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## A Theology and Practice for Implementing Pastoral Care Through Community Groups at Calvary Church

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BETHEL UNIVERSITY  
BETHEL SEMINARY ST. PAUL

A THEOLOGY AND PRACTICE FOR IMPLEMENTING PASTORAL CARE  
THROUGH COMMUNITY GROUPS  
AT CALVARY CHURCH

A THESIS PROJECT SUBMITTED IN PARTIAL FULFILLMENT  
OF THE REQUIREMENTS FOR THE DOCTOR OF MINISTRY DEGREE  
IN SERVANT LEADERSHIP  
FOR TEAM AND ORGANIZATIONAL EFFECTIVENESS

BY  
JOSHUA PAUL MATEER  
ST. PAUL, MINNESOTA

MAY 2015



## ACKNOWLEDGEMENTS

Calvary Church has been my church home for 28 years. I was ten years old when my family began attending and over the years the people of Calvary have poured into my life in so many ways. I will never forget the Calvary Missions Conference when I was twelve where I first felt the call to full time ministry. My subsequent youth group experiences poured into my spiritual growth and reinforced my calling. So many people, many of whom are still at Calvary, have played significant roles in making me into the man and pastor I am. Much of my passion and gifting for shepherding and caring for others can be attributed to Calvary's contributions to my life. Even during the last twelve years of serving on staff my family has experienced personally the care and support of Calvary's loving people. In our times of need these faithful friends demonstrated the compassion and comfort of our Lord.

I have served on the staff of Calvary Church since 2002, much of that time being spent in pastoral care. Calvary is not only the context and recipient of this project but has itself contributed to make this thesis project a reality. The elders blessed me with a study break, which gave me the initial traction to move ahead in the theological reflection and literature review. The staff at Calvary embraced the vision and implemented the practice of a new care structure for the church. And the many volunteers who filled key roles in the Care Network brought the vision to life.

The Pastoral Care Department at Calvary Church continues to work tirelessly and effectively to care for people in need. Without the help of these dear ministry partners

this project would not have come to fruition. Because of their enthusiastic support, creative ideas and painstaking labor, the Care Network was established and continues to function with their ongoing efforts.

Two close friends made significant contributions to my life during this thesis project. Steve Gibson served as the Executive Pastor of Calvary Church during the writing and implementation of this thesis project. His support and advocacy among the leadership at Calvary provided the foundation for this project's success. He was also a fellow student with me in the doctoral program. Partnering with him in the Servant Leadership cohort contributed to the blessing of this doctoral journey. Another close friend, Kent Snoeyink, served as a profoundly valuable editor. His sharp eye and keen insights took the writing of this project to a level beyond where it would have been otherwise.

I am especially grateful to Jeff Matteson who has faithfully served as my advisor, not only for this thesis project paper, but for each project during the entirety of my doctoral program. His consistent reflection, insight and guidance all four years of my doctoral journey made this last year in particular smooth and enjoyable.

Finally, to my family I would like to extend my deepest gratitude. Katie, as the love of my life you have been a source of God's strength during every season of this journey. Your support through prayer, Scripture and constant encouragement has kept our marriage strong and our walk with the Lord fresh. And to my three daughters, thank you for bringing such love and joy into my life.

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## GLOSSARY

Care Coordinator: a person serving within a specific department in oversight of the Care Facilitators of community groups. They assist the pastoral staff member by serving as the contact person for care concerns within community groups and function as a liaison to the Pastoral Care Department.

Care Facilitator: a person serving within a community group overseeing the care of that particular group.

Community: intentional fellowship with the purpose of walking alongside each other for care, spiritual growth and general support while fostering closeness, vulnerability and trust.

Community Groups: a smaller group of people within a local congregation who have committed to meet together on a regular basis for the purpose of studying God's Word, praying together and caring for one another.

Large Church: a church consisting of 4,000 attenders or more. While many churches under that number are considered large, this number was selected for consistency in the size of the churches researched.

Lay Leadership: individuals within a church body who have devoted themselves to volunteer ministry in an area of service.

Organizational Oversight: the process by which leadership, accountability, support and structure are given to a variety of groups and individuals.



Pastoral Care: ministries that are conducted by staff members or lay leaders as a direct program of the church including weddings, pastoral counseling, funerals and support groups.

Pastoral Staff: a group of individuals serving together in one church who have all been ordained, licensed or commissioned for ministry.

Professional Care: care that requires a level of expertise, including clinical counselors, psychologists, marriage and family therapists and psychiatrists.

Servant Leadership: a style of leadership based on strengthening, empowering, mobilizing and equipping those being led. It is characterized by selfless service to others.

## ABSTRACT

Various people were falling through the cracks at Calvary Church, receiving inadequate care during their time of need. As a church of over 4000 attenders, Calvary was in need of a system and structure that would provide for all who had care concerns. This project developed a system of care based on the biblical principles of care and community. This newly designed Care Network infused care into community groups by mobilizing the people of Calvary to care for one another rather than solely relying on the Pastoral Care Department to accomplish the care.

The biblical basis for this concept was found in the pattern of the early church and specifically in the principle articulated in 2 Corinthians 1:3-7. Those who have received comfort from God have been commissioned with the task of sharing that same comfort with others. In so doing they serve as the very conduits by which God brings care to the souls of the people He loves.

This project developed a structure to give the group leaders the support they needed. Each community group had a Care Facilitator whose responsibility was to ensure care needs were met by the group. Each department within the church had a Care Coordinator with oversight over all the groups of that department. This gave the community groups a person to contact when care needs went beyond their training and ability. The Care Coordinators had continual interaction with the Pastoral Care Department whose goal was to provide all the training, support and connections to higher

levels of care. The Pastoral Care Department incorporated Servant Leadership as it empowered and equipped more people within the church to provide care for others.

## DEDICATION

To my wife and three precious daughters. May the Father of compassion and the God of all comfort fill your hearts with the same joy He has filled my heart through each of you.

Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God.

2 Corinthians 1:3-4

## CHAPTER ONE: FALLING THROUGH THE CRACKS

“People at Calvary are falling through the cracks.” That phrase haunted this researcher only a few short years into his role of overseeing the Pastoral Care Department at Calvary Church. It was becoming evident people were not being cared for properly and he began to hear more and more that a growing number of people were falling through the care system at Calvary, their needs going unmet.

This problem became apparent in multiple ways. A number of complaints were being voiced and these complaints were legitimate. They were not coming from bitter or malicious individuals but simply from those who were in need and not receiving the care they had hoped would come. One issue arising somewhat regularly was in the area of long term care. A number of individuals had been in the hospital or diagnosed with a difficult illness, and although Calvary was doing quite well in the crisis moment or the hospital stay, many of these individuals went home to recover or struggle on with an illness without ongoing interaction from their church. This sense of isolation for some went on for months before they called out for help from a sense of desperation.

Another area of concern included the inability to identify care needs. It was becoming far too common for care needs to remain unknown. Those in need of care were rarely the ones who personally reached out to the church. If friends or loved ones did not alert the church it was difficult for a church with thousands of attenders to stay abreast of all the care needs. It was also becoming clear that many attenders within the church did not even know how to access the care they needed. Those who were well-connected

through relationships were often the most cared for, while those less-connected felt out of the loop, their needs going unnoticed.

A communication problem also existed between the departments within Calvary. Even when a situation was being cared for adequately by the Pastoral Care Department, other departments were not made aware of the situation nor brought along to partner in the care. For instance, an individual who was struggling through a job loss and the burdens that accompany this may have been receiving benevolent assistance from the Pastoral Care Department, but if this family also had a high school student the Student Ministries Department remained unaware of the situation and the pressures through which the teenager was walking. Another situation arose where the Pastoral Care Department conducted the funeral for the mother of a middle school student at Calvary, but because this boy was shy and did not talk openly about his situation, many of the leaders within the middle school ministry remained unaware of the situation, including the leader of a break-out group this boy attended occasionally.

Other areas of concern included departments doing care differently from other departments. Care was being accomplished or neglected based on the personality of the leaders within that department and the importance they did or did not place on care. Those leaders with a bent toward pastoral care or who had the spiritual gift of mercy were ensuring that care was taking place in their departments, while others with gifts and passions in other areas were allowing different ministry priorities to overshadow their efforts toward care. It became apparent that care was not uniform throughout the church. Each department cared for those within their ministry from differing degrees of priority

and differing strategies for care. This happened in part because the church did not have a theological definition of care from which the leaders were basing their efforts.

The leadership of the church recognized the need to place a higher degree of focus on addressing these problems. A consultant firm was hired to analyze three major departments within the church, all of which needed strengthening. They included community, maturity and pastoral care. While this researcher took some consolation from other departments being analyzed as well, he could not help but feel a tinge of inadequacy and even failure as the Pastoral Care Department was evaluated for areas of further growth and development. What resulted from this scrutiny, however, set the stage for a dramatic transformation in both the Pastoral Care Department at Calvary Church and in the life of this researcher.

The hard work of analyzing the Pastoral Care Department with the help of the consultants and a team of gifted individuals resulted in identifying the key ways in which the Pastoral Care Department was missing the mark. This was extremely helpful and began to bring to light the trouble spots and gaps within the system of care. Identifying the problems was one thing; discovering the solutions to those problems, however, was another. It is the research that went into this thesis project report that brought about the pathway for solving the problems of pastoral care at Calvary Church.

### **Limitations of a Pastoral Care Department**

Most large churches have a Pastoral Care Department. By nature these departments are responsible for the entire population of the church. Unlike a youth department, for instance, that ministers to a subset of the larger population—often a much smaller subset—the Pastoral Care Department has as its task caring for all who call that



church home. Yet, ironically, a Pastoral Care Department is often staffed with the same number of individuals as a department charged with the task of ministering to a much smaller population of the church. In some cases Pastoral Care Departments work with fewer staff members than other ministry areas.

Comparing the size of a Pastoral Care Staff to that of other departments is not the main concern, however. The real dilemma lies in the recognition that a staff can only be stretched so far and will inevitably be unable to meet all the needs of the entire congregation. Calvary Church was at a place where it needed to rethink how the Pastoral Care Department was attempting to facilitate the care needs of the entire congregation. It was identified that more people needed to be involved in the care process. As the consultants worked simultaneously with the Community Department at Calvary Church their findings revealed that Calvary needed more people involved in each other's lives through community. This discovery coupled with the passion of the Senior Pastor, who wanted to see more community taking place, shed a light on the answer to the care dilemma at Calvary. Care would be solved best through getting more people involved in day-to-day interaction with each other. A friendly acquaintance on Sunday mornings does not have the same capacity for care as true friends living life together.

The wheels started turning in this researcher's head with the potential solution for care. If the church found great traction and buy-in to the idea of community, those community groups could become the optimal platform in which care could occur. The difficulty of a Pastoral Care Department identifying and keeping tabs on all the needs of the church would become less of a burden because the community groups themselves would be living among the needs of the people, both identifying them when they arise

and working to care for those needs through their love. This concept became the starting point for this researcher to delve more fully into the investigation, research and development of a concept of care using the community group structure at a large church to accomplish care and facilitate a healthy connection between those in need and the Pastoral Care Department of that church.

### **Statement of the Problem**

This project addressed the problem that exists for a Pastoral Care Department in a large church (4,000+) to care for the needs of an entire congregation. In response to this problem the researcher (a) studied the biblical and theological natures of both care and community with a view to proposing an interconnected relationship between the two, (b) reviewed the relevant literature dealing with care and community, (c) identified and studied examples of large churches and their use of community groups to facilitate care, (d) identified transferable principles to guide Calvary Church in using community groups to facilitate care and (e) developed an implementable strategy at Calvary Church, including structures, training, communication and record-keeping for the purpose of using community groups to facilitate care.

### *Subproblems*

The first subproblem was to analyze what Scripture teaches about community and care as well as the interrelatedness of community and care to each other.

The second subproblem was to explore what the related literature revealed about community and care. Other non-biblical fields of research, like the health care system, have done extensive research on care within community.

The third subproblem was to research what other large churches have done over the years in implementing care through community groups. The two churches most pertinent to this research were Ada Bible Church in Grand Rapids, Michigan and North Point Community Church in Alpharetta, Georgia.

The fourth subproblem was to delineate what areas of care, if any, are best given by a pastoral staff member of a church or specialized professionals and what areas are best given by a fellow attender within a community group. Would the research highlight areas of care that were best done by professionals or certain areas of care best accomplished through fellow attenders in a community group? It would be important to discover how care was best accomplished and by whom.

The fifth subproblem was to identify and implement a strategy at Calvary Church, including structures, training, communication and record keeping for the purpose of using community groups to facilitate care.

#### *Delimitations of the Problem*

The research was limited to literature related to the sociological and theological study of community and care.

The research was limited to Calvary Church, Ada Bible Church and North Point Community Church, all with weekly attendance of more than 4,000.

The research was limited to analyzing care within community. Other essential aspects of community, like Bible study, prayer, service and discipleship were not examined.

### *Assumptions*

The first assumption was that the Bible contains the authoritative Word on matters of faith, life and truth.

The second assumption was that a desire to care for one another is innate within the human soul.

The third assumption was that this innate desire is thwarted by the fallen nature, and therefore individuals need structure, training and accountability by which to facilitate this desire to care.

The fourth assumption was that God most often chooses to work through His created humans to bring about care for his people.

The fifth assumption was that the local church is a part of God's plan for the care of His people.

### **Setting of the Project**

Calvary Church is located in suburban Grand Rapids, Michigan. It draws from the greater Grand Rapids area, a region with a population of about 800,000. It has an average weekly attendance of 4,000 people. Since not all attenders come every Sunday, it is estimated Calvary Church has roughly 5,000 people who attend at least twice per month. As Calvary grew in size and influence from its inception in 1929, the emphasis of the ministry solidified into a church focused on programs. Multiple departments oversaw their various aspects of ministry with one specific department focused on adult Sunday classes. Roughly five years ago the total attendance of these various adult classes was around 1500. This constituted the extent of Calvary's focus on community. Small groups existed, but only as a way to break down larger classes into fellowship groups. With only

one-third of Calvary's attenders involved in adult classes—which in many cases were larger than most churches—and with only a portion of those class attenders involved in smaller community groups, it was clear that the general emphasis of Calvary at that time had not been focused on biblical community. Calvary was not opposed to community by any means. Sermons had been preached on community and teachings emphasized its importance, but the concept had simply never become a strong part of Calvary's "DNA."

Jim Samra became the Senior Pastor in 2006 and within three years sensed the Lord leading Calvary to focus more acutely on community. Through his preaching and the re-prioritizing of ministry away from a "programs only" mentality, Calvary Church has become a church much more balanced in its ministry approach. It does not lean fully toward a church model which espouses all ministry and maturity growth must occur within the small groups, but Calvary has also not stayed on the program side of the spectrum either. The goal at Calvary is for every individual to be involved in a community group, with the recognition that other ministry experiences and church life will supplement what the community group in and of itself cannot fully supply.

A formal structure exists at Calvary for the oversight of community groups. The Community Department is made up of four staff members and has ultimate oversight of these groups. Currently, Calvary Church has 25 adult classes with a total attendance estimating 1500 individuals. It also has 90 small groups consisting of around 1000 people. The staff has created layers of leadership out of necessity. The first level of leadership is the small group or adult class leader. This individual is responsible for the gatherings and facilitation of those meetings. In many cases this individual has others within the group who help coordinate specific needs like fellowship, care or teaching.

The second level of leadership is referred to as Shepherds. Shepherds have a certain number of community groups under their oversight. They provide guidance, support and help for the group leaders. The third level of leadership is comprised of the church staff. These individuals oversee the Shepherds and help troubleshoot difficulties that arise within the groups that may go beyond the expertise or resources of the Shepherds.

It has been a unique challenge to take a church only minimally focused on community and infuse this priority into the culture. Large churches, like large ships, take a long time to turn, but slowly and steadily Calvary continues to come around. While many who are attending are still not in community, that number continues to decrease as more and more hear of the value of community, witness it in action and begin to experience it themselves.

Calvary Church has also had a few historical shifts in the area of care. About twelve years ago, the Pastoral Care Department was a robust department with a mixture of pastoral staff and clinical counseling staff. The main emphasis was to have enough qualified professionals to meet the care needs of the congregation. Care happened within adult classes and small groups, primarily from the initiative of those community groups without much oversight from the church staff.

In 2002 the board of Calvary Church became leery of a focus too heavily oriented in the direction of clinical professional care. The desire was to change the paradigm of the Pastoral Care Department. While it was operating like a hospital, only working with the toughest of cases, the goal was to create more of a health club mentality, focusing on preventative care and early detection of problems. As a result, many of the clinical staff resigned, retired or were let go. Over time the Pastoral Care Department re-hired

clinically trained professionals in the areas of counseling and social work, yet this time striving to maintain a healthy balance between pastoral shepherding, preventative education, and clinical depth of care.

This cultural shift at Calvary laid the groundwork for a fertile context in which care could be implemented through community. This project used the existing structure of community to implement a formalized framework of care within those groups which included training, leadership oversight and accountability, among other things. It was acknowledged that some aspects of care are too complex or draining for a community group to handle on its own. The Pastoral Care Department would supplement the work of community groups by facilitating the needs of more complex care situations.

#### *Importance to the Researcher*

At the time of this writing, this researcher oversees the Pastoral Care Department at Calvary Church. The path leading to this point has been unusually straight in comparison to many in pastoral ministry. He knew from an early age he was called to be in full-time ministry. Having grown up attending Calvary Church, this researcher readily understood the culture of the church. After completing his studies at the Moody Bible Institute, and before heading to Trinity Evangelical Divinity School, he received an open invitation to return to Calvary Church after completing his M.Div. at Trinity. His first year on staff at Calvary Church was spent as an intern, shadowing the Senior Pastor and leading the college ministry. When the year-long internship ended he was offered a pastoral position in the Pastoral Care Department.

As he grew in his responsibilities for Pastoral Care, it became evident to others around him that his strongest spiritual gifting was in the area of mercy. This has given

him joy and sensitivity in ministering to those in need. When the pastor overseeing the pastoral care ministry retired in 2009, this researcher was given the opportunity to begin overseeing the Pastoral Care Department.

This research topic is immensely important to the researcher because it is his primary area of ministry in the church context. It became clear that Calvary itself needed to strengthen what it was doing in caring for the people who attend Calvary Church. This project met the needs of both this researcher and Calvary Church.

### *Importance to the Context*

In 2011 the Senior Pastor at Calvary Church cast the vision for stronger community, care and maturity within the church. Over the last few years Calvary has been seeking to strengthen its effectiveness in all three areas. This Doctor of Ministry project gave this researcher the opportunity to put concerted effort and research into formulating how Calvary Church should move forward in caring for those who call Calvary their church home.

Calvary Church chose to assess the areas of community, care and maturity in that order. The church has put concerted effort into strengthening community within the church body and it has been effective. Those who attend Calvary continue to gain a healthy understanding of both the need for and definition of community. As a result there continues to be a steady growth of attendance in community groups.

This set the stage for Calvary to turn its attention toward care, with the hope that what had already been established in the area of community would help produce the result of Calvary Church becoming a stronger place of care. This thesis project analyzed how care should occur within community.



### *Importance to the Church at Large*

Church cultures have many similarities across the board, regardless of size and location. Most churches attempt to use as much lay involvement as possible to accomplish ministry. Most of these same churches, however, run into the challenge of seeing very few of the congregants actually involved in the ministry. Some churches also face the reality that certain expectations are placed upon the pastors or staff members for various ministry tasks. Small church pastors are often expected to be a part of and oversee a significant amount of ministry. Large church pastors and staff face these same expectations. While more pastors and staff are present to share the load at a large church, there are also more congregants and situations with which to deal.

In looking specifically at larger churches, this thesis engaged the challenge pastors and staff members face of meeting the vast amount of care concerns that arise within the church. This project researched and created a care structure that, while being tailored specifically to Calvary Church, will include principles transferable to larger churches that share the same focus on both care and community.

## CHAPTER TWO: COMMUNITY AND CARE

The aim of this project was to identify a system that empowered the people of God to care for as many people within the church as possible. What resulted was a system that incorporated care within a community group structure of a church. As the consultants helped the Pastoral Care Staff pinpoint weaknesses and gaps in the care system at Calvary Church, it became apparent it was time to rethink the strategies of care. The Pastoral Care Staff became willing to set aside the traditional and even comfortable ways in which care had been facilitated for years and be open to new ways and paradigms going forward. This openness to rethinking came at the same time that Calvary was changing to a culture of community groups. The Pastoral Care Staff sensed a connection between community and care, a connection that would allow the Pastoral Care Department to join the movement was driving the thinking of the leadership in the church. If the church was shifting to empower community groups for more concerted ministry, then care could and should be a major component.

As this researcher became open to this idea the necessity for a theological study of both community and care would be the right starting point. Theology must drive practice and if a theological study of both community and care revealed an interconnectedness between the two then a strategy connecting the two could be initiated. When the work of the consultants was completed this researcher began the process of formulating a biblical definition and understanding of both community and care. The resulting information set the stage for the new way forward for Calvary Church in the area of care.

## A Biblical Definition of Community

Finding the starting point for a study of community in the Scriptures is a challenge. It is a concept interwoven throughout the narrative of the biblical account and it is defined and elaborated upon theologically in the Epistles. One word, however, began to surface as the centerpiece to a discussion on community.

The Greek word *koinonia* is an ancient word borrowed by the biblical writers from the broader culture because of the richness it carried in fully defining the intimacy of community.

In ancient Greek, *koinonia* was a word that described the closest personal relationships; it named the inextricable intertwining of individual lives. *Koinonia* described things held jointly in common; the term was used to refer to marriage relationships, business partnerships, and close friendships—especially between those who shared a common mission. . . . When Greek speakers wanted to talk about the interwoven matrix of lives that created the common, shared life of people . . . they used the word *koinonia*.<sup>1</sup>

The New Testament writers used this word to speak of the bond believers have with one another through Jesus Christ. It first appears in Acts 2:42, “They devoted themselves to the apostles’ teaching and to fellowship, to the breaking of bread and to prayer.”<sup>2</sup> The English word “fellowship,” most often used to translate the Greek word *koinonia*, lacks some of the rich luster of the original. John Stott lamented this truth.

Fellowship is an overworked word and the image conveyed by it is often a false image. Indeed, the vocabulary of fellowship has become such devalued currency that it seldom means more than a genial friendliness, what Methodists call a ‘P.S.A.’ (Pleasant Sunday Afternoon), or a good gossipy get-together over a nice cup of tea. As a result, we fall sadly short of the rich, deep, full fellowship envisaged in the New Testament.<sup>3</sup>

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<sup>1</sup> Jim Samra, *The Gift of Church* (Grand Rapids, MI: Zondervan, 2010), 63.

<sup>2</sup> Unless otherwise noted, all Scripture citations are from *The Holy Bible, New International Version* (Grand Rapids, MI: Zondervan, 2011).

<sup>3</sup> John Stott, *One People: Helping Your Church Become a Caring Community* (Old Tappan, New Jersey: Fleming Revell Company, 1968), 79.

The concern Stott raised points to the fact that a given word in a language carries a wide range of meaning. Fellowship is unable to catch the full extent of the meaning of *koinonia* because *koinonia* can be seen not just as a word but a concept.<sup>4</sup> Every time a given word is used the reader should not carry the entirety of the concept of the word into its given meaning in that specific instance. The following discussion is intended to give the broad concept of the word *koinonia* without forcing that concept on every instance of its use. Doug Moo gives a helpful example of this. “It is far easier and more ecumenical for me to describe *koinonia* as ‘literally, fellowship’ than to say ‘a word with a range of meaning having to do with an association of some kind, whether of people or things.’”<sup>5</sup> The goal of the discussion of *koinonia* is to see the word in the totality of its lexical meaning and concept without forcing the totality of that meaning upon every instance.

Luke’s use of *koinonia* in Acts describes a fellowship between believers tied tightly together because of their bond of salvation. Fellowship was something they devoted themselves to because they understood their fellowship with God to be an essential component of salvation. They entered into a new relationship with God and as a result now had a new relationship with each other. Their new relationship with God is defined by Paul in 1 Corinthians 1:9, “God is faithful, who has called you into fellowship with his Son, Jesus Christ our Lord.” Every believer has been placed into a fellowship with Christ, a new relationship through salvation. On this verse Anthony Thiselton gives a helpful understanding of Paul’s use of *koinonia*.

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<sup>4</sup> Jeannine K. Brown, Professor of New Testament at Bethel Seminary gave this helpful distinction in a phone conversation on February 16, 2015.

<sup>5</sup> Doug Moo, *We Still Don’t Get It: Evangelicals and Bible Translation Fifty Years after James Barr* (Grand Rapids, MI: Zondervan, 2014), 13, accessed on March 6, 2015, <http://www.thenivbible.com/wp-content/uploads/2014/11/We-Still-Dont-Get-It.pdf>.

Normally in Paul the word means communal participation in that of which all participants are shareholders, or are accorded a common share. It is not simply or primarily the experience of being together as Christians which is shared, but the status of being-in-Christ and of being shareholders in a sonship derived from the sonship of Christ.<sup>6</sup>

As a result, each individual is placed into a new relationship with everyone else who is in *koinonia* with Jesus Christ, creating a new community.

In light of this, George Panikulam goes so far as to say, “Paul never uses *koinonia* for the individual sharing of someone in Christ. It is always used for someone’s sharing in Christ with others. This leads to the conclusion that *koinonia* in Paul has a strict communitarian sense.”<sup>7</sup> This passage in 1 Corinthians 1:9 identifies the starting point to a fellowship that begins with Christ but culminates in a fellowship with everyone in Christ. This two-fold nature of community has been referred to as a coin. Both sides of the coin naturally exist in conjunction with the other.

Most studies of *koinonia* recognize it has two aspects – divine and human – but that these two aspects are really two sides of the same coin. Communion with Christ entails fellowship with other believers and true community with other believers is not possible without communion with Christ.<sup>8</sup>

This is the very teaching Jesus communicated when he elaborated on fellowship. In Matthew 12 Jesus is interrupted by well-meaning individuals who want to inform Jesus that his family is waiting for him outside. In response, Jesus replied, “‘Who is my mother, and who are my brothers?’ Pointing to his disciples, he said, ‘Here are my mother and my brothers. For whoever does the will of my Father in heaven is my brother

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<sup>6</sup> Anthony C. Thiselton, *The First Epistle to the Corinthians* (Grand Rapids, MI: Eerdmans, 2000), 104.

<sup>7</sup> George Panikulam, *Koinonia in the New Testament: A Dynamic Expression of Christian Life*, (Rome: Biblical Institute Press, 1979), 5.

<sup>8</sup> James Samra, *Being Conformed to Christ in Community* (Edinburgh: T and T Clark, 2006), 138.

and sister and mother”” (Matt. 12:48-50). “In that moment, Jesus, by his actions and his words, subverted the most important institution in Judaism—the family—and replaced it with something new.”<sup>9</sup> And he replaced it with the community that now comes through the bond of Christ, namely his church.

Fellowship with fellow believers is not optional. “Christian brotherhood is not an ideal which we must realize; it is rather a reality created by God in Christ in which we participate.”<sup>10</sup> Salvation through Christ automatically places one in the community of believers. Rather than deciding whether or not to live in community, believers are faced with the reality of already being in community and instead will either be blessed by and grow within the community or negatively affect people around them by their actions. Believers are not islands unto themselves.

Because of the essential nature of community, it is no wonder the New Testament authors chose *koinonia* as the word to reflect the depth that comes in fellowship with Christ and one another. This *koinonia* incorporates a range of aspects including suffering with one another (Phil. 3:10), sharing with those in need (2 Cor. 9:13), practicing hospitality even with strangers (Rom. 12:13), as well as living out and sharing the gospel (Phil. 1:5).

While community culminates in the church through the work of Christ, this is not where it began. God’s intent for community reaches back to the beginning of creation, and, technically, even before that.

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<sup>9</sup> Samra, *The Gift of Church*, 72.

<sup>10</sup> Dietrich Bonhoeffer, *Life Together* (New York: Harper and Row, 1976), 30.

## Community as the Reason for Creation

The reality and importance of community resonates from the first page of Scripture. Genesis 1:26-27 says,

Then God said, “Let us make mankind in our image, in our likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and over all the creatures that move along the ground.” So God created mankind in his own image, in the image of God he created them; male and female he created them.

It is clear from the start that a plurality within the human creation was God’s intention. The plural reference in Genesis 1 is followed by a very specific description of how this plurality would be accomplished. “The LORD God said, ‘It is not good for the man to be alone. I will make a helper suitable for him’” (Gen. 2:18). After God finished creating the entire world with its creatures, plants and one solitary human, “Unitariness was the first thing God didn’t like.”<sup>11</sup> After surveying the rest of creation, God concluded that, “for Adam no suitable helper was found” (Gen. 2:20). As a suitable helper the woman would form a community with him, now achieving the “goodness” the Creator intended.

## Community Rooted in the Trinity

With community now in place for humanity, the reader witnesses another dynamic in these opening pages. God intended community to be a vital part of the order of creation because God Himself was a relational God existing in community. From the beginning the reader sees the Godhead referred to in the plural form. The author of Genesis gives no clear delineation as to how plurality works in the Godhead, but simply begins with it as a stated reality. In Genesis 1:26 God said, “Let *us* make mankind in *our*

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<sup>11</sup> Leonard Sweet, *Quantum Spirituality: A Postmodern Apologetic* (Dayton, OH: Whaleprints, 1991), 109.

image, in *our* likeness” (emphasis added). The use of plurals is striking. Multiple interpretations have been posited as to the meaning and use of these plurals, ranging from God speaking to the heavenly hosts to God identifying His own essence as a plurality. After surveying the various interpretations Victor Hamilton comes to this conclusion.

The best suggestion approaches the Trinitarian understanding but employs less direct terminology. . . . It is one thing to say the author of Gen. 1 was not schooled in the intricacies of Christian dogma. It is another thing to say he was theologically too primitive or naïve to handle such ideas as plurality within unity. What we often so blithely dismiss as “foreign to the thought of the OT” may be nothing of the sort. True, the concept may not be etched on every page of Scripture, but hints and clues are dropped enticingly here and there, and such hints await their full understanding “at the correct time” (Gal.4:4).<sup>12</sup>

It becomes eye opening to consider the possibility of God existing as a plurality within Himself. Many have considered this passage to be the first inclination toward the concept of the Trinity. No single verse of Scripture defines the nature of the Trinity. “Instead this doctrine is the product of a lengthy process of theological reflection that arose from the experience of the early Christians”<sup>13</sup> and has continued through the centuries. The greatest theologians down to the most casual of Bible readers can all commiserate with each other as to the inherent difficulty of understanding the Trinity. With the amount of time and energy theologians have put into this doctrine over the years it is fitting that one theologian would say, “Deny the doctrine of the Trinity and you’ll lose your salvation; try to comprehend it, and you’ll lose your mind.”<sup>14</sup>

This complexity comes from the Bible undeniably affirming the existence of one true God (Deut. 6:4) and at the same time affirming the divinity of the Father, Jesus

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<sup>12</sup> Victor P. Hamilton, *The Book of Genesis Chapters 1-17, The New International Commentary on the Old Testament* (Grand Rapids, MI: Eerdmans, 1990), 134.

<sup>13</sup> Stanley Grenz, *Created for Community* (Grand Rapids, MI: Baker, 1998), 42.

<sup>14</sup> Quoted without attribution by Grenz, *Created for Community*, 42.



Christ and the Holy Spirit. Any understanding of the plurality of the Godhead must be understood within the realm of God being “One.” As the Scriptures unfold, God is revealed through Jesus Christ. While Jesus asserted His own divine nature (John 8:58; 10:30-33; 19:7) He equally affirmed His Father in heaven as God (John 8:54).

As the early church continued to grasp the divinity of Christ it also began to understand the Holy Spirit as the third member of the Godhead (John 14:15-17). Two ecumenical councils were held that affirmed both the divinity of Christ and the divinity of the Holy Spirit: the Council of Nicea in AD 325 and the Council of Constantinople in AD 381, respectively.

N.T. Wright identifies the speed with which this doctrine of the Trinity became formally recognized in the literature of the early church fathers.

Within seventy years of the crucifixion, Clement, the bishop of Rome, can write such incipiently trinitarian sentences as these: “Have we not one God, and one Christ, and one Spirit of grace poured out upon us? . . . For as God lives and as the Lord Jesus Christ lives and the Holy Spirit.”<sup>15</sup>

After many decades of debate, the foundation for a doctrine of the Trinity began to take shape during the fourth century.

The efforts of three theologians—Basil, Gregory of Nyssa, and Gregory of Nazianzus (the “Cappadocian fathers”)—gave birth to what became the classic formulation of the doctrine of the Trinity. These thinkers declared that God is one “essence” (*ousia*) but three “centers of consciousness” or “independent realities” (*hypostaseis*). The three Trinitarian persons share the same will, nature, and essence. Yet each also enjoys special properties and engages in unique activities.<sup>16</sup>

This plurality demonstrates that God is a relational God existing in community with Himself. Since this is the very nature of who He is, it follows logically that He

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<sup>15</sup> N.T. Wright, *The New Testament and the People of God* (Minneapolis, MN: Fortress Press, 1992), 448, quoting *1 Clem.* 46.6.

<sup>16</sup> Grenz, *Created for Community*, 44.

would create humanity to have in its very nature the need for—and goal to be in—community.

It is not just plurality that drives the need for community. Equally important is the concept of oneness. When God joined the first man and woman together in marriage He stated, “a man leaves his father and mother and is united to his wife, and they become *one flesh*” (Gen. 2:24 emphasis added). The uniqueness of marriage lies in two individuals being united together as one. Oneness cannot be achieved by one person alone. That is individuality. Oneness can occur only in plurality. Gilbert Bilezikian defines oneness this way:

God was displeased with the fact that man was alone (Gen. 2:18). There was one solitary individual, but he had no oneness because there was no one else with whom he could be together in oneness (2:20). Since God is Trinity, he is plurality in oneness. Therefore, the creation in his image required the creation of a plurality of persons. God’s supreme achievement was not the creation of a solitary man, but the creation of human community.<sup>17</sup>

An understanding of who God is becomes essential to understanding the goal for mankind. Without a thorough understanding of plurality forming oneness, the concept of community loses both its foundation and its definition.

### **Community Lost Through Sin**

Satan’s original intent was to break apart community. Ideally he wanted to break both aspects of community, humankind relating with God and humankind relating with each other. Unfortunately, he succeeded at both. When Adam and Eve chose to disobey God and eat the forbidden fruit, they polarized themselves from God and from each other. Satan’s temptation of Eve created distrust in what had been a completely trustworthy

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<sup>17</sup> Gilbert Bilezikian, *Community 101* (Grand Rapids, MI: Zondervan, 1997), 19.

relationship between humanity and God. The simple question, “Did God really say, ‘You must not eat from any tree in the garden?’” (Gen. 3:1) sowed the seeds of doubt in Eve’s mind. This lack of trust and confusion over the truth formed the first crack in the foundation of community. “For God knows that when you eat from it your eyes will be opened, and you will be like God” (Gen. 3:5). From this, Eve thought she now had reason to doubt God’s communal love for her and she imagined something more attractive outside the bounds of that communal relationship (Gen. 3:6).

When Adam and Eve ate the forbidden fruit, community was broken. First, their relationship with God was severed, which was demonstrated vividly by their hiding from God when He came looking for them (Gen. 3:8). When confronted with their sin, instead of turning in repentance they made excuses (Gen. 3:12-13). The result of this was banishment from the Garden of Eden (Gen. 3:23-24) further emphasizing, in dramatic fashion, the separation from their relationship with God.

Second, their relationship with each other was broken. No longer did man and woman share the oneness without shame they once had (Gen. 2:25). They covered themselves with leaves (Gen. 3:7), creating a barrier between themselves. What once was a welcomed visible sign of their oneness now became intolerable.<sup>18</sup> The threat of impending judgment from God further isolated the man and woman from each other. At God’s questioning of the situation Adam drove a wedge between himself and Eve by blaming her for the incident (Gen 3:12). When God’s curse was decreed, another barrier was placed between the man and the woman when God declared, “Your desire will be for

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<sup>18</sup> Bilezikian, *Community 101*, 28.

your husband, and he will rule over you” (Gen. 3:16). The sin of Adam and Eve altered the course of humanity.

### **Community Restored**

Adam and Eve were banished from the Garden of Eden, but not before one profound foreshadowing event took place. God made the man and woman sets of clothes from the skin of an animal (Gen. 3:21). This early event was a picture of the coming provision, the ultimate covering of sin and shame in order to restore the community lost between God and humanity and between the man and woman.

From this point on God initiated His restoration plan. This plan was a pursuit of His people, coming to them to dwell among them in community. The first aspect of this restoration was through the installment of the covenant. He came to Abram promising that He would create for Himself a people as numerous as the stars (Gen. 15:5), a community of people.

As this community took shape God demonstrated Himself as their Deliverer, rescuing them out of bondage and bringing them to Himself (Exod. 3:7-10). God portrayed this event as a father carrying his son (Deut. 1:31), and when Moses became discouraged along the journey God reminded him, “My Presence will go with you” (Exod. 33:14).

Once delivered, God gave his people His law as a sign of His closeness to them. In Deuteronomy 4:7-8 Moses declares,

What other nation is so great as to have their gods near them the way the LORD our God is near us whenever we pray to him? And what other nation is so great as to have such righteous decrees and laws as this body of laws I am setting before you today?

God continued to demonstrate His relational pursuit of His people by physically dwelling among them in the tabernacle. No longer would His actual presence be separated from them as on the fiery mountain (Exod. 24:15-17), but He would instead dwell within their midst “in the sight of all the Israelites during all their travels” (Exod. 40:38).

Unfortunately the fall was not a one-time event in Genesis 3. God’s people continued to fall away from Him, choosing rebellion instead of relationship (Judg. 2:12). When their sin caused oppression, isolation and despair, God sent deliverers known as “judges” to be a representation of His rescuing presence. At the request of the people God appointed kings and commissioned prophets to lead the people into the right relationship with Himself. His people did not listen, remaining persistent in their rebellion.

As humanity continued to work against God by routinely departing from Him and breaking down the relationship He desired with them, God culminated His restoration by coming down Himself to live among His people in bodily form. This incarnational step through the fully divine, fully human Jesus Christ demonstrated God’s full investment in the community structure He had intended from the beginning. His desire in the Garden of Eden was to walk with His people in relationship. When that was thwarted He reinserted Himself into the community of His people. “The Word became flesh and made his dwelling among us. We have seen his glory, the glory of the One and only Son, who came from the Father, full of grace and truth” (John 1:14).

During His time dwelling with humanity Jesus lamented the repeated rejections of God the Father’s attempts to restore the relationship with His people. In one of His parables Jesus tells of a land owner sending multiple messengers on his behalf to exhort

his people to give to him that which was owed. In this parable each messenger was killed, culminating in the sending of the land owner's son (Luke 20:9-19). Even then the son is killed. In fact the son is killed by the very people with whom the land owner sought to renew his relationship. This is the story of humanity's rejection of community with God. He sought community with them and they killed Him instead.

The irony is the Son's death was not incidental; it was necessary. The Son had to die for actual reconciliation to take place between God and His people. The sin of humanity caused a breach which demanded justice. In His holiness God was unable to be in relationship with sinful humanity without payment being made for their rebellion. Sin deserves the penalty of death (Gen. 2:17; Rom. 6:23). This eternal separation from God was an insurmountable obstacle for all of humanity, who were unable to pay for sin any other way. This is why sinful humanity continued to reject God's offers of a communal relationship. They were in a fallen sinful state incapable of receiving God's offer (Rom. 1:21-22; 3:9-23).

Wonderfully, however, it was this death of Christ that paid the penalty for sin. Christ's perfect life took on the sins of the world as a just payment satisfying the penalty. His death was also the covering over of their sin, providing a garment of holiness (Gal. 3:27; Gen. 3:21). As a result, humanity, through Christ's death and resurrection, gained access to the forgiveness of sins and free entrance into a communal relationship with God as He originally intended.

### **The Church**

Next, God established the church as His ideal and permanent form of community with His people. Through Christ, every nation, tribe and tongue would come together as a

plurality into the oneness of the church. In using the Greek word *ekklesia* for church, the New Testament writers aligned the church closely with the concept of the assembly of the Old Testament people of God. The assembly was a collective gathering of all the people as one before the Lord. *Ekklesia* is the predominant word used in the Septuagint for the assembly. When God established the church at Pentecost it was understood that He was culminating His work of restoring community through the church, only this time incorporating the entire world.

From our earliest evidence, the Christians regarded themselves as a new family, directly descended from the family of Israel, but now transformed. The community, the *ekklesia*, had from the beginning a central symbolic, practical and theological role. Everything about it spoke both of the fulfilment of Israel's hopes and of a new role *vis-à-vis* the world.<sup>19</sup>

This concept of a new family made up of Jew and Gentile alike is deeply seated within the full understanding of what God's intent was for the church. N. T. Wright is not alone in this thinking. Georges Florovsky also speaks of the church as a new family. "Primitive Christians felt themselves to be closely knit and bound together in a unity which radically transcended all human boundaries – of race, of culture, of social rank, and indeed the whole dimension of 'this world.'"<sup>20</sup> Florovsky finds community as the core of the DNA of the church. The basic component at the elemental level of the church is *koinonia*.

Christianity entered history as a new social order, or rather a new social dimension. From the very beginning Christianity was not primarily a "doctrine," but exactly a "community." There was not only a "Message" to be proclaimed and delivered, and "Good News" to be declared. There was precisely a New Community, distinct and peculiar, in the process of growth and formation, to

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<sup>19</sup> Wright, *The New Testament and the People of God*, 447.

<sup>20</sup> Georges Florovsky, "Empire and Desert: Antinomies of Christian History," *The Greek Orthodox Theological Review* (1957): 133.

which members were called and recruited. Indeed, “fellowship” (*koinonia*) was the basic category of Christian existence.<sup>21</sup>

*Koinonia* is central to the nature of the church precisely because God wanted to dwell among His people in the context of relationship. Through the salvific work of Jesus, God dwelt once again with His people, not in a temple within the camp, but instead within the very people themselves, His new temple (1 Cor. 3:16). All of this points to the truth that God intended to restore a full communal relationship with His people in order that His love and theirs would join to form the relationship in community He sought from the beginning, and then in turn be on display for all the world to see.

### **Consummation**

In John 17:3 Jesus gives this definition of eternal life: “Now this is eternal life: that they may know you, the only true God, and Jesus Christ, whom you have sent.” The intent behind creation was for God to have a relationship with humanity in perfect harmony with the rest of creation. Isaiah 11:6 foretells of a day when, “The wolf will live with the lamb, the leopard will lie down with the goat, the calf and the lion and the yearling together; and a little child will lead them.” The passage goes on to envision a time when,

The cow will feed with the bear, their young will lie down together, and the lion will eat straw like the ox. The infant will play near the cobra’s den, and the young child put its hand into the viper’s nest. They will neither harm nor destroy on all my holy mountain (Isa. 11:7-9).

That was the goal from the beginning because it is God’s desire for the end.

Eternal life is summed up in John 17 as knowing God. Heaven is ultimately communal relationship with the Father and Son and by implication the Holy Spirit.

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<sup>21</sup> Florovsky, “Empire and Desert,” 133.



The ultimate expression of human community is the eternal community between God and humanity, focused in Jesus Christ. The life together of Jesus and the Twelve, of the Spirit and ekklesia, is an anticipation of the permanent and complete divine-humanity community forever and ever. Wherever two or three gather on earth in the nature and Spirit of Jesus, they anticipate in the age to come, in the eternal realm of God, the reality of . . . participating in the ontological and teleological reality of God. God desires to be with humanity in community forever and ever.<sup>22</sup>

The metaphors Scripture uses to picture our heavenly state point toward community. The bride of Christ, marriage feast of the Lamb, a holy city and the great multitude are a handful of descriptions of the eternal state. In each case they show God in community with His people.

The consummation of a restored relationship with God, nature and others is not reserved only for some time in the distant future. The Lord has graciously given the experiences of restored community here and now. In 2 Peter 3 Peter writes about the future blessings described above, but in verse 14 tells his readers it is also about the here and now. “So then, dear friends, since you are looking forward to this, make every effort to be found spotless, blameless and at peace with him.” While believers wait for the consummation of all things, they can also experience peace with God and others in this age. Peter then ends his letter in 2 Peter 3:18 with these words, “To him be glory both now and forever! Amen.” God’s glory is not only reserved for the “forever” of the final consummation. His glory is to be manifest now as well. When individuals live in light of the restored community God has initiated through the saving work of Jesus Christ, He receives glory here and now.

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<sup>22</sup> Gareth Weldon Icenogle, *Biblical Foundations for Small Group Ministry* (Downers Grove, IL: Intervarsity Press, 1994), 374.

### **A Biblical Definition of Care**

Community is God ordained and woven into the fabric of the unfolding narrative of Scripture. And yet, another major theme is expounded upon in the pages of Scripture, and that is a theme of care.

As the discussion of community began with an ancient word, so too does a study of care. One of the best starting points for a discussion about care is the word *paraklesis*. Paul's use of this word frames what he understood to be the central nature of care.

Paul was a man of great strength, power and accomplishment. He had a dramatic conversion, setting the stage for a tremendous ministry of reaching the lost with the Gospel by establishing churches and raising leaders, culminating in a legacy of penning a great number of the New Testament Scriptures. Yet all of this flowed out of a life that constantly and continually needed the tender care of the Lord. He suffered greatly for God (Acts 9:16). In multiple accounts Paul lists the tremendous heartache and difficulty always before him (1 Cor. 4:11, 2 Cor. 6:4-5, 11:23-30, 12:7-10). This catalogue includes beatings, imprisonments, shipwrecks, homelessness and stonings. All of which can be summed up in Paul's own words, "We were under great pressure, far beyond our ability to endure, so that we despaired of life itself. Indeed, we felt we had received the sentence of death" (2 Cor. 1:8-9). Paul's lament gives context to his striking words about his own need as a human. In a moment of worship and humble gratitude he proclaims, "Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles" (2 Cor. 1:3-4). Paul was overwhelmed with hope in this moment because despite all his pain and sorrow God had cared for him.

The word for comfort here is *paraklesis* and it forms the primary focus of this passage, occurring ten times in 2 Corinthians 1:3-7.

Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God. For just as we share abundantly in the sufferings of Christ, so also our comfort abounds through Christ. If we are distressed, it is for your comfort and salvation; if we are comforted, it is for your comfort, which produces in you patient endurance of the same sufferings we suffer. And our hope for you is firm, because we know that just as you share in our sufferings, so also you share in our comfort.

This passage serves as a foundation on which Paul bases his understanding of care. Something happened to Paul in his time of need that brought great comfort, *paraklesis*. But what was this comfort Paul received? This is where a full understanding of *paraklesis* becomes essential. Again, as with *koinonia*, it is important to point out that *paraklesis* carries a semantic range of meaning that cannot be forced in its totality onto every occurrence of the word. Yet the range of meaning for this word does paint a broad picture of care allowing it to encompass all that it should.

### *The Holy Spirit*

An understanding of *paraklesis* begins with a look at a related word *paraklete*. Christ used the word *paraklete* on a very significant occasion. He was about to ascend into heaven and rather than leave his followers alone he promised that he would give them the Holy Spirit. In John 14:16-17 Jesus says, “And I will ask the Father, and he will give you another *paraklete* to help you and be with you forever—the Spirit of truth.” Various versions have translated this word *paraklete* differently. The options have included “Counselor” (1984 NIV, HCSB, RSV), “Helper” (NKJV, NASB, ESV),

“Comforter” (KJV, Living Bible) and “Advocate” (NLT, NRSV, NET, 2011 NIV<sup>23</sup>).

While the various translations demonstrate the challenge of interpreting this word, this variety at the same time displays the range of meaning *paraklete* represents. Because “no single word can provide an adequate rendering,”<sup>24</sup> the range of meaning is broad. The various translations have done the reader a favor by showing just how far reaching the word *paraklete* extends by way of meaning. Paul and all the New Testament writers who used the word group of *paraklete*, *paraklesis* and *parakaleo* would have undoubtedly known the broad range of meaning that this word group represents. This does not nullify an author from intending one particular meaning for this word in a particular context, for instance as Paul may intend to particularly highlight the area of comfort in 2 Corinthians 1. Yet a word that carries such a wide range of meaning is very helpful for understanding a concept like care.

Paul chooses *paraklesis* to represent the care he received. It is no wonder Paul stresses that this comfort comes ultimately from God Himself. In selecting the word *paraklesis* Paul may by implication be specifically aligning this divine work with the *Paraklete*, the Holy Spirit. It is “the God of all *paraklesis*” who refreshes Paul’s troubled soul. God chooses through the Holy Spirit to comfort His people in all their troubles.

Jeffrey Reed, in his doctoral dissertation aimed at designing and implementing a care ministry for the Presbyterian congregation he served, rooted the ministry of care in

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<sup>23</sup> The 2011 NIV uses lower case “advocate” at this verse but then capitalizes “Advocate” for the remainder of the chapter.

<sup>24</sup> Johannes Behm, “παρακλητος,” *Theological Dictionary of the New Testament*, ed. Gerhard Kittel, trans. Geoffrey Bromiley (Grand Rapids, MI: Eerdmans, 1967), 5:814.

the work of Jesus. “Jesus’ ministry was a ministry of care. We see this highlighted in Jesus’ self-identified mission recorded in Luke 4:18-19.”<sup>25</sup>

The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free, to proclaim the year of the Lord’s favor.

Rooting a care ministry in Jesus seems obvious, and is indeed helpful, because as Reed points out, Jesus did have a ministry of care. Yet in that Luke 4 passage, even Jesus roots His ministry of care, not simply in Himself, but in the Holy Spirit who anointed Him for the task. It was the Spirit who set Jesus apart for that task and empowered Him to carry it out.

#### *A Definition*

The word *paraklete* includes three key concepts: help, counsel and comfort. These have been selected by translators over the years, and serve as a grounding for a definition of the care Paul articulated. Each of these words contributes in its own right to filling out what the original audience would have understood concerning the *paraklesis* of 2 Corinthians 1. In taking *paraklesis* as the starting point, the definition of care finds a solidly biblical mooring, with the Holy Spirit as its source and empowerment.

#### **Help**

The first meaning within the semantic range of *paraklesis* is help. Even help itself is a broad concept with multiple meanings, but two categories in particular rise to the surface: spiritual and physical. Spiritual help begins foremost with the salvific need of every human being. Included within this is the ongoing help of spiritual care for the soul.

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<sup>25</sup> Jeffrey R. Reed, “The Design and Implementation of a Congregational-Care Ministry for Kirk of the Hills Presbyterian” (D. Min. diss., Trinity International University, 2004), 20.

The difficulties encountered in the sanctification process of one's spiritual journey renders the need for spiritual help inevitable.

Help also encompasses a second dynamic, namely meeting physical needs. "A cup of water in my name" (Mark 9:41) is a statement in which Jesus identifies both aspects essential to care. A cup of cold water is a tangible, physical need, while at the same time being done "in my name," addressing implicitly the spiritual needs of the individual as well. The Holy Spirit anointed Jesus to "effect healing, liberation, and restoration on both physical and spiritual planes."<sup>26</sup>

*Spiritual.*

The word group of *parakaleo* and *paraklesis* "are very freely set in the service of testimony to the New Testament event of salvation."<sup>27</sup> Most notably the verb *paraklesis* is often used for people asking for the ultimate help of being saved. The Ethiopian eunuch asked for help in understanding the Scriptures (Acts 8:31), the writer of Hebrews asked for help through prayer to live out a gospel-honoring life (Heb. 13:19) and the healed demoniac asked for the ability to go with Jesus to declare the gospel (Mark 5:18).

In his article in the *Theological Dictionary of the New Testament*, Otto Schmitz articulates the significance of proclaiming the truth of salvation into one's life:

*παρακαλεῖν* occurs especially in Acts and Paul for exhortation by the Word proclaimed in the power of the Holy Ghost. This use is distinguished from that of asking for help by the fact that the address does not proceed from the person who seeks help but from one who speaks with almighty power in the name of God.

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<sup>26</sup> Reed, "The Design and Implementation of a Congregational-Care Ministry for Kirk of the Hills Presbyterian," 21.

<sup>27</sup> Otto Schmitz, "παρακαλεω, παρακλησις," *Theological Dictionary of the New Testament*, ed. Gerhard Kittel, trans. Geoffrey Bromiley (Grand Rapids, MI: Eerdmans, 1967), 5:799.

Thus παρακαλειν is used for the wooing proclamation of salvation in the apostolic preaching.<sup>28</sup>

A key passage emphasizing this point is 2 Corinthians 5:20: “We are therefore Christ’s ambassadors, as though God were making his appeal (*parakaleo*) through us.” This same concept is detailed in 1 Thessalonians 2:3-4: “For the appeal (*parakaleo*) we make does not spring from error. . . . We speak as those approved by God to be entrusted with the gospel.” Whether individuals are making the request for help for themselves or others, or urging them to receive this help, in both cases it is referring to the provision of salvation.

Help in the direction of salvation is the most significant care one can give to another’s soul. Care must be missional, to the extent that it points others to the saving God who alone can bring the ultimate healing a heart needs, namely salvation. Paul’s admonition to Timothy to “do the work of an evangelist” (2 Tim. 4:5) must also be an urgent admonition to anyone caring for the needs of others.

This spiritual help is that of reconciliation. The caregiver recognizes first that reconciliation must come between the person and God, but there will inevitably be the reconciling work to be done for one individual to another, or in some cases whole groups to others. This keeps at the forefront the necessity to act “in the name of Jesus” with the goal of bringing spiritual healing, renewal and reconciliation.

### *Physical*

At other times the request for help, using the word *parakaleo*, refers to meeting a physical need (the centurion in Matt. 8:5, the sick in Matt. 14:36, and the blind man in Mark 8:22). It is interesting to note that many of these appeals for help are translated as

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<sup>28</sup> Schmitz, “παρακαλεω, παρακλησις,” 5:794-795.

“begged,”<sup>29</sup> signifying the urgency for the help needed. Much of the physical help came in the request for healing. “Mark uses *parakaleo* . . . as a formulaic opening of healing accounts.”<sup>30</sup> But this help is not solely in reference to physical healing. Jesus uses *parakaleo* in reference to the physical help he could receive from the angels at any time during his great sufferings on the cross (Matt. 26:53). Help is also expected to be given to widows, orphans and foreigners (Deut. 24:17, 27:19). The apostles recognized these extensive needs, even to the point of creating an entire leadership structure to oversee this physical provision of help (Acts 6:1-7).

The concept of advocacy plays an important role in this discussion of help. An advocate works on behalf of another to provide what an individual is powerless to provide. An advocate is a voice crying out on behalf of the voiceless, raising awareness and appealing for help. The Holy Spirit performs this divine role in Romans 8:26-27: “The Spirit helps us in our weakness. We do not know what we ought to pray for, but the Spirit himself intercedes for us through wordless groans. . . . The Spirit intercedes for God’s people in accordance with the will of God.” Without attempting to force too much upon Paul, his admonition in 2 Corinthians 1 most like includes the appeal for every believer to pass along the same advocating help that they themselves have received in their time of need. In so doing, the Holy Spirit’s work as a helper is advanced.

### **Counsel**

The Holy Spirit is referred to as the “Counselor” in some of the translations of John 14. This translational choice sheds light on an aspect of what it means for the Holy

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<sup>29</sup> *Holy Bible, New International Version* (Grand Rapids, MI: Zondervan, 1984).

<sup>30</sup> J. Thomas, “παρακαλεω, παρακλησις,” *Exegetical Dictionary of the New Testament*, eds. Horst Balz and Gerhard Schneider (Grand Rapids, MI: Eerdmans, 1993), 3:25.



Spirit to be the *paraklete*. In the current context of the 21st century reader, Counselor conjures up multiple connotations that may or may not be helpful. For the original audience, however, this aspect of the definition carried three primary connotations: exhortation, discipline and guidance.

### *Exhortation*

Exhortation is a key concept in the spiritual life, essential to the ongoing journey of following Christ. As Schmitz points out, “It leads us to the use of παρακαλειν and παρακλησις for the admonition which is addressed to those already won and which is designed to lead them to conduct worthy of the Gospel.”<sup>31</sup> If help is assisting people with what they need, counsel or exhortation is directing people in the ways they should go.

The task of exhortation is best done in conjunction with God’s Word. A well-rounded, holistic view of the care of one’s soul will incorporate ongoing biblical exhortation. This means the weekly engagement with God’s Word as it is preached plays a vital role in the care journey. It also means that the daily encounters one faces in life should be absorbed into and saturated with Scripture. If someone in a hospital needs to find the path of peace, strengthening words are found in Scripture. If someone in a pattern of sinful behavior needs to find a way out, Scripture will provide the path to freedom. If someone is in a desperate need of hope and cannot find a foothold, it is often God’s words that brings the person that hope. The Scriptures are God’s very words, His Spirit speaking to the needy soul. The Holy Spirit’s role of illumining minds (1 Cor. 2:12, 14), convicting hearts (John 16:8-11) and empowering sanctification (Gal. 5:16-26) all comes within this realm of Him as Counselor. Eugene Peterson refers to this form of care

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<sup>31</sup> Schmitz, “παρακαλεω, παρακλησις,” 5:795.

as “spiritual direction” and sounds a warning if this direction does not give special attention to the heart.

The suggestion to *do* something is nearly always inappropriate, for persons who come for spiritual direction are troubled over some disorder or dissatisfaction in *being*, not *doing*. They need a friend who will pay attention to who they are, not a project manager who will order additional busywork.<sup>32</sup>

This is where the Holy Spirit, through the Scriptures, can do what only He can do, the work of inner heart change. As people hear God’s Word they will experience direct communication from the Lord to their situation that will produce in them the needed change, which can then lead to right living. As the *being* changes, so then will the *doing*. This can be a difficult task. The caregiver points the person in the right direction, even if the individual desires to go in the opposite direction.

### *Discipline*

This means church discipline can flow out of care situations. The care of individuals will necessitate pointing out sin and calling for change. Mark Dever has argued for the essential nature of church discipline in the life of the church by making it one of the nine marks of a healthy church in his appropriately titled book, *Nine Marks of a Healthy Church*. According to Dever, church discipline takes shape from two different perspectives. The first is *corrective discipline* which entails rebuking sin and in some cases casting one out of the fellowship. The second, more positive aspect of discipline is *formative discipline*. Dever describes this second aspect in these terms:

It is the stake that helps the tree grow in the right direction, the braces on the teeth, the extra set of wheels on the bicycle. It is the repeated comments on keeping your mouth closed when you’re eating, or the

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<sup>32</sup> Eugene Peterson, *Working the Angles: The Shape of Pastoral Integrity* (Grand Rapids, MI: Eerdmans, 1987), 187.

regular exhortations to be careful about your words. It is the things that are simply shaping the person as he or she grows emotionally, physically, mentally, and spiritually.<sup>33</sup>

Both aspects are vital in caring for one's soul. Counseling people through rebuke as well as formative training are unique components to *paraklesis* which can be done well through a partnership of the elders and those involved in giving care to the situation. Above all, this type of counsel should always be done out of sincere love. Paul used this disciplinary counsel in his first letter to the Corinthians, but his intent was always out of love. "I wrote you out of great distress and anguish of heart and with many tears, not to grieve you but to let you know the depth of my love for you" (2 Cor. 2:4). Even the most extreme case of handing an individual over to Satan was done out of a motive of loving restoration. "Hand this man over to Satan for the destruction of the flesh, so that his spirit may be saved on the day of the Lord" (1 Cor. 5:5). Paul felt the very compassion of God for those in the church at Corinth who needed his exhortation.

### *Guidance*

While biblical exhortation and discipline have an authoritative bent to them, an additional element within the concept of counsel carries more of a gentle tone. This third aspect is guidance. Psalm 73:24 says, "You guide me with your counsel." While exhortation and discipline focus on right and wrong, guidance discerns the path of God's will related to general issues like where to live, whom to marry or which career path to follow. This guidance comes most specifically from discerning the leading of the Holy Spirit. His direction may seem like a whisper at times, but He leads nonetheless.

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<sup>33</sup> Mark Dever, *Nine Marks of a Healthy Church* (Wheaton, IL: Crossway Books, 2000), 155.

In Paul's own life he experienced the Spirit's guiding him along his missionary journeys (Acts 16:7, 9-10). Paul was also able to serve as a guide for young pastors like Timothy and Titus, often giving them guidance relating to ministry decisions and directions (1 Tim. 1:3, Titus 1:5).

Guidance also leaves room for various practices that have proven to be helpful in clinical counseling settings. Behavioral, cognitive and other forms of therapeutic practices, informed by a biblical worldview may be applied to inform and direct those in need.

Counsel then is the collective essence of communicating the truth of God to the hearts of individuals through exhortation, discipline and guidance. It is done through the Holy Spirit illumining God's path for one's life, making that way sure and clear.

### **Comfort**

"Do not try to fix it, just listen!" This is the cry of many who need something more than help or counsel. What they are looking for is comfort, the third aspect of *paraklesis*.

Schmitz and Stahlin have noted that a key component to *paraklesis* is the metaphor of a mother with a child.<sup>34</sup> Isaiah 66:13 says, "As a mother comforts her child, so will I comfort you; and you will be comforted over Jerusalem." In one sense a mother provides tangible help for what her child needs. These include milk, clothing, shelter and warmth. In other cases, however, a mother provides something different from help or counsel, instead she provides comfort amidst the pain. For example, a child scrapes her knee on the pavement and limps to her mother in tears. She needs a wound to be washed

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<sup>34</sup> Otto Schmitz and Gustav Stahlin, "παρακαλεω, παρακλησις", *Theological Dictionary of the New Testament*, ed. Gerhard Kittel, trans. Geoffrey Bromiley (Grand Rapids, MI: Eerdmans, 1967), 5:790.

and bandaged, but she is also seeking something more. In her mother's arms the physical pain of the cut is not eliminated, but the emotional strain associated with the trauma begins to subside.

This comfort consists of concepts like encouragement, consolation and strengthening.<sup>35</sup> Unlike the idea of help, where a change to the situation is accomplished or at least attempted, the concept of comfort recognizes that while the outer circumstances may stay the same or in some cases even worsen, the inner perspective on those outer circumstances can be reoriented. Murray Harris notes that, "throughout 2 Corinthians the 'comfort' Paul is depicting is a consolatory strengthening in the face of adversity that affords spiritual refreshment."<sup>36</sup>

William Clebsch and Charles Jaekle articulate something similar to Harris. They address the reality that a situation is not always eliminated but it can be endured or even transcended.

Sustaining consists of helping a hurting person to endure and to transcend a circumstance in which restoration to his former condition or recuperation from his malady is either impossible or so remote as to seem improbable. The sustaining function normally employs the means of compassionate commiseration.<sup>37</sup>

For Paul this was especially true in the case of his own thorn in the flesh. God did not take away the pain, despite multiple appeals on Paul's part, but God did provide the strength to endure it: "My grace is sufficient for you" (2 Cor. 12:9).

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<sup>35</sup> Murray J. Harris, *The Second Epistle to the Corinthians, New International Greek Testament Commentary* (Grand Rapids, MI: Eerdmans, 2005), 144.

<sup>36</sup> Harris, *The Second Epistle to the Corinthians*, 143.

<sup>37</sup> William A. Clebsch and Charles R. Jaekle, *Pastoral Care in Historical Perspective* (New York: Harper and Row Publishers, 1967), 8-9.

In the midst of a heartfelt plea for deeper relationship with the Corinthian church, Paul agonized over the reality that they were no longer opening their hearts fully to him as they had in the past. “We are not withholding our affection from you, but you are withholding yours from us. As a fair exchange—I speak as to my children—open wide your hearts also” (2 Cor. 6:12-13). Paul goes on to recall the love they once displayed and he uses the words *paraklesis* and *parakaleo* to describe the comfort they at one time gave him. “For when we came into Macedonia, we had no rest, but we were harassed at every turn—conflicts on the outside, fears within. But God, who comforts the downcast, comforted us by the coming of Titus, and not only by his coming but also by the comfort you had given” (2 Cor. 7:5-7). Paul helpfully then gives three ways in which this comfort was manifested: longing, deep sorrow and ardent concern. These statements give definition to the comforting essence of *paraklesis*. This comfort included great longing for the relationship, deep sorrow over Paul’s pain and genuine concern for his well-being.

Yet this process should not be viewed as a distant, passive activity leaving the comfort giver with no significant cost. “Carry each other’s burdens, and in this way you will fulfill the law of Christ” were Paul’s words in Galatians 6:2. This is labor-intensive work, even if it is not the type of burden-carrying that solves a current dilemma or changes a circumstance. Ronald Sunderland affirms the effort incumbent upon caregivers by stating that those giving comfort,

learn all too well that to care means to enter the situation of those requiring help knowing that, ultimately, they are unable to change the other’s circumstances. But that does not mean they are powerless to do anything. Their primary purpose is to be present as fellow members of the household of faith, manifesting in their sustaining presence the community that draws both together, experiencing in

themselves the care partner's vulnerability; willing to enter his or her world of anxiety, pain, or helplessness; participating in that suffering, sharing that pain.<sup>38</sup>

Another component drawn from Paul is the relational effort it takes to forgive someone. Forgiveness ends up being one immediate practical application to the type of comfort Paul urges the church to demonstrate in 2 Corinthians 1 when in the following context, Paul asks the church to, "forgive and comfort [the sinner], so that he will not be overwhelmed by excessive sorrow" (2 Cor. 2:7). Associating comfort closely with forgiveness demonstrates the relational dynamic of consoling and encouraging that is needed in a restoration process. Forgiveness does not change the circumstances. The abuse still happened or the death still occurred. It does, however, provide something powerful, often inexplicable both for the victim and perpetrator.

The Amish community's practice of forgiveness sheds particular light on the work it takes and the powerful impact that comes from forgiveness. In the wake of the October 2006 school shooting in Nickel Mines, Pennsylvania, this community recognized both the immediacy and the process of forgiveness. The Amish demonstrated remarkable character by sending a delegate to comfort the family members of the perpetrator, extend forgiveness and attend his funeral. In a sense they were following Paul's directive to "forgive and comfort."

This is hard work and it is rarely over with the completion of one task. Carol Schweitzer notes this element of forgiveness in the Amish community:

Yet even the Amish acknowledge that "forgiveness is hard work that never ends" and for many in Nickel Mines it was easier to forgive an outsider than it is to practice forgiveness in their own community. The Amish community continues to work at this practice but maintains a sense of urgency in the midst of tragic losses

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<sup>38</sup> Ronald H. Sunderland, "The Dignity of Servanthood in Pastoral Care," *Journal of Pastoral Care and Counseling* 57, no. 3 (Fall 2003): 274.

by extending what appears to be immediate forgiveness. Thus the practice is a process, not a one-time event. This practice (process) is embedded in their way of life.<sup>39</sup>

Comfort is a needed component of *paraklesis*. It provides the strength to endure and is a process of full engagement, a burden to be shared. That is especially true when it involves forgiveness.

### **Summary**

Various definitions have been formulated to articulate care. The definition that has become the standard for care was formulated in the book *Pastoral Care in Historical Perspective*. In it Clebsch and Jaekle offer this definition:

The ministry of the cure of souls, or pastoral care, consists of helping acts, done by representative Christian persons, directed toward the *healing, sustaining, guiding, and reconciling* of troubled persons whose troubles arise in the context of ultimate meanings and concerns.<sup>40</sup>

These four aspects identified by Clebsch and Jaekle are at the center of care and can be found within the range of meaning of *paraklesis*. As a definition of *paraklesis* is unpacked it reveals multiple parts including help, counsel and comfort, which in turn unfold all four of Clebsch and Jaekle's categories. Paul's use of *paraklesis* guides an understanding toward the meaning of care. The word itself carries a range of meaning, the totality of which should not be forced upon every instance of the word. Yet a full understanding of its range of meaning lends itself toward a broad understanding of care which is first a work of God most specifically done through the Holy Spirit. This *paraklesis* provides help for spiritual and physical needs, it counsels through the use of

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<sup>39</sup> Carol L. Schnable Schweitzer, "'For-Giving' and Forgiving: Process and Practice in Pastoral Care," *Pastoral Psychology* 59, no. 6 (2010): 831.

<sup>40</sup> Clebsch and Jaekle, *Pastoral Care in Historical Perspective*, 4.



exhortation, corrective discipline and guidance and it comforts through consolation, strengthening and encouraging. All of this rounds out an understanding of what it means to care for those in need. Care is ultimately the work of God in a person's life, but God does not work alone. He expects his followers to carry out His *paraklesis* in the life of others, most notably by those who themselves have experienced the divine *paraklesis* in their own lives.

### **Care in Community**

While Paul stresses the preeminence of God and implicitly the Holy Spirit in care, he also highlights the mediating role of God's people in the activity of care. God is the source of all comfort, yet He strategically uses individuals to facilitate His work. This duality is most apparent in 2 Corinthians 1:4: "[God] comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God." Paul identifies the great privilege and responsibility humans have in caring for one another. This necessitates *koinonia*.

#### *Mediating the Divine Paraklesis through Koinonia*

The God-intended *koinonia* found within the church is the primary means by which God wants to facilitate His divine *paraklesis* into the lives of His people. To be sure, God can and does comfort individuals on His own, independent of others. That is how Paul can say he received comfort from God. Yet God has also chosen to work most notably through other individuals. This is quite similar to God's partnership with humanity in other realms like evangelism. God can and does communicate directly to people, guide them through dreams, or bring about conversion through visions, but His primary tool for bringing the Gospel to the lost is through the preaching of others (Rom.

10:9-10). Care works the same way. As Michael Garanzini puts it, “Healing involves an outside source, an ‘other’ who extends care and compassion.”<sup>41</sup> The vagueness of his “other” is fitting. It refers ultimately to two “others.” This healing emanates from the “Divine Other” and is mediated through the “human other.”

Since community is a representation of God’s relational being, it in turn becomes the place by which God’s relational blessings of care are noticeably experienced. Humans have been created for community with God and with each other. This creates a mediating role every believer has between God and others around them. James Fowler puts it this way.

As part of the planfulness and intention manifest in creation, human beings are genetically potentiated for partnership with God. That is to say we are prestructured, as it were, to generate the capacities necessary for us as a species to fulfill our vocations as reflective-responsive members of creation.<sup>42</sup>

Brid Long borrows from Fowler and elaborates his thinking further, “Humans are ‘genetically potentiated’ for partnership with God and with one another, and the forming and strengthening of an ecology of care calls for ‘sharing the praxis.’”<sup>43</sup> God has wired humans to be connected to Himself and to each other and this wiring serves as a natural conductor of His care and comfort.

Other metaphors for this mediating aspect have been suggested as well. Howard Stone identifies the metaphor of the mid-wife as an illustration of humankind’s part in facilitating care.

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<sup>41</sup> Michael J. Garanzini, *The Attachment Cycle* (New York: Paulist Press, 1988), 7.

<sup>42</sup> James W. Fowler, *Faith Development and Pastoral Care* (Philadelphia: Fortress Press, 1987), 54.

<sup>43</sup> Brid Long, “Theological Reflection in the Supervision of Pastoral Care,” *The Journal of Pastoral Care* 52, no. 2 (Summer 1998): 129.

As God's coworkers we reach out and admonish other people, not as if all is dependent on us, but rather with gentleness, sincerity, and tenderness, as we wait for the One who both wills and does. . . . John Cobb said it well: "Pastors above all will know that they are at most midwives of God's grace." And the people we serve will know that neither the awareness of sin nor the certainty of forgiveness and reconciliation comes from us; both are awakened—in the pastoral caregiver as well as in the parishioner—solely by God's Word through the moving of the Spirit. Thus, the Word is communicated not by the pastor, but through the pastor as the Spirit transforms the pastoral care encounter.<sup>44</sup>

Caregivers, like mid-wives, have a front row seat to the miraculous work of the life giving power of "the moving of the Holy Spirit." They themselves are not the source of the miracle, but are simply there by God's design to facilitate it.

Care givers face two essential aspects to their care giving. First, caregivers will often have their own experience of receiving care during a time of need. Dietrich Bonhoeffer grasped this in stating, "Only one who has been under spiritual care is able to exercise spiritual care."<sup>45</sup> Only after a person has experienced the divine *paraklesis* is he or she in a position to infuse that into others. "Compassion and understanding," William Hulme notes, "are qualities that are nurtured by our exposure to the Spirit of Christ."<sup>46</sup>

The second aspect is that one must be in community to experience the full extent of the divine *paraklesis*. Hulme's full quote makes the connection of *paraklesis* to *koinonia* explicit. "Compassion and understanding are qualities that are nurtured by our exposure to the Spirit of Christ, through the fellowship of believers." God works to care for His own, but He does that primarily through the fellowship of believers.

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<sup>44</sup> Howard Stone, *Theological Context for Pastoral Caregiving* (New York: Haworth Pastoral Press, 1996), 53. The quote from John Cobb comes from John B. Cobb Jr., *Theology and Pastoral Care* (Philadelphia: Fortress Press, 1977), 52.

<sup>45</sup> Dietrich Bonhoeffer, *Spiritual Care*, trans. Jay C. Rochelle (USA: Fortress Press, 1985). 66.

<sup>46</sup> William E. Hulme, *Pastoral Care and Counseling* (Minneapolis: Augsburg Publishing House, 1981), 162.

Along with Hulme, J. Thomas sees a definite connection between *paraklesis* and *koinonia* by placing a condition upon the definition of *paraklesis*.

The epistles define *paraklesis* practiced in the community (1 Cor. 1:6; 1 Thess. 5:11b; Col. 2:1f.). It revolves around mutual comfort: *sumparaklethenai* (Rom. 1:11). . . . There is no other condition set down for the form of Christian *paraklesis* than compliance with this mutuality.<sup>47</sup>

*Paraklesis* then, almost by necessity, demands *koinonia*.

*Koinonia* becomes the very agent by which God's divine *paraklesis* is mediated to humanity. To be sure God can and does visit humans individually with His presence and comfort, but even those seemingly individualized experiences often have communal underpinnings. One's isolated reading of Scripture is undergirded by the communal nature in which Scripture was written in the first place through the agency of multiple human authors. Individual reading is also informed by the teachings and scholarly traditions of the reader's particular community. In like fashion, much of a person's prayer life has been informed by the community structures which inform the individual how to pray and for what to pray. Even the sense of personal peace one feels in the midst of a lonely, dark night of the soul is a peace that ultimately will not last if one stays in isolation. God has woven His *paraklesis* into the fabric of *koinonia* and has given people the opportunity to experience both with great joy and fullness.

### *Prayer*

The partnership of the divine with the human collides in prayer. The result is the most profound form of *paraklesis* one can give. Prayer is the powerful key to unlock the

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<sup>47</sup> J. Thomas, "παρακαλεω, παρακλησις," 3:25.

resources of the divine *paraklesis* in the life of God's people and it begins with dependence upon the divine *paraklete*.

It is out of this dependency one begins to see the power of prayer. Jesus told His disciples in John 14:10, "It is the Father, living in me, who is doing his work." Jesus acknowledges the Father as the source for everything He accomplished on earth. Paul applies this same principle to each individual life when he asserts that the Father is working through people. In Philippians he states, "It is God who works in you to will and to act in order to fulfill his good purpose" (Phil. 2:13).

Prayer is not merely the preparation for work to be done later. Prayer in itself is work, and it is mighty work. Prayer reminds the caregivers they are only the mediating conduit, not the ultimate source of the care. If the Holy Spirit does not provide the miraculous work of *paraklesis* the feeble efforts of the caregiver will have no power.

Much is accomplished through prayer, as the story of Daniel's prayer illustrates. His prayer in Daniel 10 sparked a cosmic battle. Daniel withdrew to fast and pray for 21 days. This prayer may have felt like patient waiting, but all the while it was the active work needed to obediently determine God's answer. Prayer is time consuming and physically demanding, simply because it is accomplishing mighty work. Paul says that "our struggle is not against flesh and blood, but against the rulers, against the authorities, against the powers of this dark world and against the spiritual forces of evil in the heavenly realms" (Eph. 6:12). One of the key ways people care for one another is through prayer, asking the Holy Spirit to work His divine *paraklesis* in another person's life.

The reason prayer has power is because it is placed before God, who promises to hear, answer and act (Ps. 34:15-17). Karl Barth solidifies the essential nature of prayer

with this profound assertion: “[God] is not deaf, he listens; more than that, he acts. He does not act in the same way whether we pray or not. Prayer exerts an influence upon God’s actions.”<sup>48</sup> Abraham bartering with God for the rescue of Lot, Jacob wrestling with God to receive a blessing and Moses begging God to spare the Israelites all show that “the prayer of a righteous person is powerful and effective” (James 5:16). For care to be effective it must include prayer. It is through prayer that the divine and human intersect so miraculously.

### *Motivation and Strength by Which to Care*

Caring for the needs of others is a difficult task. Therefore it must be undergirded with a strong motivation. Paul notes that the comfort he received came from “the Father of compassion” (2 Cor. 1:3). God cares for His people out of a deep-seated compassion innate within His being. This emotional love and heartfelt compassion come pouring out of the pages of Isaiah 51, where the two concepts of comfort and compassion are used together similar to the way they are in 2 Corinthians. Isaiah prophecies, “The Lord will surely comfort Zion and will look with compassion on all her ruins” (Isa. 51:3). In the Greek Septuagint at this passage the word *parakaleo* is used for both comfort and compassion, showing again the broad range of this word. As God looks on the ruin and desolation of His people His compassion flows out of a relationship with them. The chapter closes with God reminding them, “I am the Lord your God. . . . You are my people” (Isa. 51:15-16). God loves His people with great compassion.

Paul picks up on this same theme in 2 Corinthians 1:3 when he calls God “the Father of compassion.” Paul uses the word *oiktirmos* which carries with it the idea of

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<sup>48</sup> Karl Barth, *Prayer* (Philadelphia: Westminster, 1952), 21, quoted in Philip Yancey, *Prayer* (Grand Rapids, MI: Zondervan, 2006), 143.

grief, lamentation and sympathetic pity for the one in need.<sup>49</sup> In stating that God is the Father of compassion he implies that all compassionate acts by individuals flow from the Father as their source. Rudolf Bultmann has affirmed that “God is the Father from whom all compassion comes and it is imparted to us.”<sup>50</sup> God as the model and source of compassion provides for each individual the motivation for care.

Another word Paul uses for compassion is *splagchnizomai*, signifying the depths of one’s being—literally, the guts. In Philippians 2:1 these two words for compassion, *oiktirmos* and *splagchnizomai* are used side by side to formulate a concept of heartfelt tenderness and compassion.

Jesus Himself demonstrated great compassion. “When he saw the crowds, he had compassion on them, because they were harassed and helpless, like sheep without a shepherd” (Matt. 9:36). This compassion is a driving force behind giving care. The Greek verb “to have compassion” in Matthew is the above mentioned *splagchnizomai*. This deep-seated emotion is the impetus behind many instances in Scripture where someone reached out to care for another. Jesus showed it when he fed the five and four thousand (Matt. 14:14, 15:32) and the master demonstrated it when cancelling the debt of his servant (Matt. 18:27). Jesus compassionately raised the widow’s son from the dead (Luke 7:13). The Good Samaritan cared for the wounded man who had been bypassed by others (Luke 10:33). The father’s *splagchnizomai* was evident when he welcomed home his prodigal son (Luke 15:20). Truly loving someone with this deep compassion compels

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<sup>49</sup> Rudolf Bultmann, “οικτιρω, οικτιρος, οικτιρων,” *Theological Dictionary of the New Testament*, eds. Gerhard Kittel, trans. Geoffrey Bromiley (Grand Rapids, MI: Eerdmans, 1967), 5:159.

<sup>50</sup> Bultmann, “οικτιρω, οικτιρος, οικτιρων,” 5:161.

great acts of care. This is the compassion God shows in His care for His people. In turn, everyone engaged in the activity of caring for others must strive to demonstrate it as well.

Compassion, however, is not enough. The compassionate caregiver must also believe God is capable of accomplishing care. Believing God is willing and desirous of caring is one thing, to believe also He is strong enough to provide sufficient care is another. After Paul describes God as a compassionate Father, he reminds the readers that this Father is also “the *God* of all comfort” (2 Cor. 1:3, emphasis added). The use of God, as opposed to Father, denotes a shift toward a sense of sovereignty, power and strength. If Paul has a compassionate Father who wants to care for him, Paul also has a God capable to care for him in all the ways his troubled heart needs. A God who has both fatherly compassion and sovereign strength will be sure to care for the person in need. All of this harkens back to the psalmist who declared, “One thing God has spoken, two things have I heard: ‘Power belongs to you, God, and with you, Lord, is unfailing love’” (Ps. 62:11-12). Here the psalmist speaks directly of strength and love by applying the same strategy as Paul in utilizing two different names for God, Elohim and Adonai, denoting His strength and love respectively. Perhaps Paul intentionally echoed the psalmist as he wrote of fatherly compassion and sovereign comfort.

### **The Practices of the Early Church**

The teachings of Scripture on *koinonia* and *paraklesis* within the practice and context of the early church establish the foundation for an understanding of how the divine *paraklesis* was mediated through *koinonia*.



*The Early Church in Community*

After Jesus ascended into heaven the group of disciples who remained numbered about 120 (Acts 1:15). This group met together in one location on multiple occasions. The first instance is recorded in Acts 1:15 to select a replacement for Judas. The second is in Acts 2:1 where this group of 120 was “all together in one place” for that historic day of Pentecost when the Holy Spirit came upon them in dramatic fashion. After Peter’s message at Pentecost 3,000 people were added to the number of disciples, with more being added daily.

As Luke describes the activity of these early disciples in the Book of Acts he highlights that they met together often. In Acts 2:44 he repeats a Greek phrase that he has already used twice. This Greek phrase is *epi to auto*, “together” or “in one place”, which Luke used in Acts 1:15 and 2:1 to highlight the close nature of the community in the process of receiving teaching and sharing possessions. The question arises naturally as to where such a large group of people could meet “together,” especially if it truly was ever “in one place.”

The opening chapters of Acts give three locations where the early disciples met. Acts 1:13 records an upstairs room where the disciples were staying while in Jerusalem. This is the place to which they returned immediately following Jesus’ ascension, and it is presumably the same location where the Spirit came at Pentecost (Acts 2:2, “violent wind came from heaven and filled the whole house where they were sitting”). The remaining two locations are found in Acts 2:46: “Every day they continued to meet together in the temple courts. They broke bread in their homes and ate together with glad and sincere hearts.”

It is hard to know for sure whether or not all 120 original disciples met in the upstairs room together. Archaeological evidence has left open the possibility for the existence of an upstairs room of that size. “Excavations in Jerusalem clearly demonstrate that such facilities were available; however, a capacity of 120 would have been the upper limit.”<sup>51</sup>

The grammatical connection of (epi to auto) “together, in one place” to the upstairs room may suggest that 120 were gathered there, but it does not demand it. When the upstairs room is first mentioned in Acts 1:13 a very specific list of those present follows, naming only the eleven apostles. When Peter addressed the entire assembly of 120 individuals in the selection process of a replacement for Judas, the exact location is not specified. All 120 people were involved in the selection process of Matthias, but no definite location is mentioned as to where that took place.

The second time the upstairs room is mentioned (Acts 2:1 at Pentecost) it is again unclear how many were in attendance. It may have been all 120 or it could have been simply the eleven apostles. Starting in Acts 2:5 those in the upstairs room must have gone outside in order for the residents of the city to hear them speaking in tongues. Thousands of awestruck people gathered, which culminated in Peter leading 3,000 to faith.

With 3,000 new disciples, other locations became essential as meeting places. The first was the temple, which served as the primary location for a centralized gathering place. “The apostles performed many signs and wonders among the people. And all the believers used to meet together in Solomon’s Colonnade” (Acts 5:12). Some have questioned whether the temple itself could even accommodate over 3,000 at one time.

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<sup>51</sup> Roger W. Gehring, *House Church and Mission* (Peabody, MA: Hendrickson Publishers, 2004), 65.

Yet it is clear a sizeable assembly that included the larger group of disciples was held regularly.

The other location mentioned as an ongoing meeting place other than the Temple was the home. The various homes the disciples met in (Acts 2:46; 5:42) were a key part of the continued strengthening and growth of these early disciples. This is where *koinonia* found its fertile soil for growth. It was in this gathering together as smaller segments of the whole that people lived life together. Of the four main attributes that defined the community of believers in Acts 2:42 (apostles' teaching, fellowship, breaking of bread and prayer), the one aspect tied specifically to the smaller setting of the home was the breaking of bread (Acts 2:46). It is best to see this practice as not only alluding to the formal eucharistic meal of Jesus with His disciples on His last night (Luke 22:7ff), but also as reminiscent of the many meals Jesus spent with people teaching and doing life together around the context of a meal within a home (Luke 7:36; 19:5; Matt. 9:10). "The meals of the Early Church were not originally repetitions of the last meal which Jesus celebrated with his disciples, but of the daily table fellowship of the disciples with him."<sup>52</sup>

As a result, in the life of the church, both the large group times of worship in the temple and the smaller community gatherings in the homes were the two vital components of the early church's practice. James Dunn summarizes the interconnectedness of the large group temple gatherings and the smaller, informal house meetings.

Luke was evidently quite content to leave the impression that as the new pattern of worship and community was beginning to take shape in the believers' homes,

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<sup>52</sup> Joachim Jeremias, *The Eucharistic Words of Jesus* (London: SCM, 1966), 66.

at the same time they continued to value and participate in the Temple ritual and times of prayer (Acts 3:1).<sup>53</sup>

The implication is that the smaller community groups or house churches were not a subset of the church or even a key ministry of the church, but these groups were in fact manifestations of the church itself.

As the church grew in size the number of community groups expanded as well. Each city or location where the church was established had a network of smaller gatherings. Romans 16 gives a glimpse into the dynamic nature of multiple gatherings taking place in one specific area or region. Paul specifically greets the church that meets in the home of Priscilla and Aquila (Rom. 16:3-5). If every believer in Rome attended that gathering in Priscilla and Aquila's home Paul would not need to go on in the rest of the chapter greeting other individuals. His greeting to that home would have been sufficient. It seems likely that many other individuals Paul goes on to greet gather together regularly at other homes.

Another example is Colossians 4. As Paul wraps up his final greetings he asks those reading his letter to greet the brothers in Laodicea, and then he adds specifically "to Nympha and the church in her house" (Col. 4:15). This suggests that not all of the believers in Laodicea met in Nympha's home. This is probably why Paul is able to use the plural form "churches" as often as he does. James Dunn affirms the idea that cities may have had multiple churches.

The regularity of Paul's use of the plural (churches) is worth noting: Paul evidently thought of separate gatherings, in houses or cities, several in a city or

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<sup>53</sup> James Dunn, *Beginning from Jerusalem*, vol. 2 of *Christianity in the Making* (Grand Rapids, MI: Eerdmans, 2009), 202.

region, as individually churches. . . . Wherever a group of believers in Jesus as Lord came together (*syn-agein*), there was “the church of God.”<sup>54</sup>

Dunn, however, may be overstating the autonomy of these gatherings. While Paul implies that multiple gatherings took place in homes in a certain region, he also highlights a strong interconnectedness. He implies multiple gatherings in Laodicea, yet he is also interested in clumping them all together with a singular reference, “After this letter has been read to you, see that it is also read in the church of the Laodiceans” (Col. 4:16). He did not view the separate home gatherings as autonomous churches, but rather as a practical outworking of the church in Laodicea.

This evidence suggests that while in-home gatherings were every bit “the church of God” they also likely assembled together for regular gatherings of worship. Paul does not mention the temple in his writings primarily because his ministry was not in Jerusalem, the site of the temple. As a missionary, he was establishing churches beyond that region, making it necessary for a different location in each region to serve as the large gathering place. Nor does Paul mention the synagogue in connection to the church either, making it likely that one or two key homes in a region were used to hold the larger gathering.

For example, in the city of Corinth the large gathering may have met in the home of Gaius. In Romans 16 Paul sends a greeting from Gaius to the Romans. Paul articulates Gaius’s greeting this way, “Gaius, whose hospitality I and *the whole church* here enjoy, sends you his greetings” (Rom. 16:23, emphasis added). Paul’s words give strong indication that the many house churches that gather within the region enjoy the hospitality of meeting together as a large group of believers in Gaius’s home. If, as many

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<sup>54</sup> Dunn, *Beginning from Jerusalem*, 202.

assume, Paul is writing from Corinth, then Gaius seems to have a home large enough for all the various “churches” to meet in order to facilitate large group worship activities like the orderly worship service (1 Cor. 14:23) and large group communion meals (1 Cor. 11:20).

An entirely separate study could be written about the physical construction of first century homes, but suffice it to say, most likely a community had a wealthy participant with a home large enough to facilitate a meeting of 40-50<sup>55</sup> people by some estimates and possibly as high as 100<sup>56</sup> or even 120. This then suggests that the multiple smaller gatherings in other homes throughout that region could all gather together on the first day of the week (1 Cor. 16:2) for corporate worship.

#### *The Early Church as a Caring Community*

In Acts, two distinct phrases encapsulate the mindset of the early church as they related to one another in community: “one in heart and mind” (Acts 4:32) and “no needy persons among them” (Acts 4:34). Both community and care are seen clearly in the early church and an intentional interconnectedness existed between the two. In 1 John 3:17-18 John emphasizes a communal aspect to the early church’s display of care: “If anyone has material possessions and sees a brother or sister in need but has no pity on them, how can the love of God be in that person? Dear children, let us not love with words or speech but with actions and in truth.” In order for care to occur within the community the early church began to formulate a structure to facilitate this.

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<sup>55</sup> Robert J. Banks, *Paul’s Idea of Community* (Exeter, U. K.: Paternoster, 1980), 40-42; Murphy-O’Connor, *St. Paul’s Corinth* (Wilmington, DE: Michael Glazier, 1983), 153-158.

<sup>56</sup> Bradley Blue, “Acts and the House Church,” *The Book of Acts in Its Graeco-Roman Setting*, eds. D. W. Gill and C. Gempf (Grand Rapids, MI: Eerdmans, 1994), 175.

*The Organizational Oversight of the Early Church*

Very little is actually known about the leadership structures of the first house churches. While Paul provides a perspective on the leadership of the early church in his letters, Dunn cautions against “generalizing too lightly from the perspective which Paul provides.” Since Paul wrote only a few letters to a handful of churches the data is rather slim. Dunn points out that very little formal structure is identifiable from the writings of Paul.

Formal structures of organization and appointed leadership were markedly lacking. Instead we have to reach for a term like “charismatic community” if we are to gain an adequate “feel” for what Paul both sought to accomplish and in the event succeeded in accomplishing.<sup>57</sup>

This apparent tension from Paul’s “charismatic community” reveals multiple layers of leadership positions. While complete clarity of function is hard to come by there does seem to be enough information given to construct a helpful model of the community leadership of the early church. Five primary groups of people existed. The New Testament writers did not always keep these five groups separate and even created some overlap within their roles, but there does seem to be a unique movement in scope to the groups. The leadership structure starts broad in both scope of ministry and location of ministry and each subsequent group gets narrower in its scope and location of ministry.

The first group was the apostles, of whom Paul was one. At the very earliest stages of the church, while it was yet confined to Jerusalem, the apostles took the lead. From the first house church meeting at Pentecost through the time of its growth in Jerusalem, three men held prominent positions of leadership: Peter, James the son of Zebedee (Acts 12:2) and James the brother of Jesus (Acts 12:17).

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<sup>57</sup> Dunn, *Beginning from Jerusalem*, 641.

The second group of leaders were those working alongside Paul to plant churches. Men like Timothy, Titus, Epaphroditus (Phil. 2:19, 25) and others like Euodia, Syntyche and Clement. The other “true companions” listed in Philippians 4:2-3 are also members of this second group. These individuals were often left to oversee a newly formed church for the purpose of identifying local leaders who would exercise oversight for that church.

The third group of leaders consisted of the elders of the churches. The Book of Acts begins to use that designation increasingly in the second half of the book (Acts 15:4, 6, 22, 41; 16:4; 21:18). Paul’s writings refer extensively to elders as a key source of leadership.

The fourth line of leadership is that of deacon. These deacons originated in Acts 6 and they served an assisting role initially for the apostles. In Acts 6, a group of seven Hellenistic men were chosen for a position of leadership, creating the office of deacon. The text implies their role was one of administrative oversight to areas outside the realm of “prayer and the ministry of the word” (Acts 6:4). The elders and deacons may have solidified into the most prominent role of leadership in the local church because of the lists of strict requirements placed upon them (1 Tim. 3; Titus 1), but the New Testament also describes a fifth group of leaders.

This fifth group of leaders consisted of the household owners who provided the home for the worship gathering. Mary, the mother of John Mark, is the first of this category of leaders who is mentioned by name (Acts 12:12). Many others are cited, usually near the end of letters, often vaguely as “the one in whose home the church meets.”



This accounting demonstrates that leadership became increasingly localized to a specific group of people. The apostles disseminated the truth of the gospel broadly, in many cases around the known world, while the other levels of leadership were working in smaller contexts. As the church continued to grow, these leaders each played a role in strengthening the church at the local level through smaller communities.

### **Conclusion**

Community is at the core of God's intention for His creation. With community embedded in human interaction, God can both dwell among them and care for them. This allows His divine comfort to be effectively released within human community. The early church understood this and formed fairly quickly into smaller community units as gatherings of worship and for fellowship in homes. The leadership structure in place was conducive, not only to the spread of the gospel globally, but also for the care of each individual located in these smaller communities. All of this centers on the understanding that God, particularly the Holy Spirit, is essential to the process and outcome of mediating the divine *paraklesis* through human *koinonia*.

### CHAPTER THREE: CARING COMMUNITIES

Community is not exclusively a biblical or even Christian phenomenon.

Sociologists have long understood the importance of community to society. In his book *Renewing the Center*, Stanley Grenz notes a number of sociological studies that highlight the significance of community. Prefacing his list of sociologists, Grenz states,

While the concept of community arises immediately from the biblical vision, certain contemporary sociologists offer insight into its significance. These thinkers speak about the importance of the “social web” or the experience of “community” to human existence.<sup>1</sup>

At the heart of many sociologic studies is the reality that human existence is dependent upon community. Community is not seen as a facet of human existence but rather the very core. One such sociological thinker was George Herbert Mead (1863-1931). His course lectures at the University of Chicago articulated his views on the impact of social relationships on an individual. While he never personally published his class notes, or even taught from notes themselves, his lectures impacted so many students that a number of them published his class lectures from their own transcriptions of what he said. The lectures became the book *Mind, Self, and Society*.<sup>2</sup> When it comes to the individual’s mind or intelligence, Mead boldly asserted, “It is absurd to look at the mind

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<sup>1</sup> Stanley Grenz, *Renewing the Center* (Grand Rapids, MI: Baker Academic, 2006), 284. Grenz lists many of the sociologists discussed in the following pages.

<sup>2</sup> George H. Mead, *Mind, Self, and Society*, ed. Charles W. Morris (Chicago: University of Chicago Press, 1934, reprint 1967), vi.

simply from the standpoint of the individual human organism; for, although it has its focus there, it is essentially a social phenomenon.”<sup>3</sup> He followed this with his rationale:

The processes of experience which the human brain makes possible are made possible only for a group of interacting individuals: only for individual organisms which are members of a society; not for the individual organism in isolation from other individual organisms.<sup>4</sup>

Being “members of a society” is essential for the personal formation of any individual. Mead insists it is possible to “exist” in isolation and that a person can be conscious of himself or herself individually, but self-consciousness can come only through community. For instance, a man may be conscious that he has a toothache, but that is not self-consciousness. By self-consciousness Mead means to articulate one’s maturing personality or one’s self identity, which can be produced only through social interaction.<sup>5</sup> “Selves can only exist in definite relationship to other selves.”<sup>6</sup> In fact he even goes so far as to assert

No hard and fast line can be drawn between our own selves and the selves of others, since our own selves exist and enter as such into our experience only in so far as the selves of others exist and enter as such into our experience also. The individual possesses a self only in relation to the selves of the other members of his social group.<sup>7</sup>

While this is primarily theoretical and technical, Mead boils down his thinking into a couple of key metaphors. The first is that of the multi-cellular structure of the human body. The cells exist individually, but only out of the community of the living body. The life-process must be going on first in order for there to be differentiated cells.

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<sup>3</sup> Mead, *Mind, Self, and Society*, 133.

<sup>4</sup> Mead, *Mind, Self, and Society*, 133.

<sup>5</sup> Grenz, *Renewing the Center*, 284.

<sup>6</sup> Mead, *Mind, Self, and Society*, 164.

<sup>7</sup> Mead, *Mind, Self, and Society*, 164.

His second metaphor is of a nuclear family. It is like the first in that a mother, father and child function within the community. The process of caring for a child can only exist in community. A cry of a child has significance because it generates within others a distinct response. With these illustrations in mind Mead concludes, “It cannot be said that the individuals come first and the community later, for the individuals arise in the very process [of community] itself.”<sup>8</sup>

Mead’s thinking may have been influenced by his contemporary, Emile Durkheim (1858-1917), who came to similar conclusions in the book, *The Division of Labor in Society*.

Collective life is not born from individual life, but it is, on the contrary, the second which is born from the first. It is on this condition alone that one can explain how the personal individuality of social units has been able to be formed and enlarged without disintegrating society . . . that of an organ or part of an organ having its determined function, but which cannot, without risking dissolution, separate itself from the rest of the organism.<sup>9</sup>

An organ from a body is an individual component but it finds its purpose and very existence only inasmuch as it is connected with the rest of the body. On its own, it ceases to function in any real capacity. With this in mind, Durkheim concludes, “Under these conditions, co-operation becomes not only possible but necessary.”<sup>10</sup>

This concept of the body is the driving metaphor used in Scripture for the church as community (Rom. 12:5; 1 Cor. 6:15, 10:17, 12:12-27; Eph. 2:16, 4:4, 5:30; Col. 3:15). Mead and Durkheim both identified the same metaphor even without the aid of Scripture. Stanley Hauerwas views the concept of the body so highly that he admits he used to find

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<sup>8</sup> Mead, *Mind, Self, and Society*, 189.

<sup>9</sup> Emile Durkheim, *The Division of Labor in Society*, trans. George Simpson (New York: Macmillan, 1964), 279-280.

<sup>10</sup> Durkheim, *The Division of Labor in Society*, 280.

“the people of God” as the main metaphor for the church but has shifted to see “the body of Christ” as the preeminent metaphor.<sup>11</sup> Hauerwas even cautions against labeling the “body of Christ” as simply an image or metaphor.

Paul did not think that we, as baptized believers, ought to view our bodies *as if* we were one with one another through Christ, but rather that our bodies are quite literally not our “own” because we have been made (as well as given) a new body by the Spirit. What is crucial, therefore, is not whether the church is primarily understood as “the body of Christ” or the “people of God,” but whether the practices exist through which we learn that our bodies are not “ours.”<sup>12</sup>

Alisdair MacIntyre also makes use of the body metaphor in his work *After Virtue*. MacIntyre builds on the metaphor of the interconnectivity of the human body by analyzing the interconnectivity of a human life as a whole. One cannot segregate a person’s life as a child from their life as an elderly person. They interconnect to create a flowing narrative of that human life. He suggests, however, that modern culture works against this idea of a cohesive narrative.

So both childhood and old age have been wrenched away from the rest of human life and made over into distinct realms. And all these separations have been achieved so that it is the distinctiveness of each and not the unity of the life of the individual who passes through those parts in terms of which we are taught to think and to feel.<sup>13</sup>

MacIntyre’s work emphasizes that individuals are always in community. The very reality of being born into a people can automatically provide an individual with tradition, history and context, placing this individual in a broader stream or narrative. MacIntyre’s

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<sup>11</sup> Stanley Hauerwas, “What Could It Mean for the Church to be Christ’s Body?” *Scottish Journal of Theology* 48, no. 1 (1995): 7-8.

<sup>12</sup> Hauerwas, “What Could It Mean for the Church to be Christ’s Body?” 9.

<sup>13</sup> Alasdair MacIntyre, *After Virtue*, 3rd ed. (Notre Dame: University of Notre Dame Press, 2007), 204.

writings echo Durkheim's statement above, "Collective life is not born from individual life, but it is, on the contrary, the second which is born from the first."

What is so consistently demonstrated from one researcher to the next is that the human individual is in need of other individuals. Humans live and move and have their being in relation to other human beings just like every part of a body lives and moves and has its being in relation to all the other parts of that body.

### **The Dangers of Neglecting Community**

While scholarship reveals the necessity of community for the flourishing of humanity, many societal and cultural trends espouse individualism at the expense of community. A number of voices have been lamenting rather prophetically the demise of cultures that place individualism over and above that of community. In 1990 Jonathan Sacks noted a number of threats to the social fabric of America. These included economic individualism, the privatization of values and the loss of institutions which sustain communities of memory.<sup>14</sup> While Sacks was highlighting the phenomenon in the secular culture, Stephen Barton warned that these issues are unfortunately accentuated in the church as well. Looking back on the church in Corinth Barton notes the unraveling of community.

It appears that its members (especially the prominent ones) so exalted individual "spirituality" experience that they neglected shared engagement with the Scriptures and the apostolic tradition, and played down the importance of the more didactic gifts of prophetic discernment and teaching.<sup>15</sup>

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<sup>14</sup> Jonathan Sacks, *The Persistence of Faith, Religion, Morality and Society in a Secular Age* (London: Weidenfeld and Nicolson, 1991), 84-94.

<sup>15</sup> Stephen C. Barton, "Christian Community in the light of 1 Corinthians," *Studies in Christian Ethics* 10, no. 1 (1997): 6.

This exaltation of the individual has had a strong pull in various time periods and to varying degrees. Robert Putnam's book *Bowling Alone* takes a look at the trends in American society as they relate directly to community and individualism. He observes that during some periods of American history community was fostered and at other times it was neglected. Writing in 2000 he proposed that America was in a downswing, moving away from the importance of community.

For the first two-thirds of the twentieth century a powerful tide bore Americans into ever deeper engagement in the life of their communities, but a few decades ago—silently, without warning—that tide reversed and we were overtaken by a treacherous rip current. Without at first noticing, we have been pulled apart from one another and from our communities over the last third of the century.<sup>16</sup>

That riptide, according to Putnam, is an individualism that runs deep in the American collective psyche. He conjectures that “community has warred incessantly with individualism for preeminence in our political hagiology,” suggesting that “national myths often exaggerate the role of individual heroes and understate the importance of collective effort.”<sup>17</sup> Unfortunately, at various times in society, individualism has won the day. This battle, as he notes, started at the very inception of the United States of America and has been propagated by many notables since.

Liberation from ossified community bonds is a recurrent and honored theme in our culture, from the Pilgrims' storied escape from religious convention in the seventeenth century to the lyric nineteenth-century paeans to individualism by Emerson (“Self-Reliance”), Thoreau (“Civil Disobedience”), and Whitman (“Song of Myself”) to Sherwood Anderson's twentieth-century celebration of the struggle against conformism by ordinary citizens in *Winesburg, Ohio* to the latest Clint Eastwood film.<sup>18</sup>

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<sup>16</sup> Robert D. Putnam, *Bowling Alone: The Collapse and Revival of American Community* (New York: Simon and Schuster, 2000), 27.

<sup>17</sup> Putnam, *Bowling Alone*, 24.

<sup>18</sup> Putnam, *Bowling Alone*, 24.

Individualism is unable to completely eliminate competing worldviews because, as Putnam suggests, community has great value. Yet that has not stopped it from trying. One of the strongest deterrents of individualism is social capital, which in Putnam's estimation is a commodity every bit as essential to a society as physical and human capital.

The core idea of social capital theory is that social networks have value. Just as a screwdriver (physical capital) or a college education (human capital) can increase productivity (both individual and collective), so too social contacts affect the productivity of individuals and groups.<sup>19</sup>

Social capital impacts both the society as a whole and the various individuals within that society. And this is the case even to those individuals who do not fully invest themselves in the engagement of the community within which they live. Putnam points out that community is beneficial even to those outside of the communal engagement:

A well-connected individual in a poorly connected society is not as productive as a well-connected individual in a well-connected society. And even a poorly connected individual may derive some of the spillover benefits from living in a well-connected community. If the crime rate in my neighborhood is lowered by neighbors keeping an eye on one another's homes, I benefit even if I personally spend most of my time on the road and never even nod to another resident on the street.<sup>20</sup>

Even with this truth playing itself out daily, the cultural shift still pulls in the direction of individualism. Putnam is not alone in his assessment of American culture. Robert Wuthnow agrees that this pervasive trend toward individualism exists. He asserts that "most observers of American society still point out that we are fundamentally driven by self-interested individualism."<sup>21</sup>

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<sup>19</sup> Putnam, *Bowling Alone*, 19.

<sup>20</sup> Putnam, *Bowling Alone*, 20.

<sup>21</sup> Robert Wuthnow, *I Come Away Stronger: How Small Groups Are Shaping American Religion* (Grand Rapids, MI: Eerdmans, 1994), 2.



When it comes to pinpointing potential sources for the rise of individualism in western culture, and in western religion in particular, Clebsch and Jaekle suggest it was Friedrich Schleiermacher, the father of modern Protestant theology who did much to promulgate the privatization of religion. In 1799 Schleiermacher declared: “According to the principles of the true church, the mission of a priest in the world is a private business, and the temple should also be a private chamber where he lifts up his voice to give utterance to religion.”<sup>22</sup> Schleiermacher initiated a new trend that has lasted hundreds of years beyond his time. Clebsch and Jaekle concede that in the wake of the new era spawned by the rise of modern western civilization, Christianity focused on private convictions of individual decisions to accept Christ as personal Lord and Savior. Pastoral care largely became a task of dispensing personal guidance to individuals on separate paths of moral righteousness.<sup>23</sup>

Yet, as Putnam suggests, the force of individualism has a trending tendency. In some seasons it rears its full force and in other seasons it gives way to the power of community. During the decades of the 60s and 70s multiple authors wrote about community saying it was the breath of fresh air, the ray of light in the darkness of contemporary times. Howard Clinebell pointed to this refreshing and renewing venture of sharing in community:

An effective group provides the fresh air of honesty and acceptance to awaken spirits dulled by the smog of manipulative relationships and the loneliness of a bureaucratic society. As renewal occurs, members become oxygen givers in their relationships. The individual attends a group session to find fulfillment for himself; finding this involves him in the growth of others. Thus, in self-renewal,

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<sup>22</sup> Friedrich D. E. Schleiermacher, *On Religion, Speeches to its Cultured Despisers*, trans. John Oman (New York: Harper and Brothers, Publishers, 1958), 174-175, quoted in Clebsch and Jaekle, *Pastoral Care in Historical Perspective*, 30.

<sup>23</sup> Clebsch and Jaekle, *Pastoral Care in Historical Perspective*, 31.

he becomes a renewal agent for others. This is the refreshing serendipity of growth groups.<sup>24</sup>

Unfortunately, over the years the benefits of social capital have been overshadowed by the allure of individualism. Yet, individualism may not produce the benefits to which it lays claim. During the decade of the 80s various authors bemoaned the rise of individualism and its detrimental effects on society. Robert Bellah took aim at the weaknesses of individualism. He, like many others, saw the necessity of personal identity coming from the social network.

Another way out of the dead end of radical individualism, a way inherited from Wordsworth, Emerson, and other romantics, and presently found among some humanistic and transpersonal psychologists, is to assume that at the core of every person is a fundamental spiritual harmony that links him or her not only to every other person but to the cosmos as a whole. . . . Romantic individualism is remarkably thin when it comes to any but the vaguest prescriptions about how to live in an actual society.<sup>25</sup>

Bellah and his colleagues equated this harmony to community. Community as they defined it, is constituted by its past and is constantly engaged in retelling its story, its “constitutive narrative.”<sup>26</sup> Like MacIntyre, Bellah affirms the importance of locating an individual’s narrative in the broader context of the social community.

Writing at about the same time as Bellah, Garanzini leaned in the same direction as he called Christianity back to its communal roots. “The Judeo-Christian tradition has long stressed the fundamental problem in life as that of connectedness vs. estrangement

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<sup>24</sup> Howard J. Clinebell, *The People Dynamic* (New York: Harper and Row, 1972), 16.

<sup>25</sup> Robert N. Bellah et al., *Habits of the Heart: Individualism and Commitment in American Life* (Berkeley: University of California Press, 1985), 81.

<sup>26</sup> Bellah, *Habits of the Heart*, 153.

in relationship—relationships between and among humans and those of the human with the Divine.”<sup>27</sup>

Also at issue is the distancing of the extended and even immediate families, particularly in the West. “We all long for community. Feeling a sense of lostness and loneliness, we look for family and friends. The family networks that used to support people are scattered across the planet.”<sup>28</sup>

John Stott poignantly drives the point home in his assessment of what he calls the “modern technocratic society,” which he claims, “destroys transcendence and significance, is destructive of human community as well. The present age is an era of social disintegration. People are finding it increasingly difficult to relate to one another in love.”<sup>29</sup> This appraisal came even before the exponential technological advances of the 1990s and early twenty-first century. Stott cites a comment from Mother Theresa, agreeing fully with her scathing assessment of western culture:

People today are hungry for love, for understanding love which is . . . the only answer to loneliness and great poverty. That is why we are able to go to countries like England and America and Australia where there is no hunger for bread. But there, people are suffering from terrible loneliness, terrible despair, terrible hatred, feeling unwanted, feeling helpless, feeling hopeless. They have forgotten how to smile, they have forgotten the beauty of human touch. They are forgetting what is human love.<sup>30</sup>

From the most secular of sociologists to the most religious of theologians community is seen as essential to the fabric of human existence. Yet there is a

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<sup>27</sup> Garanzini, *The Attachment Cycle*, 11.

<sup>28</sup> Kennon L. Callahan, *Visiting in an Age of Mission: A Handbook for Person to Person Ministry* (San Francisco: HarperSanFrancisco, 1994), 13.

<sup>29</sup> John R. W. Stott, “The World’s Challenge to the Church,” *Bibliotheca Sacra* 145 (April-June 1988): 130.

<sup>30</sup> Stott, “The World’s Challenge to the Church,” 130.

gravitational force that pulls humanity toward individualization. This individualization has existed from the beginning. It fractured the relationship humanity had with God and created a rift between the relationship humanity had with one another. As a result this loss of community and the continual rejection of it has left people fractured and broken. As a result, a necessary aspect of one's healing and wholeness is the presence of community.

### **The Role of Community in the Healing Process**

The above discussion has looked at the role of community in the social fabric and emotional well-being of individuals. Research is demonstrating that community plays a role in the physical healing of individuals as well. In an article aimed at linking spirituality and medical practice, Melvin Kimble applauds the Judeo-Christian emphasis on community over and against hedonistic positions as they relate to suffering and pain.

Such an understanding, for example, views persons within the context of a broader community rather than as isolated individuals. Institutions, health care professionals, community volunteers, and family are called upon to respond to human suffering with compassion and care.<sup>31</sup>

His concern is that these isolated individuals are not receiving the compassion and care essential to their healing. Community has historically played a significant part in the health and healing of individuals in past generations.

In the present health care crisis, faith communities are the single most overlooked and underutilized resource in the health care industry. Historically, faith communities have spawned health care services and resources, but in the last half of the 20<sup>th</sup> century seemed to have lost sight of their fundamental and traditional ministry. . . . Faith communities must reclaim the role they subserviently surrendered to the health care industry during the past 50 years. . . . One of the

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<sup>31</sup> Melvin K. Kimble, "The Search for Health and the Role of the Faith Community," *Journal of Religious Gerontology* 13, no. 2 (2002): 7.

problems of health in our age is alienation and meaninglessness. This lack of meaningful relationship and isolation is linked to pathology and disease.<sup>32</sup>

His critique is forceful, but calls for the experiences of faith, including such elements as community, to play an integral role in those seeking healing in all areas of their lives.

Sarah Nichols' extensive efforts in caring for the elderly and their long-term care issues resulted in her articulation of three significant elements of care. "Spiritual support, companionship, and meaning-making are critical elements impacting the quality of life and hopefulness of those who are facing advanced disease, serious illness, or end of life."<sup>33</sup> Nichol's research points to the identifiable correlations between community and illness. Healing comes through support and companionship.

Robert Putnam likewise affirms the necessary role community plays in the well-being of individuals in relation to health care. Putnam refers to Emile Durkheim's seminal work *Suicide*:

Self-destruction is not merely a personal tragedy, [Durkheim] found, but a sociologically predictable consequence of the degree to which one is integrated into society – rarer among married people, rarer in more tightly knit religious communities, rare in times of national unity, and more frequent when rapid social change disrupts the social fabric. Social connectedness matters to our lives in the most profound way.<sup>34</sup>

It seems obvious that social connectedness would be essential to curbing suicide, but research is indicating that social connectedness plays a major role beyond just the

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<sup>32</sup> Kimble, "The Search for Health and the Role of the Faith Community," 11-12.

<sup>33</sup> Sarah W. Nichols, "Examining the Impact of Spiritual Care in Long-Term Care," *Omega* 67, no. 1-2 (2013): 176.

<sup>34</sup> Putnam, *Bowling Alone*, 326, referring to Emile Durkheim, *Suicide: A study in Sociology* (Glencoe, IL: Free Press, 1951).

psychological realm. Durkheim's initial work is not only true of suicide, but it extends far beyond that.

In recent decades public health researchers have extended this initial insight to virtually all aspects of health, physical as well as psychological. Dozens of painstaking studies from Alameda (California) to Tecumseh (Michigan) have established beyond reasonable doubt that social connectedness is one of the most powerful determinants of our well-being.<sup>35</sup>

This is a powerful insight and the driving thesis of this paper. Social connectedness is essential to the well-being of one's life. This truth is lauded in Scripture and reverberates through the writings of philosophers and sociologists. The interconnectedness of care and community is astounding. Care is not just aided by community, community is essential to the process of care at every level. The Lord's *paraklesis* has always been intended to be mediated through *koinonia*. As these studies have shown the partnership of the two yields powerful results.

### **Proposed Limitations for Care within Community**

In order for the divine *paraklesis* to be mediated through *koinonia*, both aspects need to function properly. Unfortunately this is not always the case. Because humans are sinful, neither community nor care will always be accomplished ideally. It is important to acknowledge the limitations of both so as to attempt to mitigate the inevitable hurt that comes whenever sinful people come in contact with other sinful people.

In light of the preceding discussion of individualism it is important to identify individualistic tendencies within community itself. Robert Wuthnow cautions communities to be on guard against camouflaged individualism.

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<sup>35</sup> Putnam, *Bowling Alone*, 326.

The communities they create are seldom frail. People feel cared for. They help one another. They share their intimate problems. . . . But in another sense small groups may not foster community as effectively as many of their proponents would like. Some small groups merely provide occasions for individuals to focus on themselves in the presence of others. The social contract binding members together asserts only the weakest of obligations. Come if you have time. Talk if you feel like it. Respect everyone's opinion. Never criticize. Leave quietly if you become dissatisfied.<sup>36</sup>

Wuthnow is highlighting a subtle reality. Selfish people bring their selfishness into community groups. This selfishness runs against the intent of community which is designed to mold, shape and help the individual. As individuals retain their impenetrable individualism within the group the power of community to bring well-being into the person's life is limited. Wuthnow proposes stronger obligations on the individual to submit and be impacted by the community. Defining a participant's role in the community is valuable. It is equally important to define the community group's intentions and even limitations. In attempting to define these roles and limitations many theories have risen concerning community groups.

In the early 1970s Howard Clinebell was experimenting with what he called "growth groups." He coined the term "people dynamic" within group interaction and defined it as "the power we have to recreate each other and ourselves through caring and sharing."<sup>37</sup> To access this people dynamic, Clinebell argued that these growth groups "are most effective with relatively whole people whose growth impulses are active and accessible."<sup>38</sup> His rationale was that "relatively healthy people have sufficiently gratified

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<sup>36</sup> Robert Wuthnow, *Sharing the Journey: Support Groups and America's new quest for Community* (New York: The Free Press, 1994), 5-6.

<sup>37</sup> Clinebell, *The People Dynamic*, viii.

<sup>38</sup> Clinebell, *The People Dynamic*, 9.

their basic needs so that their self-actualization or growth drives can function freely.”<sup>39</sup> As a result there was no place in these growth groups for people with “intense deficiency needs” in the areas of security, respect and love. He recommended they receive therapy first for these issues and to join a growth group only after they had reached a place of self-actualization. This recalls the aforementioned health club vs. hospital conceptual model for community. Both were essential in Clinebell’s thinking, but they functioned as two distinct and separate community groups. He raised a valid concern that those who are healthy and have the potential to grow in a group might be hindered by the strain an individual with intense needs may bring.

This was helpful in that it allowed groups to put the bulk of their energies toward a general movement forward to greater health, but he did not address the potential growth dynamic that could occur in the life of a healthy individual who interacted consistently with one in need. An environment void of any un-health may not produce the greatest growth in the long run.

Donald Stein recommended a type of community for the “unhealthy.” His thinking called for care groups. These he defined as “a small group of people who share common, and unusually painful, experiences, that meets with a pastor for the purpose of spiritual growth to help them overcome the pain and to comfort one another.”<sup>40</sup> His concept created a community environment for those struggling with the deficiency needs Clinebell referenced. In this care group model, all participants are in need of healing and help and are working together toward the same end. Alcoholics Anonymous may fit into

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<sup>39</sup> Clinebell, *The People Dynamic*, 9.

<sup>40</sup> Donald M. Stein, “Pastoral Care Groups” (D. Min. diss., Concordia Seminary, 2001), 3.



this group model. All participants in Alcoholics Anonymous are struggling with alcohol to varying degrees. Those who are not struggling with alcoholism are not a part of the group meetings.

Both types of groups have great value and serve a good purpose, but neither may be the best long term solution for a group. A group that only allows “healthy” people will only bring the group to a certain level of maturity. Interaction with pain and suffering is essential for deeper levels of growth. A group on the other hand only comprised of “needy” people does not give this needy person opportunity to interact consistently for a longer period of time with others not struggling with the same issues this person faces.

The above proposals often create two different groups. One group is made up of people who are not in need and the other group is made up entirely of those who are in need. The challenge comes, however, with defining who is really in need. People struggle. Hardships and difficulties arise unexpectedly to even the healthiest of individuals. The biblical example of community in the early years of the church emphasized diversity within community groups. Those who had much were a part of the same community as those who had little (Acts 4). They shared in such a way as to meet the needs of all. When a church did segregate along certain lines the church was reprimanded for the separation (1 Cor. 11). The ideal makeup of a group will include both the healthy and unhealthy, the poor and rich. Diversity was expected for the well-being of everyone in the group.

### *The Need for Specialists*

This does not mean, however, that community groups are the sole answer to the needs of individuals. They are a key part of the answer to the growth in well-being of the

individual but they are not the sum total of help needed. B. W. M. Palmer sounded two warnings to the church. First, he warned against placing too much emphasis on what a group can accomplish. Groups within churches, “cannot satisfy all the emotional needs of their members. If they attempt to do so they cease to be able to perform the tasks on which their continuing existence depends; and, what is more, they are bound to fail.”<sup>41</sup> Second, Palmer’s strongest warning came from assuming that a community group is accomplishing more than it really is.

There is a trend today towards organizing churches as a federation of small, face-to-face groups, and interpreting the satisfactions gained in these groups as authentic Christian fellowship. The conclusion we draw from the experience on which this article is based is that such groups may meet an important social and psychological need, in enabling men and women to relax some of the defenses which prevent them from making human contact with one another. But to interpret this experience in one way or another as a redemptive encounter with Christ is to fail to distinguish between flesh and spirit, and thus to promote paganism in the guise of Christianity.<sup>42</sup>

His warnings related to the context of the 1960s and 1970s should continue to sound the alarm against complacency and false assumptions concerning community groups today. In some cases churches are placing all their eggs in the basket of community groups. They are leaning too heavily on the group to meet the needs of the individuals. In other cases the group is given very little confidence in being able to meet the needs of the members. Both positions are eschew of the biblical perspective.

When Peter Hogeterp was proposing a new care structure at First CRC of London, Ontario, he chose to use lay shepherds. In order to do so he established a few parameters. “These lay pastoral care workers are not spiritual counselors, nor are they experts in

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<sup>41</sup> B. W. M. Palmer, “The Social Sciences and the Work of the Churches: I. Work and Fellowship in Groups and Organizations,” *The Expository Times* LXXXI (October, 1969): 8.

<sup>42</sup> Palmer, “The Social Sciences and the Work of the Churches,” 9.

social work, psycho-therapy, family counseling, etc.”<sup>43</sup> He goes on to state that the pastoral care worker “is limited to front line, non-crisis pastoral care, what is often called the annual ‘home visit’ and whatever follow-up care might come from the visit.”<sup>44</sup>

Hogeterp factored in the distinction between a lay person and a specialist. While the training was rigorous and included areas dealing with “families of troubled teens, marital stress and the grieving process,”<sup>45</sup> he set clear boundaries for what was expected and not expected of the lay shepherds.

As healthy communities take upon themselves the task of caring for those in need, situations will arise that require a level of care beyond the scope of the community group. John McNeill in *A History of the Cure of Souls* affirmed the need for specialists in dealing with in-depth forms of care.

The doctrine of the universal priesthood of Christians does not, of course, carry the implication that all are equally qualified for the functions of the cure of souls. There are differences of gifts. In the modern situation a way should be found to utilize within a religious framework the special skills of trained social workers, teachers and psychiatrists who are themselves religious persons and understand the values of religion for perplexed and disordered personalities. There is a lay priesthood of special significance and promise.<sup>46</sup>

McNeill affirms that individuals with “perplexed and disordered personalities” are in need of specialized care from social workers and psychiatrists. He recognizes and even celebrates the diversity of gifts these individuals possess as having special significance.

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<sup>43</sup> Peter C. Hogeterp, “Developing a Network of Lay Pastoral Care Workers in a Local Church” (D. Min. diss., Trinity Evangelical Divinity School, 2000), iv.

<sup>44</sup> Hogeterp, “Developing a Network of Lay Pastoral Care Workers in a Local Church,” 12.

<sup>45</sup> Hogeterp, “Developing a Network of Lay Pastoral Care Workers in a Local Church,” 13.

<sup>46</sup> John T. McNeill, *A History of the Cure of Souls* (New York: Harper and Row, 1951), 328.

McNeill notes the need and the solution but is a little vague on the details for a definition of “disordered and perplexed personalities.”

Larry Crabb, in his book *Connecting* has specifically laid out the areas in which a specialist will be needed.

*Those that are caused or significantly aggravated by organic factors and/or can be meaningfully relieved through physiological/chemical intervention.* This category includes psychotic reactions, severe affective disorders (especially bipolar reactions and clinical depression), obsessive-compulsive disorders, attention deficit disorder/hyperactivity and some cases of sexual dysfunction.  
*Those that reflect largely nonmoral processes of learning and conditioning.*  
*Those that pose significant threat to personal well-being or social order.* Suicidal impulses and antisocial behavior are the two most obvious examples.  
*Those that represent ignorance of effective technique or understanding.* Such things as marital communication patterns and handling teen rebellion might be helped by experts with extensive experience in family matters.<sup>47</sup>

Crabb’s list provides a frame of reference for the limitations of community groups as it relates to care. Community groups, and especially leaders, who are aware of these limitations will help identify situations when specialized help is needed.

### **Servant Leadership**

Ronald Sunderland analyzed much of the literature available in the 1950s and 1960s related to lay involvement within the local church and he identified that most of it was related to evangelism and not pastoral care. The predominant trend was a call for the people of God to be a witness to the world, “To put it in the simplest terms possible, clergy were educated to provide the congregation’s pastoral ministry, while lay people were expected to witness to their faith in ‘the world,’ that is, to be responsible for the

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<sup>47</sup> Larry Crabb, *Connecting*, (Nashville: Word Publishing, 1997), 203-204.

church's evangelism efforts."<sup>48</sup> Without downplaying the evangelistic focus of the laity, Sunderland called for an elevation of the laity's role in care.

One of the objections which is most often met is that congregants will not accept laypeople as pastoral ministers, demanding instead a visit from the "real" minister; that is the senior pastor. The overwhelming weight of evidence indicates that perception of effective pastoral care by the church member depends on the quality of the care received, not on the identity of the care-giver. A visit by a younger laywoman to a 65 year-old member began with the member's retort: "Well why are you here? Why didn't he come himself? Why did he have to send someone else?" Forty minutes later, at the close of the visit during which, judged by any standard, effective caring ministry had been offered and received, the lay visitor asked if she might pay a further visit. The member responded: "Yes, please come back, a visit means a lot to me."<sup>49</sup>

John Robinson sums up this concept well. "The laity are not the helpers of the clergy so that the clergy can do their jobs, but the clergy are the helpers of the whole people of God so that the laity can be the Church."<sup>50</sup> The clergy have a unique responsibility to equip the laity for the work of being the Church. When the clergy function as servants, empowering and equipping the church body, the results will be exponential.

The need for specialists should in no way be interpreted as disempowering community groups and their leaders. Instead it should free them to serve faithfully without the overbearing expectation of providing all forms of care. Ronald Sunderland sounded a rallying cry for mobilizing leaders when he wrote, "there are very few, if any, areas of pastoral care in which lay people are inherently unable to minister."<sup>51</sup> These

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<sup>48</sup> Sunderland, "Lay Pastoral Care," 160.

<sup>49</sup> Sunderland, "Lay Pastoral Care," 169.

<sup>50</sup> John A. T. Robinson, *Layman's Church* (London: Lutterworth Press, 1963), 17.

<sup>51</sup> Ronald H. Sunderland, "Lay Pastoral Care," *The Journal of Pastoral Care* 42, no. 2 (Summer 1988): 168.

words should be heeded. Sunderland is not attempting to exclude the work of specialists, but is instead attempting to raise the standard for laity that he believes has been set too low.

I am continually awestruck, not by the fact that laypeople do minister, but by the depth and sensitivity of their expressions of care. As a clinical pastoral supervisor, it is salutary to recognize that laypeople gifted with the *charism* of pastoral care can minister as effectively as clergy, and often with greater effectiveness.<sup>52</sup>

It takes a level of intentionality for clergy to acknowledge the giftedness of the laity and then a level of humility to empower them for ministry. A pastor, however, who is willing to equip and serve lay ministers will see exponential benefits for the entire congregation.

#### *Serving the Caregiver*

One of the ways the pastoral staff can serve those giving care in community is through supervision. This is not to be a supervision for the purpose of micromanagement, but supervision as a means of service to the caregivers by providing all the help, support and training that is needed for them to effectively care for others.

The primary reason for the failure of many . . . lay pastoral care ministries in congregations has been the reluctance or inability of clergy to initiate rigorous supervision of lay ministers. The best training methods and materials available will represent wasted efforts—and money—if continuing, consistent oversight is not introduced at the outset.<sup>53</sup>

The task of supervision is indeed rigorous, time-consuming and at times draining, but if the pastoral staff does not provide this act of service on behalf of the lay caregiver, the potential for burnout, isolation and discouragement will be high in those few who offer care. In many churches, especially in the large church context, competent lay

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<sup>52</sup> Sunderland, "Lay Pastoral Care," 169.

<sup>53</sup> Sunderland, "Lay Pastoral Care," 169-170.

individuals themselves can provide much of the supervision in partnership with the pastoral staff. As a result, “Clergy should not be thought of as ministers to the church but rather as leaders of a ministering church.”<sup>54</sup>

### *Serving the Care Receiver*

In his article “The Dignity of Servanthood in Pastoral Care,” Sunderland longs for the church to dignify the person receiving care. As caring relationships are formed between a caregiver and care receiver it “is best conceived as a partnership to which each participant brings gifts.”<sup>55</sup> He suggests that the truism from Acts 20:35, “it is better to give than to receive” has frequently been unlovingly applied. “In the West, at least in the United States, this has become an aphorism that hails volunteers’ good deeds in helping others, but which ultimately risks denigrating the care receiver who is the object of the caring response.”<sup>56</sup> This denigration may come from the ways care is enacted, or from the very vocabulary used.

The pejoratively perceived terms *need* and *help* too easily imply that power is wielded by those who offer care, since recipients of support, or *care partners* . . . are no longer able to manage activities of daily living without *help*. If that in turn adds to care partners’ deepening sense of loss of control, the relationship may detract from, rather than strengthen, their ability to receive care with grace while maintaining dignity and self-esteem.<sup>57</sup>

Sunderland’s proposed solution is a shift in mindset. The caregiver is not as much a savior as a servant. The give and take of this relationship is not one way. Both are

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<sup>54</sup> Reed, “The Design and Implementation of a Congregational-Care Ministry for Kirk of the Hills Presbyterian,” 39.

<sup>55</sup> Ronald H. Sunderland, “The Dignity of Servanthood in Pastoral Care,” *Journal of Pastoral Care and Counseling* 57, no. 3 (Fall 2003): 269.

<sup>56</sup> Sunderland, “The Dignity of Servanthood in Pastoral Care,” 273.

<sup>57</sup> Sunderland, “The Dignity of Servanthood in Pastoral Care,” 274.

benefited by the relationship because even the one in need has something to offer to the one giving help.

With this mindset in place, a community group becomes an excellent context for this mutuality to flourish. When a person in need is involved in a consistent community group they will have opportunity to give back to others in the community as they receive support from that community. When they receive comfort themselves they will have an immediate context within which to pour out the comfort they have received back onto others. This is what Paul envisioned when he wrote 2 Corinthians 1:4. “[God] comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God.”

### **Conclusion**

In light of sociological work in the areas of individualism and community Stephen C. Barton sounds a note of clarification when it comes to biblical writers like Paul.

Paul was not a sociologist before his time trying to understand what “community” is. Paul’s talk is not about “community” but about how Jews and Gentiles, men and women, slave and freeborn can embody and celebrate the eschatological life of the kingdom of God.<sup>58</sup>

Community is not the goal. The goal is to experience all that community facilitates. The biblical writers were pointing to a community that facilitated a life infused by the kingdom of God. *Koinonia* serves as the vehicle by which God’s love for His people takes tangible form. This *koinonia* will not find ultimate fulfillment until the eschaton but it can be experienced truly here and now.

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<sup>58</sup> Barton, “Christian Community in the Light of 1 Corinthians,” 15.



None of the sociological studies cited were interested in community for community's sake either. From academia to the health care system, all recognized the essential role community plays in health, wholeness and well-being. It is through a comprehensive study of God's Word that one understands that the driving purpose behind community is the perfect relationship Christians will experience in God, both with Him and with each other when the kingdom is finally and fully realized. Losing sight of that focus minimizes and even inhibits true community as it is meant to be experienced. Sharpening that focus will strengthen what God's people are meant to experience here and now through community, namely His divine *paraklesis* mediated through human *koinonia*.

## CHAPTER FOUR: METHODOLOGY

After discovering the importance of community and care through the biblical and sociological research the project shifted to researching various churches that were attempting to combine those two elements within the context of ministry. If community and care were as interrelated as the research indicated it would logically follow that several of the churches attempting to do both would recognize this interconnectedness. The ultimate goal of the project was to create and implement a care system that would be as faithful as possible to God's intent for Calvary within its context to care for those in need. As community and care emerged as essential components working together in harmony, the hope was that this would also be reflected in the current practices of various churches. It was assumed no church would have a system perfectly transferrable to Calvary Church but that at least some churches would seek the same goal, namely that of pursuing care from the angle of the necessity of community.

Qualitative research methods helped ascertain what other churches were attempting and accomplishing in the area of care. The case study method was most beneficial because it allowed the researcher to observe what was currently being done in the field of care within community in current church practices.

Two churches in particular were researched and their practices each made significant contributions to this project in the areas of design and implementation of a care system at Calvary Church. The researcher had personal connection to staff members

at each of these churches and those relationships provided the personal connection to two churches that were accomplishing care well. Ada Bible Church in Grand Rapids, Michigan was the first church researched. It was selected because it has the same contextual and geographical location as Calvary Church. Because it serves the same demographic of the greater Grand Rapids area, Ada Bible Church provided valuable information as to how a care structure within community could be implemented amidst the cultural dynamics of Grand Rapids. Ada Bible Church is about the same size as Calvary Church with many of the same convictions and approaches to ministry.

Two staff members from Ada Bible Church were interviewed personally by this researcher. Dr. Kelly Bonewell is the Director of Congregational Care. His position is the parallel position to this researcher in his own ministry. The questionnaire found in Appendix A provided the framework for the discussion. Bonewell's insights were most directly related to the care components Ada Bible Church implements. The second staff person interviewed was Kevin Baker who serves as a Small Groups Pastor. The same questionnaire was used for this interview and he was able to speak most directly to the community group side of the discussion. Combining the information received from both individuals gave this researcher a well-rounded picture of how community and care work in connectedness at Ada Bible Church.

The second church studied was North Point Community Church in Alpharetta Georgia. With a reputation for ministering well, North Point provided helpful information. While it is located in the Atlanta, Georgia area, the North Point model is one by which any large church can identify key principles to apply to its own church context. Mike Teston provided firsthand information for this researcher. He served as the Director

of Care Groups Systems and Director of Special Teams for nearly ten years. In November of 2013 Mike Teston left, with North Point Community Church's blessing, to launch an independent ministry to strengthen marriages. The questionnaire in Appendix A also served as the starting point to the discussion of community and care at North Point.

Each of these churches approach care with unique nuances that contributed to the shaping of a care system for Calvary Church. Qualitative research, as opposed to quantitative research, was beneficial for this project in particular because of qualitative research's overall intent. John Creswell gives six assumptions to qualitative research, all of which contributed to the nature of this project.

Qualitative researchers are concerned primarily with **process**, rather than outcomes or products. Qualitative researchers are interested in **meaning**. . . . The qualitative researcher is the **primary instrument** for data collection and analysis. . . . Qualitative research involves **fieldwork**. The researcher physically goes to the people, setting, site, or institution. . . . Qualitative research is **descriptive**. . . . The process of qualitative research is **inductive** in that the researcher builds abstractions, concepts, hypotheses and theories from details (emphasis in the original).<sup>1</sup>

These six assumptions were germane to the desired outcomes of this project. The inductive study through the process of fieldwork, uncovered the meaning behind care structures of other churches. The process of discovering what has been done and is currently being done created the framework and description for what can be accomplished through care within community.

Qualitative research is not an easy undertaking. Patton sounds a helpful warning to any researcher embarking on qualitative research.

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<sup>1</sup> John W. Creswell, *Research Design: Qualitative and Quantitative Approaches* (Thousand Oaks, CA: SAGE Publications, 1994), 145.

The data generated by qualitative methods are voluminous. I have found no way of preparing students for the sheer massive volumes of information with which they will find themselves confronted when data collection has ended. Sitting down to make sense out of pages of interviews and whole files of field notes can be overwhelming.<sup>2</sup>

This certainly proved true in the case of this project. At times the data felt overwhelming, but as the project unfolded, certain elements rose to the top as essential and helpful. It is from this information that a suitable structure for care within community was developed.

Within the realm of qualitative research, this study used the case study method. Case studies are generally broken down into three main categories: explanatory, exploratory and descriptive.<sup>3</sup> Robert Yin defines these succinctly in his book

*Applications of Case Study Research.*

An *exploratory* case study is aimed at defining the questions and hypotheses of a subsequent study or at determining the feasibility of the desired research procedures. A *descriptive* case study presents a complete description of a phenomenon within its context. An *explanatory* case study presents data bearing on cause-effect relationships—explaining how events happened.<sup>4</sup>

The exploratory case study is often used when the “literature or existing knowledge base is poor.”<sup>5</sup> This type of case study is useful when exploring new territory as the researcher attempts innovative work. Creswell suggests that qualitative research by

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<sup>2</sup> M. Q. Patton, *Qualitative Research Methods* (Beverly Hills, CA: SAGE Publications, 1980), 297.

<sup>3</sup> Robert K. Yin, *Case Study Research: Design and Methods*, 2nd ed. (Thousand Oaks, CA: SAGE Publications, 1994), 1.

<sup>4</sup> Robert K. Yin, *Applications of Case Study Research* 2nd ed. (Thousand Oaks, CA: SAGE Publications, 2003), 5.

<sup>5</sup> Robert Yin, “The Abridged Version of Case Study Research: Design and Method,” in *Handbook of Applied Social Research Methods*, eds. Leonard Bickman and Debra J. Rog (Thousand Oaks, CA: SAGE Publications, 1998), 236.

nature is exploratory.<sup>6</sup> This project gave rise to the opportunity to explore current and past models of care and the effectiveness of each. This exploration proved fruitful both for the discovery of new concepts and methods and for the edification of the researcher. The personal interaction with the two churches researched first hand was both enlightening and encouraging. A study of the related literature and other models did the same.

Case studies are also descriptive. The descriptive case study attempts to answer the “what” question by laying out as full as possible a description of what was observed. This project was descriptive by nature, attempting to delineate what is currently working in various larger churches.

The explanatory nature of case studies asks the “how” and “why” questions as it observes, evaluates and interprets the information it receives. For a principle to be transferable to another context it is important to answer the “how” and “why” questions. Understanding the reason behind the effectiveness of a ministry as well as the purpose for it strengthens the implementation of the project. This researcher sought to combine all three of the elements of exploration, description and explanation into the research of Ada Bible Church and North Point Community Church.

Case studies contain five key components: “a study’s questions, its propositions, its units of analysis, the logic linking the data to the propositions, and the criteria for interpreting the findings.”<sup>7</sup> As a researcher works through these five components a theory will begin to emerge. In this case what emerged was the theory of care within community

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<sup>6</sup> Creswell, *Research Design*, 9, 146.

<sup>7</sup> Yin, *Case Study Research: Design and Methods*, 20.

which became the core of this project. The biblical and theological research, as well as the multiple case studies developed into a working theory for care. The greatest insights, theories or methods came when all three of the information streams revealed the same truth. “Ultimately the researcher must look for convergence (*triangulation*) of the data: Many separate pieces of information must all point to the same conclusion.”<sup>8</sup> This triangulation, as Leedy refers to it, is the goal in determining the most verifiable and stable conclusions. It was encouraging for this researcher to see the two streams of biblical and sociological literature align with the findings discovered from the case studies.

The goal of this project was to create a viable picture of what can work best. This was not an exact science. It did not answer all of the questions or produce a foolproof product, but it did yield insightful principles. Willard Waller describes the case study approach as an artistic process.

[Those] who can produce good case studies, accurate and convincing pictures of people and institutions, are essentially artists; they may not be learned . . . and sometimes they are not even intelligent . . . but they have imagination and know how to use words to convey truth.<sup>9</sup>

While feeling quite at home with the description of the intellectual inability of the researchers described by Waller, it was at least encouraging to have discovered through this research an artistic picture of an effective means by which to infuse care within the community group structure of a large church. It helped to explain why the findings seemed to weave into a colorful mosaic.

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<sup>8</sup> Paul Leedy, *Practical Research: Planning and Design*, 10th ed. (Boston: Pearson, 2013), 142.

<sup>9</sup> Willard Waller, “Insight and Scientific Method,” *American Journal of Sociology* 40, no. 3 (November 1934): 296-297.

In conducting a case study, six types of evidence are most commonly used. They include, “documentation, archival records, interviews, direct observations, participant observation and physical artifacts.”<sup>10</sup> The two types of evidence used in this research project were documentation and interviews. Of the two, the interview was the primary element of inquiry. This researcher had access to staff members of two large churches that have each done extensive work in the area of pastoral care within community group structures. The researcher was able to make site visits to Ada Bible Church because of its proximity to Calvary Church but this was done primarily for the purpose of the interviews.

### **The Stages of the Project**

This project was carried out because of a need to strengthen care in multiple facets at Calvary Church. Certain aspects of care were being accomplished extremely well at Calvary while others were lacking. In some situations the system of care had major holes in which many people were failing to receive care. This compounded the pain in already fragile situations by creating a sense of abandonment by the church.

The first stage of this project was a self-analysis of Calvary Church’s Pastoral Care Department. This stage was aided by the use of a consulting firm. This was a valuable starting point by clearly outlining the strengths, deficiencies and weaknesses of the Pastoral Care Department. This information was vital to the process of envisioning the solutions that could strengthen the systems of care. It was postulated that a church staff in a Pastoral Care Department was unable to meet the needs of a large church congregation and instead needed to mobilize the congregants themselves to carry out

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<sup>10</sup> Robert Yin, “The Abridged Version of Case Study Research: Design and Method, 231.



much of the needed care. A proposed area to explore was that of using community groups to accomplish effective care within the church. As a result of this self-analysis a theory began to emerge of a structure designed to implement and oversee care in the large congregation through a more extensive use of community groups.

The second stage of the project was the biblical and theological study followed by a broader literature review. If community and care were going to be at the heart of this model a working theological definition needed to be established for both community and care. What began to emerge from this study was that community and care are intricately intertwined. Their interconnectedness meant communities caring for each other became stronger and those who were cared for by their community became more intimately connected to that community.

Having established the theological grounding for the proposed model it was then time to move into the third stage of the project. This consisted of researching what other churches were doing related to care within community group structures. Both Ada Bible Church and North Point Community Church yielded valuable information on how to develop, train, sustain and oversee a care structure within community groups.

The fourth stage of the project consisted of establishing the care structure at Calvary Church. This included casting the vision, recruiting leaders, training volunteers and developing a system for communication and accountability.

The fifth and final stage of the project was that of evaluating the system for strengths, weaknesses and further areas of growth. As the system was implemented it needed midstream tweaking and adjustments. It was not perfect and will need changes in

the future, but it was a project that took Calvary Church in a direction of care that was both beneficial and rewarding.

## CHAPTER FIVE: PROPOSING A THEORY

Fairly early in the project a theory began to emerge. It began as a result of the self-analysis the leadership of Calvary Church conducted. A theory that emerged from the work of the consultants was similar to the principle found in Exodus 18. The general principle Jethro handed down to his son-in-law Moses seemed to serve as a potential template for accomplishing care in the setting of a large congregation. Jethro urged Moses to rely on delegating authority to others, empowering them for the task of administering justice to all the cases of dispute among the people. The leadership sensed this model could potentially be applied to the context of a large church to facilitate care.

This principle then developed into a theory that was even given a name, the Care Network. The structure was fairly simple and started at the grassroots level. The thought was that in this Care Network a person would be assigned within every community group of the church to be responsible for the care of the individuals in that group. This individual was called a Care Facilitator. Their responsibility was to make sure every individual within that community group was receiving care. The Care Facilitator was not responsible to carry out the care per se, but was responsible for making sure the care was carried out by the group. The theory suggested that if a person in the group was in need, the Care Facilitator would follow through until that need was met.

The next level of leadership was proposed as the Care Coordinator. The role of this individual would be to oversee all of the Care Facilitators in a given department of the church. The Care Coordinator's responsibility would entail leading the Care

Facilitators and serving as a resource for any needs that were beyond the scope of the community group.

The third layer of leadership within this model consisted of the Pastoral Care Department Staff. They served as the Moses figure in the Exodus 18 example. When an issue was too difficult for a Care Facilitator and beyond the expertise of the Care Coordinator, the Pastoral Care Staff could step in with the needed resources. The goal of this model was that very few cases would need to rise to the level of the Pastoral Care Department. Some cases would of course, just as Moses still adjudicated certain disputes, but the vast majority of care would be overseen and accomplished by individuals in community caring for one another.

### **Academic Research**

With this proposed model in place as a working theory, research needed to be carried out to see if this model was indeed a model espoused by Scripture. The model worked well for adjudicating justice in Exodus 18 for the Israelites but would that model work to provide a system of care in a large church? The next stage of the project was that of academic research which took the shape of biblical and theological study, literature exploration and two specific case studies.

#### *Biblical and Theological Research*

The theory of the Care Network had two undergirding factors: community and care. As theological research was conducted in the area of community it became apparent community was the primary means by which God desired to minister to His people. Whether that ministry was teaching, maturing, correcting, encouraging or caring, the chief means by which God desired to accomplish these tasks was through community.

This *koinonia* or community was rooted in the nature of the Triune God, was set early on as essential to the very essence of humanity and was restored dramatically by the Lord when it was lost. Even now as all creation waits for the final consummation, it can experience true community with God and humanity.

Community serves as the vehicle by which God desires to minister. The area of ministry most connected to this project was care. As the theological understanding of care was expounded it revealed three Holy Spirit driven and sustained activities: help, counsel and comfort. This ministry of care is an awesome task accomplished first and foremost by the Holy Spirit Himself. And yet, as 2 Corinthians 1 so repeatedly points out, this task of care is intended to be facilitated in the context of human community.

As a result, the theory of the Care Network in attempting to facilitate care through community gained overwhelming support from the biblical research, not only in the areas of community and care, but also in the leadership structure proposed. An examination of the leadership setup in the early church revealed a layered leadership dynamic reminiscent of Jethro's recommendation. The broadest level of leadership, most akin to the role of Moses, included the apostles who traveled widely, spreading the good news of the gospel and planting churches. The next level of leadership included leaders like Timothy and Titus who worked more intentionally in a local area perhaps overseeing multiple house churches which all made up the church in one location. Their oversight did not seem to be permanent in every case. These individuals would leave occasionally to join Paul in another aspect of service. As a result they were commissioned to appoint elders and deacons who comprised the next two levels of leadership. These roles included leading and providing for the specific needs of the local church respectively. The final,

and most localized layer of leadership included those whose houses served as the meeting place. These individuals included Nympha (Col. 4:15) and Gaius (Rom. 16:23) among others but their role is the least defined. They did not seem to provide an extensive amount of leadership but rather facilitated the meeting space. Each level had a unique responsibility, some for the oversight of a handful of people meeting as a community in a home and others with broader swaths of responsibility and leadership. While the models of both the early church and the nation of Israel led by Moses do not provide a clearly defined prescriptive model of church leadership, they are nonetheless helpful in seeing the need for both broad and localized layers of leadership. The more local layers of leadership were hands on in their involvement while the broader layers of leadership functioned more hands free.<sup>1</sup> The theory of the Care Network at Calvary Church found its biblical foundation in part through the descriptions of the early church.

#### *Literature Review*

The broader stream of literature as a whole emphasized the essential nature of community for the development and health of individuals. The dangers of individualism within cultures further highlighted the already apparent need for community expounded in the Bible. Community was God-ordained in part because it is most beneficial. The literature also emphasized the connections between care and community. Whether it was in the fields of sociology, clinical psychology, health care or faith-based organizations, care within community proved uniquely beneficial and necessary.

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<sup>1</sup> Jeannine K. Brown, Professor of New Testament at Bethel Seminary in a telephone conversation with researcher, February 16, 2015.

### **Case Study Research**

The third stage of the project consisted of field research. Two churches in particular were studied through the use of case study. Ada Bible Church and North Point Community Church were ultimately similar in their approaches in that they both highly valued community. While Calvary decided within the last five years to push more intently in the direction of community, Ada and North Point each had community as a key part of their DNA since their founding as churches. Both senior pastors emphasized the importance of community which impacted the structures for implementing care. When a church's DNA has community at the core, all of the ministries and endeavors will have community as a key component.

While these churches emphasized community in their care practices they also had a secondary branch of care not tied to community. Ada Bible Church and North Point Community Church had extensive supplemental ministries of care designed to support the work of community groups. These supplemental ministries included specialized areas of emphasis like conquering addictions, overcoming grief, surviving the pain of divorce and managing finances,

This was an area Calvary Church already did well. Calvary had many specialized ministries that accomplished very specific goals. These ministries at Calvary were a strong suit of Calvary's care and included all of the ministries listed above. At the same time, however, Calvary had a reversed priority. These ministries were the primary means by which care was accomplished at Calvary. In the two churches researched, these ministries were supplemental rather than primary. These case studies pointed out that when someone was in need at Calvary the Pastoral Care Department was responsible to

provide the care for that individual. It took the responsibility off the shoulders of those attending Calvary and placed it solely on the Pastoral Care Department and the few committed but exhausted volunteers working to oversee these ministries. As a result many people were going unnoticed or lacking the care they needed.

Ada Bible and North Point recognized the ministries of their Pastoral Care Departments as essentially supplemental. The primary burden of care fell on the shoulders of the community groups. The risk in this approach was to overburden the community groups with too much responsibility in care. The potential was to burn out community group members by forcing them to deal with situations that were too time consuming and beyond their capabilities to meet. The Pastoral Care Departments in these churches understood this and existed to come alongside community groups with ministries and dedicated leadership that had concentrated amounts of time to help those with extensive and long-term needs. Each community group leader had a working knowledge of what their respective Pastoral Care Departments offered and knew one phone call would enable them to access those supportive ministries.

While Calvary had supplemental ministries that were more extensive than what was offered at Ada Bible and North Point, the reality was Calvary was caring for fewer people. Calvary was missing the crucial component of community which at Calvary had been pushed to the category of being supplemental. Ada Bible and North Point reversed the priorities, placing community as the primary provider of care and allowing the ministries of the Pastoral Care Department as supplemental to the role of community.



*Ada Bible Church*

Ada Bible Church is a church of about 8,000 attenders in Ada, Michigan, a suburb of Grand Rapids. The church has grown over the years under the teaching and leadership of Pastor Jeff Manion. Ada Bible Church is a multi-site, video venue church. Each venue has a team of pastors including a staff person who oversees small groups. On a spectrum that would include a program-only church model on one end versus a small groups-only model on the other end, Ada characterizes itself somewhere in the middle. While a typical attendee may not necessarily face an all-out push to become part of a small group, community nonetheless is an undergirding element of Ada's ministry.

Over the years the focus on community has been more caught than taught at Ada Bible Church. For instance, the children's ministry is set up with small groups. The children meet in a large group setting for worship and break off into their specific area based on grade. From there the children are placed in a small group. This group of kids will stay together with the same leader each year as they work their way up the grade levels. Kevin Baker, a Pastor of Small Groups says this takes significant dedication on the volunteer small group leader's part, but as a church they are seeing leaders fulfill this ministry task.<sup>2</sup>

The staff of Ada Bible Church emphasizes the value of small group involvement. They have refocused the vision for small groups as "making disciples in relational environments."<sup>3</sup> The leadership stresses that relational environments are most realized within a small group. In order to define what "making disciples" means, the small group

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<sup>2</sup> Kevin Baker, Ada Bible Church North Campus Pastor of Small Groups, interview by researcher, Grand Rapids, MI, June 3, 2013.

<sup>3</sup> Kevin Baker, interview by researcher, Grand Rapids, MI, September 10, 2014.

has been given three primary objectives. First, the individuals in the group are called to share life together. This entails the willingness to be open, participatory and committed to the care concerns of others in the group. Second, the group is called to pursue God together. This includes the aspects of Bible study, prayer and spiritual growth. Third, the group is encouraged to serve others. This at times may entail the entire group serving in a project together, but more deeply it is a call for the small group to engender a culture of service and support so the small group attenders feel equipped and emboldened by the small group to go into the world and witness to the kingdom through faithful service. With these three priorities in place the small group functions as a safe relational environment for discipleship.

Twice a year Ada offers a small group launch. This is advertised as a Test Drive. Individuals are placed in a group consisting of 8-12 people for an eight week study. This study correlates to the pastor's sermon series with the hope the group will continue after these eight weeks into a longer term commitment. These group launches have consisted of as many as 200 people. The staff prays over the placement of these individuals looking primarily for two key categories: life stage and location. At the launch, individuals will find themselves assigned to a table that is occupied by others who are in a similar stage of life and who live in their area. This group then spends the next two hours working through a series of ice breaker and discussion questions as they get to know their new small group members. Some tables will have a pre-selected leader. At other times the newly formed group will look for a leader to arise from within. In either case the training for these leaders is rarely front-loaded. It is instead given on the job through a variety of

delivery methods including one-on-one meetings, “leader huddles” and a website tool called Right Now.<sup>4</sup>

Right Now is an extensive collection of video-based Bible studies and teaching series touching on various topics. It serves the small group as a virtual library of resources for the group to watch and discuss as a part of its meeting time. Right Now also gives the church leadership the ability to upload personalized training videos and tools specific to the church that are useful for training, communication and accountability.

Ada Bible Church has roughly 400 small groups. The staff leans into the reality that when a church has that many small group leaders it is difficult to get all of them into a room at the same time for the substantial training required to do the job well. As a result Right Now is a tool that allows leaders access to multiple training videos. Ada Bible Church, and any church accessing this tool, is able to create playlists of recommended sessions for their leaders to watch as well as upload their own training videos. One video Ada Bible Church created deals with the crisis concerns small group leaders face. This video discusses what a small group leader should do when a crisis call comes his or her way. These calls are often related to a marriage falling apart, an unfavorable health diagnosis or any number of other major concerns a small group member may face. Kevin Baker suggests that training videos best convey the How-To aspects of leading a small group. More theoretical topics like mission or vision casting, he asserts, are best done face to face between the staff and the small group leaders.<sup>5</sup> At the end of each video the small group leader fills out a questionnaire and the responses are sent directly to the staff

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<sup>4</sup> “The Customizable Media Library for Every Person in Your Church,” Right Now Media, accessed May 9, 2014, <http://www.rightnowmedia.org>.

<sup>5</sup> Kevin Baker, interview by researcher, September 10, 2014.

member. This serves as both an accountability tool and an opportunity for further interaction with staff.

Since Ada Bible church is a multi-site church, the main campus has two staff members who are responsible for all the community groups within that campus, while the other two campuses each have one staff member. This averages out to about 50 small groups under the direct supervision of each staff member. All of the small group leaders report directly to that staff member who works to facilitate ongoing training, encouragement and support for the small group leaders.

### **Supplemental Ministries**

Ada Bible Church has many supplemental ministries designed to provide deeper levels of care when the need extends beyond the scope of a community group's capabilities. Rather than force a level of training upon small group leaders in the areas of care that go beyond their interest, capabilities and time limitations, the Congregational Care Department offers these supplemental ministries to meet the deeper levels of need. Dr. Kelly Bonewell is the Director of Congregational Care at Ada Bible Church. Before coming to Ada Bible he spent a few years at Calvary Church as an intern in Calvary's Pastoral Care Department. His experience at Calvary to a certain extent impacted how he designed the ministry of care at Ada Bible Church. As a result, the two churches offer many of the same ministries and programs for care.

Ada Bible's user-friendly website provides an overall catalogue of the care ministries offered.<sup>6</sup> These include areas related to marriage like the marriage prep or remarriage seminars and marriage refresher classes. Ada Bible also offers pastoral care,

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<sup>6</sup> "Care Ministry," Ada Bible Church, accessed September 16, 2014, <http://www.adabible.org/connect/care/>.

mentoring and referrals to professional counseling partners in the community. The primary difference, however, is that Ada offers these ministries as a supplement to what small groups are doing, rather than the primary means of care.

Along with the Congregational Care Staff and its ministries, Ada Bible Church has Care Elders who provide additional supplemental care for the small groups. Ada has twelve Care Elders and Kelly Bonewell acknowledges that ideally they could use 15 or more.<sup>7</sup> These Care Elders actively care for challenging situations from a standpoint of spiritual authority. Some care needs arise out of sinful choices. These are often cases of church discipline that require sensitivity, discernment and spiritual authority. Care Elders are available to work with a situation for as long as needed. Some cases take relatively little time, while the complex nature of other cases demand over a year of involvement on the part of a Care Elder.

It is this long range understanding of care that shapes another aspect of Ada Bible's care strategy. The staff does not meet the care needs of the church during weekend services. This keeps the "tyranny of the urgent" from overwhelming the ministry that occurs within the weekend services. Instead of working to meet a need that morning, the request is passed along to the Care Administrative Assistant on staff who facilitates the care need on Monday. If the person is in a small group that group is brought into the care process. If the person is not a part of a small group, or if the need is beyond the group's capabilities, then the Care Administrative Assistant taps into any broader supplemental ministries needed to assist this individual, couple or family.

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<sup>7</sup> Kelly Bonewell, Director of Congregational Care, Ada Bible Church, interview by researcher, Grand Rapids, MI, June 13, 2014.

The primary links between the Congregational Care Department and the small group leaders are the Small Groups Pastors. Kelly Bonewell and his staff work closely with the Small Groups Pastors to facilitate whatever extra aspects of care are needed. These Small Groups Pastors serve as the liaison between the care concerns in small groups with the ministries of care available in the Congregational Care Department.

This fluid network of communication and coordination between the two departments served as a helpful model as this researcher worked to redesign how Calvary Church accomplished care through a community group structure. Ada Bible Church's strategy demonstrated that a large church could indeed accomplish care through its community group structure. Yet at the same time it showed the need for a care department to exist for the purpose of supplementing and overseeing the ministry of care alongside the small groups.

#### *North Point Community Church*

Andy Stanley has been the lead pastor at North Point Community Church in Alpharetta, Georgia since its inception in 1995. His vision was clear from the start. "Atlanta does not need another church," he said to a group of people gathered at a North Atlanta convention center in November 1995. "What Atlanta does need is a safe environment where the unchurched can come and hear the life-changing truth that Jesus Christ cares for them and died for their sins."<sup>8</sup> Stanley spent time instilling this vision in the team around him from the very beginning. This vision was passed along with such clarity and focus that in looking back on the opening days of the church one founding leader stated, "When we moved to our own facility and began regular Sunday morning

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<sup>8</sup> "History," North Point Community Church, accessed July 21, 2014, <http://northpoint.org/about/history>.

services, we had a core of leaders who knew exactly what we were trying to do and exactly where they fit in.”<sup>9</sup>

This emphasis on clarity and strategic focus permeated the church ministry mindset. Mike Teston served on staff at North Point in the area of care. As he describes it, “North Point knows its vision and stays close to it.”<sup>10</sup> This meant North Point’s focus was to do what it was uniquely called to do and not overextend itself in ways that would hinder the core purposes. In the area of care, Mike Teston pointed out that North Point was not going to reinvent the wheel by offering a number of ministries other qualified agencies were doing well around them. No food pantry, clothes closet or staff counselors exist at North Point. Those are all done very well in the surrounding Atlanta area so North Point partners with these agencies to facilitate the needs of its congregation.

“Currently, North Point Ministries has over 20,000 adults participating in worship at five churches each Sunday.”<sup>11</sup> The focus that has been instilled at North Point is that community groups are essential to the life of its attenders. Andy Stanley emphasizes regularly that it is important for everyone to move out of the rows and into circles. He uses that memorable phrase to describe moving from the Sunday morning gathering to a community group during the week. The belief that life change happens best in community undergirds ministry strategies, from little children all the way up to senior adults.

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<sup>9</sup> “History,” North Point Community Church, accessed July 21, 2014, <http://northpoint.org/about/history>.

<sup>10</sup> Mike Teston, previously the Director of Care Groups Systems and Director of Special Teams, North Point Community Church, telephone interview by researcher, July 18, 2014.

<sup>11</sup> “History,” North Point Community Church, accessed July 21, 2014, <http://northpoint.org/about/history>.

With only a little over twenty individuals serving on the care staff throughout the five locations of North Point, the bulk of the care responsibility falls on community groups. Not everyone who attends North Point is in a community group. Information is available for the care ministries through the information center, website and other publications. Yet the primary focus that drives how North Point looks to care for individuals is through the community group structure.

North Point's philosophy for community groups centers on the ABC's of community groups: accountability, belonging, care and spiritual growth. Especially helpful for this project was the discovery that North Point puts a high value on care in its community groups. In order for care to be elevated and sustained as one of the four main priorities of small groups, a church-wide structure of care was instituted.

#### **Four Tiers**

This structure for care at North Point is comprised of four tiers: community group leaders, Groups Directors, Care Network Staff and professional counselors and agencies. The first tier includes the leaders of community groups who are commissioned to facilitate care as one of the four primary purposes for the group. These community group leaders form the base of the care structure. They represent the largest number of caregivers in the church and serve at the ground level, face to face with the needs of the congregation.

The second tier is comprised of individuals on the staff of North Point called "Groups Directors." A Groups Director oversees approximately 90 community groups and serves as the direct contact for community group leaders who have questions or concerns. The Groups Director has a solid working knowledge of what North Point offers



in the areas of the ABC's which makes the Groups Director a valuable resource for community group leaders who need additional insight or support in dealing with care situations. The Groups Directors serve as a liaison to the care department at North Point. As the Groups Directors become aware of care needs within the small groups they are able to work with the community group leader to find the best avenue for care. Guiding the community group to care adequately itself for the needs of a member may be one solution or it may mean connecting the community group leader to a ministry within the church for assistance.

The third tier in North Point's care structure is the staff in the care department. North Point's department of care is called the Care Network. The Care Network Staff approaches care from a multidimensional strategy. With less than two dozen individuals serving on the care staff throughout the five locations of North Point, they emphasize the importance of community groups caring for one another. They do, however, recognize the need for levels of care beyond the scope of the community groups. As a result, multiple ministries have been established in the church supplemental to community groups. Many aspects of care fall within the scope of a community group's capabilities, like visiting a sick person in the hospital, setting up a meal plan for a family with a newborn or providing emotional encouragement during a difficult season of suffering. In some situations, however, a higher level of care is needed. These ministries include 2 to 1 Premarital Mentoring, Christ Centered Career Groups for the unemployed, Moneywise for financial management, Oasis for divorce recovery and the Renew mentoring ministry.<sup>12</sup>

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<sup>12</sup> "Care," North Point Community Church, accessed July 21, 2014, <http://northpoint.org/care/>.

The fourth tier includes professionals and agencies in the community that provide services outside the scope of care at North Point. This tier represents an aspect of ministry essential to the care support of individuals who attend North Point but is accomplished outside the walls of the church. It includes professional counselors as well as organizations like North Fulton Community Charities which provides many of the tangible needs such as food, clothing and financial assistance.<sup>13</sup> The level of care this tier provides is not something North Point intends to duplicate. In order to coordinate the referral process North Point has one staff person in the Care Network whose full time role is to coordinate the referrals for counseling and help to any of the 300 trusted counselors and agencies on North Point's list.

### **Training**

The four-fold structure of care at North Point creates a holistic approach to care. No one is left on his or her own to meet the difficult needs of the congregation. As a result, training is an essential component to the well-being of community group leaders. North Point facilitates training four times a year. These trainings start with skill-based aspects related to challenges like handling a dominant group member or quelling gossip. In subsequent sessions the training is heart-based, focusing on the spiritual condition and refreshment of the leaders themselves.

The overall presupposition of the training is that the community group leaders are not trained to be the experts in the groups. Rather than being trained to have all the answers, the small group leaders are trained to be the facilitators of discussion, conversation and discovery. This is true in the area of Bible study and in care. The

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<sup>13</sup> North Fulton Community Charities, accessed July 21, 2014, <http://nfcchelp.org/>.

structure is designed to create fluid connection between the community group leaders and the Groups Directors who have connections to the Care Network staff and outside professionals and services. As a result, the community group leaders have a vast array of support to meet care needs as they arise without feeling the burden of doing it alone.

Not everyone who attends North Point is in a community group. Information is available for the care ministries that exist in the Care Network through the information center, website and other publications. This information accentuates North Point's focus on care for individuals coming through its community groups.

### **Forming Community Groups**

North Point attempts to make the process of joining a community group as natural as possible. Community groups are formed geographically. At a Group Link, North Point's term for a launch of new groups, those in the church body who are not involved in a community group are invited to attend an evening that introduces them to the concept. On an average Group Link night, a range of 200 to 400 people attend. Attendees start in the main auditorium to hear a brief explanation of the ABC's. This opening session also serves to encourage those who may have come that night knowing no one, by giving them the hope that by the end of the night they will have met a leader and a group of individuals with whom they will meet for the next 18 months to two years.

After this introduction, the group goes to the adjacent auditorium. The floor of this auditorium is set up like a map of the greater Atlanta area. The room has a line running down the middle representing Interstate 400 which runs through the middle of the Atlanta area. The rest of the room is set up as a map representing neighboring communities like Roswell, Alpharetta, Duluth and Norcross. Seated in each region,

usually in a makeshift living room setup with couches and chairs, are two or three couples who will serve as group leaders. Those in attendance then walk to the section representing where they live and begin to converse with the leaders. After engaging with each of those leadership couples they select the leader with whom they feel the most affinity and if there is room they join that community group.

While the intent of the group is to stay together for 18 months to two years, a natural exit is built into the system in case individuals find the group was not the fit they hoped it would be. Each group follows a prescribed curriculum for the first 8 weeks. When that study is completed it is generally acceptable for people in the group to step out and attend another Group Link for placement into a new group.

Identifying group leaders is a challenge many churches face. North Point solves that problem in part through the short life span of their groups. When groups disband after two years, new group leaders emerge. During the course of a community group's life cycle the leaders identify various individuals or couples within their group who show a propensity toward leadership. These individuals or couples become apprentice leaders. The Groups Director invites them to become leaders at the next Group Link. This creates a very positive result from the shorter life span of groups. Those with leadership potential may find it hard to leave an established group in which they have built strong relationships to launch out as leaders, but when the entire group naturally comes to a close the transition to leadership is easier.

While this may be helpful for leadership identification, the closing of groups leads to an unintended challenge. Like Calvary Church, North Point has also struggled over the years with individuals falling through the cracks. While Mike Teston acknowledges this

is an inevitable tradeoff for large churches, North Point's strategy of disbanding community groups creates potential cracks. This forced turnover leaves some people feeling abandoned by a group with whom they were just getting comfortable enough to share some of their deeper issues. Since it can be stretching to join a new group with unfamiliar people, this frequent transitioning can have the unintended effect of causing hesitancy or resistance toward joining a new group. During this time without a group they might be isolated and therefore not receive the care for which the groups were designed.

Staff members model the importance of being in a group even though no official requirements to be in one exist for the staff. According to Mike Teston, Andy and Sandra Stanley have been in a dozen or more groups during the course of pastoring North Point.<sup>14</sup> On occasion they have purposely not been in a group so they instead could spend that year going around to various groups in the church, stopping in on a night for encouragement. As the Stanleys and the rest of the staff model participation in a community group it continues to solidify the perception that community groups are a part of North Point's DNA which is not likely to change any time soon.

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<sup>14</sup> Mike Teston, interview by researcher, July 18, 2014.

## CHAPTER SIX: IMPLEMENTING THE CARE NETWORK

As the theory emerged for care to be accomplished primarily through community groups at a large church the research confirmed the viability of this theory. The biblical data demonstrated that community was designed into the framework of humanity. The broader stream of literature outside of the biblical account confirmed the necessary element of community within the human experience. The study of community and its effects on health and care also demonstrated that community was pragmatically benefiting those receiving care. Researchers like Putnam, Wuthnow, Bellah and others found the neglect of community as not only limiting the positive benefits but also creating detrimental consequences from the subsequent individualism.

All of this led this researcher to the affirmation that community was necessary to the care process in the life of a church. With this conclusion in hand, it was time to implement a model of care at Calvary Church. The culture was ripe for this model of care within community groups because Calvary's leadership worked diligently over the two preceding years to create a focus on the importance of community. Attending the Sunday morning worship service and being part of a community group were stressed as the two most important areas of involvement for an attendee at Calvary Church. The goal of the community groups was four-fold. A community group was designed to meet together regularly (at least twice a month), pray together, study God's Word and care for one another. It became the goal of this project to define the aspect of care within community groups.

The strategy for care that emerged was one that would be multi-faceted. While small groups were going to be the primary vessel from which care needs were met, these small groups were not going to be left in isolation to accomplish the care. Both Ada Bible Church and North Point Community Church highlighted the importance of having multiple layers and contributors to the care process. Small groups would serve as the starting point but in many cases multiple aspects and levels of expertise were needed to accomplish care in various situations. A name began to surface among the leadership at Calvary, even before the research of North Point Community Church was completed. This name was the Care Network. It captured the tone of the type of interconnected care that would be implemented. Webster's online dictionary defines network as "a group of people or organizations that are closely connected and that work with each other."<sup>1</sup> One of the original problems Calvary Church faced was the isolation and lack of communication between departments. Sometimes care was being duplicated or in certain situations no care was being accomplished at all due in part to a lack of communication between staff and departments. The goal of the newly designed care structure was to get people into a community group where they would have immediate connectivity to other individuals in the church. It would also be important for these community groups to be well connected to the care ministries of the church for quick access to help and support.

As this researcher dove into the study of North Point Community Church, the discovery of the name Care Network for the care department in the church was affirming. North Point too, saw the value of a name that spoke to connectivity among the various

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<sup>1</sup> "Dictionary," Merriam-Webster, accessed on September 17, 2014, <http://www.merriam-webster.com/dictionary/network>.

parts. Identifying the new care structure as the Care Network gave positive branding that spoke to the vision and nature of the intent of the structure.

### **Establishing the Leadership Structure**

The initial step in implementing the Care Network was to ensure that care would be a primary responsibility of each community group. North Point Community Church stressed the ABC's of small group's ministry. Calvary also identified four key values of community groups. They were meeting regularly, studying the Bible, praying together and caring for one another. While Calvary did not incorporate a catchy acronym it did stress similar values, especially when it came to care. In order to strengthen Calvary's focus on care within the groups this researcher sought to create a position someone would fulfill within a small group. This position came to be known as a Care Facilitator and the goal was to recruit one Care Facilitator for every small group throughout the church. The Care Facilitator's role was to approach his or her involvement in that small group with the task of care. Care Facilitators were encouraged to be on the lookout for care concerns that would arise from the people within their community group. When the group spent time praying for one another, the Care Facilitator's role was to assess the prayer requests through a lens of care, attempting to identify any needs or concerns the small group or the church at large could actively seek to meet. The Care Facilitator was encouraged to look for care opportunities in simple conversations, during prayer times, or simply by taking the extra effort to get to know everyone in their small group at a level deep enough to create a safe and open relationship for those with needs to feel comfortable enough to share.



In many of the small groups, as they initially began, the small group leaders served as the Care Facilitators. This worked fairly well in that they were often the ones spending the most time interacting with and leading the group. They gained a good perspective fairly quickly on the needs of those within the group. These small group leaders were encouraged, however, to look for a person within the group who evidenced a gift of mercy or helps who could then take on the role of Care Facilitator.

The name “Care Facilitator” was also selected intentionally. This facilitator of the small group was tasked with the role of facilitating the care needs of the group, not necessarily meeting every care need him or herself. The goal was for this person to identify the need and then mobilize the rest of the group to assist in meeting that need. If a couple in the group had a baby, for example, the Care Facilitator would mobilize people from the group to visit them in the hospital, provide childcare for older children if needed and set up a meal schedule when the parents returned home. The Care Facilitator would be responsible for seeing that all of this care was done by those within the group.

In order to make this role as clear as possible, a position outline was created for those who serve as Care Facilitators (Appendix B). This role would ideally be filled by someone who possessed both a merciful and compassionate heart, but also demonstrated abilities in administration.

The second phase of implementation of the Care Network was to identify the next layer of leadership above the Care Facilitators. The study of the early church revealed five layers of leadership including apostles, pastors, elders, deacons, and house church owners. Each of these layers served an essential role in the care of the church. While the apostles maintained the task of overseeing the preaching of the Word and prayer, a group

like the deacons had a more specific task of meeting the financial needs of those in need. Each of the layers worked in conjunction with the other so as to provide all that was needed for the church. In similar fashion North Point Community Church had a four tier structure of leadership. These tiers worked together to provide the various levels of care that were needed. Ada Bible Church served as a healthy example of a fluid communication line from the church staff to the small group leaders. With this data in place this researcher saw the need for Calvary to find a helpful way to increase communication from the small groups to the Pastoral Care Department as well as provide the necessary layers of leadership to faithfully and thoroughly accomplish care.

As a result, a layer of leadership was created that served as a liaison between the church staff and the Care Facilitators. This group was comprised of those whom the Care Facilitators would contact when needs beyond the scope of the small group arose. Ada Bible Church and North Point Community Church both have staff members who fill this role of leadership. Ada Bible has Small Groups Pastors and North Point has Groups Directors. This staff structure has been in place because of the priority each church has on small groups. Since Calvary had not traditionally been strong in small groups, very little staff support was available to field calls from hundreds of newly forming small groups throughout the church.

The new position that was developed at Calvary as a result of this project was the Care Coordinator. It was not necessarily a staff person though it could be one. The director of each department was given the task of recruiting an individual whose primary responsibility was to oversee the care needs of all the small groups within that department. A position outline was also created for this Care Coordinator (Appendix C)

which delineated the various requirements. The primary responsibility was to oversee all the Care Facilitators within the department. The Care Coordinator would ensure that each community group had a Care Facilitator meeting the care needs of those in the group. The Care Coordinator would stay in contact with these various Care Facilitators for support and encouragement. If a care need became too burdensome for a specific community group, the Care Facilitator from that group would then contact the Care Coordinator to begin the brainstorming process of how to better care for a significant need.

As a whole, Calvary's leadership structure is broken into various departments with a pastoral staff representative overseeing each department. The Care Coordinator's role was designed to be the oversight of all the care taking place within a department. Because the pastoral staff member of the department is responsible for everything within the department, including teaching, leading, administration, discipleship and care, the role of the Care Coordinator was to take the component of care and lead that aspect for the pastoral staff member.

The Care Coordinators were asked to attend monthly meetings with all the Care Coordinators from other departments. These monthly gatherings were led by the Pastoral Care Department Staff which oversaw the Care Coordinators. The meetings allowed the Care Coordinators to have direct access to the various ministries the Pastoral Care Department offered. When a care need arose within a community group that was too great for the group itself to meet, the Care Facilitator would contact the Care Coordinator who would then touch base with the Pastoral Care Department staff to identify the best way that department could assist in meeting the need.

For example, if a person lost a job and was no longer able to provide financially for his family, he would often share this as a prayer request with the community group. The Care Facilitators would begin to mobilize the group to care as they could. This might come by way of providing a few bags of groceries, taking up a small collection to help pay a car repair bill or helping the individual network to find a new job. As the months went on, however, the financial burden of the family would become too great for the group to sustain so the Care Facilitator would contact the Care Coordinator who would in turn alert the Pastoral Staff member of that department. Together they would brainstorm how their department could help address the specific need. If this was the Men's Ministry for instance, men from other community groups within the department would be recruited to assist this man in finding a new job or providing maintenance repairs on the home that this individual could not afford.

At the same time, the Care Coordinator would also alert the Pastoral Care Department of the need. The various ministries offered by the Pastoral Care Department could then be of service to the family in need. The food pantry could give the family two free bags of groceries every week while this family continued to look for work. The Benevolence ministry of the church could help pay larger bills like mortgages and utilities that a community group would not have the resources to pay. At this point, care would be happening holistically. The community group, the Men's Ministry and the Pastoral Care Department would be working in conjunction to meet the needs of the individual and his family.

The monthly meetings for the Care Coordinators began to produce a helpful byproduct. The Care Coordinators had access to each other to help facilitate care needs.

In the example above where an individual lost his job, if the family had children who were also affected by the job loss situation, the Care Coordinator from the Men's Ministry would have direct access to the Care Coordinator in the Children's Ministry Department. The Children's Ministry Care Coordinator would then become aware of a need for these children and could in this case contact the Care Facilitator of the group the children were attending to brainstorm ways the Children's Ministry could come alongside them. This might include providing school supplies for the upcoming school year or any number of helpful resources.

This is why the name "Care Network" was so fitting. This model of care created a network of individuals all working in partnership to care for every need in the church. Most care needs would never make it all the way up to the level of the Pastoral Care Department. Most needs would be met by the Care Facilitators and Care Coordinators within a department. This structure alleviated much of the burden of the pastoral staff members, allowing the mechanism of care to occur without much oversight or need of assistance.

The Care Network also facilitated more involvement in community groups. When a care need would arise, the first question asked was always, "Are you part of a community group?" If the answer was yes, the individual was encouraged to start by making the need known to the Care Facilitator of their group. Then the network of care would go into motion. When the question was answered with a no, the person was encouraged to become part of a community group. This was to be handled with sensitivity, however, for not everyone demonstrated a readiness to become involved in a small group immediately. In these situations an individual's care need was facilitated by

the Pastoral Care Department. Ada Bible Church's model was helpful for Calvary to see how a church uses community groups to facilitate care, but does not rely solely upon them. It is important for a large church to have multiple entry points into a care system beyond simply a community group. Calvary made certain these entry points were prominent. The website has an icon that reads, "I Need Care."<sup>2</sup> A simple click gets the person to an email box that sends information directly to the ministry assistant in Pastoral Care who can then facilitate the care need. The bulletin and monthly Calvary Life Magazine have regular announcements giving contact information to become involved in a small group as well as contact information for the Pastoral Care Department.

As the Care Coordinators began performing their roles, an imbalance between departments began to emerge. The departments with only a handful of community groups were easily managed by one Care Coordinator. Other departments, however, had many more community groups, which created a great deal of administrative work and oversight for one Care Coordinator. For example, the Women's Ministry has roughly 30 Bible study groups. This became best serviced by having two Care Coordinators. But the ministry in most need of help was the Community Department. The staff in this department oversaw 25 Adult Sunday School Classes, each ranging in size from 25 to 150 participants, as well as 90 community groups. Each Adult Sunday School Class and community group had a Care Facilitator but it was too immense of a task for one Care Coordinator to oversee all these groups. The department decided to install a second Care Coordinator whose task was to oversee the 25 Adult Sunday School Classes. In addition to this, the department created a new layer of oversight called the Shepherd. The

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<sup>2</sup> Calvary Church, accessed on October 17, 2014, [www.calvarygr.org](http://www.calvarygr.org).

department recruited five Shepherds to oversee a set portion of the community groups. The Care Coordinator over the 90 community groups now had five Shepherds who each took approximately 15 groups. These Shepherds had direct contact with the Care Facilitators in the groups they oversaw and they reported regularly to the Care Coordinator in the department.

In this department the structure began to reflect even more closely the biblical models of delegation of leadership found in Jethro's recommendation to Moses and in the early church's multiple levels of leadership.

### **Training**

With Care Facilitators, Care Coordinators and in some cases Shepherds in place, it was essential for each of these care leaders to be given the appropriate training for their task. Like Ada Bible Church, Calvary created web-based videos to train community group leaders for their role. The Pastoral Care Department produced three videos specifically designed to give the Care Facilitators and Care Coordinators (as well as the Shepherds) the most helpful information and resources to accomplish care in their areas.<sup>3</sup> These three videos highlighted three key aspects of care. The first one described the basic structure of the Care Network, giving clear lines of communication to access all the resources needed for care. The second video highlighted the expectations and parameters for a community group related to care. The third video gave an overview of the Pastoral Care Department and the various ministries and resources available to assist the Care Facilitators and Care Coordinators in their care roles.

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<sup>3</sup> "Care Videos," Calvary Church, accessed on July 3, 2014, <http://calvarygr.org/calvary-community-leaders-portal/>.

The first video gave everyone involved in the care process a clear understanding of what their roles were, as well as a definition of the roles of the other people involved. The Care Facilitator could see how he or she was related to the Care Coordinator, and how both of them related to the Pastoral Staff member of their department. The flow of communication between the three of them also led into a training explaining how the Pastoral Care Department interacts with each of their roles.

The second video laid out clear expectations for those who would be giving care. Most Care Facilitators and Care Coordinators signed up for their roles because they loved to care for people in need. Without parameters and resources, the very thing that initially energized them could quickly burn them out. This video focused on the role of community groups coming alongside someone for care. They were expected to identify care needs and meet those needs whenever they could, but this video also gave them the freedom to release the burden of certain care needs. These included marital counseling or mental health illnesses like deep-seated depression, panic attacks and bipolar disorder. A community group was not expected to meet large scale financial burdens either. A person in the group may experience intense seasons of grief from a divorce, death of a loved one or other significant loss when professional help would be necessary. Long term care needs like a cancer battle or diagnosis of Alzheimer's could be within the scope of what a community group could handle but might also go far beyond their ability to provide care. Other matters, like legal proceedings or the threat of suicide, need professional help and, in the case of a potential suicide, need immediate connections to professional help or even the authorities. The goal of this video was to both empower groups to care for the



needs on their own and at the same time give them quick access to help whenever a need was beyond their scope and capacity.

The third video was a tour of the Pastoral Care Department. All of the staff members in Pastoral Care were interviewed and in the course of that interview explained which ministries they helped oversee. This virtual tour of the Pastoral Care Department gave the Care Facilitators and Care Coordinators an understanding of each of the ministries available as resources to them. It also gave a working knowledge of each of the staff members responsible for those ministries. Putting a face and a voice to the name helped make a large church feel a little more personal.

Over the last two years the Community Department at Calvary Church has increased the number of people involved in community groups by starting over 100 new groups. In order to coordinate and communicate with the leaders, the Community Department created a Leadership Portal on Calvary's website to serve as the central point of connection between the staff and lay leadership. This portal included important announcements for community group leaders related to upcoming activities, encouraging articles and links to various resources like training videos, ice breaker suggestions, study tools and more. The three Care Network training videos were posted on this site and all of the Care Facilitators and Care Coordinators were asked to watch each video. It was important for the Pastoral Care Department staff to work closely with the Community Department staff to guarantee the Care Network training did not get lost in the shuffle. Care was a key part of the training the community group leaders were expected to receive.

The culture of Calvary Church was different from that of North Point. Nearly all of North Point's small groups come out of one department in the church. At Calvary, however, each department formed, maintained and oversaw its own set of community groups. The Pastoral Care Department staff needed to do more than simply work closely with the Community Department staff. It was essential for the Care Network vision and training to be disseminated to every department. The Women's Ministry, Men's Ministry, Student's Ministry, Children's Ministry, Widow's Ministry, Senior's Ministry and so on all needed to catch the vision for care within community. In identifying a Care Coordinator in each department and meeting with that individual regularly, the Pastoral Care Department was able to cast and sustain that vision in each ministry area. The director of the Pastoral Care Department continued to cast the vision with the directors of each of the other departments so as to keep the importance of care within community groups as a priority throughout the church.

### **Servant Leadership**

As the Care Network system was incorporated a notable hierarchy of leadership emerged. The hierarchy resembled the system Jethro encouraged Moses to implement in Exodus 18. The basic strategy Jethro proposed was to empower many additional judges to each adjudicate over smaller groups of people. One of the founding fathers of the modern principles of servant leadership had his concerns about Jethro's model. Robert Greenleaf has on multiple occasions referred to the counsel Jethro gave Moses in Exodus 18 as advice that had a "fatal flaw," namely that "unchecked power was still accepted."<sup>4</sup>

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<sup>4</sup> Robert K. Greenleaf, *Servant Leadership: A Journey into the Nature of Legitimate Power and Greatness* (New York: Paulist Press, 1977), 83-84. See also Larry C. Spears, *Reflections on Leadership: How Robert K. Greenleaf's Theory of Servant-Leadership Influenced Today's Top Management Thinkers* (New York: J. Wiley, 1995), 29.

Greenleaf was concerned that Moses still remained the top decision maker, taking upon himself the most difficult cases.

Applying this concern to the Care Network at Calvary Church meant some might feel this system was a hierarchy of power from the top down and it might put too much pressure on the Care Facilitators by the “unchecked” power of the Pastoral Care Department.

The problem with Greenleaf’s thinking however, is in dismissing the structure because of a “fatal flaw” he misses the ways the structure actually exemplifies many of the servant leadership principles for which he advocates. The principles of humility, empowering others and caring for their well-being are all significant components to servant leadership.<sup>5</sup> Each one is embodied in Jethro’s proposal. It took humility for Moses to accept the counsel of another and an equal amount of humility to be willing to implement the proposed change. As a result of this humility Moses delegated major portions of decision-making and power to others. While Greenleaf was concerned the biblical narrative left Moses with too much “unchecked power” it actually shows Moses giving most of his power to other qualified judges. The account in Exodus 18 shows that both Jethro and Moses understood the importance of caring for those in leadership. When the system of multiple layers of judges was in place, Moses did not leave them unsupported. If they ever had a situation arise that was too difficult for them, Moses was willing and available to provide needed judgment and counsel. Rather than seeing this as maintaining “unchecked power” it is more rightly interpreted as faithful servant leadership, caring for those under the direct responsibility of the leader.

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<sup>5</sup> Greenleaf, *Servant Leadership: A Journey into the Nature of Legitimate Power and Greatness*, 13-14.

In similar fashion, the goal of the Care Network was to take the burden off the Pastoral Care Staff and place more of the responsibility upon the participants of small groups. This took humility because in many ways it is attractive for leadership to maintain the bulk of the work load. In so doing they are often admired by others as important, essential and even irreplaceable. The Care Network also sought to empower the small group leaders and Care Facilitators. Entrusting the care of the congregation into the hands of lay people demonstrated great trust on the part of the Pastoral Care Staff. As in the case of Moses, empowering others for the work was essential to accomplishing the vast amount of care. The Care Network was set up in such a way that the Pastoral Care Staff was available to support each of the Care Facilitators whenever the complexity of a situation became too demanding. Again, rather than viewing the Pastoral Care Staff as retaining unchecked power, the goal was to serve the small groups with whatever levels of support they needed.

### **System for Communication and Accountability**

During the initial research phase, this researcher recognized through the insights of the consultants that communication was lacking between departments. Care may have been happening, but many times key people were not aware of what was transpiring. At other times it was being assumed individuals were being cared for by others in the church when in fact they were not. With this lack of communication came the negative result of people falling through the cracks. A solution was proposed for identifying a database system that could track cases by keeping a trail of notes related to the care one was receiving as well as an interface capability for multiple care givers to contribute to the same stream of notes.

One of the media staff members at Calvary pointed this researcher to a system called “Arena” that had all the capabilities for this task.<sup>6</sup> It is a web-based church management software serving as a virtual white pages for the church. It maintains phone numbers, emails, addresses, areas of involvement and service in the church, all with a helpful picture for quick identification. As the tool is tapped more extensively it is capable of generating mailing distribution lists, housing internal documents like policies and procedures, the church calendar, room reservation forms for ministry activities or all staff communication announcements. Arena allows staff to create specialized groups to track needed details. The Student Ministries Department is able to create a group including all the students and volunteers registered to attend the Fall Retreat. The system can then be used to track information and send out mass emails in one step. Arena has many valuable capabilities.

For the purposes of care, Arena allowed the Care Network to create a centralized database for all the care needs in the church. Care Coordinators were given access to a special group designed for them to track the care concerns in their department. When a care need was made known the Care Coordinators created a profile page for that individual. They could then input a few short sentences identifying what the care need was and how the community group or church ministries were meeting that need.

This allowed the Care Coordinators to have a centralized location to oversee all of the care needs within their department. They themselves did not facilitate the care; that was the role of the Care Facilitators who made them aware of the need, but the Care Coordinators could track the progress of the situation, assisting where needed. This

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<sup>6</sup> “Shelby Arena,” Shelby Systems, accessed on September 17, 2014, <http://www.shelbysystems.com/products/arena/>.

system also created a level of accountability for the community groups. They were responsible for identifying care needs in their group and relaying those to their Care Coordinators. This served as a catalyst for the group to engage in care and not focus solely on fellowship and Bible study.

### *Confidentiality*

A system like this raises the essential concern of confidentiality. It is one thing to share a prayer request with a trusted and confidential community group. It is another thing entirely to have that request catalogued in some nebulous database in the church's computer system. The care groups were set up in Arena in such a way that each Care Coordinator had his or her own page that only he or she could access. The Children's Department, for instance, had its own list of care concerns and the Women's Ministry had its own list of care concerns. In all, more than twenty lists were created for the various departments at Calvary, but each one was accessed only by the Care Coordinator of the department.

As was noted in the introduction, however, a major problem Calvary faced was a lack of communication and coordination of care between departments. Confidentiality was essential, but so was an agreed upon coordination of care. Arena helped solve this problem. Whenever a profile was created for an individual in one department's care group, the profile page automatically uploaded any entries that other departments had recorded for that same individual. For instance, if a mother was expecting to deliver a child soon the Women's Ministry Care Coordinator would establish a profile page for this mother and write a few sentences concerning the plan to set up a meal schedule when she went home from the hospital. The bottom of this newly created page would display

any entries other departments had recorded about the mother as well. In this case since she was also a volunteer in the Children's Department, the Women's Ministry Care Coordinator would be able to read all the ways the Children's Department was planning to care for this expectant mother as well. The two Care Coordinators could then collaborate their efforts for care rather than unknowingly duplicate or omit any aspects of care. The only time information would show up at the bottom of a page was if other Care Coordinators had begun caring for the same person. The Care Coordinators could not access information about individuals they had not begun caring for themselves.

One caveat to the system was that a few individuals from the Pastoral Care Department had access to all of the care groups established by the Care Coordinators. This allowed the staff in the Pastoral Care Department to assist in coordinating care throughout the entire church. It also gave them access to not only the current care situations but also the patterns of care over time. This highlighted one of the ongoing strengths of the Arena database. As the Care Network functions for many years, Arena keeps records of the ways an individual has been cared for in the past. If a Care Coordinator begins to care for an individual a few years from now, once they create the profile page for the individual they will immediately see the ways in which they were cared for years earlier. For instance, a current situation may be caring for a hospital stay due to sickness, but a previous care concern years earlier may have been coming alongside the person during the death of her spouse. The person giving care will have this older information that will aid in sensitivity for the current care situation.

### *Prayer*

As this researcher was developing a theology of care the importance of prayer was highlighted. Care Network needed to highlight this same focus. A value that the reporting structure of Arena provided beyond that of accountability and follow through was that of prayer. The capability exists in Arena for generating a report of all active care concerns. Each week Arena was programmed to generate a list of all the care needs currently being facilitated. This report included a few details like name, age and marital status along with a short summary of the care needs.

The Senior Pastor at Calvary Church has a heart for both prayer and care. As a result of this, he requested a copy each week of all the care concerns at Calvary. A database like Arena made generating this report possible. Having the Senior Pastor praying for the needs of the congregation is excellent, but he should not be praying for these needs on his own. The Director of the Pastoral Care Department committed to pray for these weekly requests as well. As a result, every time a care need or prayer request was raised in a community group people sharing requests had the assurance that at least three key people would be praying for them each week: their small group leader, their the Pastoral Care Director and their Senior Pastor. As the Care Network grew so did the reporting of care needs. At the start the report generated roughly 80 care concerns each week. As the system of communication solidified, the report grew to 200 names a week with the hope that it will continue to grow.

The staff of a larger church is not able to meet the care needs of everyone in the congregation but they can pray for those needs. This may be reminiscent of the role the Apostles knew they were to fulfill in the kingdom work. They said in Acts 6:3-4 the



tangible action of caring for the needs of the people would be fulfilled by others while they themselves would give their attention to prayer and the ministry of the word. This is where the model of the early church's leadership structure aids a larger church. Multiple layers of leadership exist, each playing a different role in the process of care in the lives of those attending the church.

### **Strengths**

As this project began to take shape a number of strengths emerged. The first was related to communication. For years the various departments at Calvary worked in somewhat of an isolated fashion, each accomplishing what it needed to move its ministry forward. As a more interconnected campaign was launched for having each department emphasize community, this project facilitated a consistent strategy for care that permeated the church. When Care Coordinators were set in place in each department, they were immediately tasked with the responsibility of communicating regularly with each other and directly with the Pastoral Care Department concerning care needs. A wonderful byproduct of this communication was that it made a large church feel smaller. When someone was in need the system took care of alerting the key people rather than leaving the individual on his or her own in attempting to locate help.

A second strength of this project was the database. Using Arena gave the church staff valuable accounting of those who were being helped and in which ways. In the future it may prove valuable when staff turnover happens. Corporate memory is difficult to retain when long standing staff members leave a church. Arena will aid in giving future staff members information on ways in which the church has cared for individuals throughout the years.

A third strength was the dissemination of the work load. Caring for over 4,000 people was a daunting task, but as community became the starting point for care, the work load was spread out across the congregation. This allowed the Pastoral Care Staff to lead and train caregivers rather than remain too busy attempting to care for the needs themselves. As time went on, there were fewer complaints of people falling through the cracks. The system did not eliminate this problem but it did significantly reduce it.

A fourth strength of this project was that it further highlighted the importance of community groups for the church body. As people began to experience authentic community, and in particular the care they received, stories began to circulate of people's positive experiences. This helped promote community groups not just as an expectation but also as a great blessing.

Another strength was that community groups became an identifiable access to care. When people found themselves in need they came to realize that joining a community group would give them an immediate access point to a group of people who wanted to walk with them on their journey.

A final strength of this project was that it equipped more people to fulfill their passion for ministry. People by and large want to engage in meaningful kingdom work for the Lord. Participating in a community group provided a vehicle by which people could minister to others. Community groups became a tangible flock for those with a heart for ministry.

### **Weaknesses**

This project not only had wonderful strengths, it also had weaknesses. One of the first weaknesses was in the research phase of the project. The primary means of

interaction with the two churches came through staff members. The information received could have been strengthened by interviewing individuals who have received care within the context of these two churches. Focus groups or surveys among care receivers would have given a fuller picture to the quality of care given at each of these churches. It may have informed this researcher as to the strengths and weaknesses of the systems and structures of Ada Bible Church and North Point Community Church from the perspective of the average congregant. Staff members are occasionally unaware of the deficiencies of their structures. Eliciting information from the congregation may have also confirmed the positive natures of what each church accomplishes in the area of care within community. It would have been beneficial to gain a more well-rounded perspective on each church's care structures.

Another weakness was related to the database. While Arena was extremely helpful in many ways, it was also cumbersome and time consuming. It became laborious for Care Coordinators to input all the information for each of the care needs from each community group in their department. Inputting new information was difficult enough, but as old entries required updating the time demanded of the Care Coordinators started compounding.

The system of reporting and accountability received push back as well. Some of the community group leaders voiced a lack of trust from the leadership, as if the leadership assumed they were not caring for the needs of their group and demanded reporting for confirmation. More than once the phrase, "Don't you trust us?" came resonating back to the Care Coordinators as they solicited information concerning the care needs of the groups within their department.

As a result of this feedback a modification was made. Instead of gathering data for accountability and coordination, the Pastoral Care Department shifted to make prayer the priority. The communication changed from soliciting care concerns for follow up, accountability and tracking, to instead soliciting care concerns for the purpose of generating a confidential prayer report. When the small group leaders began hearing that the Senior Pastor wanted to pray for all of the care concerns of the people at Calvary the mood surrounding the reporting list changed dramatically. As the community group leaders relayed to their groups the Senior Pastor and other leaders wanted to pray fervently for their care concerns the list more than doubled in less than a few weeks, going from 100 concerns to over 200. All of this took place during the summer months when most community groups were meeting less frequently.

The Pastoral Care Department staff realized that if the Care Network was going to flourish it needed to trust the community group leaders and it needed to truly value prayer. When these changes were made the church saw remarkable work accomplished by the community groups in the area of care.

Confidentiality was a major concern as this care list was in the process of being generated. Many small groups spent up to a year or more building the trust and rapport needed for the members of the small group to open up about deeper concerns or needs. When the concept was introduced that care concerns were going to be recorded into a database and collected into a prayer document, many people were skeptical. They became concerned that what they were sharing would be circulated throughout the church as gossip under the theological disguise of a “prayer request.” When the confidential nature

of both the Arena database and the prayer list were explained the issue and concern began to fade, but it took multiple rounds of explanation and reassurance for that to happen.

Additionally, it was surprising for this researcher to find that many of the Care Facilitators or small group leaders who were asked to serve felt as if the Care Network was going to demand too much of them. The Women's Ministry leaders in particular voiced their fear that the system was going to expect them to do all of the care, leaving them stranded without support. As the Care Network was promoted it took extra effort to explain the communication channels that would provide easy access to the support they needed. While initially they felt the system might be oppressive, they soon discovered the system was actually going to work as advertised, and they would receive essential support. Before the Care Network was in place ministries were functioning in isolation, caring for all the concerns that arose. Individuals and leadership were burning out. When the Care Network was first introduced they feared even more work was being loaded upon them. As the system became clear in their minds they quickly came to see it as a welcome and needed resource.

The strengths and weaknesses ended up being a helpful contribution to the overall assessment of the effectiveness of the Care Network. It is not perfect and will need to be tweaked in the future, but it is a system of care that thrives on relationships through community groups. In many cases the individuals being cared for will have very little understanding of the broader system that is in place. It will be a mechanism that serves as the structural framework undergirding care through the support of personal relationships. Those who are being cared for in community should sense that their church feels a bit

smaller and a lot more relational than they might have expected the first time they walked through the doors of this large facility.

## CHAPTER SEVEN: PERSONAL REFLECTION

It was valuable and encouraging to see the areas of growth the church experienced from implementing this project. It can be said that more people are being cared for and in better ways than they were before the church embarked on implementing this care system. It is humbling and rewarding for a leader to look out over the church's landscape and see God's people at work accomplishing the task of care God had always intended them to fulfill. But the journey was difficult.

The opening stages of the process were especially hard. When the "falling through the cracks" stories began surfacing it was difficult to keep the feelings of ministry failure from impacting this researcher's identity. It is a unique challenge to keep one's work separate from one's identity, especially when that work is significantly tied into the lives of people. It is one thing for a pastor to see a person struggle or turn away when the pastor has done all he could for them. It is hard enough to pour out one's heart for a person by admonishing, counseling and pleading for change and see no impact. It is an entirely different feeling to recognize failure on the pastor's part played a role in the person's heartache. In many cases it was not out of intentional neglect but rather as a result of the pastor's inattention to the deficiencies of the care system.

This was where this researcher found himself at the beginning of the project. The care system had major deficiencies and these were internalized as deficiencies in the researcher's abilities and calling. It was difficult enough to process these problems but when the leadership of the church decided to bring in a consulting firm to help solve the

issues this researcher felt even more discouraged. Not only did the problems exist but the leadership seemed to be saying this researcher was incapable of finding and implementing a solution to those problems. This caused a season of reflection and humility that took its toll. In looking back, however, this season was extremely beneficial to the ministry trajectory for not only Calvary Church, but for this researcher as well. Instead of quitting or fighting the process he learned to trust and embrace the process with humility. In doing so he was able to be part of the solution. Discouragement gave way to a fresh hope. The processes of research, theological reflection and implementation were all done with great joy and vigor, looking ahead to the possibilities of care being accomplished in greater ways. The Lord took what could have been an arduous, discouraging process and turned it into a thesis project filled with anticipation for the new insights that would be gained and the new systems that would be implemented.

The reason for this joy was that the end goal was always in sight. The goal was to see more and more people at Calvary Church giving and receiving care more fully and holistically. As the system began to develop it was accompanied by multiple stories of people who were being greatly impacted by the community groups they were attending. As a system emerged which people were buying into, a sense of excitement arose. But more than that, as the care network began to take shape stories surfaced about the real blessings and impact people were experiencing from the care they were receiving in their community groups. This was the end goal and seeing this goal come to fruition encouraged the heart of this researcher greatly.

Years before this research process began this researcher wrote a theology of pastoral care for discussion and reflection with the Calvary Church staff. The thought



came to mind that perhaps that original paper could be the foundation for chapter two of this thesis project paper. In sitting down to begin writing that chapter the Lord impressed upon this researcher's heart that he must instead start from scratch in working out a theology of care in community. This became a salient moment for the project and a ground breaking experience. In laying aside all preconceptions and previous study on care and community this researcher discovered truth in Scripture that re-contextualized this researcher's view of care in his role as a pastor. As the Lord brought 2 Corinthians 1:3-7 to the fore as the key passage from which an entire theology of care would unfold, this researcher was overcome with the clarity and power this passage held for the interrelatedness of care and community. God identified insights from this text that led to multiple areas of study that all impacted the theology of this thesis project paper. The connection of *paraklesis* from 2 Corinthians 1 to the *Paraklete* in John 14-16 led to a clearer understanding of the Holy Spirit's role in caring for the church. This task is ultimately the Holy Spirit's, but He has planned all along to use the church community to facilitate that task. This insight then led to the essential role prayer would play in the task of caring for one another in the church. Prayer fostered the essential dependency on the Holy Spirit and unlocked the power source for people to give and receive *paraklesis*.

At the start of the project this researcher was looking for ways to incorporate all he had learned from the servant leadership focus of his Doctor of Ministry program. As the project unfolded it became clear that in order for care to occur consistently at Calvary Church more people needed to play a part in giving care. This researcher then realized his role was to strengthen, equip, train and empower individuals to provide care. No longer could the Pastoral Care Department be the primary caregivers for the church. The

department staff members, starting with this researcher, had to humble themselves and empower others to take over many of the tasks the staff members were doing. All this researcher had learned about servant leadership was thrust into play as the task shifted from “doing care” to equipping and empowering others to care. Here the insights learned related to team dynamics, leading teams, empowering others and looking to the interests of others all came together to inform the design and implementation of the project.

One experience in particular during the course of this project stands out as confirming the importance of servant leadership. During a training session with the Women’s Ministry small group leaders one of them accused this researcher of pushing off the responsibility of care onto community groups. This small group leader was already overburdened by the tasks required to lead a small group. Now that care was being thrust upon them as well, this leader felt the Pastoral Care Department was attempting to work themselves out of a job and place responsibility squarely on the shoulders of community group leaders. What became apparent was this community group leader needed to be served, not lorded over. As this researcher took the time to encourage the leaders and demonstrate the ways in which their efforts would impact lives the leaders began to see their roles less as being forced upon them and more as a privilege. By reframing the task and demonstrating how Calvary was attempting to empower them for ministry, they began to see themselves as capable, called and partners with the Lord in His great work. When they learned further how Calvary’s leadership was going to serve, equip and be available for any concern they had, the discouragement in the room among the leaders shifted to a sense of joy.

During the entire project the Calvary Church staff remained cognizant of supporting these community groups. Care Coordinators have been intentional in reaching out to Care Facilitators and community group members for support and encouragement. Training will remain ongoing to continually equip and reassure those giving care. It can be easy to forget that countless other leaders are laboring intensely with pressing needs from individuals in their groups. As a servant leader it remains essential to continually reach out to the many Care Facilitators who are laboring greatly to care for the church. As a pastor it is essential to keep Christ's admonition always at the fore. "The Son of Man did not come to be served, but to serve" (Mark 10:45).

A shift took place during this project at Calvary Church in the body of attenders as well. The broader congregation understood more clearly that community group members themselves were the primary caregivers throughout the church. People were no longer encouraged to call the Pastoral Care Department as their first option when a need arose. Instead they were encouraged to start with laying the need before their community group. In taking many of these initial needs off the plate of the Pastoral Care Department it allowed staff to reframe their own roles. They were now able to see themselves as the specialists who worked to coordinate the care for those needs that arose beyond the level of a community group. The Pastoral Care Department became supplemental to the primary ministry of care occurring in community. These supplemental ministries no longer became the first line of defense in providing care, but rather the next level of care. North Point Community Church's emphasis on community groups as primary givers of care helped Calvary focus its attention more specifically in that direction. North Point had

a clear direction for staff on what specifically they were to provide and not provide. That was a freeing concept for this researcher to discover and implement at Calvary.

Studying both North Point and Ada Bible was very helpful and encouraging to this researcher. Ada Bible Church's model proved the existing care facilitated at Calvary would not have to end, but the priority of care could shift and allow those existing care models to be supplemental rather than primary. Ada Bible Church demonstrated the value of a moderate position that did not eliminate supplemental ministry in its entirety but used them wisely and even sparingly for those cases beyond the expertise of community group members. By implementing key strategies from each church, Calvary was able to strengthen both what was done in community and what was accomplished through supplemental ministries.

On a personal note, this researcher was also able to strengthen connections to other pastors at these churches throughout the research process. Hearing their stories of success and struggle reminded this researcher he was not alone in the challenges he faced as a pastor. Each of these pastors had their story to tell of God's work in their lives which led them to the ministry position and ministry strategies they now held. These connections have been solidified into friendships that will benefit this researcher and hopefully the pastors he researched. Expanding the base of ministry contacts and friends has been encouraging and will reap benefits for years to come.

Another great blessing this researcher experienced was the partnership that developed within the staff of Calvary between departments as a result of this project. Care was previously viewed as something for which only the Pastoral Care Department was responsible. When other departments had a care situation they would simply call the

Pastoral Care Department and unload that situation upon the Pastoral Care Staff.

Throughout this project the paradigm shifted. The departments came to see their role in care intensifying through the community groups within their departments. As a result the Pastoral Care Department became more of a consultant rather than a contracted worker. Instead of handing off the task of caring for individuals, ministries now used the Pastoral Care Department as a consultant guiding them through the processes of giving care. This strengthened ongoing communication between Pastoral Care and each of the other departments. This researcher has been greatly blessed by the ministry partnerships that have continued to strengthen among the staff. Doing ministry together rather than in isolated departments is life giving. Working collaboratively and in partnership unifies a team especially in the midst of difficult, heart wrenching situations.

The actual task of writing the thesis project paper has strengthened this researcher in the area of writing. The critical reader, who is aptly named, gave excellent feedback not just to the mechanics of writing but to the overall philosophy of good writing. Simple writing is not the enemy of depth. Simple writing is actually the best way to communicate complex truths. During the process of writing this researcher heard a helpful story. An individual was sitting in a freshman college class and could not understand a single concept the teacher was conveying. This freshman leaned over to the student next to him and said, "This is the smartest person I have ever met. I can't understand a word he is saying." The fellow student remarked back, "If he was the smartest person you had ever met you would be understanding everything he was saying."<sup>1</sup> The fellow student understood correctly that the best communicators explain complex issues in terms the

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<sup>1</sup> This story comes from C. Fred Mateer, the researcher's father, in a private conversation on October 11, 2014.

hearers will understand. The continual process of refining the writing style of this paper to a more accessible and understandable style has taken the focus off this writer and placed it on the reader. This principle has carried over to his preaching. When something has been stated simply that does not nullify depth, it enhances it. The same editorial reshaping of this paper is now being applied to manuscripts of sermons. This is another way in which the servant leadership component of the program continues to impact this researcher. The goal is not to elevate the minister, writer or preacher, but to lift up the hearer and reader by making the subject understandable, applicable and inspiring.

Now that the Care Network at Calvary Church has been established and continues to run, a key area for further study for this researcher lies in the near future. It will be important to study the effects and effectiveness of the Care Network. Calvary has made a major shift to emphasizing small groups and with that has come a shift in thinking related to care. People have begun hearing the message that small group involvement is important because of the care one will receive through these groups. It is one thing to declare that care will happen in these groups it is another thing to make sure it is actually taking place. Over time a fresh study will need to take place to assess the quality of care at Calvary through these groups. It will be important to identify weaknesses of the system that arise from long term use. Some weaknesses have already been identified in the implementation phase but others may come about over time.

One of the main problems that initiated this project was that of people falling through the cracks in care. Individuals were receiving initial care from the church but after the crisis was over their ongoing care was not to the level they needed. Those returning home from the hospital with a long term diagnosis were not feeling connected

or cared for by the church. As new cases continued to overwhelm the Pastoral Care Department these staff members were having a difficult time keeping up with individuals who needed long term care. The Care Network has been designed to give individuals a caring community around them to walk with them for the duration of their care needs. It will be important to assess how well the Care Network has done in securing a solution to this problem. It may be that people will still fall through the cracks while participating faithfully in a community group. In fact it may occur more frequently. People may get plugged into a community group and flounder within a group that is not caring for their needs. The church leadership might assume all individuals in community groups are receiving care all the while various individuals might find themselves stuck within a system that is not meeting their needs. As the church leadership continues to emphasize the importance of being in a small group to receive care it must at the same time routinely monitor the effectiveness of this system for care.

This means constant evaluation will be essential not only for the larger system but also for each individual small group. After a year or two a thorough study should take place to see if the Care Network has indeed been the right solution. In the meantime, ongoing assessment and evaluation will identify areas of weakness. The Care Network may be the right system but it can only work properly if the right people are involved in carrying it out correctly. It also needs faithful maintenance by the leadership to assure that small group leaders, Care Coordinators and Care Facilitators are all receiving ongoing training and support.

Over the last decade in ministry this researcher has identified in himself some leadership tendencies that will benefit but also potentially hinder the ongoing success of

the Care Network. First, this researcher enjoys launching a new initiative. It is exciting to engage in something new and cast a vision to volunteers who themselves catch the same excitement. The startup is filled with energy, keeping the opening stages fresh and filled with life. Second, this researcher has a tendency to lose energy for a long term program or strategy as time goes by. It is difficult to maintain the freshness for the initiative and continue to faithfully sustain the ministry for many years at a time. The solution to this will be to look for ways to initiate something fresh from time to time within the Care Network without overhauling it too dramatically or abandoning it entirely. The Care Network as a whole looks to be a very positive, long term solution to care at Calvary Church, but over time it may need considerable tweaks and adjustments that will give this researcher fresh opportunity to engage in new endeavors. These will serve as occasional “shots in the arm” which will both strengthen the Care Network and give this researcher renewed energy for the duration of his ministry.

Pastoral care has been the passion of this researcher for the bulk of his ministry tenure. This project has helped to further strengthen his zeal in this area. The research for this project has given him many new resources for understanding pastoral care to a further degree. Countless new pieces of literature strengthened his understanding of care and community as well as the deeper relationships with other pastors in the same area of ministry.

An inherent danger of full time ministry is to become so busy and preoccupied with one’s own ministry that he or she is unable to look around at other ministries and resources to see what is being done in the same line of work. This researcher has taken a year to look above the tree line to see what else is being accomplished in pastoral care.



North Point Community Church and Ada Bible Church gave this researcher a renewed perspective on ministry outside of the walls of Calvary Church. The value from both the ministries and the pastors engaged in those ministries has deeply blessed this researcher.

He will benefit not only from the information he gained but also from the realization that the very process itself was life giving. The process of looking outward from time to time reminds people they are not alone in the struggles they face. They are also not alone in finding solutions to those struggles. Collaboration within the process helped generate the solution to care. This collaboration between ministry leaders of different churches was valuable in assessing the best solutions for major problems that all churches face. Working together to identify strategies and solutions is both profitable and life giving. Collaboration produces great ideas and it also infuses life into those taking part in the collaboration. Out of the experience of collaboration came the realization that community was essential in many ways. Community became the solution to the care system at Calvary in part because community itself was part of the process in discovering the solution. Without community playing such a significant role in the research process itself the researcher may not have discovered that community was going to be the major solution in the end.

Now that this project is complete there is much work left to be done. This researcher is excited for the days ahead. He is thankful to participate in this great work. God wants to bring His *paraklesis* into the lives of every single person at Calvary Church and He is going to use *koinonia* to facilitate this care. What a blessing it is to partner with God in such a significant ministry.

APPENDIX A

## CHURCH RESEARCH INTERVIEW QUESTIONS

### **Community Groups:**

What are the goals the church hopes to accomplish through community groups?

Do those goals include any aspects related to care?

In relation to the structure of community groups:

How many community groups are there?

Who oversees the groups?

What is the average number of people in each group?

Is that number consistent with the ideal number you would like to see in each group?

What training is given to community group leaders?

What aspects of care are incorporated into that training?

How many individuals are in the department that oversees community groups?

### **Congregational Care:**

How do those with care needs access that care in your church?

Are there any indications that people are “falling through the cracks” in the care system at your church?

What safeguards do you have or sense would be good to have to avoid or reduce that problem?

How many individuals are in the department that oversees care?

**Care within Community Groups:**

How is care implemented in community groups?

Are there any expectations for care in those groups?

How does the care in a community group differ from the care given by the Pastoral Care Department?

What aspects of care would you expect a community group to accomplish?

What aspects of care are beyond the scope of a community group?

What risks exist in asking community groups to care for its members?

What type of communication does the congregational care department have with the community groups?

If you were given a blank slate and could design a community group that was caring for its members biblically, what aspects would it include?

Have any other churches, models or writings related to care or community groups been instrumental in affecting what your church does?

APPENDIX B

## CARE FACILITATOR POSITION OUTLINE

### **Qualifications:**

- 1) Compassionate and caring demeanor
- 2) Willing to be an active member in a community group

### **Requirements:**

#### **General:**

- 1) Attend a community group regularly.
- 2) Facilitate care within the community group
- 3) Communicate regularly with the Care Coordinator

#### **Specific:**

- 1) Discerning, assessing and facilitating care needs within the community group
- 2) Offering care and encouraging others in the group to offer care and support to the care recipient.
- 3) Facilitate group participation in meeting care needs
- 4) Assess when a care need is beyond the scope of the community group
- 5) Report to the Care Coordinator with updates or requests for further assistance in meeting care needs
- 6) Follow up with the care recipient to ensure all care needs have been met

### **Relationships:**

- 1) Reports to the Care Coordinator
- 2) Works with community group members and the church body

APPENDIX C

## CARE COORDINATOR POSITION OUTLINE

### **Qualifications:**

- 1) Assessment and case management skills
- 2) Compassionate and Caring demeanor
- 3) Available to work up to 10 hours per week
- 4) Ability to maintain appropriate confidentiality
- 5) Able to communicate compassionately with boundaries
- 6) A member of Calvary Church or demonstrate a willingness to become a member

### **Requirements:**

#### **General:**

- 1) Coordinate care needs that arise within the department
- 2) Attend monthly Care Coordinator meetings.
- 3) Meet monthly with the Pastoral Staff Representative of the department to communicate care needs and report updates.
- 4) Serve as a member of the department's Advisory Committee

#### **Specific:**

- 1) Recruit a Care Facilitator for each community group in the department
- 2) Lead a team of Care Facilitators to meet the care needs of the department
- 3) Facilitate care needs that are beyond a community group's resources. Works closely with the Pastoral Care Department to facilitate the "high level" care needs.



- 4) Ensure that care and appropriate follow up is accomplished throughout the department for all care needs.

**Relationship:**

- 1) Report directly to Pastoral Staff Representative of their Department
- 2) Works with other Care Coordinators to facilitate church-wide care
- 3) Works with Pastoral Care Department

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