INTRODUCTION TO THE SPECIAL ISSUE
Amelia Roberts-Lewis and Tonya D. Armstrong, Guest Editors
Moving the Church to Social Action

ARTICLES
Empowering, Educating, and Advocating: How Social Workers Can Help Churches Integrate End of Life Care into Congregational Life
Seeing the Poor and Moving toward Justice: An Interactive Activity
Social Worker's Role in Helping the Church Address Intimate Partner Violence: An Invisible Problem
Aging, Memory Loss, Dementia, and Alzheimer's Disease: The Role of Christian Social Workers and the Church
Radical Hospitality: Welcoming the Homeless Stranger

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Social Work and Christianity (SWC) is a refereed journal published by the North American Association of Christians in Social Work (NACSW) to support and encourage the growth of social workers in the ethical integration of Christian faith and professional practice. SWC welcomes articles, shorter contributions, book reviews, and letters which deal with issues related to the integration of faith and professional social work practice and other professional concerns which have relevance to Christianity.

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Moving the Church to Social Action

Amelia Roberts-Lewis and Tonya D. Armstrong

This special issue of Social Work & Christianity is intended to assist social workers to challenge the church to new frontiers of thinking and provide practical suggestions and interventions that will be helpful in addressing particular social problems—end-of-life care, poverty, intimate partner violence, dementia, and homelessness. The church community has demonstrated that addressing social needs has been a top priority over the past several decades (Unruh & Sider, 2005; Wuthnow, Hackett, & Hsu, 2004; Perkins, 1993). Many of these social needs have been approached from a theological lens, but have not been influenced by the new knowledge behind evidence-based or best practice interventions that may improve services to the congregants and to the community. Many of the recent evidence-based and best practices will sometimes complement the way the church already intervenes in several social issues, as well as challenge the church to engage current issues more deeply and address other issues differently based on new knowledge. Social workers trained in these new practices are capable of bringing a sustained focus, new interventions, and greater depth in confronting social needs that impact local congregants.

The articles in this special issue were produced as the result of capstone projects developed by students who were completing their dual-degree program: a Master of Social Work degree from the University of North Carolina at Chapel Hill and a Master of Divinity degree from the Duke Divinity School. Students completing their last year in the dual program enroll in a required capstone course. This type of course enables students to integrate and apply both their theological and social work perspectives in order to assist the church community in addressing pertinent social issues that are currently confronting the church, but
are sometimes ignored, unknown, dismissed, addressed superficially, and/or often not addressed in a sustained manner. Students select a contemporary social issue of their choosing (e.g., abortion, autism, substance abuse, LGBT, domestic violence, sexual abuse/incest, gender disparities, pornography, mental health) and develop an intervention that will be delivered (in some form) to their local church community. Students must also develop a rating scale to evaluate the success or effectiveness of the chosen intervention. Interventions are usually education based, and can be conducted through presentations at an annual church meeting, annual pastors conferences, mini-conferences within the community or their college department, educational seminars at a church meeting, or even delivered as part of, or the entirety, of the Sunday morning worship service.

The articles in this special issue are informational and inspirational. They are not prescriptive or exhaustive treatments of their topics, but will be useful in inspiring and assisting social workers involved in faith communities to work collaboratively with their faith leaders and laypersons to creatively think about ways to address complex social problems.

Such problems are often more pervasive than laity or even clergy can imagine, given the convincing portrayals of prosperity commonly witnessed when the church gathers for worship. Consider the following scenario:

Sunday morning service began as it always did at Christ Community Church. People wearied from the week, yet dressed in their Sunday best, walked down the aisles to their familiar posts. Sadie, an older woman struggling with domestic violence for many years, sat at the end of the third pew and civilly greeted her neighbors, James and Lucinda. James recently lost his job at the plant, and Lucinda’s stroke a few years earlier left her unable to work. They’d already lost their home of 22 years, and were now struggling to afford Lucinda’s medications while keeping food on the table. Deacon Andy took his customary seat on the first pew, deeply burdened by the growing recognition that his beloved Virginia was slipping away to the early stages of Alzheimer’s disease. The lively play of
The Jones children toward the back pews obscured the fact that 7-year-old Jonah and his family were dealing with acute lymphocytic leukemia.

The liturgy proceeded as it always did. Clergy members led worship, invoking the presence of the Holy Spirit and praying with and for the people. Announcements regarding the church’s ministries provided multiple opportunities for involvement in the life of the church. Parishioners enjoyed the choir’s selections, listened intently to the lively sermon, and broke bread together. Nevertheless, as the service ended, Sadie, James, Lucinda, Andy, and the Jones family returned to their isolated worlds with their wounds virtually intact. Not only did each miss yet another opportunity to share their burdens, but each came away with an increasingly distorted image of what it means to be the church.

The church, the gathered people of God from local to global levels, is comprised of broken people, people from all walks of life who experience pain and suffering. This pain and suffering can be moral and spiritual, but is more often located in their biological, psychological, and social experiences of life and the world. To the degree that the experiences of life oppress or marginalize God’s creatures, social action is a powerful representation of God’s response to suffering through God’s people. Faith-based social action is defined as the intentions and efforts of a church (individually and collectively, locally to globally) to create positive change in the lives of persons, families, and communities (Cnaan & Boddie, 2002). This term is intentionally selected to note that both the scope and the agents of the activity may include, but are not limited to, those formally affiliated with the church. Consumers and agents may be persons internal to the church’s sense of community (i.e., “members”), those who pursue church community in search of better understanding (i.e., “seekers”), and those who may have no formal or informal connection with the church (i.e., the disconnected and the so-called “unchurched”). There are also those persons whose history demonstrates former affiliations with the gathered church but who are no longer formally connected with a local congregation. These persons have often made important contributions to social activism, and can be arguably understood as agents of faith-based social action.
Some churches embody social action in their very mission and practices. You can find their congregants involved in the lives of other church members, and involved in providing for the needs of those who are hurting and suffering beyond the confines of the church. These churches have a strong commitment to global needs to serve the poor, orphans, widows, and other marginalized groups, and this is reflected in their budgetary commitments. No challenges or struggles seem daunting to their commitment to serve those who are in need.

However, the vast majority of churches encounter a number of barriers in moving to social action. Some of these barriers are primarily theological in nature, such as in the theological topics of doctrine of God, ecclesiology, theological anthropology, and soteriology. Our doctrinal of God helps us perceive God to varying degrees as immanent or transcendent, involved or uninvolved in the mundane matters of life. Soteriology deals with our understandings of God's salvation in the world, using traditional concepts of atonement, grace, and redemption, but also pressing reflection about the extent of God's salvific activity. For example, does the Great Commission of Matthew 28: 18-20 direct persons and churches toward merely evangelistic efforts, or does salvation more thoroughly require discipling whole persons? The Apostle Paul advises the church at Philippi to “continue to work out your own salvation with fear and trembling” (Philippians 2:12, NIV), which suggests that we must do more than just participate in evangelistic activities.

Another primary barrier to social action lies in differences regarding ecclesiology, or how a church understands itself to be church. The degree to which a church may choose to become involved with social issues is closely associated with its identity in relationship to such issues. To what degree is homelessness, for example, understood to be an individual moral failure versus the failure of societal systems to care for the most vulnerable (e.g., the young, those suffering from mental illness, economically or racially oppressed persons)? Our notions of a theological anthropology, or how humans relate to God, are also invoked. What does it mean for a church to have a prophetic voice in its community? Wolterstorff (2006) remarks that our Christian imperative is to emphasize justice, not charity, in our responses to the oppressed. In his view, charity is necessary but not sufficient in our faithful responses to evil in the world.

How does the church engage the broader culture? In the words of H. Richard Niebuhr (1951), do we work against, of, above, in paradox to, or in transformation of the culture in which we find ourselves? To
what degree do our voices count when speaking to power at municipal, regional, state, national, and global levels? What forces or institutions constitute “power”? Even when our polity clearly articulates a theological stance, e.g., meeting the needs of those in crisis such as the Haitian earthquake that occurred January 12, 2009, to what degree do clergy and laity at the local church level embody those ideals? In what ways, if at all, do we see ourselves as our brothers’ and sisters’ keepers? Many churches will discuss what should be done, but fall short of providing immediate or sustained assistance to this group of hurting people.

In addition to our theological differences about social action, churches often lack a broad conceptualization of the specific methods for creating social change. In their descriptions of social ministry, Heidi Unruh and Ron Sider (2005) describe four social ministry types: (1) relief services (e.g., giving a hungry person a fish); (2) personal development (e.g., teaching a person to fish); (3) community development (e.g., giving people fishing equipment); and (4) systemic change (e.g., helping everybody get fair access to the fish pond). They further note that such ministries can be described by their focus of action (e.g., individual versus corporate) and the nature of the benefit provided by the ministry (e.g., direct versus indirect). Social action, as we define it here, requires that churches address, but not be limited to, individual needs, and address both manifested needs and the factors that contribute to those needs. Christian social workers, with their knowledge and training in meeting social needs, are often overlooked as potential resource persons who can assist the church in moving to social action.

Social Services Provided Through the Local Churches

Providing social services through the local church ministries is not a new phenomenon. Recent evidence-based literature has indicated that faith-based congregations do indeed assist in tackling social service problems for their church congregants and the community through the provision of prevention and treatment programs in a variety of ways (Blank, Mahmood, Fox, & Guterbock, 2002; Green, 2007; Chaves & Tsitsos, 2001). The services provided by congregations are often categorized in three areas: services directly for congregants, services for the community, or services for both. Services are also categorized as long-term or temporary/emergency services (Chaves & Tsitsos, 2001). Regardless of the social class of the neighborhood or the congregants,
most churches provide these services to some degree: food, housing/shelter, clothing, services for senior citizens, support to those who are homeless, mentoring of youth, marriage and family counseling, health assistance, education, domestic violence counseling, substance abuse self-help groups, educational tutoring, prison ministries, after-school programs, adult literacy, and vocational training programs (Chaves & Tsistsos, 2001; Green, 2007). In other words, many churches are now adept at providing relief services and promoting personal and community development (Unruh & Sider, 2005).

There is a growing body of empirical evidence and anecdotal data that suggests gaps exist between social needs and the church's capacity to meet them fully (Unruh & Sider, 2005). Social services provided to most church congregations are conducted with low intensity, meaning that many congregations, due to lack of funds or lack of vision, have not employed a staff person full-time. As a matter of fact, in Chaves’ and Tsistsos’ research, only 6% of the churches employed a staff person who devoted 25% of the time to social service projects (2001, p. 671). In addition, much of what we know in this area indicates that “congregational social services are much more commonly characterized by attention to short-term emergency needs, especially for food, clothing, and shelter, than by attention to more personal and intensive face-to-face interaction or by holistic attention to cross-cutting problems” (p. 670). Thus, there remains a dearth of churches that attend to systemic change.

The social issues that are commonly addressed by most congregations are indeed very important, but there are a myriad of rising social issues such as Alzheimer’s Disease, children diagnosed with autism, persons who identify as lesbian, gay, or transgendered, and teen suicides, that the church has either ignored, dismissed, denied, or is struggling to address. Indeed there are a number of chronic social issues that continue to plague the church. How do churches address those congregants, individuals and families who suffer with chronic mental health issues such as depression, bipolar disorder, schizophrenia, and eating disorders, persons who self-mutilate, incest survivors, interpersonal and domestic violence survivors, persons struggling with substance abuse, members living with HIV or AIDS, and a host of other problems that are part of every local congregation? Do churches have the newest empirical knowledge or are they aware of the most recent evidence-based practices that could inform some of the topics above? New knowledge, such as the bio-psychosocial-spiritual perspective,
would be very useful for the church in assisting that faith community in thinking about social problems differently. In order to bring about positive change in the lives of persons and families suffering within the faith community, trained social work professionals can assist the church in intentionally addressing rising and chronic social problems with the best evidence available.

**Social Workers as Resources to Faith Communities**

Christian social workers often perceive a call not only to service in secular settings, but also to share their professional knowledge in congregational settings, particularly in their own faith communities (Northern, 2009). However, a void sometimes exists between the expert use of professional skills in public/professional arenas and the application of those skills in what is increasingly thought of as a privatized religious life. Still, there are a variety of ways that Christian social workers can serve congregations without transgressing ethical standards of the NASW Code of Ethics and the NACSW standards. There are several roles that social workers perform that could assist the church in its movement to social action (Chamiec-Case, 2002).

First, Christian social workers can serve in the traditional role of service broker and liaison between agencies and faith communities, providing valuable information to faith communities about processes, procedures, and resources that are typically foreign, even intimidating to persons outside of governmental social services. Likewise, Christian social workers can inform social service agencies of resources, such as food pantries, clothing, tutoring, or faith community nurse programs that are available at local churches.

Second, social workers have always functioned in the roles of consultant and facilitator, which can be invaluable to local churches. In this role, social workers can gather critical knowledge and assist the church in developing plans to address problems that are challenging to the pastor and church leaders. Consultation includes the skill of “give and take” and utilizes the church’s strength, expertise, information, and resources to best address the particular problem.

The role of teacher and trainer, the third function, is one that is manifested by many social work professionals. In all of the articles for this special issue, the social worker takes on the role of teacher and trainer. Some address familiar topics regarding aging and end of life, but
they also bring in different perspectives that challenge the traditional responses that are often very familiar to the church community. Within this community, social workers can be used to train a group of trainers on particular topics so knowledge can be dispensed by many people with a broader impact on addressing the particular topic.

Fourth, the traditional role of social work advocacy is another area that may be valuable to the local church. An advocate is one who works to bring about change on behalf of one who is disenfranchised or powerless to act for herself or himself. The leaders may need to be taught that advocacy is one of the skills developed by social workers from their training. It is essential to help pastors and church leaders understand what advocacy is so that they do not feel that a social worker performing this role is challenging their leadership. For example, advocating for the needs of those who have developmental disabilities within the church congregation may mean that the expectations of promotion from one Sunday School class to another be addressed in a different manner among this group.

Fifth, Christian social workers can greatly facilitate the accessibility of psychotherapy to their fellow congregants. In some churches, social workers function in the role of professional counselors and are used as referral resources when pastors deem that their own level of expertise is no longer viable in meeting the counseling needs of the individual or family congregant. Christian social workers may or may not accept referrals of persons from their own places of worship due to the challenges of dual relationships. Likewise, consumers vary in their willingness to undergo psychotherapy from a professional they have previously known. Consequently, it is important to equip clergy leaders with multiple referral sources.

Finally, in some cases, social workers can work with clergy to establish a pastoral or congregational care ministry for congregational members. In addition to identifying multiple referral sources in the surrounding community, some churches have established care ministries that provide direct psychotherapeutic or counseling services to members by trained and licensed mental health professionals. These services may be offered by the church at low or no cost to members, or may be broadened to include some services for members of the community. Moreover, some care ministries offer supportive services through such programs as Stephen Ministry, where laypersons are trained on such topics as active, nonjudgmental listening, confidentiality, boundaries,
and crisis care. Importantly, laypersons learn about the limits of their training and are instructed in specific procedures for facilitating referrals when they approach such limits. Thus, Christians in social work can play a pivotal role in the local church by administering programs that feature “a continuum of care” that leverages the skills and gifts of professionals and laity alike.

The Articles

This special issue includes six articles. Following this introductory article, the next article focuses on the role of the church in responding effectively to needs for care at the end of life. The third article focuses on a novel intervention that aimed to increase congregants’ understanding of the complexity of poverty through an experiential exercise. The fourth article addresses intimate partner violence (IPV) and how social workers can assist pastors and church leaders in responding in a sensitive and planful manner. The fifth article offers guidance to social workers helping churches to support persons and their families affected by dementia. The final article addresses the role of social workers in educating about, advocating for, and practicing radical hospitality towards homeless persons.

Empowering, Educating, and Advocating: How Social Workers can Help the Church Integrate End of Life Into Congregational Life—Lindley Sharp Curtis

Empowering congregations to meet the needs of the seriously ill sounds like something that the church already does quite well. Yet, Lindley Curtis provides a different perspective as she challenges the church to specifically address the complex issues associated with serious illness and end of life care. She also provides recent statistics on the “age wave” that is occurring in our nation, and discusses the racial and ethnic disparities in end of life care for a number of minority groups. Social workers are an important part of faith communities and can provide needed resources and support to these families. Even though the end of life is inevitable, feedback from the congregation members who received this intervention indicated that many clergy and lay leaders do not feel equipped to comfortably address end of life issues (Qualitative feedback from the evaluation of the intervention, April, 2008). Although empirical
evidence is scant on how faith communities address end of life issues, the author’s intervention was aimed at encouraging the faith community to shape its church community culture in ways that encourage people of all ages to face, explore, and become familiar with issues related to serious illness, death, and dying instead of encouraging surface-level program implementation.

**Seeing the Poor and Moving Towards Justice: An Interactive Activity—Joy Turner**

The Christian church has a long and varied history of serving the poor and confronting poverty, yet these responses have frequently been short-term and have not addressed the structural aspects of this issue. This paper explores the issue of poverty from a social justice perspective, highlights the structural aspects of poverty that are often overlooked, reports on a successful intervention for increasing the church’s involvement in poverty elimination efforts, and makes suggestions for ways Christian social workers can provide churches with the necessary tools to think differently about poverty in their own communities and beyond. The author has developed an experiential activity that increases a person’s understanding of the challenges of moving out of the socioeconomic stratum of poverty.

**Social Worker’s Role in Helping the Church Address Intimate Partner Violence: An Invisible Problem—John Michael McAllister & Amelia Roberts-Lewis**

Domestic violence, more recently known as Intimate Partner Violence (IPV), threatens the well-being, security, and lives of millions of women each year. This social problem impacts women of all races, ethnicity, social economic levels, and across national and international settings. This article provides background information on the physical, psychological, social and spiritual aspects of a victim’s experience, the cycle of violence, and why women stay in such situations. Ways in which a variety of church doctrines and teaching have inadvertently influenced some women to stay in abusive situations are reported. In contrast to these traditional responses from the church that have commonly maintained the status quo, this article highlights the strengths and resources of the church that can be used to assist victims of violence.
Social workers who work in the field of IPV can provide concrete suggestions and become a useful resource for pastors and religious leaders who want to respond in sensitive, thoughtful, and beneficial ways to women who are experiencing abusive relationships.

**Aging, Memory Loss, Dementia, & Alzheimer’s Disease: What the Church Can Do to Help—Susan Moore Pincus, Kristen Register, & Amelia Roberts-Lewis**

The devastating effect of dementia and Alzheimer’s disease, with its concomitant caregiver strain, is beginning to be recognized and felt within church communities. The majority of Americans who are suffering with Alzheimer’s are being cared for by close family members. Social workers can assist the church in providing increased awareness, involvement, and advocacy for this population and their caregivers. Educational seminars and creative use of volunteers are necessary components of addressing the impact of this devastating disease. Theological and social implications are discussed throughout this paper with specific interventions suggested as the church is “called to action” to respond in a different way. This article acknowledges that the church indeed has numerous ministries geared to the elderly, but a sustained focus and commitment to caregivers and for family members with Alzheimer’s disease is advocated.

**Radical Hospitality: Welcoming the Homeless Stranger—Mandy Sackreiter & Tonya Armstrong**

Christian hospitality calls us, at the very least, “to welcome the stranger as one worthy of being considered a household member” (Reynolds, 2006; Matthew 25:35-36). Changing the way we think about the homeless population is the challenge presented by Sackreiter and Armstrong’s article on meeting the needs of the homeless. Radical hospitality is a paradigm shift that moves us from just giving “monetary change” to the homeless on the street, and challenges us to provide a “personal space to share with” the homeless person in meeting needs. Addressing the fears and concerns of church congregants in meeting these needs is the beginning of a discussion that could propel us into future thinking about this group. The theme of inclusive welcoming emerges as one of dire importance to Jesus as he urges his followers to love their neighbors.
as they love themselves, particularly those neighbors who are vulnerable and marginalized, such as the hungry, homeless, naked, sick and imprisoned. Sackreiter and Armstrong provide the challenge, information, and discussion as to how to provide “radical hospitality.”

Conclusion

Social workers who are part of local church congregations are encouraged to help the church move to social action by sharing their skills, knowledge, and creativity in addressing social issues that are challenging, taboo, or just difficult for the church to address in a sustained manner.

It is obvious that churches are interested in meeting the needs of both their congregants and broader community members. However, responding to some of the new challenges and upgrading their interventions in how they address chronic and familiar issues by utilizing current best practices and new evidenced-based information is often out of their purview. Churches may want to consider the hiring of professionals who are trained in both theology and social work. Importantly, the more plenteous the opportunity for in-class and field education integration of these disciplines, the more likely that dually-trained social workers can initiate sustainable social action, implement more nuanced strategies, and respond with greater understanding to the complex needs of the faith and broader communities. These social work professionals will be invaluable resources for unfolding new visions of social action in the 21st century.

References


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Empowering, Educating, and Advocating: How Social Workers Can Help Churches Integrate End of Life Care into Congregational Life

Lindley Sharp Curtis

The end of life, frequently accompanied by serious illness, too often becomes a period of isolation when people do not feel connected to or supported by their communities. In many communities, congregations are in positions to provide important information, spiritual and emotional support, and practical services to their members. Especially as the number of older adults in the United States increases, there is a need, now more than ever, for social workers who are part of faith communities to assist their churches in responding proactively to the needs of family members and individuals who are experiencing end of life challenges. Social workers can make a difference in their churches by encouraging their congregations to intentionally incorporate topics associated with serious illness and end of life into various elements of congregational life. In this article, the author explores important issues associated with serious illness and end of life care and suggests types of interventions that social workers can provide or initiate that may be helpful within churches.

Despite the trends in American culture to deny and delay aging and death, these experiences are natural parts of life. Though some Americans will die because of accidents, acts of violence, suicide, or sudden heart attacks, 70 percent of Americans
will die because of a chronic disease (Centers for Disease Control and Prevention [CDC], 2008). Although people may die at any age, advances in medicine and public health are allowing people to live longer than ever before, and life expectancies continue to increase year after year. In the United States, average life expectancy now exceeds 77 years (Kung, Hoyert, Xu, & Murphy, 2008). Yet, with longer lives often come more years of illness and disabilities. Though not all life-limiting diseases occur later in life, there tends to be a general postponement of illness into advanced aged, known as the “compression of morbidity” (Moody, 2006, p. 24). Because of these realities, an exploration of factors that affect people’s experiences during serious illness and at the end of life necessarily addresses issues and experiences associated with old age.

As people are living longer and as the Baby Boom generation ages, the population of older adults in America is expected to increase dramatically in the coming decades. By 2030, people 65 and older are projected to make up 20% of the U.S. population, up from 12% in 2000 (Administration on Aging, A profile of older Americans: 2008, n.d.). Not only are the average percentages and the overall number of older adults increasing, but their diversity is increasing as well. For example, percentages of Blacks, Hispanics, and Asians over the age of 65 are projected to increase substantially in the years to come in part because of recent immigration patterns. In 2000, racial and ethnic minorities made up about 16% of the total population of older adults, and the percentage is expected to increase to about 24% by 2020 (Administration on Aging, Minority aging, n.d.).

Issues of diversity are important because people’s experiences associated with aging and with end of life are affected by various aspects of their identities, including their race and ethnicity, gender, socioeconomic status, and sexual orientation, among others. Societal issues influence people’s experiences in complex and sometimes subtle ways. For example, certain factors, such as race and ethnicity, socio-economic status, and identification as a sexual minority may affect people’s experiences of social roles, cultural norms and habits, and social pressures. These may be advantageous, or they may lead to experiences of discrimination and inequality. Many of these experiences influence each other, resulting in cumulative advantage and disadvantage among individuals and groups of people (Moody, 2006).

Racial and ethnic groups tend to experience aging, serious illness, and end of life differently. In the United States, white females’ life
expectancy at birth is 80.8 years, black females' is 76.5 years, white males' is 75.7 years, and black males' is 69.5 years (Kung et al., 2008). Racial and ethnic minority population groups (other than Asians) rate their overall health worse than non-Hispanic Whites. Ethnic minority Americans—and specifically African Americans—often report higher prevalence of specific health problems, and they have higher death rates for many common causes (James, Thomas, & Garfield, 2007). In 2005, the average risk of death for the African American population was about 30% higher than that for the White population (Kung et al.). For numerous reasons, African Americans and other ethnic minorities tend to approach issues associated with aging, serious illness, and end of life in distinctive ways. For example, minorities under-use palliative and hospice care, even when they have access to this care (Crawley et al., 2000). Fortunately, these disparities and differences are coming to light, and researchers and policy makers are trying to address these serious and complex issues.

Socioeconomic status is another important factor that influences older adults' experiences and the experiences of people at the end of life. During old age, socioeconomic status is linked to four main elements: occupation, income, property, and education (Streib, In Moody, 2006, p. 136). Patterns emerge throughout a person's lifetime that may affect socioeconomic status in old age, and these are often associated with cumulative advantage and disadvantage. Though some people may maintain their level of socioeconomic status throughout their lifetimes, downward mobility may become a threat as people age if they outlive their economic resources or have experiences that cause major depletion of assets (Moody, 2006, p. 136). Especially in difficult economic times and with the rising costs of health care, older adults and people facing serious illness and end of life may suffer financial hardships.

Particular subgroups may have unique experiences associated with aging, serious illness, and end of life. For example, LGBT (lesbian, gay, bisexual, and transgender) older adults may face discrimination and limitations regarding access to health care and social services, limitations regarding housing options, lack of social support, and caregiving concerns (McFarland & Sanders, 2003). Other subgroups such as immigrants may face particular concerns associated with receiving access to health insurance, health care, and social services, especially if they are undocumented. They may also deal with cultural differences as they consider issues associated with end of life. For example, among some
cultural traditions, patient autonomy and informed consent are not as important as having family involvement and control in making decisions about health care (Crawley, Marshall, Lo, & Koenig, 2002).

Examples like these remind us as social workers that issues related to aging, serious illness, and end of life are multifaceted and that certain populations, subgroups, and individuals may experience these seasons of life differently. The more that people can recognize differences, learn about diversity, fight against disparities, and gain cultural competency, the better we can approach the often difficult experiences associated with aging, serious illness, and end of life. As we strive to do these things, we can offer better support throughout the lifespan and especially at times when people are vulnerable and in need of assistance. Periods of serious illness and end of life are just such times when communities can offer sensitive, helpful, significant care and support to one another.

Government programs and formal community-based services already provide and will continue to offer vital support to people of all ages who are experiencing serious illness and who are facing the end of life, but informal support is and will continue to be crucial to many people’s well being and quality of life. Informal support includes family, friends, neighbors, congregations, and social groups. For many reasons, informal support has been a primary source of strength and support for many people through the centuries, especially minority groups including Hispanics and African Americans (Moody, 2006).

**Faith Communities as Examples of Informal Support**

Important sources of informal support during aging, illness, and end of life are faith communities, comprised of groups of individuals joined together by beliefs and forms of worship. According to Gallop polls in 2008, an average of 65% of Americans report that religion is important in their daily lives, and an average of 42% of Americans report attending a church, synagogue, or mosque every week or almost every week (Newport, 2009). Social workers who are involved within faith communities are in positions to provide important information to members and to encourage their congregations to be the kind of communities that offer sustained emotional, spiritual, financial, and physical support to people of all ages (Byock, Norris, Curtis, & Patrick, 2001). Recognizing that faith communities are in unique positions to provide a continuum of informal care and support throughout the lifecycle,
social workers can help churches enrich the lives of people at all ages and during major life transitions.

Many congregations recognize the important roles that they can play in the lives of children, youth, and young adults, but they may not embrace the significant roles that they can play in the lives of their members who are facing serious illness and who are approaching the end of life. According to a survey by the Duke Institute on Care at the End of Life (2008), even when faith community leaders such as clergy, lay leaders, and faith community nurses recognize a need to improve their congregations’ services related to these seasons of life, they often feel unprepared and unequipped to do so. For example, only about 60% of clergy indicated that they were “very comfortable” providing spiritual care at the end of life. Many of the clergy who felt comfortable visiting and offering support for members did not feel equipped to teach others how to offer support. In fact, just over 40% of faith community leaders indicated that they felt comfortable teaching others about end of life issues.

Even though most clergy would have liked for laypersons to be involved in education and congregational care surrounding these topics, they indicated that they lacked educational models, resources, and strategies to train and involve their members appropriately (Duke Institute on Care at the End of Life, 2008). The findings from this survey are worrisome. Recognizing that serious illness and end of life affect every person in some way at some point, social work professionals who are informed about issues related to aging and end of life care can be valuable resources for faith community leaders and can empower faith communities to provide sustained and meaningful support to their members during these experiences.

**Considering Ways that Social Workers within Faith Communities Can Assist in the Provision of Support**

Everyone has stories associated with serious illness and end of life. Consider the story of Betty and Tim, an older couple at a downtown church. Towards the end of Betty’s life, the couple managed rather well, a fact that they owed in large part to their church. Betty had always been active in the church, serving on committees, singing in the choir, and cooking meals for people who were sick or who had just had a baby, but this changed when she was diagnosed with COPD—Chronic Obstruc-
tive Pulmonary Disease. Her diagnosis hit her quite suddenly. She found herself in a hospital during the Christmas season. She was weak and had been wheezing with great difficulty breathing. Following her hospital stay, her condition deteriorated rather quickly. Her breathing was more labored and she began using inhalers. Over the next few years, her condition steadily declined. Her husband, Tim, tried his best to care for her.

About the time of Betty’s diagnosis, Tim and Betty’s church started forming support teams, and the couple accepted the offer for a group of volunteers to provide assistance. With the help of the volunteers who provided respite, Tim could run errands and attend church on Sunday mornings. On some Sundays, church members would help him bring Betty to services, but as her breathing became more labored, her ability to walk also slowed. Once the doctors insisted that Betty use portable oxygen, Betty felt too conspicuous out in public. As time moved on, Betty became home bound, and she eventually became dependent on church leaders and members to visit her. She was served communion at home on the first Sunday of each month. As Tim anticipated Betty’s impending death, he benefited from the parish nurse who offered medical advice and referred him to the parish social worker. The social worker made sure that community resources were available and eventually recommended—in collaboration with the nurse—the need for hospice services. The social worker provided individual and family counseling with the support of the pastor in helping the family address the primary end of life issues. Spiritual support was provided by both the theologically trained social worker and the pastor. The pastor specifically helped Tim and Betty think theologically about end of life, but she also included references to death and dying in sermons in such ways that helped the couple reflect on their experiences in light of their faith tradition. Thanks to the efforts of social workers within their congregation who collaborated with faith community leaders, provided explicit support, trained volunteers, advocated for accessibility, and shaped the church’s efforts to become a loving and informed community, Betty and Tim felt supported and included within God’s larger story and within their congregation.

Faith communities have a unique opportunity to care for people who are seriously ill and facing the end of life in ways that seek to meet the needs of people holistically. In social work terms, faith communities are often in positions to offer biopsychosocial-spiritual support (Sulmasy, 2002). In fact, social workers, trained to address people’s biopsychosocial-spiritual needs can provide important resources for
congregations who want to offer comprehensive care and support. Those social workers especially trained in issues related to aging and care at the end of life can empower congregations to address important and complex issues associated with these seasons of life. In many cases, social workers can assist faith communities in identifying how they currently address end of life issues. Social workers can help congregational leaders do inventories of their churches’ efforts to provide care, they can encourage interdisciplinary care, and they can be catalysts in providing additional interventions for the congregation.

**Addressing Congregants’ Physical Needs**

A number of congregations offer health ministries, which provide accessible information about issues associated with health and wellness. Social workers can play important roles in these health ministries. On a basic level, social workers can encourage annual or bi-annual health fairs that offer screenings and information about local and national resources. Health fairs can provide a helpful opportunity for members of congregations to connect with community agencies that provide support to people who are seriously ill and approaching the end of life, such as local chapters of the American Cancer Society and the Alzheimer’s Association, as well as local hospice agencies. Social workers trained in end of life issues can make sure that specific information and resources on the end of life are included in those events, and they can help to connect people with such information and resources year round. Some churches have trained parish nurses (also called faith community nurses) who offer helpful services to members of congregations. Parish nurses may coordinate health ministries, offer home visits (which can be a major asset to people who have difficulty getting out of their homes), and make referrals to clinical social workers who are part of the faith community. Working as a team, parish nurses and social workers may be especially helpful to people who are seriously ill and facing the end of life. As people begin to face the challenges associated with these seasons of life, faith community nurses and social workers can help them understand the experiences that they may face, the options for care, and the resources that they may access, all in light of their shared faith.

Even those churches that cannot offer extensive health ministries can recognize and help people cope with physical challenges, and social
workers can offer guidance for churches that want to increase support and accessibility. Serious illness and end of life may introduce physical experiences associated with increased discomfort, pain, lack of mobility, cognitive impairment, decreased control over the body, and dependence on others for activities of daily living. As seen in the vignette about Betty, physical challenges may affect people's ability to leave their residences and to spend long periods of time sitting in settings like worship services. Physical challenges, and especially those that are visible to others, may also cause embarrassment, which may make people disinclined to spend time in public even if they are physically able to do so. People's physical experiences associated with illness and end of life can certainly affect their involvement in the life of a faith community. When physical challenges keep members at home, social workers can assist faith communities in a sustained and standardized response by coordinating efforts that provide outreach to people's homes, friendly visiting, respite for caregivers, and recordings of worship services. Social workers can also help faith communities be intentionally welcoming spaces for people who have physical challenges. They can begin discussion about the design or adaptation of buildings and areas that are accessible to wheelchairs and walkers and encourage their churches to provide seat cushions for hard pews, provide hearing devices for the hard of hearing, offer large print bulletins, and have ushers and volunteers ready to assist people as needed.

Caring for Congregants' Psychological Concerns

Along with physical challenges that may be associated with serious illness and end of life, psychological and emotional issues affect people as well. As people deal with changes, transitions, losses, and end of life concerns, they may experience a variety of emotions including grief, depression, anger, fear, and anxiety. Some emotions common to dying people are fear of abandonment, fear of being a burden, and concerns about loss of dignity and loss of control (National Cancer Institute, n.d.). In addition to providing clinical counseling services to people at the end of life, social workers can train pastors, volunteers, and lay leaders in basic counseling skills, provide educational materials on life stages, and offer learning opportunities about psychological and emotional experiences during these seasons of life. They can provide training to care providers about particular issues such as common experiences of the dying process, common fears associated with dying, and how to care for children and
teens who are experiencing serious illness or dealing with the death of loved ones. Social workers can facilitate support groups, train others within the church body to assist those who are experiencing serious illness, and provide support for caregivers. They may formulate their own support groups and training lessons or connect with established ones that are already being offered in the community. For example, social workers may connect their churches with support groups associated with local chapters of the Alzheimer’s Association or they may encourage their churches to provide meeting space for training opportunities offered through local Area Agencies on Aging. Social workers can also encourage congregations to address the psychological and emotional experiences that their members face by encouraging education through Sunday School classes, special workshops, bulletin inserts, and sermons. They can help churches recognize the importance of helping their members learn about psychological concerns in light of their faith and through theological reflection about these experiences and about ways to cope.

**Tending to Congregants’ Social Needs**

Social workers can take the lead in elucidating that as social beings, humans live in relationship with others and with their environment. Social well-being should be considered when providing support to people during serious illness and end of life. Faith communities may respond by providing helpful avenues for social involvement and feelings of connectedness with others. They can let members know that they are inclusive communities that intentionally reach out to those members who may feel isolated or lonely. Congregations can play an important role in helping individuals feel loved and valued (Sulmasy, 2002). Social workers can help church leaders recognize the ways that they can tend to the social needs of people who are facing the end of life. They may encourage and facilitate basic ministries such as card/letter writing, phone calling, and friendly visiting. Social workers may also encourage and provide training for more extensive forms of support such as Stephen Ministry, a program that trains lay people to offer dedicated one-to-one care, and support teams, composed of group of people that provide a variety of types of support. In addition to offering interventions directly with people who are facing the end of life, social workers can empower volunteers through education and consultation so that volunteers can provide informed care and support.
Encouraging Spiritual Support

Discussing issues related to the end of life are challenging. Social workers can initiate these discussions and train others in ways that increase their comfort levels in addressing these topics. Serious illness and end of life introduce broad spiritual issues such as questions of meaning, purpose, hope, and healing. Such spiritual concerns are some of the most important concerns for people at the end of life, and faith communities have the unique opportunities to offer spiritual support related to these common spiritual issues. They also have the opportunities to offer specific theological education and spiritual reflection on issues associated with life, end of life, death, the afterlife, and the meaning of community in light of their own faith traditions and beliefs. Spiritual support may come through pastoral counseling, social work counseling, and the visits of lay people. In these cases, social workers can model a comfort in discussing these topics and can encourage their clergy and leaders to be well educated and trained to provide meaningful and informed support.

While faith communities have important roles to play in responding helpfully and holistically during times of crisis events such as frightening diagnoses, major surgeries, and end of life experiences, they can also act proactively by helping people think about such matters throughout their lives, before they get to these points. In a culture that often combats aging and avoids topics associated with death, social workers can assist faith communities in being countercultural voices that say to their congregants, “Aging is real. Serious illness is real. End of life is real. But, we can understand these in light of our faith, and we can face these as communities of people who care for and love another.” Social workers can encourage churches to do this by incorporating music, prayers, and stories associated with illness, end of life, and death into worship services and sermons.

Social workers can encourage and provide education related to advance care planning, legal wills, and ethical wills, and they can be available to offer counseling to people as they face the realities of their own mortalities at any age. They can also serve as resources as faith communities discuss these subjects in Sunday Schools and Bible studies and as they associate such topics with the liturgical calendar and the wider body of their faith traditions. By addressing these matters throughout the year and with people of all ages, churches can weave
these seasons of life into congregational life and help their members prepare to face these experiences as confident and informed people of faith who know that they are loved and supported.

**Conclusion and Discussion**

Christian theology teaches that people are all members of one body, and we rely on and care for each other. In his first letter to the Corinthians, the apostle Paul says that no member of the body is more important than another, and in fact, those members who seem to be of lesser value should be honored and respected. In 1 Cor. 12:22-25, Paul explains that the body is so connected that all members suffer if one suffers and that all members rejoice if one is honored. Paul's words shape Christian theological understandings of community as people see ourselves as interconnected members who value the presence and well-being of each member.

This vision is important when considering the reality that people are often excluded from being in community for various reasons. In *Resurrecting the Person: Friendship and the Care of People with Mental Health Problems*, Swinton (2000) addresses this as he writes that individuals and communities have a way of creating “a relational, communicational, aesthetic, and linguistic atmosphere that causes the exclusion and stigmatization of those who are perceived to be different” (p. 20). Those who are different may include but are not limited to people with mental health problems, racial minorities, sexual minorities, people of different socioeconomic status, those from other countries, those with disabilities, those who are ill, and those facing the end of life.

Indeed, people who are sick and dying are often seen as “other.” Too often, people who are diagnosed with a serious illness may receive initial support but then find themselves unable to interact with members and be a part of their communities in the same way that they had been. People who are ill and facing end of life may voluntarily or involuntarily become removed from the community. For example, someone who has had a stroke may be embarrassed about his labored speech and voluntarily stay at home instead of risking the chance of embarrassing himself in front of church members. Or, someone going through treatment for cancer may be too tired to come to worship services and involuntarily remains in her house instead of participating in worship each week. In either sort of case, the community becomes dismembered and people experience separation and isolation.
Swinton (2000) reminds readers that when referring to a supportive, caring community, the term “community” does not refer to a “geographically or administratively defined” area. Instead, it refers to “a close network of positive, sustaining, human social relationships” and “a cohesive moral community that strives to offer care and attention to others” (p. 58). According to Swinton, it is the task of churches “to create communities within which people can genuinely be cared for and find a place of solace, acceptance, and hope in the midst of loneliness and frequent experiences of hopelessness” (p. 60). It is through communities that people can support one another well, and social workers can play important roles in empowering churches to become these types of supportive communities that care for people during all seasons of life including the end of life.

Social workers can assist congregations in creating a culture that comprehensively incorporates issues of serious illness and end of life into congregational life. The social worker's goal is not simply to encourage surface-level program implementation but to help churches explore their values, discover areas that need to be improved, and develop and integrate programs of services that become part of the life of the congregation. The change strategy is not to impose particular beliefs or products onto faith community leaders but instead to empower them to figure out their own priorities and to determine the directions that they want to go as caring congregations.

Very little research has been done to determine the best practices that faith communities can use to specifically integrate end of life into the life of their congregations. Nor does substantial evidenced-based information exist regarding the best ways to present end-of-life issues to faith communities. Thus, social workers will have to rely on their training and knowledge, creativity, and collaborative teamwork to develop the best plans for their congregations. Future research may explore the methods that faith communities can use to improve comprehensive care and support for people during these seasons of life. Social workers are in a unique place to develop interventions that can be tested by social work researchers who are focusing on this area.

Even though there is little evidence-based research that documents such practices, some congregations and community agencies are doing commendable work to educate and encourage faith communities and their members about issues associated with serious illness and end of life. Specific denominations offer helpful resources, and a number
of publications provide useful information on various related topics. Faith community leaders and social workers will benefit from accessing denominational resources as well as broader resources that address serious illness and end of life and that offer training and suggestions about being supportive communities. A new practical resource that can point people of various faith traditions in helpful directions is *The Unbroken Circle: A Toolkit for Congregations around Illness, End of Life, and Grief* (Brooks, 2009).

Serious illness and end of life are experiences that everyone will encounter at some point in their lives, and churches can serve important roles in helping people prepare for and deal with these seasons of life. Through intentional measures both large and small, churches can help people recognize the reality of aging, serious illness, and end of life in light of their faith traditions, and they can support people through these experiences in ways that remind people that they are included and valued as part of the community of faith. By caring for people holistically and in comprehensive ways, congregations can empower people through all seasons of life, and social workers can guide and assist them in their efforts.

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Seeing the Poor and Moving toward Justice: An Interactive Activity

Joy Turner

The Christian church has a long and varied history of serving the poor and confronting poverty, beginning with Jesus’ teachings and examples of providing for the poor and continuing with the communal practices of the early church. Although the actual practices of the church towards the poor have undergone many changes over the centuries since then, the biblical and theological basis for involvement remains. This paper explores the issue of poverty from this theological perspective, highlights the structural aspects of poverty that are often overlooked, reports on a successful intervention for increasing the church’s involvement in poverty elimination efforts, and makes suggestions for ways Christian social workers can provide churches with the necessary tools to think differently about poverty in their own communities and beyond.

There have been varying interpretations of the model of the church’s involvement in helping the poor, most often fluctuating between providing charity to those in need and attempting to bring about systematic reform (Brady, 2006). However, there exists an overall agreement throughout church history that the church should play a role in assisting society’s poor and marginalized. Indeed the foundations of social work such as the Charity Organization Society and the settlement house movement grew out of religious obligation to the poor (Canda, 2005). Despite its best efforts, however, much of the church’s action has tended to overlook the underlying causes and perpetuation of poverty by placing sole focus on meeting the immediate needs of the poor. While this tangible service to the poor is important...
and needed, it has left the forces that drive poverty largely unchallenged, often resulting in “a paternalistic form of charity” (Lindberg, 1981, p. 49) rather than a freeing form of justice. Though this stance certainly does not characterize all of Christian practice, either past or present, it is a danger that the church must always be careful to avoid by remaining conscious of both the theological basis for involvement with the poor and the current societal factors influencing poverty.

No matter what field of practice social workers engage in, they daily seek to empower their clients, increase self-determination, and decrease the effects of systematic discrimination. For social workers, seeking justice for others is part of their commitment to the individual and society called for by the profession’s accepted code of ethics. Yet this commitment to justice cannot end when one clocks out at the end of the day, especially for Christian social workers who are bound not only to the NASW Code of Ethics, but more importantly to the biblical witness and the gospel message of freedom for the oppressed. This project highlights the important role Christian social workers can play in helping the church become more aware of the experience of poverty, its perpetuating factors, and the solutions that can be affected when congregations seek justice, rather than charity, according to theological principles.

**Defining Poverty in the United States**

Before understanding how theological principles govern the church’s involvement with the poor, it is first necessary to understand the extent and nature of poverty in the United States. In a land of plenty it can be easy for the upper and middle classes to overlook the realities of poverty in their own communities and to underestimate the existence and prevalence of poverty in their own backyard. For most of the privileged in this country, it is easy to navigate around the pockets of the city or town where one might be forced to view poverty up close, and the idiom “out of sight, out of mind” describes all too well the orientation of many middle- to upper-class persons towards their lower-income neighbors.

Despite the fact that it is not always noticeable, poverty is a pervasive problem in the United States today. According to the United States Census Bureau, the poverty rate in 2008 was 13.2%, over 39 million people (DeNavas-Walt, Proctor, & Smith, 2009, p. 13). Even these staggering numbers may not paint an accurate picture. Some researchers believe that the standardized “poverty threshold” usually used to
measure poverty is inaccurate, and alternative measures of poverty suggest that three times as many working families do not have enough money to meet basic needs (Allegretto, 2006). Yet perhaps even more startling than the overall poverty rate is the disparity in poverty rates in the U.S. across racial and ethnic groups. While the poverty rate for non-Hispanic whites in 2008 was 8.6%, the poverty rate was 24.7% for Blacks and 23.2% for Hispanics (DeNavas-Walt, Proctor, & Smith, 2009, p. 13). These statistics reveal, or at the least hint at, the fact that poverty goes beyond being a matter of bad luck or lack of effort but is instead a complex issue with much at stake. These complexities must be explored and understood if any true relief is to come.

These statistical definitions of poverty provide part of the picture of what poverty looks like in the United States, yet obtaining a more complete view of poverty requires more than just acquiring knowledge of income levels and statistical proportions. Though poverty is most often defined as a lack of adequate income or a lack of ability to afford basic needs (Shipler, 2004, p. 8), there are other dimensions of poverty that are often overlooked. When income is the sole focus of discussions of poverty, it is assumed that working hard and seeking the “American Dream” is the best method for overcoming poverty. Yet Shipler calls this idea the “American Myth” (p. 5), since working, and even working hard, often is not enough to pull someone out of poverty. In explanation, Shipler names the various “ingredients of poverty” as “part financial and part psychological, part personal and part social, part past and part present” (p. 11). Put together, these ingredients of poverty come together to affect the whole person, even to the extent of challenging and damaging a person’s very humanity (Brady, 2006, p. 352). As a problem that affects all aspects of life, poverty must be challenged in a manner that targets all aspects of life simultaneously if any progress is to be made.

After hearing these startling statistics about the pervasiveness of poverty in the United States, one might begin to wonder about the underlying causes of this problem. Proposed causes of poverty can be seen as falling into one of three general categories: individual, structural, and fatalistic (Bullock, Williams, & Limbert, 2003; Cozzarelli, Tagler, & Wilkinson, 2002). People who embrace individual causes of poverty tend to place blame for a person’s poverty on an individual’s lack of effort, unwillingness to work, ignorance, or poor morals. Those who advocate structural causes of poverty place the blame for poverty on institutional shortcomings such as failure to pay a living wage, discrimination based
on race or gender, or the disappearance of jobs due to current economic challenges. Finally, those who hold to fatalistic causes of poverty blame poverty on circumstances attributed to chance such as overall bad luck or a natural disaster (Bullock, Williams, & Limbert, 2003).

Since the way people explain the origin of poverty will affect the way they attempt to become involved in combating poverty (Cozzarelli, Tagler, & Wilkinson, 2002; Gauer, 2005), understanding these different categories of explanation is important for public policy makers, educators, and social service providers and administrators. As an example of how these attributions of poverty have practical significance, studies have shown that those who embrace individualistic causes of poverty are less likely to support the welfare system, whereas those with a structural view towards the causes of poverty tend to show more support for the welfare system (Bullock, Williams, & Limbert, 2003). Although there may be differences of opinion regarding the underlying causes of poverty, anyone with the openness to hear these statistics and the willingness to see the lives of those often overlooked must admit that a problem exists and something must be done about it.

**Toward a Biblical and Theological Understanding of Poverty**

As people of faith, Christians have a special obligation to be concerned about the issue of poverty and the people it affects, an obligation rooted in the biblical narrative itself and also in the theological underpinnings of the Christian faith. Before attempting to change the way congregations approach the issue of poverty, one must first become grounded in the theological language of the church that governs such involvement. To begin with, numerous Scriptural principles from both the Old and the New Testament set clear expectations for the provision for the poor by God’s people. These principles call on God’s people to show generosity to those in need, establish a system of harvesting that allows the poor to gather the excess, and practice the year of Jubilee whereby the land and the yield of the land would be redistributed to all (Nwaoru, 2004, p. 202). In addition, the Old Testament prophets speak to the consequences of not providing for the poor and for perpetuating, rather than alleviating, poverty (Nwaoru, 2004, p. 201). In the New Testament, Jesus takes these commands even further by “mak[ing] almost infeasible demands” on the rich to sell all their possessions and give the money to the poor (Nwaoru, p. 203). Even this cursory overview of the biblical perspective of poverty
and the Christian’s role in fighting it clearly reveals that poverty is an issue Christians cannot choose to overlook without seriously disregarding a significant portion of the biblical witness.

Beyond explicitly biblical mandates regarding the roles of Christians in alleviating poverty and helping the poor are theological principles that not only further emphasize the responsibility Christians have in these regards, but also provide guidance as to the form these actions should take.

One such theological principle of vital importance to this discussion is that of the *imago Dei*, the belief that every person is created in the image of God. The doctrine of the *imago Dei* is relevant here because it reinforces the dignity and worth of every human being, a value also reflected by the social work code of ethics, and our equal status before God regardless of the outward differences that are causes of division in our current cultures and societies. Each human being possesses this gift of dignity because “God identified God’s self intimately with each human” (Brady, 2006, p. 355). Whereas our society tends to assign dignity, status, and worth based on what we own, what we do, or what income bracket we are in, the *imago Dei* reminds us that our value “resides not in what we may do but in who we are, because God who formed us placed his image and his gifts within us” (Hawkins, Hindson, & Clinton, 2002, p. 107). A theological anthropology grounded in a belief in the *imago Dei* calls Christians to look upon all of humanity through different eyes, sharply revealing injustice as we see it perpetuated not on just a homeless person, a single mother, or a migrant worker, but on the divine image of God present in all of these. In addition, the *imago Dei* reminds us “we are partners with God and one another” (Brady, p. 335). God has chosen to partner with us, as evidenced through God’s gift of the divine image, so we are called to partner with God and with others.

Another important theological factor that influences the church’s response to poverty is its understanding of mission. According to David Bosch (1991), a scholar in missiology, the life of Jesus and his focus on the reign of God serves as a representation of what the mission of the church should be focused on: “advocat[ing] the cause of the poor, serv[ing] those on the periphery, rais[ing] up the oppressed and broken” (p. 34). The mission of the church has also been described as “[being] a humble partner in this redeeming and liberating process that develops from God and his love” (de Santa Ana, 1983, p. 22). Although some
churches understand their mission as a purely spiritual one of saving souls, viewing mission from the perspective of the whole of Jesus’ life as recorded in the Gospels indicates that mission embraces “the whole human being, the rich and the poor, the material and the spiritual aspects of life, in order to bring salvation/liberation to all in its fullness” (de Santa Ana, p. 23). This view of mission as embracing the whole person and the whole of life is vital for the church seeking to combat poverty in a biblical manner.

**The Church’s Response: Charity versus Justice**

Unfortunately, the church, both past and present, has not always acted according to these theological principles. Carter Lindberg (1981) credits the church with helping to alleviate poverty, but he also charges it, sometimes simultaneously, with “creating this social problem” (p. 37). Other Christian scholars are not so generous. Gideon Goosen (1975) describes the Christian churches as being “eroded” by materialism and “swept off our spiritual feet” by capitalism, therefore giving up responsibility to provide for the poor among them (p. 54). Similarly, Julio de Santa Ana (1983) calls on Christians in the midst of wealth “to examine patterns of behaviour and values to see whether they really express their faithfulness to the gospel” (p. 22), a clear indictment against the church for failing to fulfill its mission.

Some may find this critique of the church difficult to understand or accept. After all, research has shown that anywhere from 57% to 87% of congregations are involved in some sort of social ministry (Unruh & Sider, 2005, p. 5) and those data do not include the number of congregations whose members volunteer in their community in some other form or fashion. This supposed disconnect can be found in a distinction between charity and justice. This important distinction is rooted in the biblical text as well as being upheld by social work values and ethics. For many, charity means simply giving to the poor and needy among us, and many Christians participate in charity by donating food or money to food pantries or by volunteering to cook a meal at a homeless shelter. Indeed, these acts of charity are encouraged in the biblical text. A good example of this is from Luke 3:11 in which John the Baptist exhorts his followers to give away their extra food and clothing to those who do not have any. Yet while these services are important, and even vital to the poor, these efforts, geared towards meeting an urgent need in the
present, often do little to address the underlying issues behind the need or to look towards the possibility of a different future (Unruh & Sider, 2005, p. 5). John Perkins (1993), founder of the Christian Community Development Association, sees a danger in “acts of charity … because givers can feel good about actions that accomplish very little, or even create dependency” (p. 23). While he recognizes that charity can serve an important purpose, he also cautions that “charity is only a beginning point, not the final strategy or solution” (p. 23).

Justice, on the other hand, is quite a different task to undertake than charity. While charity does require people to give of themselves in some basic way, usually through their time or money, justice requires much more. Perkins (1993) describes justice as “our management of God’s resources, our working to make these resources open and available to all of God’s creatures” (p. 127). The principle behind justice is that the resources that exist in the world, whether the resources of nature itself or the products that are created from these basic materials, are a gift from God to humanity, and therefore all have an equal right to partake of those resources (Goosen, 1975). Justice remains a difficult practice, especially for Americans who are among the wealthiest in the world, because it forces us to think about “how our wealth is linked to others’ poverty” (Perkins, p. 130), and it calls us to act boldly in response to that reality. Yet the call to pursue justice clearly stands out in biblical texts. For example, there is the command to allow the poor to glean the grain that has been left behind in the fields (Leviticus 19:9; 23:22; Deuteronomy 24:19-22) and God’s establishment of the year of Jubilee in which every 50 years land would be returned to its original owners and servants would be set free (Leviticus 25:8-55). As Nicholas Wolterstorff (2006) points out, certainly Christians must continue to feed the hungry, provide shelter to the homeless, and clothe the naked, as encouraged by Jesus in Matthew 25. Yet to follow the biblical witness, these acts must be paired with a pursuit of something deeper, namely “loosing the bonds of injustice, undoing the thongs of the yoke, letting the oppressed go free, and breaking every yoke” (p. 137).

Charity comes from those with plenty who choose to dole out their excess to the poor. Justice comes from those of all walks of life who seek to bring about lasting and long-term change in the distribution of resources. Goosen (1975) describes the difference between justice and charity in a creative way when he writes, “Things must flow to all on a reasonable basis. Things must not simply go into the pockets of the rich
and overflow” (p. 54). If some find it difficult to accept the challenges to the church’s mission to the poor, it is because much of the church’s response to poverty has fallen on the side of charity rather than justice (Goosen; Perkins, 1993). Just as research has shown that the way people understand the causes of poverty will affect the type of interventions they support (Cozzarelli, Tagler, & Wilkinson, 2002; Gauer, 2005), whether a church approaches ministry to the poor with an attitude of charity or justice will affect the types of services provided and the kinds of results seen. Therefore, it is important for congregations to be aware of their role as both providers of charity and pursuers of justice as they engage in efforts to alleviate poverty.

Seeing the Poor with Open Eyes

How can a person begin to make the movement from focusing on acts of charity to engaging in practices of justice? Shipler (2004) notes that “[t]he first step is to see the problems, and the first problem is the failure to see the people” (p. 11). Shipler goes on in the rest of his book to detail the lives of the working poor in America based on his personal interviews with people across the country from all walks of life with the goal of “help[ing] them to be seen” (p. 12). Some might say that most Americans, and perhaps especially most Christians, already see the poor. It has already been mentioned that a majority of congregations engage in social ministry, and Christians throughout the ages have provided for the poor in one way or another. The poor are seen every day on street corners across the country with their signs asking for spare change, and the poor, both at home and abroad, are seen on television sets nearly every night, most often in stories of violence or tragedy. Yet the type of seeing Shipler advocates goes beyond the mere physical act of seeing and calls for people to take a serious look into the lives of those living on the margins of society even though it may make them uncomfortable.

Krumer-Nevo, Weiss-Gal, & Monnickendam (2009) encourage learning directly from the experiences and knowledge of people living in poverty as one step in developing “poverty-aware” social workers who can critique society’s institutions and see beyond individualistic attributions of poverty (p. 233). Certainly the same principle applies to Christians who wish to alleviate poverty as well. In his book Beyond Charity, John Perkins (1993) tells the stories of the inner city poor and
calls for Christians to look into their lives and be changed in the process. When people look into the lives of the poor in this way, they are forced to struggle with answers to difficult questions such as why a job is not enough to bring someone out of poverty or how it is that the privileges the wealthy take for granted somehow seem to bypass the poor entirely. Truly seeing the poor requires delving into the emotional, spiritual, and intellectual dimensions of poverty in addition to the physical and financial aspects that often overshadow the rest. In doing so, not only do Christians come to a greater understanding of the experience of poverty and its perpetuating factors, but they also come to see the humanity of the poor that is often too easily overlooked.

Seeing the problem is an important step, yet most people in this country are aware that poverty exists, and many of those see it as a problem that needs to be solved. When seeing the problem alone becomes the first step, then poor people become the problem that needs a solution. However, when seeing the people in the way Shipler and Perkins advocate becomes the first step, the door is opened for a movement beyond charity and towards justice as Christians begin to gain a better understanding of the multiple facets and causes of poverty and to see the image of God in their fellow human beings as they live out the mission of the church.

Still, seeing beyond the outer surface of poverty can prove to be a difficult task. In part, the difficulty stems from the politicization of poverty, such that it is difficult to speak about the real issues of affordable housing, access to health care, or a living wage without calling to mind the political rhetoric surrounding these issues from both sides of the aisle. Since these political arguments are generally divisive rather than unifying, many people would prefer to avoid discussions about these issues altogether. Another difficulty in seeing beyond the surface of poverty lies in the guilt or discouragement it can sometimes lead to when one begins to realize the depth and breadth of the problem. In addition, even those who choose to be engaged in working with poverty in some way, such as through volunteering at a soup kitchen or a homeless shelter, may have difficulty looking into the reality of poverty because they are blinded by their preconceived ideas, do not have the chance to develop one-on-one relationships with the recipients of their services, or fear that taking steps to enhance those relationships and to learn more would be intrusive or inappropriate.

Because of these difficulties that prohibit people from gaining a better insight into poverty, it is important to provide the opportunity
for people to learn more about the issue of poverty, including the underlying causes of poverty, the hard decisions people in poverty have to make, and the emotional toll poverty can take on a person, in a safe and supportive environment. For this reason, the intervention chosen for this project was an interactive book that allows program participants to place themselves in the position of someone living in poverty. By viewing firsthand the difficult situations and decisions faced by people everyday and then reflecting on the experience in a facilitated discussion, participants are led to take a closer look at the perpetuating and aggravating factors of poverty and to develop an idea of practical ways they might be involved in bringing about change.

**Experiencing Poverty: Exploring Daily Decisions**

The basis of the intervention is an interactive book I wrote especially for this project entitled *Experiencing Poverty: Exploring Daily Decisions*, that tells the fictional story of a person living in poverty in Chapel Hill, North Carolina. The book includes numerous decision points that require the reader to choose between particular options of actions to take. Once one option is chosen, the reader is asked to turn to a particular page, and the story continues until the reader reaches another decision point. The process continues until the reader comes to the end of the story. Various storylines are possible, and the person reading the book decides how the story will progress. Instead of being only a book of vignettes about people in poverty whose details highlight different aspects of this social problem, *Experiencing Poverty* is written from the second-person perspective that automatically invites the reader to identify himself or herself with the book's main character. For example, the book begins by informing the reader "You are a 32-year-old single mother with two children…. You have been living with your mom ever since you lost your job and had to move out of your apartment about six months ago" (Turner, 2008, p. 1). By the end of the first page, the reader is faced with the decision of whether to move right into an apartment after getting a job or to stay with mom for a few more months while saving up money. By placing the decisions regarding the story's progression in the readers' hands, the experience of identifying with and understanding the main character's situation intensifies as the readers themselves must be the ones to make difficult decisions, search for adequate housing, face medical problems, deal with
difficult landlords, hunt for affordable child care, and struggle to deal emotionally with the many other stresses of poverty.

Some themes related to poverty that the book highlights are the inadequacy of the current minimum wage to provide for basic necessities, the lack of affordable and decent housing, the susceptibility of the poor to predatory lending, the need for more affordable and safe child care options, the difficulty of being uninsured and needing medical care, and the various barriers (e.g., transportation needs, etc.) that prohibit people from seeking help from social service agencies. Each of these themes could be taught by presenting any number of statistics and reports outlining the current state of these problems in the country today, or they could be taught by having people who live or have lived in poverty come and tell their story. Both of these methods are helpful and effective methods for educating about poverty. However, Experiencing Poverty helps engage participants in an intellectual, emotional, and personal way that allows the problem of poverty to become more tangible and urgent.

Since the participants are asked to put themselves in the position of someone living in poverty, they are also gently reminded of the humanity of the poor, a fact many unfortunately too often overlook. In fact, the poor are often seen as inhuman or subhuman objects to be debated about in the public arena or to be dealt with in an almost assembly-line fashion by social services and other nonprofits. The poor are seldom seen as whole individuals made in the image of God just like anyone else. Yet this is who they are, and recognizing this identity is crucial before any true progress can be made. Therefore, one goal of this project is to put participants in the position of seeing and understanding the humanity of the poor.

Helping participants see the structural causes of poverty is another goal of this project. In many ways, the main character is an ideal character who does not face many complicating factors that exacerbate the problems of poverty. She works hard, has support from her mother, is relatively healthy, knows how to manage money, and does not have a mental illness or drug addiction. However, this characterization is intentional in order to show the difficulties faced even by those who appear to have it all together. If someone who has all of these things on her side cannot make ends meet, then one can imagine the difficulties faced by people who have health problems, mental illness, drug addictions, developmental disabilities, or an inability to manage their money.
By having this particular main character, attention can be drawn away from a “blaming the victim” mentality and to the structural problems that make it difficult for this working mother to get by. Follow-up discussion can then focus on the other factors that would make the situation even more difficult.

**Participants**

Information about this project was sent out over a listserv to approximately 22 congregations associated with a local social service agency. Three of these congregations expressed interest in having this program for a group at their church and were able to schedule a presentation. One additional congregation expressed interest at a date that was too late to schedule an official presentation; however, this congregation was able to serve as a test group for the presentation before it was finalized. The groups from the three congregations who received the final presentation represented three different denominations and three different age groups (college students, young adults, and older adults), and therefore each presented different dynamics during the presentations and discussions.

**Presentation**

After a brief brainstorming activity to get participants thinking about the issues to be discussed and a quick explanation of national and state poverty statistics, the group moved on to the main task of proceeding through *Experiencing Poverty*. For this task, each group was divided into small groups of two or three members each and instructed to read through the book together. Whenever the group reached a decision point, they were told to discuss the options as a group and come to a consensus as to which decision they would make. Participants were encouraged to put themselves in the character's shoes and make the decision based on what they would do given these situations and these resources only. When the groups reached the end of a story line, if time permitted, they were instructed to return to the beginning and make different decisions to find out what would happen in different circumstances. After each group had finished reading through the book at least once, the groups were called back together for a large group discussion and reflection on the experience.
Desired Outcomes

There were several desired outcomes for the participants of this project. The most basic desired outcome was that participants would leave the presentation with a greater awareness of the existence and manifestations of poverty in their own communities. Essentially, it was hoped that participants would be able to begin to see poverty as a local issue and not just a national or a global issue.

Another desired outcome of the intervention was that participants would gain a better understanding of the various needs of people in poverty. Many people think about the need for food, clothing, and employment for the poor; however, it was hoped that Experiencing Poverty: Exploring Daily Decisions would help participants gain greater insight into the needs people in poverty have that are perhaps more difficult to see from the outside. For example, the issue of safe and affordable housing comes up as the character struggles to find housing that she can afford and then finds the housing she can afford to be somewhat dangerous and to have health hazards that impact her son. In another story line, the character must choose between taking a higher-paying job and staying where she is, while weighing the concern of having to pay for child care if she takes the higher-paying job. Throughout the book, the character must deal with figuring out whom she can trust and who she cannot and trying to gain respect from her mother, her boss, social service workers, and even herself.

It was hoped that the development of an awareness of the variety of needs of those in poverty would lead to a third desired outcome, a plan to become involved in addressing these needs as an individual or as a congregation. Although many came to the presentation already being involved in working with issues of poverty on some level, it was hoped that by the end of the presentation, participants would be able to articulate an understanding of the need for individuals and congregations to engage poverty on a new and deeper level.

Evaluation Method

A simple pre-test/post-test design was used to measure participants' achievement of the desired outcomes. Pre-tests and post-tests were filled out anonymously and matched up for analysis using a unique identifier. The questions on the pre-test were designed to gauge the participants'
prior knowledge about the problem of poverty in the United States and the local community, views on the needs of people in poverty, and beliefs about the role of the church in the issue of poverty. In addition, participants were asked to describe their current involvement in issues of poverty. The post-test contained the same core questions along with demographic data and a final question asking participants what they plan to do with the knowledge they gained through the program. The answer to this question was then compared to their current involvement, as reported on the pre-test, to see if they intend to explore ways of becoming involved in poverty elimination on a deeper level than they currently practice.

Pre-tests were passed out to participants as they arrived and a few minutes were given at the beginning of the session for them to be filled out. Pre-tests were then collected before the presentation started so that no one could change their answers. Due to the nature of the pre-test/post-test design, those who arrived late were not given a pre-test to complete. The post-test/evaluation was distributed at the end of the presentation. Those who arrived late and did not complete a pre-test were still allowed to complete a post-test/evaluation, but this data was not included in the final evaluation because the inability to compare it to the pre-test data proved to provide little useful information.

It should be noted that the results of this descriptive study are only intended to depict the effects on this particular group of participants and to raise questions for further consideration. Because of the type of evaluation used, the small size of the group, and the fact that participants were self-selected, the results obtained through this evaluation cannot be generalized to a larger population.

Results

Because the congregations who participated in this activity all had existing strong relationships with a local social service agency, many of the participants came in with a prior knowledge of poverty and with prior experience being involved in aspects of alleviating poverty. Despite the strong understanding and experience brought in, after the presentation, participants still exhibited a deeper understanding of poverty and a stronger commitment to becoming involved in efforts to combat poverty. For example, when asked to name three of the greatest needs of people living in poverty before the presentation, the three
most common answers were housing/shelter, food, and medical care. After the presentation, these were still the top three answers, however some changes were noted. Specifically, with regard to housing, several individuals noted that “affordable housing” is one of the three biggest needs of individuals in poverty, showing that some individuals gained a deeper understanding not only of the importance of housing, but of some of the factors that complicate the ability to obtain adequate housing. A deeper understanding of the issues is also shown by the fact that several individuals listed higher-paying or steady jobs as a need after the presentation, as opposed to the general need of “employment” stated before the presentation. Similar to the shift from housing to affordable housing, this shows a movement away from a broad or general understanding of the needs of those in poverty towards a more specific understanding that identifies some of the structural and institutional barriers to overcoming poverty.

In addition, participants in the program exhibited a desire to take action after the presentation. Interestingly, while these participants were already involved in activities such as donating money to charities, volunteering at local agencies, and educating others about issues of poverty, all participants indicated that they would undertake at least one new task as a result of what they had learned in the presentation. Specifically, 72% of participants indicated that they would research current legislation related to poverty and 32% said they would write to their legislators and other elected officials about poverty issues, a clear indication of a desire to learn more about the political and structural influences on poverty. Also notable is that more than three-quarters of the participants indicated that they would be more aware of the privileges they have in the future as a result of the intervention which points to an understanding of the barriers that can exacerbate poverty and make it difficult for individuals to overcome.

Several factors limited this intervention, including the amount of time allotted, the modest size of the small groups, and the lack of detailed information regarding specific concepts, programs, and issues addressed in the book, such as food stamps, public housing, Medicaid, or a living wage. The time allotted for these presentations ranged from an hour to an hour and a half, which only provided enough time to go through Experiencing Poverty and have a brief period of discussion and reflection. More time would have allowed for a deeper discussion of the role of charity and justice in the church’s response to issues of poverty.
In addition, having groups of two go through the book together made the activity go faster, allowing for more discussion, but doing so also limited the points of view represented, which could have decreased the learning experience that took place. Finally, it became clear that participants needed to know more basic details about the specific programs and services touched on in the book, but time did not allow for the full background information that would have enhanced the conversation. Future presentations should allow more time to mitigate these limitations.

Discussion

Congregations should be encouraged to continue to progress in the areas this intervention touched on, and Christian social workers have a vital role to play in this endeavor. As this intervention attempted to push congregations towards exploring some of the structural and institutional factors that exacerbate poverty and make it a complex issue, it would be recommended for these and other congregations to continue to learn more about these complex factors and how they can be addressed. Social workers are uniquely qualified for this task, as we often have direct contact with those for whom the issues of poverty are a daily reality and can therefore share information with our congregations about the difficulties these individuals and families face. In addition, our familiarity with the system of safety nets, along with their challenges, can be invaluable to congregations seeking to provide for the poor in their community.

For example, often people in need go to congregations for financial or food assistance. As a result, it would be helpful for congregations to be sure that they fully understand the issues at stake in these situations before they respond. For example, congregation members should be aware that the mere existence of a service or program such as food stamps, Medicaid, or a homeless shelter doesn't mean that those who need these services are aware of them or have the other resources necessary to adequately access them. Congregations need to be aware of the local resources available and the ways to access these services when needed.

Social workers can assist their congregations in learning more about local resources. A social worker could offer to help the pastor or other staff who receive requests for assistance by putting together a
basic resource guide that lists local homeless shelters, food banks, and free or low cost medical clinics that could be used for referrals. A social worker could also volunteer to provide a special workshop on his or her area of expertise that would help dispel myths and provide facts about various social services. For example, social workers who assist people in applying for disability could offer a workshop explaining the long and arduous process of applying for disability and the reality of living on a low, fixed income that the disabled face. Social workers who work in the medical system could provide congregations with valuable information about programs such as Medicaid and the problems faced by those who are underinsured or uninsured. If social workers helped congregations know about the social services provided in their community by both government and private nonprofit groups, the eligibility requirements for these services, and the process required to access these services, congregations would be better able to serve as valuable sources of information and support in the community for those in need who may have difficulty accessing the social service system.

Another area where social workers can help the church move forward is in recognizing the humanity and dignity of every person, especially the poor and marginalized. The book used in this intervention was written and designed in its current form in order to help participants put themselves in the position of the main character and to identify with her daily struggles. The book sought to put a human face on the impersonal issue of poverty so that poverty would no longer be abstract, but would be personalized.

Social workers can help congregation members make this personal connection to persons living in poverty by sharing their experiences working with those on the margins. Certainly this must be approached carefully as the confidentiality between social worker and client must be maintained at all times. Yet social workers can discuss broad themes they have observed through their work, such as the effects of a lack of affordable housing on clients or the various challenges clients who were already living paycheck to paycheck are facing as a result of the economic downturn. In addition, social workers must correct misinformation and harmful stereotypes when they surface in the church. By doing so, social workers will ensure that congregations cannot remove themselves from the poor by holding them at arm's length or dehumanizing them and will instead assist churches in embracing this approach to poverty that personalizes the individuals affected and holds the imago Dei as
central to its interactions with the poor in order to avoid paternalism. If this approach is embraced, congregations will likely move past acts of charity that may demean and belittle recipients of aid and into acts of justice that treat the poor as full and equal human beings.

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Social Worker’s Role in Helping the Church Address Intimate Partner Violence: An Invisible Problem

John Michael McAllister and Amelia Roberts-Lewis

Intimate Partner Violence (IPV), threatens the well-being, security, and lives of millions of religious women each year. Women of every class, color, and religious affiliation are affected by the consequences of IPV, which are numerous, complex, and far-reaching. Unfortunately, the church is not always a safe place to talk about the realities of IPV, and religious women may be more vulnerable than non-religious women when abused. Due to longstanding beliefs that are harmful to victims, misinformation about the nature of domestic abuse, propensities to avoid legal action, or misunderstandings about the seriousness of IPV, clergy and other religious leaders have too often failed to provide faithful help to women in abusive relationships. Despite these shortfalls, the Church has numerous strengths that can provide support and empower these women. In this article, the authors explore the nature and effects of violence perpetrated against women, the ways in which the Church and its leaders have inadvertently contributed to this problem, and ways in which social workers can be used to assist pastors and other religious leaders to best serve survivors of IPV.

“Intimate partner violence is a pervasive domestic reality…; yet, religious voices are often silenced, or sidelined, and a ‘holy hush’ still operates in many congregational or denominational circles” (Nason-Clark, 2009, p. 379).
INTIMATE PARTNER VIOLENCE (IPV), PREVIOUSLY REFERRED TO AS domestic violence, is a pervasive and serious social problem of notable scope. Intimate partner violence is commonly defined as “patterns of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner” (U.S. Department of Justice: Office of Violence against Women, 2006). While estimates vary, as many as six million women are assaulted each year in the United States, of which nearly 2 million experience “serious” assaults (CDC, 2008; Tjaden & Thoennes, 2000; Wood, 1997). The lifetime prevalence estimates of interpersonal violence ranges between 22% and 33% (CDC, 2008).

Each year in the United States, approximately 30% of female homicides are perpetrated by intimate partners (Ellison & Anderson, 2001). The social problem of intimate partner violence extends beyond the United States. Yearly estimates of female murder victims worldwide indicate that 40—70% of all female murder victims are killed by an intimate partner (U.S. Department of Justice: Office of Violence Against Women, 2006).

IPV affects women of all racial, ethnic, socioeconomic, and religious groups (Adams, 1994; Brade & Bent-Goodley, 2009; Nason-Clark, 2004; Tjaden & Thoennes, 2000). In short, a victim of IPV may be anyone with whom you interact with on a daily basis. According to Wood (1997), “there is no common denominator to distinguish victims of intimate partner violence from anyone else” (p. 61). Often, casual observers subscribe to the myth that IPV is a social problem that commonly occurs among people belonging to the lower socioeconomic strata. This is not the case. Women in middle- and upper-class households experience IPV at nearly the same rates and proportions as do women belonging to lower socioeconomic classes. Indeed, women are not the only victims of IPV. Men and children also experience IPV. However, 95% of victims of domestic, sexual, and intimate partner violence are women (Adams, 1994; CDC, 2008; Schlueter, 1996).

Physical, Psychological, and Social Effects of Intimate Partner Violence

The physical, psychological, and social consequences of IPV are numerous, multifaceted, and far-reaching. Social workers who respond to situations involving IPV must have an explicit understanding of the
complexities, dangers, and actions needed to respond compassionately and with discernment.

**Physical Effects**

Domestic assaults are the most prevalent cause of injuries for which women seek medical care. More American women are being assaulted by people they know than by strangers (Wood, 1997; Coleman, 2004). According to the National Crime Victimization Survey, 232,960 women were raped or assaulted in 2006. Even in older reports, Adams (1994) noted that rape and sexual assault were frequently part of the abuse perpetrated against women. In addition to obvious physical indicators of abuse such as bruising, lacerations, and broken bones, researchers have listed numerous other adverse physical and psychosomatic health outcomes from abuse (Kelley & Johnson, 2008). These include body disfigurement, chronic pain, migraines/tension headaches, chronic pelvic pain, spastic colon, frequent indigestion, diarrhea, or constipation, gastric reflux, stomach ulcers, loss of hearing, cardiovascular conditions such as hypertension and tachycardia, sexually transmitted diseases, and bladder and kidney infections (Coker, Smith, Bethea, King & McKeown, 2000; Stop the Violence Against Women, 2006). Abused women were 80% more likely to have a stroke, 70% more likely to have heart disease and arthritis, and 60% more likely to have asthma (CDC, 2008). These adverse health conditions are caused by the direct infliction of physical abuse on the victim and the psychosomatic effects of exposure to physical and psychological abuse. In addition to physical health problems, victims of IPV may also experience adverse psychological conditions.

**Psychological Effects**

Jones and Schecter (1992) identified five primary feelings that women who are abused by their partners experience: fear, shame, guilt, anger, and a sense of “going crazy” (pp. 42-44). Additionally, victims may experience other adverse psychological conditions, including anxiety, depression, impaired affect modulation, self-destructive and impulsive behavior, dissociative symptoms, feelings of ineffectiveness, increased arousal and hyper-vigilance, despair or hopelessness, disempowerment (Beaulier, Self, & Newman, 2008), feeling permanently
damaged, a loss of previously sustained beliefs, hostility, social withdrawal, feeling constantly threatened, insomnia or hypersomnia, or a change in previous personality characteristics. In fact, victims of intimate partner violence may meet full or partial criteria for Post-Traumatic Stress Disorder (Kelly & Johnson, 2008).

**Social Effects**

Adverse physical and psychological conditions are not the only effects of intimate partner violence. A victim may even experience an adverse or unwanted change in her social context or social relationships. Recent reports from Women’s Rural Advocacy Programs (2010) confirm Adams’ (1994) findings. Adams (p. 17) states that:

> In response to battering, the victim changes something about herself in an effort to accommodate the perpetrator. Frequently, this involves restricting her freedom, stopping relationships with friends and family [the abuser] has objected to (which is usually all of her friends and family since they all pose a threat to his control), or even quitting work. Often, his behavior limits her access to a car or her ability to even leave the house.

Thus, with time, the victim becomes increasingly isolated from the community of loved ones who might otherwise provide care and support and help her leave the violent relationship. Certainly, feelings of “being alone” are common among abused women. This sense of loneliness stems from the invisibility of the problem of abuse. Because intimate partner violence is not commonly discussed in public, a victim may feel that she is the only person who is experiencing abuse (C. Reardon, personal communication, January 30, 2008). Ultimately, an abusive experience can lead to an increasingly isolated and lonely existence, as the abuser continually exerts control and forces a victim to become ever more dependent on the abuser.

**Why Do Women Stay with Their Abusers?**

A common question is: “Why do victims stay with their abusers?” Underlying that particular questions are a myriad of emotions that may range from frustration (i.e., due to the amount of help that has been
provided to the victim, and then she returns), to unintentional negative judgments that blames the victim for staying (Women’s Web, 2006), to just pure ignorance about the complexities involved in the issue of intimate partner violence. Indeed the literature indicates that there are numerous reasons why women stay in abusive relationships.

**Barriers and Motivators for Staying**

Wood (1997), states several reasons why a woman stays, but professes that the primary reason for staying is fear of being killed. Wood reports that:

> A woman is 75% more likely to be killed if she leaves her violent relationship than if she stays. Second, she may not have other means of financial support for herself or her children. Third, she may feel guilty or ashamed and may want to hide what happened to her. She may have low self-esteem and even believe she does not deserve better. Finally, she may not know who to turn to or where to go (p. 61).

Recent reports indicate that there is a long list of other reasons as to why women stay in abusive relationships. This list includes a variety of situational factors, emotional factors, and personal beliefs that may cause a woman to stay. Situational factors may include economic dependence, fear of being hunted down, fear of the unknown, negative responses from community, police, and ministers, living with violence over time until one becomes numb (a response described as ‘acceptable violence’) unwillingness to disrupt the children’s school settings, family pressures (‘you made your bed, now lie in it’), and inability to use resources due to language or cultural difficulties (Women’s Rural Advocacy Program, 2010).

Emotional factors may include loyalty due to the abuser’s emotional state, or feeling sorry or pity for the abuser, denial and minimizing the extent of the abuse (Leung & Monit, 2008), insecurity, love, and being stuck in the ‘honeymoon stage’ of believing that things will get better, too emotionally tired and too exhausted to leave, and fear of being stalked (Women’s Rural Advocacy Program, 2010). Other factors include inability to recognize or label that their situation could be intimate partner violence, self-doubt and low self-esteem, desire to protect the
perpetrator, and the pressure not to speak about IPV (Peterson, Moracco, Goldstein, & Clark 2004); shame (Liao, 2006), feelings of disempowerment (Bealaurier, Seff, & Newman, 2008), race (Kaukinen, 2004), and cultural barriers (Erez, Adelman, & Gregory, 2008).

Personal beliefs, often more related to religious or traditional factors include: a sense of 'duty' that marriage is 'until death do us part'; a sense of over-responsibility – ‘it is up to me to make the marriage work’; parenting beliefs that it is better for the kids if I stay; belief in the American dream that we will ‘eventually live happily ever after’, believing that it is better to have a father in the home, than no father at all, even if he is not a good role model; fear of being stalked (Women’s Rural Advocacy Program, 201).

In addition to situational factors, emotional factors, and personal beliefs, Peterson, Moracco, Goldstein, and Clark (2004) reported three categories of motivators for leaving a violent relationship. Those motivators include gaining knowledge, reaching an emotional or physical breaking point, and concern about children’s safety.

**Religious Reasons for Staying**

There are a number of religious reasons that may compel a woman to remain in an abusive relationship. Researchers have suggested that victims of abuse may feel that they cannot leave a dangerous spouse for fear of reprisal from the church. They may fear the church will support the perpetrator of the violence and abuse because the perpetrator refuses to divorce (Buxton, 2000; Gillum, Sullivan, & Bybee, 2006; Wendt, 2008; Wood 1997). According to Buxton (2000), if the victim chooses divorce, she may be “excommunicated, physically, emotionally, and possibly spiritually” (p. 57).

Nason-Clark (2009) also shares some basic questions with spiritual undertones that stifle or trouble the victim and that may hinder her leaving a dangerous situation. For example, a woman may ask “Does God expect a victim of her husband’s abuse to forgive her husband seventy times seven?” (p. 381).
Psychological Reasons for Staying

“Learned helplessness” may be another factor that contributes to a woman’s decision to stay in an abusive relationship. The inability to leave due to one’s perception of lack of power and helplessness proves to be a daunting cognitive cycle to break (Walker, 2005). Citing the research of Martin Seligman, Walker argues that if a person’s cognitive perception of his or her environment is such that he or she can do nothing to change that environment for a desired outcome, the person will cease trying to do so. In other words, the effects of intimate partner violence can cause a woman to lose hope for a safe existence, an equitable and affirming relationship, and better life. This loss of hope can potentially lead to depression and increased suicidal ideation (R. Macy, personal communication, March 6, 2008).

The Baffling, Cunning, and Confusing Cycle of Violence Influences One to Stay

Social workers can take a proactive role in helping pastors and religious leaders understand the cycle of violence. Walker (as cited in Donovan, 2005) argues that “learned helplessness” is a central component to “the cycle theory of violence” (p. 348). In this cycle, the abuser creates a hostile and confusing living environment through physical force and psychological intimidation. Walker identifies three stages in the cycle of IPV.

Phase One is the “Tension-Building Stage,” in which the woman rationalizes the batterer’s criticisms and actions, taking responsibility to prevent the situation from becoming worse. The woman may cover up for her abuser, drive away loved ones, and try to soothe the batterer by obeying his wishes. During this phase, the woman may experience mental anguish as she anticipates attacks.

In Phase Two, the physical violence is perpetrated, often causing serious bodily injury. This phase is often followed by self-blame and feelings of guilt on the part of the victim (C. Reardon, personal communication, January 30, 2008).

In Phase Three, labeled “Kindness and Contrite Loving Behavior,” the cycle of violence is completed. “The abuser confesses that he will never again hurt the woman he loves and she believes he can control himself from now on” (Walker, as cited in Donovan, p. 349). The abuser
also believes he has “taught the victim a lesson” and that she will never again behave against his desires, and so he will not be tempted to beat her again. The dynamics of Phase Three have been described as the “honeymoon stage,” during which the abuser gives loving attention and gifts to the victim (Schlueter, 1996). During this final phase of the cycle of abuse, the victim may hope that things are changing, and therefore choose to remain in the abusive relationship. It is important to note that intimate partner violence is not solely about physical violence. Physical and sexual abuses are often the “outer rim” of violence, used to establish control (Adams, 1994).

In addition to teaching about the cycle of violence, social workers can help pastors and religious leaders understand the different kinds of intimate partner violence by elucidating the meaning of ‘battery.’ Battery, or battering, is defined as the use of violence or the threat of violence to control another person. Battering may be done intentionally to inflict suffering or it may be done simply to establish control in a conversation without intending harm. Thus, once the abuser establishes power and control over the victim, physical battering may not always be needed to maintain control. Adams (1994) further explains the dynamics of control and abuse with the terms “hands-on battering” and “hands-off battering” (p. 17). “Hands-on battering” is described as the actual physical assault, where the abuser inflicts harm through direct physical or sexual contact with the victim. In contrast, “hands-off battering” can include destruction of property or pets, forcing the victim to perform degrading acts, psychological abuse such as intimidation, threats, or deliberately frightening the victim, attacking the victim’s self-esteem, denying the validity of her ideas and feelings, or controlling the victim’s activities (such as sleeping, eating, social relationships, and access to money).

“Violence is not the result of a victim’s failure to be a good wife, girlfriend, Christian, sex partner, or person” (Miles, 2000, pp. 22-23). Instead, studies on intimate partner violence indicate that a batterer desires control and his actions in the “cycle of violence” are designed to gain and maintain control of the woman’s behavior and activities (Schlueter, 1996; Gillum, et al., 2006). Abusers use tactics of control, not only when they are angry but when they want something. “The tactics of intimate partner violence, whether fists or sweetness, are meant to get the woman to comply” (Schlueter, 1996, p. 259). Thus, in light of the cycle of violence, intimate partner violence is not “merely a crisis of violence, it is a chronic situation marked by crisis events” (Adams,
And ironically, the nature of the abuse is that the victim is “managing best” when she is most under the control of the abuser.

**The Experience of Loss May Cause Women to Stay**

Adams (1994), stresses that a woman loses a great deal because of the abuse. First, she loses her safety and the normalcy that comes with living in a safe environment. Second, she loses her ability to set boundaries and may also lose her sense of reality, adopting the abuser’s reality instead. She may lose her self-esteem, sense of hope, and her connection with others. As she continues to be abused and begins to search for meaning, she even may lose her sense of a loving God who protects the innocent and come to believe instead that God is punitive and requires suffering. As social workers collaborate with pastors and other religious leaders, they must communicate the nuances of abuse and interpret the complexity and specific dynamics of IPV within the context of religious communities (Popescu & Drumm, 2009).

**The Intersection of Faith, Theology, the Church, and Intimate Partner Violence**

Because intimate partner violence is so quietly prevalent in our society and because many abused women are affiliated with the Church, IPV must be understood as “the church’s problem” (Coleman, 2004, p. 3). For many women who become victims of intimate partner violence, their religious faith may sustain them through long periods of domestic crisis. As Nason-Clark (2004) explains, religious faith “empowers them to ultimately flee their abuser and to seek refuge and safety where they can begin a new life free from abuse” (p. 303).

However, not all religious victims of intimate partner violence are so fortunate. Far too often, the abused discover that the church is not always a safe place to talk about the problems of IPV (Wendt, 2008). Many religious women who have experienced violence at the hands of their partners are “consumed by the ‘sacred silence’ on the issue, never finding the spiritual or practical support that would enable them to leave the fear or the reality of violence behind” (Buxton, 2000, p. 54). Researchers note that individuals who believe they lack alternatives and feel overly dependent on their marriage are more likely to remain in an abusive relationship (Rotunda, Williamson, & Penfold, 2004). “To be
sure, most women are reluctant to see their marriage end, experience financial vulnerability, and fear for their own lives (and the abuser's reprisal)” (Nason-Clark, 1997, p. 304). Moreover, religious women may be more vulnerable than non-religious women when abused. According to Nason-Clark:

They are less likely to leave, more likely to believe the abuser’s promise to change his violent ways, frequently espouse reservations about seeking community-based resources or shelters for battered women, and commonly express guilt—that they have failed their families and God in not being able to make the marriage work. (p. 304).

Research indicates that some religious women who are victims of intimate partner violence may be more likely to “cling to a fantasy of change and others harbor notions of working harder to ensure the marriage lasts” (Nason-Clark, 1997, p. 304). Often, these beliefs are strongly reinforced by a religious ideology that believes happy families build strong nations, condemns divorce, and sees women's roles as wife and homemaker as pivotal to a woman's sense of self-worth. Social workers can assist pastors and religious leaders in identifying women in the church who are survivors of IPV. These women, with some assistance and encouragement, could be positive role models to other women by sharing their stories. Stories from survivors of IPV could be a valuable source of hope and strength for women are ‘going through’ a difficult period (Nason-Clark, 2009).

**Religious Patriarchy**

Violence against women is related to power and patriarchy and because issues of power and patriarchy are deeply ingrained in many church traditions and theologies, the Church can be “as much a part of the problem as it is an agent in the solution” (McMullen, 2002, p. 197). Researchers define religious patriarchy as “a set of personal, marital, and religious relationships that allow men to have power over women” (Rotunda et al., 2004, p. 354). Some religious organizations and writings espouse patriarchal views which, when coupled with the batterers' interpretation of those views, may increase the controlling tactics and the likelihood that victims will remain in potentially dangerous rela-
tionships (Wendt, 2008). Rotunda, et al. (2004) identify four common belief structures that are pervasive in the type of Christian literature that condone abuse. They identify these belief structures as follows:

First, God intended for women to be subordinate to men because Eve was created second to Adam. The second tenet is based on Eve's role in the fall from grace. This suggests that women are morally inferior to men and that they cannot trust their own judgment. The third tenet is that suffering is a virtue and that women are designated as 'suffering servants.' Suffering is seen as a sign of strength and honor—a cross to bear. The fourth common theme is that Christians must forgive and reconcile with those who sin against them. Many scriptures are interpreted to mean that God's forgiveness of an individual depends on that person being able to forgive others (p. 355).

Researchers note that when a woman is confronted with scriptures that discourage her from seeking relief from an abusive marriage, she may be more likely to stay in the relationship out of a sense of guilt (Rotunda, et al.). Because the Church has had a profound impact in American culture, Christian religious beliefs have subtly and overtly pervaded the fabric of American society. Often, conservative Christian beliefs have been translated and adopted within secular American culture. Hence, a major contributing factor to women remaining in violent relationships is:

The endorsement and teaching by our social institutions that women belong in the home, are less competent than men to succeed in the work force, should defer to the dominance of their husbands, and should be the primary emotional support of the family. (Schlueter, 1996, p. 259)

In essence, common values that many adults embrace, such as holding the family together, not wanting to hurt anyone, having faith that prayers will be answered, and not wanting to lose status in the church, are strong motivating factors for remaining in abusive relationships (Rotunda, et al.).

At times, religious teachings and (and the clergy that teach them) have hindered efforts that seek to establish nonviolence in intimate re-
Church concepts such as patriarchy, the sacramental nature of marriage (especially its indissolubility), and male headship can all feed into the problem of intimate partner violence rather than offer a solution to it (McMullen, 2002; Wendt, 2008). Religious conservatism has been identified as one factor that “may influence men and women’s perception of relationship violence and may also mediate how clergy perceive this aggression” (Rotunda, et al., 2004, p. 354). For example, pastors and parishioners from more conservative traditions may be more likely to interpret particular scriptures on marriage, male headship, and women’s roles through a more patriarchal lens than their peers would do. Thus, the following passages of scripture may be proffered to women seeking guidance in an abusive relationship:

1. 1 Corinthians 7:10: “A wife must not leave her husband.”
3. Malachi 2:16: “I hate divorce; says the Lord God of Israel.”

Further, individuals who belong to faith traditions that are characterized as “very conservative” or “fundamentalist” may be more likely than those from more moderate or liberal traditions “to adhere to advice that maintains the family unit and is patriarchal in nature” (Rotunda, et al., p. 354). Likewise, clergy from more conservative faith traditions may feel comfortable expounding and reinforcing these ideas. Such religious ideologies “may legitimate, or at least fail to condemn adequately, the practice of partner violence; and the strength of ‘pro-family’ rhetoric and ideology in these quarters may blind clergy and others to the magnitude of this problem, and may also restrict the options of women once they are abused” (Ellison & Anderson, 2001, p. 270).

Social workers who are people of faith must be sensitive to the divergent views of patriarchy as they relate to different church traditions. As social workers advocate for change and the protection of women from IPV, they must become skillful in addressing various viewpoints and the various interpretations of scriptures without offending religious leaders.
Problematic Clergy Responses to Intimate Partner Violence

Unfortunately, far too often, clergy and other religious leaders have perpetuated theologies that are oppressive toward women. Frequently, religious women will seek counseling or advice from clergy before accessing community-based resources when dealing with an IPV situation (Rotunda, et al, 2004; Wendt, 2008). While clergy seek to provide faithful help, often they unintentionally fail to do so. Miles (2000) explains “that clergy often stifle a victim’s desire to escape an abusive relationship, including her healing process” (p. 23). He states that clergy may say variations of the following statements in an attempt to provide counseling to an abuse victim:

1. “You have to work harder at being a better wife.”
2. “Submit to your husband. He is the head of you as Christ is the head of the Church.”
3. “Pray that you will be able to endure the pain.”
4. “God will not give you more than you can bear.”
5. “Divorce is a sin. You must do everything in your power to keep your family together.”
6. “The wife does not rule over her own body, but her husband does.”

Ironically, Miles notes that these are often the same phrases the perpetrators use on their victims. Social workers within the church community can share current research on the topic of IPV and elucidate for clergy and religious leaders the most beneficial interventions according to the literature and share what interventions have consistently been reported by survivors of IPV as unhelpful.

Lack of Being Proactive

Undoubtedly, a pastoral caregiver’s words and actions will have serious consequences for the victim who seeks help and for the abuser who perpetrates violence. Adams (1994) explains that on the basis of the clergyperson’s council, “the woman may be encouraged to consider the relationship rather than her own safety, and may stay longer with the abuser” (p. 5). Further, without notice that the abusive man is doing wrong, he will continue his behavior. Unfortunately, this scenario
is common. Studies have shown that women who turned to their clergy for guidance stayed longer with their abusers, and that the abuse did not subside but often grew worse (Popescu & Drumm, 2009). Adams (1994) argues the reason for why religious women may remain longer is because “ministers are prone to focus on either the nature of the crisis or on the nature of the relationship between the abuser and victim and assume it should continue” (p. 8). Rather, what needs attention is the battering behavior, not the underlying reasons for it.

Regardless of denomination, churches have demonstrated a common practice of not proactively addressing IPV (Rotunda et al., 2004). Clergy neglect to preach about this issue from the pulpit or to address it in classes, seminars, or other public venues in the church. Social workers can help pastors and religious leaders understand the importance of addressing this issue from the pulpit, thereby modeling one of the characteristics of taking a proactive role.

**Failure to Believe the Victim**

Another cause for concern is that pastors often refuse to believe stories of abuse when victims confide in them. Having known only the public persona of an abuser, pastors may have a difficult time believing or accepting that a well-known parishioner may have violent and controlling tendencies when at home and not in the public eye of the congregation. When a pastor fails to believe stories of abuse from parishioners, the pastor can effectively cut him- or herself off as a resource for the victim and leave her with a reduced sense of confidence about approaching others.

**Misplaced Responsibility**

In previous studies, several clergy indicated a belief that women can stop the violence in the home or endure it better by submitting to their partners (Rotunda et al., 2004). Further, researchers state that many pastors also opposed advising victims to seek legal actions against their partners, such as calling the police or securing a restraining order, for fear that such actions might disrupt the family home. Additionally, research indicates that pastors often hold a point of view that the abuse must be life threatening to justify separation from the abuser (Rotunda et al., 2004).
Ultimately, these examples of poor pastoral response to IPV point to the widespread problem of a lack of understanding among clergy and the need to educate them about the nature and seriousness of IPV. Social workers can be a valuable resource in assisting pastors and religious leaders to respond supportively to victims of IPV and to focus on concrete ways in which clergy and other pastoral caregivers can provide such support in ways that are helpful to the victim and faithful to the Christian faith.

**Room for Hope: A Strengths-Based Perspective on the Church**

While the previous sections of this paper identified some of the ways in which the Church and its leaders have either contributed to or failed to adequately address the problem of IPV, it must be emphasized that the Church does have inherent qualities that can contribute to the support and empowerment of women who have experienced IPV. Indeed, any examination of the Church and its relationship to IPV must include a focus on the Church's strengths. Social workers must be careful to not only see the problem, but also focus on the inherent strengths of the church so that they can enter into dialogue with pastors and other religious leaders so that they can provide Christ-centered support to women who come seeking help from a violent domestic situation. Further, a focus on the Church's strengths may also provide ways in which church communities and leaders might work toward reducing the overall prevalence of IPV within the ecclesial context.

Of particular interest, researchers note that people who attend church once a week or more were less violent than infrequent attendees (Rotunda et al., 2004). There are several reasons believed to account for the reduced rate of violence among frequent church participants. Religious involvement may (a) decrease the risk of partner violence by increasing levels of social integration and support; (b) reduce the likelihood of alcohol or substance abuse, and (c) decrease the risk of psychological problems (Ellison & Anderson, 2001). We must also note, that we are not naïve in recognizing that many women in abusive relationships may have difficulty attending a church community on a regular basis. But, if that can occur, then the Church can take a proactive role in addressing this issue.

Ellison and Anderson (2001) have found that religious communities may reduce the overall risk of abuse by enhancing levels of
social integration and support enjoyed by their members. Religious communities can provide contexts that enable friendships to form and offer opportunities for regular social interaction. Social ties are thought to deter domestic violence for several reasons. By limiting couples’ isolation and privacy and by providing regular opportunities for social contacts—especially the existence of confiding relationships—the local church may make it more difficult to conceal the existence of partner abuse. “Social ties may also provide valuable support, coping assistance, and opportunities for emotional release, thus potentially buffering the effects of stressors on the risk of violence” (Ellison & Anderson, p. 272). Thus, “religious communities are poised to provide a haven and resource for victims of abuse, particularly through the informal support networks of church women” (Ellison & Anderson, p. 270).

Churches may also serve as gateways to other types of community involvement, which can further decrease isolation and increase an individual’s social network. As a result of the numerous opportunities for social connection, regular churchgoers typically enjoy larger social networks and more frequent social contacts than other persons. “Moreover, religious groups also commonly promote informal exchanges of tangible support (i.e., goods, services, and information) and socio-emotional support (i.e., companionships and access to confidants) among their members” (Ellison & Anderson, p. 272). These secondary benefits of friendships and social connections can provide a potential counterweight to the numerous ecclesial factors previously identified in earlier sections of this paper which otherwise directly and indirectly contribute to the problem of domestic violence.

Religious commitment may also stimulate individuals to become more open to accommodation and compromise with their partners, thereby providing successful patterns of conflict resolution. Ellison and Anderson (2001) explain that “through sermons, Sunday School lessons, and informal social interaction, religious groups can help define appropriate marital conduct and validate the efforts of their partners to fulfill family roles” (p. 271). Church communities may offer other resources to support persons in committed relationships through seminars, pastoral counseling, and other programs that may provide guidance on improving communication and resolving tensions and conflicts.

Along the same lines, church involvement may reduce intimate partner violence by increasing the desirability to avoid social stigma that perpetrators may face secondary to battery, such as criminal and
civil penalties. Because religious communities often teach appropriate behaviors for private and public life, they may also raise awareness for victims and perpetrators of the grossly inappropriate nature of abuse.

Further, religious involvement may indirectly lower the risk of violence by reducing the likelihood of alcohol and substance abuse, which have been linked with partner violence (Ellison & Anderson, 2001). Adams (1994) states that it is important to note that while substance abuse is linked to increased rates of intimate partner violence, these are two separate problems. In other words, even if an abuser may eliminate his substance abuse, he is still likely to engage in partner violence. Yet, because many church traditions teach about the dangers of substance abuse and encourage moderation or abstinence from alcohol use, they may potentially help decrease the occurrences of alcohol-related battery.

Regular engagement in church activities has also been positively correlated with positive psychological outcomes (Gillum, et al.). “Aspects of religious involvement—and particularly, attendance at [worship] services are positively associated with psychological well-being and self-esteem, or the sense of intrinsic moral self-worth, and inversely related to symptoms of distress, depression, and other indicators of psychopathology” (Ellison & Anderson, 2001, p. 273). Researchers believe this is due to the influence of church-based social and spiritual support, religious coping resources, faith-based hope and optimism, religious meaning, purpose and sense of coherence, and religiously inspired emotions such as love and contentment (Ellison & Anderson, 2001).

**Moving Forward Toward Intervention: Concrete Ways Social Workers Can Assist Clergy**

Social workers can build on the inherent strengths in church communities and have a significant impact on the problem of IPV through their leadership and involvement in parish-based programmatic activities such as those indicated in the previous section of this paper. A number of concrete recommendations that social workers may share with their pastors and religious leaders to provide support to victims of IPV are identified below. “Solutions to the problem of IPV must address and relate to the Christian understanding of the nature and dynamics of intimate relationships and the marriage bond, as well as our understanding of the nature of God” (Schlueter, 1996, p. 260). A synthesized list of the recommendations for pastors, as identified by
local experts and as discussed in the current research, can be provided by social workers of faith who are engaged and involved in particular church congregations. These recommendations can effectively assist those seeking pastoral guidance, secondary to experiencing IPV.

**Safety First**

First and foremost, current research and local experts are unanimous in recommending that the safety of the abused victim (and her children) be the first goal for any pastor (Fortune, 1991; Wendt, 2008). Schlueter (1996) states:

> Let safety be the first concern, not saving the relationship or restoring the marriage. Violence destroys trust and breaks the marriage covenant which presupposes mutuality, trust, respect, and a safe, supportive environment. It is not the one who leaves an abusive situation who breaks up a marriage and family, it is the one who is assaultive. (p. 261)

Adams (1994) echoes this sentiment. She states that “if nothing else, justice means focusing on the needs of the victim” (pp. 6-7).

The victim needs “information and assistance that will help her to become empowered to face up to the reality of the abuse and refuse to allow her abuser to control her life” (Fortune, 1991, p. 134). Helping a woman develop a safety plan (such as having a bag packed, an exit plan, and a place to stay in the event of a violent episode) may not only prevent the woman from suffering injuries, but may preserve her life. Another safety-plan recommendation suggests that victims who are fleeing an abuser not stay with fellow parishioners because such a practice could place those providing help in danger if the abuser is made aware of their assistance to the victim (D. Helderman, personal communication, January 31, 2008). It may be helpful to pastors if they are able to ‘reframe’ success as safety, and not whether the marriage ends in divorce (Nason-Clark, 2009).

**Believe the Victim**

Second, pastors are encouraged to believe women when they say they are being abused. Further, pastors should believe the situation the
abused woman describes (Schlueter, 1996). Many pastors often find it hard to believe that a well-known, well-mannered male parishioner might be abusive in the privacy of the home environment. Yet, many abusive men are able to foster public personas that appear contradictory to violent domestic behaviors. However, “victims rarely lie” (Fortune, 1991). Thus, when a woman comes in confidence to a pastor with concerns about intimate partner violence, the pastor must take the woman’s concerns with the utmost seriousness. Further, the woman’s concerns should be held with the highest level of confidentiality, so that the abuser does not discover that the woman has broken her silence about the abuse.

Don’t Ask What Prompted the Abuse

Third, pastors should never ask victims what prompted their abuser’s violent behavior because this implies that the woman did something wrong (Wood, 1997). “The search for reasons assumes that explaining the underlying cause of the violence will bring a cessation to it. This is not the case” (Adams, 1994, p. 23). Rather, instead of asking questions about what prompted the abuser’s violent behavior, the pastor should state, “no behavior of any woman ever justifies or provokes violence” (Schlueter, 1996, p. 261).

While the pastor should avoid asking what prompted the violent behavior, he or she should not shy away from asking if abuse is taking place or if abuse is suspected. If there are signs and signals of abuse, the pastor may provide a possible victim of abuse an opportunity to speak out by asking direct and specific questions about the presence of abuse in the home.

If abuse is acknowledged, the pastor should let the woman know that the violence perpetrated against her is a crime and one that she does not deserve. Further, the pastor should inform the woman that the abuser should be held accountable for his actions. Likewise, the pastor should never ask why the woman has not left the relationship or “try to explain away the abusive behaviors” (Wood, 1997, p. 64). These efforts only serve to discount the woman and minimize her experience. Further, when physical abuse occurs, the pastor should urge the woman to get medical help. This assistance will provide a medical record the victim may need later.
Don’t Tell the Woman What to Do

Fourth, “pastors should never tell an abused woman what to do” (Wood, 1997, p. 64). Because intimate partner violence is perpetrated as a means of gaining power and control, telling the woman what she should do may, despite the good intentions of the pastor, further disempowers her. Instead, the pastor should “show concern for her safety, affirm her desire for more life, and explore alternatives with her” (Wood, 1997, p. 64).

Furthermore, the pastor should never call the authorities (i.e., the police) except in very rare circumstances on the woman’s behalf (such as a woman contacting the pastor during an immediate violent crisis). Calling the police may provide necessary assistance in emergency situations but may also endanger the woman later, as the perpetrator may inflict assault again after the police have left (D. Helderman, personal communication, January 31, 2008).

However, despite this recommendation to pastors, researchers assert that women should react quickly after experiencing violence (Adams, 1994). “Involving someone else at the first incident of abuse, especially the police, is essential” (Adams, 1994, p. 22) to preventing an abusive pattern from being established. If the perpetrator is made aware that he will be held accountable for his actions, he will be less likely to engage in violent behaviors against his partner. Thus, the earlier a woman seeks help or holds the abuser accountable for violent behavior in a relationship, the more effective her actions will be in preventing future abuse.

Don’t Handle an IPV Situation Alone

In addition to being willing to provide pastoral care and counseling to an abused woman, pastors should not attempt to handle an intimate partner violence situation on their own. Adams (1994) stresses that “individual pastoral care is not the solution ending violent behavior and protecting victims of abuse—a coordinated community response is” (p. 8). Thus, a pastor must be familiar with local service agencies that are dedicated to supporting women, such as violence prevention and rape crisis centers, shelters, and counselors/clinicians who are trained in providing support to victims of intimate partner violence (Wood, 1997).
Don’t Provide Counseling to the Couple Together

Along the same lines, pastors should be aware of their limitations in handling violent situations and the perpetrators who cause abuse. Schlueter (1996) provides the following advice to pastors:

Do not attempt to counsel an abused woman and abusive man together. She cannot tell the truth because she may be beaten later for something she said. Experience has taught that marriage counseling before the man has learned to control his violent behavior is at best ineffective and possibly destructive. (p. 261)

Just as pastors should not provide counseling to the couple, they should also be mindful about being manipulated by the perpetrator. If a victim has left the home secondary to abuse, the perpetrator may attempt to triangulate the pastor, profess repentance, explain he has changed, express remorse and sorrow over the woman’s absence, and request that the pastor encourage the woman to return home. This is a particularly tricky scenario. Pastors typically do not have proper training or experience to work with abusers (D. Helderman, personal communication, January 31, 2008). As a result, pastors may be deceived into thinking that it is safe for the woman to return. This may not be the case.

Refer the Couple to a Professional Counselor

Pastors must recognize the complexity of intimate partner violence and understand the ‘double-layer barriers that may prevent women to move towards safety (Popescu & Drumm, 2009). Thus, it is recommended that the pastor never agree to serve as a mediator for a couple estranged by intimate partner violence. Here, the necessity of a community response is further underscored. The perpetrator should be advised to seek his own therapy to examine and cease his violent tendencies. Only with the advice and guidance from a trained clinician should a pastor agree to provide pastoral counseling to a couple after an estrangement, provided that a reunion is possible.
Don't Become Angry if the Woman Returns to Her Home and Partner

Pastors and caring church communities must also be aware that a woman may leave an abusive situation several times before finally and permanently succeeding in terminating the relationship. Churches and pastors are often good at extending care in the immediacy of a crisis, yet they may lose patience if a woman continues to return to a violent relationship (D. Helderman, personal communication, January 31, 2008). Hence, pastors and church care teams that desire to provide assistance to victims must recognize that their services, care, and resources may be needed beyond a woman's first attempt to leave her abuser. Researchers stress, “achieving safety requires separation, for at least months if not years” (Adams, 1994, p. 22). Separation is another way in which the abuser is held accountable for abusive behavior. However, if a woman separates from her abuser, she will also need to quickly establish legal custody of her children, so that they will not be left in the abusive context.

Proactively Address IPV

There are also ways in which a pastor can proactively address the problem of IPV before a woman identifies herself as a victim. For instance, pastors are encouraged to preach on the topic of IPV and discuss ways in which the Bible has been used against women who have been abused. Using spiritual language, biblical stories, and metaphors are all things that many pastors do well and may be a natural fit for them as they intervene to empower, provide hope, and be a catalyst for change (Nason-Clark, 2009).

According to Schlueter (1996), “Sermons which name and denounce intimate partner violence allow women to feel safe to reveal their situation to their pastor” (p. 262). Likewise, pastors should preach that as freedom, equality, and mutuality are an integral part of the Kingdom of God, these qualities are also central to any healthy marriage covenant (McMullen, 2002). When a pastor preaches about the reality of domestic violence, the congregation can learn about “the misuse of the symbol of the cross, which is a symbol of redemptive suffering, but is often distorted to justify violence and to urge a battered woman to bear her cross as Jesus did” (Schlueter, 1996, p. 262). Sermons can explain that this theological
justification is irresponsible because it does not analyze the social and political powers that legitimate violence, does not account for the fact that the victim has not chosen the path of suffering, and does not place Christ’s suffering in the context of the resurrection and redemption.

**Reframe ‘Selfishness’ as Self-Care**

The pastor must be aware that a helpful message in one context may be harmful in another. For example, while the message that Christians need to focus more on community than on selfish individual needs is helpful for the powerful in the church, this same message may contribute to a woman’s choice to stay in an abusive situation because she is used to putting the needs of others above her own (Schlueter, 1996). Consequently, the pastor must specify that God supports individuals facing situations of oppression and violence in their needs for safety and security. In other words with regard to victims’ attitudes toward abuse, pastors must be able to reframe what the abused call ‘selfish’ as ‘self-care.’ Removing one’s self from an emotionally or physically abusive situation must be understood as a form of self-care, not mere abandonment of a marriage.

**Conclusion**

Ultimately, faithful ministry to women who have experienced violence is also faithful ministry to the Body of Christ. Social workers of faith who specialize in this topic can serve as a primary resource to pastors and other church leaders. Pastors must take seriously their role of teaching Christians that abuse is contrary to both the message of the Gospel and the life of the God who became like us to heal and redeem us. Further, social workers can be advocates, encouraging pastors to acknowledge problems of abuse and educate congregations about corporate responsibility for the existence of violence and the silence that enables the abuse to persist. Just as violence is evidence of humanity’s brokenness, ministry to the abused is evidence of God’s grace and God’s continual work of redemption in our lives. “Abuse robs a woman of her voice, and to listen is a part of her healing—and a part of ours, since too often we have turned away” (Schlueter, 1996, p. 254). Yet, the strength of survivors of abuse is also testimony to the presence and empowerment of God’s redeeming presence among us. Schlueter (1996, p. 260) states that:
Theologically, it is clear that by caring enough about their own bodies to say ‘no more’ to abuse, these women are caring for the body of Christ. They call it survival. Theologically, it is the recognition of their real worth in God’s eyes and of their bodies as God’s temple.

Social workers and religious leaders have a sacred responsibility to care for those who have been abused and to proactively help prevent abuse from happening. However, many clergy, religious leaders, and others who attend seminaries or Bible colleges receive no formal training in the area of IPV. As a result, clergy and religious leaders are left with a critical void in their preparation to serve the local congregation. Social workers can be a resource, whether through educational seminars, Sunday school classes, or mini conferences, to share the nature and prevalence of IPV and provide faithful and pastoral support for women, men, and children who experience IPV.

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Aging, Memory Loss, Dementia, and Alzheimer’s Disease: The Role of Christian Social Workers and the Church

Susan Moore Pinson, Kristen Register, and Amelia Roberts-Lewis

The rates of dementia, particularly Alzheimer’s disease, are expected to increase with the swelling number of older adults in the coming years. With age-related diseases such as dementia causing gradual, yet imminent, physical and cognitive impairment, the responsibilities of caregiving also increase. In addition to health care organizations and social service agencies, social workers who are connected to faith communities can help people address the physical, emotional, financial, and spiritual challenges of living with cognitive and physical impairments, as well as the strains of caregiving. In order to provide the best resources, it is important for local congregations to understand the diverse needs of older adults with dementia-related cognitive impairment and to learn tangible ways to provide support and resources to these older adults, their families, and caregivers. This paper explores the realities of age-related memory impairments, the family caregiver as the predominant model of care, and offers the possibility of another model of caregiving through the church. The paper also provides specific examples of ways that social workers can assist the local church in addressing these issues in order to better meet the needs of their members. Social and theological implications are discussed.
Growing older in the very therapeutic culture that encourages us to desire such perpetual youthfulness and gives us the power to strive for it (to some degree successfully) comes with its share of new psychological challenges, both for those who are older and for those who are living with and caring for them (Meador, in Hauerwas, et al, 2003, p. 95).

**Significance of the Problem**

Social workers are being confronted with the needs of a growing population of elderly clients diagnosed with dementia. In addition to healthcare implications, the increasing prevalence of dementia impacts family caregiving, the size and demands of social work caseloads, and even local churches supporting the elderly through Christian ministry.

Dementia is the loss of memory and other cognitive abilities as the result of various diseases or conditions that damage brain cells. Alzheimer's disease is the most common type of dementia, accounting for between 60 and 80% of dementia diagnoses. Although dementia can affect persons of all ages, aging is the greatest risk factor for Alzheimer's disease, predominately affecting men and women aged 65 years or older. In 2008, The Aging, Demographics, and Memory Study estimated that 2.4 million women and 1 million men aged 71 or older were diagnosed with dementia (Alzheimer's Association, 2009). As the life expectancy of the “Baby Boomer” generation continues to increase, aging Americans (65 years or older) are becoming one of the fastest growing demographic populaces (Hauerwas, et al., 2003, p. 92). Because of this population change, the number of elderly persons diagnosed with dementia and, in particular, Alzheimer's disease, will continue to increase over the next decade.

Dementia, one of many age-related challenges, is a medical diagnosis resulting from the loss of physical agility and cognitive abilities, including orientation, memory, intellect, judgment, and affect. Additionally, the natural challenges of the aging process, not only the imminent physical and cognitive decline, but also the losses accrued through the deaths of loved ones, changing environments, identity shifts, and especially the loss of memories profoundly affect individuals’ and families' well-being. In this way, Alzheimer's disease and other dementias plague individuals and their families and friends with a “narrative of loss” (Swinton, 2000, p. 118). Such losses may be physically or psychologi-
cally painful, but they also undoubtedly bring suffering to older adults. As described by a health care professional, “Suffering…is something very different from pain. Suffering has less to do with the stimulation of pain fibers than it does with the experience of persons…Suffering is experienced in relation to one’s situation in life” (Sulmasy, 1997, p. 95). In the face of profound loss, the social and spiritual support of social workers and faith communities is urgently needed to alleviate the complex suffering of individuals and their caregivers.

**Family Caregivers:**

**The Predominant Model of Care for Dementia Patients**

Older adults can no longer be viewed as one monolithic group. One way to categorize older adults is active elderly, frail elderly, and caregivers. Scores of older adults face physical and cognitive challenges that necessitate dependence on caregivers (Buescher, 2005). Each day, countless spouses, children, other family members, and friends spend time feeding, bathing, and dressing their aging loved ones with physical or cognitive disabilities (National Family Caregivers Association, 2006). According to the Alzheimer’s Association, almost 10 million American family members and friends provide unpaid care to individuals with Alzheimer’s disease or other dementia (Alzheimer’s Association 2009). Levels of caregiving range from minimal monitoring and transportation to around-the-clock caregiving that includes feeding, bathing, and ensuring the well-being of the elderly. With age-related diseases such as dementia causing gradual, yet imminent, physical and cognitive impairment, the responsibilities of caregiving also gradually increase (Berk, 2004).

The expenses of professional caregiving or institutional care lead many families to opt to provide care for their loved one by themselves in the home. The Alzheimer’s Association estimated that in 2008 families and friends provided $94 billion dollars worth of unpaid care (Alzheimer’s Disease, 2009). In 2005, *Psychology & Aging* reported that: “For a married person with dementia, the spouse is usually the primary family caregiver, and these spouse caregivers often encounter not only increasing caregiving responsibilities as the disease progresses, but also important changes to their marital relationship” (Roth, et al., 2005, p. 238). The strain of caregiving has been shown to increase rates of depression, reduce satisfaction with life, and increase the likelihood of physical health problems for family caregivers (Roth et al., 2005).
Moreover, the overburdening of caregivers can unintentionally lead to less than adequate care for loved ones in need (Blieszner & Alley, 1990). For countless persons suffering from age-related diagnoses such as dementia, days are spent alone without family or friends nearby to help with daily needs. For other persons, caregivers may maintain full-time employment and only check in on their loved one by telephone and sporadic visits. Caregivers also must balance the demands of other family members, as well as household and professional responsibilities. These demands further increase the amount of time individuals are left alone. The stress and dangers of caregiving, especially in light of degenerative effects of dementia and other age-related disorders, often lead to the difficult decision to move a loved one out of his or her home and into a residential facility such as a nursing home. This decision often elicits fear and stress for older adults and family members alike—creating a real need for support and guidance from the faith community.

Another Source of Care: The Church as a Caring Community

Holistic Christian ministry assumes the theological premise that “each and every human being is created in the image and likeness of the transcendent God” and that “this is what gives human beings their dignity” (Sulmasy, 1997, p. 98). Unfortunately, many support systems for persons with age-related dementia do not always attend to the dignity and worth of such persons. Ensuring the dignity and worth of older adults—adults our society often reduces to recipients of Social Security checks and remnants of bygone eras—must be a theological mandate of the ministries of local congregations. Swinton clearly captures the essence of this struggle in the quote below:

To have Alzheimer’s disease, or any other form of dementia, is to have a form of neurological malfunctioning that stands in stark contrast to cultural assumptions that define the very nature of human personhood. People with dementia are particularly vulnerable within a society that worships the very thing that they are losing. In a society that prizes reason and autonomy and assumes the primacy of the ‘self-made individual’ and economic productivity, those who are lacking or challenged within these
areas are particularly vulnerable to the types of depersonalizing forces that push them into social status of nonpersons. (Swinton, 2000, p. 117).

Local ministries must resist the societal pressure to determine a person’s value based upon their economic and cognitive productivity and autonomy.

Because North American culture—including churches—is biased toward youthfulness, the church must make intentional efforts to engage in holistic ministries which emphasize that “all of life is holy—not just the beginning, not just the years of youth, not just the beginning of parenting years, not just the middle years. All of life is holy. The years from retirement to death are holy—frailty included” (Simmons & Wilson, 2001, p. 2). Church ministries which intentionally focus on meeting the spiritual needs of aging parishioners would truly embody the theological premise that “there is no retirement from the Christian life” (Pinches, in Hauerwas, et al, 2003, p. 206).

Additionally, aging is a process that brings to our awareness the reality of death, and as Christians, we must design ministries that address the challenges, fears, and distress of this natural process. The distinctive spiritual needs of older adults include specific pastoral care tailored to issues of aging and end-of-life, learning opportunities, occasions to serve and to be served, as well as fellowship for the sake of social, emotional, and psychological well-being (Koepke, 2005).

Despite the need for social interaction, faithful and intentional older adult ministries cannot simply center around pot-luck dinners and an occasional nursing home visit. The concrete psychological and physical needs of older adults must be honestly addressed in faithful ministries. For example, older adults with cognitive and physical impairment may have difficulty attending regular worship services or participating in traditional ministry opportunities. Thus, local congregations must creatively develop and implement older adult ministries that reduce barriers created by immobility, inaccessibility of physical structures, programmatic structure, and timing.
From Theory to Practice: Modes of Care

Strategic Utilization of Church Resources

Simple steps can help faith communities meet the needs of parishioners and community members with dementia as well as their caregivers. Churches have a myriad of resources already available among congregants that can assist this group. The use of volunteers, caregiver support teams, spousal support programs, multi-disciplinary teams, church-based older adult teams and educational resources are available in some churches. New technological advances being introduced into homes of families who have an individual suffering with dementia may become a beneficial assistance to local churches. Churches are at various stages of adding or implementing these resources which are described more fully below.

Volunteerism

Organizing a volunteer schedule and matching active elderly or younger adults with frail elderly or caregivers can be an effective first step toward learning about—and meeting—the distinctive needs of this population. Utilizing volunteers from the congregation can provide the much-needed support for older adults needing special care with transportation, sitting/standing, reading, and hearing. A congregation’s current elderly visitation program can be easily organized, structured, and expanded to include more volunteers and services ranging from the current “friendly visiting” model to meal preparation, light housekeeping and yard work, caregiver respite, transportation services, prayer groups and Bible studies.

Caregiver Support

As previously established, caregiving for a loved one with cognitive and physical impairment often results in caregiver fatigue, a byproduct of social isolation and the physical, mental, and economic burden of providing around-the-clock care (DeFriese & Thompson, 2005). A 2005 survey conducted by the National Association of Caregivers and the American Association of Retired Person reports that almost one-third of caregivers interviewed expressed a need for help or information
about keeping their care receiver safe and a desire for more time for themselves. Other concerns included management of the behavior of their cognitively impaired loved one, guidance with talking to physicians, help with making decisions concerning end-of-life, and stress management (Levine et al., 2005). Furthermore, the economic burden of family caregiving is estimated to be approximately $7.5 million for North Carolinians (National Family Caregivers Association and Arno, 2002). Nationwide, family caregivers are estimated to provide 8.5 billion hours of caregiving with an approximate economic value of $94 billion (Alzheimer’s Disease, 2009, 34).

While some caregivers have more financial resources and support systems than others, interestingly, it is the caregiver’s own perception of the available resources and support which correlates directly with the caregiver’s actual well-being (Diwan, Hougham, & Sachs, 2004). The National Family Caregiver Association and the National Alliance for Caregiving report that despite efforts of agencies to raise awareness of caregiving stress, such efforts are often unsuccessful due to caregivers themselves not seeking assistance (Gopalan & Brannon, 2006). Therefore, the challenge to both increase awareness of caregiving strain and offer support and resources that caregivers utilize and perceive as beneficial must be attended to by healthcare, social service, and faith communities.

Despite the stressors of caregiving, it is helpful to acknowledge that many caregivers report a sense of reward and satisfaction from providing care for their loved one (Heru & Ryan, 2006). A recent longitudinal study of family caregivers found that even with deteriorating health of a loved one, caregivers continued to report more reward than burden (Heru & Ryan, 2006). Social support systems available to the caregiver—both formal and informal—affect the amount of perceived burden to the caregiver (Blieszner & Alley, 1990). Because the actual well-being of a caregiver is based upon her or his perception of satisfaction or fatigue, all interventions should be tailored to meet the assessed needs as articulated by the individual caregiver and her or his loved one with dementia.

Social workers connected with faith communities can use both clinical and organizational skills to support caregivers. Some examples include: organizing a health fair to educate community members and extended family; identifying or coordinating caregiver support groups; developing and running stress management seminars; organizing massage therapy sessions; and helping caregivers to prepare for medical
appointments with medical portfolios, appointment calendars, and lists of pertinent questions.

**Spousal Support Programs**

Support programs for spouses who assume the role of caregiver, especially women, can be another valuable intervention. Interestingly, women who are caregivers for husbands or partners report more caregiving stress than do men. Women report that this stress is due to emotional strain and the inability to participate in outside social networks (Hoyert & Seltzer, 1992). Moreover, women often carry the responsibilities of caring for children, grandchildren, and other family members and friends. Support programs for caregivers can help spouses identify resources within their families. Best practice trends point toward interventions for caregivers that utilize existing social support networks to alleviate caregiver strain (Roth, et. al, 2005). Churches and other faith communities have a unique opportunity to support individuals in developing support programs and identifying resources for caregiving within their families and congregation.

**Multidisciplinary Teams**

Multidisciplinary teams, including physicians, social workers, mental health professionals, and pastors, appear to be one of the most valuable resources for supporting family caregivers “through increased communication, advocacy, and assistance with obtaining needed services” (Diwan, Hougham, & Sachs, 2004). Social service agencies providing services for the aging population, persons with dementia and Alzheimer's disease, and their caregivers may have a wealth of resources that need not be replicated. Rather, local churches can gather contact information for or directly connect persons with social service agencies. Christian social workers can play a vital role in developing resource manuals or acting as a liaison between church staff and social service agencies.

**Church-based Older Adult Day Care**

A more resource-intensive intervention is the development of a church-based older adult day care program. A recent report from Princeton University emphasized the ability of faith-based older adult
day programs to meet the dynamic needs of older adults and their family caregivers (Evans & Jacewicz, 2007). The study highlights that congregation-based support services for older adults provides effective, safe, and especially an affordable alternative to home-based care or institutionalized care for aging adults (Evans & Jacewicz, 2007). Starting a new adult day care center is a bold strategy for communities where care for the elderly has traditionally been limited to the dichotomized choice between family caregiving in the home or institutional care.

**Education**

Focusing on awareness, education, and application of ministries with older adults is a vital need for the “graying” church today. While some interventions may be cost-prohibitive for many churches, the simple intervention of promoting awareness through education can be a priority for most congregations. To increase awareness of dementia, social workers partnered with clergy can create educational materials including pamphlets and bulletin inserts, design and implement Sunday School curriculum about aging and age-related concerns, or conduct informational seminars or retreats for congregations. Educational materials on age-related memory loss, dementia, and Alzheimer’s disease for congregations will undoubtedly increase awareness of the growing needs of this population and their caregivers (Gopalan & Brannon, 2006).

**Audio-visual Monitoring**

Kinney, Kart, Murdoch, and Ziemba (2003) have explored how affordable technology might assist family members who are providing care for their loved ones who are still in the home. Some of their ideas which include cam recorders, computer telephone integrated systems, internet-based monitoring, alarms, and necklaces with cameras for monitoring the movement of the individual may be useful forms of technology that may benefit churches that have, or are beginning a program of care for those suffering from dementia and Alzheimer’s disease. For example, audio-visual monitoring can ensure safety of individuals in Sunday School classes and worship services when caregivers are not present with their cognitively or physically impaired loved one (Kinney, Kart, Murdoch, & Ziemba, 2003). While the use of technology
can increase a congregation’s ability to maintain the safety of persons living with dementia, it can also further highlight the individual’s loss of independence and privacy. In all interventions, but especially the use of monitoring devices, caregivers must be attentive to the individual’s narrative of loss and the suffering associated with the loss of cognitive ability, agility, and autonomy.

Implementing an Intervention:
Age-related Memory Loss, Dementia, & Alzheimer’s Seminar

Case Example of an Intervention

Psycho-education to congregations is one of the most cost effective strategies for increasing awareness of dementia-related stressors for individuals and caregivers. The first author of this paper led a seminar, “Age-related Memory Loss, Dementia, and Alzheimer’s: Fact vs. Fiction” to 37 participants at Julia A. Porter Memorial United Methodist Church in Porterdale, Georgia. The target audience was the congregation of this medium-sized church, with an average weekly attendance of 120—of whom approximately 60% are over the age of 50. The seminar occurred during a regular Wednesday evening church program. The majority of the seminar involved sharing information through lecture and facilitating a question and answer session.

The intervention aimed to increase both awareness of caregiver strain and of available resources to individuals and families facing the realities of dementia and, in particular, Alzheimer’s disease. The program focused on the definitions of dementia and Alzheimer’s disease, the differences between typical age-related memory loss, dementia and Alzheimer’s disease, and the warning signs of dementia and Alzheimer’s disease. One of the primary goals of the presenter was to increase the number of individuals in the congregation and community that had adequate information to become advocates for individuals with dementia and their caregivers.

Secondarily, the presenter hoped that the intervention would provide the foundation for conversations among church members about the actions that they might take to improve their congregation’s services and resources for individuals with dementia. Therefore, the presenter also detailed typical behaviors of a person with dementia, strategies for caregiving, and effective ways for congregation members to support
persons with dementia. The presenter specifically demonstrated best practices for working with a person with dementia, including how to physically approach and engage the individual without using threatening or alarming behavior. Additionally, the presenter provided handouts and contact information for the Georgia Chapter of the Alzheimer’s Association and the Georgia Aging and Disability Association. In this way, the intervention identified and connected the church with community partners and aging-related social service agencies, recognizing that individuals would benefit from both community and faith-based support. The presenter developed a two-page evaluation tool comprised of both quantitative and qualitative questions to measure levels of knowledge and awareness, to identify participants’ intentions to respond to the newfound knowledge, and to request feedback on how to improve the intervention.

**Summary of Intervention Results**

Thirty-seven church members attended the seminar. The participants, who were predominantly female, ranged in age from 20 to 80 with an average age of 64. The majority of participants, over 80%, either knew or lived with someone diagnosed with dementia. Despite most participants’ exposure to dementia prior to this seminar, the evaluation survey indicated that participants reported an increase in general knowledge of dementia, in caregiving strategies for persons with dementia, and in the ways that the church can support persons with dementia and their families. Although increased knowledge does not necessarily indicate a change in behaviors, over two-thirds of participants reported that they would talk with family members and close friends about dementia after the seminar.

Because this congregation as a whole had a limited knowledge of dementia and the narrative of loss associated with age-related illness, Alzheimer’s disease carried stigma. When naming the seminar for advertisements, the pastor was concerned that including “Alzheimer’s disease” or “dementia” in the title would limit the number of participants. The qualitative response of one participant was particularly profound given the stigma identified by the congregation’s pastor. The presenter described the response:
After the seminar, I received a phone call from an elderly church member who had attended the presentation. The church member disclosed that her husband was diagnosed with Alzheimer’s disease and that because of the challenges of care was placed in a nursing home. Despite being the spouse of an individual with Alzheimer’s, the church member expressed surprise at some of the information on the disease and the connections between the symptoms of dementia and her husband’s behavior. At the end of the conversation, the church member thanked me for helping the congregation to openly talk about Alzheimer’s disease as she felt that her husband’s illness had been ‘a secret’ she was bearing alone.

As exemplified by this response, the educational materials provided to the congregation served multiple functions, including increasing the knowledge base, increasing sensitivity to individuals with dementia and their caregivers, and reducing stigma.

A summary of the evaluations from the intervention indicates that the goals of the intervention were reached—with all participants indicating an increased knowledge in both factual information regarding dementia and Alzheimer’s disease, as well practical communication and support tools that individuals, families, and churches can provide. However, the evaluation results cannot accurately predict how congregation members will utilize the knowledge gained during this seminar. Ongoing evaluation of changes in the behavior of church congregants interaction with this group and the overall assessment of church ministries and outreach to individuals with dementia would indicate if the knowledge affected participants’ behavior. Additionally, the congregation could benefit from a follow-up seminar that reinforced information on caregiving strategies, assessed the current ministries of the church, and created a strategic plan for implementing support interventions. A strategic plan would help the congregation identify the needs of church members, identify lay leaders interested in offering support, and identify Christian social workers equipped to facilitate the implementation of interventions.
Discussion

There are numerous opportunities for social workers trained both in theology and social work to use their leadership skills and knowledge of the elderly to become leaders in assisting the local church to meet the special needs of the elderly. The suggested interventions noted in this article can equip congregations with practical tools to support individuals battling the devastating effects of age-related memory loss as well as to alleviate some caregiver stress. Additionally, Christian social workers can lead the charge in creating change at the macro level through cooperation with the federal government and improved research initiatives.

For the past decade, faith-based communities have been in the spotlight as organizations that can meet the needs of those suffering with social problems. Opportunities to request funds from the Federal government are now available. Social workers are positioned to assist churches in identifying these supports, to identify the resources to prepare grant proposals, and to develop a series of policies and procedures to meet the needs of the elderly. These action steps would place faith communities in a position to maximize existing resources.

Furthermore, research done by social workers employed or connected to faith-based communities is scant. Social workers with basic skills can provide on-going evaluations of any interventions conducted by congregations in order to determine if they are meeting the needs of the patient and the family caregivers. Being sensitive to using evaluation tools that have a large font, for example, will provide easy reading for older adults. Finally, research initiatives on disparities in caregiving for racial and ethnic minorities and for the poor are needed to supplement current studies that primarily focus on white, middle-class caregivers (Radina & Barber, 2004).

As research initiatives improve, new knowledge cannot remain accessible only to academic, healthcare, and social service communities. The research must lead to evidence-based best practices that trickle down to families and congregations. This trickle down effect often takes anywhere from 10 to 20 years (Scheyette, Roberts, & Kirk, 2002; Brekke, Phillips, Pancake, Jenebah, & Duke, 2009) to become fully integrated into community settings. Social workers can be key to quick or rapid implementation of evidenced-based and best practices available
to meet the needs of caregivers and persons who are diagnosed with Alzheimer's and other dementias. Social workers can be key to assisting in transforming the quality of life for both elderly persons in need of care and their caregivers.

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Radical Hospitality: Welcoming the Homeless Stranger

Amanda Sackreiter and Tonya D. Armstrong

Radical Christian hospitality with the homeless involves welcoming the stranger through attention to meeting physical as well as emotional and spiritual needs by the extension of friendship with self and with God. This paper reviews historical and theological conceptions of Christian hospitality, provides an overview of homelessness in the U.S. and the state of North Carolina, and outlines the factors that contribute to and exacerbate homelessness. Moreover, this article highlights the relationship between a particular church and emergency shelter in the city of Durham. We describe an educational intervention aimed at further solidifying the church’s reflection and action in reducing local homelessness. Finally, we provide quantitative and qualitative results of this intervention, which overall revealed increased knowledge about both facts and experiences of homelessness. In light of participants’ requests for tangible approaches for addressing homelessness, we offer further practical suggestions relevant to Christian social workers across most faith communities.

This is the kind of fast day I’m after:
To break the chains of injustice,
Get rid of exploitation in the workplace,
Free the oppressed,
Cancel debts.
What I’m interested in seeing you do is:
Sharing your food with the hungry,
Inviting the homeless poor into your homes,
Putting clothes on the shivering ill-clad,
Being available to your own families.
Do this and the lights will turn on…
(Isaiah 58:6-8, The Message)

When you pass a homeless person on the street and you say, hey there’s a bum—he may not be. He may be just like you. Homelessness doesn’t happen all at once. A child becomes sick and you can’t pay the bills. A spouse dies and you go into despair. A divorce tears a family apart. A flood takes your house. There are many roads to becoming homeless. It’s a myth to think people choose to be without a place to call home. Homelessness becomes a state of mind where the only thing you have is despair. It’s important to recognize others can help—government, friends, the church or synagogue—but first they have to believe the homeless person is a human being, a person worth working with. The myth is that the homeless person is something less than us. (Dwight, a formerly homeless man, Homeward Bound, 2008)

Radical Christian Hospitality

Every day we encounter strangers, people we do not know, as we go about the business of our daily lives. These strangers can be people we work with, people in our own families, or fellow shoppers at the mall. These strangers might also be people that, at the most, we are afraid of, or at the very least, we might be able to empathize with but do not understand, such as the disabled, the sick, the imprisoned, the hungry, and the homeless. Strangers are generally people that someone told us as little children to be wary of, and in a society where the number of people who are strangers grows each day, “we must acknowledge that it is quite understandable for us to harbor reservations about strangers” (Koenig, 1985, p. 4). In essence, “we fear them because we do not know them” (Swinton, 2000, p. 118).

There is, however, danger in being so wary of all strangers that we forget that they, too, are human beings, created in the image of God. As the distance between strangers and ourselves enlarges, it becomes increasingly easy to slip each stranger into a categorical box that serves to erect barriers and create and support inequalities such as wealth, class, and status (Gathje, 1994, p. 110). In essence, the greater
the separation between us and the stranger, the easier it becomes for an “I-it” dynamic to be created in which “it” is slowly dehumanized, “rendered a non-person,” and considered a “non-member” of society (Swinton, 2000, pp. 89-90, 97), which in effect, excludes “them from the communal provision of goods and from the protections society offers” (Gathje, p. 95).

In contrast, Christian hospitality calls us to, at the very least, “welcome the stranger as one worthy of being considered a household member” (Reynolds, 2006, p. 191). In addition, Christian hospitality is the attempt to meet not only physical needs such as food and shelter, but to also engage in mutual friendship, the basis for which is God’s friendship with us (Gathje, 1994, p. 102). This requires rejecting the I-it dynamic, and recognizing that the stranger is our neighbor and that we both equally share the same inherent value as human beings (Gathje, p. 197).

This paper, presented as an educational intervention and discussion with a local church in the southeastern United States, will serve to further parse out the meaning of Christian hospitality, including its historical and theological roots, what practical engagement might entail, as well as eschatological implications. While the term “hospitality” generally has fallen into disuse in social work literature, the very roots of social work in the Christian tradition suggest that theories and practices of hospitality are essential to contemporary conceptions of social work. This paper also provides a brief overview of homelessness in the United States, the state of North Carolina, and the city of Durham, including its prevalence, contributing factors, and effects on the individual person. Through the exploration of these topics, we demonstrate to Christian social workers and students that it is vital not only for the homeless person, but also for the Christian community that practices of hospitality be engaged intentionally, often beginning with one’s own local community.

Often, when we think of hospitality, images of sitting next to a warm cozy fire, sipping a cool drink with friends, or the loving embrace of a long-lost relative come to mind. Rarely are strangers involved in these images, and often, strangers themselves do not imagine anything more than the meeting of physical needs (Koenig, 1985, pp. 1-2). The definition of hospitality given here, however, has deeper implications, especially as it relates to the stranger. In order to understand these implications, it is necessary to first examine the historical and theological roots of Christian hospitality.
Theological Perspectives on Hospitality

Hospitality, as a historical practice, was simply a part of life in the ancient Near Eastern world, especially in places where the way of life was largely nomadic. It emerged as a “way of tending to sojourners, travelers requiring shelter, nourishment, and protection” and rested on the understanding that those made “vulnerable by lack of place” were marginalized and in need, as well as the understanding that all human beings “share a baseline dignity that is vulnerable…when exposed” (Reynolds, 2006, p. 196). This required an “economy of compassionate reciprocity” (p. 196) that welcomed the stranger, as one never knew when they might be the one in need of hospitality.

For the Hebrew people, this concept of hospitality as welcoming the stranger was especially poignant, as they understood themselves to be “outsiders in Pharaoh’s Egypt, wanderers in the wilderness, and settlers in the Promised Land” (Oden, 2001, p. 17). As such, their identity as a people was “deeply rooted in a sense of being strangers” (p. 17) even as they also knew that they were God’s chosen people. For the Hebrews, commands to love and care for the stranger or alien among them deeply resounded as the memory of themselves as outsiders and sojourners came to mind (Exodus 22:21; Leviticus 19:18, 33-34). Being able to empathize with the stranger by remembering their own experience, the Hebrews were able to practice a kind of hospitality that was more than offering food and drink; it was the creation of a space in which the host identified with the unknown guest “as someone not entirely different from [them]selves” (Reynolds, 2006, p. 196); a space in which the stranger was recognized as a fellow human being possessing inherent value, irregardless of their “ability to reciprocate in kind” (Reynolds, p. 196).

Taking its roots in Hebrew, Greek, and Roman conceptions, hospitality in the New Testament, especially as it is elaborated upon by the works and person of Jesus, continues the tradition of welcoming the stranger and caring for those whom “the community may be tempted to ignore” (Sadler, 2008, p. 118). In the person of Jesus, even as he begins his life on earth, we see what it looks like to be a sojourning stranger in need of hospitality (Koenig, 1985, p. 86). Jesus is born to parents traveling in a country that is not their own, and because there is no shelter available for them, he is born in the only shelter they could find, a stable (Luke 2:1-7). In order to escape the threat of death by Herod, Jesus and his family leave their temporary shelter to become aliens
in the land of Egypt (Matthew 2:13-15). As an adult, Jesus wanders throughout the countryside, in need of hospitality himself, but also offering hospitality to others, “welcoming all to share in the divine banquet” (Reynolds, 2006, p. 199).

Throughout the gospels this theme of inclusive welcoming emerges as one of considerable importance to Jesus as he urges his followers to love their neighbor as they love themselves (Matthew 22:38-39; Sadler, 2008, p. 118), particularly those neighbors who are vulnerable and marginalized, such as the hungry, homeless, naked, sick and imprisoned (Matthew 25:35-36). For Jesus, welcoming a stranger into one’s home was the same as welcoming a stranger into the household of God, and in the household of God, all are invited and welcomed as part of one family regardless of status, race, class, gender, religion, or ability to reciprocate. Thus, Jesus overturns the status quo while ushering in the Kingdom of God (Reynolds, 2006, p. 199).

**Practicing Hospitality in Contemporary Contexts**

In order to practice hospitality today as the Hebrew people, Jesus, and other New Testament writers originally imagined it (1 Corinthians 11:17-34; Romans 14:1-15:7; Hebrews 13:2; Revelation 3:20), there are three salient factors that need to be acknowledged and understood. The first factor is that of gratitude. It is only possible to compassionately and generously give, without worrying about the recipient’s ability to reciprocate, if one recognizes that the only reason one is able to give is because one has first received. Put simply, one has to first gratefully acknowledge that one has been graced with something to offer, in order to give abundantly to another (Reynolds, 2006, p. 197).

The second factor is the understanding that welcoming the stranger and engaging in hospitality entails a certain level of risk-taking. In a society that thrives on keeping people restrained by categorically identifying them, engaging in hospitality necessarily blurs the boundaries between people. When the stranger enters the household of the host, he is no longer a stranger, but part of the household. This is risky not only because it upsets the status quo of the larger society, but also because the stranger is not someone the host knows, and so the host takes a risk with his/her own safety and security. The host takes the risk of trusting in God, and in trusting the stranger to recognize their common vulnerability. Offering hospitality to the stranger is taking the risk of giving
up the reigns of control and expecting to be surprised, not only by the appearance of the guest, but also by what the guest might have to offer, which might just be Christ himself (Reynolds, 2006, p. 197).

Finally, engaging in hospitality requires a mutual sharing between the host and the stranger, in which the center of the relationship is not each other, but God. Put simply, “if we love God and God meets us in the stranger, then we shall naturally (and even unconsciously) love the stranger” (Reynolds, 2006, p. 197). When we see each other not as strangers or people that fit into any certain category, but only as people “to whom Jesus comes” (Bonhoeffer, 2003, p. 170) we are able to see in each other a “sense of mutual worth and value” (Thurman, 1996, p. 98) that is the first step towards truly loving each other. As we open ourselves up to the possibility that God welcomes and affirms all of humanity (Reynolds), regardless of what labels we put on each other, we are able to embrace all people, including those who are strangers (Sadler, 2008) and those who our society has rendered as non-persons. With Christ as our center, “we can take the risks that his love asks of us” (Coolidge, 2005, p. 333) and so, as we embrace each other, God’s love is “allowed to become operative” (Koenig, 1985, p. 6) flowing freely from one to another.

Data on the Plight of Homelessness

One group of strangers who are particularly ignored, thrown away, and forgotten in our society consists of those people who are homeless. According to some, this group is “the latest group it is okay to hate” (Burghardt, Waldron, & Waldron, 2007, p. 4) and as a result, they are not only hungry and unsheltered, but also the victims of discrimination, prejudice, and oppression. As the homeless population continues to exist, in often increasing numbers, and as current resources prove to be insufficient in addressing and alleviating need, the question of the role of the Christian community comes to the fore. In particular, Christian communities must grapple with the call to care for the stranger, which is the call to engage in radical hospitality. In fact, Christians in social work such as Mary Richmond, Graham Taylor, and Jane Addams have historically led the charge for concrete displays of radical hospitality toward the homeless.

On a national level, efforts to reduce the homeless population appear to be somewhat effective, as there was a 10% drop in the number
of homeless individuals from 2005 to 2007 (National Alliance to End Homelessness [NAEH], 2009, p. 8). While there has been a decline overall however, there are still over 670,000 individuals who are without a home on any given night across the country (NAEH). Of that total, approximately 37% are homeless families (NAEH). Additionally, it is estimated that approximately 1.6 million people reside in shelters or transitional housing over the course of a year (NAEH, p. 13).

In the state of North Carolina, however, between 2005 and 2007, there was a 9.6% increase in the total number of people who were homeless, with close to 12,000 people that did not have a home on any given day, 3,400 of which are individuals in families (NAEH, p. 12). Although Durham is the fifth largest city in the state of North Carolina, the city of approximately 265,000 persons has a disproportionately high number of homeless persons. Results for the city of Durham, showed a 1% increase in the total homeless population with approximately 539 individuals remaining without homes and either utilizing shelters or living on the streets (NAEH, p. 32; Triangle United Way, 2006). Of those who are homeless in Durham, 24% are families, many with young children (Durham Ten Year Plan to End Homelessness, 2008). In 2007, Urban Ministries of Durham (UMD) provided shelter to 1,486 different people, 99 of which were homeless children (Urban Ministries of Durham, 2006-2007).

Like anybody else, each person who is homeless has a story, which includes the specific life events that led to her situation of being homeless. While each circumstance is unique, and there is not a universal reason for homelessness, there are several demographic characteristics and contributing factors that seem to be substantially correlated with the experience of homelessness. First is living in poverty. The National Coalition for the Homeless (NCH) notes that “persons living in poverty are most at risk of becoming homeless, and demographic groups who are more likely to experience poverty are also more likely to experience homelessness” (National Coalition for the Homeless [NCH], 2007, p. 5). Some of those demographic groups that are at greater risk for poverty, and so also homelessness, include: children, especially under the age of five (39% of the homeless population); single adult men, no family (51%); families, especially those headed by single moms (33%); persons identified as African-American (49%); veterans (11%); persons suffering from mental health issues (16%); and persons suffering from addiction (30-65%) (NCH, 2007, p. 5).
In addition to living in poverty and the demographic characteristics described, there are three further contributing factors that are particularly relevant. These include the lack of affordable housing, unemployment and underemployment, and the experience of violence, particularly domestic violence. Housing is considered to be affordable if a household is paying no more than 30% of their gross income to rent and utilities (Berger and Tremblay, 1999, p. 5). In September 2007, the National Alliance to End Homelessness (NAEH) estimated that 15.8 million households in America spent 50% or more of their income on housing and utilities (NAEH, 2007, p. 1), making it increasingly difficult for households to afford other basic needs and qualifying the household as at-risk for homelessness. This is largely due to the unavailability of affordable housing, budget cuts to HUD programs that fund affordable housing and housing subsidies/vouchers, and long waiting lists for subsidized housing (up to 12 years in some cases) (NAEH, 2007, p. 1). In addition to federal programs, privately-owned properties that are affordable for low-income families are also disappearing, many being demolished because they are no longer inhabitable (NAEH, 2007, p. 1). The lack of affordable housing generally means that available housing is listed at fair market value, which is generally at least 50% of a household's gross income.

Closely related to the lack of affordable housing are underemployment and the lack of employment. When a household has no or insufficient income, the likelihood of not paying bills and becoming homeless rises. Typically, in order for a low-income household to afford fair market value for housing, two to three jobs are needed. Given the current economic situation, and a national unemployment rate of 9.4% and rising as of May, 2009 (Bureau of Labor Statistics, 2009), securing affordable housing is currently difficult for many households. In fact, there are many people who are homeless and working (13-25% or more), but are not able to generate sufficient income to exit homelessness (NCH, 2007).

A final contributing factor to be briefly discussed here is the traumatic experience of violence, particularly domestic violence. It has been shown that violence and homelessness go hand in hand. The experience of being homeless in general increases the chance that an individual will experience, or be threatened with, violence (Ahooshian, 2005, p. 374). However, in many cases, the experience of trauma due to violence is what leads people into homelessness. This is particularly true for those
who experience Post-traumatic Stress Disorder (PTSD) related to their veteran status (UNC School of Public Health, 2001), for those mothers who experienced violence as a child (Anooshian), and for those who are fleeing domestic violence situations (Swick, 2008, p. 81). It is estimated that roughly 25-50% of homeless mothers and their children are homeless because they have been forced to choose between living with their abuser and being homeless (NCH, 2007).

Violence can profoundly affect an individual or family (Swick, 2008) and the experience of homelessness only serves to further exacerbate these effects as the instability of the situation can “result in psychological trauma symptom” (Swick, p. 81). The trauma of experiencing or witnessing violence, especially when not addressed and when combined with homelessness, has the potential to result in negative mental health outcomes, such as substance abuse, PTSD and depression (Rayburn, Wenzel, Elliott, Hambarsoomians, Marshall, & Tucker, 2005, p. 667). In fact, the possible rate of clinical depression within the homeless population is between 46-80%, which is two to four times higher than the general US population (Wong & Piliavin, 2001, p. 1029). In addition, the trauma of a violent experience can leave individuals feeling isolated, in despair, rejected, and lonely (Anooshian, 2005, p. 380). If these psychological symptoms are left unaddressed, there is potential for continued distress, and especially for families, there is greater potential that the intergenerational cycles of poverty and violence will continue to repeat.

Given this discussion of homelessness, it is clear that there are many routes to becoming homeless and that there is a great amount of need to be met, not only physically in the form of food and shelter, but also relationally so that feelings of isolation, despair, rejection, and loneliness can be combated. While social workers and other professional agencies can offer much needed programs to help meet these needs, the relationship between the worker and the homeless person is one that includes a power differential such that, as kind and authentic as the worker might be, he or she still has the power to provide or withhold resources (Gathje, 1994, p. 114). In addition, there are often simply not enough resources available for the worker to provide. The practices of Christian hospitality however, do not have to remain solely within these limits and boundaries, and represents a place in which not only physical needs might be met, but also relational and spiritual needs as the homeless stranger is welcomed into the embrace of mutual friendship.
The Christian social worker displays compassion directly to the homeless person, models for other Christians, and guides faith communities into embodied practices of Christian hospitality.

**Tangible Practices of Hospitality with the Homeless**

Homelessness is a multifaceted social issue in which each individual person or family's circumstance is unique. As a result, although there are identifiable common factors underlying homelessness, there is not one universal contributing factor and so, similarly, there is not one universal solution. In addition, while agencies and programs work hard to address the needs of the homeless, especially their physical needs, rarely do they make it a practice to engage in Christian hospitality. That being said, it is easy to understand why there is a dearth of information regarding evidence-based practices that address issues of homelessness in a broad sense, or hospitality in particular.

There are, however, some evidence-based practices that address various contributing factors related to homelessness. For example, for homeless mothers with mental health and/or substance abuse disorders, Kim, Calloway, & Selz-Campbell (2004) developed a two-level community intervention model, which addresses the individuals' problems at both the system and client level and emphasizes the importance of a strengths-based and comprehensive approach that includes services ranging from individual therapy to job training (p. 107-122). While specific to homeless mothers, the principles of this intervention and its approach to address the issues are generally applicable to other areas of practice, including other segments of the homeless population.

For this or any other intervention applied to the homeless to be fully successful, however, one must consider that what the majority of homeless people need first and foremost is the provision of a home. A great deal of research notes that any intervention applied to the homeless population will be severely limited without supplying permanent housing (Anooshian, 2005, p. 385; D’Ercole and Streuning, 1990, p. 149; Freund and Hawkins, 2004, p. 92; NAEH, 2007, p. 1). The stability of having a place to call home has a “salutary effect on the psychological state of homeless persons” (Wong and Piliavin, 2001, p. 1038), allowing an individual or family to focus on addressing those issues that function to threaten their thriving, such as violence or trauma, unemployment, and mental health issues. One evidence-based program that strives to provide housing
as quickly as possible so that the individual or family is stabilized is the Housing First program (Lanzerotti, 2004). This program, emphasizing that a person or family does not need to be “fixed” first in order to be worthy of housing, works to provide permanent housing as efficiently as possible while providing intense social support, which includes linking clients to long-term supports after they are housed (NAEH, 2007).

The presence of social support and positive and empowering relationships is a vital part of the treatment of homelessness, as these resources address the potential psychological damage caused by being homeless such as isolation, loneliness, despair and rejection (Anooshian, 2005; Wong & Piliavin, 2001; Rayburn et al., 2005). Research suggests that the homeless need interactions “with nurturing people who involve them in caring relations (Swick, 2008, p. 83). In addition, the presence of positive relationships “can be a source of power and effectiveness” as connectedness is “inextricably linked to empowerment” (Boes and van Wormer, 1997, p. 415).

Social programs and agencies are largely responsible for the provision of both housing and formal social supports, as well as the provision of services that address other factors that contribute to homelessness. These programs and agencies, while providing much needed housing and a kind of social support, are not able to offer to the homeless individual or family the depth or mutuality of relationship that a faith community practicing hospitality would have the potential to offer. The possibility of this kind of deeper mutual friendship and support that we all (not just the homeless) need, is a niche that faith communities can fill within the web of resources families and individuals can draw from as they work to regain stability and a sense of hope for the future. After all, many faith communities provide not only physical space and volunteers for community-focused programming, but also accessibility and continuity in community life (Cnaan, Sinha, & McGrew, 2004). Because of their connections with faith communities and social service agencies, Christian social workers can serve as well-positioned liaisons for the broader community.

While there are some faith communities that are able to practice hospitality on a large scale, such as the Open Door Community of Atlanta (www.opendoorcommunity.org), which provides housing, meals, shower and laundry facilities, worship, and social justice forums, most faith communities are unable to engage in such an all-encompassing endeavor. For many faith communities, providing resources through partnering with local agencies as an additional resource, operating or donating to a food
pantry, holding a prayer service, volunteering time at the community shelter, donating money and gifts in kind, or inviting the homeless to church is what they are able to do. For example, Unruh’s study (2004) of 15 Philadelphia congregations engaged in significant social service delivery revealed common religious elements including worship, use of sacred texts, personal testimony, and religious teaching/discussion. Furthermore, these congregations had developed specific strategies for how to present and incorporate these elements into service delivery. More commonly, however, faith communities are not ready to engage in tangible activities at all and are at the beginning stages, needing instead to learn more about the social issue, what needs to be done to address the problem, and what they might do in order to be of assistance.

For some, the call to engage in hospitality with strangers, and particularly the homeless, is exciting. For some, it is terrifying, and for still others, it is unthinkable. After all, they are still strangers, and strangers can be scary, especially when we allow the categories of this world to define them—poor, dirty, hungry, lazy, less than, non-person. If we look with new eyes, however, perhaps with the eyes of Christ, those barriers fade away and our common humanity is what we see first, our equality in the eyes of God. The truth is that it will probably always be a battle we fight within ourselves, the struggle over whether to succumb to the cultural standards that are so familiar and comfortable or to take the risk of trusting God to move beyond those cultural barriers towards mutuality with one another.

It is also true that the need is not going to go away. The homeless strangers in our midst are in great need of true hospitality—not just the physicality of food, drink and shelter, but the unconditional love and compassionate generosity that serves to feed the heart and souls of us all. It is sometimes hard for us to hear that Jesus calls us, by all of our society’s standards at least, to be failures. But, what else might we expect when we are invited “to follow a homeless wanderer whose best friends were uneducated fisherfolk, prostitutes and other misfits” (Oden, 2001, p. 14).

Because social work is often not practiced out of explicitly Christian settings, Christian social workers may wonder, “What is the nature of Christian practices of hospitality?” “In what ways, if at all, are Christian practices of hospitality distinct from traditional social work practices?” Similarly, church members may ask, “What is our heritage of hospitality as Christians?” “How do we embody practices of Christian hospital-
ity in our local communities?” Anticipating these questions, the first author designed an intervention plan to present to a local church ministry of persons desiring to address homelessness in their community. Specifically, Sackreiter elected to conduct an intervention in the form of a one-time educational presentation to serve as a catalyst for deeper reflection, open discussion, and informed action.

**Planning an Intervention in the Local Community**

This intervention was a collaborative presentation and discussion on the topics of homelessness and Christian hospitality. The purpose of this intervention was to increase awareness regarding the homeless population, especially the local homeless population; to increase knowledge about Christian hospitality and how to practice it; and to brainstorm regarding practical future plans so that St. Philip's Episcopal Church could create and maintain relationships with the local homeless population.

St. Philip's Episcopal Church is currently engaged with the homeless population of volunteers at the Urban Ministries of Durham community shelter, has created a community garden, provides funds to the shelter on an as-needed basis, and has included their homeless neighbors in their worship and recreation activities. In the spring of 2009, St. Philip's was seeking additional and innovative ways by which its congregants might be further engaged with their homeless neighbors. They expressed a desire to offer hospitality on a larger and deeper scale as they seek to share the hospitality they receive in the Eucharist with those around them. With this vision in mind, St. Philip's wanted to explore anew notions of hospitality, thereby laying the groundwork for the intervention that is the focus of this study.

**Outcomes and Expectations**

As a result of this intervention, it was hoped that the following short-term goals would be met:

1. There will be an increase of knowledge and awareness regarding both homelessness and the practice of Christian hospitality by those who are present.
2. Those present will be spurred on to participate in tangible acts of hospitality in general, but with the local homeless population in particular.
3. Practical ideas will be generated regarding the interactions between St. Philip's members and the community, particularly in light of a collaborative event between St. Philip's and the shelter scheduled for the following month.

4. Participants will have received information and ideas that will require further contemplation.

As a result of this intervention, it was also hoped that the following long-term goals would be met, which could be measured by further evaluation of the frequency and quality of interactions between the homeless consumers and the people of St. Philip's:

1. Fear of the (homeless) stranger will decrease.
2. Fluidity of societal boundaries will increase.
3. There will be enhanced relationships between St. Philip's and Urban Ministries as institutions, but also between individual faith community members and their neighbors.
4. St. Philip's goal of becoming a beloved community that shares the hospitality of Eucharist with all of God's children will be realized.

**Potential Barriers**

Fortunately, St. Philip's is a faith community that is highly motivated to accomplish its goal to become a beloved community, namely by building up its relationships with their community neighbors, regardless of race, class, age, or sexual orientation. However, there is always the potential that these entrenched social categories will stand in the way of participants becoming a “living demonstration of what is possible when people care” (Pohl, 1999, p. 132). Often, despite an individual or community's best efforts, these categories and the stereotypes associated with them are present as they are quite pervasive. This pervasiveness, if not confronted, often allows people to remain complacent within their fear of the stranger.

In addition, there is the difficulty of hospitality, especially in a culture and context that is so far removed from its ancient and historical roots. Christine Pohl (1999) notes two potential barriers/risks involved with the practice of Christian hospitality:

1. **Limited resources.** There will always be a struggle with setting limits and determining who gets what, which has the potential to reinforce systemic oppression as well as categorical stereotypes. This
is an especially pertinent barrier given the current economic climate as people are in desperate need and resources are diminishing. However, it is important for the faith community to remember that this is a struggle that needs to be addressed. As much as the community wants to provide hospitality, it has to be realistic about the finiteness of “physical and emotional strength, space, food and other resources” (Pohl, 1999, p. 127-128). A faith community does not want to be too limiting, but also wants to avoid burnout and the exhaustion of resources so that it can maintain its presence in the community.

2. **Boundaries.** While many boundaries come as a result of setting necessary limits, there is also the danger that boundaries that are too restrictive will result in ungracious and ungenerous hospitality (Pohl, 1999, p. 129). In addition, “boundaries are also a problem because so many of them are hidden,” like geographic location, gated church doors, race, class, age, and ability (p. 129). Thinking about both limits and boundaries must be done by the faith community in the context of the “wideness of God's mercy and the generosity of God's welcome” (p. 129). This can be accomplished when the faith community thinks in terms of balance rather than inclusion versus exclusion.

Given the current level of excitement and anticipation of not only this intervention, but also the ongoing and upcoming events that St. Philip's participates in, the collaborators expect that these potential barriers will be recognized, and while there will surely be mistakes along the way, that those within this faith community will be able to move past them in favor of the bigger picture, remembering that we are all part of the beloved community of children of God.

**Method**

The educational intervention took place during one of the church's weekly Wednesday night dinner and education times. Approximately twenty individuals attended. These individuals were members or regular attendees of the church. Those facilitating the intervention included the first author who presented information on homelessness and Christian hospitality, and one of the pastors who led a brief time of visioning and discussion regarding practical steps the church could take to foster deeper and more mutual relationships with their homeless neighbors.

After a brief introduction of the first author to the participants, the group was made aware of the intervention evaluation to be distrib-
uted at the end of the intervention. The collaborators had developed a process evaluation that consisted of two demographic questions for comparison purposes, four multiple choices questions and several open-ended questions.

The presenter then engaged the group in a conversation about strangers, leading them toward the recognition that often the homeless are (sometimes invisible) strangers in our midst. The presentation then moved to a discussion on homelessness that included statistical and descriptive information, as well as information on contributing factors. A handout was provided containing this information, including sources for future reference.

Following the discussion on homelessness, the first author offered information pertaining to the practice of Christian hospitality, including a brief definition of Christian hospitality and a brief history of Christian hospitality as an ancient practice. The presentation subsequently offered thoughts on three factors necessary for the practice of hospitality: gratitude, the willingness to take risks, and the concept of mutual sharing. These factors were presented alongside the recognition that there are the real life challenges of limits, boundaries, and temptations (Pohl, 1999, p.127-149). Finally, the presenter offered various interpretations regarding the eschatological implications of engaging in Christian hospitality.

Upon completion of the presentation, and after a brief time for questions, the pastor led the group in a time of brainstorming and visioning regarding practical steps their faith community might take to further their relationships, not just with the local shelter as an agency, but with the homeless individuals and families who utilize their services.

At the completion of this discussion, the presentation evaluation tool was distributed, explained, and collected.

**Results**

**Quantitative Data**

Sixteen evaluations were returned from the 20 participants, with 14 of them fully completed and two partially completed. Demographic variables regarding gender, age, location and relation to the homeless were asked. Of those who responded, 3 (19%) were male, 12 (75%) were female, and 1 (6%) chose not to identify gender. The average age was 52, but ages ranged from 33 to 72. The age distribution included 5 people (31%) in their 30s, 2 people (12.5%) in their 40s, 1 person
In regard to location, 12 (75%) were Durham residents. Of that 75%, all had lived in Durham for at least one year, with seven having lived in Durham for 30 years or more. In regards to relations with homeless persons, 7 (44%) stated that they currently know someone who is homeless, and 10 (62.5%) stated that at some point in their lives they had known someone who was homeless. None of the respondents had ever experienced homelessness themselves.

In order to evaluate the short-term goal of increasing knowledge and awareness of homelessness and Christian hospitality, multiple-choice questions were employed. These questions asked how participants felt both before and after the intervention. Results are shown in Table 1.

**Table 1: Change in Knowledge as a Result of Intervention**

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<th>Major Topics</th>
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<th>After this presentation, I knew_</th>
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</tbody>
</table>

Overall, there was an increase in the self-assessed level of knowledge participants had regarding both homelessness and Christian hospitality after the intervention. Interestingly however, when asked if the intervention changed the way people thought about homelessness in general, 12 people (75%) responded, and of that 75%, 5 (42%) said that it had changed their thinking, but 7 (58%) maintained that it did not. Such shifts in knowledge acquisition appear to be a necessary but not sufficient condition for attitudinal and behavioral change.
Qualitative Data

Given that the majority of the participants either currently knew someone who was homeless or had at some point in the past, and there was generally some knowledge about homelessness, attitudes towards the homeless had perhaps been formed and concretized well before this intervention. For those who responded that the intervention had changed their thinking however, qualitative responses included:

- “I appreciate knowing that welcoming strangers should be done publicly.”
- “More conscious of my responsibility to do something and feeling that it’s possible.’
- “Makes me want to be more intentional about interacting with our homeless neighbors.”

In regard to Christian hospitality, 12 (75%) responded to the question referencing a change in thinking about the issue. Of this 75%, 8 (67%) stated that the intervention changed their thinking about hospitality, while 4 (33%) stated that it did not. For those who responded that the intervention had changed their thinking, qualitative responses included:

- “I’m thinking about it.”
- “Makes me want to interact more with homeless neighbors…because it’s the Christian thing to do.”
- “It seems possible because scariness was acknowledged.”
- “I am more motivated to participate in church activities aimed at helping the homeless.”

In order to assess what information within the intervention was most helpful for those who participated, qualitative questions were asked regarding the most interesting thing the participants learned in terms of homelessness and Christian hospitality. Responses regarding homelessness included:

- “The large number of homeless in this city and rising percentage”
- “Number of homeless children”
- “Open Table Ministries” (e.g., a weekly roadside worship service and meal sponsored and attended by local churches seeking fellowship with homeless persons)
- “Lack of affordable housing”
- “Biblical context for thinking about homelessness”

Responses regarding Christian hospitality included:

- “Historical context/examples”
Enhancing the Intervention

In order to assess what aspects of the intervention could be improved to better meet the needs of the participants, the participants were asked to convey what they would have liked to have heard about in addition to the material presented. Many of the responses reflected a need for more information on practical steps individuals and communities could take to engage in Christian hospitality with the homeless. Possible reasons for the large number of responses that reflected this issue will be specifically addressed in the discussion section. In regard to homelessness, qualitative responses included:

- “How to engage in conversation”
- “Specific actions individuals and churches can take”
- “Local resources”
- “Overcoming ‘us-them’ and creating just ‘us’”
- “Plans to expand affordable housing”
- “How to solve the problem”

In regard to Christian hospitality, qualitative responses included:

- “More practical steps”
- “How to offer hospitality”
- “Organizational structure”
- “Other church programs”
- “Secular and Christian cooperation and legislative advocacy efforts”
- “Examples of personal struggles to embody this”

Finally, at the request of the collaborating clergy, two closing qualitative questions were asked. These questions were posed for the purpose of assessing the effect of the intervention on participants’ ideas, thoughts, and intentions regarding their specific faith community’s interactions with their homeless neighbors. The first asked the participants to identify if they had been “stretched” by the intervention, or if they had experienced an “aha” moment. Qualitative responses included:

- “Thinking of strangers as part of the family”
• “Theological background spoke to me”
• “Safety concerns are not an excuse for not helping people”
• “Deeper sense of urgency and confidence”
• “What my definition of stranger is”

The final question solicited the participants’ thoughts regarding St. Philip’s past, current, and future interactions with their homeless neighbors, including any practical ideas they might have. Qualitative responses included:
• “Need to get comfortable with being uncomfortable in order to change our definitions of family and welcome”
• “I want to reconnect to program” (Urban Ministries of Durham)
• “Move toward doing together rather than us doing for them”
• “Want and need to invite homeless people into our community”
• “St. Philip’s is very separate from Urban Ministries of Durham”
• “Seems natural that we should invite people from Urban Ministries of Durham”

Discussion

Overall, it appears that this intervention was successful in addressing the short-term goals. Specifically, the evaluation showed that there was an increase in knowledge and awareness regarding both homelessness and the practice of Christian hospitality by those who were present. In addition, practical ideas were generated regarding the interactions between St. Philip’s members and the community. Given the generation of these ideas, it seems that the short-term goal of those present being spurred on to participate in tangible acts of hospitality with the homeless population next door is also likely to be met. Finally, especially given the qualitative responses, it appears that intervention participants received information and ideas that have moved them towards further contemplation of both homelessness and Christian hospitality.

The long-term goals put forth in the planning of the intervention will only be assessable once more time has passed. The presenter and the collaborators were hopeful, however, that given the attendance, participation, and generation of practical ideas that there would indeed be a greater number of interactions that will prove that the fear of the
(homeless) stranger is decreasing and that the fluidity of social boundaries is increasing. While it will take an undeterminable amount of time to truly become a beloved community, it is hoped that this intervention served as a starting point for the congregation to move closer to meeting this ultimate goal. More specifically, it may helpful for churches intentional about extending hospitality to the homeless to establish a timeframe for shorter- and longer-term goals. Such a timeframe can help churches to gauge their objective progress towards concrete goals, even when there is a subjective sense of stagnancy.

While this intervention can in many ways be deemed successful, helpful, and appropriate for this particular faith community, there are several limitations that should be acknowledged and considered if the intervention were to be repeated. First and foremost, this was a small group. While there are benefits to a small group such as an increased opportunity for conversation and reflection, there are also some drawbacks. For example, if this faith community is trying to move as a whole towards a beloved community that practices hospitality as a part of their way of life, it is vital that a greater number of members is not only interested in, but also committed to, the issues at hand. Such commitment is particularly significant among pastoral and ministerial leadership.

Secondly, participants were under the impression that the intervention was going to be enacted by an Urban Ministries of Durham staff member who was going to give them step-by-step, practical suggestions regarding what they might do with and for those persons at UMD. This announcement had been published in a church bulletin, of which the presenter had been unaware. As a result, the participants’ expectation of receiving tangible action ideas was not fully met, as was made evident by their responses to the evaluation item regarding what additional material they would have like to have received. This miscommunication, while unfortunate, highlights the particular leadership gifts of Christian social workers, whose significant training helps greatly in providing hands-on, concrete guidance in ways that may be less familiar to leaders with primarily theological training.

The desire for more practical information echoed by several participants presses the authors and Christian social workers in general to articulate clearer directives for addressing homelessness through radical hospitality. Pohl (1999) offers the following suggestions for the embodiment of Christian hospitality:

1. Recognizing the importance of physical presence among homeless persons;
2. Living and worshipping in communities where homeless persons live, both as a sign of solidarity and as a means of shared experience;
3. Welcoming the homeless into worship with us;
4. Grasping the theological and practical significance of the shared table (e.g., Eucharist, the Lord’s Supper, or Communion);
5. Catalyzing housing, employment, and other supportive resources available through the networks of the church
6. Displaying hospitality beyond the church walls (e.g., visitation, phone calls, job creation)

Additionally, we recognize the value of bringing worship and fellowship opportunities to homeless communities, as is practiced through the aforementioned Open Table Homeless Ministry.

Finally, this intervention touched upon the issues of race, class, and ability by speaking to the demographics of homeless persons, as well as the theological issues involved with putting persons into categorical boxes, but the intervention did not address these deep-seated issues in an explicit manner. Given the differences between the faith community members and a large majority of the Urban Ministry of Durham residents, especially in regards to race and class, candid and intentional conversations about these issues need to take place. This is necessary in addition to further conversations regarding hospitality since these deep-seated issues often maintain the barriers that keep people from engaging in hospitality.

Having examined the positive results of the intervention as well as its limitations, it is necessary to think through the implications of this intervention, as well as some future recommendations for this faith community, that would also be applicable to the Church as a whole. It was previously stated that this intervention did not delve into the deeper issues of race, class, or ability. As such, it is recommended that additional conversations in the future occur in tandem with interventions such as the current one, suggesting that this intervention serves as a starting point rather than as a solution. It functions to give initial information to stimulate participants’ thinking about the issues of homelessness and Christian hospitality, which will hopefully move them towards further discussion and action.

Also, engaging in further study on the topic of hospitality, perhaps even a practice-based study, would be helpful in terms of readying the people of the faith community to go forth and take the risk of cross-
ing those boundaries. However, the faith community will do well to attend to the danger of hiding behind the need for more information, programs, steps, and readiness. As one participant stated, “we just have to get comfortable with being uncomfortable.” It is not easy to take the risk of crossing those carefully constructed societal boundaries, but at the end of the day, Christian hospitality, which in many aspects can be very difficult, is also simply building relationships with others and remembering that those others are our brothers and sisters as created by God. It is also remembering that “those” homeless people are people just like “us.” In the words of another participant, it is taking the “us” and “them” and making “just us.”

REFERENCES


**ENDNOTE**

1. There are several limitations to point-in-time estimates: they tend to underestimate the number of homeless because they do not take into account those individuals or families who are doubled up, it is impossible to find all homeless people, and the numbers are limited to one point in time and do not reflect all those who enter into homelessness over a given period of time. They do, however, allow us a snapshot of the general picture of homelessness.

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**Key Words:** homelessness, poverty, faith-based social services, congregations, Christian hospitality, strangers
CHRISTIANITY AND SOCIAL WORK: READINGS ON THE INTEGRATION OF CHRISTIAN FAITH & SOCIAL WORK PRACTICE (THIRD EDITION)
Beryl Hugen & T. Laine Scales (Editors). (2008). Botsford, CT: NACSW $32.95 U.S., $26.35 for NACSW members or orders of 10 or more copies. For costs in Canadian dollars, use current exchange rate.

This extensively-revised third edition of Christianity and Social Work includes eleven new chapters. It is written for social workers whose motivations to enter the profession are informed by their Christian faith, and who desire to develop faithfully Christian approaches to helping. The book is organized so that it can be used as a textbook or supplemental text in a social work class, or as a training or reference materials for practitioners. Readings address a breadth of curriculum areas such as social welfare history, human behavior and the social environment, social policy, and practice at micro, mezzo, and macro levels.

SPIRITUAL ASSESSMENT: HELPING HANDBOOK FOR HELPING PROFESSIONALS
David Hodge. (2003). Botsford CT: NACSW $18.00 U.S., $27.10 Canadian. ($14.50 or $21.85 for NACSW members or orders of 10 or more).

A growing consensus exists among helping professionals, accrediting organizations and clients regarding the importance of spiritual assessment. David Hodge’s Spiritual Assessment: Helping Handbook for Helping Professionals, describes five complementary spiritual assessment instruments, along with an analysis of their strengths and limitations. The aim of this book is to familiarize readers with a repertoire of spiritual assessment tools to enable practitioners to select the most appropriate assessment instrument in given client/practitioner settings. By developing an assessment “toolbox” containing a variety of spiritual assessment tools, practitioners will become better equipped to provide services that address the individual needs of each of their clients.
SO YOU WANT TO BE A SOCIAL WORKER: A PRIMER FOR THE CHRISTIAN STUDENT
Alan Keith-Lucas. (1985). Botsford, CT: NACSW. Social Work Practice Monograph Series. $10.00 U.S., $15.05 Canadian. ($8.00 or $12.05 Cdn for NACSW members or orders of 10 or more).

So You Want to Be a Social Worker has proven itself to be an invaluable resource for both students and practitioners who are concerned about the responsible integration of their Christian faith and competent, ethical professional practice. It is a thoughtful, clear, and brief distillation of practice wisdom and responsible guidelines regarding perennial questions that arise, such as the nature of our roles, our ethical and spiritual responsibilities, the fallacy of “imposition of values,” the problem of sin, and the need for both courage and humility.

GIVING AND TAKING HELP (REVISED EDITION)

Alan Keith-Lucas’ Giving and Taking Help, first published in 1972, has become a classic in the social work literature on the helping relationship. Giving and taking help is a uniquely clear, straightforward, sensible, and wise examination of what is involved in the helping process—the giving and taking of help. It reflects on perennial issues and themes yet is grounded in highly practice-based and pragmatic realities. It respects both the potential and limitations of social science in understanding the nature of persons and the helping process. It does not shy away from confronting issues of values, ethics, and world views. It is at the same time profoundly personal yet reaching the theoretical and generalizable. It has a point of view.
SUBSTANCE ABUSE AND SPIRITUALITY: AN ANNOTATED, TOPICAL BIBLIOGRAPHY

Jason Pittman’s Substance Abuse and Spirituality: An Annotated Topical Bibliography provides access to a broad range of resources related to spirituality and addictions, treatment, and the ethical integration of faith and social work practice. The thoughtful annotations included in this work are based on a solid knowledge of the literature, the problem of addiction, and the spiritual and treatment issues involved.

Substance Abuse and Spirituality is carefully organized as well as exhaustively and meticulously researched, and is a valuable resource for social workers and related professionals interested in or working with addictions issues.

CHURCH SOCIAL WORK: HELPING THE WHOLE PERSON IN THE CONTEXT OF THE CHURCH

CHARITABLE CHOICE: THE CHALLENGE AND OPPORTUNITY FOR FAITH-BASED COMMUNITY SERVICE
David A. Sherwood (Editor). (2000). Botsford, CT: NACSW $12.00 U.S., $18.00 Can. ($9.60 or $14.50 for NACSW members or orders of 10 or more)

Charitable Choice is primarily for use as a text in social work and social welfare classes to familiarize students with both the challenges and opportunities presented by “Charitable Choice,” a key provision embedded in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. It raises significant issues and questions regarding the implementation of Charitable Choice, and documents initial efforts by states to implement the law, pro-
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**Hearts Strangely Warmed: Reflections on Biblical Passages Relevant to Social Work**
Lawrence E. Ressler (Editor). (1994). Botsford, CT: North American Association of Christians in Social Work. $8.00 U.S., $12.05 Canadian. ($6.50 or $9.80 for NACSW members or orders of 10 or more).

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Craig Seaton (1999) Craig Seaton, Publisher Order through NACSW for $10.00, $15.05 Cdn
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Program learning objective is to increase social worker's ability to apply the new and changing conceptual frameworks (referenced in the Table of Contents) to their practice with individuals, families and the systems within which these clients interact. Social work practice category is intermediate level.

This home study program is appropriate for mental health professionals who have at least a master's degree in a mental health discipline or who are being supervised by such a professional. The target audience for the home study program includes social workers, social work students, and other professionals in related fields. By completing the Social Work and Christianity Home Study for the Summer 2010 issue, participants will:

1. Understand the context of the five other articles in the issue: Capstone projects developed by students who were completing their dual-degree program: a Master of Social Work degree from the University of North Carolina at Chapel Hill and a Master of Divinity degree from the Duke Divinity School. ("Moving the Church to Social Action: Introduction to the Special Issue") Presentation Level: Intermediate

2. Target several important issues associated with serious illness and end of life care, and learn corresponding types of interventions that social workers can provide or initiate that may be helpful within churches. ("Empowering, Educating, and Advocating: How Social Workers Can Help Churches Integrate End of Life Care Into Congregational Life") Presentation Level: Intermediate

3. Identify several aspects of poverty that are often overlooked, along with a successful intervention for increasing the church's involvement in poverty elimination efforts, and specific ways Christian social workers can provide churches with the necessary tools to think differently about poverty in their own communities and beyond. ("Seeing the Poor and Moving toward Justice: An Interactive Activity") Presentation Level: Intermediate

4. Identify the nature and effects of violence perpetrated against women, the ways in which the Church and its leaders have inadvertently contributed to this problem, and ways in which social workers can be used to assist pastors and other religious leaders to best serve survivors of IPV. ("Social Worker’s Role in Helping the Church Address Intimate Partner Violence: An Invisible Problem") Presentation Level: Intermediate

5. Target the realities of age-related memory impairments, with the family caregiver as the predominant model of care, and understand the possibility of another model of caregiving through the church. Also identify specific examples of ways that social workers can assist the local church in addressing these issues in order to better meet the needs of their members. ("Aging, Memory Loss, Dementia, and Alzheimer’s disease: The Role of Christian Social Workers and the Church") Presentation Level: Intermediate

6. Note tangible approaches for addressing homelessness, practical suggestions relevant to Christian social workers across most faith communities. ("Radical Hospitality: Welcoming the Homeless Stranger") Presentation Level: Intermediate

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6. The article authors communicated clearly and effectively. .......................................................... 1 2 3 4 5

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10. This home study helped me to identify key features of an empowerment map that leads to community choices, community equity, and community vitality. .......................................................... 1 2 3 4 5

11. This home study allowed me to identify effective strategies that engage members of diverse communities and social workers in Kingdom-building work. .......................................................... 1 2 3 4 5

12. Following this home study, I am able to describe stories of empowerment from U.S. and international communities. .......................................................... 1 2 3 4 5

Please note any additional comments on an piece of paper and enclose it with your quiz. Thank you!
“Moving the Church to Social Action: Introduction to the Special Issue”

1. All of the following are true about the Capstone course EXCEPT:
   o a. Students choose which contemporary social issue to focus on.
   o b. Students develop an intervention that will be delivered to their local church community according to their test design.
   o c. Interventions are usually education based.
   o d. Students must develop a rating scale to evaluate the success or effectiveness of the chosen intervention.

“Empowering, Educating, and Advocating: How Social Workers Can Help Churches Integrate End of Life Care Into Congregational Life”

2. According to the cited Duke survey, just over _____ of faith community leaders indicated that they felt comfortable teaching others about end of life issues.
   o a. 20%
   o b. 30%
   o c. 40%
   o d. 50%

3. Tim and Betty’s church provided _____ during the end of Betty’s life.
   o a. respite care
   o b. help with transportation to services
   o c. individual and family counseling
   o d. All of the above

“Seeing the Poor and Moving toward Justice: An Interactive Activity”

4. Belief in imago Dei:
   o a. reinforces the dignity and worth of every human being.
   o b. reveals injustice.
   o c. calls us to partner with God and with others.
   o d. All of the above

5. A goal of the interactive book is to help participants see the ___ causes of poverty.
   o a. individual
   o b. structural
   o c. fatalistic
   o d. All of the above

“Social Worker’s Role in Helping the Church Address Intimate Partner Violence: An Invisible Problem”

6. Women in middle- and upper-class households experience IPV at nearly the same rates and proportions as do women belonging to lower socioeconomic classes.
   o a. True
   o b. False

7. Concrete recommendations that social workers may share with their pastors and religious leaders to provide support to victims of IPV include all of the following EXCEPT:
   o a. helping a woman develop a safety plan.
   o b. asking direct and specific questions about the presence of abuse in the home.
   o c. urging the woman to get medical help.
   o d. calling the authorities (i.e. police).

“Aging, Memory Loss, Dementia, and Alzheimer’s disease: The Role of Christian Social Workers and the Church”

8. When naming the seminar for advertisements, the pastor was concerned that including “Alzheimer’s disease” or “dementia” in the title would limit the number of participants.
   o a. True
   o b. False

9. The educational materials provided to the congregation served all of the following functions EXCEPT:
   o a. increasing the knowledge base regarding dementia.
   o b. increasing sensitivity to individuals with dementia and their caregivers.
   o c. inspiring a nascent plan for support interventions.
   o d. reducing stigma.

“Radical Hospitality: Welcoming the Homeless Stranger”

10. In order to practice hospitality today as the the Hebrew people, Jesus, and other New Testament writers originally imagined, the three salient factors that need to be acknowledged and understood include all of the following EXCEPT:
    o a. gratitude
    o b. risk-taking
    o c. mutual sharing
    o d. imago Dei
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NACSW's mission is to equip its members to integrate Christian faith and professional social work practice.

Its goals include:
• Supporting and encouraging members in the integration of Christian faith and professional practice through fellowship, education, and service opportunities.

• Articulating an informed Christian voice on social welfare practice and policies to the social work profession.

• Providing professional understanding and help for the social ministry of the church.

• Promoting social welfare services and policies in society which bring about greater justice and meet basic human needs.