> John 13:35 says, “By this all men will know that you are my disciples, if you love one another.” Loving one another is understanding and practicing God’s law of love. As Stone said, “The shackles of the old law are broken and there is a new law; following Christ means emptying oneself, serving and caring for others within the community,”<sup>33</sup> and beyond which as believers we ought to practice because it is not only a commandment, as John 13:34 states, but it is what disciples do just as Christ has taught us through his life. Our responsibilities as believers is to love God and serve one another is different capacities, and therefore, it needs to be understood that just like any other ministry, “Pastoral care is a ministry that encompasses much of what we do for our

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<sup>29</sup> Ibid., 25.

<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

<sup>32</sup> Ibid., 24.

<sup>33</sup> Ibid.

neighbor. It is one way in which God's love is transmitted to those close at hand and those who are not so close."<sup>34</sup>

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<sup>34</sup> Ibid., 31.

CHAPTER 4  
CHALLENGES OF LAY PASTORAL CARE MINISTRY IN LARGER  
CONGREGATION

The definition of a large congregation can vary from one place to another. In the United States according to the literature, worshipping communities of four hundred individuals or more per weekend is considered as large congregation,<sup>1</sup> where-as in Nagaland, India, especially in an urban setting, a congregation with four hundred individuals would be considered a mid-size. For this study, a church that has more than four hundred members will be considered a large congregation. According to Detwiler-Zapp and Dixon, “Pastoral care remains the most neglected area of lay participation in the church,”<sup>2</sup> and this can be true for many larger congregations. It is observed that in nearly every other area of church life, lay people are found

teaching in the church school, managing financial campaigns, working with youth, supervising the maintenance of the buildings and grounds, actively working for community change, and leading in worship. Pastoral care on the other hand, often has been seen as a ministry exclusive to the clergy. In the area of caregiving, lay people are often unrecognized, frequently unappreciated, and usually neglected. Yet they have an abundance of undeveloped resources for caring. Lay people are the greatest untapped potential of the church.<sup>3</sup>

This is so true when it comes to Naga churches, because in most Naga churches, there is active lay participation in different areas of ministry except pastoral care ministry. One of

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<sup>1</sup> Glen E. Ludwig and Angela Zimmann, “Flourishing in Complexity: Training the Leaders of Large Congregations,” *Currents in Missional Theology*, 44:3 (July, 2017): 9.

<sup>2</sup> Detwiler-Zapp & Dixon, *Lay Caregiving*, 5.

<sup>3</sup> *Ibid.*, 5-6.

the reasons is because pastoral care ministry is considered as a ministry that is to be carried out by the clergy and though there is a great need for lay care ministers in the congregation, this area is yet to be explored. Since the concept of lay care ministry is a recent development, the challenges surrounding it is vast and it can be overwhelming for many congregations whether it is a church that are planning to start lay care ministry program or have begun lay care ministry.

### **Attitudes of the Congregation**

One of the challenges to pastoral lay care ministry can be the “congregational attitudes and expectations”<sup>4</sup> which can hamper the development and growth of lay pastoral care ministry. Over the years churches have placed a much higher priority on the pastors to provide direct care than on their ability to equip others to be caregivers,<sup>5</sup> which is still very true when it comes to the churches in Naga context. Such understanding and practice over the years can be attributed to the fact that there were few, if any, mental health professionals. In most churches, the congregation expect the pastors to devote a significant amount of their time to pastoral care, but “few include enablement as a part of pastors’ job descriptions.”<sup>6</sup> Hence, in most churches pastoral care ministry is usually understood to be a care ministry given by the pastor and therefore the initial reaction to lay care ministry is, “We hired the pastor to care for us, not to teach someone else how to do it.”<sup>7</sup> Such kind of expectation from the pastors is valid when it comes to the ministry of sacraments in a church setting, but pastoral care is a ministry where the laity can work

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<sup>4</sup> Ibid., 8.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

alongside the pastors and contribute to the church community and beyond. Another attitude, “a ‘that’s-what-we-pay-’em-for’ attitude can also inhibit lay pastoral care.”<sup>8</sup> This is a common phrase I heard over the years in my congregation. For reasons best known to themselves, many members of the congregation that I grew up think that pastors are paid to do all kinds of ministry starting from word and sacrament, conduct weddings, funerals, child dedication, house dedication, child dedication, pastoral counseling, house visitation and not forgetting visiting the sick at the hospitals. It is true that a pastor is paid to do ministry, and pastoral care is a chief part of that ministry, but this does not mean that the pastor can do all these ministries and not experience burn-out. The attitude of the congregation that pastoral care is a chief part of the pastors’ ministry; therefore, “why ask lay people to do it?”<sup>9</sup> occurs in instances when members of the congregation are busy in their own jobs and lives and they experience the absence of the pastor during a crisis when they need him/her the most.<sup>10</sup> In some cases, it can be a tradition that they did over the years as a congregation.

It is a fact that most people want the pastor when there is a serious crisis such as death or illness. Some may even worry that if lay people respond first in a time of crisis, that the pastor might not come; therefore, when lay pastoral care is suggested they fear that the pastor will be less available.<sup>11</sup>

Such instances or worries are legitimate on the part of the congregation, and therefore, what needs to be done is to be made aware or educate the members of the congregation that lay pastoral care is “not a replacement for the pastor’s care but an addition and an enrichment to it.”<sup>12</sup> Because a good pastor is not solely defined by “how

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<sup>8</sup> Stone, *The Caring Church*, 16.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid., 16-17.

<sup>11</sup> Ibid., 17.

<sup>12</sup> Ibid.

available, likable and friendly”<sup>13</sup> he or she is, but by doing what is best for the congregation and there is no doubt that in larger congregation, care ministry can be best done by empowering the members of the congregation who have the gift and the passion for it.

According to Detwiler-Zapp and Dixon, “another more subtle but pervasive resistance to lay participation in the caring ministry grows out of the questionable theological doctrine of ‘salvation by observation.’”<sup>14</sup> Christians with such a doctrine view Christianity as “a spectator sport”<sup>15</sup> where the pastor is considered as “the professional practitioner of faith”<sup>16</sup> which is contrary to the doctrine of the priesthood of all believers. It is believed that this “heresy is one of the major underlying causes of an overworked clergy and an under involved laity,”<sup>17</sup> because the theological doctrine of salvation by observation does not recognize lay people as caregivers as “it runs contrary to the belief that a good, hard working minister can be their salvation.”<sup>18</sup> The unfortunate heresy can also result in the belief that as a Christian, giving tenth tithe and going to church religiously is more than enough and sometimes the understanding that the pastors are better suited for the ministry of care giving since they are more knowledgeable in giving biblical guidance to the people who are going through crisis can cause considerable resistance. The feelings of some parishioners that they do not get quality help when a layperson calls on them<sup>19</sup> is another challenge to the growth and development of the lay pastoral care ministry.

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<sup>13</sup> Nieuwhof, *How Pastoral Care Stunts the Growth of Most Churches*, 2.

<sup>14</sup> Detwiler-Zapp and Dixon, *Lay Caregiving*, 8.

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> Clinebell, *Basic Types of Pastoral Care and Counseling*, 456.

## Clergy Reactions

Challenges in lay pastoral care ministry sometimes stems from the clergy themselves. According to Stone, “Most pastors see themselves as shepherds who are there to do whatever is needed for their flocks. It follows that in their minds they are the ones to do the serving, rather than the ones to train others to serve.”<sup>20</sup> Having such a mindset makes the pastor poor sharers and delegators of the lay pastoral care task.<sup>21</sup> “Reluctance to share the pastoral care task occurs partly because ministers are so action oriented. This clergy barrier to lay pastoral care arises out of ministers’ deep concern for the people they serve.”<sup>22</sup> Such deep concern and action on the part of the pastor for the members of the congregation who are in crisis situation is noble. However, there is a down side to it especially when it comes to care ministry in a larger congregation, because there is no way that the pastor could meet the needs of all the members and not neglect the other areas of ministry. According to Detwiler-Zapp and Dixon,

Crisis situation intensify one’s natural desire to act. Two indicators that a crisis is in progress are the strong feeling of anxiety that the helper experiences and the thought “I must do something now.” Spontaneous, immediate action on the part of the pastor can unintentionally inhibit those in crisis from using personal resources, prevent them from calling on available support family and friends, and increase their feelings of inadequacy. The result is an exhausted helper and a discouraged, dependent person ill-equipped to meet the next crisis. The inclination and ability to act quickly could prevent a pastor from recognizing an opportunity to use the talents, life experiences, and care giving skills of many church members.<sup>23</sup>

While the inclination and the quick ability to help members out in a crisis situation is a great pastoral gift, it would be helpful and beneficial for both the pastor and

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<sup>20</sup> Stone, *The Caring Church*, 17.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

<sup>23</sup> Detwiler-Zapp and Dixon, *Lay Caregiving*, 10-11.

the person in need, if a pastor especially in a larger congregation setting invest his/her gift in finding the resources available within his/her congregation and allow other members of the congregation to exercise their gifts and talents which will not only help the helper and the one receiving help but, most importantly it will result in building a more caring and loving community.

Another reaction of clergy is based on his/her beliefs about lay people. One of the challenges in church ministry is to navigate the service rendered and the expectant result from the lay volunteers. "Since the church is a volunteer organization, many ministers know they do not have the same control over lay volunteers that they would have over paid employees."<sup>24</sup> Such kind of experience in ministry resulted in frustration and bitter experience and as a result some pastors have avoided sharing pastoral care with laity which is unfortunate for the church. When a pastor develops a mindset of "you can't be sure if they'll really make the visit,"<sup>25</sup> or doubt regarding the laity's contribution, it closes the window of opportunity for the laity to participate actively. Unless the pastor creates the space and open opportunities by encouraging the laity to share in the care ministry, there is no way the laity can brave through the ministry of caregiving in the congregation in a way that will benefit those who are in need. For the care ministry to function effectively, the support and encouragement of the clergy is necessary, because the effectiveness of the care ministry is dependent upon the cordial relationship and balance between the care ministry team and the clergy, as they are not only dependent upon each other, but if they must do care ministry effectively in a larger congregation, it is important to share the responsibility. Relationship and balancing the care ministry

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<sup>24</sup> Stone, *The Caring Church*, 17.

<sup>25</sup> *Ibid.*, 17-18.

between the laity volunteers and clergy is crucial and as Stone said, “it must be done with wisdom and good administrative planning- but it is vital that it be done, because caring for the neighbor is the very essence of the body of Christ.”<sup>26</sup>

The ability to work alone is a necessary tool for pastors. In most cases, pastors have a “well-developed sense of independence and autonomy,”<sup>27</sup> which is helpful because most pastors do not have support from co-workers or close, immediate supervision.<sup>28</sup> While independence and autonomy are essential tools, when it comes to pastoral care ministry, in larger congregation, team work is essential, because no amount of hard work on the part of the pastor can meet the needs of the congregation. As Detwiler-Zapp and Dixon clearly pointed out,

Difficulties arise when the need for pastoral care exceeds the capabilities of one person to provide that care, which it does in any congregation of more than fifty members. The tendency to “do it myself,” instead of enlisting the help of others, may mean that some of the work will not be done or the quality of care will suffer because of the pastor’s exhaustion.<sup>29</sup>

It is said that sensitivity and desire to help are two important parts of a pastor’s personality. These two kinds of personality are essential for a pastor to minister to the needs of the congregation and the community. The problem lies when these personalities become too intense as it may undermine the pastor’s ability to make rational judgement, and professional decisions about what should be done and who should do it.<sup>30</sup>

The genuine love and care shown during times of need by the pastor shows that he is a good shepherd who loves and care for his/her flock, and it will also result in

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<sup>26</sup> Ibid., 18.

<sup>27</sup> Detwiler-Zapp and Dixon, *Lay Caregiving*, 9.

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

receiving much respect and appreciation from the members of the congregation which will help in building meaningful and fruitful relationship. And, sometimes, because of the said reasons, a pastor might be “threatened by the idea of sharing their pastoral duties,”<sup>31</sup> when it comes to care ministry. But it should be noted that empowering the members of the congregation to do care ministry is the best solution for the future of the church and therefore, it is best when a pastor “nondefensively accept lay participation in pastoral care and administer it effectively over a period of time.”<sup>32</sup> Because the growth and effectiveness of the lay pastoral care ministry hinges on the pastor’s ability to accept and give full support to the lay volunteers or else “the program will not get off the ground or, if started, will meet an early death.”<sup>33</sup>

One of the “tragedy of contemporary life is that too few people experience community within a congregation,”<sup>34</sup> seemingly by choice. When people do not experience community in a congregation, happiness becomes elusive and the blessings of mutuality is missed. When there is no connectedness, burdens are borne alone, and the celebration of joys become bittersweet.<sup>35</sup> Irrespective of size, experience shows that when there is no structure in the church to do care ministry, member are unable to provide effective care ministry and very soon “members out of sight become members out of mind.”<sup>36</sup> Therefore, lay pastoral care ministry with all its challenges is crucial for the development and growth of the church. Since lay pastoral care ministry is a recent development, it is essential to educate the congregation and be informed on the

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<sup>31</sup> Stone, *The Caring Church*, 18.

<sup>32</sup> Ibid.

<sup>33</sup> Ibid.

<sup>34</sup> Earl E. Shelp and Ronald H. Sunderland, *Sustaining Presence: A Model of Caring by People of Faith* (Nashville, TN: Abingdon Press, 2000), 26.

<sup>35</sup> Ibid.

<sup>36</sup> Ibid., 25.

importance of lay participation in pastoral care ministry. It is vital to let the laity understand that- their involvement in the pastoral care ministry does not mean that the pastors discard their care ministry totally, but they become and serve “as partners and a vital potential resource for pastoral care.”<sup>37</sup> The need for pastoral care will always be inevitable amongst the members of the congregation with or without the care team. As Detwiler-Zapp and Dixon said, “The pastor’s sensitivity and willingness to help will continue to be invaluable. When lay people minister to those in pain, they need care, coaching, support, encouragement, and sensitive confrontation.”<sup>38</sup> Therefore, pastors should realize that empowering members and sharing care responsibilities will in no way diminish their relationship, but it will help them become effective ministers because they will be able to invest quality time in areas where there is need. The challenges surrounding lay pastoral care is real but with time, effort, persistence and tapping the right resource it is possible to make it into a ministry that will provide the much-needed help for the congregation as well as the pastors.

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<sup>37</sup> Detwiler-Zapp and Dixon, *Lay Caregiving*, 11.

<sup>38</sup> *Ibid.*, 11-12.

## CHAPTER 5

### ALTERNATIVE WAY OF DOING PASTORAL CARE MINISTRY

#### **Stephen Ministry**

For decades, pastoral care ministry was carried out by the clergy/pastors. Lay people actively volunteered in different areas of ministry except around pastoral care ministry. But in the last few decades, there has been a realization and understanding that lay people can be of great help and resource in pastoral care ministry. There are several ministry organizations that train and equip lay people to become care ministers and help in the care ministry of the church. For this research, I will be using Stephen Ministry as one of the models of doing lay care ministry in larger congregations.

Under the leadership of Kenneth C. Haugk, a pastor and clinical psychologist, ‘Stephen Ministries’ was founded in 1975, as a Christian non-profit training and educational ministry organization with its base in St. Louis, Missouri.<sup>1</sup> Stephen ministry is a ministry that is focused on “Christian caregiving for people going through difficult times or who are otherwise in need of support in their lives.”<sup>2</sup> It is a ministry that trains “lay caregivers”<sup>3</sup> who in “addition to their occupation volunteers as lay caregivers in congregations and organizations enrolled in the Stephen Series.”<sup>4</sup> One of the distinctive

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<sup>1</sup> Kenneth C. Haugk, *When and How to Use Mental Health Resources: A Guide for Stephen Ministers, Stephen Leaders, and Church Staff* (St. Louis, MO: Stephen Ministries, 2000), 10.

<sup>2</sup> *Ibid.*, 9.

<sup>3</sup> *Ibid.*, 17.

<sup>4</sup> *Ibid.*

feature of Stephen Ministries is their “Christian faith,”<sup>5</sup> which they carry with them not in a way that forces their faith on others, since “being Christian is what gives Stephen Ministers the desire to serve and the strength to hang in there with another through thick and thin - especially through thin.”<sup>6</sup> Stephen Ministers rely on the “Holy Spirit”<sup>7</sup> to “gain both the desire and the ability to be Christ to others: to walk with and love those who are hurting.”<sup>8</sup> They “rely on Christ”<sup>9</sup> because they know that “their own knowledge, experiences, or abilities are not enough to bring healing and wholeness to a care receiver.”<sup>10</sup> To become a Stephen Minister, the congregation recruit candidates and then carefully selects them through interviews based on their character and qualifications, after which the selected candidates take the training class.<sup>11</sup> During the selection process

People who can’t maintain confidentiality will be screened out. People who believe they themselves can straighten out someone else’s life will not be invited to become involved. People who are drawn to Stephen Ministry because they themselves are hurting and want their own needs met will be helped to find the care they need and perhaps invited to reapply at a later time.<sup>12</sup>

A Stephen Minister is commissioned by their congregation after satisfactorily completing their initial 50 hours of training.<sup>13</sup> While they are actively serving, they participate in twice-monthly supervision and continuing education. Along with the monthly supervision and the continuing education, Stephen Ministers also receive

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<sup>5</sup> Ibid., 19.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid., 20.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

support from “their Stephen Leaders, their congregation and their pastors.”<sup>14</sup> The entire congregation plays a role in offering their support to Stephen’s Ministers:

The Stephen Leaders are available for advice and help. Congregation members pray for Stephen Ministry and refer friends and family in need of lay caregiving to the congregation’s Stephen Ministry. Pastors cast a compelling vision for Stephen’s Ministry, encourage individuals to receive care from Stephen Ministers, and offer guidance and encouragement to Stephen Ministers in challenging caregiving situations. Pastors also help the congregation understand how Stephen Ministry is part of their fulfillment of Jesus’ command to love one another.<sup>15</sup>

### **The Role of Stephen Ministers**

Stephen Ministers are care givers who “help others work through their own problems.”<sup>16</sup> They are best describe as care ministers who “Bear one another’s burdens, and in this way . . . fulfill the law of Christ” (Galatians 6:2 NRSV).<sup>17</sup> Depending on the needs of the care receivers, Stephen Ministers usually meet the care receivers once a week or they connect with them over the telephone.<sup>18</sup> “A defining characteristic of Stephen Ministers’ care is that it is distinctively Christian.”<sup>19</sup> Their role is to listen and help the care receivers “recognize and express their feelings, maintain appropriate boundaries, and remain committed to their care receivers over the long haul.”<sup>20</sup> One of the important things to remember is that the Stephen Ministers “don’t try to solve others’ problems but rather help others work through their own problems.”<sup>21</sup> In cases where Stephen Ministers “find that their care receivers have needs for which they aren’t qualified to care, they work with their Supervision Group, Stephen Leaders, and pastor to

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<sup>14</sup> Ibid., 21.

<sup>15</sup> Ibid.

<sup>16</sup> Ibid., 29.

<sup>17</sup> Ibid., 28.

<sup>18</sup> Ibid., 29.

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> Ibid.

refer their care receivers to mental health professionals or other more qualified caregivers.”<sup>22</sup> When the care receivers no longer need the caring relationships, Stephen Ministers bring closure to the current care ministry before they move on to another ministry assignment.<sup>23</sup>

Listening is an important tool for Stephen Ministers just as it is for any care ministry, and along with listening they “count on God’s power to bring about healing and hope,”<sup>24</sup> and “use the powerful caring tools of the Christian faith: prayer, the Bible, confession and forgiveness, blessing, and ‘a cup of cold water’ for those who are thirsty (Matthew 10: 42), which is a metaphor for providing concrete, practical care when that’s what people need.”<sup>25</sup> They are trained to use all these tools carefully and appropriately to meet the needs of the care receivers and listen to before and after using the Christian caring resources.<sup>26</sup>

The continuum of care that Stephen Ministers provide “is more formal than the care of an acquaintance or a friend provides because it is structured and focuses on care receiver’s needs.”<sup>27</sup> On the other hand, it appears less formal than the “care that pastors or mental health professionals provide,”<sup>28</sup> because these professionals with their training explore the needs of the care receivers at deeper levels.<sup>29</sup>

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<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid., 30.

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

## **Types of Care Stephen Ministers Provide**

Stephen Ministers provide spiritual and emotional support on a one-to-one care to adults undergoing a wide variety of challenges. And these can be broadly divided into five different types of care: “crisis care, follow-up care, chronic care, preventive care, and care-giver care.”<sup>30</sup>

### Crisis Care

No one is exempted from crisis in his/her lifetime which comes unannounced many times in a variety of ways and during such times, as “the coping mechanism that worked in the past don’t work as well in the face of crisis.”<sup>31</sup> Crisis situations “such as hospitalization, terminal illness, the death of a loved one, unemployment or a natural disaster,”<sup>32</sup> can catch people off guard. It is during such crisis moments and sometimes immediately after the onset of a crisis that, Stephen Ministers help people cope with compassionate and objective care.<sup>33</sup>

### Follow-Up Care

Follow-up is an important aspect in any kind of care ministry especially in crisis because, “externally it may seem as though a crisis is over and done within a matter of days or, at most, weeks. But for people experiencing that crisis, the initial topsy-turvy time is just the beginning of what will continue for some time.”<sup>34</sup> During follow-up care,

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<sup>30</sup> Ibid., 32.

<sup>31</sup> Ibid.

<sup>32</sup> Ibid.

<sup>33</sup> Ibid.

<sup>34</sup> Ibid., 33.

Stephen Ministers “stick with the care receivers, help them sort through the emotional ashes, and care faithfully as care receivers go about rebuilding their lives.”<sup>35</sup>

### Chronic Care

People who experience long-term disabilities such as chronic pain or degenerative disease often end up receiving chronic care from physicians, nurses, physical therapists, family, friends, clergy, and others.<sup>36</sup> Stephen Ministers occasionally care for people who experience chronic pain along with the rest of the team by providing emotional and prayer support and help the care receiver connect to the outside world.<sup>37</sup>

### Preventive Care

The purpose of preventive care is to prepare a person for anticipated change which many times produces stress.<sup>38</sup> Sometimes “certain life events may unexpectedly throw people into crisis,”<sup>39</sup> for instances, a child going off to college might make the parents sad and lonely.<sup>40</sup> While it might come as a surprise crisis for many care receivers, “it is sometimes possible to see the crisis coming and prevent it, or minister to the person very early on and reduce the negative impact of the circumstance.”<sup>41</sup> In preventive care, Stephen Ministers help care receivers prepare for emotional turmoil, which might happen because of major life change by offering a listening ear.<sup>42</sup> The Stephen Ministers help the

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<sup>35</sup> Ibid., 34.

<sup>36</sup> Ibid.

<sup>37</sup> Ibid.

<sup>38</sup> Ibid., 35.

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

<sup>41</sup> Ibid.

<sup>42</sup> Ibid., 36.

care receivers think through the adjustments he/she needs to make and offer continuous support which may last a month or two or longer.<sup>43</sup>

Stephen Ministers are referred to as care givers and those who receiving and those who receive help are known as care receivers. Stephen Ministers, as care-givers provides an ear for the care receivers; they are also a “nonjudging listener”<sup>44</sup> when the care receivers share their “frustrations and fears, weariness and wishes.”<sup>45</sup> Stephen Ministers also act as a “go-between”<sup>46</sup> for the care receivers before the individuals get help through other caring offerings. So, it is evident that Stephen Ministers do not care for people who are in serious need and who need professional help, and even when it comes to providing care, Stephen Ministers do not handle challenges alone, but there are support systems that they rely on for help.<sup>47</sup>

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<sup>43</sup> Ibid.

<sup>44</sup> Ibid., 37.

<sup>45</sup> Ibid.

<sup>46</sup> Ibid.

<sup>47</sup> Ibid., 37-47.

CHAPTER 6  
CARE MINISTRY PROPOSAL FOR CAPACITY BUILDING AND SUPERVISION  
FOR LARGER CONGREGATION IN NAGALAND WITH SPECIAL REFERENCE  
TO KOHIMA AO BAPTIST CHURCH

Care ministry is indispensable when it comes to doing effective congregational ministry, and especially for larger congregations the need is even greater because the growth of the church comes from a community that love, care for and are deeply committed to each other. An effective ongoing care ministry can be one of the ways where people can avail and offer caring relationships during challenging times which will help the members to know, connect and care for each other better and not feel lost and alone. The proposal for two levels of care ministry is based on the needs for larger congregations in Nagaland, and I will be referring to Kohima Ao Baptist Arogo (KABA), (Arogo meaning “church”), as the model because there are already groups of volunteers who are actively involved in doing care ministry. This proposal can be applied in the Baptist churches in Nagaland because most of the churches are involved in doing care ministry by volunteers within the congregation. Adapting from the Stephen Ministry working model, the first level is to equip the volunteers with basic care ministry tools to enhance their effectiveness in providing care ministry through three-day training sessions that can be spread across the year. The second level is to form a core care ministry team who can be known as counselors. Members in the team will be trained to do counseling ministry, which will not only help those who are in need, but also ease the ministry load

of the pastoral team and provide opportunities for both the care giver and the receiver to offer and receive help.

### **Level 1: Equipping and Training Volunteers for Care Ministry**

KABA has seven fellowship churches in different locations of the town of Kohima. The prayer committee is under Mission and Evangelism ministry which is located across the seven locations. The volunteers in the prayer committee get the opportunity to serve in the committee for five years. The committee is headed by a Convener and a Secretary. In each committee across the seven locations there is a block leader who oversees the responsibilities in their assigned location. According to the latest data (2018) from the church office, the prayer committee has 138 volunteers and one of their assigned responsibilities is to visit those who are sick at home or in the hospital and those families that have lost a loved one. Their other assigned responsibilities include organizing prayer worship services, organizing prayer walks, and helping in ministries outside of the church that requires their services. The volunteers in this committee do an incredible ministry of visiting the sick and comforting the family members of those who are in grief, by offering words of encouragement from the scripture and praying with them. The practice of the church for several years is that, the volunteers in this committee are given one day of orientation at the beginning of each year. During the orientation they learn their role and functions in the committee and not through in-depth teaching on how to offer care ministry to people who are sick and who are grieving, because of the time constraint. Therefore, my proposal is to equip and train the committee members with basic care tools adapting from Stephen's Ministry care model. The focus is also to model

the ministry of identifying and accompanying those who need help not just one time but until they come to a place where they can be on their own.

### **Basic Care Ministry Tools**

To be with someone and to walk alongside someone during their difficult times is an honor and the greatest gift that one can give. It is an honor because, Jesus had commanded in the scripture to love your neighbor as yourself which is the second greatest commandment and the first commandment is to love Jesus with our whole being. We demonstrate our love for Jesus by loving our neighbor and walking besides those who are in need. To equip and train the prayer committee, it will be beneficial to focus on the following areas which will enable them to carry out their care ministry efficiently.

#### **Attending**

Attending is actively being with care receivers.<sup>1</sup> Caregiving can happen at different levels. According to Egan, a Professor of Psychology at Loyola University of Chicago, “At some of the more dramatic moments of life, simply being with another person is extremely important. . . . Simply being with a bereaved friend can be very comforting to him or her, even if little is said.”<sup>2</sup> The ministry of caregiving “demands a certain intensity of presence,”<sup>3</sup> and the way the caregiver orients oneself physically and psychologically to care receivers contributes to this presence.<sup>4</sup> There are various levels of attending to care receivers: the “microskills level,”<sup>5</sup> “body language level”<sup>6</sup> and

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<sup>1</sup> Gerard Egan, *The Skilled Helper: A Systematic Approach to Effective Helping* Fourth Edition, (Belmont, CA: Brooks/Cole Publishing Company, 1990), 108.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

“presence level.”<sup>7</sup> In the microskills level, gestures such as having an open posture, leaning toward the other while listening and offering care, maintaining good eye contact, and then having a relaxed approach serves well, though they may seem insignificant.<sup>8</sup> One of the things that a caregiver should keep in mind is the awareness of our bodies as a source of communication because our bodies send out important messages. It is helpful to know when and how the body reacts to certain things and situations. For instance, if in a caregiving situation, you feel the muscles tensing, you can say to yourself: “I’m getting anxious here. What’s causing my anxiety? And what cues am I sending?”<sup>9</sup> When a caregiver is aware of his/her bodily reactions, “you can control the external expression,”<sup>10</sup> and give yourself “time to reflect,”<sup>11</sup> which is helpful, especially in situations when a care receiver says something that instinctively angers you.<sup>12</sup> In a caregiving ministry, the most important quality is “your total presence.”<sup>13</sup> When you are offering care to someone in need, “both your verbal and nonverbal behavior should indicate a clear-cut willingness to work with the client.”<sup>14</sup> Affective caregiving requires that we stay in touch with how we present ourselves while caregiving without becoming preoccupied with it.<sup>15</sup>

### **Listening**

One of the things that I have heard repeatedly from those who are involved in prayer committee in my local church is the anxiety to say the right sentences and words

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<sup>7</sup> Ibid.

<sup>8</sup> Ibid., 109-110.

<sup>9</sup> Ibid., 110.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid., 111.

when they minister to people who are sick and who have lost their loved ones. Many of them have expressed that they feel inadequate because they either have no words to say or they feel that they do not say the right words that might comfort those that are in grief or hurting. What they do not realize is that, the greatest gift they can offer during their visit is to listen rather than speak what they think might be helpful. “Listening is perhaps the most important skill,”<sup>16</sup> that a care minister can use though there is a tendency to “think of listening as a simple, natural activity,” especially in a culture of oral tradition, like the Naga society. But listening can be “a powerful caregiving tool.”<sup>17</sup>

In care giving, “listening is an active process that requires much personal involvement and commitment. Listening takes work. It calls upon the caregiver to be fully present in the caring situation.”<sup>18</sup> It is said that,

The source of input that we most often rely on in helping are the verbal expressions of the helpees. What people say and how they say it tells us a lot about how they see themselves and the world around them. Ultimately, the helpees’ verbal expressions are the richest source of empathic understanding for the helper.<sup>19</sup>

As care-givers, when we pay our full and undivided attention, it signifies that we are prepared to listen and the more we attend to the external cues of the care receiver, the more we can listen to the internal cues which reflects their inner experiences.<sup>20</sup> One of the biblical example that we can learn from when it comes to listening is Jesus himself. Jesus during his ministry “continually demonstrated the relationship between caring and

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<sup>16</sup> Stephen Ministries, *Stephen Ministry Training Manual*, Volume 1 Modules 1-14 (St. Louis, MO: Stephen Ministries, 2000), 39.

<sup>17</sup> Ibid.

<sup>18</sup> Ibid., 40.

<sup>19</sup> Robert R. Carkhuff, *The Art of Helping*, 9<sup>th</sup> Edition (Amherst, MA: Possibilities Publishing, Inc. 2009), 79.

<sup>20</sup> Ibid.

listening.”<sup>21</sup> In Matthew 15:21-28, Jesus listened to the testimony of the Canaanite women before he healed her daughter.<sup>22</sup> Jesus, before he healed Bartimaeus, the blind man, listened to him speak first (Mark 10:46-52).<sup>23</sup> Jesus, though he had insights into people’s problems, chose to listen to whoever came to him to ask for healing before he administered healing. This is a reminder to all caregivers how important it is to listen first before we respond.

### **Characteristic of Effective Listeners**

There are three important qualities when it comes to effective listening: desire, commitment, and patience.<sup>24</sup>

#### **Desire**

The desire to listen is indispensable in care giving ministry. One cannot fake listening because the care receiver can “quickly detect a phony or superficial desire to listen.”<sup>25</sup> It is believed that people listen well when they have a desire to understand what is being said. Therefore, one of the qualities of a good listener is: “you have to want to do it,”<sup>26</sup> because it is not only a necessity but also biblical. As James 1:19 says, “. . . Everyone should be quick to listen, slow to speak and slow to become angry” (NIV).

#### **Commitment**

Commitment to listening is an integral characteristic of a good listener. The ministry of caregiving can at times be challenging after a long day at work. Instead of

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<sup>21</sup> Stephen Ministries, *Stephen Ministry Training Manual*, 40.

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid., 41.

heading home, there will be times when one will be required to keep up with an appointment, and it is during such times when one's commitment will be challenged.

Keeping up with the commitment during such times "shows you care."<sup>27</sup>

### Patience

Intensive and good listening requires patience. Scripture, in 1 Corinthians 13:4, says, "love is patient . . ." (NIV). Being patient and learning to be patient does not come easy for many in a fast-paced world where almost everyone is busy trying to focus on one's own works and needs and it is challenging in building good caring relationships. Patience is central in caregiving, as "it can take time to develop a good caring relationship."<sup>28</sup> When a caregiver is in a rush in offering care or are in a hurry "to get the whole situation "solved" or "cured," chances are that you will do a poor job of listening and caring. Your actions need to communicate that you want to work with care receivers and that you are there to actively listen, not to push them into a quick solution."<sup>29</sup> It is believed that "many times people in crisis exactly know that they should do,"<sup>30</sup> and all they need is someone who can sincerely listen as they express their feelings. God works in amazing ways and listening is one such way which "inspires in people the courage to do what they know they must do."<sup>31</sup> Patience in listening calls for making space for silence during conversations which is a powerful tool. "Effective listening entails remaining patient and at ease in silent moments as others struggle to express a feeling or

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<sup>27</sup> Ibid.

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

pause to consider a thought.”<sup>32</sup> The silent space in a care giving setting allows the care receivers to share their thoughts and feelings.<sup>33</sup>

### **What to Listen for**

In care-giving, good listening involves not just listening to the spoken words, but “paying attention to body language, piecing together fragments of multiple conversations, and even noticing what the person does or says.”<sup>34</sup>

### **Listening to More than Just Words**

Good listeners seek to understand the speaker and how he or she views or relates to their world. They try to understand and read between the lines and observe intently the body language of the speaker, voice tremors, gestures, rate and type of breathing, color, muscle tension, posture and choice of clothing.<sup>35</sup> Many times the facial expression such as eyes of the speaker conveys a lot of messages, therefore, “Consider facial expressions and what the care receiver’s eyes tell you.”<sup>36</sup> Ask questions such as “Is this person’s nonverbal behavior consistent with the verbal statements he or she is making?”<sup>37</sup>

### **Listening over Time**

In caregiving, when you regularly meet with the care receiver, it is helpful to recall your previous conversations and “listen for patterns of communication, recurring themes, or apparent contradictions.”<sup>38</sup> Good listening involves taking note of how your

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<sup>32</sup> Ibid.

<sup>33</sup> Ibid.

<sup>34</sup> Ibid., 43.

<sup>35</sup> Ibid.

<sup>36</sup> Ibid.

<sup>37</sup> Ibid.

<sup>38</sup> Ibid., 44.

care receiver think or behaves over time from his or her established patterns and help them explore by asking questions that will enable them to understand or talk as to what is really going on underneath.<sup>39</sup>

### Listening to What Is Not Said

Good listening also means noticing what is not said.<sup>40</sup> For instance, “a care receiver has three children and regularly talks about her family, but she hardly mentions one of her children.”<sup>41</sup> In such instances “what is silently passed over may be what most troubles the person and what he or she needs to talk about.”<sup>42</sup> Therefore, noticing what is not said, and gently raising an open-ended statement such as, “You have talked a lot about John and Mary, but I haven’t heard you say much about Sam,”<sup>43</sup> can often lead or encourage the care receiver to express important issues that has been troubling him or her.<sup>44</sup>

### Ask Questions

In caregiving, one should encourage the care receivers to talk about themselves. The more they share the better the care receiver understands, and “Open-ended and clarifying questions are excellent tools to achieve these goals.”<sup>45</sup>

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<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

<sup>41</sup> Ibid.

<sup>42</sup> Ibid.

<sup>43</sup> Ibid.

<sup>44</sup> Ibid.

<sup>45</sup> Ibid., 45.

### Open-Ended Questions

One of the important skills for a care giver is learning to ask good questions. It is said that “If you ask a question that can be answered with a yes or no, or with a one- or two-word response, you don’t encourage your care receiver to open up and share more fully.”<sup>46</sup> For a care giver to invite the care receiver to deeper sharing and learn more about the him or her, asking open-ended questions which require an essay-type response are most helpful.<sup>47</sup>

### Clarifying Questions

Clarifying questions or repeating back what you have heard can help a care giver understand better what the care receiver means.<sup>48</sup> For instance, if a care receiver says, “I can’t stand my job another day,”<sup>49</sup> there could be several reasons why the care receiver said that. So, for the care-giver to find out what the actual reason or reasons are, it is important to ask clarifying questions such as “What’s going on at your work?,”<sup>50</sup> or repeating back, you said that you can’t stand your job for another day, can you say more by what you mean? Because, it is possible that the care receiver might “wants to change careers, that he or she is having serious problems with a coworker, or any number of other possibilities.”<sup>51</sup>

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<sup>46</sup> Ibid.

<sup>47</sup> Ibid.

<sup>48</sup> Ibid., 46.

<sup>49</sup> Ibid.

<sup>50</sup> Ibid.

<sup>51</sup> Ibid.

### Some Guidelines for Asking Questions

Asking the right question is an important skill that can be learned, because it plays a vital role in care giving. “Phrase questions in a way that shows your care and concern.”<sup>52</sup> For instance, instead of asking, “What made you do that?,”<sup>53</sup> ask “How did that happen?”<sup>54</sup> or “Can you explain again to me how that happened?”<sup>55</sup> It is believed that “when your questions are gentle and kindly inquisitive, the speaker most likely will tell you more,”<sup>56</sup> but, “if your questions are too abrupt or imply judgement, the speaker may feel defensive or end the conversation.”<sup>57</sup> In care giving, it is helpful to remember some basics when it comes to asking questions. After asking question, always provide space or time for the care receiver to respond<sup>58</sup> and avoid “rapid-fire questions without giving him or her a chance to answer the first one.”<sup>59</sup> Phrase question using “what-Not Why,”<sup>60</sup> because “the word *why* can put a speaker on the defensive-she or he may feel a need to explain, justify, defend, or give reasons for feelings or behaviors. People are unlikely to trust those who put them on the defensive.”<sup>61</sup> On the other hand, “What questions ask for specifics about the situation and help you and the speaker get a clearer idea of what is going on. What also focuses on how a problem can be solved or a situation improved.”<sup>62</sup>

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<sup>52</sup> Ibid.

<sup>53</sup> Ibid.

<sup>54</sup> Ibid.

<sup>55</sup> Ibid.

<sup>56</sup> Ibid.

<sup>57</sup> Ibid.

<sup>58</sup> Ibid.

<sup>59</sup> Ibid.

<sup>60</sup> Ibid.

<sup>61</sup> Ibid.

<sup>62</sup> Ibid.

### Caring for the Sick

Caring for the sick through hospital visitation or visiting at home “is one of the most important elements of care that can be offered through the church. As pastors and volunteers of care attempt to do this type of ministry with skilled eyes and intuitive hearts, we should understand the multiple dimensions of our being human that are closely intertwined.”<sup>63</sup> When a person gets sick, it is not just the body that gets affected but “spiritual and psychological well-being can also be affected.”<sup>64</sup> As care givers, we need to be aware that it is not just the sick person that is affected, but “that person’s family and friends may also need care,”<sup>65</sup> and therefore, “we need to attend to the family and friends of the sick,”<sup>66</sup> which makes care ministry a “complex ministry and must always be bathed in prayer.”<sup>67</sup> Because care ministry is complex, it can be best accomplished through a team effort.<sup>68</sup> The church staff, care teams, and the congregations should be educated to follow clear lines of care. Clear contact persons should be assigned and made known to the congregation so that they can access without difficulty when someone needs help. The care teams and the church staff should co-ordinate and channel information, so that the concerned care team as well as the church staff, the pastor, or the staff responsible knows when help is called for and offer help in a timely manner. When an initial visit is made, it is important to follow two actions: documentation of the visit and a suggested plan for follow-up care.<sup>69</sup> This information should be given to the person who will do the

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<sup>63</sup> Lampe, *The Caring Congregation*, 42.

<sup>64</sup> *Ibid.*, 42.

<sup>65</sup> *Ibid.*

<sup>66</sup> *Ibid.*

<sup>67</sup> *Ibid.*

<sup>68</sup> *Ibid.*

<sup>69</sup> *Ibid.*, 43-44.

follow-up visits and the family should also be informed of the care plans from the care ministry team.<sup>70</sup>

As care ministers, while visiting a sick patient, either at the hospital or at home, “first, make sure you have the permission to visit.”<sup>71</sup> While visiting, “try your best to be at eye level”<sup>72</sup> with the patient, and find a place, a chair where you can sit. Start the conversation by asking “how they are doing today,”<sup>73</sup> and if you do not know about the nature of their illness, ask them and find out about their support systems.<sup>74</sup> As the visit progresses, “LISTEN to their story. Ask open ended questions that relate to the person’s needs.”<sup>75</sup> While relating to the patient’s needs, care givers “do not need to relay any personal story of your own suffering or talk about someone else you know who had the same illness the patient has.”<sup>76</sup> As a care minister from the church, it is important to help the care receivers “remember their faith and that God loves them.”<sup>77</sup> Many times, in the midst of adversity and challenges, “patients feel that God has abandoned them or is punishing them for some wrongdoing,”<sup>78</sup> therefore, it is important that we remind them of “the hope and healing that God wants for them,”<sup>79</sup> and also remind them of “God’s steadfast concern for their well-being.”<sup>80</sup> While visiting sick patients, if the patients and the family members present are willing, it is comforting to read passages from scripture that is appropriate for the moment and pray.

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<sup>70</sup> Ibid., 44.

<sup>71</sup> Ibid., 47.

<sup>72</sup> Ibid.

<sup>73</sup> Ibid.

<sup>74</sup> Ibid., 47-48.

<sup>75</sup> Ibid., 48.

<sup>76</sup> Ibid.

<sup>77</sup> Ibid.

<sup>78</sup> Ibid.

<sup>79</sup> Ibid.

<sup>80</sup> Ibid.

### Care in Situation of Grief and Serious Loss

“Bereavement is a universal human crisis.”<sup>81</sup> Virtually all adults have encountered serious loss or death in their own families, friends, neighbors or colleagues and many people when confronted with such a situation are presented with “widespread discomfort at not knowing what to do and feeling helpless.”<sup>82</sup> It is believed that, “When someone experiences a major loss, he or she begins a journey. It is impossible to refuse the journey, but it can lead to very different destinations. Like any crisis, grief can be a journey toward greater wholeness or greater brokenness.”<sup>83</sup> Having a care giver to walk through during such challenging times can help the person going through grief or serious loss move toward greater wholeness. There are different stages of grief and “Each person’s grief journey is unique,”<sup>84</sup> but it always “begins with a loss - grief is the process of recovering from a loss.”<sup>85</sup> Each person’s grief journey is unique, but it is believed that there are predictable stages that people usually experience.<sup>86</sup>

The shock stage is when the loss occurs and the care receiver first responds to this crisis. In the recoil stage people respond in various ways to the heavy blow of the loss. They draw back into themselves as if faced with some totally unexpected menace. They have back-and-forth, up-and-down experiences of intense, painful feelings. Finally the rebuilding stage is a time when care receivers learn to live without the ones they have lost and move on to make a new life.<sup>87</sup>

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<sup>81</sup> Clinebell, *Basic Types of Pastoral Care and Counseling*, 183.

<sup>82</sup> Stone, *The Caring Church*, 78.

<sup>83</sup> Stephen Ministries, *Stephen Ministry Training Manual*, 258.

<sup>84</sup> *Ibid.*, 259.

<sup>85</sup> *Ibid.*

<sup>86</sup> *Ibid.*

<sup>87</sup> *Ibid.*

These stages of grief provide a rough road map of the grief journey, but it needs to be remembered that every grieving person experiences grief in his or her own way and they may go back and forth between stages for some time.<sup>88</sup>

Caregiving in situations of grief and serious loss can be complex because, “grief experiences triggered by different types of crises typically have distinctive differences as well as similarities.”<sup>89</sup> Therefore, it is vital for a caregiver to be informed and at the same time be aware that grief and serious loss “all bring some degree of sadness and longing for what is lost.”<sup>90</sup> Clinebell, describes grief experiences triggered by different types of crises:

The grief in developmental crises involves sadness and longing for the lost satisfaction of earlier life stages. Grief in chronic crises, as the husband of a woman with Alzheimer’s put it, “hang over me like a dark cloud that keeps blocking the sunlight and refuses to go away!” Grief feelings in collective and community crises are shared by most members of the large or small affected group in varying degrees and expressions. Grief feelings in acute crises have special poignancy resulting from the terrible sense of being hit out of the blue without any time to prepare to cope with the trauma. For this reason, the grief impact may cut deeper and be more devastating initially. Grief in long-term or chronic crises includes many opportunities to do what is described as “anticipatory grief work.” If survivors have done this before their loved ones die, they still feel some pangs of loss, but the grief usually is much less protracted than in acute crises triggered by unexpected losses.<sup>91</sup>

As a caregiver, it is helpful not only be aware of the types of crises but also the “numerous societal factors”<sup>92</sup> that care receivers encounter which “often cause recovery from crises and grief to be very difficult, protracted, or blocked.”<sup>93</sup> Offering care by attending, listening and responding is always helpful. Effective caring includes using

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<sup>88</sup> Ibid.

<sup>89</sup> Clinebell, *Basic Types of Pastoral Care and Counseling*, 185.

<sup>90</sup> Ibid.

<sup>91</sup> Ibid.

<sup>92</sup> Ibid.

<sup>93</sup> Ibid.

supportive care methods such as checking in with the “person by phone or face to face to be brought up-to-date on their situations and to let them reexperience concern for them on an individual basis.”<sup>94</sup> During the shock phase, the care receiver’s “inner child”<sup>95</sup> becomes active “often bringing painful feelings of anxiety, deprivation, and abandonment,”<sup>96</sup> and the “need to be comforted is intense.”<sup>97</sup> For care receivers who are spiritual, during such times “familiar scripture, prayers, hymns, and rituals, can bring comfort and hope.”<sup>98</sup> In general, “taking gifts of food and offering help with practical needs, such as transportation, are symbolic, nonverbal ways of communicating nurturing care.”<sup>99</sup> One of the ways to help people who are grieving is to help them do their grief work. The care givers can help by “enabling the person to get in touch with their feelings and express them fully.”<sup>100</sup> It is believed that “by experiencing and verbalizing the feelings repeatedly, they gradually transform the raw agony of loss into gentle sadness and a renewed gratitude and love for the lost person.”<sup>101</sup> “Repetitive reminiscing and storytelling”<sup>102</sup> can also help the grieving person to come to terms with the reality that the person he or she loves is no longer with them. Grief work and recovery is always challenging and it is “a continuing process.”<sup>103</sup> Coping and recovering can be highly stressful for people who have experienced severe or multiple losses and therefore caregivers “should encourage persons weathering crises and grief to be very kind and

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<sup>94</sup> Ibid., 103.

<sup>95</sup> Ibid., 190.

<sup>96</sup> Ibid.

<sup>97</sup> Ibid.

<sup>98</sup> Ibid.

<sup>99</sup> Ibid.

<sup>100</sup> Ibid., 191.

<sup>101</sup> Ibid.

<sup>102</sup> Ibid.

<sup>103</sup> Ibid., 192.

gentle with themselves and also let those in their circle of mutual care know that they need extra support and loving.”<sup>104</sup> Practical as well as emotional support becomes vital as the grieving person tries to “cope with the many new problems the loss has brought.”<sup>105</sup> Practical support can take many forms such as teaching new skills like cooking and managing finances etc. . . . depending on the needs.<sup>106</sup> Emotional support can be offered when the grieving person “venture into new relationships and experiences, such as going to social gatherings without the deceased and reinvesting some of that energy in other relationships.”<sup>107</sup> Just knowing that someone is there to lean on when support is needed is a great comfort for people who are in situation of grief and serious loss and all the support from the care giver or the care team will be a huge help as they rebuild their lives.

### **Follow-Up Care**

Providing follow-up care in care ministry especially in bereavement caregiving and in the context of serious loss is vital because most of the time, especially in larger congregation contexts, the pastoral care “extends only a week or so beyond the funeral or memorial service,”<sup>108</sup> but it is after the funeral or the memorial service “when the ‘conspiracy of silence’ has set in, when acquaintances have returned to their routines and no longer wish to talk about the deceased,”<sup>109</sup> the bereaved feels exceedingly lonely and those are the times when they need care the most. Since, the pastor in most cases is not able to give extended care for the members faced with serious illness or loss because of

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<sup>104</sup> Ibid.

<sup>105</sup> Ibid., 193.

<sup>106</sup> Ibid.

<sup>107</sup> Ibid., 193.

<sup>108</sup> Ibid., 186.

<sup>109</sup> Stone, *The Caring Church*, 83.

time constraints, having a care ministry team plays a vital role. The care team not only eases the load of the pastoral staff, but it gives an opportunity to the care team members to use their God given ability, gifts and talents and be a part of the on-going care ministry, and the people who are in need get the support to get through the most difficult time. In the context of serious loss and bereavement, “Externally it may seem as though a crisis is over and done within a matter of days or, at most, weeks. But for people experiencing that crisis, the initial topsy-turvy time is just the beginning of what will continue for some time. Much work remains for them.”<sup>110</sup> Follow-up care becomes crucial following such significant events because

When death or other severe losses strike, the usual response is feelings of psychological numbness and shock mixed with a sense of unreality. The mind cannot yet accept the overwhelming pain of facing the reality that someone or something that was loved is really gone. But gradual acceptance of the grim reality of the loss must eventually occur or the healing process will be blocked and incomplete. Full acceptance usually occurs over a period of several months or even years.<sup>111</sup>

Since, in most cases “the journey of recovery often extends over two years or more,”<sup>112</sup> following bereavement and severe loss, it is helpful when care givers faithfully walk along side and offer care to the care receivers, help them sort through the emotional ashes as they go about rebuilding their lives.<sup>113</sup>

### **KABA Training Model for Care Ministry Volunteers**

Targeted Group: Prayer Committee

Group Size: 100-140

Teaching Methods: Half Day Training for 4 hours 3 times a year.

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<sup>110</sup> Haugk, *When and How to Use Mental Health Resources*, 33.

<sup>111</sup> Clinebell, *Basic Types of Pastoral Care & Counseling*, 190.

<sup>112</sup> *Ibid.*, 186.

<sup>113</sup> Haugk, *When and How to Use Mental Health Resources*, 34.

### Part 1

Theology of Lay Care Ministry.

Importance of Confidentiality in Care Ministry.

Introduction to basic Care Ministry Tools.

### Part 2

Listening.

Qualities of a Listener

What to Listen For

The Art of Asking Questions.

### Part 3

Caring for the Sick.

Home Visitation.

Hospital Visitation.

### Part 4

Care in Situation of Grief and Serious Loss

- Death
- Sudden Death
- Tragic Death
- Suicide
- Miscarriage or Still-born Baby

### Part 5

Follow-up care.

The prayer committee members are the people who enter the homes and lives of those in need and therefore equipping them with the basic skills will benefit greatly the care receivers. It will also eventually will result in building a community that understands and cares deeply for and be there for each other because those who have received support when they needed the most will in most cases be offer support when they see someone in need or they might volunteer for the ministry.

## **Level II: To Form a Counseling Team**

The second level of proposal for care ministry in larger congregations is to form a counseling team comprising of fifteen to twenty members to begin, who have the passion for counseling ministry. The recruitment of the counseling team members will be similar to that of the Stephen Ministry leaders. First, an invitation will be sent out to recruit volunteers, followed by interviews to ensure that the counselors have “the necessary gifts, interest and commitment.”<sup>114</sup> The counselors recruitment committee of the church will carefully select the volunteers based on their character and qualifications and interview them, so that the volunteers can learn whether counseling ministry is right for them and is “in keeping with who they are and what God has called them to do.”<sup>115</sup> The interview is to do proper screening of the volunteers so that those “who can’t maintain confidentiality,”<sup>116</sup> those “who believe they themselves can straighten out someone else’s life,”<sup>117</sup> and people who are drawn “because they themselves are hurting and want their own needs met,”<sup>118</sup> can be screened out and perhaps be invited to volunteer after they find the care they need.

The goal is to train the team members by using the *Stephen Ministry Training Manual*. The selected members of the team will undergo a week-long training program using the *Stephen Ministry Training Manual*. The next step is to collaborate with Person to Person Institute for Christian Counseling, which offers professional counseling training from Introduction to Level 1, Level 2 and Level 3. The team members will be

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<sup>114</sup> Ibid., 20.

<sup>115</sup> Ibid.

<sup>116</sup> Ibid.

<sup>117</sup> Ibid.

<sup>118</sup> Ibid.

required to attend the Level 1 training, and for Level 2 and 3, the training will be open to the members who want to learn more and go deeper into counseling ministry. The church has been working with Person to Person Institute for Christian Counseling, Secunderabad, India, for a number of years and has benefitted greatly from their training for the youth leaders. Forming and training a counseling team will greatly benefit the members of the congregation because it will not only be an additional support to the pastoral team but most importantly the team will be able to gather to the needs of the church members as there is a lack of trained professional counsellors in the state. The counseling team will work under the supervision of the pastor in charge of the counseling or the counseling committee. The team will have a leader and an assistant leader to coordinate schedules, meetings or trainings. One of the goals is to be able to train counselors, so the first three to five years will also focus in equipping and training the team members, who eventually will also be able to train new team members.

The Stephen Ministry Training Manual will be a great resource to train the counseling team who are new to counseling or have some kind of understanding about counseling because it is designed to teach “principles and skills that equip you to provide high-quality, Christ centered emotional and spiritual care to others.”<sup>119</sup> Through the training, a person “gains insight into the thoughts, feelings, and actions of people who are hurting,”<sup>120</sup> learns to “develop relational and caring skills that you can apply to all aspects

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<sup>119</sup> Stephen Ministries, “Stephen Minister Training,” accessed 4/5/19, <https://www.stephenministries.org/stephenministry/default.cfm/1520>.

<sup>120</sup> Ibid.

of life,”<sup>121</sup> and deepen a person’s faith as the Holy Spirit fashions them into a Christ-centered caregiver.<sup>122</sup> The training manual covers modules 1-14, which are:

- Module 1 - The person of the Caregiver
- Module 2 - Feelings: Yours, Mine, and Ours
- Module 3 - The Art of Listening
- Module 4 - Distinctively Christian Caring – Part 1
- Module 4 – Distinctively Christian Caring – Part 2
- Module 5 - Process versus Results in Caregiving
- Module 6 - Assertiveness: Relating Gently and Firmly – Part 1
- Module 6 - Assertiveness: Relating Gently and Firmly – Part 2
- Module 7 - Maintaining Boundaries in caregiving
- Module 8 - Crisis Theory and Practice: Danger versus Opportunity
- Module 9 - Confidentiality
- Module 10 - Telecare: The Next Thing to Being There
- Module 11 - Using Mental Health Professionals and Other Community Resources
- Module 12 - Ministering to Those Experiencing Grief
- Module 13 - Dealing with Depression: The Stephen Minister’s Role and
- Module 14 - Helping Suicidal Persons Get the Help They Need.<sup>123</sup>

In the first year, the team will also be trained in the area of Advanced Biblical Counseling Level 1 from Person to Person Institute for Christian Counseling. According to the Person to Person Institute for Christian Counseling, the level 1 training is suitable for people who have done any introductory course in counseling, and who wants to specialize in the counseling ministry.<sup>124</sup> The training program is accredited by the Association of Christian Counselors—South Asia, and the participants will be equipped for counseling ministry and also for accreditation. The training duration for level 1 is for 50 hours and it covers the following topics:

Origin of Personal Problems.  
Counseling in Context of Local Church  
Relationships to Spiritual Gifts and Healing

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<sup>121</sup> Ibid.

<sup>122</sup> Ibid.

<sup>123</sup> Stephen Ministry, *Stephen Ministry Training Manual*, table of contents.

<sup>124</sup> Person to Person, “Accredited Advanced Biblical Counseling—Level 1,”

<http://persontoperson.org/our-programs/training-programs/accredited-advanced-biblical-counseling-level-1/>, accessed 4/5/19.

Psychosomatic Illnesses  
 Mood Disorders  
 Counseling Attitudes  
 Ethical Issues in Counseling.<sup>125</sup>

The counseling training opportunity for level 2 will be open to the team members who wants to be equipped and train more on the second year. If there are more than ten participants, the church can arrange for the resource person to come and train the team members and the training opportunity can be extended to other church members but if it is less than ten people, the participants will have the opportunity to attend the training at the Person to person training center. For this level of training, the participants will be required to pay half of the course fees and scholarship will be made available for those who wants to continue in the counseling but are not able to afford the cost. The level 2 has two modules and this course is meant for those who have completed level 1, have accumulated 100 hours of practical counseling, and would like to become a member of a Christian counseling team or pursue a career in counseling.<sup>126</sup> The first Module course duration is for seventy (70) hours, over 8 days and it covers the following areas:

5-Circle Model  
 Advanced Counseling Skills  
 Peer Counseling  
 Self Care  
 Ethics  
 Prayer Counseling  
 Legal Aspects of Counseling  
 Case Analyses  
 Case Studies.<sup>127</sup>

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<sup>125</sup> Ibid.

<sup>126</sup> Person to Person, “Accredited Advanced Biblical Counseling—Level 2,” <http://persontoperson.org/our-programs/training-programs/accredited-advanced-biblical-counselling-level-2/>, accessed 4/5/19.

<sup>127</sup> Ibid.

The second module for level 2 is for a duration of 50 hours over seven days and 80 hours of assignments and covers the following topics:

Marriage Counseling  
 Family Counseling  
 Legal Aspects of Family  
 Debt Counseling  
 Grief Counseling  
 Biblical Understanding of Suffering  
 Secular Theories and Approaches  
 Spiritual Oppression and Deliverance  
 Legal Aspects of mental Health  
 Biblical Understanding of Sexuality  
 Supervision.<sup>128</sup>

Level 3 training is for those who have completed level 1 and 2 and accumulated 200 hours of practical counseling, wants to pursue a career in counseling and want to specialize in specific concern areas.<sup>129</sup> This level will be offered to team members who have completed the first two levels of training and who have been a part of the team for three years and would like to continue in the counseling team. The participants may be either required to go and attend the training at the Person to Person training center especially if there are field work requirements or the other option is to team up with a counseling center that is operating in the town for field work requirement if the participants are more than 10 people. The course has three modules and the first model is offered for a duration of 60 hours, over 7 days and it covers the following areas.

Spiritual Health  
 Emotional Health  
 Sex and Sexuality  
 Social Systems  
 Crisis  
 Other Schools of Thought

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<sup>128</sup> Ibid.

<sup>129</sup> Person to Person, “Accredited Advanced Biblical Counseling—Level 3,” <http://persontoperson.org/our-programs/training-programs/accredited-advanced-biblical-counselling-level-2/>, accessed 4/5/19.

Ethics and the Law.<sup>130</sup>

The second model for level 3 is for a duration of 60 hours over 7 days<sup>131</sup> and it covers the following areas:

5 Circle Theory  
 Social Systems  
 Mental Health  
 Personality Disorders  
 Depression  
 Counseling Practice.<sup>132</sup>

The third module for level 3 is for a duration of 60 hours over 7 days and 120 hours of assignments of field work and assignments.<sup>133</sup> It covers the following areas.

Crisis  
 Addictions  
 Care and Counseling Skills  
 Group Therapy  
 Eating Disorders  
 Abuse  
 Life Stages  
 Group Supervision.<sup>134</sup>

Investing in training the members for counseling will benefit greatly not just for the church community, but it will also benefit the Naga people because there is great need and limited resources. Setting up a counseling team, training and equipping them to do counseling ministry can be one way of acknowledging and creating the awareness for the great mental health need and this can be a great way for the Church to contribute in the area of mental health for the Nagas and especially for the population residing in that town.

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<sup>130</sup> Ibid.

<sup>131</sup> Ibid.

<sup>132</sup> Ibid.

<sup>133</sup> Ibid.

<sup>134</sup> Ibid.

## CHAPTER 7

### CONCLUSION

Offering and extending help is not a new concept for the people in Naga society, and it is deeply embedded in the communal culture where people offer their love, help and support to each other especially during challenging and hard times. This communal culture of offering and extending help, support and love is also seen in the church community, and KABA is one of the churches among the many. With such embedded communal care culture, and the platform created by the church for the congregation to offer and receive care, the prayer committee members at KABA and the Naga churches in general can benefit greatly by getting trained on basic care tools. Along with the talent and passion the training will equip the committee members most of whom have no previous training in the area of offering care. Since the committee members are in the committee for a period of five years, the basic care training will empower them to do ministry in a greater capacity and also enable them to do the ministry of follow-up care in the case of serious loss. The follow-up care will greatly benefit those who are grieving and trying to build their lives all over again as it will “help them sort through the emotional ashes.”<sup>1</sup> Follow-up care is an area which has been overlooked for many years and therefore, it will be something new for the committee members to work on, but none the less beneficial. It is a known fact in Nagaland that there is a lack of trained

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<sup>1</sup> Haugk, *When and How to Use Mental Health Resources*, 34.

counselors in the state but that does not mean that there are no needs. Many times, during conversations and people in social media asked where can they go and find help for someone they love and are going through challenging times or after facing serious loss. And most times, people are frustrated because they are not able to get the help they need. In some cases, people needing help are required to travel to outside of the state, which is not possible for many because of financial constraints and many other reasons. So, I have this deep belief and conviction that setting up counseling teams in the church and training the teams will be a stepping stone to gather to the basic needs of the people struggling with different challenges and it will also help create consciousness and awareness among the congregations that mental health is not something that should be kept hidden and be ashamed of. Mental health it is a disease like any other disease that requires attention and it can be helped by either seeking therapy/counseling or medical care. There is a general understanding amongst the people that prayer can cure mental health issues, and a lot of people go to prayer warriors and prayer centers to treat the problem which has resulted in temporary cure and in some cases, people have testified of receiving divine healing. While I do agree that prayer/spirituality plays an important role in healing or the process of healing, there is also the need and a place for therapy/counseling and medical treatment depending on the needs, and the people in Naga society that are struggling with mental health challenges need both. Church still holds an important place in the lives and culture of the Naga society, and I do believe that the church can take this initiative because it has the capacity and the resources to train people who can in turn help those who are in need.

## Challenges

The care ministry under the umbrella of the prayer committee are comprised of volunteers from seven different locations. The volunteers are recruited for a period of five years and every year there are turn overs. The turn overs every year can be a challenge because the incoming volunteers and those that have missed training the previous year need to be trained so that they are equipped to become effective care ministers. Part of the challenge for a large congregation like KABA will be the time constraints to train the new volunteers several times each year. The church needs to come up with strategy to train the new recruits, in such a way that it does not disrupt with their routine visitation every week and with the church evening services that takes place every Wednesday and Saturday. Another challenge will be the follow up care which will need more attention in terms of maintaining data which will require more time and management from the volunteers and the leaders. The demands or the obligations in Naga tribal and communal society is complex, and therefore any volunteer service in the church takes into consideration the involvement of the members in terms of time and work load which can be overwhelming at times for the individuals and therefore, the care ministry training and the follow-up care might be a challenge for the team and the individuals. Not everyone who volunteers are literate, and therefore, the training sessions that an individual have to go through in order to be a care minister in the prayer committee might intimidate volunteers which might pose challenges in getting volunteers.

For the second level of proposal, which is to form a counseling team, the first challenge is to employ a trained counselor in the staff, so that the staff person with the help of a committee/team can organize, recruit, train and supervise the volunteers who

are interested in counseling ministry of the congregation. This challenge is crucial to effectively carry on the counseling ministry because, for many years the pastoral staff have tried to do counseling ministry along with the word and sacrament ministry, and have struggled to set meaningful time aside for counseling ministry. The appointment of a trained staff will also be crucial in the management of peer supervision which will be important for the health of the team. For any large congregation, it will always be a challenge if the pastoral staff is expected to carry out counseling ministry along with their assigned word and sacrament ministry because there is only so much a pastor can do, and therefore, the church in order to do effective counseling ministry, there has to be a person in the staff who will be responsible to form a team that can carry out the ministry. The other challenge is to recruit the volunteers to the counseling team. Recruiting people who have done their own share of emotional work is vital, and in a place like Nagaland, this can be a real challenge because not a lot of people have the opportunity to get professional help or therapy because of the lack of trained counselors and awareness in getting help for mental health. Therefore, the challenge to form an efficient team for the first few years will be a real challenge because it will be a challenge to find volunteers who have done their healing work and are passionate about counseling ministry. The first few years will be crucial in setting up the counseling team and it will not be easy, but the ministry will be worth the effort because it will be life giving to a lot of people who otherwise have nowhere else to go and get the help they needed.

The concept of walking alongside people and offering care especially during times of losses is not new to the church; however, KABA care ministry team has the capacity to grow and offer competent care by providing basic care training, continuing

education and supervision. The scripture in Luke 12:48b says, “From everyone who has been given much, much will be demanded; and from the one who has been entrusted with much, much more will be asked” (NIV). Larger congregations like KABA and many other large congregations in Nagaland has the capacity to offer meaningful care ministry to those in need by stepping up and training volunteers who can offer counseling to those in need because it has the financial as well as human resources. Care ministry is so basic and yet powerful, as it impacts both the receiver and the care-giver. When a person shares his/her life, love and compassion with someone, walk alongside a person in need, the act offered in love and compassion gives strength and hope to the individual to face and walk through the challenging times.

## BIBLIOGRAPHY

- Althaus, Paul. *The Ethics of Martin Luther*. Translated by Robert C. Schultz, Philadelphia: Fortress Press, 1972.
- Bufford, R. K. and R. E. Buckler. "Counseling in the Church: A Proposed Strategy for Ministering to Mental Health Needs in the Church." *Journal of Psychology and Christianity* 6, no. 2, (Summer 1987): 21-29.
- Capps, Donald. *Living Stories: Pastoral Counselling in Congregational Context*. Minneapolis, MN: Fortress Press, 1998.
- Carkhuff, Robert R. *The Art of Helping*. 9<sup>th</sup> Edition. Amherst, MA: Possibilities Publishing, Inc. 2009.
- Clark, M. M. *A Corner in India*. Philadelphia: American Baptist Publication Society, 1907.
- Clinebell, Howard J. Jr. *Basic Types of Pastoral Counseling*. Nashville, TN: Abingdon Press, 1966.
- . *Basic Types of Pastoral Care & Counseling: Resources for the Ministry of Healing and Growth*. Nashville, TN: Abingdon Press, 2011.
- Cooper-White, Pamela. *Many Voices: Pastoral Psychotherapy in Relational and Theological Perspective*. Minneapolis, MN: Fortress Press, 2011.
- . *Shared Wisdom: Use of the Self in Pastoral Care and Counseling*. Minneapolis, MN: Augsburg Press, 2004.
- Culbertson, Philip. *Caring for God's People: Counseling and Christian Wholeness*. Minneapolis, MN: Fortress Press, 2000.
- Detwiler-Zapp, Diane and William Dixon Caveness. *Lay Caregiving*. Philadelphia: Fortress Press, 1982.
- Dittes, James E. *Pastoral Counseling: The Basics*. Louisville, KY: Westminster John Knox Press, 1999.
- Downs, F. S. *History of Christianity in India: North East India in the Nineteenth and Twentieth Centuries*, Vol. 5, pt. 5 of *History of Christianity in India*. Edited by A. M. Mundadan. Bangalore: The Church History Association of India, 1992.

- Egan, Gerard. *The Skilled Helper: A Systematic Approach to Effective Helping*. Fourth Edition. Belmont, CA: Brooks/Cole Publishing Company, 1990.
- Furnish, Victoria. *The Love Commandment in the New Testament*. Nashville: Abingdon, 1972.
- Gerkin, Charles V. *An Introduction to Pastoral Care*. Nashville, TN: Abingdon Press, 1997.
- Haugk, Kenneth C. *Christian Caregiving—A Way of Life*. Minneapolis, MN: Augsburg Publishing House, 1984.
- . *When and How to Use Mental Health Resources: A Guide for Stephen Ministers, Stephen Leaders, and Church Staff*. St. Louis, MO: Stephen Ministries, 2000.
- Stephen Ministries', "Stephen Minister Training," Saint Louis, Missouri, <https://www.stephenministries.org/stephenministry/default.cfm/1520> (accessed February 15, 2019).
- Person to Person Institute for Christian Counselling, "Training Programs," Secunderabad, India, <http://persontoperson.org/our-programs/training-programs/> (accessed March 22, 2019).
- Jamir, David Meren. *A Study on Nagaland: A Theology of Justice in Cross-Cultural Mission*. Lombard, IL: Bethany Theological Seminary, 1986.
- Jamir, Imliwabang. *Vocation in Christ: Naga Christian Theology in Conversation with Karl Barth*. Eugene, OR: Pickwick Publications, 2016.
- Lampe, Karen. *The caring Congregation: How to Become One and Why It Matters*. Nashville, TN: Abingdon Press, 2011.
- Longkumer, Akumla. *A Study of Revival Movement in Nagaland*. Th.M. Thesis, Fuller Theological Seminary, 1981.
- Longkumer, Nuklu. *The Growth of Baptist Churches Among the Aos of Nagaland*. Jorhat, Assam: Printing Works (Pvt) Ltd., 1988.
- Ludwig, Glen E., and Angela Zimmann. "Flourishing in Complexity: Training the Leaders of Large Congregations." *Currents in Missional Theology*, 44:3 (July, 2017): 115-125.
- Mills, J. B. *The Lotha Nagas*. London: MacMillan and Company, 1922.
- . *The Rengma Nagas*. London: MacMillan and Company, 1937.

- Nieuwhof, Carey. *How Pastoral Care Stunts the Growth of Most Churches*. March 14, 2016, 1-3. <https://careynieuwhof.com/how-pastoral-care-stunts-the-growth-of-most-churches> (accessed October 26, 2018).
- Nuh, V. K., ed. *Crusade on Naga Morality*. Kohima, CNBC, 1996.
- Philip, Thomas Puthuvail. *The Growth of Baptist Churches in Nagaland*. Guwhati: Christian Literature Center, 1972.
- Pongen, Sashinungla. "The Predicament of Christian Spirituality in Nagaland. 1947 to the Present: Historical Background, Cultural Context, and Proposal for Change." Ph.D. Diss., Luther Seminary, Saint Paul, 2016.
- Puthenpurakal, Joseph. *Baptist Missions in Nagaland*. Calcutta: Firma KLM Pvt., 1987.
- Rengma, Chen. *Empowerment of Lay Ministry: A Source Book for Equipping the Local Congregation of the Baptist Churches in Nagaland*. Tseminyu, Nagaland: Mt. TTC, 2010.
- Smith, W. C. *The Ao Naga Tribes of Assam*. London: Macmillan, 1925.
- Stevens, Paul. *Liberating the Laity*. Downers Grove, IL: InterVarsity, 1985.
- Stephen Ministry Training Manual. Volume 1 Modules 1-14. St. Louis, MO: Stephen Ministries, 2000.
- Stone, Howard W. *The Caring Church: A Guide for Lay pastoral Care*. Minneapolis, MN: Fortress Press, 1991.
- Sunderland, Ronald H. and Earl E. Shelp. "Bearing One Another's Burden." *Family Ministry*, Vol. 17, No 3 (Fall, 2003): 10-19.
- Tan, Siang-Yang & Eric T Scalise. *Lay Counseling: Equipping Christians for a Helping Ministry*. Grand Rapids, MI: Zondervan, 2016.
- Wagner, C. Peter. *Your Spiritual Gifts Can Help Your Church Grow*. Ventura, CA: Regal, 1979.
- Worden, J. William, *Grief Counseling and Grief Therapy: A Handbook for Mental the Health Practitioner*. New York: Springer Publishing Company, LLC, 2010.

