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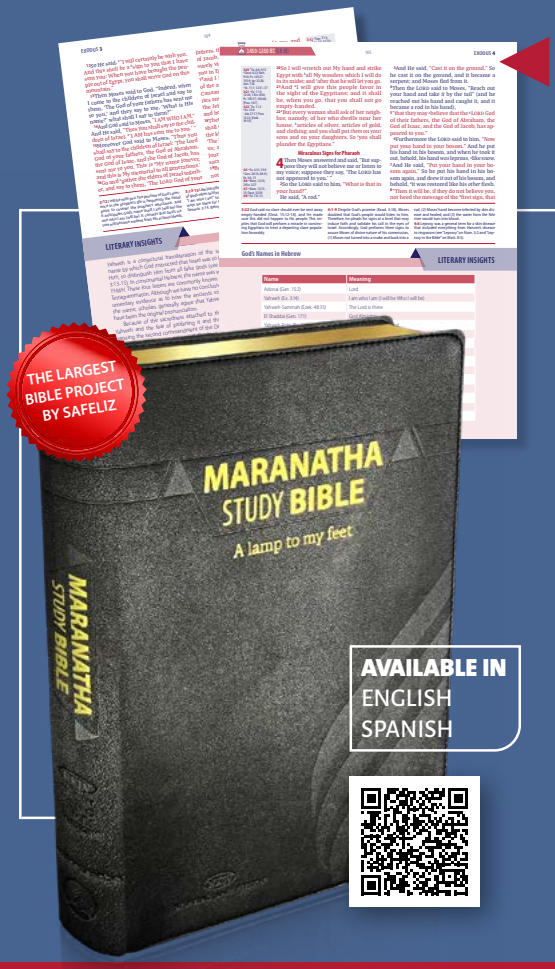

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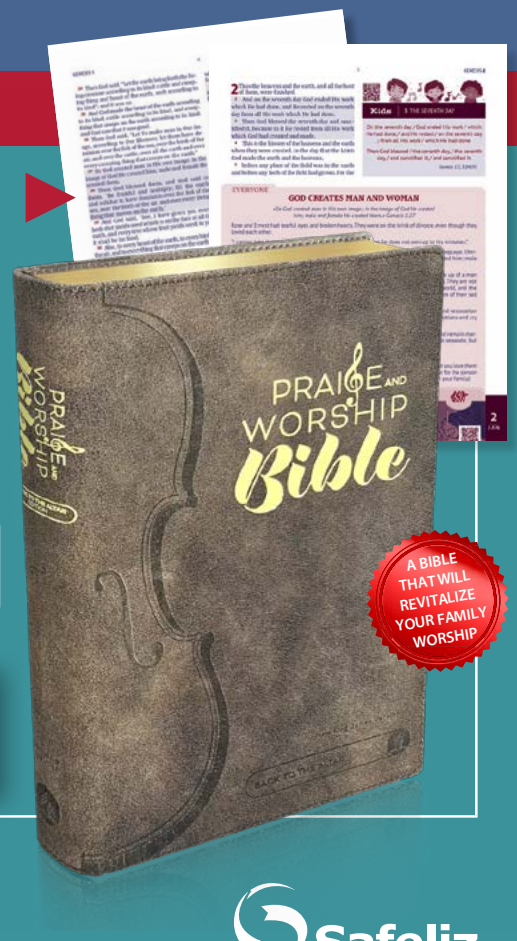

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To wholistically flourish

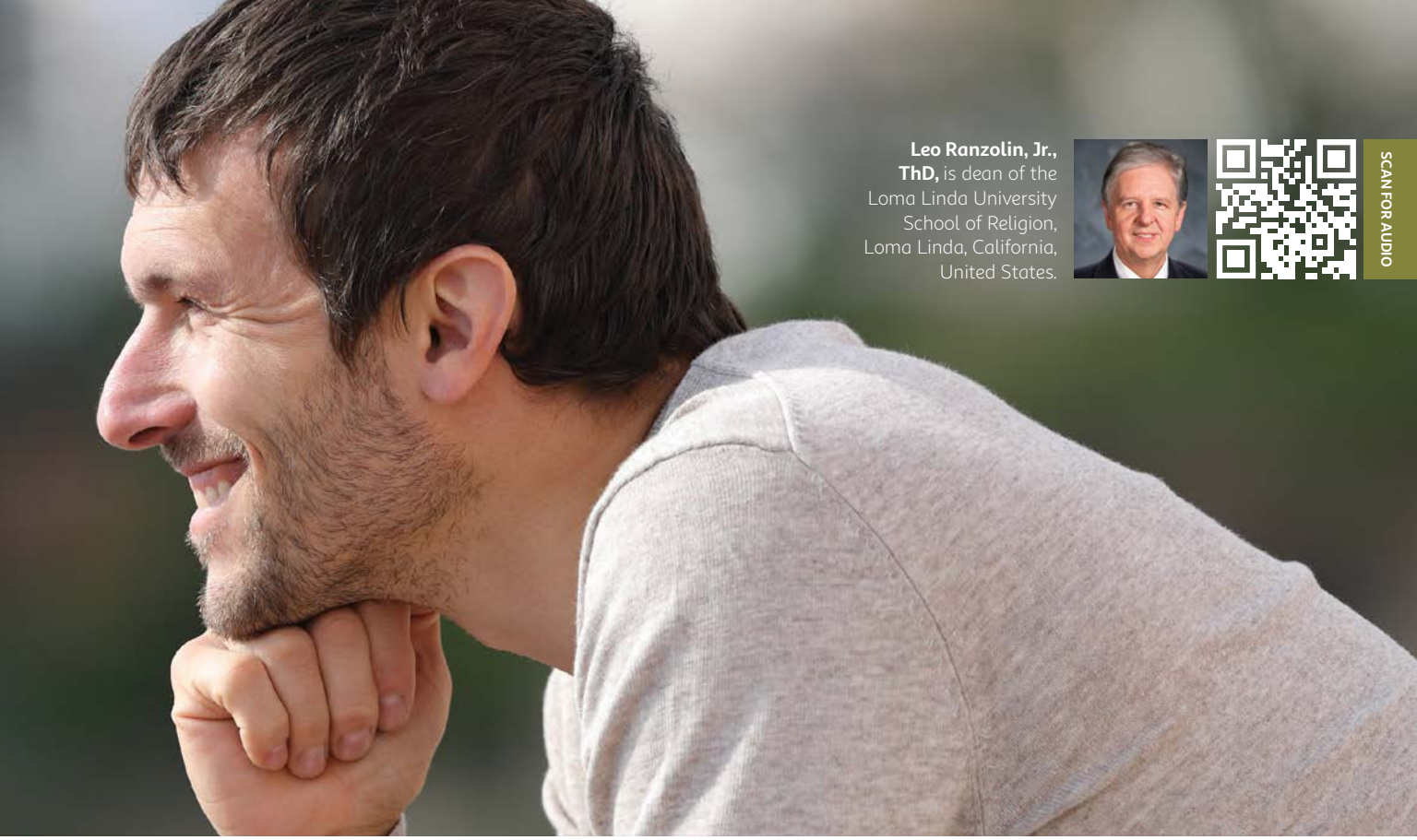
Throughout my teaching at several Adventist institutions, I've had the privilege of being an elder in the churches attached to these institutions. This role has afforded me the opportunity to get acquainted with the pastors of these large, multi-staff churches. As I've developed relationships with these shepherds of the flock, I have become increasingly aware of how these gifted and committed pastors often find themselves struggling with the stresses of ministry—anxieties, unspoken and unrealistic expectations, conflicting demands, abuse at the hands of church members, and more. These stresses have led to pastoral burnout and decisions to leave the ministry on the part of several pastors I have known.

One such pastor was quite gifted in communicating the gospel and developing relationships, not only with church members but also with members of the academic community—administrators, faculty, students, and staff. He was caring and compassionate to all, especially the students. Toward the end of his tenure at the church, he experienced several challenges and difficulties. He felt mistreated by some members, which significantly impacted his ministry and well-being, leading to burnout. Wounded and bitter, he left the ministry and the church altogether—a tragic loss.

Duty to rest

These experiences of pastoral burnout underscored for me the crucial importance of pastors needing to attend to their health, well-being, and rest. Jesus and His disciples, amid the exacting demands of inaugurating the kingdom of God through a preaching, teaching, and healing ministry, set aside time to rest from their labors. Jesus said to His disciples, " 'Come aside by yourselves to a deserted place and rest a while.' For there were many coming and going, and they did not even have time to eat. So, they departed to a deserted place in the boat by themselves" (Mark 6:31, 32, NKJV).

Reflecting on this passage, author Ellen White notes that "Christ is full of tenderness and compassion for all in His service. . . . They had been putting their whole souls into labor for the people, and this was exhausting their physical and mental strength. *It was their duty to rest.*"[1] Yes, it is the *duty* of pastors to seek rest, to focus on their well-being, and, like their Master, to engage in the practice of prayer: "Now it came to pass in those days that He went out to the mountain to pray, and continued all night in prayer to God" (Luke 6:12, NKJV; cf., Mark 1:35; Luke 5:16; 9:18, 28; 11:1; 22:41–45).



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SCAN FOR AUDIO

Christlikeness

Under the power of the Holy Spirit, pastors must actualize a disciplined life of certain practices that occasion Christlikeness: "The focus for Christians is becoming more and more like Christ. Christian spiritual practices should result in the person—inside and out—looking increasingly like the Savior. Submission to Christ is paramount to reflecting Christlikeness (1 John 2:3–7). Christian spiritual practices foster an inner conformity to Christ, and these practices encourage us to act more like Christ."[2] And becoming more and more like Christ effects wholeness and a positive and healthy mindset that empowers pastors to cope with the stresses and challenges of ministry as they proclaim the wonders of the gospel of Jesus Christ.

Loma Linda University has been at the forefront of whole-person education, striving to inculcate within every graduate the need to provide whole-person care to all. Our reflections, experiences, and educational endeavors through the years have led us to develop a robust definition of wholeness: "Wholeness means the lifelong, harmonious development of the physical, intellectual, emotional, relational, cultural, and spiritual dimensions of a person's life, unified through a loving relationship with God and expressed in generous service to others."[3]

A vibrant ambassador

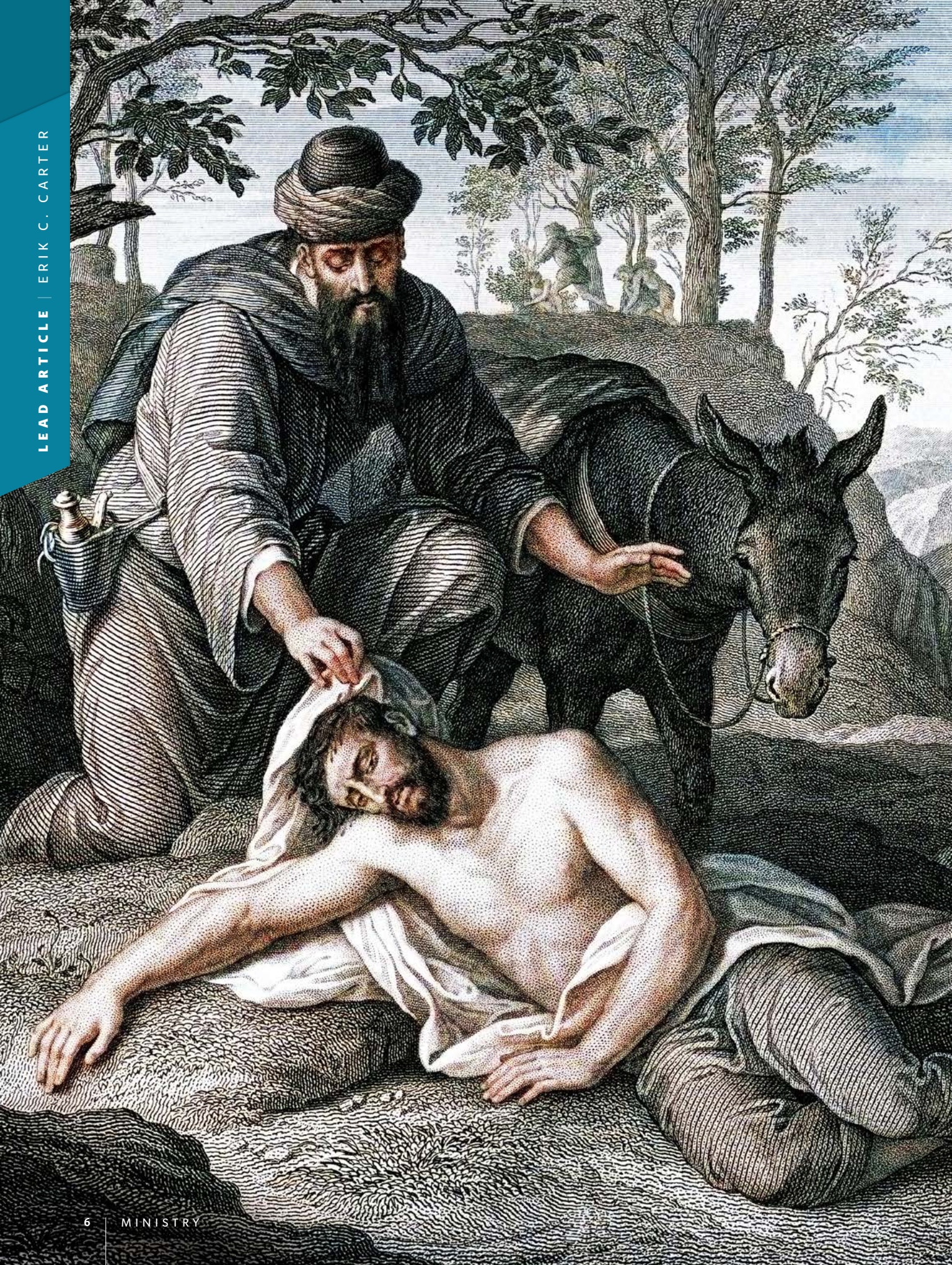
This issue of *Ministry* magazine contains articles seeking to demonstrate how a wholistic health message can benefit a pastor personally and professionally.[4] We believe they will help you adopt good practices that will enhance your personal health, well-being, and wholeness, positively impacting your professional life. That way, you can flourish wholistically and become a vibrant "ambassador for Christ" as you proclaim the ministry of reconciliation to a lost and broken world (2 Cor. 5:20), nurturing your members "to grow in the grace and knowledge of our Lord and Savior Jesus Christ" (2 Pet. 3:18, GNT).

1 Ellen G. White, *The Desire of Ages* (Mountain View, CA: Pacific Press, 1898), 360; emphasis added.

2 Thomas V. Frederick, Yvonne Thai, and Scott E. Dunbar, *Caring for Our Shepherds: Understanding and Coping With Burnout as a Pastor* (Eugene, OR: Cascade Books, 2024), 62.

3 Gerald Winslow, "The Grace of Wholeness," Loma Linda University and Medical Center *Scope*, Spring 1999, 6.

4 We would like to thank Jon Paulien for his organizational and editorial assistance with the articles and practical pointers column in this issue.



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Developing a compassion mindset

At the center of the Loma Linda University campus stands a profound sculpture: an artist's portrayal of Jesus' story of the good Samaritan (Luke 10:25–37). The sculpture's location on a faith-based health science campus is an intentional display of one of the institution's core values, namely, compassion (Luke 10:33). To walk by such a scene is to be reminded of the universality of suffering, for *compassion* literally means to "suffer with."

For Christians, compassion is not only a moral imperative but also what healing ministry calls for today in order to follow Jesus' example. In fact, the biblical word for "salvation" (Greek: *sōzo*) can also be translated as "healing" or "making whole."[1] In my work as a local church pastor and professor in a healthcare setting for nearly 25 years combined, it has become clear to me that both salvation and healing are essential to making humanity whole.

Most people would agree that the good Samaritan story is a great example of God's compassion for anyone in need. So, we aspire to be like the good Samaritan but then struggle with the real-life challenges of doing so.

Both pastors and physicians deal with much heartache, frustration, and utter exhaustion. With respect to clergy, a recent report from the Hartford Institute documents the extent of that burnout in the context of the post-pandemic period: "In the Fall of 2023, over half of religious leaders (53%) have seriously considered leaving pastoral ministry at least once since 2020. . . . This is nearly 20% more clergy than in 2021 when 37% reported having such thoughts since 2020."[2] Post-pandemic congregations have become increasingly more resistant to change, large swaths of members under the age of 60 are disengaged or no longer attending, and pastors are trying to juggle a remaining congregation composed of both online and in-person attendance. In this context, many pastors feel they have become "chaplains to the apocalypse," referencing the growing sense of disorientation and even dread many of them feel in relation to their ministerial expectations while serving the post-pandemic church.[3]

The compassion dilemma

Psychology researchers from the Danielson Institute at Boston University identify a leader's "calling" as a double-edged sword. "Deep commitment to the meaning and moral duty of one's work can lead people in many careers to sacrifice pay and personal time."[4] Indeed, when people conceive of their work as a spiritual and moral duty, setting boundaries can be very difficult.[5] So herein lies a dilemma: compassion is an integral part of one's call to spiritual work, yet at the same time, it can become a burden too heavy to bear due to the struggle of setting boundaries.

Perhaps part of the problem is that much of what we have come to understand as

compassion is not really compassion at all. In his definitive work on caring in medicine, Dominic O. Vachon, who holds degrees in both ministry and medicine, writes that compassionate caring has tended to be "overly sentimentalized, overly emotionalized . . . and overly spiritualized."[6] Caring and compassion can easily be reduced to "being nice" to people, something characterized by a display of "very warm emotion."[7] We can too easily read biblical stories such as the good Samaritan as demanding that one "die on the cross for others daily" and display courage of heroic proportions by risking our lives for the sake of the other. To put it another way, anything short of being nice, maintaining a state of heightened emotion, and placing oneself on the altar of self-sacrifice as a martyr is seen as a failure in compassion.

To the extent one has such notions, to that degree, the helper is liable to become overly emotionally involved with clients or patients (and, I would add, parishioners). Such notions include the assumptions that caring always requires a lot of time, that you must always "be nice" and ignore your feelings and needs to help others, that caring means you will have to let people verbally abuse and take advantage of you, and that you will have to accept everything your clients or patients (or parishioners) say they require so that they perceive you as a caring helper.[8]

Here is precisely where compassion can be leveraged against the practitioner. If one does not live up to the expectations of being "nice," if one does not believe they are "wired for compassion," or if one cannot display and maintain a certain range of expected emotions, then one may feel that they constantly fall short of the ideal. While other people (e.g., parishioners, congregations, patients) may impose such expectations upon the practitioner, expectations can also emerge from within one's view of self.

Defining the contours of compassion

So what is compassion? Is it something you are born with (or not), or is it a skill that a pastor can develop? Biblically speaking, compassion was undoubtedly central to Jesus' mission and message. The Greek word translated as having or feeling compassion, *splagchnizomai*, occurs nine times in the Gospels. Three are references to compassion in Jesus' teaching, such as the stories of the good Samaritan (Luke 10:30–37) and the prodigal son (Luke 15:11–32). Six times, compassion is a significant component of Jesus' healing activities, such as the feeding accounts (Mark 6:30–44; 8:1–10) and the healing of two blind men (Matt. 20:29–34).

A concise summary of the role of compassion in Jesus' ministry appears in Matthew 9:35–38. Here we learn *why* He spent so much time healing people who were suffering from all manner of maladies. "Seeing the crowds," Matthew writes, "He felt compassion for them, because they were distressed and downcast, like sheep without a shepherd" (verse 36, NASB). Compassion framed Jesus' mission and defined Him in the depths of His being. "It described a way of being, a lifestyle if you like, in which he was present for others in such a way that they were made whole."[9]

The Gospels, however, limit references of compassion to Jesus Himself. It appears that only God in Christ can take on the suffering of the world and not be crushed by it. Christian compassion, therefore, emerges only through the power of the Spirit. The compassion we can exercise in our own power is seriously limited. However, being more like Jesus is something that pastors can learn. The Bible says that we must "learn Christ" (Eph. 4:20). " 'Learning Christ' is akin to learning a new language or culture, learning that comprises both knowledge and practice."[10] Indeed, while we are motivated by the compassion of Christ, "compassion is not among our most natural responses."[11] "Compassion is hardly an automatic reflex, even for the most faithful."[12]

Cultivating compassion for ministry

In order to cultivate compassion, one must develop what Vachon calls a "compassion mindset," which includes four distinct learning components.[13] The first component of a compassion mindset is *cognition*, which involves an ability to recognize the experience of the one suffering. The key to doing that requires an experiential understanding of one's own suffering.[14] The second component is *emotion* and includes learning how to engage with the sufferer's emotional experience. That can be difficult to do when pastors deal with hostile church members. Here we encounter the hard work of empathy.

Third, Vachon identifies *motivation* as an essential component of compassion. And here is where Christian motivation is unique: Christians cultivate compassion in order to be like Christ. Finally comes the component that sets compassion apart from empathy, and that is the *action* needed to alleviate suffering. It involves the choice to act in ways that address suffering.

While all components are essential for a robust practice of compassionate care, it is not an all-or-nothing approach, nor is the experience of compassion a long, protracted process.[15] The book *Compassionomics* includes data synthesized from more than 1,000 scientific abstracts and 250 original science papers on compassion. One of the most powerful findings of this research is how just 40 seconds of engaged compassion with a person can deliver positive outcomes.[16]

But that is not all—engaging with compassion is also an antidote for burnout. In other words, "compassion can be so powerful for the *giver* that using compassion can actually help people begin to care again."[17] The love that God pours through us to others flows back to us. In my estimation, here is precisely what ministers of the gospel desperately need right now. So instead of shying away from the pain and suffering in your midst, lean into it with the compassion of Jesus and equip yourselves with a compassion mindset.

"When we come close to someone else's suffering, become unafraid of their pain, and connect their fragility and mortality with our own, a deep feeling in the gut inevitably results. Our vulnerability intensifies. We become a conduit for God's love to flow through us to the afflicted. It has little to do with selfish purpose contributing to resilience in our lives. It has everything to do with entering deeply into the world of someone who's hurting."[18]

1 The Greek word *sōzo* appears 150 times in the Bible and denotes soteriology in the end-time. See also Ivan T. Blazen's excellent entry "Salvation," in *Handbook of Seventh-day Adventist Theology*, Seventh-day Adventist Bible Reference Series, vol. 12, ed. Raoul Dederen (Hagerstown, MD: Review and Herald, 2011), 271–313.

2 " 'I'm Exhausted All the Time': Exploring the Factors Contributing to Growing Clergy Discontentment," Hartford Institute for Religion Research (January 2024), 2, https://www.covidreligionresearch.org/wp-content/uploads/2024/03/Clergy_Discontentment_Patterns_Report-compressed_2.pdf. These results essentially agree with other research, such as the Barna Group, where in 2022, 42 percent of pastors considered quitting full-time ministry. Reasons in this study for wanting to leave include the immense stress of the job (56 percent), loneliness and isolation (43 percent), and current political divisions (38 percent) as the top three. See "Pastors Share Top Reasons They've Considered Quitting Ministry in the Past Year," Barna, April 27, 2022, https://www.barna.com/research/pastors-quitting-ministry/. Similar sentiments abound among practicing physicians in the United States, nearly half of whom will experience burnout at some point in their career. One analysis showed that burnout in physicians has been linked with "lower work satisfaction, disrupted personal relationships, substance misuse, depression, and suicide." Maria Panagioti, Efharis Panagopoulou, Peter Bower, George Lewith, Evangelos Kontopantelis, Carolyn Chew-Graham et al., "Controlled Interventions to Reduce Burnout in Physicians: A Systematic Review and Meta-analysis," abstract, *JAMA Internal Medicine* 177, no. 2 (2017): 196.

3 Michael Woolf, "Burned Out, Exhausted, Leaving: A New Survey Finds Clergy Are Not OK," Religion News Service, January 25, 2024, https://religionnews.com/2024/01/25/burned-out-exhausted-leaving-a-new-survey-finds-clergy-are-not-ok/.

4 Laura Captari and Steven Sandage, " 'I Love This Work, but It's Killing Me': The Unique Toll of Being a Spiritual Leader Today," The Conversation, June 24, 2024, https://religionnews.com/2024/06/24/i-love-this-work-but-its-killing-me-the-unique-toll-of-being-a-spiritual-leader-today/.

5 Andrew J. Jager, Michael A. Tutty, and Audiey C. Kao, "Association Between Physician Burnout and Identification With Medicine as a Calling," *Mayo Clinic Proceedings* 92, no. 3 (March 2017): 415–422.

6 Dominic O. Vachon, *How Doctors Care: The Science of Compassionate and Balanced Caring in Medicine* (San Diego, CA: Cognella, 2020), 32.

7 Vachon, 32.

8 Vachon, 35.

9 Andrew Purves, *The Search for Compassion: Spirituality and Ministry* (Louisville, KY: Westminster/John Knox Press, 1989), 39, 40.

10 Stanley P. Saunders, "Learning Christ: Eschatology and Spiritual Formation in New Testament Christianity," *Interpretation: A Journal of Bible and Theology* 56, no. 2 (2002): 155.

11 Henri J. M. Nouwen, Donald P. McNeill, and Douglas A. Morrison, *Compassion: A Reflection on the Christian Life* (New York, NY: Doubleday, 1982), 4.

12 Peter W. Marty, "Cultivating Christ-like Compassion," *Christian Century*, February 9, 2022, https://www.christiancentury.org/article/editorpublisher/cultivating-christ-compassion.

13 See Vachon, *How Doctors Care*, 101–123.

14 See James C. Wilhoit, "Self-Compassion as a Christian Spiritual Practice," *Journal of Spiritual Formation and Soul Care* 12, no. 1 (December 2018): 71–88. See also John Swinton, *Raging With Compassion: Pastoral Responses to the Problem of Evil* (Grand Rapids, MI: Eerdmans, 2007).

15 For additional resources and ideas about cultivating compassion, see Charlotte Ramage, Kathy Curtis, Angela Glynn, Julia Montgomery, Elona Marjory Hoover, Jane Leng et al., "Developing and Using a Toolkit for Cultivating Compassion in Healthcare: An Appreciative Inquiry Approach," *International Journal of Practice-Based Learning in Health and Social Care* 5, no. 1 (July 2017): 42–64.

16 Stephen Trzeciak and Anthony Mazzarelli, *Compassionomics: The Revolutionary Scientific Evidence that Caring Makes a Difference* (Chicago, IL: Huron Consulting Group, 2019).

17 Trzeciak and Mazzarelli, 323.

18 Marty, "Cultivating Christ-like Compassion."

Share your thoughts on this article by writing to **ministrymagazine@gc.adventist.org**.

Expanding the mission:

Churches and their role in advancing wholeness in the city

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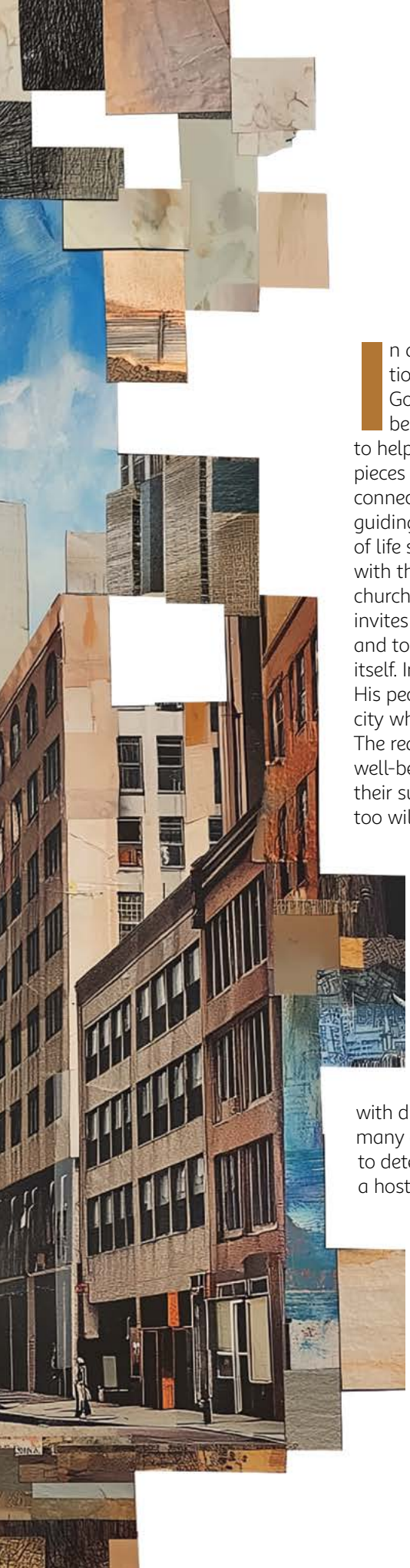

In a world marked by fragmentation, isolation, pain, and despair, God calls the church to be a beacon of hope. Its mission is to help individuals mend the broken pieces of their lives by fostering connection, promoting healing, and guiding others toward a deeper sense of life satisfaction. That mission starts with those who choose to join the church community. But Scripture also invites us to expand it to the cities and towns in which the church finds itself. In Jeremiah 29:7 God instructs His people to "seek the welfare of the city where I have sent you" (RSV). The reason He does so is that their well-being is linked to the welfare of their surroundings: "If it prospers, you too will prosper" (NIV). Those last words have implications for pastoral ministry.

The book of Jeremiah narrates an unstable period in Israel's history leading up to the Babylonian exile. The Israelites would end up living in a foreign land, speaking a different language, and dwelling among people with different customs and traditions, many of which they had been taught to detest. In short, they would be in a hostile environment in which the dominant values ran counter to their own.[1] In that dark situation, Jeremiah, under inspiration, sent the exiles a letter offering hope and divine promise (Jer. 29:4–14) but also warning them to prepare for a long sojourn in Babylon. Because their exile would not quickly end, they would need to make themselves a home away from home.

The experience of exile is often mirrored in that of godly churches. In a secular society, being a Christian can sometimes feel like being a stranger in a strange land. This sentiment is captured by Amy Sherman, director of the Center of Faith in Communities, when she highlights the struggle of people of faith: "We are exiles scattered throughout the nations. . . . We are trying to obey the command to 'not conform to the pattern of this world, but be transformed by the renewing of [our] mind[s].' "[2] In such an environment, it can be tempting to withdraw behind the "walls" of the church to preserve one's faith in a faithless world. But I would suggest that, as in Jeremiah's day, God has other plans for His church.

Faith and flourishing

Being connected to a church contributes to human well-being, enhancing both physical and mental health, according to recent research. The research demonstrates how people who regularly attend church have "healthier lifestyles"[3] and "live longer."[4] In addition, religious people are found to "have a stronger sense of meaning in life"[5] as well as greater happiness and life satisfaction than their irreligious counterparts.[6] Researchers also have discovered that being part of a religious community can contribute to human flourishing.[7]

But those receiving these benefits must then share that well-being with those outside our congregational walls in response to the call in Jeremiah 29:7. This call must compel

us to "seek the welfare of the city" and urge us to look beyond the church's internal needs. When the church expands its mission to the wider community, the same benefits that we see within the church can transform lives outside it as well. Furthermore, this sharing becomes vital to the health of the church itself, as we will see.

The countercultural command to practice *shalom*

Because Western countries tend to highly value individuality, addressing the well-being of others seems to have become less of a priority. The trend can be traced to the late modern period, which witnessed a gradual shift in focus away from the transcendent God and toward human beings and their everyday concerns, resulting in the rise of a "new humanism." "The new humanism rejected God and the command to love God, [yet] it retained the moral obligation to love neighbor."[8] More recently, the late twentieth century experienced yet another significant change in the understanding of human flourishing as society deprioritized the needs of others in favor of personal fulfillment. Others "matter mainly in that they serve an individual's experience of satisfaction."[9]

Such modern individualism is opposed by the command in Jeremiah 29:7. Speaking to the people of Israel in exile in Babylon, God did not tell them to pack their belongings and plan a swift return to Jerusalem. Instead, God directed His people to invest in the infrastructure of Babylonian society: "Build houses and live in them; and plant gardens and eat their produce. . . . seek the *prosperity* of the city" (verses 5–7, NASB; emphasis added). The Hebrew word translated as "prosperity" in Jeremiah 29:7 is *shalom*, which is why some translations read "seek the peace of the city." While *shalom* can serve as a greeting or as a way of indicating the absence of conflict, about 65 percent of the references to *shalom* in the Old Testament refer to "completeness, maturity, and . . . overall well-being" according to Professor Jonathan T. Pennington.[10] Pennington argues that *shalom* "is probably the most comprehensive umbrella term for human health and wholeness, resulting in strength, fertility, and longevity."[11] Jeremiah 29:7 employs this usage. Why should Israel invest in the communities of its enemy, Babylon? Because "if it [Babylon] prospers, you too will prosper" (NIV). In other words, if Israel wanted to experience wholeness and peace in Babylon, they must actively foster *shalom* in the Babylonian communities. They were to prioritize Babylon's well-being and flourishing as much as their own.

This understanding of Jeremiah 29:7 has profound implications for the church today. We cannot remain isolated within our own communities of faith and neglect the surrounding areas. As we reflect on the call of Jeremiah 29:7 to "seek the welfare of the city," it becomes clear that God summons churches to cultivate not only the spiritual growth of their members but also the well-being of their surrounding community. When the church works for the welfare of the community, it, too, will flourish.

Implementing *shalom*-oriented ministry

While *shalom*-oriented ministry is a nice ideal, how do we tangibly implement it in our ministries? What does it mean in practical, everyday terms? Congregations can take the following concrete steps to align their mission with a commitment to fostering wholeness in the surrounding community:

1. Assess community needs. In the discipline of public health, the very first thing a practitioner implements is a community health assessment. The goal is to identify key needs, priorities, and disparities that will then guide effective interventions and policies. So to get started, Presbyterian minister Anton Boisen, a pioneer in pastoral care, suggests that pastors define the boundaries of the community their church serves and then gather information on its demographics, social organizations, public health issues, recreation, education, welfare agencies, and faith communities.[12] Such research informs your church about how it can best serve both spiritual and material needs in its community. At the same time, it will ensure that any project developed by your church is relevant and does not duplicate programs already available.

2. Develop a gift inventory. For the church to serve its community, it is essential to understand the unique skills, talents, and spiritual gifts already present among its members. Creating an inventory of your members' gifts and talents would also help ensure that you are fully utilizing the strengths of your church. For instance, if your church has many healthcare professionals, rather than undertaking a project like building homes, you could focus on offering health-related services such as free clinics or mental health support. Such an approach not only maximizes your

church's impact but also empowers members to contribute in ways that reflect their expertise.

3. Evaluate resources. Properly managing resources—time, finances, and personnel—is essential to balancing both in-reach and outreach efforts. The early church in Acts emphasized the importance of sharing resources for the common good (Acts 4:32–35), demonstrating that meeting both physical and spiritual needs requires thoughtful resource allocation. Evaluate your church's budget to ensure that sufficient resources are dedicated to community outreach alongside internal programs. Just as the apostles in Acts 6:1–4 appointed specific leaders to manage practical tasks, church leaders today should delegate responsibilities for community engagement to ensure that both internal and external ministries thrive.

4. Do not reinvent the wheel. If your church is part of a denomination, discover what resources that denomination has established to benefit the wider community. For example, my denomination, the Seventh-day Adventist Church, provides pastors with resources such as BreatheFree stop-smoking programs, weight reduction classes, Gateway to Wholeness for dealing with pornography, Celebrate Recovery for recovering from trauma, and cooking/nutrition classes. Such programs will meet genuine felt needs in many communities. If you are not part of a denomination, use resources from such denominations or from the many para-church ministries that offer their resources on the internet or through publishing houses.[13]

5. Find partners. Building partnerships with local organizations, businesses, and government agencies is helpful for a church in addressing community needs comprehensively. Collaborate with such entities to create programs aligned with the values of *shalom*—promoting peace, justice, and flourishing. Address local issues such as poverty, education, and public health by becoming a faithful presence in the community. As Pastor Tim Keller notes, "Rather than seeking control over societal institutions or avoiding them, the church can engage as a transformative agent, contributing to the common good."[14] Churches that embrace collaborative community work bring the gospel mission into real-world settings, advancing both spiritual and societal well-being.

Conclusion

Embracing *shalom* may require a fundamental shift in the way many of us approach ministry. Yet what became clear to me as I studied Jeremiah 29 is that it is not a dereliction of duty for pastors to pay as much attention to community wholeness as to the nurturing of their own congregations. It involves recognizing that the health of the church is inextricably linked to the well-being of the community. Addressing those issues allows the church to tangibly embody the biblical concept of *shalom*, fostering a sense of connection and renewal both within and beyond its walls.

1 Lee Beach, *The Church in Exile: Living in Hope After Christendom* (Downers Grove, IL: InterVarsity, 2015), 19.

2 Amy L. Sherman, *Agents of Flourishing: Pursuing Shalom in Every Corner of Society* (Downers Grove, IL: InterVarsity, 2022), 2.

3 Harold G. Koenig, *The Healing Power of Faith: Science Explores Medicine's Last Great Frontier* (New York, NY: Simon & Schuster, 1999), 24.

4 Koenig, 24.

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9 Volf, 6.

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12 Anton T. Boisen, *Problems in Religion and Life: A Manual for Pastors* (New York, NY: Abingdon-Cokesbury Press, 1946), 1.

13 For information on various programs, visit the program websites: BreatheFree at https://www.breathefree2.com, Gateway to Wholeness at https://gatewaytowholeness.com, Journey to Wholeness at https://nadhealth.org/addiction/, Adventist Recovery Ministries at https://www.adventistrecoveryglobal.org/, and Mission to the Cities at https://missiontothecities.org/.

14 Timothy Keller, "Counter-Culture for the Common Good—Timothy Keller [Sermon]," Gospel in Life, Oct. 17, 2014, YouTube video, 45:12, https://youtu.be/p7XcnJ6K7YA.

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ZANE YI

Digital harms and restless hearts

You have likely had a parishioner express her exasperation with her kids who are "always on their phones" or "won't come out of their room." Maybe you are a parent yourself and have noticed your kids constantly looking at their phones and wondered if it is related to the drastic change in attitude you have observed in them. They just do not seem to be interested in anything else anymore.

All this, it turns out, is part of a wider mental health emergency. It is becoming apparent that the constant virtual connectivity provided by phones adversely impacts health, especially in youth and young adults. They are suffering. Parents are struggling. Schools, communities, and governments are grappling with what to do. As a result, it presents pastors and congregations who care about whole-person health with the opportunity to provide timely resources to individuals and families, helping them navigate the excesses and persistent intrusions of the digital world.

The rise of the digital age

The problem is even worse than many of us have thought. It has led Vivek H. Murthy, the US surgeon general, to recommend the placement of warning labels, akin to those required on cigarette packages, on social media sites.[1] Catching many by surprise, this recommendation may have seemed to some to be an overblown reaction. But the statistics he draws on are striking, troubling, and difficult to dismiss.

A dramatic increase in mental illness among adolescents and young adults has occurred in the past decade or so. Since 2010, major depression in teens has increased by 150 percent. Anxiety and depression among college students have more than doubled, along with noticeable increases in other mental health diagnoses. Emergency room visits for self-harm have nearly tripled among 10-to-14-year-old girls, and this parallels suicide rates, which actually began to spike a few years before 2010.[2]

Such changes correspond to the advent of what sociologists refer to as the digital age. The digital age began in 2007 with the release of the iPhone. It marked a global and seismic shift in society, essentially putting the internet in everyone's pocket 24 hours a day. The development of mobile apps made profitable through advertising led to the rise of "the attention economy," powered by sophisticated algorithms that keep users engaged in swiping, scrolling, and clicking from one image, video, or site to the next.[3]

Another key development that occurred in 2010, one that further fueled the growth in popularity of social media apps, was the front-facing camera. That led to the trend of taking and posting "selfies," amplifying a culture of self-promotion and constant comparison.

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All this combines to become a force that is difficult, if not impossible, to resist, as almost all of us have experienced. Digital distraction is a real problem for everyone. The reason is physiological. "The smartphone is the modern-day hypodermic needle, delivering digital dopamine 24/7 for a wired generation," writes psychiatrist Anna Lembke.[4] Thankfully, there are resources for busy adult professionals seeking to recapture their ability to focus and get things done.[5] However, the frontal lobes of youth are still developing, so self-control, which is hard enough even for adults with fully developed brains, often goes out the window.

It helps explain why many teens spend up to 9 hours a day viewing screens.[6] That's over 60 hours a week, and it does not count the time they spend thinking about what they have seen or are missing on social media.

As youth spend all this time on their devices, four foundational harms are inflicted on them, according to Jonathan Haidt, author of *The Anxious Generation*. These harms—social deprivation, sleep deprivation, attention fragmentation, and addiction—contribute to declining mental health.[7] Simply put, as young people spend more time on their phones, they have less in-person contact with others and do not get much-needed sleep. The distraction is intrusive and constant—an average of 237 or more notification alerts coming each day—making focus impossible.[8] Teenagers are hooked to an intentionally designed system of virtual triggers and rewards, and they experience actual withdrawal symptoms when deprived of them.

Navigating the digital age

Jesus expressed deep concern and appreciation for children when here on earth (Matt. 19:13–15; Mark 10:13–16; Luke 18:15–17). I believe He is even more concerned for them today. The young are particularly susceptible to the powerful technological and economic forces currently shaping them. But turning back the clock to a simpler time is impossible. Disciplining, lecturing, and shaming will not work. The bans and restrictions at school that are being enacted by more and more states apply only during school hours. What happens when students go home and no one is watching?

Churches have adapted to the development of smartphones and social media as a valuable medium for ministry, releasing sermons, podcasts, music, and social media posts that can be shared widely and quickly. While these positive media can provide a healthier alternative to other options, they leave the excesses and dangers of the medium unaddressed.[9] As such threats become more and more evident, how might pastors and the congregations they lead help address this societal crisis?

Educate. For starters, address this issue in your preaching and teaching, but avoid the temptation to be moralistic—"What's wrong with this generation?"—or an idealistic Luddite—"We should get rid of smartphones!" People often feel shame and despair over the issue. Help youth and their families understand they are not alone and that God loves them. Provide them with hope.[10] Explain through workshops and seminars what is happening to them and why. Organize a small group using some of the resources noted in this article.

Resource. A sermon series or a weekend seminar, however, will not undo the damage done to young people through the years. Anxiety, depression, addiction, and suicidality are serious mental health issues. Beyond offering pastoral counseling and prayer, connect people to mental health professionals in the congregation or community. As needed, recommend and make referrals to social workers, marriage and family therapists, or psychologists.

Network. Many churches already host support groups such as Alcoholics Anonymous and Celebrate Recovery. Such groups leverage the power of connection and community to help individuals in their journey to greater wholeness. In like manner, pastors can create support groups for youth and parents to share their challenges with digital distraction and addiction. Encourage conversations about best practices and shared norms between families to create a healthy digital counterculture.

Organize. Provide opportunities for young people to digitally disconnect together, as well as to experience deeper interpersonal connections. Help kids discover the great outdoors through hiking or camping trips. Or, as pastor and author Darren Whitehead recently did, organize a digital fast for your church, challenging people to experience the "joy of missing out" (JOMO rather than FOMO—the fear of missing out).[11]

Advocate. Tech companies, who know how their products impact people (but are allured by advertising revenue), have delayed regulating themselves, and politicians have been sluggish in passing necessary legislation. Congregations can help bridge remaining gaps by becoming one of the voices advocating for regulation in the interest of public health. Encourage parents to get involved in making a difference by advocating for

balanced policies, more mental health resources, and public education.

Model. Become aware of and address unhealthy digital use and habits in your own life. Incorporate healthy practices into spiritual disciplines like Sabbath observance and prayer. Then introduce them to your congregation, now based on your own experience, as an alternative to digital exhaustion. Pastor John Mark Comer, for example, shares in a winsome way how he and his family begin Sabbath each week by turning off their phones on Friday evening and together putting them away for 24 hours. He explains prayer as a way to be present in the present and to be attentive to reality rather than being constantly distracted and mentally elsewhere.[12]

Proclaim. "Our hearts are restless, until they find rest in You," Augustine once prayed.[13] His prayer identifies spiritual longings that predate the digital age—longings that only the gospel and a relationship with God can fill. God continues to offer both digital natives and victims His living water that can truly satisfy. Preach on such texts as Ecclesiastes 3:11 ("He has also set eternity in the human heart," NIV), Jeremiah 2:13 (" 'They have forsaken me, the spring of living water,' " NIV), Psalm 42:1 ("As the deer pants for streams of water, so my soul pants for you," NIV), Psalm 131:2 ("I have calmed and quieted myself," NIV), and John 4:13, 14 (" 'Everyone who drinks this water will be thirsty again, but whoever drinks the water I give him [or her] will never thirst,' " NIV). We can connect our digital searching to our legitimate, deeper spiritual desires and invite people of all ages to find rest and satisfaction in what only Christ can provide.

A ministry of reconciliation

Theologian Paul Tillich has characterized the human condition as one of estrangement. We are estranged from ourselves, from each other, and ultimately, from God.[14] Today, we witness how smartphones and social media, utilized uncritically, amplify and intensify such estrangement, even as they promise to alleviate it. Communities of faith are called to play a crucial role in—to borrow the words of the apostle Paul—the ministry of reconciliation, helping people become fuller versions of themselves, their faces reflecting more of God's image and less of the soft, cold glow of their phones.[15] By identifying and addressing the relevant issues and providing healthier alternatives, pastors can help others experience what Jesus came to give—"life to the full" (John 10:10, WE).

1 Vivek H. Murthy, "Why I'm Calling for a Warning Label on Social Medica Platforms," *New York Times*, June 17, 2024, https://www.nytimes.com/2024/06/17/opinion/social-media-health-warning.html. See also The US Surgeon General's Advisory, *Social Media and Youth Mental Health* (2023), https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf.

2 Jonathan Haidt, *The Anxious Generation: How the Great Rewiring of Childhood Is Causing an Epidemic of Mental Illness* (New York, NY: Penguin Press, 2024), chapter 1.

3 James Williams, *Stand Out of Our Light: Freedom and Resistance in the Attention Economy* (Cambridge, UK: Cambridge University Press, 2018), 5–40, https://doi.org/10.1017/9781108453004

4 Anna Lembke, *Dopamine Nation: Finding Balance in an Age of Indulgence* (New York, NY: Dutton, 2021), 1.

5 See, for example, Cal Newport, *Digital Minimalism: Choosing a Focused Life in a Noisy World* (New York, NY: Portfolio/Penguin, 2019).

6 "Screen Time and Children," American Academy of Child and Adolescent Psychiatry, updated May 2024, https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-And-Watching-TV-054.aspx.

7 Haidt, *Anxious Generation*, chapter 5.

8 "Constant Companion: A Week in the Life of a Young Person's Smartphone Use," Commonsense Media, September 26, 2023, https://www.commonsensemedia.org/sites/default/files/research/report/2023-cs-smartphone-research-report_final-for-web.pdf.

9 James K. A. Smith observes, "Rather than properly countering the liturgy of consumption, the church ends up mimicking it, merely substituting Christian commodities." Smith, *Desiring the Kingdom: Worship, Worldview, and Cultural Formation* (Grand Rapids, MI: Baker Academic, 2009), 103.

10 See, for example, a sermon series preached at the North Hills Church of Seventh-day Adventists by Pastor Angel Smith, "Solid Ground—North Hill's Church Live Stream 8/24/2024," YouTube video, 1:23:17, starting at 29:59, https://www.youtube.com/live/PZtDGaFuhhc?si=aDGQSqtuTKZGiJjb&t=1799.

11 "The Digital Fast: A 28-Day Challenge," Thinq, https://events.thinqmedia.com/digitalfast. See also Darren Whitehead, *The Digital Fast: 40 Days to Detox Your Mind and Reclaim What Matters Most* (Grand Rapids, MI: Zondervan, 2024).

12 John Mark Comer, *The Ruthless Elimination of ~~Hurry~~* (Colorado Springs, CO: WaterBrook, 2019). See also the free resources for churches provided by Practicing the Way at https://www.practicingtheway.org.

13 Augustine, *Confessions* 1.1.5.

14 Paul Tillich, *Systematic* Theology, vol. 2, *Existence and The Christ* (Chicago, IL: University of Chicago Press, 1957), 45.

15 See 2 Corinthians 5:18–21. Or as Tillich writes, "Love as the striving for the reunion of the separated is the opposite of estrangement." Tillich, 47.

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WHITNY BRAUN DE LOBATÓN

The $25-million gift

It's funny how thoughts can hit you at the strangest times.

I was in labor, seven centimeters dilated, and I started thinking of my grandpa's anecdotes about living a morally serious life and how our actions, for good or bad, can have long-lasting consequences. (There is nothing like being in labor to get you to think about deep subjects!)

I was in the hospital at Loma Linda University, where I also work. My contractions had me alternating between pleasant, coherent speech and nearly breaking the bones in my husband's hand while screaming in agony. Fortunately my husband knows that the best way to distract me from pain is to get me talking about some obscure historical or esoteric area of interest.

So like a master in the art of contraction distraction, my husband commented on how nice the maternity ward was and asked me why it was called the San Manuel Maternity Pavilion. At this exact moment, one of my medical students walked in to check on me and exuberantly reminded me that we had talked about this question, the name of the maternity pavilion, in class a few months prior. The short answer is that Loma Linda's mission of healing created a relationship of trust between the physicians of Loma Linda University and the people of the San Manuel Band of Mission Indians. That trust led to the creation of the space we found ourselves in, where I was having a baby.

A ministry of healing

When Loma Linda University was founded in 1905, the people of the San Manuel tribe had little hard currency and no access to modern medical care. As a result, their rate of maternal and infant mortality was high. At the turn of the twentieth century, no one seemed to care much about these isolated "Indians."

Nevertheless, a Loma Linda physician, Lyra George, began to ride out to the reservation on horseback whenever babies needed to be delivered. She did this as a ministry of grace, with no expectation of payment. Through the years, many others from Loma Linda continued that service to the San Manuel tribe. Truckloads of medical students would be driven out to the reservation to provide the kind of high-quality care that Loma Linda was becoming known for. And they, too, did it without expecting payment.

In the nineteenth century, the US government had set up the Bureau of Indian Affairs in the Department of the Interior. Among other things, this department developed public health programs to combat infectious diseases and civil engineering projects to improve the quality of drinking water on reservations. Because of the

Photo: San Manuel Band of Mission Indians

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successes of these programs, Congress passed legislation in 1955 transferring administrative authority for all Native American health services from the Department of the Interior to the Public Health Service, which created a division named the Indian Health Service (IHS) in 1958.

Crass deception

The establishment of the IHS seemed positive at first: it would provide Native Americans with regular, affordable health care. They would no longer have to depend on the goodwill and compassion of neighbors. But within less than a decade, the agency was beset with allegations of unauthorized sterilizations. During the 1960s and 1970s, the IHS oversaw the sterilization of at least 25 percent of the female Native American population between the ages of fifteen and forty-four.[1]

Women of childbearing age who came to hospitals at the referral of their regional IHS physician for surgeries such as appendectomies would leave having also undergone tubal ligations or full hysterectomies that they never agreed to. In a slew of litigation between 1965 and 1974, courts across the country ruled that the patient must give informed voluntary consent before sterilization. Subsequent investigations in just four of the national regions found that the IHS had performed 3,406 involuntary sterilizations between 1973 and 1976. Still other studies found that between 1970 and 1976 the IHS sterilized between 25 and 50 percent of Native American women of childbearing age without their knowledge.[2]

Standing on (biblical) principle

How did Loma Linda University Medical Center handle the government's intrusion into their long-standing relationship with the San Manuel and other Native American tribes in the region? During these nearly two decades of trauma for Native Americans, Loma Linda University Medical Center stayed untouched by allegations or litigation. To this day they maintain a close relationship of mutual respect and support with these tribes.

How did this happen?

My grandpa, Ernest Braun, graduated from Loma Linda University and then served as faculty in the 1960s and 1970s. One of Grandpa's favorite illustrations of how the choices we make have a ripple throughout time draws directly from the history I just traced. The IHS thought these unauthorized sterilizations were necessary in order to tamp down poverty and other social ills. So agency officials at the IHS told physicians that when performing any form of surgical procedure on a Native American woman, the consent for the procedure covered any other "beneficial treatment" that could be performed simultaneously. For example, if a woman consented to have her gall bladder removed, then a tubal ligation or hysterectomy could be performed at the same time. Physicians were told that it was morally, ethically, and legally appropriate to do so—even if the woman never consented to this additional "health care."

According to my grandfather, Loma Linda physicians refused to accept these "well-meaning" deceptions. He said that Christian social ethics and the principles that they had been taught from the book *The Ministry of Healing* prevented them from considering for one second the notion that it was morally or ethically permissible to do this to these women and their community without their consent. The refusal to do wrong, the refusal to do anything to another you would not want to be done to yourself, was beautifully represented in their faith commitment and desire to represent the healing arm of the gospel.

A gift of thanks

Almost 50 years later (in 2019), the San Manuel Nation, represented by their tribal secretary Ken Ramirez, presented a gift of $25 million to Loma Linda University Health, the money earmarked to build a state-of-the-art maternity ward. Ramirez said of the moment, "San Manuel is grateful for the compassion shown to our elders by Loma Linda University Health many decades ago."[3]

On another occasion, Ramirez noted that since the tribe had become more prosperous, they

received many requests for money. But Native Americans have long memories. They remember those who served them freely when no one else cared and they had no ability to pay. The purpose of the $25-million gift was a symbolic gesture to commemorate the moral and ethical medicine that Loma Linda had performed for them in the past. The San Manuel Nation's gift was the second-largest gift ever received by Loma Linda University Health, and it made it possible for me and so many other women to give birth in an environment where we felt safe, respected, and cared for.

As I was talking to my husband and the medical student that day while I was in labor, it struck me just how true my grandfather's words to me were. The Loma Linda physicians were faced with a choice between the ethical and moral principles of Jesus Christ and a morally and ethically wrong professional mandate. They made their decision based on their faith, a faith guided by the morality and ethics of Christ, who spent more time healing than preaching. He witnessed to people by healing them and treating them with the dignity that all humans long for.

The Loma Linda doctors who gave of themselves freely to provide care for tribe members who could not pay did not know the ripple effect that their self-sacrificing actions would have on future generations. Similarly, not all the healings of Jesus resulted in dramatic conversions or immediate tangible results. Jesus simply did good because that is what His Father would do.

So whatever our role in the Great Commission, whether we are medical professionals or pastoral professionals, we can see that the simple life of Jesus did more to change the world than any other human being who ever lived. Only in eternity will we be able to fully trace the ripple effects of the actions we do today, whatever role we find ourselves in.

1 Jane Lawrence, "The Indian Health Service and the Sterilization of Native American Women," *American Indian Quarterly* 24, no. 3 (2000): 400, https://airc.ucsc.edu/resources/suggested-lawrence.pdf.

2 Lawrence, 410.

3 "Loma Linda University Children's Hospital Receives $25 Million Gift From San Manuel Ban of Mission Indians," San Manuel Band of Mission Indians, Feb. 22, 2019, https://sanmanuel-nsn.gov/news/loma-linda-university-childrens-hospital-receives-25-million-gift-san-manuel-band-mission.

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PASTOR'S PASTOR

Dealing with loneliness in ministry

At a recent Ministerial Council meeting with more than 200 pastors in attendance, a psychologist presented an assignment: "I want you to get into groups of two and write a list of seven ways ministry has negatively impacted your life. After you compile the list, please share it with the rest of the participants."

Hearing the responses, I was not surprised that many pastors shared similar challenges. However, I was struck by the fact that *loneliness* topped the list for so many.

This raised a question: How can pastors, who are constantly surrounded by people—church members, community individuals, and family—still feel lonely? As a minister myself, I can relate. During my ministerial training, I was advised not to form friendships within the church to avoid favoritism. This guideline often made it challenging for my family and me to cultivate close relationships without inadvertently excluding others. As a result, I felt lonely.

Causes of loneliness

What are the causes of loneliness?

1. Fear of vulnerability. Sometimes we avoid people to protect ourselves. We do not want others to see the real us.
2. Living in a fast-paced urban environment can impede meaningful social interactions, resulting in feelings of isolation even when surrounded by others.
3. Technology and social media connect us globally, but they often alter how we communicate, leading many to prefer texts and social media over face-to-face interaction.
4. Aging often leads to loneliness, as elderly individuals may be less integrated into family and community life, which amplifies their sense of isolation.

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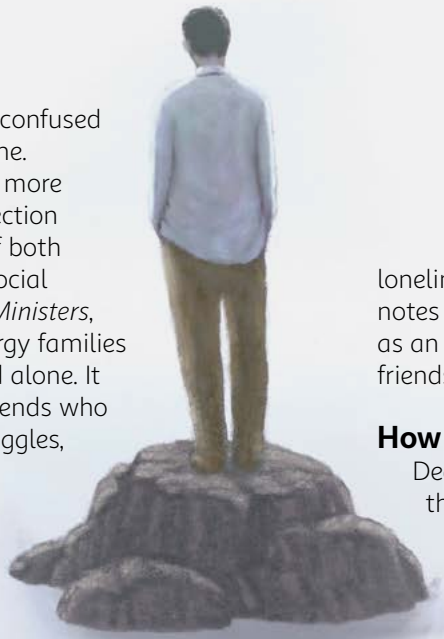

Loneliness is often confused with simply being alone. However, loneliness is more profound—a disconnection that signifies a lack of both belonging and deep social intimacy. In *Mending Ministers*, the authors note, "Clergy families often feel trapped and alone. It can be hard to find friends who understand these struggles, except for those who are in ministry themselves."[1]

Implications of loneliness on health

Loneliness is not merely an emotional experience; it has substantial health repercussions. Robin Miller, an expert in integrative medicine, defines loneliness as "perceived isolation" where the quality or quantity of relationships does not meet social needs. The consequences include increased risks for several chronic health issues:

- high blood pressure
- heart disease
- obesity
- weakened immune system
- anxiety and depression
- cognitive decline and Alzheimer's disease

Loneliness has been found to be as damaging as smoking 15 cigarettes daily and more harmful than obesity.[2]

"Loneliness negatively impacts your emotional and physical well-being. Taking care of your social life is just as important for your health as maintaining a good diet or getting enough sleep," according to Miller.[3]

Biblical insight on loneliness

The human need for companionship is emphasized in the Bible, as in Genesis 2:18: "It is not good for man to be alone" (NLV), showing loneliness impacts well-being. The Bible also notes Jesus's social growth in Luke 2:52, and as an adult, He valued close relationships with friends like Lazarus, Martha, and Mary.

How to deal with loneliness

Dealing with loneliness can be challenging, but there are ways to manage and overcome it. Here are four recommended strategies:

1. Self-care. First, take care of yourself. Have you ever wondered why you feel lonely despite being around people? Loneliness is not merely about being alone; it reflects a lack of meaningful connections.

2. Engage in social activities. Invite friends over or attend local events. Small steps like these can open doors to new friendships. Connect with fellow pastors or others who enjoy activities that interest you, such as hiking, walking, or tennis.

3. Expand your circle. Building connections requires shared experiences and honest communication. Engage in activities with others and have real conversations. By sharing openly and deepening your relationships, you encourage others to do the same.

4. Balance technology with real-world relationships: While technology has its place, prioritize in-person interactions. Smartphones and social media are useful tools, but they should enhance—not replace—face-to-face connections.[4]

Feeling lonely occasionally is OK, but chronic loneliness is something to address. By building deeper connections with others and nurturing an open relationship with God, we can mitigate the loneliness epidemic and its associated health risks.

1 Ivan Williams, Petr Činčala and René Drumm, *Mending Ministers: On Their Wellness Journey* (Lincoln, NE: AdventSource, 2022), 113.

2 Robin Miller, *The Scientific Guide to Health and Happiness* (Chantilly, VA: Wondrium, 2021), 117.

3 Miller, 120.

4 Ruth K. Westheimer with Allison Gilbert and Pierre Lehu, *The Joy of Connections: 100 Ways to Beat Loneliness and Live a Happier and More Meaningful Life* (New York, NY: Rodale, 2024), 1–32.

JEFFREY GANG

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SCAN FOR AUDIO

If I were to return to pastoral ministry . . .

I am a pastor who teaches at a health science university. My interest in health is part of being raised in a Seventh-day Adventist family that valued the Adventist health message, having the conviction that physical health and spiritual health are interrelated. My grandmother led five-day smoking cessation programs, and my mother taught vegetarian cooking classes. My father, a graduate of Loma Linda University (LLU) School of Dentistry, emphasized the importance of health. Growing up near a Seventh-day Adventist hospital, I was surrounded by many Adventist health-care professionals, including family friends.

It was not until I joined the faculty of LLU's School of Religion, however, after two decades in pastoral ministry, that I more fully appreciated the significance of the Adventist health message. The mission at Loma Linda University Health, to continue the teaching and healing ministry of Jesus Christ, has shaped this institution into a global leader in whole-person health care. It is a mission that I deeply value now more than ever.

While I miss many aspects of pastoral work, my current role—mentoring and educating the next generation of health-care professionals—has been more rewarding than I ever imagined. Over the past several years, I have been privileged to teach hundreds of future health-care providers about the teaching and healing ministry of Jesus. The classroom is my parish. Students are my parishioners. However, when I reflect on my experiences at LLU, I often think about how I would approach pastoral ministry differently if I returned to it today. Here are three things I have learned:

1. Ministry and healing go together

I first heard the expression *ministryhealing* from Professor Emeritus Richard Rice, a distinguished scholar on our faculty. It is a theological term that expresses the idea that ministry and healing belong together. Healing is a form of ministry, and ministry is a form of healing. Rice believes that when ministry and healing come together, they form something new: whole-person care. Whole-person care deals with human existence in all its dimensions. Whenever someone is ill, this is a whole-person problem, impacting every dimension of life: the emotional, spiritual, and social, as well as the physical. Rice writes, "Ministryhealing seeks to be a ministry that heals and a healing that ministers."[1]

The foundation of the *ministryhealing* concept is the ministry of Jesus, who spent as much time healing as He did preaching. As Rice notes: "This is evident both in the care he gave *and* in the way he gave it. When Jesus ministered to people, he not only cared *for* the whole person, he cared *with* the whole person. Ministry was the central concern of his life; he poured his entire life into it. As the key text of the earliest gospel puts it, 'The Son of Man came not to be served but to serve, and to give his life a ransom for many' (Mk 10:45)."[2]

Rice's observation about the *for* and *with* of Jesus' ministry is profound because it helps us see more fully how Jesus embraces all dimensions of human existence. For example, He cared *for* people socially by restoring them to their communities and embracing those who were marginalized or excluded, welcoming sinners, women, and foreigners into the kingdom of God (Matt. 21:31).[3] Jesus cared *with* people socially by living closely *with* them, sharing meals with all, from Pharisees to outcasts (Luke 7:36; 15:1, 2). He invested deeply in His disciples (Matt. 5:1) and identified *with* their suffering, as shown in the parable of the sheep and the goats (Matt. 25:37–40), embodying the prophecy of the suffering servant (Isaiah 53:3–5).[4]

In the classroom, many of the courses I teach begin with a theology of whole-person care, where I introduce students to the concept of *ministryhealing* as seen in Jesus' ministry. I want them to see beyond their patients' physical needs, to care *for* them and *with* them as whole persons. Yet, looking back over twenty years of pastoral ministry, how often did I take the time to see the *whole* person? Just as physicians tend to emphasize the physical, pastors tend to emphasize the spiritual. If I were to return to pastoral ministry, I would seek to spend more time not only caring *for* people but also caring *with* people, seeing them as *whole* people whom God loves in every dimension of their lives.

2. Taking the social determinants of health seriously

Living near San Bernardino, California, one of the United States's poorest cities, has made me aware of how social determinants of health impact every aspect of a person's life. I am grateful that the LLU community engages with San Bernardino and similar communities through initiatives like the university's San Manuel Gateway College, offering health-care certificate programs to students from underserved communities.

Before I joined LLU, the concept of social determinants of health was relatively new to me.

The World Health Organization defines these determinants as "the conditions in which people are born, grow, live, work, and age."[5] They include factors like socioeconomic status, education, physical environment, employment, and social support networks. In the church, there can be a tendency to view poverty as a spiritual crisis, approaching the poor with spiritual interventions like prayer. While such support is essential, those in poverty are also exposed to broader systemic issues like housing instability, food insecurity, lack of quality education, and the absence of safe spaces for physical activity.

Consider a single mother in San Bernardino, struggling to care for her two children while dealing with health-related issues like hypertension or anxiety. She might feel isolated due to a lack of community support. A pastor could certainly offer prayer or Scripture for comfort, which is valuable, but it is also crucial to recognize how her social circumstances compromise her physical health. Without access to affordable health care, nutritious food, or safe environments for her children to play in, her situation becomes a whole-person problem that spiritual care alone cannot resolve.

I have seen how understanding and addressing social determinants of health can transform health care. LLU students and faculty across disciplines—from medicine and nursing to allied health and public health—are involved in initiatives to improve people's health in underserved communities. By providing access to preventive care, healthy food options, and educational resources, these efforts go beyond treating symptoms—they aim to transform every dimension of people's lives.

If I were to return to pastoral ministry, I would invest more time advocating for better living conditions, health-care access, and community support that address these social determinants of health—not just for my congregation but for the entire community. Partnering with local organizations, health-care providers, and community leaders would help create a more wholistic ministry that acknowledges and addresses what it truly means to make people whole.

3. Your wholeness matters too

I also teach courses on human wholeness, where we focus on the student's own wholeness. Encouraging busy medical and dental students to take time for introspection can be challenging, but I often remind them of psychologist Michael Balint's words: "We are the medicine."[6] He meant that who we are as people matters as much as our knowledge or skills because the quality of our lives directly impacts our patients' lives. While most pastors grasp this truth about their spiritual lives, we do not always recognize its importance in other areas, especially physical health.

I have been physically active for most of my life, including competing in Ironman Triathlons. Working at LLU, I am reminded that I am in one of the world's Blue Zones, where people live longer, healthier lives.[7] This has deepened my appreciation for the Adventist emphasis on health, particularly the eight natural remedies that Ellen White advocated: nutrition, exercise, water, sunlight, temperance, air, rest, and trust in divine power.[8] Physical activity has become even more crucial to me, not just for its immediate benefits but for maintaining long-term health.

I have become more interested in my health span rather than just my lifespan. Health span is the period of life spent in good health, free from chronic diseases and disabilities. The work on longevity done by physician Peter Attia has been particularly insightful, emphasizing that extending one's health span requires a lifestyle that promotes physical, mental, and emotional well-being—what Attia calls Medicine 3.0.[9]

I have also been inspired by neurologists Dean and Ayesha Sherzai, who lead the Brain Health and Alzheimer's Prevention Program at Loma Linda University Medical Center.[10] Their book, *The Alzheimer's Solution*, highlights the critical role of lifestyle choices in preventing cognitive decline and maintaining brain health.

If I were to return to pastoral ministry, I would continue prioritizing my health, especially as I age, because my well-being is essential to my ability to serve others. Just as I encourage my students to care for themselves as whole persons, I recognize that my physical health—a crucial part of who I am—is deeply connected to my emotional and spiritual life. This commitment to health has already made me more whole in my teaching, and it would continue to do so in pastoral ministry.

Conclusion

Our calling, whether in ministry, health care, or education, is to practice care that embodies Jesus' ministry of whole-person care. If I were to return to pastoral ministry, I would continue seeking to embody this mission in my life, and I invite you to do the same. Begin by seeing people through the lens of whole-person care. See how people's physical health affects their

spiritual well-being and how social conditions shape every aspect of their lives. Go beyond church walls—partner with local health-care providers, advocate for those affected by the social determinants of health, and work toward your community's flourishing.[11]

And always remember—your wholeness matters too. Take care of yourself as you care for others. Embrace this vision for yourself, knowing that who you are is how you serve. Nurture your well-being as you invite others to experience a life of wholeness through Jesus Christ.

1 Richard Rice, "Toward a Theology of Wholeness: A Tentative Model of Whole Person Care," in *Spirituality, Health, and Wholeness: An Introductory Guide for Health Care Professionals*, ed. Siroj Sorajjakool and Henry H. Lamberton (New York, NY: Haworth Press, 2009), 16, 17.

2 Rice, 17.

3 Rice, 23–25.

4 Rice, 28–30.

5 World Health Organization, "Social Determinants of Health," accessed August 23, 2024, https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.

6 Tom A. Hutchinson, *Whole Person Care: Transforming Healthcare* (New York, NY: Springer, 2017), 109.

7 See "Loma Linda, California," Blue Zones, accessed August 23, 2024, https://www.bluezones.com/explorations/loma-linda-california/.

8 Ellen G. White, *The Ministry of Healing* (Mountain View, CA: Pacific Press, 1905), 127.

9 Peter Attia, "AMA #41: Medicine 3.0, Developments in the Field of Aging, Healthy Habits in Times of Stress, and More," Peter Attia—MD, November 14, 2022, https://peterattiamd.com/ama41/.

10 See Cassandra Wagner, "The Fight Against Alzheimer's," Loma Linda University Health, November 8, 2019, https://news.llu.edu/health-wellness/fight-against-alzheimers.

11 For more on community flourishing and its relationship to well-being, health, and human wholeness, see the Human Flourishing Program at Harvard University, directed by Tyler VanderWeele, PhD, at https://hfh.fas.harvard.edu/.

Share your thoughts on this article by writing to **ministrymagazine@gc.adventist.org**.

LETTERS

Senior ministry

I wanted to take a moment to thank you for your outstanding article in *Ministry* magazine on senior ministry ("To Bless a Senior," November 2024), especially your focus on ministering to elderly individuals with dementia. As someone who cares for my mother, who has dementia, I deeply appreciated your insights. Your suggestions were not only practical but compassionate, offering much-needed guidance on how to truly support our elderly loved ones spiritually and emotionally.

I know with my mom, she just wants to talk about Jesus, and all you have to do is listen. She may ask you the same question three or four times, but her love of Jesus is so inspiring to me.

It's heartbreaking to see how easily churches can forget the significant contributions older members have made over the years. Too often, the senior members don't receive the care and attention they deserve, and many don't even get a visit from their pastor. My mom, in particular, misses her church community and, above all, the visits from her pastor. Her church means the world to her.

I pray your article will remind pastors how important it is to make sure these elderly members aren't forgotten. Thank you for taking the time to address this important issue. Your article has been a source of comfort and inspiration to me, and I'm sure it has touched many others in similar situations.

—Cathy Payne, email

Thank you

Thank you for the fantastic work that you do. From research to content and graphics, everything is perfect.

—Charles Stevens, internet

Inaugural running event in Kenya engages pastors and church leaders

ELDORET, KENYA

West Kenya Union Conference president Samuel Misiani (wearing #426) approaches the finish line.

Photo: West Kenya Union Conference

The health department of the West Kenya Union Conference of Seventh-day Adventists, under the leadership of **Daniel Tirop**, hosted a running event at the University of Eldoret, Kenya, on October 6, 2024. This inaugural event attracted 882 participants from various regions, united in their commitment to promoting health and well-being through running and thus highlighting the essential role of physical activity in achieving a balanced lifestyle.

The event featured a variety of races, including 10K, 6K, 2K, and 500-meter events. The excitement peaked with lively relays, including the 4×400, where male pastors challenged presidents and female pastors competed against women serving at the union office. A spirited tug of war added to the festive atmosphere, captivating both participants and spectators while showcasing the joyful side of fitness.

The presence of **Tecla Chemabwai**, a trailblazing former Olympic athlete who was the first Kenyan woman to compete in the Olympics, was a significant highlight. Her involvement in organizing the races honored her remarkable achievements and inspired attendees to pursue their own health and fitness goals.

Another notable participant was West Kenya Union President **Samuel Misiani**, who competed in the 10K race. His commitment to health and fitness resonated deeply with the community's values, embodying the principle of leading by example. The event attracted leaders from various conferences who joined in the celebration, emphasizing themes of unity and community spirit.

Christopher Kiprotich Misoi, president of the Greater Rift Valley Conference and host of the event, expressed heartfelt gratitude to the West Kenya Union for organizing this landmark event. It set a strong precedent for future health initiatives. All participants received certificates celebrating their achievements and commitment to health, emphasizing a wellness-focused lifestyle rather than mere competition.

The atmosphere at the university pavilion was electric as children and adults came together to celebrate wellness and holistic living, principles deeply embedded in the Adventist Church's educational values of physical, mental, and spiritual health. By participating, individuals were inspired to make proactive choices for a healthier future, creating a positive ripple effect throughout the community. [Maureen Were, West Kenya Union Conference, and *Adventist Review*]

Church in Mexico achieves record digital impact

TUXTLA GUTIÉRREZ, CHIAPAS, MEXICO

For the fourth consecutive year, the Seventh-day Adventist Church in Mexico held a live evangelistic series across digital platforms, television, and radio networks, both nationally and internationally. The eight-day event, themed "Jesus Is Enough," took place in Tuxtla Gutiérrez, Chiapas, and marked the culmination of extensive mission initiatives that had been ongoing throughout the year.

The series was the centerpiece of months of outreach driven by committed church leaders and members, including young people, who shared messages of hope both in person and through digital channels, said Pastor **Ignacio Navarro**, president of the Chiapas Mexican Union and the church's administrative office in Mexico.

Each night, Pastor **Luis Orozco**, Youth Ministries director of the North Mexican Union

and keynote speaker, addressed a variety of spiritual topics, including identity in Jesus, guilt, the Ten Commandments, spiritual blindness, traps of the enemy, and the sufficiency of Jesus in our lives. More than 300 church members and friends attended in person at the Chiapas Mexican Union auditorium. At the same time, thousands gathered in homes, town squares, parks, and community centers—dubbed "Houses of Hope"—across the country to watch the program.

In addition to the Houses of Hope, the series was broadcast in schools, hospitals, rehabilitation centers, and other venues. Church leaders reported that the campaign reached its highest digital engagement yet, with over 27,000 devices connected live via Facebook and YouTube, surpassing the numbers from previous years. Thousands more watched the series after its original broadcast, and many celebrated baptisms across the country as a result of the campaign.

In addition to the digital platforms, the series was aired on 20 radio stations throughout Mexico, as well as on Hope Channel Inter-America and 3ABN Latino.

The combined efforts of church leaders and members led to the baptism of over 12,000 new members across the five Mexican unions—Central, Chiapas, Inter-Oceanic, North, and Southeast—since July, culminating during the campaign week.

Among those baptized during the week in Chiapas was **Marien Alejandra Román**, president of the Emiliano Zapata Municipal District. Román recalled how she grew up attending Adventist churches and schools but left the church at 15 to explore the world.

"I never thought I would return, but after attending the series, I made the decision to get baptized," Román said.

She also shared her newfound faith with her colleagues and friends, vowing to lead her district by example.

Elsewhere in Chiapas, 38 young people chose baptism after watching the series. They had been ministered to by **Edgar Angel Zuñiga**, a former addict who now shares his story and leads others to faith, including young people struggling with addiction. Zuñiga was able to use an adjacent room to minister to young people and project the recent online evangelistic series.

Evangelistic series speaker Pastor Luis Orozco

Two new believers from Chiapas are baptized.

Photos: Juan Carlos Zavalav

In northern Mexico, church leaders decided to broadcast the series in the central square as the community was celebrating its seventy-fifth anniversary. Loudspeakers drew residents from their homes and farms to hear the message of hope.

The Southeast Mexican Union saw a significant increase in baptisms, reported **Felipe Domínguez**, personal ministries and Sabbath school director for the Southeast Mexican Union.

"Over the past four years, we have seen the church adopt a new strategy with greater reach," Domínguez said. "We can reach places and people that traditional methods could never touch, thanks to digital platforms."

This year's success was driven by numerous outreach activities, including food distribution, concerts, health initiatives, youth marches, and the distribution of new Bible study materials. Hundreds of Adventist influencers and young people, known as Creative Disciples, amplified the campaign on social media using the hashtag #JesusEsSuficiente.

For the first time, the church also invested in targeted advertising on such platforms as Facebook, Instagram, YouTube, Spotify, and TikTok, reaching over 6.5 million people.

Plans are already underway for the next national online evangelism campaign, which the North Mexican Union will host September 6–13, 2025. [Yannina García, Victor Martínez, Gaby Chagolla, Helena Corona, Cristel Romero, and Libna Stevens, Inter-American Division News]

Local pastors address mental health crises in their communities

NORTH AMERICA

Seeking to reach people outside their walls, more than 200 Seventh-day Adventist churches across North America recently hosted the short mental health series MindFit.

The Voice of Prophecy (VOP) media ministry produced the series to empower churches to be practical and spiritual resources for their communities in battling a continent-wide mental health crisis.

"On a global scale, one in eight people struggle daily with mental illness—one in five in North America. The implication is clear: It is nearly impossible to live on this earth and not be affected by mental illness," VOP associate speaker **Alex Rodriguez** said.

Each session of MindFit, a four-part event, commences with audiences watching a 30-minute episode of a docuseries hosted by Rodriguez, who traveled across North America to speak with mental health professionals and patients. The series sheds light on the history and prevalence of mental health challenges. It emphasizes that effective treatments are available and amplified by biblical principles. After each episode, a local church leader guides the audience through a provided study and discussion.

Sheila Hinton, who led MindFit at the Shelbyville Seventh-day Adventist Church in Shelbyville, Indiana, was thrilled to witness the series draw in community members.

"It's hard for our small church to attract people," Hinton said, "but eight came for the event, and three continued studying with 'Peace Is an Inside Job.' "

Peace Is an Inside Job is a VOP-created Bible study series that churches can use as a follow-up to MindFit. At the Shelbyville church, community interest extended beyond even these study sessions. One MindFit guest who recently lost his parents to dementia has continued coming to Saturday (Sabbath) afternoon Bible studies. Another attendee has expressed interest in spreading the valuable knowledge he gained from the event.

Licensed clinical social worker Patricia Andrews-Pierre and Pastor Dale Barnhurst answer questions during MindFit.

Photo: Lake Union Herald

Hinton believes it was MindFit's relevant nature that helped her church build high-quality relationships with community members.

Similarly, **Dale Barnhurst**, who led MindFit at the Oakhill Seventh-day Adventist Church in Caseyville, Illinois, believes the series is pointed and necessary.

"Ever since COVID-19, we've been in trouble," he said. "We've needed something to help people decipher what they are feeling."

Barnhurst and other church leaders were stunned by their MindFit audience's engagement. A community attendee who was a licensed counselor stepped up to perform a Q&A session. One young woman impressed many with her vulnerability, sharing details of her mental health struggles.

For churches interested in hosting the event and receiving an advertising boost to draw in more community members, VOP will conduct a continent-wide MindFit campaign that will run January 2–4, 2025. In the weeks leading up to these dates, host churches will benefit from a mass social media campaign promoting the series.

"With approximately 6,500 Adventist churches dotting the landscape of North America, our denomination is uniquely positioned to be a center of healing for those who are struggling," Rodriguez said. "We filmed MindFit to place churches at the forefront of the mental health conversation. May the love of Jesus be reflected through us as we cooperate with the Holy Spirit in bringing physical and spiritual healing to a world perishing in hopelessness." [Amanda Blake, Voice of Prophecy]

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Written for Us: Paul's Interpretation of Scripture and the History of Midrash

Supplements to the *Journal for the Study of Judaism*, vol. 202, by Yael Fisch, Boston, MA: Brill, 2023.

Written for Us offers a groundbreaking perspective on how Paul's interpretive methods compare to Midrash, a genre of Jewish literature that interprets and elaborates upon biblical texts. The book challenges the common view that Paul's work is directly founded in the Midrash. The author, Yael Fisch, a professor from Tel Aviv University, proposes that we should analyze Paul and the Midrash as separate entities rather than assuming they influenced each other. She contends that the interpretations of Qumran, Tannaim, and Paul differ because they serve distinct purposes for different communities.

Besides the introduction and conclusion, the book has three chapters. Chapter one focuses on Paul's techniques of interpretation; chapter two addresses the similarities between the Pauline and Midrashic interpretations of the Hagar and Sarah story; and chapter three elucidates the hermeneutical discourse within Paul's critical argument in 2 Corinthians. In every chapter, the author presents a case that helps compare Paul's interpretation to a selected Midrashic interpretation. For example, Fisch examines how Paul reworked Leviticus 18:5 and Deuteronomy 30:12–14 in Romans 3, using a method she calls Midrash Pesher. She notes that while this method was also used by Qumran before Paul and the Tannaim after him, scholars often fail to consider how each group uniquely applied Midrash Pesher.

The second chapter compares Paul's allegorical interpretation of Hagar and Sarah in Galatians 4 to Midrashic interpretation. While there are similarities between rabbinic allegory and Paul's interpretation, Paul's view of Hagar as representing Mosaic law contradicts common Jewish understanding. The author argues that Paul uses allegory to reinterpret passages for his Gentile audience. The chapter concludes that allegory should be considered not as a hermeneutic in and of itself but rather as a shift to a new denotation established and argued for based on other exegetical arguments or assumptions.

The third chapter aims to understand the hermeneutical and rhetorical devices used in Paul's complex argument in 2 Corinthians 3. In this chapter, Paul presents a new reading of Scripture that enables Israel to understand the Scriptures well. According to Paul, the veil covering their understanding of the Scriptures is taken away in Christ. Fisch continues arguing that using the unveiled face was a new hermeneutical case via the acceptance of Christ, and the reader would understand the Scriptures well. She states that Paul and Tannaim develop their concepts of unveiled reading independently.

The author has emphasized that Paul's scriptural hermeneutics were not transplanted from a preexisting Jewish context but were shaped in conversation with Jewish traditions of his time. In the conclusion, the author compares the manipulation of Scripture between Paul and the Jewish antique practices. She highlights that Paul uniquely conceptualized the Scriptures to respond to his audience's needs.

In summary, Fisch has shown that it is a mistake to think that Paul was influenced by rabbinic literature in his interpretations. While there may be similarities with some Midrashic hermeneutical procedures, Paul's purpose was different and unique. Fisch's research amplifies Paul's unique purpose, namely to include Gentiles in the salvation story. She shows the importance of individually studying all the Midrashic interpretations.

It would have been helpful for the author to include a section that addresses the implications of the genealogical view on the theology of Paul, and vice-versa, with regard to her suggested methodology. Nonetheless, I would recommend this research to all who study the New Testament, particularly those interested in the Pauline writings.

Gerald Winslow, PhD, is a research professor of religion and ethics at the School of Religion, Loma Linda University, Loma Linda, California, United States.

Wholeness at life's end

For over three decades, I have taught at Loma Linda University (LLU), a school that emphasizes restoring human wholeness through whole-person care. This goal of wholeness may be defined as "the lifelong, harmonious development of the physical, intellectual, emotional, relational, cultural and spiritual dimensions of a person's life, unified through a loving relationship with God and expressed in generous service to others."[1]

Many years ago, when I was teaching at a state university, one of my fellow teachers was a Jewish internist who had done his medical residency at LLU. His practice included the care of many AIDS patients. He told me that the most helpful part of his LLU education was learning to care for the dying.

That made me wonder. What is the meaning of whole-person care to one who is dying? Put plainly, can a person die whole?

Shalom

Among the most relevant biblical words for such wholeness are *shalom* (in Hebrew) and *éirené* (in Greek). Both of these words are usually translated into English as "peace." This peace is far more than the absence of conflict. It is the harmonious interaction of the whole, and it has both personal and social dimensions.

Éirené is the word Jesus used to reassure His disciples about the presence of the Holy Spirit when He said, "Peace I leave with you; my peace I give to you" (John 14:27, NRSV). This promise is not limited to the younger and healthier portions of our lives. God promised King Josiah, "Therefore, I will gather you to your ancestors, and you shall be gathered to your grave in peace" (2 Kings 22:20). With the assurance of this grace, it is possible to experience wholeness at life's end.

The grace of wholeness

My father taught me about the grace of wholeness at the end of life during his last visit to our home. Nearing his eighty-ninth birthday, he made one final journey. We knew that his heart was failing. When I took him to the plane for his return flight, he said, "This is my last trip." My last and best memory of my father is of him walking through our home, nearly blind but cheerful, whistling "Amazing Grace." Dad died whole. He was at peace, and he held to the incomparable hope we have for complete wholeness in a world made new.

For pastors who want to help church members and their families experience wholeness at life's end, here are four practical considerations:

Truth is important. It is generally considered essential for medical professionals to share accurate information about a person's condition and alternatives for care. While there may be culturally different beliefs about full disclosure, there is merit in asking the person who is most affected how much she or he wants to know and with whom that information should be shared.

Choices need expression and respect. Some individuals want all possible life-extending interventions. Others may prefer to forego burdensome therapies. The dying should not be forced to submit to treatments they find unacceptable.

Families matter. Allow family members to share. It often happens that a person's condition will make it impossible to express their will. Family members may need to help with decisions that best reflect what their loved one would want. Under such stressful conditions, we want to hear from those who knew the person best and loved them most.

Pain and suffering should be alleviated. Comforting care includes attention to both physical pain and emotional suffering. It is not unusual for persons near the end of their lives to feel that they are being punished for past misdeeds or abandoned by God. Sensitive listening and quiet reassurances of grace can be of great benefit.

Paul wrote, "It was a beautiful thing that you came alongside me in my troubles" (Phil. 4:14, *The Message*). Whole-person care is being sensitive to people's concerns for the future, not just the here and now. For the pastor, whole-person care comes alongside people, offering abundant life in this world (John 10:10) and eternal life in the world to come (John 17:3).

1 Gerald Winslow, "The Grace of Wholeness," Loma Linda University and Medical Center *Scope*, Spring 1999, 6.

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