

RECOGNIZING THE CONGREGATION'S ROLE AS A HEALING COMMUNITY

JAMES POLING

The thesis for this presentation is that all of us, as persons, participate in many different levels of community life. Each of these communities can be understood and analyzed in isolation from each other. But we also must understand the deep interdependency between the many communities to which we simultaneously relate. I use community as a metaphor to describe the different aspects of our experience. I will discuss four or five different kinds of community, about their interrelationships, and about the role of the congregation as one of the few places in our fragmented culture where interest is still shown in the whole person.

As a way of getting into this material, I am going to use five propositions which relate to five different communities, communities in which everyone participates. In some ways, these are only illustrations, since the list could be expanded indefinitely. But these are five around which various specializations—from medicine to psychology to sociology to religion—have been developed. To keep the conversation sharply defined, I am going to state my propositions in a negative form and, at times even exaggerate my illustrations in order to make my point. If you talk to me privately, you will find very quickly that I move to more ambiguous statements regarding the same propositions. I hope some of my ideas will provoke you into thinking about these issues. They are important to all of us.

The first proposition: The human body is not indestructible.

The second proposition: I am sometimes my own worst enemy.

The third proposition: The family can be hazardous to your health.

The fourth proposition: Being an American can drive you crazy.

The fifth proposition: Your God may be killing you.

Let's look at the first proposition. The human body is not indestructible. The human body is a community. The human body is made up of cells which have their own processes. These cells are organized into systems which have relationship to each other, and these systems need to work together.

St. Paul used the analogy of the human body, in fact, as a way of understanding the nature of Christian community. We can turn that analogy around and see that the human body is, in fact, a community of cells and structures and processes which are extremely interdependent. All are guided by a brain which tries to coordinate their functions. But, there is a sense in which the cells and the systems

in which the cells operate have their own kind of autonomy, an autonomy that has to function for the body to work. A cell cannot do other than what it was designed to do. At the same time, it is responsive to the larger processes that make up the body. The body, even as an interdependent community, is not indestructible, especially not when invaded by foreign objects. For example, if a person is run over by a Mack truck, that person's systems are thrown into crisis. If a person falls from an airplane without a parachute, a confrontation with the body's community is imminent. If a person is struck by a bullet from a 357 Magnum, an emergency arises. In all these cases, a foreign object invading the body pushes the intricate systems beyond their limit. A serious situation, or, in fact, a collapse of the whole community results. In these extreme cases it does not matter how committed or dedicated that person is to life, or how healthy his mind or how progressive his religion is; there are certain limits beyond which the body's community cannot function.

There are, likewise, many lesser situations that can create a physical crisis. American medicine is organized around the ability to respond to these crises. Whether it is a dramatic confrontation with the environment, such as just described, or a slower invasion by alcohol, virus, bacteria, or chemicals, medicine is dedicated to helping the body avoid, prevent, delay, and survive such catastrophies.

Less than a hundred years ago, we knew practically nothing about how the body functioned, what the short-term and long-term risks to health were. Doctors were draining blood from the bodies of the physically ill to rid the spirits that lurked there. Some tremendous strides have been made. Yet medicine is still best at analyzing the breakdown of the human body when it is invaded from the outside. We know how to respond to accidents and injuries, to bacteria and viruses, but internal breakdowns—for example, heart attack, cancer, immune deficiencies, and many other diseases—have been difficult for medicine to understand.

Likewise, the interplay between the human body and the other communities on which a person depends have been more difficult to explore. For example, there is a lot of talk about stress, yet it seems apparent that medicine does not know much about how stressful living relating to families, jobs, or other areas, affects the human body. Understanding the human body as a community in interaction with many other kinds of communities at many different levels seems like a useful metaphor. So far, medicine seems to be preoccupied with the physical invasions and has made less progress on the general breakdown of the physical body when influenced by the other kinds of nonphysical communities in which a person participates.

The second proposition: I am sometimes my own worst enemy. Sometimes the risk to a person's health is brought about by habits and patterns of living resulting from formative experiences as far back as early childhood. Sometimes people live in such a way that life becomes a danger. They have adopted defensive patterns used to avoid the risk-taking and courage inherent in living. Sometimes such patterns of self-destruction are obvious—too much alcohol, too many drugs, suicide, overwork, reckless driving, overreacting, total disregard for

physical-emotional needs, such as anorexia, etc. Sometimes patterns of self-destruction are extremely subtle and difficult to understand: irresponsibility in facing one's own limits or ambitions, isolation from others, overdependency on close relationships.

Freud opened up this whole area by describing how personality structures and defense patterns can be understood as illness. In one of his case studies, Freud shows how a young 20-year-old can be understood in terms of her personality problems. She has a long history of physical symptoms, some which are actual physical problems, and some which seem to be totally hysterical, that is, without physical cause. In working with her over a period of several months, Freud was able to understand and help her understand (at least enough so that her symptoms went away) how she had a tendency to turn her internal conflicts into somatic symptoms. Because of her early formative experiences, any time she got too close to someone, her fear of being totally absorbed into that relationship would cause her to develop symptoms which would discourage closeness. Then when she found herself isolated and lonely, she would develop other symptoms as a way of getting a safe kind of attention. Through careful analysis, Freud was able to show that the woman's physical illnesses which sometimes required hospitalization, were elaborate defenses developed to protect herself in her relationships with other people.

A whole discipline of counseling psychology has arisen in the last fifty years to explore the relationships between the personality patterns formed in early childhood and the health problems or ineffective life-styles that result from these patterns. In the most extreme cases, people must be transferred to a mental hospital where they can cope within a controlled environment. Such an environment minimizes their vulnerability to life. For others the cure is accomplished through years of psychotherapy in which they work to overcome their inadequate living patterns. For much of the population, counseling serves as a form of short-term care via a social worker or a counselor trained in crisis intervention.

Over a long period of time, the personality of an individual can be seen to have a community structure in itself, with impulses and conscience and reality-oriented processes, which sometimes work in harmony and sometimes work against each other. First, we saw that the human body is a complex community. Now we see that the personality itself is a complex community of habits and patterns that tend to persist over time even when they are ineffective in relating to the environment. Medicine, psychiatry, and psychology have worked together to understand how these various levels affect health and how they are related to each other. There are wholistic health centers which work specifically on the relationship between physical and mental health. However, I believe we are still in a pioneering stage in our understanding of how the physical community and these personality structures interrelate.

The third proposition: The family can be hazardous to your health. The study of the family is a most recent development—mostly in the last thirty years. Previously the family was thought only to be the location where people grew up and out of which they became autonomous adults. Now we know that not only formative experiences in families, but also the continuous interaction within

families, are important contributors to the health of persons. Previously we tended to think of the family as a benevolent place where adults find romance and children are cared for. But now we know, officially, what people always knew: the family is a dangerous place. Studies of the family began with the study of schizophrenia and delinquent teenagers. The first researchers who met with families and watched their interaction soon discovered that the identified patient was only the symptom carrier for the entire family. It seemed that some families used a crazy or delinquent child to cover up the many other problems that existed. This suspicion was confirmed after therapists managed to alleviate the symptom of the identified patient, only to discover that another family member then began to act strangely. Further research showed that if the basic patterns of interaction within the family could be changed, then everyone changed and the situation became healthier for everyone. In one case, reported on by Salvador Minuchin, a teenage boy was anorectic and his life was in danger. By supporting the boy and challenging the parents, the therapist was able to get the boy to start eating. Within the next week, the father made a serious suicide attempt. This broke up the family dynamics so that the deeper issues could be addressed. In this case, the boy's anorexia was only a symptom of a deep unresolved division between the parents. The boy's symptom was manifested to cover up the parents' difficulties, while at the same time it paradoxically involved the family in the treatment so that healing could occur.

I suspect that many more health problems than we know are directly related to serious family problems. People are deeply attached to status quo in their families. They will give up health, and even life, to keep the family ties intact. In other families, chaos and division result—divorce, runaways, etc. In either case, resulting emotional pain manifests itself in medical and mental health problems. Whatever a person's family type, there is a lot of interest in the families' impact upon individual health. The boundary between physical health, mental health, and family health is a new frontier. Medical doctors know that family support is a powerful index of a patient's recovery from illness. Psychotherapists know that family interaction can disrupt treatment. How these various aspects fit together has not been fully explored. Most should agree that the family is a community that responds to stress from outside as well as from the changing physical and developmental needs of its members. Families thus must be extremely adaptable communities in order to respond to all the changes that occur over a period of time. When for some reason, through rigid or narrow patterns, a family cannot or does not respond helpfully to the needs of its members or its environment, it will become dysfunctional. Family members may begin to show symptoms in other areas, thus confirming the hazards of family membership.

Number four: Being an American can drive you crazy. Almost all health problems tend to be understood on one of the first three levels just mentioned—the body as a community, the individual as a personality structure, or the individual within the family community. However, we are also involved in many other kinds of communities—at work, among friends, in our local communities. I am convinced that our participation in the national community is an important factor which affects our health and gives meaning to our lives. Human beings are

“meaning-making” animals. That is, we orient ourselves to our environment, motivated by the meanings that are important to us. Being American is certainly a very diverse experience for people, depending on their subculture, their location, their age, and their formative experiences.

Through significant influences of language, national media, socioeconomic class, and other factors, individuals participate in the national community. In my own pilgrimage, the aspects of my life which have often most interested me have corresponded to trends in national and world events. I turned thirteen years old the year that John F. Kennedy was elected President. There was a sense of optimism about those times which infected me and, to some extent, has remained with me. But those years of optimism were cut short. JFK was assassinated, and two years later the country began to move into the Vietnam War, a war which troubled our national conscience, a war which has been buried and not dealt with very well. We continue to hear about what kind of people we are as Americans. We are the ones who dropped the only nuclear bombs on populated areas. We are the culture that cannot resolve the issue of racism and discrimination against persons of color and the non-English speaking. We are those who have tremendous wealth and yet are not generous toward a large majority of the world's impoverished people. In some ways, I am articulating a set of values that represent a subculture within the American culture. Yet it seems to me that some of these issues have affected all of us. They have created feelings of pessimism about life and the future. Some commentators suggest that we are living in a declining culture. They feel we do not have the sensitivities necessary to survive as a nation in a world where the poor are demanding a new kind of empowerment. In our young people, trying to become young adults, there seems to be a kind of despair, sometimes hidden by their hedonism, and sometimes seen in their full-blown discouragement about life itself. With all the problems in this world, why is it that our young people are having trouble finding a meaningful career of service to others? Why is there a decrease in the number of young people who want to try marriage or even have children? I am suggesting that all of us participate more deeply in the national community than we probably are aware. We are inept at understanding the interplay between cultural and economic structures and an individual's health. Consider this possibility: Could we be clinically depressed because of issues like the nuclear threat, poverty and hunger, and the extreme injustice in the world community?

The last proposition: Your God may be killing you. A most extreme example of this proposition is the Jonestown cult, a group of people living in South America. They believed in a God so brutal that they were willing to follow their leader into mass suicide rather than face the hopelessness that had become part of their community life. In many less dramatic and more subtle ways, our images of meaning, our religious visions, our feeling of personal connectedness with a loving God may be significant factors in our own health. The field of pastoral counseling has been talking about this connection between health and religious faith for many years.

Recently there has been some work done by Jim Fowler in stages of faith which may have opened a new window toward understanding the connection

between individual health and happiness and our sense of community with the universe. But we still have a long way to go.

What I am trying to suggest is that every person participates in a number of communities which can be understood in isolation from each other, but which, in fact, are powerfully interdependent. We each participate in the community which is the physical body. We participate in the community of our personality structure. We participate in the community of the family. We participate in a national culture and language. We participate in a universal community which we usually understand in religious language. Each of these communities has fostered its own specialization—medicine, psychology, social-psychology, sociology, religion. The result of each of these specializations is a rich understanding of each community individually. We have institutions which are organized around the needs of each of these communities. But we are still pioneers in understanding how they all interrelate.

For Brethren, community is a primary metaphor. It identifies our deepest hunches about what God is doing in the world. The ministry in the world of the church and its members is the building up of community at all levels so that persons are enabled to participate in the abundance of life as God intends it.

At times, Brethren use the metaphor of “the sacredness of human life” as the basis of faith. Therefore we engage in health professions and peace and justice work to preserve the sacredness of God’s gift of life. But life of itself is not sacred; rather, what is sacred is life in community with God and with other persons. Life is holy when it is lived within the web of relationships that move toward the abundance of the kingdom announced by Jesus. Brethren by the thousands have joined in the American health movement, not just to preserve human life but to form and restore life within the community of God’s love. Violence and war, the annihilation of community life, then are the most terrible sins. If we begin to understand life as communal and begin to see our ministries within the congregation and the world as oriented toward the formation of community, what is the congregation’s role as a healing community?

First, the congregation’s role involves pastoral care for those struggling with the breakdown of their community life in one form or another. Whenever there is breakdown in physical health, mental health, or in family life, the congregation is the community which provides visitation, cards, prayers, and letters. The congregation provides physical supports so that people can survive crises. Who undergirds people when their other communities are not supporting them? In a severe crisis, the church can. The church knows how to organize its people and its resources. During my pastoral ministry, our congregation provided twenty-four-hour service for a family when the parents were both hospitalized. The father was twenty-nine and had a valve replaced in open-heart surgery. The mother went to the hospital to have their fourth child. Without the church, this family might not have survived. Such ministries by congregations often make the difference in the restoration of community life.

Second, congregations are just beginning to get a vision of preventive ministries. Many of the threats to physical, mental, and family health can be anticipated. Persons can be taught helpful attitudes and reorganizational skills.

For example, the hospice movement has identified the essential tasks involved in death and dying. Trained persons can help families anticipate the dangers to their relationships. Marriage and family life education can identify the hurdles which must be crossed to keep a family healthy. Programs in nutrition, weight control, stress management, and other aspects of physical life can help delay or prevent the disruption of the body as a community. The congregation is a natural place for the teaching and practice of wholistic health. Brethren should be in the forefront of health education development—education which draws on the insights of many disciplines and which can assist persons in preventing the disruption of community life.

The third ministry of the congregation is the call to become engaged in a mission that is larger than ourselves. Fulfilling the purpose of life is not just to live, not just to survive, not just to avoid problems. The purpose of life is to live meaningfully and creatively—to live in a way that contributes to a better quality of life for others and to a vision of the peaceable kingdom for the entire world. Occasionally persons are challenged to engage in such larger mission by service clubs, political organizations, by educational institutions, or—in its better moments—by the nation itself.

The congregation is a community which acknowledges that it was called into existence by a mystery beyond itself. Persons enter the church because they seek salvation in some form. They seek a new identity which only God can provide. I have experienced several crises in my life, sometimes in my career, sometimes in my marriage and family, sometimes in my health, sometimes in my faith. In every crisis, my sincere desire was for relief, in one way or another, from the physical or emotional or spiritual pain caused by the breakdown in my life. But in every case, what I discovered was the voice of God calling me to something I had not recognized. My desire for restoration of past serenity was different from what God had planned. These crises were God's way of opening up new possibilities for me, possibility which I had closed by my habits and narrowness of perspective.

The God of the Bible calls us to a new identity through mission. Abraham was called to shape his identity around Yahweh and then sent to a new land. Moses was called to trust his life to the God in the burning bush and then sent to Egypt to free Israel from slavery. Peter was called from his fishing to join Jesus and then sent to evangelize Jews and Gentiles in the Roman world. In the Scriptures, the call to personal salvation (health and wholeness) and the call to mission are always closely connected. When we are involved in a crisis, (i.e., the breakdown of community at some level: physical health, personality, family, national life, faith), our desire is for health and wholeness, that is, salvation through a restoration of the patterns of the past. But the gospel of salvation is never a possession we can have; it is a call to active participation in the work of God.

The congregation, as a result of God's action in the world, is both a holy community and a fully human community, facing all the problems of every human community. The congregation as a community then can break down in the same ways as other communities. Paul's analogy of the church as the body of Christ is

helpful here. The congregation has many parts with many different gifts to contribute. When each part is working effectively and making its contribution, the body itself is effective and healthy. But when the body does not work together, when there is competition and conflict, when there is scapegoating of peripheral members, when there are polarization and leadership struggles, when there is a lack of meaning and vision, then the body is in crisis. A crisis can be resolved resulting in larger and greater possibilities, or it can stay unresolved, resulting in disease, entropy, or death. What are the results of the breakdown of community within the congregation? Some are direct—individual symptoms which affect physical health, trigger personality disorders, and disrupt families. Some are more subtle—that is, a loss of faith for a large number of people, a loss of faith in a loving God who cares for all who brings the peaceable kingdom to the universe. Such a loss of faith can have far-reaching consequences at many levels. The congregation, in some ways, serves as the soul of other communities—the larger church, the nation, the world. Who knows what the full consequences of such loss of faith are? One of the primary contributions of the congregation to health is the vision of community life with God that leads to faith in the future and includes all the dispossessed.

In conclusion, I have three practical suggestions for the healing ministry of the local congregation. First, the congregation should be a community that refuses to yield to the narrow specializations that threaten to fragment human life. The church should be a community that attempts to keep our fragmented world together by calling us to faith in a God who cannot be reduced to any specialization. The congregation should be a place where restoration to health is not given a narrow meaning, where God's action is seen in all aspects of life, and where the call to salvation is also the call to God's mission to others.

We sometimes think of the church as inept and irrelevant in a world with powerful specialists. But the church is what it is because it refuses to reduce life to a specialization, because it continues to confess faith in a Lord beyond all our experiences. This Lord calls us to a unified and holy life, dedicated to the welfare of the world that God loves. In that faith comes a quality of life which brings genuine health and salvation.

Second, the congregation should be a community that supports and challenges the public health ministries of its members in the world. We have had some examples of Brethren who lived out their vision beyond the church: Kermit Eby in labor unions and Andrew Cordier in the United Nations. But what of the thousands of Brethren who are involved in the physical and mental health systems and understand their work as a ministry? Sometimes our vision of discipleship has been narrowed to certain kinds of peacemaking and volunteer service. We must find ways to help ourselves talk about our public ministries outside the church, to understand our work in health ministries in biblical terms, and to support one another in promoting God's vision of community life. I believe it is no accident that so many Brethren have chosen work in the health field. It is a faithful response to the deepest vision of our tradition. But to withstand the tremendous pressures toward dehumanization in our work place, we need lots of support and dialog about our vision. I believe the church should provide such forums to support our struggle to give meaning to our discipleship.

Third, the congregation should be a community which continues to understand deeply the biblical vision of God's active love in our troubled world. We need inspiring sermons, appropriate rituals, Bible study, prayer groups, and many other forms of congregational life which call us to be faithful. The Brethren have a unique and powerful vision of God's work in the world. We must study the Scriptures. We must be evangelistic about our conviction that God is active and is calling all persons into covenant community. I do not need to say more, because such has been the subject of this whole presentation.



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