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Biblical Counseling and Chronic Pain / Illness:
Conversations within Biblical Counseling

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From my experience, chronic struggles are some of the most difficult struggles to counsel. At least, it is difficult to determine what "success" looks like with a struggle that, by definition, is unlikely to be alleviated in a significant way. That is what the term "chronic" means. It is easy for biblical counselors to get disoriented in the helping process when the presenting problem is one for which there is little hope for relief.

That is what we want to discuss in this conversation, and why I'm excited to learn from each of you. I genuinely want to learn more about: how do we counsel effectively, wisely, or compassionately when our counselee is facing chronic pain or illness?

Before we engage in that topic, can each of you briefly introduce yourself to our readers?



- **Kate Brooks:** I'm a former teacher (3 degrees related to child education) who ended up in the biblical counseling world. I work as a counselor and chronic pain and illness support group leader at Courage Christian Counseling. I am mommy to three and wife to one. I have a thriving Etsy shop where I upcycle old books into custom, handmade mobiles. I'm ABC Certified and a Christian Trauma Healing Network Certificate Holder. Speaker at the 2024 and 2025 Diamonds Conferences, co-author of "Lessons Learned from Leading a Chronic Pain and Illness Support Group" with the Biblical Counseling Coalition.



- **Dr Dave Deuel:** Senior Research Fellow – Special Projects at the Biblical Counseling Coalition; Senior Research Fellow Emeritus at the Joni Eareckson Tada Disability Research Center, Academic Dean Emeritus for The Master's Academy International, Catalyst for Disability Concerns at the Lausanne Movement, Chairperson for the New York State Council on Developmental Disabilities, outreach elder of pastoral transition at Broadalbin Baptist Church, NY and author of "Singing through Our Suffering" (JCID 5:1 Spring/Summer, 2016) and Disability in Mission: The Church's Hidden Treasure (Hendrickson, 2019).

- **Jason Kovacs:** I am the Executive Director of the Gospel Care Collective and council member of the Biblical Counseling Coalition in the US and in Canada. We provide gospel-centered, clinically-informed online counseling, training, and consulting to individuals, churches and organizations. My wife and I have 5 kids, four who are adopted. We have also walked through our own personal journey of chronic illness.



- **Myndi Orr:** MS in Education, Certified Biblical Counselor with ACBC since 2021. Women's Ministry Leader at Sovereign Way Christian Church in Hesperia, CA since 2015, and author of *Don't Waste Your Pain*. The love of my life is my husband, Brian, and we have 1 beautiful daughter together.



Chronic pain and illness are not exclusively physical challenges, although they are absolutely a significant physical challenge. They are also, among other things, a social challenge. One of the ways this social challenge emerges is through common misconceptions about chronic pain or illness. What are some of the most common misconceptions? It saddens me to think of those who are navigating chronic pain or illness, hear these misconceptions in their church, and then feel more alone even when surrounded by Christian community. How do we help our counselee when their social challenges seem as disruptive to them as their physical pain?

Myndi: From both personal experience and my counseling, the first misconception is that pain isolates sufferers from others, leading others to assume sufferers prefer solitude. While some sufferers may use their suffering as a way to be alone, not all want that. Another misconception is that if you are smiling, *things must be great*. And it can be very daunting as a sufferer to know exactly what is expected of you in social situations. It can be very hard to strive to please God, even when others don't understand having joy amidst the pain. The sufferer may feel compelled to act as if pain is worse so that others "see" how bad it truly is. And the last misconception I will offer is having to defend your use of pain meds. Some may resort to hiding meds so that others don't think they are a "druggie."

Dave: One in six people globally has a disability. They are the world's largest minority group. Among them are some of the poorest, least educated, and most health deprived. Much of their suffering is because they are also the least employed. Until recently, we have assumed that only about 30 percent of people with disabilities globally were employed. Current studies demonstrate that the number is closer to 15 percent. That means that around 85 percent of people with disabilities are underemployed and must resort to other methods of support including begging, theft, or whatever means they can find to survive. Many don't survive. Most people want to help the world strategically by changing the workplace. Lack of available employment leads to systemic pain and suffering.

As Myndi says about chronic pain and illness in general, people with disabilities suffer physically and cognitively as well as socially. What is more, approximately 98% of disabilities are undetectable to the naked eye; consequently, other people are not inclined to consider the impact of pain on social interaction, particularly fellowship at church. In New York State it is estimated that people with disabilities are 5.5 times likelier to suffer abuse, a percentage that only includes abuse incidents that are reported. The actual percentage is much higher, some estimate as high as 80%, depending on how abuse is defined and detected.

Christians with disabilities often comment that the social ostracization resulting from the hurtful social stigma of disabilities is far worse than their physical pain which can be devastating. Alienation takes a huge toll on general well-being as well as declining health. For example, people already struggling with the onset of Dementia and their families often become cut off from their local church at a time when they need the church and the spiritual strength biblical fellowship the one another's offers when they need it the most.

But there is another, largely unaddressed aspect of social suffering. Many people with Dementia cannot attend church. They find it difficult if not impossible because the disability restricts them to their home or a residential care facility such as a hospital, hospice, or a nursing home. Their local church building may be accessible with ramps and accessible restrooms. But their disability either alienates them from church or requires that they stay at home or in a facility to receive care.

Let's be clear, churches and their leaders have not forgotten about people with Dementia and their families. They care. But they may be at a loss for how to help them when they need it most. And what about their family caregivers? These same difficult situations impact caregivers profoundly. Respite services may free up caregivers to go to a church service without their loved one with Dementia. But many caregivers do not qualify for respite care. What is more, many care-giving families find it difficult if not impossible to worship without their loved one. They believe that no family member should be left behind. What can churches, particular lay people, do to reach out to people with disabilities and their caregiving families?

Kate: Myndi and Dave have given two very helpful and true answers. While there are so many misconceptions, two other significant ones come to mind right away. First, both in my counseling practice and towards me personally, I've seen many Christians assume that those with chronic pain and illness have a church body ministering to them. Counselees often tell me that despite going to their church and asking for small practical assistances or spiritual care, there's often very little follow through. When you find yourself outside the normal pattern of what church involvement looks like, it can be like sandpaper to the heart. Someone suffering from chronic pain and illness would change their circumstances in a second if they could. Many have been their church's doers in the past - those who used to lead worship, organize food pantries, serve in children's ministries. But now, they often find themselves isolated and forgotten. And, as Dave mentioned, this usually is true for their whole family and not just the person whose physical body is crumbling.

Second, and as terrible this is to say, my counselees often tell me about how people in church hint that they don't have enough faith, are just being lazy, or are simply trying to get attention. I've found that those battling chronic pain and illness often have a deep faith that arises from heartbreaking circumstances that most of us would fear if we stopped to think about it long enough. Making them question their faith is incredibly cruel. I know I've had moments where those kinds of comments have led me to push myself in ways that are unwise to prove that my faith is strong. (After all, I can do all things through Christ who strengthens me, right?) But then my body pays a price, and I quickly find that the strength I have in Christ isn't strength to do what I used to be able to do and what I wish I could still do. Strength and faith for someone with chronic pain and illness or disabilities often looks like acknowledging our finite limitations.

(Even worse are the times people insist that the reason you continue to suffer is that God's disciplining you.)

(Oh…and also…please don't compare people to Joni Eareckson Tada. She's amazing in so many ways. But she will tell you that it took her a long time to get where she is today… and she still has days where her struggles are overwhelming.)

As for your second question, Brad, I've found three things to be helpful as I care for my counselees:

1. Listening and mourning with people is important. Let them be real with you and assume the best. What they say may not always be biblical, but chances are they know that and need someone safe to share the ugly struggles that are happening in their hearts. Trust their proven character, not words shared out of pain.

2. Help them wisely navigate relationships with others, which can become complex and confusing. They will need help knowing when it's a time to be still and let unwise and hurtful things pass by, when it's time to lovingly educate others who are willing to listen and wanting to grow in their care, and when to pull back from relationships that have become hurtful and unhelpful.

3. Remind them that they are fully known and fully loved by their Father who made them. They are fully understood by Jesus who came, suffered, died, and rose for them. They are guided and given what they need by the Holy Spirit, who groans on their behalf to the Father. Whatever hurts they've received on their chronic pain and illness journey, it does not matter what others think of them but what God says about them in His Word.

Myndi: I love what Kate has added here. Joining with your counselee to listen well and mourn with them is vital. This is likely something no one else is doing in their lives, and can be a powerful way to build trust and show them love.

Reminding them that they are fully loved by the Lord, as Kate said, can be a balm to their hearts, especially if they feel alone and forgotten. Ephesians 1-3 is an especially important section of scripture to walk them through. Just like children with disabilities being some of the very last children adopted, believers in Christ who feel left out, discouraged, and unwanted can be encouraged to know they are adopted into God's family out of His pure grace and mercy.

Teaching them what lament is and how to practice it personally is very helpful. This is one of the first things I teach my counselees because communication with the Lord is usually not high up on their to-do list for the day. A lot of counselees just don't know how to approach God in a way that they can truly bring their doubts and fears about their future, their current pain, and their grieving of their old life they once had. I encourage them to find another lady at their church to meet up with, just to pray, so they can begin to forge relationships and open up to another sister in the Lord. This can be a huge blessing to both of them.

Lastly, I find that getting them involved in serving somehow is one of the best ways they can please the Lord and get to know others. Often chronic pain can reduce days to minute by minute focus on themselves, which can be understandable, but God does not say only people who are "well" should serve. If they wait for others to come to them, they may wait their whole life and grow bitter. I usually look closely at Matthew 20:28 with them, often assigning it as a memory verse and a call to action. We usually brainstorm about what they *can* do. Jesus led the way in suffering, and He calls us to come and die.

Jason: I agree with Myndi, Kate and Dave chronic illness and pain can be incredibly isolating and disorienting for the sufferer and for those around them. As has already been mentioned, one of the greatest misconceptions I also see is that those struggling with chronic illness must not have enough faith. Even in "gospel-centered" churches that preach against the prosperity gospel there can be a sort of "emotional prosperity gospel"

present. It may be subtle and come across in terms like "suffering well" or trusting in God's sovereignty but it is present more than we want to admit.

A part of this misconception is we are primarily spiritual people and if we can get that right then we can deal with our physical struggles. We forget that we are embodied souls, and sin has impacted our whole being. So much of chronic illness and pain impacts people emotionally, physically, relationally, and spiritually. It is why it is so complex, and we like it when our struggles can be explained. That is the thing with chronic suffering - it often cannot be explained or put into a neat category.

Thankfully the Bible is not silent on this. In my own personal journey walking with my wife who has chronic illness, I have found a lot of encouragement and help in the book of Job (largely for what not to do!), the Psalms for giving us corporate language for lament, and Jesus' prayer in the Garden of Gethsemane. At times the emotions and the disorientation that come with chronic illness feel overwhelming. When I look at Jesus in Gethsemane, I see him in a moment where He felt overwhelmed. I can't describe how encouraging that is. He also shows us what perfect faith looks like in the midst of intense suffering. He invites His closest friends to come and be with him and He prays. The temptation is to think that Jesus simply prayed for a few moments and all became well in the midst of His troubles - faith leads to trust and acceptance of the Father's will. The reality is he likely spent about 3 hours on his face praying intensely, sweating drops of blood, alone. His closest friends fell asleep because of sorrow. Those of us walking through chronic pain and illness know what it is like to have your friends "fall asleep" because they don't know what to do with pain that does not go away. We live in a country and culture where pain is temporary, and comfort is typical. For those with chronic illness it is the opposite.

Jesus' prayer has become a prayer I have prayed countless times as I have felt overwhelmed with our families experience of chronic illness. He calls out

> "Abba Father,
> You can do anything.
> If it's possible, can you remove this cup.
> But not my will but Your will be done."

I appreciate how vulnerable and eye-opening your responses were to the first question. One of the things that strikes me as a I consider chronic pain, and illness is how the term "chronic" necessarily changes how we think about goal formation in counseling. Usually, if someone comes to counseling and they struggle with anger or insecurity, our goals build around the idea of helping this person become incrementally less angry or more secure. But, by definition, when someone is experiencing chronic pain or chronic illness, incremental improvement in health is usually not viable (at least, the individual has already explored the available options). So, help our readers think about how to develop good and beneficial goals for counseling.

Dave: The Book of Job offers us a picture of how faithful believers respond to chronic pain and help others deal with their pain. God pronounced Job righteous using many of the key words for faith and faithfulness: Speaking of Job, God says "There is no one like him on the earth, a blameless and upright man, fearing God and turning away from evil" (Job 1:8 NASB). When Satan made a second "report" to God, God repeated his assessment of Job's spiritual commitments then added, "And he still holds fast his integrity, although you incited Me against him, to ruin him without cause" (2:3).

God's words "without cause" remind us that, although we and our counselees often bring our own pain and suffering upon ourselves, there is, according to Eric Ortlund's invaluable study (*Suffering Wisely and Well: The Grief of Job and the Grace of God*, Crossway, 2022) a form of suffering the cause of which is hard to explain and consequently difficult to counsel.

Crucial questions for this topic include: Why do we suffer? What is God's purpose for pain in our lives? How do we respond in God-honoring ways to suffering? We know that suffering requires wisdom because James reminds us that if we lack wisdom for trials or suffering, we only need to ask God (1:4). Ortlund agrees that wisdom is essential to suffer well. But interpreting God's design for someone else's suffering—even our own—can be difficult to discover. That's because suffering comes in several easily confused forms. Ortlund treats the following suffering types and acknowledges that there are others:

- *suffering for sinning* – God chastens us to draw us away from our sin and back to fellowship with him.
- *lessons for spiritual growth* – Suffering is the fertile soil that helps us grow in our relationship with God.
- *Job-like intense and inexplicable pain* – God allows us to pass through extreme and inexplicable suffering for his wise reasons that he doesn't explain to us.

Each suffering form requires different spiritual responses and solutions. The implications of suffering's variety for biblical counseling are considerable. We try to discern why someone is suffering; we then counsel accordingly. So, understanding the variety nuances our spiritual care, although as Ortlund repeatedly warns, it may be difficult to understand suffering as well as how to counsel those who suffer. He argues, "In the very least our task should be neither to blame nor to suggest God is trying to teach a lesson. . . . Your job is not to fix your friend but to walk with him" (p, 85). That said, we also should remind ourselves that God didn't rebuke Job's counselors because they tried to help Job understand his sufferings, but because their explanations were refutably wrong. What is more, God never denounces their sitting seven days in silence with their friend. Is there a lesson for us counselors in their week of silence.

Much confusion arises from the fact that some forms of suffering do not fit neatly into the three primary categories. For example, Job shows us suffering that is inexplicable. Ortlund explains:

> "What distinguishes a Job-like ordeal from other kinds of suffering is the intensity of the pain and its inexplicableness. A Job-like ordeal is one in which it is impossible to keep a stiff upper lip and just keep going, and one in which the pain is so extreme that it's impossible to imagine or even desire any return to normalcy. Any reversal of your fortunes seems pathetically inadequate to the loss you have suffered. A job-like ordeal is also one in which our pain simply does not make sense. We try again and again to explain why we are suffering, and like waves crashing against a rock, every explanation fails" (pages 33-34).

How should we react to Job-like suffering? The biblical response is simply to keep fearing God despite the pain, even without a satisfying explanation. Some Job studies argue that the book of Job teaches us why the righteous suffer. But the book never clearly tells us why Job or we suffer or how to address Job-like suffering. It does *show us* what one form of suffering is like. Indeed, the entire four-chapter narrative frame (Job 1-2 and 41-42) shows us that the inner-workings of our suffering are deeply mysterious. But lest we argue that Satan's role in Job's suffering is unique to Job, the apostle John reminds us "The accuser of our brothers and sisters, who accuses them before our God day and night, has been hurled down" (Revelation 12:10). Is Job's suffering normative? Job like suffering is confusing. No wonder Job responds to his pain in lament (Job 3:1-26). We can encourage our counselees to lament as a godly response to their pain and suffering. Susannah Spurgeon

captures the mindset of lament beautifully and powerfully: "The soul that has learned the blessed secret of seeing God's hand in all that concerns it, cannot be a prey to fear, it looks beyond all second causes, straight into the heart and will of God, and rests content, because he rules."

Kate: I have found that distinguishing between hopes and goals is important in any counseling situation, but even more so when working with clients whose pain and suffering will likely last the rest of their earthly life. "Hopes" are those things that we desire to happen but don't have control over in and of ourselves, while "goals" are achievable, measurable milestones that you can accomplish. A person who suffers chronic pain from a botched surgery may hope to one day become pain free. But that can't be a goal in counseling, as nobody has direct control over their body's healing.

A goal could be taking one's unwanted pain meds, getting up and making their kids' school lunches, or growing in using kind words instead of angry ones despite being in pain. Goals must be individually tailored for every counselee suffering from chronic pain and illness, as different people will have very different abilities. These abilities aren't necessarily related to how much faith they have or how godly they are, but rather how their bodies, minds, and emotions are hindered. One client may be taxed significantly by reading or listening to one verse of the Bible in a day, while another may find great comfort in working through large portions of Scripture. Suggestions that are helpful for one may be harmful for another. Encouraging a counselee whose mind is clear, but body hindered to engage in online avenues for fellowship may be very helpful. However, such a goal could be harmful to a counselee whose brain fog leads to significant exhaustion in such environments. One question to consistently ask is if this goal helps build up the client, or if it wears them down spiritually, emotionally, and personally.

Clearly defining between hopes and goals is important, because it helps manage a counselee's expectations and sets them up for success rather than failure. Many counselees feel like failures because they aren't able to do what they deeply desire or feel called to do or used to be able to do. This is especially the case when their desires center around ministry or family. Helping them identify realistic goals that they can accomplish can steer counseling in a hopeful direction that provides a new perspective. Counselees can know that they are honoring God when they pursue and accomplish godly goals, even if they think they're very small. I find myself asking the question of my counselees, "What are things that you *can* do and *can* enjoy?" One counselee who struggled with chronic fatigue focused on doing one "laughably simple or ridiculously easy" thing every day. For her, it was writing one card to one of her grandkids. No day contained anything epic, but those small micro-steps added together to become a beautiful expression of her big love for them. And who knows what God will do through her consistent small acts of faithfulness. In this she is practicing Ecclesiastes 9:10, "Whatever your hand finds to do, do it with all your might."

One thing I've found important is to trust people's descriptions of their limitations. It's tempting for a counselor to say, "Oh, I could do so much more than they could if I was in their shoes." It's easy to look from the outside in and have a lot of opinions. But we don't see what their lives are like when the counseling session is over. Many of my clients used to be Sunday school teachers, ministry leaders, worship leaders, etc. They feel guilty that they aren't able to do what they used to do. Identifying goals often involves reframing their small activities as genuine faithfulness.

Sometimes identifying goals for clients whose pain and suffering makes every day especially grueling can be difficult. For friends such as these, for whom life already feels like dying, I often work with them to identify what the best 60 seconds of their day was. Their life isn't one of flourishing, and serving others in any tangible way beyond prayer might be beyond their strength. But God delights in us as human beings, not human doings

(Luke 10:38-42). And when pain makes doing impossible, he still is well pleased when we recognize tiny slivers of his goodness - be it thinking about his promises and character, seeing a smile come to their child's face, or watching a beautiful sunset that he provided. God is our strength, but he is also our rest (Matthew 11:28).

Myndi: Both Dave and Kate have brought up important markers when helping a counselee with goals. Job is a clear example to use in counseling, especially when the severity of pain and suffering, including loss of a family member, loss of job, and new painful illnesses, are tied together. Some people get hit hard with chronic pain while they are already dealing with the pain from losing a loved one or losing their job. I appreciate Kate's approach, which focuses on the distinction between goals and hopes. We often confuse "goals" and "hopes," which creates problems when we try to control what only God can or neglect responsibilities we are actually capable of handling.

In my counseling, as well as counseling my own heart through suffering that doesn't seem to have an end in sight, I first need to distinguish between a few things:

1. Physical pain
2. Emotions relating to the pain
3. The self-talk about who or what is to blame for the pain

These need to be distinguished and separated early on. When these get tangled together, it is easy to lose hope because *nothing* seems to change from day to day.

1. First, I need to understand their actual **pain**. I need to enter into their lives and see how they live with pain daily. I ask detailed questions early on so that the homework I give them does not add undue problems, and thus they may give up early. Because we are not going to be able to get them out of their physical pain symptoms, my goal is to help them live by God's grace and for His glory in their current state.

   Initially, I want to hear about how they live day to day. I may have them keep a journal that will show me what they typically do each day. Some counselees are unable to go to the grocery store, drive, or work. I need to know these details. I once had a counselee get a book we were going to go through together. She got the book but didn't do the homework I gave her. I found out the book was too HEAVY to hold. Her symptoms included very weak muscles. She had to have her neighbor buy the book because she wasn't working due to her pain, and when she got it, it was too heavy for her to hold.

   I try to ask them a series of questions directly related to what they are capable of doing before I give them other homework. I also find out if an audiobook is better because reading is too difficult to concentrate on.

   So, GOAL #1 becomes *helping them figure out what they CAN do physically each day. I don't want to add another burden, but I want to help them carry theirs*. I want to help them to *finish* well, keeping their sights heavenward as they lay aside the weight that so easily entangles and run with endurance the race that is set out for THEM. (Colossians 3:2; Hebrews 12:1)

2. Usually, despair begins when they realize this may not go away this side of heaven, and they must now "live" with this added burden for the rest of their life. This leads to my second goal: unraveling the

emotions they experience related to their pain. The fruit they are displaying on the backdrop of suffering can be anything from depression, fear of the future, worry over medication cost, self-pity, or despair. These emotions in and of themselves are not the problem. These point to what they treasure above Christ, and thus, my goal becomes how to help them live for the glory of God in the current state that God allows them to live in.

Since we know God is sovereign over the affairs of our lives, one of my goals is to help them see how suffering fits into the narrative of the Bible. How their *specific* suffering is not meaningless. A specific goal early on is to help them become more aware of the feelings they regularly experience *that hinder* worship, housework, childcare, fellowship, making dinner, etc. For example: A woman with chronic pain may say she can't get out of bed because she is depressed. So her kids end up taking care of themselves and getting to school with a neighbor. Thus, she believes they are better off doing that than having her (in her weak state). This thought leads to other thoughts that her life has no value, that she is a burden, and can encourage self-pity.

GOAL #2 is *to help them see that suffering doesn't have to keep them from living righteously. This may not be clear right away. Thus, a journal of how they are reacting to their pain is important. And my goal becomes teaching them to think on things that are true.* (Philippians 4:8)

3. As important as the others, it is imperative that one of my goals is to find out what their **self-talk** is and help them develop God-glorifying talk that speaks to their souls as David does in the Psalms. Are they blaming God, others, themselves, the health care system, their environment, or their past? It is easy to quickly refute where they place the blame. A helpful goal here is to help them transform these thoughts into laments that align their thoughts more closely with Scripture's teachings. Blame is easy when you are hurting because one just wants to figure out the *why* question of suffering. This often leads to a distorted view of the Lord that also needs to be addressed. We, as counselors, are there to point them gently to their Suffering Savior, helping them see Him accurately. I want to teach them not to shame His name nor what He accomplished for them. I find, often, that once they start to see God biblically, they begin to appreciate what He is doing in and through them. They have a purpose in their pain. I want to show them there is hope! God is not casting them off to the side.

   GOAL #3 *is to help them see there is work to do for God's kingdom-especially in pain. Helping them focus on what God wants to do in and through them will give them a hope and purpose! And ultimately, they fix their eyes on Jesus.* (Hebrews 12:2)

Jason: I love what my three fellow counselors have shared here. When I think about how to develop good and beneficial goals for counseling with those suffering from chronic illness I also go to Job, to the Psalms, and to Jesus in his suffering and consider the goals we see present there.

In Jesus' case in Gethsemane we see him drawing near to the Father by the Spirit. If those suffering from chronic illness can do that, or even see that as a goal, it is a miracle and it is a place of deep hope. But to do that I find we need a lot of help from one another and ultimately the Spirit.

I encourage my clients to consider Jesus in Gethsemane and how in perfect faith He repeatedly asks the Father to remove the cup of suffering. It is powerful to recognize that even with perfect faith expressing his suffering was a process. For him it took 3 hours but for us it may take 3 days, 3 weeks, 3 months, 3 years, 3 decades.

That gives us so much freedom to call on the Father honestly and gives us permission to ask for the illness to be healed even when He doesn't. For Jesus models here the greatest unanswered prayer in history.

Entering into this process doesn't always take away the anxiety, fears, shame, or doubts but it draws us nearer to Jesus and the Father and we find comfort in knowing He knows what this feels like in His own way. The prayer and process of Jesus in Gethsemane helps us practice shifting from my will to trusting His will and the comfort to know that may feel excruciating at times. Jesus suffered in a way we cannot fully fathom but we can know that He sympathizes with us in our suffering. He knows what it is to groan and cry out for deliverance as we wait for glory. As much as I would like God to hurry up and fix the pain He is more patient and slow to change things.

Encouraging this type of prayer and processing has been the most beneficial goal I have found in counseling those with chronic pain. It is the goal of presence, worship and trust.

Let's conclude our conversation with one final question. The church's ability to care for people experiencing chronic pain or illness is unique. We don't just offer private care (i.e., counseling). We also have many forums of public care (i.e., preaching and teaching). Would each of you take an opportunity to speak to how the church can maximize these two forms of care? Perhaps there are final thoughts you have on how to define "success" in counseling with chronic pain or illness. I would also appreciate hearing your thoughts on how those involved in preaching and teaching can better encourage and care for those experiencing chronic pain and illness during their sermons and lessons.

Dave: Public and private care solutions share a common source; the need to fear God. Remember Job. In excruciating physical pain and having lost everything including his children, his wealth, his health, and his good reputation, Job seeks one form of care—growing in his fear of the Lord. Job wants to fear God more (Job 1:8, 2:3, and 28:28). How can we and our counselees grow in our fear of the Lord?

Moses admonishes his people, "Learn to fear" (Deut. 5:32-6:12). The thought might seem strange to us because our inclination is to study our fear, its causes and effects, until we conquer it. You've probably seen "NO FEAR" on bumper stickers and T-shirts. Fearing God is different. The more you learn about God, the more holy God becomes in the inner sanctuary of your heart, and the more you learn to fear Him. The notion of cozying up to God to alleviate our fears of him is not the complete picture in Scripture. God does give comfort to the broken when we draw near to Him in child-like faith; but not at the expense of fearing Him. Fear is our fitting response to God because it's the response He desires from us. His holiness demands it.

The learning essential to fearing God doesn't mean inundating an individual or a group with content but rather creating the context or circumstances so they can learn (Wendy Widder, *"To Learn" in Ancient Israel*). This is clear from our primary passage about teaching our children at all times and in every place teaching moments might erupt (Deut. 6:4-9). One popular blog affirms, "The most difficult part of adult learning is choosing to learn" (Seth Godin, "Honesty about Better," *Seth's Blog* [1.23.25]). Designing and creating the context or circumstances for your counselee makes learning easier, more relevant, and more lastingly beneficial. You know this from your own experience. People suffering find it more difficult to listen, focus, and learn. Pain clouds their concentration. We must go the extra mile for them in our counseling, teaching, and preaching. Create the context. What will learning to fear lead to?

People argue incorrectly that the Book of Job is about why the righteous suffer. We don't learn from the book why the righteous suffer. But James, reflecting on the Book of Job, paints a clearer picture. As James looks back at Job and his relentless suffering, all James can say is, "You have heard of Job's perseverance and have seen what the Lord finally brought about. The Lord is full of compassion and mercy" (James 5:4-6). James tells us that God's compassion and mercy eclipse Job's suffering. Fearing the Lord has this spiritual impact. Did James read the same story of Job's suffering that we did? Yes, but the fear of the Lord overwhelms him, distracting his attention from the severity of Job' suffering to the greatness of God's attributes. James, who tells those of us who suffer to pray for wisdom (1:4), also reminds us that God offers a greater framework for our suffering.

What Old Testament passage is James thinking of when he fixates on God's compassion and mercy? Moses wrote what many people call "the John 3:16 of the Old Testament" and others call "Israel's credo." When Moses broke the first tablets of the law, fashioned two new ones, and ascended Mt. Sinai for God to give the law once again, the Lord Himself pronounced, "The Lord, the Lord, the compassionate and gracious God, slow to anger, abounding in love and faithfulness, maintaining love to thousands, and forgiving wickedness, rebellion and sin" (Exod. 34:6-7). This, and other of God's attributes is the substance of our fear for the Lord. This is His identity before which we stand unworthy with our sinful identity.

God deserves our fear. The prophet Jonah used a version of the Lord's statement in Exodus 34 when God asked Jonah to accept God's decision to save the Ninevites. The prophet said, "I knew that you are a gracious and compassionate God, slow to anger and abounding in love, a God who relents from sending calamity" (Jonah 4:2). James also alludes to Israel's credo, the John 3:16 of the Old Testament, when he thinks about Job's suffering. Why? Because fearing God eclipses all our suffering. Yes, we still feel the pain; but we embrace the God of our suffering with righteous fear which strengthens us.

We do soul care best by preaching, teaching, and counseling suffering people to fear God more. The fear of the Lord is the beginning of wisdom and knowledge (Prov. 9:10-12), meaning it is the first principle of care that starts with spiritual self-care and leads to caring for others. In short, when fear of the Lord is the primary concern other matters tend to fall into place. If they don't, we can, in the least, address them more clearly and effectively.

Kate: Wow Brad, those are great questions. Each deserves a long answer. I'll focus on a couple of them – specifically how teachers can think about ministering to those with chronic pain and illness and how the church can be an inviting place. Both topics were brought up at the 2025 Diamonds Conference, which is a free virtual conference specifically for those with chronic pain and illness. They're things that are on the minds of those in this community.

First, one thing that I wish pastors, and other teachers would think more about is how their teaching is heard not just by the majority of people there, but also by the minority. It's easy to teach to the 80% whose lives are more or less "normal" or "stable." It's harder to teach in such a way that everyone is blessed by what you have to say. I often hear from my support group members, "The sermon doesn't apply to me" or "Nobody ever makes applications towards a life that looks like mine." These aren't spiritually immature or overly sensitive people. They're people just wishing for their lives to be seen and recognized by those on the stage.

Applications from sermons and other teaching times often assume that the congregation or audience is able to go and do things. Pay attention and you'll quickly see how many applications involve going to small groups, doing service projects, going on a mission trip, or participating in the prayer walk near the abortion clinic.

"Serve the church" can often become the main application for many messages. But what about those who can't get up and do such things? It's not on purpose, but these kinds of applications can communicate that those who aren't able to do such things may be in spiritual danger or are second-class church members. It's not that pastors often need to change their whole sermon or anything. Rather, asking the question, "What could someone who can't leave their home do in response to what I'm teaching?" can make all the difference.

Second, I appreciated how Dave brought up the importance of creating a setting where people can hear. I want to take that concept and think about it practically. How churches run their services and organize their buildings can have a huge impact on how welcome people with chronic health issues are. I remember having to cross one church off the list of possible churches for my family because their light display on stage activated migraines.

We have one pastor friend who moved some couches into the back of his sanctuary so that one member of the congregation who couldn't sit for the service could lay on a couch (and have a friend next to them on the neighboring couch). The aesthetics may not have been ideal, but that's one Christian who is now able to be part of the gathering rather than removed to the outside. (And that's huge!) We're happy to be hospitable and adapt what food we offer in our homes based on allergies (or even dislikes); how can we be similarly hospitable in our church buildings? The church was meant to serve people. Church buildings may be beautiful, but aesthetics aren't more important than enabling people to attend.

If your church has multiple services, consider having your livestream be during the last service. People who can't make it to church because of physical difficulties often struggle most in the mornings, and having the streaming time be later is often a blessing to them. Talking directly to those on the live stream also helps people feel seen. In some church traditions, there's fear that the live stream may cater to laziness. But that live stream is a lifeline for many church members who want to be physically present at church but can't be.

Worship leaders can invite the congregation to stand "if you're able to stand" rather than just assuming that everyone can. This helps normalize the experience of the person who isn't able to stand and can cut down on the side eyes from other Christians who aren't happy that not everyone is standing (yes…that really happens). Providing earplugs or auditory amplifying devices can help those with noise sensitivities or hearing challenges.

Some churches have a deacon in charge of ministry to the homebound or those whose pain and illness makes participating challenging. This community isn't just comprised of elderly people who may have little energy to contribute. It's often comprised of people of all ages. That deacon may be a point person for creating ministry opportunities for such people – from folding bulletins to writing cards to being part of the prayer ministry to whatever unique ministry makes sense for that particular church. This individual can also seek to teach others in the congregation how to care, such as a class on how to care well for those whose participation is limited. This can quickly build a team and help prevent burnout. In a world full of suffering, knowing how to connect and see those whose life is full of deep suffering is an absolutely essential skill.

It's often hard to see how people in the minority can be served. But if you ask them, they're usually quite willing to speak up. And when they do speak up, listen and do all that you can to try and make the church a better and more welcoming place for them. When we read Scripture, Jesus consistently went out of his way to inconvenience himself to serve those in the minority. A church that looks like him will prioritize not just building a congregation of life-in-the-majority people, but in doing the hard work of ministering to everyone made in his image. He loves those whose physical limitations make participation in church hard, and it's beautiful when his church seeks to ease burdens just as he did.

Can people with chronic pain and illness help themselves? Sure. Wear sunglasses in church if you have migraines. Bring seat cushions. Stand in the back and walk if you have to. But this question isn't about how people in this community can help themselves; it's about how the church can help. It's easy to throw the responsibility for solutions back on those who are suffering. However, weary travelers don't need to be told things they already know. They're crying out for help, to have church be made just a little bit easier. How can you show Christ's love and be remembered into eternity as one who made the path just a little easier?

Myndi: I loved both answers to this question because they put "feet" on this question that seems so elusive. I am grateful to be part of a church that cares for those who are hurting in many ways. The first thing that jumps out to me is that most chronic pain sufferers feel isolated and forgotten. Praying specifically for and staying current with a "care" group that is set up to help those who cannot attend church regularly. This group can meet the needs of the individuals or families who are struggling in this way. This can be a great ministry opportunity for caring as Jesus did. Perhaps a family needs help staying with their elderly father who has dementia while they go shopping or take a nap. A single mom who has fibromyalgia may need someone to help with grocery shopping when her pain flares up or meal prep. Having a set ministry to address these specific needs can be a tangible way to demonstrate Christ's love. If a church is unsure of members' needs, sending a questionnaire can identify how to help.

If the person cannot attend church, I think it is wise and helpful for the pastors and deacons to set up a rotation once a month to visit them in their home, have communion with them, pray with them, and ask what they can help with.

Having a few sermons a year that target the theology of suffering can go a long way, especially for those who struggle to understand what God means by their suffering. Just another way for them to know their pastors care for them.

And the last thing that may be helpful is a class on lament. I know in my own bout of suffering that learning what lament is and how to do it has transformed my prayer life. A lot of sufferers have never learned what this is, and this can be a very helpful way to meet them where they are and show them the way to talk their pain out with the Lord, ending in trusting His plan and His will for their life.

God has given us many resources at our disposal to help lift the burden of those around us, to enter into their suffering, and point the way to the cross.. May we always remember that God has already comforted us in all our troubles so that we can comfort others in trouble with the same comfort we have already received from God. (2 Corinthians 1:3-4)

Galatians 6:2 can further encourage us to carry each other's burdens, reflecting the love Christ has called and empowered us to show. As we count the cost of following Him, this good work becomes a testimony of His grace, offering comfort and pointing the way home for those suffering in our churches.

Jason: There is a distinct grace that accompanies the public preaching of the gospel - a Spirit-empowered proclamation that, by God's design, carries unique authority and impact. While one-on-one gospel conversations are deeply personal and essential, preaching is a divinely appointed means where Christ speaks to His gathered people with power. Therefore, every sermon is a chance to minister to the hurting in a profound way. Chronic pain isolates, confuses, and tempts us to despair. But given the unique nature of

preaching, pastors can proclaim hope from the pulpit to those suffering - *"You are not alone. God sees. God cares. And Christ suffers with you and for you."*

Therefore, I encourage pastors to regularly talk about suffering not just as an occasional season, but as a reality many live with every day. We can validate pain without romanticizing it, and we can anchor it in the gospel story: a suffering Savior who redeems suffering people. We can teach a theology of suffering through books like Job, Lamentations, and especially the Psalms, which give us language and categories for suffering.

I would also add this encouragement: don't assume the healthiest people in the room are the most engaged or joyful. Those in chronic pain often feel invisible. Public acknowledgment, even a sentence, can be a lifeline. Our weekly gatherings are a great opportunity to reflect both a deep joy in the presence of Christ but also an acknowledgment that we are sufferers in desperate need of grace and mercy (Her 4:16).

Here are a few suggestions for how churches can practice communal care in our weekly gatherings:

- Corporate lament: The Bible is full of raw sorrow and honest doubt. Lament should not be rare in our liturgy. We should normalize bringing our wounds before God as a body. Psalm 147:3 says, "He heals the brokenhearted and binds up their wounds."
- Confession and assurance: Many with chronic conditions wrestle with guilt (real or imagined). Regular rhythms of corporate confession and assurance remind them that in Christ, they are fully seen, fully known, and fully forgiven.
- Singing the Psalms: These give voice to grief, endurance, and hope. Singing Psalms together shapes a communal imagination that suffering is not a sign of God's absence but often the place of His deepest work.

Another thing I encourage churches and pastors to consider is that Paul didn't only teach publicly—he also went *house to house* (Acts 20:20). I believe that is a pattern we can reclaim today. Chronic illness often prevents people from coming to church; but the church can go to them. Visitation, prayer, listening, and sharing Scripture in homes (or hospitals) are not just ministries of presence but extensions of the church's pastoral heart. We have done a great job of making teaching and preaching available online to those who are homebound, but we can even more powerfully minister to them by visitation.

In terms of success in counseling, it is important to remember that it is not always about solutions but *companionship in the dark*. Success isn't always relief. Often, it's faithfulness - helping people endure with hope and remain connected to Christ and His body.

William Cowper, the famous hymn writer, battled depression and was often homebound from church. John Newton, who wrote Amazing Grace, took him in and ministered to him with patience and grace. Though Cowper rarely attended church because of his depression, together with Newton, he penned some of the most enduring hymns of the faith — testimonies of grace written from the shadows. Cowper's life reminds us that even in isolation and weakness, God can bring forth beauty that strengthens the entire body of Christ.

Success in counseling those with chronic pain isn't measured by the removal of symptoms but by the growth of:

- Endurance rooted in Christ (Romans 5:3–5)
- A deepened intimacy with God through lament and prayer

- A sustained connection to the local church, even when physical attendance wanes
- A sense of meaning and mission even in the midst of limitation

We're not helping people "move on from pain" but live with it in the presence of a faithful God and in the fellowship of His people and to hope in the final day when all things will be made new and there will be no more pain!

Pastors and counselors are instruments in His hands. Jesus takes on the burden of care, He says it is "my yoke…my burden" (Matt 11:28-30) and invites us to join Him. That takes a lot of pressure off of us!

Preaching and counseling are not parallel ministries—they are *interwoven*. A gospel-shaped sermon is often one of the most powerful counseling moments of the week. And likewise, a counseling session grounded in the Word reminds us we are part of a greater Story that is preached and sung every Sunday.

Chronic suffering is not natural—but it is normal in a fallen world. And the church, through both Word and presence, has the tools not only to name it but to meet it with mercy, meaning, and enduring hope.

Let us preach like pastors, counsel like theologians, and worship like sufferers who believe in resurrection.

Thank you all for your time and investment in this article. I've learned a lot as our conversation has developed. I pray our fellow readers have as well.

If nothing else, I hope one of the fruits that emerge from this project is a greater awareness of chronic pain and illness. You've pointed out how easy it is to miss. If we are blind to the presence of chronic pain and illness in our churches, we will be negligent in our care.

I firmly believe that if churches will begin with the kind of practical steps each of you have laid out, that their care instincts will kick in and they will find more and more ways they can be the embodiment of God's care toward those who experience chronic pain or illness.