PHI 923-32 – Contextualization For Social Change

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Professors

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Assignment Instructions

### *60 Day Developmental Readings*

Review 100-day assignment, course essential elements, assigned readings, and recommended readings to identify selections of books and scholarly articles to identify and select developmental reading sources and entries.

Each OGS program and Core has specific grading criteria for Developmental Readings. Follow the **Developmental Reading Rubrics** for the **required number of sources, comments, and quality criteria**.

See the **General Helps** in **AA-101 The Gathering Place in DIAL**for the following resources:

* Refer to the “NEW Student Guide to Developmental Readings” for updated information on sample comments, rubrics, and key definitions related to developmental readings.
* Download the “NEW Developmental Reading Assignment Template” Word document to begin writing your developmental reading assignment.
* For **grading criteria**, go to the “NEW Developmental Reading Rubrics” document.
* Document all sources in APA style, 7th edition ([APA 7 Reference Example](https://drive.google.com/file/d/1MOW2xmjS9fBRboojA-ADFQBlpahm2iFM/view?usp=sharing), [APA 7 Quick Guide](https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/documents/APA%20Poster%2010.22.12.png)) for in-text citations and for Works Cited. Include page numbers.
* Include a separate **Works Cited** page, formatted according to APA style, 7th edition.
* Submit through **DIAL** to the professor.

**Source 1:** Abell, C., & Blankenship, M. (2019). Church.

**Comment 1:**

**Quote/Paraphrase:** “Throughout the history of the church, ministry to the members has played an important role. Early Christians ministered to those who were sick in order to demonstrate God’s love” (p. 2).

**Essential Element:** This comment relates to Contextualization for Constructive Social Change.

**Additive Analysis:** This is additive to my understanding of Christianity’s historical influence on the world through healing the sick. This source helped me frame healthcare as a form of *ministry*. When viewed in this light, I can see how the motives for ministering to the sick might carry a higher purpose and calling than simply tending to the sick out of guilt or pity.

**Contextualization:**  Although specific religious references are prohibited in my professional interactions, I am comforted to know that the roots of today’s society and laws are rooted in sacred texts from Judeo-Christian history. As a volunteer director of a Hospital Foundation I embrace this sense of calling; this will also help me maintain focus and handle challenges, reminding me that I am serving a higher power.

**Comment 2:**

**Quote/Paraphrase:** “For example, the Daughters of Charity are known for caring for individuals since 1633” (p. 2).

**Essential Element:** This comment relates to Contextualization for Constructive Social Change.

**Additive/Variant Analysis:** This is additive to my understanding of Contextualization for Constructive Social Change through healing the sick.

While I was already aware of hospitals operated by religious organizations such as Catholic orders and Seventh Day Adventists, I was unaware that the *concept* of hospital-as-institution was originated by Christians.

**Contextualization:** The hospital that I voluntarily serve offers “charity care” to community members who are uninsured and cannot afford out-of-pocket medical care. The Daughters of Charity are a reminder of hospital charity care’s Christian roots. I am personally proud to be carrying on a centuries-long history that is rooted in Christian principles.

**Comment 3:**

**Quote/Paraphrase:** “The challenges and barriers to health access in rural areas are unique. Faith community nurses (FCNs) are positioned to cover many of the gaps” (p. 2).

**Essential Element:** This comment relates to Contextualization for Constructive Social Change.

**Additive/Variant Analysis:** This comment is variant to my understanding of I am still learning to navigate the thorny secular setting in which I am immersed; that is why I chose to label this comment as variant. Nonetheless, I do see faith community nurses as change agents in rural healthcare settings such as the one that I serve in the small rural mountain community of Big Bear Lake, California.

**Contextualization:** Until I read Abell’s work, I was unaware of the existence of “faith community nurses” (FCNs). This new awareness has led me to discover an organization devoted entirely to FCN: the Faith Community Nursing Network. Based upon what I read in this source, I intend to reach out to local faith-based organizations in the Big Bear area to see whether their organizations work in some capacity with FCNs, or are aware of FCN networks.

**Comment 4:**

**Quote/Paraphrase:** “With nearly one-quarter of the U.S. population living in rural areas, access to healthcare is challenging. Smaller, rural hospitals are closing; rural Americans must drive much farther to the nearest acute care facility ” (p. 1).

**Essential Element:** This comment relates to Contextualization for Constructive Social Change.

**Additive/Variant Analysis:** This is additive to my understanding of Contextualization for Constructive Social Change to create social reform. Our local hospital faced closure seven years ago. Fortunately our Healthcare District––Bear Valley Community Healthcare District––received federal and state designation as a Critical Access Hospital (CAH). The CAH designation denotes rural hospitals that serve populations who might otherwise have difficulty reaching a hospital. This designation also provides for federal funding specifically allocated to CAHs. A CAH must be 35 miles away, at minimum, from another hospital or CAH in order to qualify for the status. Bear Valley Community Hospital is one of 1,300 CAHs in the United States.

**Contextualization:** I can see how Spiritual awakening has traditionally created social reform in healthcare––even in small personal ways. The hospital with which I volunteer sits in a small rural town that has a large faith community. Since the hospital is not operated by a religious facility (such as Catholic or Adventist hospitals), it cannot overtly promote religious values. However, hospital volunteers such as myself have brought our spiritual values into the work we do. In this way, we are helping to create social reform on an individual basis.

**Comment 5:**

* **Quote/Paraphrase:** “Faith community nurses (FCNs) can assist rural patients to afford care by helping them identify health concerns early and avoid urgent or more intensive care after problems become severe” (p. 1).

**Essential Element:** This comment relates to the Contextualization for Constructive Social Change.

**Additive/Variant Analysis:** This is additive to my understanding of Contextualization for Constructive Social Change. As I’ve been learning throughout my research efforts, Christianity was integral to humanity’s understanding of caring for the sick. Abell demonstrates how faith community nurses (FCN) bring their spiritual compassion into the rural community setting, influencing social change by example.

**Contextualization:** I intend to search for local faith-based nursing resources such as FCNs) in our area. However, this may prove challenging due to the small population of Big Bear Valley (6,000 full time residents). Nonetheless, I plan to inquire amongst the various churches to see if they are aware of faith-based nursing services/networks in the local region.

**Comment 6:**

**Quote/Paraphrase:** “Overwhelming encouragement was received for the initiation of a health ministry program with a focus on health education” (p. 2).

**Essential Element:** This comment relates to Contextualization for Constructive Social Change.

**Additive/Variant Analysis:** This is additive to my understanding of Contextualization for Constructive Social Change through *health ministry*. As I’ve learned from Abell’s article, health education and health ministry can have a symbiotic relationship in a rural community.

**Contextualization:** I am further exploring the concept of health ministry. However, as I’ve stated previously, I am faced with geographical, demographical and secular limitations. Despite those limitations, in our Hospital Foundation there are two members––husband and wife––who view healthcare as a Christian duty. They work tirelessly to promote and support our healthcare district; as they have told me, this reflects their church’s mandate to its congregation. Thus I feel that these two remarkable people are, in effect, *ministering* to our community’s need for health education.

**Source 2:** Acts, verse 20:35 (NIV)

**Comment 7:**

**Quote/Paraphrase:** “In everything I did, I showed you that by this kind of hard work we must help the weak, remembering the words the Lord Jesus himself said: ‘It is more blessed to give than to receive’” (Acts 20:35).

**Essential Element:** This comment relates to Contextualization for Constructive Social Change.

**Additive/Variant Analysis:** This is additive to my understanding of Contextualization for Constructive Social Change through Jesus’ model of integrating religion and society. The concept of helping the weak––I cannot think of anyone who is better represented by this phrase than Jesus. Is it more blessed to give than receive? I am doing my best to analyze this quote; although I’m unsure precisely what Jesus meant by “blessed,” I can say that I personally *feel* better when I give than when I receive.

**Contextualization:**  The work I do with our Hospital Foundation is 100% voluntary. Our organization has no paid staff; we give of our time and money because it feels good to make a difference for our community. It warms the heart to know that we are helping the weaker among us––the sick and injured, many of whom cannot afford to pay for healthcare. We Foundation volunteers have aligned ourselves with something Higher than ourselves; we are aligned with Spirit.

**Source 3:** Charles, E. (2021). Religion and Social Change. *Indiana Journal of Humanities and*

*Social Sciences*, *2*(11), 38-42.

**Comment 8:**

**Quote/Paraphrase: “**Religion plays a significant role in the lives of people all over the world and religious practices of some sort are evident in every society. That makes religion a cultural universal along with other general practices found in every culture” (p. 38).

**Essential Element:** This comment relates to Contextualization for Constructive Social Change.

**Additive/Variant Analysis:** This comment is both additive and variant to my understanding of Contextualization for Constructive Social Change. While I realize that OGS emphasizes Christian religious principles, I agree with Charles that religion truly is a cultural universal. And, since religion is evident in every society, I recognize religion’s power to influence social reform. The variant aspect pertains to my uncertainty about what constitutes a “revival” of Spiritual awakening.

**Contextualization:** Although our Hospital makes no religious pronouncements, nor is it influenced by doctrine, the community of Big Bear Lake has religious facilities representing Christian churches (denominational and non-denominational) as well as those of non-Christian faiths and creeds. As I stated previously, I interact with several Foundation members who view their volunteer Foundation work as a form of ministry. In so doing, are they helping to “revive” Spiritual awakening? And if so, do their efforts directly create social reform?

As a first-term DSL student, I feel unqualified to answer the preceding questions.

**Comment 9:**

**Quote/Paraphrase:** “Religion can, at times, be a powerful agent for social change. We tend to think of religion as relatively conservative for the most impact on its own followers. However, religion is not a social institution that is completely separate from the rest of our society. In fact, at some point in history, religion has promoted dramatic social change” (p. 38).

**Essential Element:** This comment relates to my personal connections to rural healthcare and a sense of calling, and therefore Contextualization for Constructive Social Change.

**Additive/Variant Analysis:** This is additive to my understanding of Contextualization for Constructive Social Change, by contextualizing my personal connections to world change. Charles points out that religion is not completely separate from society; this makes sense to me. Regardless of America’s governmental restrictions separating church and state, faith-based groups are often involved in assisting governmental agencies––particularly during and following humanitarian crises or other social disruptions such as natural disasters.

**Contextualization:** It has been valuable for me to research and learn how religion and culture––being greatly intertwined throughout human history––influence one another. In my work with the Hospital Foundation I am not able to publicly incorporate religious principles; I nonetheless feel quite empowered *personally* to reflect upon and incorporate spiritual principles into my engagement with our organization. Several of my fellow Foundation directors view healthcare and volunteerism as Christian endeavors; their convictions have influenced my understanding and appreciation of the contributions I make to this organization.

**Source 4:** Iremadze, D. (2020). Towards a better understanding of Christian social

entrepreneurship.

**Comment 10:**

**Quote/Paraphrase:** “…an individual who does global healthcare work connects the concept of justice to Image of God and the dignity of all people in how he puts justice into action in his social enterprise” (p. 190).

**Essential Element:** This comment relates to Contextualization for Constructive Social Change.

**Additive/Variant Analysis:** This comment is additive to my understanding of Contextualization for Constructive Social Change, through the exploration of how the kingdom advances and creates social change.

**Contextualization:** I can see how Spiritual awakening has traditionally created social reform in healthcare––even in small personal ways. The hospital with which I volunteer sits in a small rural town that has a large faith community. Since the hospital is not operated by a religious facility (such as Catholic or Adventist hospitals), it cannot overtly promote religious values. However, hospital volunteers such as myself have brought our spiritual values into the work we do. In this way, we are helping to create social reform on an individual basis.

**Source 5:** Kumar, S., Sahoo, S., Lim, W. M., & Dana, L. P. (2022). Religion as a social shaping

force in entrepreneurship and business: Insights from a technology-empowered

systematic literature review. *Technological Forecasting and Social Change, 175,*

*121393.*

**Comment 11:**

**Quote/Paraphrase: “**Religion is widely regarded as a social force that shapes entrepreneurship and business (EB) activity, behavior, and practice. However, a holistic review of religion and EB literature remains elusive, which could impede the field's advancement when competing arguments are introduced and pure replications are pursued” (Abstract).

**Essential Element:** This comment relates to Contextualization for Constructive Social Change through the integration of religion and society.

**Additive/Variant Analysis:** This comment is variant to my understanding of religion/society integration. I embrace the first sentence of Kumar’s quote, as it describes religion as a social force that influences business. However, the sentences following that first sentence confuse me. I found no clear explanation of what separates entrepreneurship and business (EB) literature from such literature specific to religion and EB. Nonetheless, I selected Kumar’s quote due to its acknowledgement of religion as a social force.

**Contextualization:**  Our Hospital Foundation is a nonprofit entity that raises money for our nonprofit community hospital. Thus, in a sense, the Foundation is “entrepreneurial” because it was founded as a self-started enterprise. The hospital is technically a “business” even though its primary role is that of a community resource that serves a clientele regardless of their ability to pay for those services. Thus, the Christian concept of providing charity care is consistent with that of our hospital.

**Source 6:** Laurie, G. (Ed.). (2020). *New Believer's Bible NLT (Softcover): First Steps for New*

*Christians*. Tyndale House Publishers.

**Comment 12:**

**Quote/Paraphrase: “**Because sin is a deliberate action, we cannot blame our sin on our society or our environment or our mental or physical state” (p. A13).

**Essential Element:** This comment relates to Contextualization for Constructive Social Change in terms of the Cultural Mandate at its more extreme left end of the Mandate “arrow.”

**Additive/Variant Analysis:** This comment is slightly variant to my understanding of Contextualization for Constructive Social Change. Laurie makes excellent points that people sin because their nature is that of sinners, “born with a nature to do wrong,” and that we cannot solve all of our problems from within because the problem itself lies within. Where I get confused is when Laurie states that sin not only a deliberate act but the nature of our being. How can we be both the sinful person and the act of sin itself?

**Contextualization:** I’m not sure how to contextualize Laurie’s statement within the volunteer work that I do––this work doesn’t appear to me to be sinful. As a 100% sinner, am I sinning while serving our hospital and its Christian origins? I suppose this is why Laurie’s harsh judgment feels incongruent with my volunteer work––again, just a bit too far left on the Cultural Mandate arrow.

**Source 7:** Schmidt, A. J. (2004). *How Christianity Changed the World*. Zondervan.

**Comment 13:**

**Quote/Paraphrase:** “Dionysius, a Christian bishop of the third century, described

the existing behavior of the pagans toward their fellow sick human beings in an Alexandrian plague in about A.D. 250. ‘The pagans,’ he said, ‘thrust aside anyone who began to be sick, and kept aloof even from their dearest friends, and cast the sufferers out upon the public roads half dead, and left them unburied, and treated them with utter contempt when they died’” (*Works of Dionysius, Epistle* 12.5); (Schmidt, 2004).

**Essential Element:** This comment relates to Contextualization for Constructive Social Change, as it relates to how God raises up change agents.

**Additive/Variant Analysis:**  This comment is additive to my understanding of how God raises up change agents. Schmidt’s quote paints a powerful image of the pagans’ neglect of their sickest and weakest.

**Contextualization:**  The fear and contempt towards the sick during the Alexandrian Plague reminds me of the way many in our contemporary society initially regarded sufferers of COVID-19. Mistrust of others led to social isolation; older people––due to their vulnerability––were scorned and blamed for causing the lockdowns of cities and towns. I believe that God’s “change agents” (medical researchers, public health leaders) created a rapid shift in prevention and treatment that protected our society from accelerated aggression against those ill with (or deemed susceptible to) the virus.

**Source 8:** Maxwell, D. (2022). Christianity, Mobility, and Frontiers of Change in Africa.

De Gruyter.

**Comment 14:**

**Quote/Paraphrase: “**In the nineteenth century, an era of much economic and ecological change, and social dislocation, there was much movement and regrouping” (p. 204).

**Essential Element:** This comment is related to (Christian) Contextualization for Constructive Social Change.

**Additive/Variant Analysis:** This comment is additive to my understanding of Christianity’s broad reach, including the African continent. I found it interesting that African men were able to maintain broader social ties by involving themselves in several different types of spiritual groups simultaneously.

**Contextualization:** While I cannot directly contextualize Maxwell’s research into my own life, I was influenced once I learned how broadly Christianity has cast its net in the world. This made me realize that Christianity can “run in the background” yet lead social change nonetheless.

**Source 9:** Ottuh, P. O., & Jemegbe, M. O. (2020). Communication in religion and its integrative

\ implications for society. *Pinisi Discretion Review*, *4*(1), 1-10.

**Comment 15:**

**Quote/Paraphrase: “**The research reveals that communication in religion and

religious communication are strong and essential agents of social change in any human society” (p. 1).

**Essential Element:** This comment is related to Contextualization for Constructive Social Change, as it pertains to Christianity and social change.

**Additive/Variant Analysis:** This comment is additive to my understanding of Contextualization for Constructive Social Change. The change of any society begins with communication of ideas, intentions, and events. Without communication a society loses its cohesion and eventually unravels. This is true whether the society is stagnant or experiencing changes; even the unraveling would be, in effect, a form of change. Religion, which is the relationship between humans and the divine, maintains its cohesion through communication––through doctrine, rituals, and ministry. Religious communication affects societal change; changes take place in a society separately from religion of course, but Ottuh points out that religious input often shapes these changes.

**Contextualization:**  In my own volunteer work with the Hospital Foundation, communication is key! Communication is what Ottuh emphasizes as a driving force in social change. Our organization’s members interact in various settings, from Board meetings to fundraising events to community outreach. In each setting, we communicate directly with other people or via media outlets. Without communication our Foundation would be unable to achieve its mission, would cease to function (and would eventually cease to exist).

**Source 10:** Lacruz, M., Saz-Gil, M. I., & Gil-Lacruz, A. I. (2019). Benefits of older

volunteering on wellbeing: An international comparison. *Frontiers in psychology*, *10*, 2647.

**Comment 16:**

**Quote/Paraphrase: “**Volunteering in the fields of social awareness and religion might be motivated by a desire to help others (intrinsic); the motivation for volunteering in professional and leisure activities might be more personal, involving self-interest (extrinsic)” (p. 2).

**Essential Element:** This comment relates to Contextualization for Constructive Social Change, specific to how God raises up change agents.

**Additive/Variant Analysis:** This comment is additive to my understanding of Contextualization for Constructive Social Change and how God raises up change agents and develops them for His purposes. Although I am still puzzled by what the term “raising up” means, I agree with Lacruz that the act of volunteering in social and religious fields is intrinsically motivated. As a socially oriented volunteer myself, I feel a satisfaction that comes from deep within my heart and soul.

**Contextualization:** In my own work as a volunteer, I interact with others who––like myself––are mostly over the age of 50. Volunteering for our Hospital Foundation provides me a great sense of purpose. It also makes me feel that I’m aligning with Christianity’s history of promoting healthcare in the community. Does this make me a change agent? I hope so!

**Source 11:** Farhaj, N. (2021). *Community-Oriented Primary Care in Rural Areas: A Case Study*

*of Kearny County Hospital* (Doctoral dissertation).

**Comment 17:**

**Quote/Paraphrase:** “Evaluative research studies have been conducted, for example, of programs utilizing the resources of faith-based organizations to address the detrimental effects of these social deficits on health, and such programs have been largely effective” (p. 9).

**Essential Element:** This comment is additive to my understanding of Contextualization for Constructive Social Change.

**Additive/Variant Analysis:** This comment is additive to my understanding of Contextualization for Constructive Social Change. Farhaj writes that the receipt

of adequate healthcare in rural areas is largely based upon social determinants (e.g.

lack of health insurance, lack of easy access to a health facility; mistrust of the

medical system). Farhaj argues that faith-based organizations help reduce the

disparity through religion’s positive effects on physical and mental health, along with

the social support system inherent within a religious community.

**Contextualization:** My volunteer work with the Hospital Foundation validates Farhaj’s premise. Local churches provide free counseling and resources to those at a socioeconomic disadvantage. In addition, several members of our Foundation base their involvement upon a sense of personal *ministry* to those in need.

**Comment 18:**

**Quote/Paraphrase: “**Health programs located in places of worship or sponsored by religious congregations serve to better reach neglected and underserved populations (Peterson et al., 2002). A review of such programs identified numerous instances in which local health departments have partnered successfully with community faith-based organizations” (p. 12).

**Essential Element:** This comment relates to Contextualization for Constructive Social Change.

**Additive/Variant Analysis:** This comment is additive to my understanding of how God raises up change agents for His purposes. It is a bold assertion that religious congregations better reach the underserved. Yet I agree because I see this in my own rural community.

**Contextualization:** Our Hospital Foundation raises funds to help our rural hospital provide extra equipment and services that are otherwise not included in the hospital’s budget. The rural population of mountainous Big Bear Valley includes many people who live below the federal poverty level. There are also residents who are suspicious of doctors and the healthcare system. Yet the Big Bear Valley is home to a large number of religious congregations, whose outreach programs include social and healthcare support such as home visits and healthy meal delivery.

**Comment 19:**

**Quote/Paraphrase**: “Faith-based organizations provide education, social services, rehabilitation of offenders, and other services that help to ameliorate the health effects of socioeconomic disadvantage” (p. 13).

**Essential Element:** This comment relates to Contextualization for Constructive Social Change, and ways in which Christianity has changed the world.

**Additive/Variant Analysis:** This comment is additive to my understanding of Contextualization for Constructive Social Change. Farhaj makes an excellent point that faith-based organizations provide social resources.

**Contextualization:** Although I have no direct experience working with criminal offenders, our healthcare district cares for all in need, including detainees in our local jail. I’m unsure if faith-based organizations directly assist inmates in Big Bear, but I do know that they offer many resources for the socioeconomically disadvantaged in our area.

**Comment 20:**

**Quote/Paraphrase:** “Communities with generally poorer health status and less access to quality healthcare stand to benefit the most from newer models of healthcare delivery, including partnerships with congregations and faith-based organizations” (p. 17).

**Essential Element:** This comment relates to Contextualization for Constructive Social Change and the plan of redemption worked out individually and through culture.

**Additive/Variant Analysis:** This comment is variant to my understanding of redemption worked out individually and through culture. Either I did not fully understand this quote, or I am unaware of such partnerships as he references. Yet I did grasp the idea of treating the person as a whole being, rather than as a set of “problems” to be solved.

**Contextualization:** Our hospital and healthcare district cannot partner with any religious organization. However, we do allow religious groups to attend appointments and act as advocates for care. Congregation members may assist family members to understand a condition and treatment options. A patient is encouraged to bring his or her personal faith into their healthcare decisions, as both a comfort and also as a part of the healing process itself.

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