



The Congregation: Health Center or Healing Community

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The concern of Christian churches for the mental health of all people is a particular manifestation of its larger commitment to human well-being in the face of widespread suffering. This concern on behalf of God for people who are ill is demonstrated through acts of mercy and service, through clear and prophetic preaching, and through the demonstration of human solidarity through community. Congregations become concrete communities of love by caring for the sick and troubled.

Healing of all kinds has been a significant part of ministry in the Christian tradition. The ministry of healing is a response to God's call for wholeness in creation and a response to the physical and emotional ill-health in human life. In addition to disease, violence, pollution, abuse, racism, sexism, and the possibility of nuclear annihilation, there is the distress suffered by a never-ending stream of emotional casualties of living; all of these point to human brokenness in a broken world. Because of the pervasiveness of ill-health, healing in this life is never complete. Nonetheless the church is called to enter into human brokenness out of compassion for those who suffer and as a sign that God is present even when health is absent.

I. THE CONGREGATION AND THE COMMUNITY MENTAL HEALTH MOVEMENT

Although there is along and noble history to the relationship between the Christian church and healing, we need to begin in the middle of this century in order to understand in particular the relationship between the congregation and mental health. During the decade leading up to the Community Mental Health Centers Act of 1963, there was widespread interest in the role of clergy and congregations in the promotion of mental health.

page 124

It was argued that local religious communities had unprecedented opportunities to multiply their contributions to both the preventive and the therapeutic dimensions of mental health.

In 1965, Howard Clinebell suggested that mental health is a "central and inescapable concern of any local church that is a healing-redemptive fellowship."¹ Every activity of a congregation should seek to enable people to love themselves, others, and God more fully in order to live more creatively. From this perspective, mental health is the leaven that permeates all aspects of a congregation's life. Everything in the life of a Christian congregation—from worship to education to preaching to pastoral care—should be measured against its capacity to exercise positive influence on the growth and health of persons. Mental health plays such a pivotal role, it was argued, because the wholeness and fulfillment of people is of central importance to Christian communities.

Clinebell wrote at a time when there was great optimism about the community mental health movement. It was expected that clergy and congregations would be significant partners in a movement that would humanize the care of the mentally ill and enhance mental health through comprehensive programs of prevention. It was also expected that religious congregations would be one context of care for the mentally ill that would enable them to remain connected to their primary communities of support. Clergy were expected to be the first line of defense in mental health. If churches did not respond to this opportunity provided by the “mental health revolution,” then it was likely that mental health centers would become the *de facto* churches because they would be doing more to meet the growth and healing needs of persons. There are unsettling ways in which that prophecy has come true.

The involvement of religious congregations in the community mental health movement was thought to be both desirable and necessary. Religion added to the movement an emphasis on values, meaning, and an awareness of transcendence in human life. Moreover, a congregation’s capacity to involve itself in every aspect of community provided a desirable model for the development of certain aspects of community mental health centers. Participating in the mental health movement was necessary for the churches in order to remain true to their mission and relevant to the needs of individuals in a psychological age.

In one way, the community mental health approach has grown rapidly over the last two decades. There are comprehensive mental health centers in many communities across the country that serve the needs of persons of all ages, with mental problems of all types and severity, through outpatient and inpatient treatment, partial hospitalization, emergency service, and consultation with existing human resources in the community. And yet with

¹Howard Clinebell, *Mental Health through Christian Community* (Nashville: Abingdon, 1965) 13. Later Clinebell edited a volume of essays under the title, *Community Mental Health: The Role of the Church and Temple* (Nashville: Abingdon, 1970), in which the role of clergy and congregation in promoting mental health is explicitly linked to the community mental health movement. For a more sacramental approach to the healing ministry of the congregation, see R. A. Lambourne, *Community, Church and Healing: A Study of Some of the Corporate Aspects of the Church’s Ministry to the Sick* (London: Darton, Longman & Todd, 1963).

the new political and economic climate in American society, the prospect of reaching the goals of comprehensive community mental health care is increasingly remote. Local communities are unable to provide all the care that is necessary to maintain those who are emotionally troubled without institutionalization. The growing population of homeless in our society who are also emotionally ill is simply one incontrovertible sign that our mental health programs are inadequate.

II. RETHINKING THE RELATIONSHIP BETWEEN THE CONGREGATION AND MENTAL HEALTH

The crisis of care for the mentally ill in our society resulting from the policy of deinstitutionalization is one of three reasons why I believe it is important to reconsider the relationship between the congregation and mental health. A recent study reports that up to 80% of chronically ill people are “dependent for their daily care on family members or friends or are struggling alone to maintain their day-to-day existence.”² As a result, people who are not trained

in patient care are increasingly left with the responsibility of caring for those who are chronically mentally ill. Because caregiving is a responsibility and a challenge that must be shared by all, it is mandatory that Christian congregations reconsider their response to the mentally ill.

The second reason for rethinking the relationship between the congregation and mental health is the development of specialized pastoral counseling outside the congregational context. I believe that the shift in emphasis away from the congregation as a healing or therapeutic instrument toward the minister as a health professional is one of the consequences of the development of a specialized ministry of pastoral care. Because of the secularization of society and the professionalization of specialized clinical ministries over the last fifty years, chaplains and pastoral counselors are thought of less and less as an extension of local religious communities and more and more as part of the health delivery system.

Thirdly, reconsidering the relationship between the congregation and mental health is a specific instance of the larger question about the community as an agent of healing. Because of the bio-psycho-social nature of human life, all psychological healing must have some connection with community life. The ministry of healing belongs to the whole. Therefore every communal context, including the congregation, is a potential source for both illness and health. There is truth in the adage “by the crowd they have been broken, by the crowd they shall be healed.” If healing is from the whole as well as from within the individual, then the health of the community is significant. Moreover, making community participation a goal of healing has the effect of guarding against the privatization of health.

The well-being of the whole is a recent focus of pastoral care. This turn was heralded a decade ago by E. Mansell Pattison. The congregation, he suggested, can and should be the kind of social system that produces a

²Commission on Church in Society, Evangelical Lutheran Church in America, “Chronic Mental Illness: A Congregational Challenge” (study paper).

whole, holy person. “It is precisely the wholesome system that will be therapeutic and corrective of its membership....I hold that the primary function of the minister is pastoral care of the social system of the church to the end that the church system can provide the necessary basis for *being*.”³ The well-being of the congregation is the primary focus of our ministry. The purpose of pastoral ministry is to “direct the whole body” to the end that the parts mesh with one another and exercise mutual care and help in order that the mission of the people of God will be more effective.⁴

III. THEOLOGICAL PRINCIPLES REGARDING THE CONGREGATION AND MENTAL HEALTH

Rethinking the relationship between the congregation and mental health has more widespread implications for the church’s ministry than can be adequately examined in this brief essay. Worth noting, however, are some theological principles that might undergird our reconsideration of that relationship.

1. *The health of the congregation and the mental health of its members are reciprocally related.* In a general sense, mental health occurs in community and for the sake of community. Restoration to emotional health occurs in a wholesome corporate context *so that* the restored

individual might function more effectively in his or her communities of significance. The Christian congregation benefits from mentally healthy individuals because they are capable of fuller participation in its life and mission which in turn helps to create communities that enhance human well-being beyond the congregation.

2. *Health is never an end in itself; it is always a penultimate goal.* Health is propaedeutic to vocation and service. We are healed in order to serve more effectively or exercise our religious vocation more courageously and consistently or be engaged more vigorously in ministry in the world for the sake of peace and justice. By reminding itself that health is penultimate, a Christian congregation is able to serve the values of health without losing its soul or without becoming another health center.

3. *A congregation may work toward health, but that is not its primary purpose.* In a paradoxical way health does not come by aiming directly at health; it comes to those who aim elsewhere. The aim of a congregation is to be a community of care and a healing fellowship. In order to move towards that goal, the congregation needs to be a place of hospitality and love and justice in which the stranger is welcomed, the lonely are embraced, and the alienated find refuge. One of the paradoxes of life is that a community is most likely to become a place of safety when it no longer attempts to heal or convert or fix or change.

4. *Christian congregations cannot avoid the obligation to be agencies of healing.* From the Christian perspective, to belong to community means loving

³E. Mansell Pattison, *Pastor and Parish: A Systems Approach* (Philadelphia: Fortress, 1977) 12.

⁴Don S. Browning, "Pastoral Care and the Study of the Congregation," in *Congregational Studies and Theological Education*, ed. Barbara Wheeler (Atlanta: Scholars, 1988).

one another and having all things—including sickness—in common. A congregation is called to be a compassionate community that takes into its life human pain and suffering and that takes initiative to eliminate those structures and situations in life that diminish self-esteem and drain the human spirit. The local congregation becomes a fellowship of love through acts of love toward the sick and troubled in its midst.

5. *Sickness is not a private matter, and neither is healing.* Not only is the one who works for healing a representative of the community, so also is the sick one. Full health comes through sharing the burdens of sickness in a community of care. Whole people are those who are joined to the suffering of others. The mark of a congregation which embodies the love of God is its capacity to embrace the suffering of its members and the suffering of its neighborhood.

6. *Because health is never fully possible, the ministry of healing is always an ongoing necessity for Christian communities.* That ministry remains valid and meaningful even when no significant contribution is made to the cure of individual sickness or situational distress. We care for the chronically ill, offer companionship to the dying, and console those who grieve significant losses and injustices in life even when we cannot change what is wrong. Healing is what we do, not what we expect. A congregation's compassion for those who suffer is a sign that God is present even when health is absent. The emphasis on the congregation as a healing community (rather than a health center) is also a reminder that health—finally—is a gift from God.

7. *In order that a congregation might maximize its potential as a healing and sustaining human community, some shift is necessary in the practice of ministry.* Such a shift will apply the

insights of the human sciences to communal as well as individual wholeness. The congregation, like any human system, needs to keep a balance between the whole and the parts. When it does not attend to the individual needs and concerns of its members, the whole community suffers. If, however, there is insufficient attention to the congregation as a whole, it ceases to be a context in which individuals grow and prosper. The nurture of a congregation will be as important as the healing or guiding of individuals.⁵

8. *The congregation is a natural mental health resource because it is a bridge between the individual and society.* Some congregations are primarily intent on creating a safe haven that shelters people from the pain inflicted in and by society. Other congregations regard working for peace and justice in the public world as the core of the Christian life and essential for human wholeness. Images of the congregation as a “caring community” or “therapeutic community” or “nurturing community” suggest more emphasis on individual health than images like “prophetic community” or “servant community” or “base Christian community.” In the latter group the primary emphasis is on social change for the sake of justice. Maintaining some

⁵Thomas A. Droege, “Ministry to the Whole Person: Eight Models of Healing Ministry in Lutheran Congregations” (Typescript, Valparaiso, IN, 1982).

balance between a healing ministry and a social ministry is necessary and appropriate because the congregation is both a healing community and a sending community.⁶

9. *The relationship between the congregation and mental health is an instance of the larger theological question of the relation between salvation and health.* Although few would doubt an essential relationship between salvation and health, the form and structure and implementation of that connection is regularly debated. Wisdom lies somewhere between too easily equating wholeness and salvation on the one side and regarding them as mutually exclusive on the other. I understand salvation as God’s activity on behalf of humankind, which nonetheless implies human participation. Salvation and health are interlocking processes in terms of the development, maintenance, and participation of the human organism in the salvatory process in as little or as full away as is appropriate or possible. Without some degree of health, there can be no participation in the salvatory process.⁷

10. *This emphasis on the congregation as a community of care presupposes that human nature is communal as well as individual.* We are born in and for community. We are inescapably social creatures who need one another not only for survival and companionship, but also for meaning in life. Because the human creature is a bio-psycho-social organism, disregarding community puts human well-being at peril. The increase in individualism and consequent privatization in American society make it more and more imperative that we find ways to attend to the formation and maintenance of significant human communities. Despite the impression that the congregation is a beleaguered institution with declining significance, this is not a time to give up on the necessity of Christian community for mental and spiritual health.

IV. IMPLICATIONS FOR CONGREGATIONAL MINISTRY

The shift in focus I am suggesting—from individual health as the primary agenda of ministry to the congregation as a healing resource—has consequences for the congregation’s activities on behalf of mental health.

1. Because it is a holding environment, a believing community, and a supportive context, *preventive mental health care* remains one dimension of a congregation's ministry. In order to be the kind of environment that fosters human growth and sustains people in ordinary and extraordinary crises, a congregation will need to embody the noblest qualities of community life in general and Christian community in particular. It will need to attend to its communal character.

We should not overlook the ways in which a congregation may avert a serious emotional crisis by its ordinary ways of caring for one another. The congregation welcomes the young into an hospitable, nurturing environment. Rites and sacraments support individuals and families through sig-

⁶F. Dean Lueking, "The Congregation: Place of Healing and Sending," in *Health/Medicine and the Faith Traditions*, ed. Martin E. Marty and Kenneth L. Vaux (Philadelphia: Fortress, 1982) 273-291.

⁷James N. Lapsley, *Salvation and Health* (Philadelphia: Westminster, 1972).

nificant and sometimes difficult transitions from birth to death. Those who are sick and dying and grieving are sustained by compassion and concrete action. A congregation's emotional support and guidance may be enough to prevent an ordinary crisis of one of its members from becoming a debilitating trauma. Although it is no longer the case that most people in emotional or mental distress turn first to a clergyperson for assistance, the congregation and its ministers still have the kind of access to people that makes preventive intervention possible. It is a sacred trust we dare not neglect.

Although there is no guarantee that the educational ministry of a congregation will forestall serious illness, it is certain that the congregation is a significant place for helping people learn more effective ways of handling the problems of daily living. Through education beliefs are shared and evaluated, and ethical norms are articulated and passed on to subsequent generations. Courses in Bible and theology in a congregational context will enhance human well-being, perhaps especially when what is taught is linked to concrete crises in human life today such as AIDS, teen-age suicide, child abuse, dying and grieving, loneliness, and changing roles for women and men.

The congregation is a natural context in which people of all ages and with a wide variety of special concerns can find others who share their particular situation. Some congregations may be large enough to provide a variety of support groups for people in difficult life circumstances, such as single parents or widows and widowers or adult children of alcoholics or parents with young children. Other congregations may expand their preventive ministry by providing space for self-help groups whose goals are appropriate to the teachings of the church and the needs of the community. Still other congregations may be small enough so that this supportive bonding of people who share a common trouble can happen in more informal ways.

2. The congregation's role in providing *direct therapeutic intervention* is less self-evident. The primary purpose of the church regarding health is to provide care. From a Christian perspective, care—not health—is a basic human right. Care is essential to the dignity of every human being as a creature of God. If a congregation intervenes to provide care consistent with this understanding, it will respond first to the needs of the poor and powerless and alienated.

The support of persons providing pastoral care in specialized settings is an expression of

the congregation's ministry of healing *insofar* as these persons continue to function in the place of a local congregation to provide pastoral care for those whose life crises necessitate special treatment. The hospital chaplain helps the patient transcend the moment of pain or illness by being a symbolic link to the patient's religious community and history. Pastoral counselors expand the congregation's ministry by providing more intensive care for those who are emotionally distressed. In my judgment, we need to give more attention to fostering an organic connection between congregations and such clinical ministries as counseling and chaplaincy so that those ministries will retain their essential communal character and their transcending power.

The recent development of the parish nurse program is a realistic and necessary intervention on behalf of physical and mental health. The intent of the parish nurse program is to reach out to people through health education and counseling, advocacy and systems referrals, physical assessment and crisis intervention in order to connect people with the needed health resource. It is a particularly useful ministry for those who are overwhelmed by problems of living and who do not know where to go for help or whether to trust the help that is available. The parish nurse program is an appropriate intervention of a congregation in support of the conviction that care is a basic human right.⁸

Because of their access to people in families, pastoral leaders are likely to have early knowledge of physical, sexual, or emotional abuse of children or violence toward wives. The obligation to report child abuse has prompted serious reconsideration of methods of intervention that will nonetheless honor the sacred trust of pastoral confidentiality.⁹ A congregation may also be used as one resource in developing a strategy of intervention where there is alcoholism in a family. These interventions differ from the more casual pastoral initiatives because they require careful planning and competent, responsible execution. However, such interventions build upon the community's care for its members and the trust in pastoral initiative that no other helping professional enjoys.

3. The third type of congregational activity is more like *mental health maintenance* than either prevention or intervention. Any community of God's people is a broken community living in a broken world. Because of the tenacity of evil in the world and the pervasiveness of ill-health, healing in this life is never complete. Yet, paradoxically, wholeness is possible in the midst of pain, sickness, and suffering. We experience that wholeness in the midst of a community of sufferers as a gift that comes from God through the compassion and care of others.

Because suffering and pain are not regarded as something alien to Christian community, the congregation may be uniquely suited to provide one context of care for the chronically mentally ill. For some congregations this has meant an aftercare program that provides a supportive context for mental hospital patients who are returning to their primary communities. The congregation provides a "place to come back to," a halfway place to which emotionally fragile individuals might be referred for support and safe social interaction.

Some congregations may be an acceptable context for supporting the whole new population of mentally ill people who are determined never to be institutionalized but for whom adequate maintenance programs have not yet emerged. If a congregation embodies its highest ideals, it will be a place that holds people who are in pain, that loves the chronically cranky without needing to be loved in return, and that does not overlook the need to care for those who

are mentally ill even though cure is not likely. Unconditional

⁸Granger E. Westberg, "Parishes, Nurses, and Health Care," *Lutheran Partners* 4/6 (1988) 26-29.

⁹Mary D. Pellauer, Barbara Chester, and Jane Boyajian, *Sexual Assault and Abuse* (San Francisco: Harper & Row, 1987).

love, self-giving service, forgiveness, and hope are among the qualities of Christian community that would, if embodied in a congregation's ministry, provide a positive resource for the promotion of mental health.

The congregation has an especially unique opportunity to provide support for the family and friends of those who care for the chronically ill. It can offer information and assistance for adult children who care for their aging parents or for parents who care for chronically troubled children. It can offer acceptance where the family expects judgment. It can offer parents a respite from their constant caregiving or direct them to specific supportive opportunities. And a congregation can offer to be an advocate for justice on behalf of the family and friends of sufferers of mental anguish of any kind by supporting the work of the National Alliance for the Mentally Ill and the National Mental Health Association.

V. CONCLUSION

As we continue to reconsider the relationship between the congregation and mental health, I am proposing a shift in focus away from individual mental health toward the congregation as a healing community that identifies with those who suffer. The primary purpose of ministry from this perspective is to enable the congregation to become a more wholesome community of unconditional love and justice. The congregation is a unique place in which to bring troubled and alienated people back into a circle of belonging in which acceptance, recognition, mutual purpose, love for one another, genuine forgiveness, and worship of God work together to mitigate isolation and foster wholeness. A congregation is more likely to become such a healing resource when there is a commitment to maximize its potential as a community of care. Such a change in emphasis is most likely to occur if there is a parallel rediscovery of the communal aspect of human nature that is at the center of the Christian tradition.