**The Contextualization of Health Care, Religion, and Social Change**

PHI 923 – Contextualization for Social Change

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Omega Graduate School

May, 2024

Professors

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Assignment Instructions

***Assignment #3 – Essay***

* Write a 5-page paper using the outline below. Review the Examples of Contextualization provided in the PHI 923 Course Resources located in DIAL. Provide responses to the following based on your selected cultural issue or phenomenon:
	1. **Present Situation of Social Concern** – describe the situation requiring a contextualized Christian response to a cultural situation or phenomenon.
	2. **Social Analysis**: (Family, Church, Society) – Using the Five Spheres of Life, develop a cultural analysis to comprehensively describe aspects of the situation or phenomenon.
	3. **Theological/Moral Evaluation** – Identify Biblical areas or Kingdom principles relevant to the issue.
	4. **Issues to Address** – Identify underlying/related issues that need to be addressed in the contextualization strategy.
	5. **Spectrum of Critical Contextualization** (address only relevant ones)
		1. *~~Condemnation~~* ~~– includes issues condemned by Scripture (i.e., erroneous  doctrine, idolatry, or syncretism)~~
		2. *~~Correction of Erroneous Emphases~~* ~~– cultural beliefs/practices containing  true insights but are diluted with wrong focus.~~
		3. *~~Conversion of Themes~~* ~~– beliefs/practices with no significant negative  influence but can be used to point to Christ.~~
		4. *Commendation of Good Belief and/or Practices* – beliefs/practices in  culture that are completely consistent with Scripture but exist without  religious warrant are to be commended.
	6. **Strategy for Contextualized Communication** - develop a strategy by thinking  through all the practical considerations below.
		1. *Stakeholders* - Identify the people or groups who have a stake in the  phenomenon or issue.
		2. *Venues of Communication* - These could be written or spoken, could  involve media, or social or organizational networks.
		3. *Resources* - Identify available and needed resources.
		4. *Timelines* - Begin to think through the timeline or logistical issues  involved in implementing a contextualization strategy.
		5. *Obstacles to Anticipate* - Anticipating obstacles can add practical aspects  to a strategy that can help it to succeed.
* **Paper Guidelines:**
	1. **Begin with an introductory paragraph that has a succinct thesis statement.**
	2. **Address the topic of the paper with critical thought.**
	3. **End with a conclusion that reaffirms your thesis.**

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d. Use a minimum of **eleven** scholarly research sources (two books and the remaining scholarly peer-reviewed journal articles).

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**Introduction**

The challenge of contemporary healthcare contextualization lies in interweaving Christian principles within secular bounds. In these post-modern times, as in the past, religious organizations shoulder much of the burden of tending to the sick and restoring health. In this paper I present the contextualization of five “spheres” of society that interact to affect social change. Contextualizing this overlap between the five spheres guides me in my work within a secular healthcare district.

**Present Situation of Social Concern: The integration of secular healthcare with personal faith in a way that allows constructive social change**

In the United States, publicly operated healthcare agencies are prohibited from overtly espousing religious or spiritual principles. Despite health care’s Christian origins, laws at the federal, state and local levels disallow religious pronouncements in the public sector.

In my work within a Hospital Foundation, I face a big challenge in that I cannot overtly integrate faith into my secular volunteering environment. Therefore I have decided that the best way to proceed (without violating state and federal laws prohibiting the integration of "church and state").

**Social Analysis: The Five Spheres of Life**

Contextualizing the five spheres of family, religion, education, work and politics involves understanding how each of these areas intersects and influences individuals and societies. Here is an overview of each sphere and how they interact:

1. Family: The family is often considered the foundational unit of society. It encompasses relationships between parents, children, and extended family members. Families transmit cultural values, norms, and traditions from one generation to the next. They also serve as a primary source of socialization, shaping individuals' beliefs, behaviors, and identities. Family dynamics can influence individuals' attitudes towards religion, education, work, and politics.
2. Religion: Religion plays a significant role in shaping individuals' worldviews, morals, and values. It provides a framework for understanding existential questions, defining moral codes, and guiding behavior. Religious institutions serve as communities where individuals gather for worship, rituals, and spiritual guidance. Religion intersects with other spheres, influencing family structures, educational curricula, workplace ethics, and political ideologies. It can also be a source of both unity and conflict within societies.
3. Education: Education is a vital institution for imparting knowledge, skills, and values to individuals. It encompasses formal schooling, as well as informal learning experiences within families, communities, and workplaces. Education shapes individuals' cognitive development, socialization, and cultural awareness. It also plays a crucial role in preparing individuals for participation in the workforce and civic life. Educational systems reflect societal values and priorities, influencing individuals' opportunities and social mobility.
4. Work: The sphere of work encompasses employment, careers, and economic participation. It provides individuals with means of livelihood, economic independence, and social status. Workplaces are environments where individuals interact with colleagues, negotiate power dynamics, and contribute to the production of goods and services. Work has an influence on individuals' identities, aspirations, and social connections. It intersects with other spheres, such as education, politics, and family, shaping individuals' socio-economic status and life trajectories.
5. Politics: Politics encompasses systems of governance, power relations, and collective decision-making within societies. It involves institutions such as governments, political parties, and civic organizations. Politics determines how resources are allocated, laws are enacted, and public policies are implemented. It influences individuals' rights, freedoms, and civic responsibilities. Political ideologies and affiliations shape individuals' attitudes towards issues such as social justice, equality, and public welfare. Politics intersects with other spheres, affecting family policies, educational funding, workplace regulations, and religious freedoms.

Understanding the five spheres of life and their interconnections provides insights into how individuals navigate their lives within broader societal contexts, shaping and being shaped by various social, cultural, and institutional influences. I believe that interdisciplinary faith-integration is of value in social research and application because religion plays a major part in many sociocultural contexts. Of particular value is the knowledge that faith-based practitioners play a major constructive role in community healthcare.

**Theological/Moral Evaluation: Biblical Principles Relevant to Contextualized Secular Health Care**

In Matthew 25:45, Jesus said, “Whatever you did not do for one of the least of these, you did not do for me.” Heeding His words, Christians not only opposed infanticide, abortion, and abandoning children, they cared for the sick. Their particular circumstance or who they were––Christian or pagan––made no difference.

 Biblical teachings are infused into the charitable acts of health and healing: “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). This verse relates to Jesus’ model of *integration* of religion and society and advancing the Kingdom. The concept of helping the weak––it is impossible to imagine anyone who is more fully embodied by this phrase than Jesus.

**Issue to Address: Maintaining a sense of ministry within a secular healthcare agency**

Specific religious references are prohibited in my professional interactions due to the secular nature of our public healthcare district. Nonetheless, 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 our Hospital Foundation, I embrace a sense of calling; this will also help me maintain focus and handle challenges, reminding me that I am serving a higher power.

In his seminal book, *How Christianity Changed the World* (Zondervan, 2004), Alvin J. Schmidt lays the foundations of what can be argued as the rise of truly civilized human society. Certainly, the first and primary exemplar of health care was Jesus Christ. In Matthew 25:45, Jesus said, “Whatever you did not do for one of the least of these, you did not do for me.”

**Spectrum of Critical Contextualization: Commendation of Good Belief and Practices Within Secular Healthcare**

I commend our secular healthcare agency for it’s good practices, which are consistent with Scripture but exist without religious warrant.

In his writings, Dr. David Ward (2014) places the integration of religion and society (and thereby healthcare) within an interdisciplinary context (p. 29). The social sciences created a bridge between natural sciences and the humane disciplines (p. 30).

 In American society, healthcare is deemed a right. McIlroy (2021) asked probing questions regarding Christianity and human rights. Our healthcare district view health care as a fundamental human right, and I commend this stance.

Abell (2019) remarks that, “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). Abell frames healthcare as a form of *ministry*. Indeed, doctors sometimes refer to their choice of vocation as a “calling” which brings to mind Os Hillman’s seminal video lecture, *The Joseph Calling Overview* (2013). In this lecture, Hillman writes about adversity as a necessary step in discovering one’s true purpose or calling.

 According to Iremadze (2020) “…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). Through the provision of healthcare, one can witness the kingdom of God directly affecting social change.

 Kumar (2022) asserts, **“**Religion is widely regarded as a social force that shapes entrepreneurship and business (EB) activity, behavior, and practice” (Abstract). Thus, although modern healthcare operates on a business model, it nonetheless remains a social force. It is this business model that keeps the lights on, yet limits access to care. Farhaj (2021) illustrates this fact, writing 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) “address the detrimental effects of these social deficits on health, and such programs have been largely effective” (p. 9). Despite these economic obstacles,

**Strategy for Contextualized Communication: Ministry and Secular Work in the Hospital Foundation**

Main stakeholders are individuals, the organization, and the broader community. The work I do with our Hospital Foundation is 100% voluntary; 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. Not only do the fellowship and interaction with Foundation volunteers provide a sense of family; we have aligned ourselves with something Higher than ourselves––we are aligned with Spirit.

The venues of communication are local newspaper ads and PR pieces, limited social media provided by the Healthcare District, word-of-mouth, and Foundation fundraising events.

 Needed resources are continued donor support, along with community residents continuing to use the hospital and clinic facilities.

The only “timeline” that I can apply pertains to my upcoming DSL action research project, which will span Summer, 2024 and culminate in my final DSL presentation.

There are inherent obstacles that prevent faith-based principles to be overtly disseminated within the Healthcare district. Politics (and more specifically legislation) influence agencies that provide healthcare, and secular encroachment into public life has gained dominance. Mack (2016) [Seminal] writes that the American political system was founded on the belief that there is a need for the separation of church and state, but there is comfort in remembering healthcare’s Christian origins.

**Conclusion**

The challenge of contemporary contextualization lies in maintaining healthcare’s Christian principles within secular bounds. Specific religious references are prohibited in my professional interactions due to the secular nature of our public healthcare district. As a volunteer director of our Hospital Foundation, I embrace a sense of calling; this will also help me maintain focus and handle challenges, reminding me that I am called to serve a higher power.

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