

MIRACLE ROOMS

FOUNDATION SCHOOL

CHAPTER SEVEN

Compassion

Seeing the Person Before the Condition

“When he saw the crowds, he had compassion for them.”

Matthew 9:36

TRAINEE MANUAL · VOLUME FOUR

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7.0 Chapter Overview

The manual changes direction here. Chapters One to Six were about God, Jesus, the Spirit, formation, theology and authority. From this point on, every chapter is about the person sitting in the chair.

The reframe this chapter exists to install

The question is not: How do I get this person healed?

The question is: Jesus, how do You want me to love this person?

The first question can be answered without ever really looking at them. The second cannot.

7.0.1 Learning outcomes

By the end of this session a trainee will be able to:

1. Explain the meaning and force of *splanchnizomai* and identify where it appears in the Gospels.
2. Demonstrate the Gospel sequence — He saw, He was moved, He acted — and explain why the order is never reversed.
3. Show from three scenes how Jesus restored dignity as well as health.
4. Listen to another person for three minutes without fixing, advising or praying.
5. Name the four listening failures in § 7.7.3 and recognise them in their own practice.
6. Describe what compassion costs and how a rule of life sustains it.
7. Account for the Mother Teresa case honestly, and state why compassion without competence is not enough.

7.0.2 Session plan

Time	Element	Reference	Lead
0:00–0:20	Worship and waiting	—	Worship lead
0:20–0:30	Report-back: authority language audit	Ch. 6 App. 6A	Team leaders
0:30–1:20	Teaching	§ 7.1–7.9	Teacher
1:20–1:35	Break	—	—

Time	Element	Reference	Lead
1:35–2:00	Table discussion	§ 7.11	Team leaders
2:00–2:25	Activation — listening without fixing	§ 7.12	Facilitator + trainers
2:25–2:30	Send-out and weekly practice	§ 7.13	Facilitator

Facilitator note

The activation in this chapter is harder than it looks and trainees consistently underestimate it. Three minutes of listening without fixing is genuinely uncomfortable for most people, and the discomfort is the lesson.

Time it strictly. Trainees will stop at ninety seconds and believe three minutes have passed.

Watch for the trainee who listens well but whose face is already composing a prayer. Name it gently — the person in the chair can always tell.

7.1 Why This Chapter Exists

There is a particular failure that healing rooms are prone to, and it does not look like a failure from the inside. It looks like efficiency.

A queue forms. Teams work through it. Each person is welcomed warmly, listened to briefly, prayed for competently, thanked and released. The team is kind. Nobody is rude. And people are being processed.

The signs are subtle: the second question is never asked; the prayer begins before the sentence is finished; the team's attention has already moved to who is next; the person's name is not used, or is used and immediately forgotten. Nothing here is cruelty. It is the ordinary drift of any ministry that handles volume.

7.1.1 What gets lost

When a person is processed	When a person is seen
They receive prayer for a condition	They are known, briefly, as a human being
They leave having been handled	They leave having been met
Their dignity survives the encounter at best	Their dignity is raised by the encounter
If nothing changes, they have nothing	If nothing changes, they still had this
The team measures the night by outcomes	The team measures the night by faithfulness

Note the fourth row. In Chapter Five you accepted that many people you pray for will walk out still carrying what they came with. Compassion is what makes that survivable for them. If the only thing on offer was a cure, the unhealed leave with nothing at all.

7.1.2 The other failure: seeing a condition instead of a person

The vocabulary gives it away. “We’ve got a knee in room two.” “That’s the fibromyalgia lady.” “I prayed for a cancer last night.”

Medical staff use this shorthand under pressure and it is a known occupational hazard in their field too. In a Miracle Room it is corrosive, because we are not treating conditions. We are praying with people.

A rule for the room and the debrief

Never refer to a person by their condition. Not in the room, not in the corridor, not in the follow-up notes, not in the prayer meeting afterwards.

Use their name. If confidentiality requires otherwise, use “the person who came about her knee” – the grammar keeps the person first, and the grammar shapes the seeing.

7.2 The Word: Splachnizomai

The Greek verb translated “he had compassion” is splachnizomai, from splachna — the inward parts, the viscera, the guts. In the ancient world the bowels were regarded as the seat of the deepest emotions, much as we say the heart.

This is not a polite word. It is not sympathy, pity, or professional concern. It denotes something that happens in the body — a wrench, a turning over. English has no equivalent that carries the force without sounding crude, which is why translations settle for “moved with compassion” and lose most of it.

7.2.1 Where it appears

Reference	The situation
Matthew 9:36	He saw the crowds harassed and helpless, like sheep without a shepherd
Matthew 14:14	He went ashore, saw a great crowd, had compassion, and healed their sick
Matthew 15:32	He had compassion on the crowd because they had been with Him three days with nothing to eat
Matthew 20:34	Two blind men at Jericho — moved with pity, He touched their eyes
Mark 1:41	A leper — moved with pity, He stretched out His hand and touched him
Mark 6:34	A great crowd — He had compassion, and began to teach them many things
Luke 7:13	The widow of Nain — He saw her, had compassion, and said “Do not weep”
Luke 10:33	The Samaritan saw the beaten man and had compassion — the parable turns on this verb
Luke 15:20	The father saw his son far off and felt compassion, and ran

7.2.2 Two things worth noticing

1. It is almost always used of Jesus, and the three exceptions are all figures in His parables who stand for God: the Samaritan, the father of the prodigal, and the forgiving king (Matthew 18:27). This is not a human virtue Jesus happened to display well. It is a divine characteristic.

2. What it produces varies. Sometimes healing (Matt 14:14), sometimes teaching (Mark 6:34), sometimes food (Matt 15:32), sometimes a word to a grieving woman (Luke 7:13), sometimes touch (Mark 1:41). The compassion is constant; the response is fitted to the person.

That second point is the practical heart of this chapter. Compassion does not always produce the same action, which means you cannot know in advance what love will require of you tonight. You have to look first.

7.3 The Sequence

Read the references in § 7.2.1 again and watch the grammar. The pattern is relentless.

He saw → He was moved → He acted

Matthew 14:14 — “He saw a great crowd, and he had compassion on them and healed their sick.”

Luke 7:13 — “And when the Lord saw her, he had compassion on her.”

Mark 1:41 — “Moved with pity, he stretched out his hand and touched him.”

Luke 15:20 — “His father saw him and felt compassion, and ran and embraced him.”

The order is never reversed. He does not act and then feel. He does not feel and then look. He looks, and what He sees moves Him, and the movement produces the action.

7.3.1 Why the order matters in practice

If you skip...	What you get
The seeing	Ministry driven by category. You respond to “a back problem” rather than to Margaret, and your prayer is generic because your attention was
The being moved	Technically correct ministry with nothing behind it. The person can feel this and will describe it later as being processed
The acting	Sentiment. You felt a great deal and did nothing useful, which is its own failure and is more common in kind people than they realise

7.3.2 Can compassion be commanded?

A fair question, and trainees ask it. You cannot manufacture a gut response on demand, and pretending to have one is worse than not having one.

But notice what is under your control: the looking. You can decide to slow down. You can decide to ask a second question. You can decide to learn the person's name and use it. You can decide not to begin composing your prayer while they are still speaking.

Do the looking, and the being moved usually follows. It is not guaranteed — but in twenty years of ministry the people who report feeling nothing are almost always the people who stopped looking first.

7.4 Dignity: Three Scenes

Healing restores a body. Compassion restores a person. Watch Jesus do both, and notice that the second is often the slower and more deliberate work.

7.4.1 Mark 10:46–52 – He asks the obvious question

Bartimaeus is blind, calling out, and has just been told by the crowd to be quiet. Jesus stops, calls him, and asks: “What do you want me to do for you?”

It is, on the face of it, an absurd question. The man is blind; everyone can see it; he has been shouting for mercy. And Jesus asks anyway.

What the question does	What it means for us
It treats him as someone with a will, not a condition with a need	We ask, every time, even when it seems obvious
It lets him say it himself, in his own words	Step 2 of the Miracle Rooms model is a question, not an assumption
It restores agency to a man the crowd had just silenced	The room is often the first place in weeks someone has been asked what they want

Some of the people who come to you have had every decision made for them for years — by illness, by families, by systems. Being asked is not a formality. For some of them it is the ministry.

7.4.2 Luke 8:43–48 – He stops to hear the whole story

A woman with a twelve-year haemorrhage touches His garment and is healed instantly. That could have been the end of it. She could have slipped away with her body restored and her shame intact.

Instead Jesus stops a moving crowd, insists on knowing who touched Him, and waits while she comes trembling and declares in the presence of all the people why she had touched Him and how she had been immediately healed. Then He calls her daughter.

What happened in those minutes

The healing was already complete before the conversation began. Everything Jesus did after that point was for something other than her body.

She had been ritually unclean for twelve years — excluded, unable to be touched. He gave her a public account of herself, in front of the crowd that had excluded her, and then named her family.

He held up a procession to a dying child in order to do it.

7.4.3 Mark 1:40–45 – He touches before He heals

A leper approaches. Jesus, moved with pity, stretches out His hand and touches him — and then says “be clean”.

The order is significant. He touched a man who had probably not been touched by anyone for years, while the man was still contagious and still unclean. The touch was not the mechanism of the cure; it was ministry in its own right, delivered first.

We ask permission before touching a shoulder — Chapter Nine, Step 3 — and we do so for good safeguarding reasons. But do not let the safeguard hide the point: appropriate, consented human contact is itself a form of care for people who have been avoided.

7.5 Compassion Is Interruptible

Return to Mark 5:21–43, and read it as a single continuous scene rather than two stories.

Jairus, a synagogue ruler, falls at Jesus' feet because his twelve-year-old daughter is dying. Jesus goes with him. A crowd presses in. And on the way — with a child dying and her father beside Him in agony — Jesus stops for a woman who has already been healed, and holds up the entire procession to hear her tell the whole truth.

While He is still speaking, messengers arrive: the girl is dead.

7.5.1 Sit with the discomfort of this

Any competent triage system would have kept moving. Any modern ministry team would have said, gently, that they would come back to the woman afterwards. Jesus does not, and Mark does not soften it.

What the passage shows	What it teaches a Miracle Rooms team
The urgent did not automatically outrank the person in front of Him	The queue is not the master of the room. A person mid-sentence is not interrupted because someone else is waiting
He allowed an interruption that had a real cost	Being interruptible is not free. It costs somebody something, and pretending otherwise is dishonest
The story does not end in disaster — but Jairus did not know that at the time	We do not get to reassure ourselves with the ending. Jairus stood there while his daughter died
He said to Jairus, “Do not fear, only believe” — after the news came	The pastoral word came at the worst moment, not before it

7.5.2 The practical implication

A Miracle Room is not a production line and must never be run as one. If that means fewer people are seen in an evening, fewer people are seen.

Practical measures that protect this: cap the number of appointments per team per night; build gaps between them; never advertise a throughput; and give teams explicit permission from leadership to run over. A team that believes it will be judged on numbers will process people, however good its theology.

7.6 The Question That Changes the Room

Here is the reframe, stated plainly.

The instinctive question	The Miracle Rooms question
How do I get this person healed?	Jesus, how do You want me to love this person?
Puts the outcome at the centre	Puts the person at the centre
Makes you responsible for a result you do not control	Makes you responsible for something you can actually do
Can be answered without looking at them properly	Cannot be answered without looking at them properly
Produces pressure, in you and then in them	Produces attention
Has failed if nothing changes	Has not failed if nothing changes

Read the last row carefully, because it is where the chapter connects to everything else in this manual.

If your question was the first one, then an evening in which nobody is visibly healed is an evening of failure, and you will either burn out or start exaggerating. If your question was the second one, that same evening may have gone extremely well.

This is not a lowering of expectation

Chapter Five committed us to bold, specific, expectant prayer, and nothing here retreats from it. We still ask God for the thing, plainly, and we mean it.

The change is in what we are responsible for. We are responsible for asking boldly and loving well. God is responsible for healing.

Chapter Three said it first: we host the Holy Spirit; He does the changing.

7.7 Listening: The Practical Form of Compassion

Compassion becomes visible to another person almost entirely through listening. This section is the skill training.

7.7.1 Why listening is ministry, not preliminary

1. It is how you find out what is actually wrong. The presenting request is frequently not the main thing, and the main thing usually arrives in the second or third minute.
2. It is often the first unhurried attention the person has had in months.
3. It is the practical form of Mark 10:51 – asking, and then waiting for the answer.
4. It gives the Holy Spirit time. Step 4 of our model is a pause, and a team that has not listened has nothing to pause over.

7.7.2 What good listening looks like

Do	Why
Ask the second question. "Can you tell me more about that?"	The first answer is the summary they have prepared. The second is usually the real one
Let silences run	People say the important thing after a pause, not during one
Use their name	It is the simplest available signal that they are a person and not a case
Reflect back what you heard before you pray	It proves you were listening, and it lets them correct you
Ask what they would like prayer for, after listening	The order matters. Listen, then ask, then pray
Watch your face	Trainees underestimate this entirely. A composed, already-praying expression reads as absence

7.7.3 The four listening failures

Failure	What it looks like	What the person experiences
Composing	You are assembling your prayer while they are still talking	They can see it. They wind up early and leave things out

Failure	What it looks like	What the person experiences
Fixing	You interrupt with advice, a Scripture, or a solution	Their story becomes a problem to be solved and they stop telling it
Topping	“My sister had that” — you relate it to yourself or someone else	The attention has moved off them, and they now have to be interested in you
Rushing to the spiritual	You reframe their difficulty theologically before they have finished describing it	They feel corrected rather than heard, and often feel ashamed for how they described it

The discipline we are training

In Chapter Two you practised listening for three full minutes without praying, and most of you found it very hard.

That difficulty is the thing this school is trying to remove from you. It will take longer than twelve weeks.

7.8 What Compassion Costs

Be honest with trainees about this or they will be ambushed by it in year two.

7.8.1 Three costs

Cost	What it means
It slows you down	You will see fewer people than an efficient team would, and you must be at peace with that
It will not let you process people	The protective distance that makes high volume bearable is exactly what compassion removes
It makes you grieve	If you genuinely see people, you will genuinely mind what happens to them. Some of them will not get better. Some will die

That third cost is the one nobody warns trainees about. Jesus wept at the tomb of a man He was about to raise (John 11:35). Grief and faith are not alternatives, and a minister who has stopped grieving has usually stopped seeing.

7.8.2 Compassion fatigue is real and it is not a spiritual failure

Sustained exposure to other people's suffering has a cumulative effect. In caring professions it is well documented. It shows up as numbness, irritability, dread before a shift, cynicism about the people you serve, or an inability to feel anything at all in the room.

Note carefully: those symptoms are not evidence of sin, and treating them as sin makes them worse. They are evidence of load.

7.8.3 What sustains it

1. Your rule of life (Chapter Four, Appendix 4A). This is what it was for. Compassion is not a reservoir you were issued with; it is drawn from somewhere, and abiding is where.
2. Teams of three. Nobody absorbs a difficult night alone, and the debrief is not optional.
3. Rostering with gaps. Leadership's responsibility, not the trainee's.
4. Permission to step back — stated in Chapter Four § 4.7.2 and again in the Chapter Twelve code. Stepping back is not a demotion.

5. Grieving properly. Say the names of the people who did not get better, out loud, with your team. A ministry that cannot mention them is not being faithful; it is managing its own morale.

The Chapter Four self-audit applies here

If several of the signs in § 4.7.1 are true of you and you are also feeling numb in the room, that is not a coincidence and it is not a character problem.

Tell your team this week. Reduce before you increase.

7.9 From History: Calcutta, and the Limits of Compassion Alone

Miracle Rooms takes its historical cases from wherever they are found, and this one comes from outside the Pentecostal tradition entirely. Chapter Three's instruction to read outside your own tradition applies to history as well as doctrine.

7.9.1 The model

Mother Teresa (1910–1997), an Albanian Catholic nun in Calcutta, founded the Missionaries of Charity to care for people that the city's institutions had no room for — the dying, the destitute, those found on pavements. The order spread worldwide. She was canonised in 2016.

Two things are worth taking, and taking seriously.

What she demonstrated	Why it belongs in this chapter
She worked one person at a time, with people whose conditions could not be cured and whose deaths could not be prevented	This is the discipline our trainees need most. She was not in the business of outcomes. She was in the business of people, and she did not require a cure to justify the attention
Her published letters reveal decades of interior spiritual desolation — long years in which she felt nothing of the presence of God, while continuing the work daily	This is enormously freeing for trainees who assume that feeling is the fuel. She kept looking at people when the felt experience of God had gone. Compassion turned out to be a practice, not a mood

7.9.2 The warning, and it is a serious one

The Missionaries of Charity's medical standards were sharply criticised, and this is where the case earns its place in a healing manual.

Dr Robin Fox, then editor of *The Lancet*, visited the Home for the Dying and reported in the journal in 1994. He found the residents well fed and the care compassionate, but described the medical care as haphazard: diagnosis was neglected, ordinary diagnostic procedures were not permitted, and the formulary contained no strong analgesics. He concluded that the approach was clearly separate from the hospice movement. Other critics, including the physician Aroup Chatterjee and the writer Christopher Hitchens, made wider allegations about conditions, finances and practice; both were invited by the Vatican to give evidence during the canonisation process.

The criticism is genuinely contested. A response published in The Lancet by David Jeffrey, Joseph O'Neill and Gilly Burn argued that it was disingenuous to single out these hospices for limitations common across Indian care facilities at the time — shortages of trained staff and drugs, and state legislation that restricted strong analgesics even for dying cancer patients. They held that the homes were being judged against a standard of Western hospice care that was not available anywhere nearby.

This school does not adjudicate her canonisation

You are not required to reach a verdict on Mother Teresa, and this manual does not offer one. Read both sides; they are both in print.

What we take is the structural lesson, and it is not in dispute by anyone.

7.9.3 The structural lesson**Compassion without competence is not enough**

Warmth is not analgesia. Presence is not diagnosis. Kindness does not substitute for the thing the person actually needs, and sincerity does not exempt anyone from the obligation to get help that is beyond them.

This is exactly why Chapter Ten draws its boundaries where it does, and why referral is defined there as what love looks like when a need is bigger than your training.

A Miracle Room that is warm, prayerful, deeply caring and unwilling to refer has reproduced the criticism in miniature. We pray and we refer. The two are not in competition, and choosing between them is a false choice we do not permit.

7.10 What This Means for a Miracle Room

Because...	Our room is...
Jesus saw before He was moved and acted	Slow at the start. The first minutes are for looking, not fixing
Compassion produced different responses each time	Unscripted. We do not know in advance what love will require tonight
He asked a blind man what he wanted	Always asking. Step 2 is a question, however obvious the need looks
He heard the whole story after the healing	Unhurried afterwards, not just beforehand
He touched a leper before He cured him	Warm, with consent. Appropriate contact is care, not technique
He stopped for one woman while a child was dying	Not a production line. Capped numbers, gaps between, no throughput targets
The question is how to love, not how to get a result	Free of pressure — ours and theirs
Compassion costs and fatigues	Rostered with rest, debriefed every night, honest about grief
Compassion without competence is not enough	Quick to refer. Prayer and proper care, never one instead of the other

7.11 Table Discussion

Groups of three or four. Twenty-five minutes. Question 6 is the one people remember.

1. Which kinds of people are hardest for you to see rather than categorise? Be specific and be honest — everybody has a category.
2. Of the four listening failures in § 7.7.3, which is yours? Ask your team whether they agree.
3. Jesus asked a blind man what he wanted. When were you last asked what you wanted rather than told?
4. He held up a dying child's father to hear a woman's whole story. What is your honest reaction to that? Do not tidy it up.
5. What would have to change about how our room is run for us to be genuinely interruptible?
6. Mother Teresa's letters record decades of feeling nothing of God's presence while she kept working. What does that do to the idea that feeling is what fuels ministry?
7. A room can be warm, prayerful, caring and unwilling to refer. How would we know if we were becoming that?

7.12 Activation

7.12.1 Part A – Three minutes, no fixing

In your team of three. One speaks, one listens, one observes with Appendix 7A.

1. The speaker names something real they are carrying. Their choice, and nothing they are not ready to share.
2. The listener listens for three full minutes. They may ask questions. They may not advise, fix, reassure, relate it to themselves, quote Scripture, or pray.
3. The observer completes Appendix 7A and says nothing until the end.
4. Rotate twice, so every trainee does all three roles.

A trainer times it. Three minutes is longer than you think.

7.12.2 Part B – Reflect, then ask, then pray

Same trios, new topic. This time the full short sequence:

1. Listen for two minutes.
2. Reflect back: “So what I’m hearing is... have I got that right?” Let them correct you.
3. Ask: “What would you like us to pray for?” Note whether the answer matches what you would have prayed if you had skipped straight to it.
4. Pray for thirty seconds, using the Chapter Six constraints – quiet, specific, short.

The debrief question that matters

Ask each speaker: what was it like to be listened to and not immediately fixed?

Then ask each listener: what did you learn in minute three that you would have missed if you had prayed at ninety seconds?

The answers to the second question are the reason this chapter exists.

7.12.3 Facilitator pre-session checklist

- ☐ Appendix 7A printed – three per trainee (one per rotation)
- ☐ Timer available and used strictly – trainees will stop early otherwise
- ☐ Stated aloud before Part A that nobody must share anything they are not ready to share

- ☐ Trainers circulating to catch composing, fixing, topping and rushing to the spiritual in the moment
- ☐ Duty leader identified; first aid kit located
- ☐ At least one trainer free – real material surfaces in this exercise more than any other
- ☐ Follow-up allocated for any trainee affected – contact within 24 hours

7.13 This Week's Practice

1. Have one deliberately unhurried conversation with someone you would normally rush. Do not tell them you are doing an exercise.
2. Ask the second question at least once a day. "Can you tell me more about that?"
3. Read the nine splanchnizomai passages in § 7.2.1, one a day.
4. Memorise Matthew 9:36 and Mark 10:51.
5. Written, half a page: which of the four listening failures is mine, where did I learn it, and what will I do about it?
6. Say aloud to your team the name of one person you have prayed for who did not get better. Just the name, and one sentence about them.
7. Continue your rule of life, listening journal and team contact.

7.14 Sources and Further Reading

7.14.1 Scripture

Matthew 9:35–38; 14:14; 15:32; 20:29–34; Mark 1:40–45; 5:21–43; 6:34; 10:46–52; Luke 7:11–17; 8:40–56; 10:25–37; 15:11–32; John 11:1–44.

7.14.2 On listening

Read something on pastoral listening or counselling skills from outside the healing-ministry literature. The skills are not distinctively Christian and there is no virtue in learning them slowly from scratch.

7.14.3 On the Calcutta case

Robin Fox's assessment appeared in *The Lancet* in 1994 as "Mother Teresa's care for the dying"; the response by David Jeffrey, Joseph O'Neill and Gilly Burn appeared in the same journal. Wider criticism is set out in Christopher Hitchens's *The Missionary Position* and in the work of Aroup Chatterjee; sympathetic treatments and the published letters are widely available. Read at least one source from each side before forming a view.

7.14.4 Standing instruction

When you describe a night in the room to someone afterwards, notice whether you name people or conditions. The grammar will tell you what you were doing.

Appendix 7A – Listening Observation Sheet

One sheet per rotation. The observer completes it during the exercise and hands it to the listener afterwards. Not collected.

Listener: Observer: Round:

What to watch for	Observed?	Note
Used the speaker's name		
Asked a second question		
Let a silence run without filling it		
Face and posture stayed present		
Reflected back before responding		
COMPOSING – visibly preparing a prayer or reply		
FIXING – offered advice, a solution or a Scripture		
TOPPING – related it to themselves or someone else		
RUSHING TO THE SPIRITUAL – reframed it before they finished		
Interrupted		

OBSERVER – COMPLETE BEFORE HANDING BACK

1. *The moment the listener was most present was...*
2. *The moment the listener's attention left the room was...*
3. *One thing to keep doing:*
4. *One thing to change:*

Appendix 7B – Trainee Self-Check

Complete before Chapter Eight. Not collected, not marked.

- ☐ I can explain splanchnizomai and name at least five passages where it appears
- ☐ I can state the sequence — saw, moved, acted — and say what goes wrong when each is skipped
- ☐ I can explain why Jesus asked a blind man what he wanted
- ☐ I can explain what happened in the minutes after the woman was already healed
- ☐ I can state the Miracle Rooms question and say why it changes what counts as a failed night
- ☐ I can name the four listening failures and identify my own
- ☐ I listened to someone for three minutes without fixing
- ☐ I asked the second question at least five times this week
- ☐ I can say why compassion without competence is not enough, and what that means for referral
- ☐ I said the name of someone who did not get better, aloud, to my team
- ☐ I have not referred to anyone by their condition this week

Chapter Seven – Summary Card

Retain and review

The failure is processing people, and it does not look like a failure from the inside. It looks like efficiency.

Never refer to a person by their condition — not in the room, the corridor, the notes, or the debrief.

Splanchnizomai: a gut wrench, not sympathy. Used almost only of Jesus, and of three parable figures who stand for God.

He saw → He was moved → He acted. The order is never reversed. You control the looking.

Compassion produced healing, teaching, food, touch or a word — fitted to the person. You cannot know in advance what love will require.

“What do you want me to do for you?” — asked of a blind man. We ask, however obvious it looks.

He held up a dying child's father to let a healed woman tell her whole story, and then called her daughter.

He touched the leper before He cleansed him.

The question is not how to get this person healed. It is: Jesus, how do You want me to love this person?

Compassion costs: it slows you, it stops you processing people, and it makes you grieve. Grief and faith are not alternatives.

Compassion fatigue is load, not sin. Rule of life, teams of three, gaps in the roster, permission to step back.

Compassion without competence is not enough. We pray and we refer — never one instead of the other.

End of Chapter Seven