Pastoral Reflections on Being Well: Connecting Church, Faith, and Health

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In the church I attended while growing up, there was a man named Louie,[1] who had lost his hearing early in life. Perhaps he was born with no sense of hearing, or perhaps an illness took his hearing when he was very young. Whatever the cause, Louie was deaf for all or most of his life, and that hearing loss had significantly impaired his ability to form words in understandable ways. He was always friendly and pleasant, and he would engage anyone in conversation, but whomever he spoke with had great difficulty making out what he was saying. With his hearing and ability to speak impaired, Louie was a vulnerable person who found safety and support through steady work in the community and his association with the Covenant church.

Louie faithfully served the church for years. Every Sunday morning his big Plymouth station wagon served as a bus that brought children to Sunday school from many of the outlying neighborhoods in the area. He was the head usher, putting in many hours to make sure the sanctuary was neat and ready for services. Louie was an integral part of the congregation.

Over the years, Louie's family members died and moved away, and eventually the congregation became his immediate family. As he aged and entered retirement, the congregation supported him in some significant ways. Difficulties began to be revealed. Concerns were discreetly expressed to the church leadership about problems with Louie's finances. Several congregational leaders sat down with Louie and explained the concerns, and, after thinking it over, he agreed to allow them to help him manage

[1] The person's name has been changed for privacy.

his money. Within several years he had saved enough to buy a newer used car. It was a proud day. I have seen pictures of the day he received the keys to his new car at the auto dealership. I am pretty sure there are also pictures of the day he received the title from the bank. Another proud day. The support and guidance Louie received helped him to live well in his final years, consulting his supporters about managing his own affairs, doing the things he enjoyed, serving the church, and even reconnecting with family.

Louie continued to face challenges that come with aging. Eventually, after consulting with his support system at the church, he made the decision to move into a senior apartment. Then came the difficult decision to stop driving. He grieved losing his independence, even if it was only a daily drive to a local restaurant for a cup of coffee. Finally, Louie moved to a nursing home. There he received regular visits from the church community and continued to consult his supporters about health issues and decisions for care. When Louie died, the congregation celebrated his life with a memorial service, and he is buried in the cemetery just south of the church building.

I tell Louie's story because it speaks about the unique way a congregation (or individuals within a congregation) discovers opportunities to care for a person's "health." The door opened for the congregation to support Louie's health when his financial health destabilized. Direct involvement in his medical care came years later. The gradual transition from financial help to supporting Louie as he died included decisions about cars and trips, hearing aids and dentures, minor surgeries and living arrangements, and which doctors to consult and treatments to receive. The list of the decisions involved was extensive, and the congregation's investment in Louie's care was literally lifelong.

Not every opportunity to provide support for a person's health will be as holistic as that congregation's call to care for Louie. In my experience, caring for people's health, both as the pastor of three Covenant congregations for more than eighteen years and for just over three years as a chaplain at Swedish Covenant Hospital, have been some of the most powerful and fulfilling moments in my years of ministry. The opportunity to reflect on those experiences, the scriptural models that inform them, and some of the tools used in them, was one of the gifts I received at the Being Well symposium.

As a parish pastor, it has always seemed natural to me to be involved with congregants as they maintained their health or were impacted by

injuries, acute illnesses, chronic conditions, and the effects of aging. I often helped congregants navigate the healthcare system. In traditional congregational settings, members of the congregation are often in supporting roles when it comes to healthcare, providing prayer, encouraging cards and phone calls, and maybe a visit or two. It tends to be the pastor who provides spiritual support in the more intense moments related to medical procedures and crises. To move congregations toward a more active engagement with people's health requires an imaginative leap from the somewhat passive congregational stance that leaves the more demanding situations to the professional clergy. Taking that leap into health ministry can be a challenge to the traditional roles of layperson and pastor, pushing congregants out of their comfort zones into more direct contact with the tremendous physical, emotional, and spiritual needs many people have.

In these reflections, I will focus on three areas that impact how individual people and local congregations enter, grow, and experience God in health ministries. The first area is the ability to discern our motives as we enter health ministries. The second is the potential for raising up compassionately energized lay people through the experience of health ministry. The final area is the genuine experience of God's grace that can surprise us as we care for people with health needs.

Our Motives: The Good Samaritan

Perhaps not surprisingly, the parable of the Good Samaritan (Luke 10:30–37) was the Scripture most often used throughout the symposium to reflect on how church, faith, and health connect in ministries of all types. The parable gives a compelling picture of the call to compassionate ministry to people who suffer. I begin my reflections by remembering that story, not primarily the parable itself but the larger narrative context in which Jesus tells it. The parable flows very naturally from a conversation Jesus was having with a lawyer who wanted to know what he had to do to inherit eternal life. Curious to know how the lawyer would describe his progress to that point, Jesus asks, "What is written in the law? What do you read there?" The lawyer then quotes from passages Jesus himself turns to when asked to distill the law into its simplest and most potent components (cf. Matthew 22:36–38; Mark 12:29–31): "You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind; and your neighbor as yourself," says the lawyer. Jesus encourages him, "You have given the right answer;

do this, and you will live." Then comes a twist. Luke gives a brief comment on the lawyer's inner motivation: "But wanting to justify himself…." In this brief moment, we learn that the lawyer is using his ability to keep the law as a prop for his own self-worth. The lawyer asks, "But who is my neighbor?" The implied question is, "How far will I really have to go to satisfy my own need to feel as though I have accomplished the law's demands?" That is Jesus's cue to tell the parable.

As much as we use the Good Samaritan parable to prompt ourselves to compassionate action, we may also want to use it to examine conflicts within ourselves as we minister to our neighbors. During this symposium, I found opportunities to reflect on my own experience of leading a congregation as we offered health fairs to our community. In 2009, I was serving a small congregation in a first-tier suburb of Chicago. With the help of an energized and committed intern from North Park Theological Seminary, our congregation organized two health fairs for our community.

The first took place in the late winter of 2009. It was a broad experiment that tried to offer as many resources as possible to the community. We partnered with agencies that brought everything from a full portable dentist's office to breast cancer screening to information on juvenile diabetes. The local hospital offered cholesterol and blood pressure screenings, and our kitchen crew prepared heart-healthy food samples. We passed out copies of the recipes so people could prepare the dishes at home. We turned the sanctuary into a meditative space for prayer and prompted reflection by projecting images of Jesus that reflected many different cultures. The health fair was well received by both the congregation and the community.

The second fair took place in the late summer of the same year. We decided to focus on health screenings for school children. Many of the same organizations and agencies came and offered screenings and information, and a foundation provided free backpacks and school supplies for students. Again we experienced a positive reception from both the congregation and the wider community.

As the parable of the Good Samaritan was referred to time and time again during the symposium, I reflected on those health fairs. On one hand, they were very positive experiences. New people came through our doors. We shared food and fellowship with those who had never before been in the church building. They received health screenings, teeth cleanings, and information on staying healthy. Some prayed in the sanctuary, even asking church members to pray for them. Those days

were fulfilling, and good ministry happened. And yet, we never offered another health fair after the fall of 2009. That type of ministry event did not seem to catch on with our membership or leadership. It left me wondering what had happened.

Perhaps we had mixed motives. Our congregation was small, and like any small congregation we were concerned about our future. I think, ultimately, we probably did have some confusion about why we were engaging in health ministry. The unspoken questions might have included, "How much will this cost?" or, "How will this help us grow our congregation?" or, "Will this benefit our strained budget?" All of those questions are natural. As I look back on our experience, I see how we could have addressed those unspoken concerns more openly as we began to work on our health fairs. If we had questioned our motives, if we had been honest about our need to set self-interest aside for the sake of the ministry, would things have turned out differently? Perhaps not, but after this symposium I am certainly challenged by the missed opportunity to help my congregation recognize the impulse toward self-centeredness and to encourage them to walk with Jesus in the experience of self-emptying that is his incarnational love for the world.

Compassion and Energy: Health Ministry and the Layperson

The Being Well symposium brought back memories of many of the lay people who worked on our congregation's health fairs in 2009. Amelia[2] embodies the blessings we experienced. Amelia lived in difficult circumstances. She was on public aid and receiving housing subsidies, and like many "working poor" she spent long hours on public transportation and worked hard to just keep her and her special needs teenage son housed and fed. Often she would come to church exhausted, but she found the energy to participate in our worship life and adult formation activities.

When we began to plan the first health fair, we encouraged all our congregants to be present for the day. Amelia worried about her role in caring for the neighbors. "What will I do?" she would ask. "I *cannot* cook," she declared bluntly. We encouraged her to be a greeter at the church entrance, citing her gift for conversation. She had an outgoing personality, a curious mind, and a genuine desire to engage people. "You will do great welcoming people at the door," we said. "Find out if the people are interested in something specific and direct them to that." So,

[2] The person's name has been changed for privacy.

even though she was uncertain about her role and her abilities, Amelia became the greeter.

About halfway through the day I went to the church entrance to see how Amelia was doing. As I climbed the stairs from the church basement, I could hear her talking with people in Spanish. She finished directing a Latino family downstairs to the health resources and screenings, turned to me and exclaimed, "I am having a great time! I was a Spanish major in college, and I always thought it was a waste of time. But here I am using my Spanish!" Amelia was one of the few people in the congregation who spoke Spanish fluently, and she spent the day using her gifts to serve the neighborhood and the congregation. She discovered her place in the body of Christ and was energized by the act of serving. Amelia's life continued to be difficult, and an undiagnosed heart condition took her life suddenly several years later. The congregation surrounded her son and daughter with compassion and celebrated her life and faith. In the sermon I preached for her memorial service, I told this story of her joyful discovery of compassionate service.

Moments of Grace: The Improvisation of Providing Care

The psychiatry unit at Swedish Covenant Hospital in Chicago, where I am a chaplain, can be a challenging setting for ministry. Serving patients who are experiencing severe psychiatric symptoms is unpredictable and at times intimidating. When Scott Stoner[3] mentioned improvisation as a valuable tool for ministry, my thoughts went immediately to encounters I have had with psychiatric patients.

In improvisational work for comedy or theater, the "yes, and…" rule is the basic tool for creating a scene with an acting partner. One partner begins the scene. The other says "yes" to what has been offered; the "and" then allows her to add to the original material. The cycle of "yes, and…" goes on between the actors until they have built the basics of their scene's reality. The setting, characters, obstacles, and conflicts are all developed by using this technique.

"Yes, and…" has been one of the most valuable tools for me as I interact with psychiatric patients. When I begin to speak with a patient, I enter into their world and have to, in some way, say "yes" to their current

[3] In his plenary lecture, "Living Compass Model for Wellness Ministries," available at https://www.youtube.com/watch?v=p8OmPTWYbvE&feature=youtu.be&t=2769, beginning around 4:59:29.

reality. Whether they are in the midst of a manic episode, are anxious, or are experiencing delusions, ministry starts when I begin to enter into their experience and accept that patient for who they are in that moment. Once I have done that, then they may give me permission to say "and…" to begin building the common experience of relating to each other.

On Thursdays I lead a group on the psychiatry unit. The group process is a very improvisational experience. There can be a lot of "yes, and…" happening. If I return later in the day after a good session, I often find patients who connected during the group experience continuing their conversations, establishing relationships that provide support and encouragement. One particular Thursday, a patient in the group had remained quiet throughout the session. It had been a good group interaction. Patients connected, shared their experiences of life, acknowledged their weaknesses, and talked about their hopes for a healthy future. At the end of our session, I asked the patients to look over the list of words we used to prompt our conversation. Then I asked, "Is there one more word we want to bring to the group as we finish?" The patient who had been quiet the entire session quickly responded, "Healing. This group has been healing." The other members of the group quietly nodded. It was not that this patient had participated extensively. Listening to the others the whole time had given this patient the ability to finally say "yes, and…" in some way. It was the nature of the interactions, the organic improvisation that we had experienced together, the prompting, the questions, the responses, the listening that had an impact on this individual. This patient had heard from others about their experiences of spirituality and mental illness. Patience had been shown as people listened to each other. Grace had been experienced through compassionate responses. The Holy Spirit had been present to comfort and bring hope to suffering people.

Conclusion

Health ministry can be risky. We risk ourselves, our time and resources, and sometimes even our sense of safety or security. We enter into relationships that can be demanding. Knowing ourselves, our motives, our boundaries, and our limits is vitally important as we engage in any kind of ministry with people who are in need or at risk and suffering.

Health ministry can be joyously and surprisingly fulfilling. Entering into experiences with some uncertainty and finding that our gifts are being used in unexpected ways brings renewed energy. Even the suffering person becomes the minister in health care settings. Our common

humanity, embodied in our common experiences of suffering, grief, and loss, is reaffirmed.

Health ministry can reveal God's creative and comforting energies. Communities created around healing and health, connecting people in honesty and vulnerability, can be life-giving. Salvation comes into our lives in little bits and pieces of grace-filled experience. Those experiences of grace connect and become our personal and communal faith.

The Being Well symposium has provided a day filled with opportunities to reflect on God's call to the church to continue to connect faith and health in the new life that Jesus offers to the world God loves. Thanks be to God for such rich opportunities.