# SOUL FOOD THEOLOGY: THE PROCLAMATION OF HEALTH AND WELLNESS

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#### **DEDICATION**

To my mother, Vera Witherspoon, who by her example taught me the meaning of endurance.

To the Caldwell Temple A.M.E. Zion Church family, your unwavering support made the completion of this work possible.

To all of those whose lives are restricted by poverty and inequality, I pledge my lifelong advocacy.

#### **ABSTRACT**

#### **SOUL FOOD THEOLOGY:**

#### THE PROCLAMATION OF HEALTH AND WELLNESS

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#### Caldwell Temple A.M.E. Zion Church

#### Bronx, NY

This dissertation examines the various aspects of health and wellness in the Black church, particularly the cultural relationship with food. A rich history of culinary expressions and ritual retentions can be traced from the native land of Africa to the plantations in North America and the Caribbean. As these culinary expressions interfused in the Southern states of North America, there emerged a new creative culinary expression known as Soul Food. Explicit notions of sacrament exist within the convoluted concepts of Soul Food. These notions of sacrament are linked to understandings about God, self, faith, family, community, and health and wellness. Soul Food and its primitive sources were primarily contrived from the necessity of survival and they are now known to be categorically unhealthy. This project seeks to establish a theological framework to preserve the sacramental nature of soul food, while promoting healthy lifestyles in a church context. This study examines the sacramental link between food and religion. Extracting from biblical and personal narratives, stories, and myths, it will be argued that churches are called to promote health and wellness through the proclamation of the Word.

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#### INTRODUCTION

#### **Statement of the Problem**

As a pastor, I have attempted to approach spiritual formation holistically, which includes physical health and wellness. I had a conversation over a year ago that transformed what I believed was an inclusive approach to spirituality. The subject of health emerged out of casual conversation I had with an acquaintance who is a psychiatrist. As a healthcare provider, she asked me to quote a scripture about health and wellness. I sat there for several moments in silence, pondering the rationale for the question and flipping through my mental catalogue of scriptures and twenty years of seemingly endless sermons. I could not give her scripture at that moment. Embarrassed, I wondered if my memory had failed me. Or, after twenty years of ministry, had I failed to address the very important issue of health and wellness in my ministry? I was noticeably conflicted, so she proceeded to ask me if I preached on health.

At that moment, I realized that I had addressed socio-political aspects of health and wellness in my ministry, but I had never intentionally proclaimed health and wellness. The question was provocative and, in this case, a response was more important than an answer. One question transformed my approach to ministry and set the following project in motion.

I am the pastor of Caldwell Temple A. M. E. Zion Church in Bronx, New York.

The church is located in the Morrisania neighborhood in the southern section of Bronx,

NY. The Bronx is one of the five boroughs incorporated into New York City. The majority of the populations are African American, Caribbean (including Puerto Rican), and Dominican. The Bronx comprises one of the poorest congressional districts in the United States.

#### Membership

Caldwell Temple has approximately 300 members. Many of the members attend service on alternate Sundays. The average weekly attendance is 150 members. Less than 20 percent of the membership participates in weekly programming at the church beyond Sunday morning service.

The economic spectrum at Caldwell Temple is vast. Several of the members are middle class. The members who are of this income level commute to church from Manhattan and Long Island, two other boroughs in New York City. An estimated 42 percent of the membership falls below the poverty line.

The age spectrum of Caldwell Temple is equal among young adults (21-40), adults (41-61), and seniors (62 and up). The majority of the new members are young adults with a few exceptions in the adult category. The number of youth and children who attend on a weekly basis has nearly doubled over the past year. This increase is, in part, the result of a recent surge in young-adult membership. Our newly-formed youth and children's church also contributes to the significant increase in attendance.

#### Schedule

Each Sunday begins with Sunday School at 9:30 a.m. Worship service begins immediately after Sunday School at 11:00 am. The worship service lasts an average of one- and one-half hours. Our weekly Bible study is entitled "Word on Wednesdays"

(WOW), which starts at 7:00 p.m. We have given considerable effort to maintaining an average of one hour for Bible study. Despite our efforts, Bible study attendance remains significantly low. This is due to a lack of transportation and work and family schedules.

#### Bronx, NY

Bronx is considered the "forgotten borough" in New York City. Residents of the Bronx have limited access to essential services. It is our mission at Caldwell to reach the community with a holistic approach. The Bronx has an estimated population of 1,438,159 (2014 census). Caldwell is located in the Morrisania neighborhood in the South Bronx. This area is known for its high concentrations of poverty and crime.

The Bronx is an ethnically and culturally diverse borough. The diversity and the benefit of the Metropolitan Transit Authority (MTA) make the Bronx an attractive place to settle. The ethnic demographics of the Bronx are reflected in the following statistics (2014 census):

Black or African American	43.5%
Hispanic or Latino	54.8%
White	45.5%
American Indian or Alaskan Native	2.9%
Asian	4.4%

#### Community Outreach

Caldwell Temple maintains a rich legacy in the community., which it has held for eighty-three years. We believe that it is important to meet the temporal needs of the community and fill the gaps of economic disadvantage. We have voter registration drives

and financial workshops. Our strongest presence in the community is the Caldwell Temple Soup Kitchen.

#### **Narrative of Concern**

A former pastor of Caldwell led the construction of affordable housing on the three blocks surrounding the church. There are a few families who live in this development who are members at Caldwell. However, the residents of the community visit the church often and participate in our outreach programs.

As previously stated, the soup kitchen is the strongest outreach program of the church. The Caldwell Temple Soup Kitchen feeds approximately 400 hot meals on a weekly basis. The soup kitchen is open Wednesday and Saturday. The food pantry is open a few times a month and on holidays. During this time, residents of the community take food baskets home. On Saturdays we have teamed up with other organizations to offer basic healthcare services, including, HIV testing, blood pressure monitoring, diabetes and glucose screening, and free flu shots. In addition, the Caldwell Temple Soup Kitchen gives away clothes, coats, and shoes to those in need.

The staff reports evaluation results to me. It is clear that the residents in our community are unhealthy. These reports alone underscore not only the quality of health in the participants, but that of the congregation as well. Many of the members of Caldwell use the services made available on Saturdays. While the congregation is growing numerically and spiritually, many of the members are physically unhealthy.

As the pastor I have had countless conversations with parishioners who are struggling with health issues. In fact, health and wellness are the dominant conversations between the parishioners and myself. Many of them have hypertension, heart disease, and

diabetes. Obesity is also a major issue. Although I am not a nutritionist or a trainer, I often inquire about their dietary and exercise habits.

Food insecurity is a major issue in New York City and abroad. The Supplemental Nutritional Assistance Program (SNAP) is a significant help to many of the residents and parishioners. However, SNAP is limited in its effect. With food insecurity, many members eat whatever they can afford. The lack of quality and affordable food in the immediate neighborhood is almost non-existent. Fresh produce in not readily available. The produce that is available is poor in quality. The corner-stores' shelves are filled with products high in sugar content.

Most of the parishioners I have spoken with have bad eating habits. This is not always a result of preference, but rather the lack of quality options. This creates systemic health problems with individuals and families. When parents do not have healthy eating habits—whether by choice or preference—their children replicate their behavior. I have literally come to tears watching little children load themselves with horrible food.

The lack of quality food choices coupled with limited access to healthcare has created a group of unhealthy people with a litany of medical problems. I am not suggesting that these issues are the only reason for the existing medical conditions. I am suggesting that they are in some way contributing to the lack of overall wellbeing.

This crisis presents a theological problem. Jesus spent much of his ministry dealing with health and wellness. He often sent those he healed away, saying, "Go and sin no more." In other words, "Go and do things differently." There is also record of Jesus feeding others, eating, or waiting to eat. I want to explore how those narratives shed light on the intersection of spirituality and health in the life of the church.

Soul food is a staple in the African-American community. In fact, many cultures—both Black and white—share the delight of soul food. While growing up in the South, aside from the altar at church, the kitchen table was the most sacred. Undoubtedly, some dishes, such as fried chicken, fried pork chops, ham hocks, chitterlings, collard greens, black-eyed peas, and sweet potato pie, have become staples in the African American home.

Food continues to bring families and communities together. Shared meals are just as important today as they have been in the past. Food brings people together from all backgrounds. Soul food nourishes the body and the soul. There is much to say about the theology that takes place at the table. There is no wonder the culinary artistry of southern. Blacks became known as Soul Food.

This same narrative is apparent in Caldwell Temple. Food is a central theme in our congregation as it is in many Black churches. The members of Caldwell Temple are known for their culinary skills. They serve meals for every special service. Soul food is always on the menu. It is what brings the community together.

When African Americans migrated north is search of better living, they brought with them their culinary skills. I have listened to parishioners tell stories of how their mother or grandmother moved "Up North" and passed their recipes down through the generations. However, we are slowly realizing how unhealthy our preparation of soul food is. Perhaps the church could help correct the notions of soul food at the family table.

#### **Scope of Project**

The project will be limited to Caldwell A.M.E. Zion Church in Bronx, NY. First, I will develop a sermon and Bible study series for Lent. Each sermon will be based on

health, wellness, and nutrition. Each sermon will be followed by a topical Bible study lesson on Wednesdays. The desired outcome of the project is to make the connection between spirituality and health.

During the season of Lent I proposed the establishment of a health station located in Caldwell Temple A.M.E Zion Church. Participants will have access to blood pressure screening. Resource materials regarding healthcare, such as pamphlets, will also be provided. A nurse or member of the Local Advisory Committee (LAC) will administer blood pressure checks. The results will not be collected. This service is for individual information and creating awareness.

The health station will be open immediately following each worship service and Bible study. Two blood pressure stations were to be made available to the congregation during this time. The services of the health station will be limited to the space of Caldwell Temple A.M.E. Zion Church.

#### Outline of Major Steps

Area of Research: My research was focused on the intersection of spirituality and health. I believe that the health disparities in Caldwell A.M.E. Zion Church and the resources available can be addressed through the proclamation of the Word. I intended to prove that the parishioners of Caldwell can be mobilized through preaching to: 1) seek appropriate medical attention for existing conditions; 2) take advantage of basic blood pressure screenings and assistance in finding medical professionals provided through a health station; and 3) engage in healthy eating practices during Lent. Also, the research explores the theological praxis of soul food both at the table and in the pulpit. Through

preaching, we might develop new ideas about soul food's function in the life of the church and our physical wellness.

Planning to be done: I will meet will my Local Advisory Committee and other necessary staff to set-up the health station. We will plan the dates and times that the station will be open. We also will have to plan what materials we will have available. A schedule will need to be implemented to ensure that the health station will be attended. Additionally, I will carefully plan the sermon series around the intersection of spirituality and health.

Preparation for execution: There are several special evening services held at Caldwell during the Lenten season. As I stated earlier, the church always provides soul food meals at the services. In accordance with our overall project, I will instruct the kitchen staff to create healthier ways of preparing soul food. For instance, they could prepare baked chicken as opposed to fried chicken or lower the salt content in other dishes. If possible, I would like to organize conversations at the table around spirituality and health.

Proposed means of evaluating the effectiveness of the project: A survey will be created to get each parishioner's ideas about the intersection of spirituality and health. The survey will include information about health and nutrition services that are currently available outside of the church. The survey participants will be anonymous. The survey will not ask the participants any questions about personal health history. However, it will ask questions concerning age, sex, race, income, and family composition. It will request general ideas regarding health and wellness.

### Methodology

The planned sermon series for Lent will run in conjunction with the health station. During this time the health station will only provide blood pressure checks. I hope that the health station will one day provide additional services. Resource material will be available concerning heart disease, diabetes, HIV/AIDS, and high cholesterol, just to name a few.

**Time Table:** The project was planned to take place during Lent, beginning February 15, 2015, and ending on April 5, 2015.

#### CHAPTER 1

#### THE BLACK STRUGGLE TOWARD CHRISTIAN SACRAMENT

#### **Sanctified Servitude**

As I reflect theologically and liturgically on the narrative of the sacrament in relation to my Christological framework and communal identity, I must begin at the formative Christian experience of the African American. Hence, I must begin with the ontological assumptions of slavery.

Chattel slavery is, without question, one of the most deplorable and inhumane parts of American history. Innumerable slaves were stripped of their lives, names, languages, identities, family ties, and cultures as a consequence of this brutality on foreign soil. Due to the remarkable resilience of slaves, there emerged a codified language, an identity, and cultural practices that only the slave could interpret. In the small rural church in which I grew up, special days were set aside to commemorate our history and heritage. These services included Old Fashioned Sunday, when everyone would dress up in clothing reminiscent of the antebellum period, and Black History month services, when the members would wear dashikis. In addition to these services was our annual Camp Meeting in September, when services would be held outside under a structure known as the "brush arbor." My memories of all of these services consists of hearing narrations of how many of the songs we sang, such as the ones sung in common

meter and spirituals, were devised on plantations and were infused with notions of freedom to the slave's ear. Presenters would offer narrations of how our music and dancing could be traced back to the Motherland. These narratives deepened my appreciation and expanded my knowledge of many of the songs I grew up singing in church.

Although it rarely occurs in the church I pastor in Bronx, NY, there have been instances where a guest minister or a member who is a native of the southern states will start singing a "down south" hymn in common meter. The energy of the singing can be felt throughout out the sanctuary. The transformation of the congregation is remarkable, as all of the physical gestures—foot stomping, hand clapping, swaying—synchronize among those whose religious experiences began in the south. Inevitably, someone will always remark, "That's slave music."

Secured within codified language were remnants of ancient African cosmology. Although the history of Christianity reasonably traces its origins back to Africa, the slaves—without question—were introduced to a new Christianity. This newfound religion endorsed the institution of slavery, thereby dehumanizing African bodies. In his book, *Slave Religion: The "Invisible Institution" in the Antebellum South*, Albert J. Raboteau maintains that:

Adapting to the foreign culture of the Europeans meant for the Africans not the total abandonment of their own cosmologies but, rather, a process of integrating the new world into the old, of interpreting the unfamiliar by reference to the familiar. Catechesis moved in two directions. The slaves were taught the prayers, doctrines, and rites of Christianity, but as the missionaries realized, the slaves had to somehow understand the meaning of Christian belief and ritual if instruction was to become more than mere parroting. And here the whites had only limited control. For slaves brought their cultural past to the task of translating and interpreting the doctrinal words and ritual gestures of Christianity. Therefore, the meaning

which the missionaries wished the slaves to receive and the meaning which the slaves actually found (or, better, made) were not the same.<sup>1</sup>

Raboteau demonstrates that slaves were able to retain indigenous forms of spirituality that were creatively blended and nuanced into the tenants of this new religion. This is the syncretistic process that Peter J. Paris argues in *The Spirituality of African Peoples: The Search for A Common Moral Discourse*. For Paris, the conversion experience was possible, in part, because slaves were able to "Africanize" Christianity. Paris states, "It seems reasonable to suppose that the only way Africans could make Christianity their own, whether on the continent or in the diaspora, was to Africanize it in much the same way Europeans before them had westernized Christianity. Only then could they give their devotion to it." According to Paris, this syncretistic process did not happen immediately, but over time it gradually resulted in an amalgamated whole during the colonial period.<sup>3</sup>

Slave conversion presented another problem in the paradox of baptism. Baptism did not issue the same privileges to slaves as it did whites; rather, it further exploited the humanity of the slave. Baptism consigned the "bodies and souls" of slaves to an inferior state— into sanctified servitude. Newly converted and catechized slaves were relegated to moral prescriptions of obedience and servitude. Dr. Riggins R. Earl, Jr., in *Dark Symbols Obscure Signs: God, Self, and Community in the Slave Mind,* states, "Baptism symbolized both theological and ethical legitimating of the slave into Christian servitude. It took place once the slave had done the following: (a) been instructed in the practical

<sup>&</sup>lt;sup>1</sup> Albert Raboteau, *Slave Religion: the "Invisible Institution" in the Antebellum South* (NY: Oxford University Press, 2004), 38.

<sup>&</sup>lt;sup>2</sup> Peter J. Paris, *The Spirituality of African Peoples: The Search for A Common Moral Discourse* (Minneapolis: Fortress Press, 1995), 38.

<sup>&</sup>lt;sup>3</sup> Ibid

knowledge and the application of Christian doctrine; (b) received the consent of their masters with a good testimony and proof of their honest life and sober conversation; and (c) repeated orally the covenant of consent, written by a white preacher, at the baptismal ceremony." This conclusion, which Earl discusses, adds weight to the argument that baptism not only initiated the slave into Christian servitude, it also confirmed, through the covenant of consent, the slave's compliance to an inferior state. The covenant of consent was a measure to ensure the inferiority of the slave, and proves the power and authority that whites assumed over the slaves' bodies and souls.

The following is an example of the covenant of consent:

You declare in the presence of God and the Congregation that you do not ask for Holy Baptism out of any design to free yourself from the duty and obedience you owe to your master while you live, but merely for the good of your soul and to partake of the graces and blessings promised to the members of the church of Jesus Christ.<sup>5</sup>

Baptism was a "rite" of passage into servitude for the slave. Baptism, in this case, sanitized or "washed away" the wild, disobedient nature of the slave. The theological premise of baptism was to establish and ensure a sanctified servitude within the slave. In his book, *There Is a River: The Black Struggle for Freedom in America*, Vincent Harding argues that slave conversion was met with some resistance—even fear--from whites, who wanted to protect the institution of slavery against slaves becoming full participants in this emerging society. To prevent this from happening, whites employed both religion and legislation. Laws were established prohibiting "rituals connected with African"

<sup>&</sup>lt;sup>5</sup> Earl R. Riggins, Jr., *Dark Symbols, Obscure Signs: God, Self, and Community in the Slave Mind* (Knoxville: University of Tennessee Press, 2003), 44.

<sup>&</sup>lt;sup>6</sup> Vincent Harding, *There Is a River: The Black Struggle for Freedom in America* (NY: Harcourt Brace Jovanovich, 1981), 27.

religious practices, including dancing and the use of drums. In many cases they also banned African languages." Vincent Harding argues:

Because the religious and legal systems were so closely intertwined, everywhere in the colonies a crucial legislative decision declared that the Africans' conversion to Christianity did not affect their enslavement. Some whites had expressed scruples on the matter, others fear. For while they wanted to introduce their slaves to the blessings of the Gospel, they were concerned lest such Good News disturb the sensitive workings of the new black-white society as a whole, and the marked advantages of their own role as slaveholders.<sup>8</sup>

Legislation prohibiting the equality of Blacks with whites proved futile in subsiding the fears that whites had concerning slave conversion. Raboteau asserts that slaveholders were still skeptical of the motif of equality found within Christianity:

The danger beneath the arguments for slave conversion which many masters feared was the egalitarianism implicit in Christianity. The most serious obstacle to the missionary's access to the slaves as the slaveholder's vague awareness that a Christian slave would have some claim to fellowship, a claim that threatened the security of the master-slave hierarchy. Even after other fears had been removed by legislation or by argument, unease with the concept of spiritual equality between master and slave caused slave owners to reject the idea of Christianizing their slaves.<sup>9</sup>

The newly converted slave, however, had the uncanny ability to reinterpret religious themes of slavery and submission into themes of freedom and liberation. Slaves reconstructed a humanized view of themselves with what Riggins calls "conversion language." He states, "First, converted slaves believed that their status of new being in Jesus interiorly distanced them from the psychological abuse of slavery. It gave them the

<sup>9</sup> Raboteau, 102.

<sup>&</sup>lt;sup>7</sup> Harding, 27.

<sup>&</sup>lt;sup>8</sup> Ibid.

<sup>&</sup>lt;sup>10</sup> Ibid., 46.

needed transcendent means of getting a critical perspective of both their masters and themselves. Second, slaves believed that their definition of conversion gave them a radical sense of God having disengaged them from the world for the purpose of calling them to radically engage it." According to Earl, this new being and redefined purpose "gave the slaves a sense of divine worth in a world that negated their self-worth."

Born out of a creative reinterpretation of value and redefined worth were lyrical innovations through song. Codified in the conversion language of the master were lyricized messages and stories of freedom and liberation. In *The Black Church in the African American Experience*, C. Eric Lincoln and Lawrence H. Mamiya state, "Paradoxically, though many of the spirituals spoke of 'heaven', this eschatological realm was actually anchored firmly in this world, first in their coded meaning, and second in their therapeutic value as survival tools." Lincoln and Mamiya reference James Cone in his book, *For My People: Black Theology and the Black Church*. Cone says:

Although the black spirituals had been interpreted as being exclusively otherworldly and compensatory, our research into the testimonies of black slave narratives and other black sayings revealed that the theme of heaven in the spirituals and in black religion generally contained double meanings. 'Steal away' referred not only to an eschatological realm, but it was also used by Harriett Tubman as a signal of freedom for slaves who intended to run away with her to the north, or to Canada. <sup>14</sup>

This was not always the case. Slaves on many plantations were prohibited from singing spiritual songs. However, slaves that were allowed to sing were hoping for

<sup>&</sup>lt;sup>11</sup> Riggins, *Dark Symbols*, 46.

<sup>12</sup> Ibid

<sup>&</sup>lt;sup>13</sup> Eric C. Lincoln and Lawrence H. Mamiya, *The Black Church in the African American Experience* (Durham: Duke University Press, 1990), 351.

<sup>&</sup>lt;sup>14</sup> James Cone, For My People: Black Theology and the Black Church (Maryknoll, NY: Orbis Books, 1984), 63.

freedom in this life. Riggins states, "Singers' mutual exhortation of each other to 'Walk together children and don't get weary for there is a great Camp Meeting in the Promised Land' is a case in point of the double meaning and possibilities of language. The 'Promised Land' could have been in reference both to an eschatological future and an immediate mundane future north of the slave territory."<sup>15</sup>

#### A Narrative of Exclusion

As an African American minister serving in a predominately Black denomination that is Methodist in doctrine and practice, my congregation and I place invariable emphasis on sacrament. There is not a sacrament in the Church more historically, theologically, or liturgically provocative that the sacrament of the Lord's Supper. James White states in *The Sacraments in Protestant Practice and Faith*, "The Eucharist is described in the New Testament as *koinonia*, that is, as communion or fellowship." He further states that, "it is necessary to discern the Lord's body in unity." According to White, the essence of liturgy for the Reformers was the "praying, singing, and hearing the Word of God together, as well as communing."

The precept of inferiority was the constitutional dictum of slavery. The Three-Fifths Compromise of 1787 safeguarded slavery and the pre-existing precept of inferiority. Slaves were presumed to be biologically inferior, therefore spiritually inferior. The precept of inferiority undermined the narrative of the Lord's Table. Those who have

<sup>&</sup>lt;sup>15</sup> Riggins, Dark Symbols, 74.

<sup>&</sup>lt;sup>16</sup> James F. White, *The Sacraments in Protestant Practice and Faith* (Nashville: Abingdon Press, 1999), 107.

<sup>&</sup>lt;sup>17</sup> Ibid.

<sup>&</sup>lt;sup>18</sup> Ibid., 108.

access to the Lord's Table are in essence brothers and sisters. Within Methodism, the prescription formula for access to the Lord's Table is to be in love and charity with your neighbor. Based on the racist premise of black inferiority and white superiority, slaves were denied spiritual kinship with whites; therefore, they did not enjoy the benefits of ecclesiastical equity that the narrative promises.

The premise of the refusal of black inferiority became the catalyst for the formation of the African Methodist Episcopal Zion Church in October of 1796. Bishop William Jacob Walls was commissioned Historiographer by the 1968 General Conference of the A.M.E. Zion Church to construct a comprehensive history of the denomination. The result was the first exhaustive history of the A.M.E. Zion Church, *The African Methodist Episcopal Zion Church: Reality of the Black Church*. Bishop Walls states, "The organization [A.M.E. Zion Church] grew out of the well-known dissatisfaction among the people of color over the kind of treatment they received in the services of the church. Bishop Moore [A.M.E. Zion] describes this dissatisfaction as follows:

When the first Methodist Episcopal Society was established in New York (white), among whom were several colored persons, the two races found difficulty in the reciprocity of religious fellowship, and the equal enjoyment of religious rights and privileges, but as the church grew popular and influential, the prejudice of caste began to engender Negro proscription, and as the number of colored members increased, the race friction and proscription increased, which finally overcame the tolerance of the colored members of the M.E. Society. <sup>19</sup>

The growing conditions of slavery and unequal treatment in the John Street Church prompted several black members to organize a society, which later became the

<sup>&</sup>lt;sup>19</sup> William J. Walls, *The African Methodist Episcopal Zion Church: Reality of the Black Church* (Charlotte: A.M.E. Zion Publishing House, 1974), 43.

Mother Zion Church. According to Walls, several of the earliest members who were not in Zion were not members of John Street Church. Many of them held private services at home and "refused to be a party to segregated services."<sup>20</sup>

The John Street Church in New York City had a significant Black membership. According to Walls, most of the Blacks were slaves in the beginning. Despite the fact that slaves made financial contributions to the building fund, they were restricted to the slave gallery, which was accessed by ladder after the completion of the chapel in 1768.<sup>21</sup> Walls states,

Bishop Hood, who was licensed to preach in Mother Zion Church in 1865 and knew some of the founders and their direct descendants, further states: 'Their teaching from the pulpit was that God is no respecter of persons. The practice was that the black people were proscribed and hindered from exercising themselves with that freedom which the form of government held out to white members. Both the masses and also those who were favored with special gifts were discriminated against. The colored members were not permitted to come to the sacrament [of the Lord's Supper] until all the white members, even children, had communed. The line was also drawn at the baptismal font.'<sup>22</sup>

The exclusionary actions of the white worshippers inferred that the slave was only worthy of leftovers even at the Lord's Table. The juxtaposition of the imposed notion of Black inferiority and the narrative of the Lord's Table are altogether contradictory. With this ideology, slaves could only taste the "crumbs that fall from the masters table." It could have signified that the leftover property of grace was enough for the inferior souls of the slaves.

<sup>21</sup> Ibid., 39.

<sup>&</sup>lt;sup>20</sup> Ibid., 40.

<sup>&</sup>lt;sup>22</sup> Ibid.

The Lord's Table carries with it a meaningful narrative that, when commingled with the historical narrative of the Black religious experience in America, elicits both a painful reflection and a hopeful projection. Found within a Christological framework, instituted at the Lord's Table and interpreted by slaves, is a narrative of acceptance, love, equality, and liberation.

For Blacks, the irony of the narrative of the Lord's Table is that the chief celebrant of this sacrament was rejected and marginalized. The narrative of the Lord's Table abolishes notions of elitism and fosters a community intentionally struggling together towards liberation and redemption for all of humanity. Along with this is the hope that the sacrifice of a broken body and shed blood will always be remembered. Jesus' sacrifice sheds light on the countless slaves who were rejected, whose dehumanized bodies were broken and bloodshed.

While the sacrament of baptism was a "rite" of passage, the sacrament of the Lord's Supper was a "right" of privilege for the Christian convert. The sacrament of baptism had a two-fold purpose for the slave: a) it initiated the slave into the Christian faith, and b) it initiated the slave into servitude. To be a good Christian was to be an obedient slave. The sacrament of the Lord's Supper, however, was a right of "spiritual siblings" to partake and be renewed in fellowship.

#### A Narrative of Liberation

The community proclaims its faith during Communion. Communion establishes and renews fellowship within the community. One must be "in love and have charity" with one's neighbor. The only expectation is to not violate the community. The Anabaptists (a sect that did not believe in infant baptism) took this notion to its highest

intensity, as stated by White, "Those 'who will not live the brotherly life' should not be allowed to partake; they lack the inner bond of love, so the outer bond of bread is meaningless."<sup>23</sup>

The invitation and narrative of the Lord's Table must have a unique meaning for the African-American Christian. What does it mean to be invited to the Lord's Table with full and immediate access? The invitation to the Lord's Table has historical, anthropological, symbolic, and spiritual significance. White states, "There is much ambiguity here, for we now recognize that the Eucharist can be a major source of injustice, too, especially if it marginalizes people. Those whose full human value is denied by the Eucharist may experience it as oppressive. This may be the case for women, children, and minorities."<sup>24</sup>

The narrative of the Lord's Table has a double meaning for African Americans.

First, coming to the Lord's Table represents an oppressive history. Secondly, it represents a realized freedom in the present and hope for the future. The hope expressed through participating in the Lord's Supper is exemplified in Christ as liberator.

Michael Cook offers a thoroughpaced framework for the centrality of narrative in Christology in his work, *Christology as Narrative Quest*. His argument, based on his professional context, is centered on a Hispanic narrative within liberation theology. Cook rightly prefaces his argument of the centrality of storytelling in defining Christian self-understanding within liberation theology in all cultures. Cook states, "For the purposes of Christology a narrative-centered approach must explore the interrelationship of symbol, metaphor, and story. To put it in summary form, our access to Jesus is mediated by the

<sup>&</sup>lt;sup>23</sup> White. The Sacraments in Protestant Practice and Faith, 109.

<sup>&</sup>lt;sup>24</sup> Ibid., 117.

evocative power of symbols (faith-images) derived from stories that have metaphoric impact."<sup>25</sup> There is no better example of the power of symbol, metaphor, and story than the narrative of the Lord's Table.

The doctrine of consubstantiation—the doctrine that posits the blood and body of Christ alongside the elements of the Eucharist—provides powerful symbols of sacrifice, love, redemption, liberation, healing, and access to the recipient. These symbols intertwined with the metaphorical language of the broken body and shed blood of Jesus provide an awesome contrast to the countless sacrificial broken bodies and shed blood in America. Through God's creative genius, redemption is enacted at the Lord's Table.

In this chapter, I have explored the newfound religion of the slaves, Christianity, and how it relegated slaves to a perpetual inferior status and that the sacrament of baptism was the rite of passage into "sanctified servitude." Despite the systematic alienation of slaves from—and the resulting destruction of— a pervasive African culture, slaves retained in some variety its elements (rituals, song). Slaves amalgamated these retentions with Christianity, thereby Africanizing the new religion. Also, some slaves reinterpreted the precepts of inferiority taught them in Christianity. Chapter 2 explores both the theology and sacramental notions of food among the African diaspora. I will examine the sacramental nature of food in connection with other rituals practiced by the African diaspora.

<sup>&</sup>lt;sup>25</sup> Michael L. Cook, *Christology as Narrative Quest* (Collegeville: The Liturgical Press, 1997), 31.

#### **CHAPTER 2**

# SOUL FOOD THEOLOGY: AFRICAN DIASPORIC FOOD AS SACRAMENT

In the previous chapter, I explored the complex struggle of black people with sacrament, particularly, baptism as the rite of passage into Christian servitude and the injustice at the Lord's table as the impetus for the founding of the African Methodist Episcopal Zion Church. Let us now turn our attention to another table in the black community with sacramental notions in the black community—the family table. I begin with a brief assessment of sacrament and how both theological and sacramental elements exist within a culinary framework, namely, soul food. Second, I will examine the culinary styles and ritualistic retentions of blacks, beginning in Africa, to the Caribbean islands, and all the way to America—and how these cultural experiences have syncretized into the colloquial soul food. Third, I will explore ways in which African American pastors can theologically and pragmatically reframe the sacramental notions of soul food to create healthier congregations.

In *Sacraments of Life*, Leonardo Boff asserts, "Domesticated objects begin to speak, to tell the story of their interplay with humanity. They are transformed into sacraments." He furthers states that humans have an innate ability through collective unconsciousness to use symbols and myths to create a feeling of transcendence beyond

<sup>&</sup>lt;sup>1</sup> Leonardo Boff, *Sacraments of Life: Life of the Sacraments* (Washington, DC: The Pastoral Press, 1987) 3.

the present world. This, as he says, is humanity's ability to "turn an object into a symbol and an action into a rite."

According to Boff, "anything can be a sacramental vehicle of divine grace."

Meals in Black homes have served as a sacrament that fosters communal fellowship. I want to say forthrightly that Black culture is not an anomaly in sacramental dining experiences. Other cultures as well share an enriching sacramental experience at the family table. However, I am drawing my conclusions out of my own personal and professional context. Boff, a Roman Catholic liberation theologian, offers a view of sacramental life that works well for me as an African Methodist Episcopal pastor. For example, Boff extends sacrament beyond mere ecclesiastical functions and observances—designated for clergy into the ordinary-everyday lives of people. This framework helps me to make the congregation aware that they are daily participants in a "life of sacrament." Food preparation and associated rituals, for instance, demonstrate the sacramentality of food.

The invitation into someone's home to have dinner at the table carries a myriad of implications among Blacks. The mere act of eating at the table is a vehicle of divine grace. The table experience, especially on Sundays, captures eucharistic properties such as prayer, charity, storytelling, and *koinonia*. I do not seek to equate eating at someone's home with the Lord's Supper, rather to underscore the parallels between the two as qualifying factors of a sacrament.

According to Boff, "The act of eating to satisfy our hunger and the act of celebrating the Lord's Supper may be the same; but the meaning of the act is different in

<sup>&</sup>lt;sup>2</sup>Boff, Sacraments of Life, 3.

each case. At the Eucharistic banquet the ordinary daily act of eating signifies something different. It has a different, symbolic meaning. That is what makes it a sacrament."<sup>3</sup>

This designation extends to the table, the communal setting in many Black homes. Eating at the table transcends an ordinary meal. Consider, for example, that sacrificial notions of some terminated life characterize both the Lord's Supper and the ordinary daily act of eating. The Lord's Supper is made possible by the broken body, shed blood, and terminated life of Jesus. Ordinary meals begin to point to sacrament when we consider the broken bodies of animals and the broken stalks of vegetation—and the termination of life to sustain life. In this case a meal is no longer ordinary. My point, though, is not to equate Jesus' sacrifice of his life with that of other organisms, but to suggest that they both contain sacramental elements. This matters because meals symbolize something unique in the black community, and these notions will assist pastors in helping the congregation rethink ways in which they prepare and eat food.

Boff illustrates his mother's homemade bread as sacrament. Most would agree that bread is a basic object used to satisfy hunger. For Boff, his mother's homemade bread represented something more than ordinary bread that could be purchased at a bakery. His mother's toil in the kitchen added meaningfulness to the bread. Boff states, "Breadmaking is the repetition of an act that is rich in human meaningfulness and goes far beyond the problem of immediate need."

<sup>&</sup>lt;sup>3</sup> Boff, Sacraments of Life, 4.

<sup>&</sup>lt;sup>4</sup> Ibid., 21.

Homemade bread brings Boff and his siblings together from different locations to share in the delight of the bread. The bread is shared because it is sacramental bread.<sup>5</sup>

Along with sharing, there are other elements that differentiate an ordinary loaf of bread from sacramental bread. His mother's homemade bread "evokes remembrance of a past when bread was made weekly with much sacrifice." It was also ritualistic that everyone in his family got a piece and that the bread was never cut up, but broken in pieces by hand.<sup>7</sup>

Most vivid in Boff's description of bread is what he calls the *Immanence*, *Trancendence*, and *Transparence* of the bread. Boff states,

Our bread recalls to our minds something that is not bread, something that transcends the bread itself. The bread itself is immanent. It is right here with its weight and its component elements: flour, eggs, water, salt, and leaven. It is opaque. But this immanent reality, the bread, renders present a transcendent reality that is not bread. The bread then becomes transparent, revealing a transcendent reality. It ceases to be merely immanent. It is no longer like any other bread. Now it is different because it calls up and makes present, in and through itself (immanence and transparence), something that goes beyond itself (transcendence).

Even more important in "the structure of sacrament and the nature of sacramental thinking," is transparence. Transparence embraces both immanence and transcendence—which are not mutually exclusive. According to Boff, we can only understand the structure of sacrament when we understand that "transparence means that the

<sup>&</sup>lt;sup>5</sup> Boff, Sacraments of Life, 21.

<sup>&</sup>lt;sup>6</sup> Ibid., 22.

<sup>&</sup>lt;sup>7</sup> Ibid.

<sup>&</sup>lt;sup>8</sup> Ibid., 24.

<sup>&</sup>lt;sup>9</sup> Ibid., 25.

<sup>&</sup>lt;sup>10</sup> Ibid.

transcendent is rendered present in the immanent so that the latter makes the reality of the former transparent. The transcendent breaks through into the immanent, transfigures it, and thus makes it transparent." In other words, an object has to evoke human realities beyond the object itself. In the case of the bread, Boff says, "it nourishes the soul more than the body."

Food preparation by blacks, particularly soul food, and the eating of this variety of food, demonstrates the existence of sacramental elements consistent with those in the homemade bread that Boff's mother baked, although some of my A.M.E. Zion colleagues as well as other Protestant readers may object to this understanding of sacrament. This is, as I have previously stated, the beauty of Boff's extension of sacrament beyond ecclesiastical functions and observances into the ordinary-everyday lives of people. My point is not to compare or equate soul food with institutionalized sacraments (baptism, Holy Communion). I am, however, arguing that soul food—the preparation and the eating of it—is integral to the "sacramental life" of Black people.

It may be beneficial for some to temporarily suspend all the notions of institutional sacrament in order to understand soul food as a sacrament in light of Boff's assertion. For now, let us consider the historical migration, although forced, of black people to America, which was inaugurated in Africa. Boff's assertion of sacrament works well with African spirituality and cosmology. Referring to the survival of African spirituality, Peter Paris states:

There is no evidence that either slaves or their African forebears ever believed in Western distinctions between sacred and profane. Rather, both presupposed a sacred cosmos. That is to say, in traditional African thought

<sup>&</sup>lt;sup>11</sup> Boff, Sacraments of Life, 25.

<sup>&</sup>lt;sup>12</sup> Ibid., 25.

all reality (human and natural, animate and inanimate) was thought to be derived from a common, primeval, divine source on which its continuing existence depended. Hence they viewed everything as sacred in some respect and saw nothing as totally profane.<sup>13</sup>

Africans brought with them to America a whole worldview and practice. They realized the sacred in their ordinary-everyday lives. Speaking about the Buntu people in southern states, Paris references Joseph E. Holloway in his book, *The Origins of African-American Culture*, as he says:

Once the Bantu reached America they were able to retain much of their cultural identity. Enforced isolation of these Africans by plantation owners allowed them to retain their religion, philosophy, culture, folklore, folkways, folk beliefs, folk tales, storytelling, naming practices, home economics, arts, kinship, and music. These Africanisms were shared and adopted by the various African ethnic groups of the field slave community, and they gradually developed into African-American cooking (soul food), music (jazz, blues, spirituals, gospels), language, religion, philosophy, customs, and arts. <sup>14</sup>

Holloway demonstrates the dynamic but convoluted history out of which soul food emerged. In his book, *Black Religion and Black Radicalism: An Interpretation of the Religious History of African Americans*, Gayraud S. Wilmore includes food preparation as one the cultural elements that was retained from Africa as "the slaves wove for themselves the tapestry of a new African American culture." The development of African American culture, including its culinary preparations, was not segregated. Speaking about African American culture, Wilmore regards African American culture as, "a culture impregnated with spiritual and occult elements of African, European, and

<sup>&</sup>lt;sup>13</sup> Peter J. Paris, *The Spirituality of African Peoples: The Search for a Common Moral Discourse* (Minneapolis: Fortress Press, 1995), 33.

<sup>&</sup>lt;sup>14</sup> Ibid., 38.

<sup>&</sup>lt;sup>15</sup> Gayraud S. Wilmore, *Black Religion and Black Radicalism: An Interpretation of the Religious History of African Americans* (Maryknoll, NY: Orbis Books, 1998), 256.

Native American origin, all integrated around a basically religious conception of human reality."<sup>16</sup>

#### The Emergence of Soul Food

The culinary artistry of Blacks in America traces its origins back to Africa. In her book *High on a Hog*, Jessica B. Harris states, "Recipes, religious celebrations, meals, menus and more from the African Continent were part of the cultural baggage that was brought across the Atlantic by those who would be enslaved." She further states, "The general notions of ceremony and the tastes of the food of ritual and of daily life, however, remained in memory, atavisms that influenced the taste, cooking techniques, marketing styles, ritual behaviors, and hospitality of their descendants and of the country would become theirs." <sup>18</sup>

The diet of slaves is important to the development of soul food. Diet was imperative to the enterprise of slavery. Harris states, "Feeding the enslaved, however, had of necessity to be an economically viable process. Rations had to be sufficiently nourishing to allow the enslaved to perform their tasks but could not be so lavish as to be unprofitable." <sup>19</sup>

Incidentally, many slaves supplemented their diets by hunting, foraging, trapping, and fishing. <sup>20</sup> From this prowess slaves added to the rations they received from the

<sup>&</sup>lt;sup>16</sup> Wilmore, Black Religion and Black Radicalism, 256.

<sup>&</sup>lt;sup>17</sup> Jessica Harris, *High on the Hog* (New York, NY: Bloomsbury USA, 2011), 15.

<sup>&</sup>lt;sup>18</sup> Ibid.

<sup>&</sup>lt;sup>19</sup> Ibid. 95.

<sup>&</sup>lt;sup>20</sup> Ibid.

plantation owners—foods such catfish, porgies, mullet, possum, wild greens, chives and wild garlic.<sup>21</sup>

Slaves enjoyed family and community in their meager moments of respite.

According to Harris, "Slave narratives generally agree that the location for eating evening meals was the slave quarters. Many recalled that after the labor on the plantation was finished, the yard that was common ground in the quarters would begin to hum with life as individuals and families began to prepare evening meals, socialized, and savored what few moments of private time they had."

Slaves on many plantations prepared their own meals. This allowed the slaves to retain some culinary traditions. Harris asserts, "The cooking of the slave yard inadvertently allowed the enslaved to maintain an African tradition of one-pot meals sopped with starches and stews of leafy greens seasoned with smoked or pickled ingredients."

Consequently, African American culinary development has a long and rich history, from which soul food emerged. But what is soul food and from where did the colloquial term derive? Harris asserts, "The term 'soul food' harks back to this era [1960's, Black Power Movement], when everything that was black and of the moment had soul, and the word's use signaled a change in attitude toward the food of the African American South."<sup>24</sup>

<sup>&</sup>lt;sup>21</sup> Harris, *High on the Hog*, 95.

<sup>&</sup>lt;sup>22</sup> Ibid., 99.

<sup>&</sup>lt;sup>23</sup> Ibid., 100.

<sup>&</sup>lt;sup>24</sup> Ibid., 207.

I agree with Harris when she states, "Soul Food, it would seem, depends on an ineffable quality."<sup>25</sup> Soul food did not emerge in a vacuum; rather it emerged in the continuum of historical experiences of black people from various tribes in Africa and plantations throughout America and the Caribbean. Soul food is an amalgamation of a variety of meats and vegetables, food preparation techniques, and rituals. Even more important are the human realities that soul food evokes. Harris summarizes the meaningfulness of soul food when she states, "It is a combination of nostalgia for and pride in the food of those who came before."<sup>26</sup>

Yet, this notion does not fully qualify the sacramental nature of soul food. Continuing the tradition of bringing family and community together, soul food brings people together in homes and churches—just as slave yard cooking brought slaves together in fellowship. Sharing food is an important gesture in African American culture.

The invitation to a meal, a Eucharistic property, is extremely important in Black culture, particularly in southern states. It is a sign of disrespect not to accept a plate of food or an invitation to eat. I was taught as a child to accept a plate of food if someone offers, even if you don't eat it. I always receive invitations to have dinner and offerings of food, soul food in particular, while visiting family and friends in the South.

Hospitality is the fulcrum of the whole experience of eating. Harris asserts, "Indeed, hospitality was and remains a special virtue in countries of western Africa, where it is a religious as well as a civic and personal duty to take in and feed the traveler and the stranger."<sup>27</sup>

<sup>&</sup>lt;sup>25</sup> Harris, *High on the Hog*, 208.

<sup>&</sup>lt;sup>27</sup> Harris, *High on the Hog*, 108.

The precept of hospitality extends into the fellowship hall of most churches. Here you will find reflections of the same Eucharistic properties found in private homes. The fellowship hall in many churches is the center of fellowship, storytelling, charity, and at times tension. Older female members of the church prepare most of the meals. These women are respected for culinary retentions from past generations.

I was conversing with a senior member of Caldwell Temple shortly after the preaching series. We were discussing healthy preparation techniques for soul food. She shared with me her mother's lack of affection towards her and her siblings growing up. All of her life she thought her mother was mean and unaffectionate. Yet she quickly added, "But she could cook!" She remembered how delicious was her mother's chicken and dumplings and how she can't make her own taste as good. Whenever she would make the dish she would think of her mother. She reflected on how her family would come together for her mother's cooking. Her mother would feed the whole family and never sit down to eat. At the end of the conversation I suggested to her that her mother's cooking may have been her way of expressing her love. She nearly broke down in tears, and said, "I never thought about that."

Sharing food with family and community is a standard feature in African American culture. African Americans always share food, especially when they do not have anything else to offer. For example, I have heard countless stories about how congregations that could not afford to pay the preacher would "pound" the preacher—a variety of food such as flour, sugar, meat, coffee, whatever means they had.

Consider the rituals incorporated into soul food, for example. In my own opinion, how food is prepared and how we eat the food is just as important as what we eat. The

washing of hands, blessing the food, who blesses the food, seating arrangements at the table, the order in which we are fed, appropriate foods to eat with your hands (remarks such as "that's not how you eat chicken"), the salt shaker, the hot sauce for the fish—all are examples of rituals incorporated into the soul food experience. These rituals vary between individuals, families, and communities.

Soul food evokes memories of the past, as the homemade bread did for Boff.

Soul food feeds both body and soul. However, the methods in which soul food is

prepared can have a negative impact on the body. I believe that this not only requires a

medical response, but also a theological response.

In her article, "Can the African-American Diet Be Made Healthier Without Giving Up Culture," Genesis Belle states, "Since the typical soul food diet involves large amounts of meat, fat, and sugar, there is a large risk of health related illnesses such as obesity, heart disease, and stroke resulting from eating this type of diet. African-Americans typically choose foods such as fried chicken, barbecued ribs, baked macaroni and cheese, sugary fruit drinks, and sweets such as sweet potato pie, which are typical soul food meals."

Most people would agree that the way in which these foods are prepared is detrimental to a person's health. Belle states, "The research produced thus far has shown that soul food is a rich mix of different cultural influences and has evolved from healthy

<sup>&</sup>lt;sup>28</sup> Genesis Belle, "Can the African-American Diet Be Made Healthier Without Giving Up Culture," *The York Review*, York College. <a href="https://www.york.cuny.edu/academics/writing-program/the-york-scholar-1/volume-5.2-spring-2009/can-the-african-american-diet-be-made-healthier-without-giving-up-culture">https://www.york.cuny.edu/academics/writing-program/the-york-scholar-1/volume-5.2-spring-2009/can-the-african-american-diet-be-made-healthier-without-giving-up-culture</a> (Accessed March 15, 2016).

sustenance for the early slaves to an unhealthy cuisine for the modern day African-American."<sup>29</sup>

As a pastor I believe I can create awareness of the relationship of food, soul, and body. This is what I believe to be soul food theology. Through the proclamation of health and wellness we can foster healthier communities and healthier food choices.

## The Table Is My Doctor

My interest in the proclamation of wellness was shaped in my formative years of life. Most of my childhood experiences have shaped my understanding of God and community. When I was a child my mother would send me to spend time with my grandparents in South Carolina. It was in the Steele Hill A.M.E. Zion Church in Lancaster County where I had my first and most impacting religious experiences. Like most families in this community, we gathered for dinner at my grandparents' home on Sundays. My grandparents' home was open to anyone who needed a warm meal or a place to rest. Even those who were not invited or expected to drop by for dinner were welcomed. All were welcomed as long as there was food to eat. I realize the enduring effect of these formative years on my life. Today, I continue to share food and space in much the same way that I witnessed as a child.

It was well known that my grandfather loved to eat. In fact, he loved to watch other people eat with the fulfillment of sharing. Someone once asked my grandfather about his secret to living a long life. In response to the question my grandfather said, "The table is my doctor."

<sup>&</sup>lt;sup>29</sup> Belle, "Can the African American Diet."

My grandfather grew up in an era in the South when most families raised cows, pigs, and chickens and grew vegetables for consumption. The food that they grew was believed to contain healing properties. Not only were meals prepared for daily consumption, but also to cure certain ailments. Before medical advancements and access to healthcare services, they used food for its curative power.

It is worth emphasizing that my grandfather grew up in an era and region sustained by agriculture. Most families grew or raised most their food, and were not overly reliant on commercially produced food. I have heard several people in my family who were reared in that era testify of the higher quality of the food produced then in contrast to the present commercially produced food. When it comes to the topic of quality, most of them would readily agree that the food produced in that era was better. Where the agreement usually ends, however, is on the question of how healthy the food preparations were. Whereas some were convinced that the food was good for the body altogether, others maintain that the methods of preparation during that era included contents high in sodium, fat, cholesterol, and calories.

It was with this understanding of food that my grandfather would declare, "The table is my doctor." This culinary expression would become known as soul food. The table represented the convergence of family, friendship, fellowship, fulfillment, wellbeing, and healing.

While the era of food production that influenced my grandfather's food choices was marked by sustainability, a new era has emerged. As grocery chains provided more efficient food options, families stopped growing most of their food. The mass production

of food replaced "home grown" options. By the time I was born in 1979, processed foods with artificial fillers had displaced foods such as homemade sausage.

In 1992 my grandfather became ill while sitting--of all places--at the kitchen table. Fortunately, he was staying at my home for the weekend. This was the beginning of a lengthy series of hospital stays, rehabilitation, and diet changes.

Eating was my grandfather's favorite pastime. He loved well-seasoned food, which meant he would douse his food with salt before tasting it. It was up to my family to provide dietary structure for my grandfather, which meant no more salt. My grandfather and I were best friends—partners in crime. I could get away with anything with him, and he could get away with anything with me. Every now and then I would sneak and give him a little salt. As his condition deteriorated, I realized that I could no longer be complicit. For the first time I had to tell my grandfather, "No."

My grandfather who loved soul food succumbed to colon cancer in 1994. Both my relationship with my grandfather and this narrative informs my present passion for health and wellness. In my opinion, my grandfather lived a long and fruitful life. It is common knowledge that there are numerous causes for cancer. However, my grandfather's relationship to "the table" and food may have contributed to his death. Perhaps he could have lived a little longer if he had a different relationship with food, knowledge of the commercialization of food, and better food preparation techniques.

### **CHAPTER 3**

## CHRISTOLOGICAL FOUNDATION: WHAT WOULD JESUS SAY?

After years of preaching from the Gospels, it occurred to me that a significant amount of Jesus' ministry was dedicated to healing diseases and physical ailments. I have heard numerous sermons about Jesus' healing ministry, but never before this project have I considered the implications of this portion of his ministry. Morton T. Kelsey states in his book, *Psychology, Medicine, and Christian Healing*, "Nearly one-fifth of the entire gospels is devoted to Jesus' healing and the discussions occasioned by it." Not only did the writers of the gospels think that it was necessary to include the Jesus' healings, I would argue that Jesus believed that healing and wellness were essential to the life and ministry of the Church.

Kelsey responds clearly to those who say that sickness is God's will when says, "A large part of Jesus' ministry was devoted to healing the sick just because it was indeed God's will that they should be well and not ill." In making this comment, Kelsey is insisting that wellness is integral to the teachings of Christ.

As a minister steeped in a tradition of social justice and advocacy, I have preached my fair share of sermons addressing the socio-political agency of

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<sup>&</sup>lt;sup>1</sup> Morton T. Kelsey, *Psychology, Medicine, and Christian Healing* (New York: Harper and Row Publishers, 1988) 42.

<sup>&</sup>lt;sup>2</sup> Kelsey, *Psychology, Medicine and Christian Healing*, 80.

<sup>&</sup>lt;sup>3</sup> Ibid 80

disenfranchisement that perpetuates poverty and disease. However, I have never proclaimed health and wellness as an essential to life.

I was also raised in a tradition that over-emphasized myopic notions of morality. I was certain to hear sermons about sex and abstinence, but I never once heard a sermon about sexual responsibility and STD prevention. As a result of this type of negligent proclamation, a space of wellness was never created. Instead, a hyper-sexual culture was created. As a result of the creation of a hyper-sexual culture we witnessed many good church-goers die from complications from acquired immuno-deficiency syndrome (AIDS).

I would like to offer another example of the results of negligent preaching. Deep in the so-called "Bible Belt," preachers often rant against drinking alcohol because our bodies are temples of the Holy Ghost. Meanwhile, congregants will go to the fellowship hall and indulge in fried chicken, fried pork chops, fried fish, etc. There is no comparison between the mortality rates from heart disease versus alcohol abuse.

Kelsey further states, "It is startling to compare this emphasis on physical and mental healing with the scant attention given to moral healing. Very few examples of moral or ethical transformation are mentioned in the gospels." I would conclude, at least in my context, that the exhaustive accounts of disease in the pews can, in part, be contributed to negligent proclamation. Our proclamation has been focused mostly on personal morality and the salvation of the soul. In addition to the salvation of our souls, I would argue that Jesus was also interested in the salvation of our bodies.

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<sup>&</sup>lt;sup>4</sup> Kelsey, *Psychology, Medicine and Christian Healing*, 42.

Clearly, Jesus was dedicated to wellness. It is my belief that a significant portion of our proclamation should be about health and wellness of the body. Faced with numerous accounts of preventable and manageable health issues in my current context, I realized that I have been negligent in the proclamation of health and wellness. This project seeks to address the gross void in context by designing a sermon series on health and wellness.

## **Sacramental Living**

There are various views toward religion and healing. Many denominations actively incorporate healing services into their practice, while others designate healing restrictively to medical practitioners. As Kelsey states, "Most modern Christian churches believe that they have nothing directly to do with healing the sick. They do not think that the church's action—its religious acts—have any direct effect on human health." There is a historical precedent for healing in Christian practice, as Kelsey notes:

Oddly enough, this constitutes an about-face in Christian belief. In the Roman communion it can be traced to about the tenth century, when the service of unction for healing was gradually transformed into extreme unction. Thus, the sacrament for healing human bodies became a rite of passage for dying, a service to "save" the individuals for the next life and speed them quickly and easily into it. Still, it must be emphasized, healing interest was not dropped entirely from this major division of Christendom. But it shifted from the official sacramental action of the church as such to the efficacy of shrines and relics.<sup>6</sup>

There exists in my ministry context a colloquial expression that says, "You're so heavenly bound that you're no earthly good." This statement is often directed towards individuals whose religious practice is characterized as rigid, regimented, inverted, and

<sup>&</sup>lt;sup>5</sup> Kelsey, *Psychology*, *Medicine*, and *Christian Healing*, 6.

<sup>&</sup>lt;sup>6</sup> Ibid.

profoundly personal. This type of individual is characterized as one whose heavenly ambition prevents their involvement in temporal concerns, not excluding health and wellness.

The dichotomy of soul and body presents a critical dilemma for me as a pastor. In my congregation people readily embrace spiritual practices, such as prayer and fasting. Congregational interests in caring for the immanent structures of reality (body, health, food, environment) are eclipsed by other transcendent realities (soul, prayer, heaven). Effectively merging the two realities of soul and body in the life of the congregation and collectively creating or rethinking our theology within them is the challenge for me as a pastor.

In keeping with Kelsey's argument, it is reasonable that many churches could be characterized this way. In my experience, we often focus more on preparing souls for the next life rather than creating healthy bodies for living.<sup>7</sup>

What happened to the church's focus on healing in light of Jesus' ministry?

Kelsey states, "It still does not occur to most people that religion itself might have some influence on this matter of mental and physical health, though many medical professionals are suggesting this very idea. Yet until recently it was generally accepted that our religion, by affecting our relationship with spiritual powers, both good and evil, could have a powerful influence on health." In making this point, Kelsey argues that the ideas of healing were abandoned by the western Protestant church after the Reformation.

<sup>&</sup>lt;sup>7</sup> Kelsey, *Psychology, Medicine, and Christian Healing*, 6.

<sup>&</sup>lt;sup>8</sup> Kelsey, *Psychology, Medicine and Christian Healing*, 1.

<sup>&</sup>lt;sup>9</sup> Ibid., 2.

Kelsey further clarifies this point when he says, "The sacramental and devotional practices directed towards healing were simply discouraged or discontinued, while theology turned its attention elsewhere." Today there is an almost total lack of theological support for such ideas or practice. <sup>10</sup>

There is evidence of developing theologies of healing in the early church in their liturgies. Kelsey asserts, "With the comparatively recent discovery of the *Apostolic Tradition of Hippolytus*, written about 215, we now have a good picture of how the idea of healing developed in early liturgies and how much it was an ingredient of ordinary life." <sup>11</sup> In other words, the early church actively engaged in the practice of health and wellness in both their worship communities and in everyday life.

Similarly, health and wellness are vital to the life of the church I serve. The sermon series on health and wellness at Caldwell Temple A.M.E. Zion Church was expected to engage the congregation in the practice of health and wellness in our worship community as well as everyday life.

<sup>10</sup> Ibid.

<sup>&</sup>lt;sup>11</sup> Ibid., 140.

### **CHAPTER 4**

#### **PROCLAMATION**

In her book, *The Preaching Life*, Barbara Brown Taylor shares her experience of traveling to Northeastern Turkey. She took a walk through the Kachkar Mountains where the Kingdom of Georgia flourished during the eleventh and twelfth centuries. There she encountered the ruins of a church. She noticed the elaborate decorative and lavish architectural remnants of the church. What once was the worship facility of a thriving Christian community now lay in ruins, fitted as a garbage dump filled with rats.<sup>1</sup>

Taylor states, "It is one thing to talk about the post-Christian era and quite another to walk around inside it. Christianity died in Turkey—the land that gave birth to Paul and that he found so fertile for the sowing of his gospel—the land of Ephesus, Galatia, Colossae, Nicaea. The last Armenian baptisms were recorded as late as the 1890's, but today the Christian population of Turkey is less than one percent of the total." <sup>2</sup>

If, in fact, Christians represented one percent of the total population in Turkey at the time of her publication, it is obvious, no matter how marginal, that Christianity did not die in Turkey. In my opinion, Christianity is still alive as long as there is even a remnant of Christians in that region. It may be a painstaking comparison to a region where Christianity once flourished, but in contrast there are communities that remained in existence that have preserved their religion.

<sup>&</sup>lt;sup>1</sup> Barbara Brown Taylor, *The Preaching Life* (Cambridge: Cowley Publications, 1993), 3.

<sup>&</sup>lt;sup>2</sup> Ibid., 4.

### Post-Christian Era vs. Post-Colonial Dominance

My own view, however, is that the historicity of a post-Christian era is a Western argument, framed within imperial, colonial, and civil notions of proliferated dominance. As Western empires have flourished over the past several centuries, so has Christianity. With the exception of monarchal figures, Christian clerics have amassed the most power and influence in Western empires and kingdoms. From a western viewpoint, it is difficult to conceptualize the decline of a once flourishing "Christian kingdom." The Georgian kingdom, for instance, demonstrates that when kingdoms and empires collapse the dominant religion will collapse along with it. While Christianity in Turkey did not die out completely, the Georgian empire did.

Although the decline of Christianity in Turkey may seem trivial, it is—in fact—crucial in terms of current debates over what has been coined a "post-Christian era," the decline of Christianity in the Western Hemisphere. While Barbara Brown Taylor is probably wrong when she claims that Christianity died in Turkey, she is right that our churches in America—and other parts of the West—could, some day, become ruins. More frightening than trying to imagine how Christianity declined in Georgia is imagining the possibility our churches could someday become ruins. Taylor states,

Churches that were the jewels of Byzantine Christendom have been stripped of their altars, fonts, and crosses. Many have been turned into mosques while others are open to tourists as museums and still others have been left to rot. Looking around that magnificent Georgian cathedral that had been abandoned for almost a thousand years, I imagined my own parish in its place: the beautiful wooden rafters rotted out and the ceiling collapsed, shards of stained glass hanging from the windowpanes, the carved stone altar removed to some museum along with the processional cross--vestiges of an ancient faith no longer practiced in the land.<sup>3</sup>

<sup>&</sup>lt;sup>3</sup> Taylor, *The Preaching Life*, 4.

Of course, many readers will probably disagree with this assertion that the historicity of a post-Christian era is a Western argument based on civil principles. I would argue that this is most evident in the Western practice of Christianity, particularly in America. In her book *A Socio-Theology of Letting Go: The Role of a First World Church Facing Third World Peoples*, Marie Augusta Neal addresses this issue:

There was a time when civil religion was holy. This was during the period of the development of nations. It is still holy for developing nations. But in America today it is a rationalization for the status quo—as the plight of our cities reveals only too painfully. American theologians, like all first world theologians, are called upon to develop a theology of relinquishment as the peoples of the world rise up to take what is rightfully theirs. For theologians, patriotism cannot be a primary virtue. Nation-states are today important societal units and nations are cultural units that can and should celebrate their solidarity. However, if the God the advantaged people worship continues to be the society in which they live, then the anomie and alienation generated by disenfranchisement with an unjust social system will increase among the poor of the land.<sup>4</sup>

Disguised in many approaches to evangelism and missions is the colonial ideal of dominance through mass conformity. For example, many churches in America send missionaries to overseas territories and third-world countries. The natives are perceived as savages and their civilizations, cultures, and religions are perceived as uncivilized. The missionaries preach Jesus, present them with a Bible, and teach them a few Western customs. In my own view, the premise is similar to slave conversion, which was explored in chapter one—taming the wild nature of persons.

The Salvation Army is especially known for their presence in inner-city neighborhoods. In *Righteous Empire: The Protestant Experience in America*, Martin E. Marty examines the inner-city evangelistic efforts of the Salvation Army. According to

<sup>&</sup>lt;sup>4</sup> Marie Augusta Neal, *A Socio-Theology of Letting Go* (New York: Paulist Press, 1977), 39.

Marty, "The Salvation Army became what looked to all like a tightly- disciplined and structured denomination which would stop at nothing to draw attention and which was more ready than most to send agents into parts of the city where they would to roll up their sleeves and get their hands dirty." <sup>5</sup>

At present, many of the evangelistic pursuits by white and Black middle-class congregations are targeted towards inner-city communities with the same display of superiority and colonial obsession. The belief, however misguided, is that Jesus, the Bible, and a loaf of bread are the answer to poverty, crime, and disease.

By this, I do not mean that noble evangelistic pursuits do not exist. I would argue, however, that this colonial-style evangelistic preaching infers that the lives of those living in inner cities are hopeless and morally deprived. To add to this, the evidence of their hopelessness and moral depravity are displayed in the conditions of their communities. The message the outsiders preach demands that everyone accept Jesus and conform to a gospel infused with moral propaganda.

## The End of Mass Conformity

The age of colonial-style dominance through mass conformity is coming to an abrupt end in American politics. The status quo value system of politics and policy-making is upset by an increasingly pluralistic country and vast numbers of young people choosing more humanitarian endeavors over religious identity. In addition, increasing numbers of Americans are becoming pro-choice, while others support gay rights and favor same-sex marriage.

<sup>&</sup>lt;sup>5</sup> Martin E. Marty, *Righteous Empire: The Protestant Experience in America* (New York: The Dial Press, 1970), 163.

I argue that the growing number of people with more inclusive and expansive core values in American culture is an imminent threat to colonial-style dominance through mass conformity. Consequently, public policy will no longer be shaped by traditional Christian values, as massive numbers of Americans accept more progressive ideals. This will certainly cause a tear in the fabric of Fundamentalism and conservative values.

If the vitality of religious institutions is reliant on empires to maintain control through mass conformity in America, these religious institutions will be marginalized. While Christianity is modestly declining in America and other regions of the world, it does not necessarily indicate a post-Christian era. I argue that these facts indicate the end of colonialism.

In America, Protestantism and patriotism are subtly nuanced. For example, the American flag stands adjacent to the Christian flag in many churches. Christianity has been the dominant religion in America, practiced by those in power and used to shape public policy. Traditional Christian values are now being challenged by the masses that are adopting a more progressive agenda.

Thus, the end of colonialism has been attributed to the post-Christian era. What is ultimately at stake for conservative politics is the ideal of mass conformity and hegemony. Christianity will survive, even marginally. This is important as it relates to how we preach to a growing culture of non-conformists.

# Starting with the Problem

Harry Emerson Fosdick was one of the most prominent and influential American preachers of the twentieth century. He is the author of the book, *The Living of These* 

Days. Fosdick is right that preaching should start with the problems of the people. The problems people face are real and are arguably the most significant factor in why congregants tune into a sermon. Fosdick noticed a significant attentiveness as he experimented with the personal counseling approach to preaching. He states, "As I experimented with this approach I found that within a paragraph or two, after a sermon started, first one listener then another would discover that the preacher was bowling down his alley, and sometimes the whole congregation would grow tense and quiet, seeing that the sermon concerned a matter of vital importance to every one of them."

Some may disagree with Fosdick's personal-counseling approach to preaching since so many believe that the importance of the Bible is diminished. This couldn't be further from the truth. Fosdick believes in the importance of the Bible; he states, "This did not mean that the Bible's importance in preaching diminished. Upon the contrary, I had been suckled on the Bible, knew it and loved it, and I could not deal with any crucial problem in thought and life without seeing text after text lift up its hands begging to be used. The Bible came alive to me—an amazing compendium of every kind of situation in human experience with the garnered wisdom of the ages to help in meeting them."

It is my view that the personal-counseling approach to preaching is a synthesis of expository preaching and topical preaching. Topical preaching analyzes contemporary issues in the world. A personal-counseling approach to preaching involves elucidation of all the composites of life. Fosdick says,

<sup>&</sup>lt;sup>6</sup> Harry Fosdick, For the Living of Theses Days: The Autobiography of Harry Emerson Fosdick (New York: Harper and Row, 1956) 94.

<sup>&</sup>lt;sup>7</sup> Fosdick, For the Living of These Days, 94.

The problems that came to church on Sunday in minds and hearts of the worshippers were not simply individual but social, economic, international. The preacher, however, did not need to deliver a lecture on them, as though he were a trained specialist in these diverse fields. He could not possibly know enough for that, but he could know the inner impact of those problems on his people in their defeatism and disillusionment, their agnosticism and despair, their surrender of Christian principles in the face of life's terrific realism, their reactionary clinging to old prejudices despite new light, and their class-bound loyalties to the wrong side of great issues.<sup>8</sup>

Basically, Fosdick is saying that preaching should get into the minds of the listeners. This was helpful to me in the preaching series. The premise of the preaching series is to change how parishioners think about health and wellness in general and soul food in particular. I had to creatively craft a sermon that got into the minds of people who are attempting to survive social and economic injustices the best way they can. For these people, sermon topics on food, health, and wellness are not a primary concern.

I believe Fosdick's personal counseling approach to preaching is the best model for preaching to the congregation that I serve. Fosdick's method, however, requires clairvoyance on the part of the preacher. Fosdick states, "Of course this style of preaching requires clairvoyance on the preacher's part into the people's thinking, but any man who lacks this has no business to preach anyway."

Harry Fosdick's preaching life also inspires me to study the sermons of great preachers. Dr. Gary Simpson made a noteworthy criticism in a class discussion at Drew University when he stated that those who are called to preach rarely study the great preachers of the past. As Harry Fosdick cultivated his preaching method, he studied old preachers. Fosdick says, "Their sermons were appeals to the jury and they got decisions.

<sup>&</sup>lt;sup>8</sup> Fosdick, For the Living of These Days, 95.

<sup>&</sup>lt;sup>9</sup> Ibid., 97.

They knew where the great moves were and appealed to them with conclusive power." Fosdick not only read the sermons of great preachers, but he also analyzed every sentence. I have been in ministry for twenty years. Honestly, I have only taken homiletics seriously the past eight years. That is not to say that I did not preach seriously, but I did not study my craft as well as I should have. Reading the sermons of great preachers past and analyzing how they developed sermons that addressed the circumstances of their worship communities helps me to better understand how I can develop sermons that speak to the challenges that face the people I serve.

I have floundered in my own quest for relativity in my preaching and will continue to in many ways. Fosdick's preaching life helps me to willfully accept my own internal strivings and tensions as a necessary part of growth.

<sup>&</sup>lt;sup>10</sup> Fosdick, For the Living of These Days, 100.

### **CHAPTER 5**

## FOUNDATIONS FOR PRAYER AND HEALING

Beloved, I pray that all may go well with you and that you may be in good health, just as it is well with your soul. (III John 2:1)

I knew from the beginning of the project that I would use the accounts of Jesus' healings in the gospels in my sermon series. However, I realized that I needed a biblical foundation to guide the entire work. This text (3 John 1:20) presents a holistic approach to health and wellness. There are three components within this text that foster health and wellness.

## **Community**

If we are to achieve health and wellness, an informed community is necessary.

The letter is addressed to a person identified as Gaius. There is very little known about the identity of Gaius, as this was a common name. It is probable that Gaius was affiliated with one of the communities associated with the author of 3 John.

The church is a community where people seek support and guidance, not only with spiritual matters, but also with everyday life. It is my objective to create a community of wellness through support. Although the church community cannot subsidize the costs associated with health challenges, the community can offer valuable

assistance. In *Health, Medicine, and Faith Traditions: An Inquiry into Religion and Medicine*, F. Dean Lueking offers programming suggestions to incorporate into congregational life to assist those with illnesses. The following can be effectively incorporated into Caldwell A. M. E. Zion Church:

- Having a congregation mobilize a group of its members to help the household of an ill person to continue to function through a time of acute or prolonged illness.
- Offering assistance by donating blood, sorting through the maze of paperwork incurred in Medicare and other insurance coverage, and sometimes assisting the family in meeting the emergency financial problems brought on by illness.
- Helping people allay their fears of medicine and hospital procedures by explaining the processes.
- Drawing in to congregational programs by asking physicians and nurses, hospital administrators, and volunteers to speak of what they see at the juncture of religion and medicine. Providing a forum of intelligent concern and interest for medical professionals to express the dilemmas of modern health care with which they struggle.<sup>1</sup>

I do not think that I can overstress the importance of community in the pursuit of health and wellness. In *A Psychiatrist Looks at Health and Religion*, James Knight argues that the healing ministry of Jesus almost always takes place in a corporate context.<sup>2</sup> He further expounds on the life of the early church where he states, "Healing became more associated with corporate worship and the sacramental life of the believing community; the element of group atmosphere became a factor of major importance."

<sup>&</sup>lt;sup>1</sup> F. Dean Lueking, "The Congregation: Place of Healing and Sending," in *Health/Medicine and the Faith Traditions: An Inquiry into Religion and Medicine*, ed. Martin E. Marty et al. (Philadelphia: Fortress Press, 1982), 284.

<sup>&</sup>lt;sup>2</sup> James A. Knight, *A Psychiatrist Looks at Religion and Health* (New York: Abingdon Press, 1964), 173.

<sup>&</sup>lt;sup>3</sup> Ibid.

# Compassion/Care

The author begins the letter by expressing a profound love for Gaius. He addresses his desire for Gaius to be in good health. As a pastor I have anguished over ways to address health and wellness. I have watched parishioners suffer with physical ailments compounded by unhealthy lifestyle choices. I have been asked by concerned members to intervene and "say something" to individuals who were seemingly powerless over their physical conditions. There is always the constant iteration of, "Maybe they will listen to you."

It was necessary to seek ways to break the silence on what are, at times, delicate health issues. Lueking asserts:

Congregations are always just at the edges of their full potential for recognizing and applying the fullness of religious tradition to the wellbeing of human life. In spite of the assumption that everybody who has had an operation wants to talk about it, many regard illness as a private affair and guard it accordingly. It is almost as if becoming ill were an embarrassment, a taboo. While people have every right to the manner of opening up about illness, the gift of health and burden of disease cannot be kept in isolation according to the biblical faith.<sup>4</sup>

Then there is the task of empowering a compassionate community to break their silence when loved ones are in danger and, in return, empower them to take control of their health. It is important for the community to provide expressed concern for the health and wellbeing of the entire community, including vocalizing our concerns. Bouma, et al. states, "Christians can call people to personal responsible stewardship of their health simply on the basis of prudence. It is simply not prudent to engage in behaviors or to

<sup>&</sup>lt;sup>4</sup> Lueking, "The Congregation," 283.

continue in habits that in the end are likely to end in chronic diseases that are both oppressive and expensive."<sup>5</sup>

Lucking asserts that disease is a taboo subject. In my own opinion, the stigmas attached to some diseases prevent individuals from sharing their diagnoses. Stigmas can force people into isolation and away from a caring community where they might find support and assistance, and perhaps medical attention. A compassionate community can promote intentional awareness of stigmas attached to certain diseases and use creative and inclusive language to ease a person's apprehension about sharing his or her diagnosis. This, I contend, starts with the proclamation of health and wellness.

I have experienced church leaders, including other pastors, who are apprehensive about talking about their illnesses. They, too, fear being stigmatized. They want to avoid being perceived as incapacitated and potentially losing their positions.

There have been several instances during this project where our church has seen what I call the "manifestation of illness." We have a ministry leader at Caldwell whose responsibilities are essential to the life of the church. For the purposes of anonymity, I will refer to her as "Member A." Member A is in the senior-age demographic of our church. Member A is full of life and energy, despite her age. One Sunday while sitting in my study after church, I heard a loud "boom" sound. I ran out of my office and discovered Member A had collapsed. As I turned the corner where she was, she was struggling to regain footing and balance. Member A was dizzy and confused. I ran to support her and to keep her from falling again. I then instructed another member to call

<sup>&</sup>lt;sup>5</sup> Hessel Bouma III et al., *Christian Faith, Health, & Medical Practice* (Grand Rapids: William B. Eerdmans Publishing Company, 1989), 151.

<sup>&</sup>lt;sup>6</sup> Lueking, "The Congregation," 283.

911. Member A contested by insisting that she was all right, but could not stand on her own. After several minutes Member A regained her footing and performed an exercise to prove that she was okay. Meanwhile, she remained confused and insisted that she was all right and we should not call 911.

This was obviously embarrassing for Member A. However, we affirmed our love and concern and let her know that we insisted that she wait for the ambulance. After EMS arrived and checked her vitals, they took her to the hospital and she was admitted.

I went to the hospital a few hours later. I encouraged her to rest and follow the doctor's orders. I did not want her to worry about her position as a leader and assured her that her responsibilities at the church would be fulfilled until she was healthy enough to resume. I then spoke with another ministry leader who was familiar with Member A's responsibilities and agreed to assume them. I was assured that the extra responsibilities would be taken care of. I thanked the ministry leader for assisting. The ministry leader replied, "This is what we are supposed to do for each other."

This is one aspect of a compassionate community in action. According to Tan and Dong, "Religious leaders of all faiths can work to create a community in which caring is embedded in the actions of a religious group as it cares for others in the group and larger community. As a community of faith, members can be present for one another in significant ways in the midst of illness, pain, and hurt."

<sup>&</sup>lt;sup>7</sup> Siang-Yang Tan and Natalie J. Dong, "Spiritual Interventions in Healing and Wholeness in Faith and Health," in *Faith and Health*, ed. Thomas G. Plante et al., (New York: The Guilford Press, 2001), 305.

## **Prayer**

The author's earnest prayer in this scripture included overall wellbeing, health, and care for the soul. Prayer is essential to Christian faith. As the text suggests, we should pray for the good health of those in our community. I confess my own reluctance about having prayer lines in service, prayer groups, or praying for the healing of someone facing sickness. I usually assign healing as the prerogative of the will of God. I have been conflicted by my own doubts. What if healing does not happen? What if we pray for healing and the person still dies? These are valid questions. It would be negligent of me to give false hope to people facing terminal diseases. Kelsey states:

Many physicians are giving very serious attention to the possibility that the mind and the emotions of human beings have a significant effect upon their physical wellbeing. But since this is a complex matter, often requiring medical background as well as psychological expertise, most people feel that it is foolish, if not downright dangerous, for clergy to meddle in healing.<sup>8</sup>

I realize, however, that I have no inherent power to cause healing. I have never misled anyone concerning healing. I have preached and taught the importance of praying for the sick. I have called the church to pray for sick people in our worship services. It is not unusual for congregants to surround the person who is being prayed for at the altar. Those who are standing closest to the person we are praying for will often place their hands on that person's shoulder. Also, we close out each Bible Study in a large circle where we speak the names before we pray for those in our community who are sick.

<sup>&</sup>lt;sup>8</sup> Morton Kelsey, *Psychology, Medicine, and Christian Healing* (San Francisco: Harper and Row Publishers, 1988), 9.

Knight quotes sixteenth-century French surgeon Ambroise Paré as saying, "God heals the wound, I merely dress it." I approach my role as a clergy person. God is the ultimate healer. When I have altar calls for healing, I always inform the congregation that God is the healer and that we are praying together for healing. The church can create space for God's healing to take place. Tan and Dong suggest employing, "specific prayers for healing by the person seeking health and wholeness, by friends or family members, by church or religious group members or leaders, and by members of the health care profession."

I have practiced laying hands on sick people while praying both before and during this project. As stated earlier in this work, Jesus often employed touch in his healing ministry. According to Tan and Dong, "Touch is a powerful means of communicating caring and promoting healing. Touch has been a significant element of Christian healing., following g numerous New Testament examples of Jesus healing the sick through the use of touch (e.g., Matthew 8:14-14)." For individuals comfortable with this approach, the laying on of hands is a way in which clergy can continue the healing ministry of Jesus. Tan and Dong offer suggestions to the healthcare professionals who pray with their clients and employ touch. The following are useful for clergy and lay persons who pray for healing in churches or hospitals:

- 1) Ask for permission.
- 2) Cultivate an open attitude and free yourself of negative feelings.

<sup>&</sup>lt;sup>9</sup> Knight, A Psychiatrist Looks at Religion and Health, 92.

<sup>&</sup>lt;sup>10</sup> Tan and Dong, "Spiritual Interventions," 298.

<sup>&</sup>lt;sup>11</sup> Ibid., 300.

<sup>12</sup> Ibid.

- 3) Pray with a partner.
- 4) Use simple but specific prayer requests.
- 5) Visualize while praying.
- 6) Periodically check with the person being prayed for to see what he or she is experiencing.<sup>13</sup>

I have faced my reluctance to pray for the healing of people with illness and disease. There are instances where sickness is prolonged or healing does not take place. As cited by Tan and Dong, prayers can also be a resource to facilitate coping with illness or psychological distress. Prayers can be beneficial for persons facing terminal illnesses or living with incurable diseases. As cited by Tan and Dong, "Beyond specific requests for physical healing, prayer can provide the person who prays with greater hope, security, meaning, alleviation of depression, tension reduction, and increased subjective well-being." <sup>14</sup>

There is the reality that everyone will die. The human body is not capable of living forever. I have often said throughout this project that we cannot control the quantity of the life we have but we are responsible for the quality. The message of personal responsibility is vital. People have often engaged in unhealthy behaviors and diets. When I proclaimed health and wellness, some have responded by saying that we all are going to die of something anyway. This is true; however, these attitudes limit the quality of one's life. Although the quality of life is relative to each person, we have a responsibility to give our bodies the best chance at optimal functionality.

<sup>&</sup>lt;sup>13</sup> Tan and Dong, "Spiritual Interventions," 300.

<sup>14</sup> Ibid., 298.

Regardless of how much we seek healing, the body will expire. Even when we eat quality foods and exercise, we will become prone to disease or anatomical failure. Everyone that Jesus healed eventually died. Death is inevitable. Even those who may experience an extension of life through healing will eventually die from something. Bouma et al. states, "The fact of human mortality has not changed; we all die, and the advances of medicine and public health insure only that we are more likely to die later of a degenerative disease than earlier of an infectious one." <sup>15</sup>

This is a hard task for me as a pastor. I have journeyed with parishioners through the stages of disease within and beyond this project. There are those who accept their mortality and refuse additional treatment while others fight ferociously to the very end. One member was dying from cancer, but refused to "claim" cancer in her body until the day she died. Another member in her 90's was recently diagnosed with cancer. She expressed to me how depressed she was. She could not believe that God was going to allow her to die from cancer. As the weeks passed she became more vibrant. She thanked me for praying for her and expressed her gratitude for the conference-call prayer line. Her diagnosis did not change but her prognosis was improving.

Addressing the shifting attitudes towards dying over the past two generations from domestic, family-oriented participation in the dying of a loved one to more clinical isolated experience, Bouma et al., states, "If Elizabeth Kubler-Ross is correct, our reluctance both to assign and to assume the role of dying may be traceable to a deeply embedded denial of death that seems to pervade American culture." <sup>16</sup>

<sup>15</sup> Bouma III et al., Christian Faith, Health, & Medical Practice, 268.

<sup>&</sup>lt;sup>16</sup> Ibid., 270.

## Health and Wellness: What's The Difference?

After sharing my thesis topic, I was asked by my LAC to distinguish health and wellness. Some believed that they are synonymous. I expressed to them that I have always thought of health in terms of bodily function and wellness as the overall state of existence.

This distinction is fundamental, especially with the hope and expectation of healing. Bouma et al. asserts, "What is it to be healthy? Christians are comfortable with thinking of health in a very broad way, being concerned with the psychological and spiritual health as well as with physical health." Bouma et al. utilizes the concept of health as the "well-functioning of human beings in their particular physical and social environments." Tan and Dong take the approach that being healthy is not simply the absence of disease or illness. For Tan and Dong, "The presence of physical disease process contributes significantly to a lack of health; it is certainly possible for a person to be free of disease yet still not feel healthy. There is a subjective quality to health that may be more adequately incorporated by the terms 'wholeness' or 'wellness." They further state that "we approach well-being as a broadly conceptualized term encompassing those facets of the individual that impinge on behavior and lifestyle, personality, spiritual

<sup>&</sup>lt;sup>17</sup> Bouma III et al., Christian Faith, Health, & Medical Practice, 51.

<sup>&</sup>lt;sup>18</sup> Ibid., 105.

<sup>&</sup>lt;sup>19</sup> Tan and Dong, "Spiritual Interventions," 291.

<sup>&</sup>lt;sup>20</sup> Ibid.

beliefs, culture, social context, and cognitions, as well as physical abilities and limitations."<sup>21</sup>

<sup>&</sup>lt;sup>21</sup> Tan and Dong, "Spiritual Interventions," 292.

### **CHAPTER 6**

## THE PROJECT UNFOLDS:

### THE PROCLAMATION OF HEALTH AND WELLNESS

During the annual organization meeting at Caldwell Temple in 2014, I announced that our church would begin regularly emphasizing health and wellness. At that meeting I established our Health Ministry, appointed a director, and commissioned that individual to begin organizing the ministry and its programming. Normally, I consult several key members before making appointments to church boards. On the other hand, I rely on my discernment and observation of individuals when I make appointments to the church's auxiliaries. In this case, I appointed the leader of this ministry based on my observation. The individual that I appointed was not a healthcare practitioner. However, this individual demonstrated the willingness, thoughtfulness, and the interest that was necessary to lead this vital ministry. Before this appointment, the leader would often inundate me with information and ideas on heath awareness and how we could incorporate them into the church's ministry.

Prior to organizing our Health Ministry, the Women's Ministry at the church led various health initiatives that mainly targeted women and gender-specific health issues.

During announcements each Sunday, the Women's Ministry would highlight health

issues such as breast cancer. I wanted to broaden our approach as a church with a new, more inclusive ministry.

The Health Ministry remained defunct after several months. Caldwell has a pastor-centric culture, where most members respond only to the pastor's directions. This was a very important initiative in the life of this congregation and I, as the pastor, was in a quandary. I began to brainstorm over what was to jump-start this vital ministry. I was just at the phase in this Doctor of Ministry program at Drew University where I needed to begin focusing on project ideas. After much thought and advisement from my professors, it occurred to me that I could use my best resource to increase awareness—the pulpit.

As the pastor I needed to take leadership on health and wellness. I have preached from the gospel where Jesus performed healings, but I had never in my ministry intentionally preached about health and wellness. I deferred to the advisement of my professors and began to develop a preaching series during the six-week observance of Lent.

I began this process with lots of apprehension, primarily because I had never preached more than a three-part sermon series. I was unsure that I could consistently and creatively preach six sermons on health and wellness—a topic on which I had never preached intentionally. Even with thorough planning, I knew that this project would prove to be challenging for me. I wondered if I could not only maintain focus on the subject, but also maintain my own interest and passion for six weeks.

Then there was the apprehension of preaching about health and wellness during the observance of Lent when attendance would be rising after a brutal winter. I wondered if I could present the content in a manner that would maintain the interest of the

congregants. It was such an important subject, and I knew that I could not concede to my apprehensions.

If a theology of health and wellness exists, it must be preached. According to Olin P. Moyd, "Preaching has been the primary vehicle of theology in African American churches. And, in spite of the social, political, and economic obstacles challenging the existence and progress of this people, preaching has been the primary vehicle for transmitting transcendent theological truths to the homes and hearts of the masses." With this in mind, I set out to reach the homes and hearts of the masses through the proclamation of health and wellness.

The sermon series began with prayer and contemplation. I used Harry Fosdick's approach to preaching as a resource. I began with what was evident to me—the problems of the people. There is a litany of problems facing the community I serve. Most problems, it seems, are systemic of the vicious reality of poverty. In *Christian Faith, Health, And Medical Practice*, Bouma et al., states, "Christians will insist on justice within their own countries, but they will also look beyond their borders to the global village. In the global village many are poor, and very often their poverty quite literally makes them sick." Poverty effectively bends the fulcrum of justice and opportunity.

A significant portion of the membership at Caldwell Church, as well as non-members who attend on a regular basis, face the horrors of poverty. The range of these horrors is vast. I recently learned that a longtime member has been homeless for several months. This particular member informed of this in confidentiality. There is a large

<sup>&</sup>lt;sup>1</sup> Olin P. Moyd, *The Sacred Art: Preaching and Theology in the African American Tradition* (Valley Forge: Judson Press, 1995), 9.

<sup>&</sup>lt;sup>2</sup> Hessel Bouma III et al., *Christian Faith, Health, and Medical Practice* (Grand Rapids: William B. Eerdmans Publishing Company, 1989), 166.

family in our congregation who live together in a small one-bedroom apartment. With three generations living together and one fulltime adult working, they run out of food twice a month. These two stories reflect only a small part of a large narrative.

Although hospitals such as Bronx Lebanon in the Bronx have affected community programs, their efforts barely decrease the gap in healthcare coverage. My analysis is at best anecdotal. As the pastor, I listen to the stories of those affected by the gap in healthcare coverage. These stories vary from one individual to the next. The following are a few examples of why some people do not seek medical help:

- An individual thinks they cannot afford to go to the doctor.
- An individual may not have reliable transportation or assistance (seniors).
- An individual has to wait too long to be seen by a doctor.
- An individual does not know the healthcare options available.
- An individual may seek medical services from a clinic or mobile lab, but does not have a primary doctor.
- An individual refuses to seek treatment.

An individual's socioeconomic status is indicative of the availability and quality of healthcare. In *The Handbook of Religion and Health*, Koening, McCullough, and Larson state, "Education and income can also influence physical health, especially the quality of medical care that one receives. Education increases knowledge about preventive health behaviors, increases the likelihood that diseases will be detected early, and increases income available to spend on health-related activities." Both texts argue the importance of education and income. In this case, considering the increased

<sup>&</sup>lt;sup>3</sup> Harold G. Koenig, et al., *Handbook of Religion and Health* (New York: Oxford University Press, 2001), 390.

opportunities and advantages in tandem, Bouma III et al. may be right by asserting, "Income and education may be more important to the health of individuals than medical care itself."

I realize that members come to church looking for answers to their problems.

They also, at times, seek assistance for food, childcare, and navigating through government programs. Those who live in poverty rely on churches and community services. *The Handbook of Religion and Health* states, "Because religion tends to be more common among those in the lower socioeconomic classes, who often rely on religion to compensate for the lack of other resources, the religious poor may be at greater risk for physical illness and poor medication." 5

Health and opportunity are inextricably connected. I recently had a conversation with a cancer survivor who had a rare form of cancer. The only reason he was alive, according to him, is because his spouse at the time had recently won several million dollars in a court settlement. His wife paid out-of-pocket for him to receive specialized cancer treatment. Today, he is alive and cancer-free.

This underscores the fact that people with education and income have access to quality healthcare. I am sure that there are countless people who have died because of poverty. I must also consider those who have lost their jobs and housing due to prolonged illnesses. Bouma III et al. asserts, "Another reason that medical care is important is that it, like education, can provide and protect a range of opportunities. Health, after all, makes it possible for us to pursue other goods; without health our options and

<sup>&</sup>lt;sup>4</sup> Bouma, III, et al., Christian Faith, Health, & Medical Practice, 165.

<sup>&</sup>lt;sup>5</sup> Ibid., 390.

opportunities are severely restricted."<sup>6</sup> The unnecessary tragedy and injustice of poverty demands the proclamation of health and wellness.

I canvassed the membership for individuals whom I knew would take this project seriously and invest themselves in it. My first impulse was to locate members who work in the healthcare field. After some consideration I decided that would not reflect our diverse congregation. I needed individuals who would benefit from this important work beyond this project. I selected eight members of diverse ages and careers to be part of the Local Advisory Committee (LAC). The following people comprised the LAC:

- Nicole Adams- has been a member of Caldwell for three years. She is the mother two. She is administrator in the admissions office a private school.
- Essie Carrington- has been a member of Caldwell for over fifty years. She is the widowed mother of two sons and the grandmother of four. She is a retired nurse.
- Greg Fields- has been a member of Caldwell for five years. He is married with one daughter. Greg is the director of an after school program.
- Sandra Govan- is a lifelong member of Caldwell. She is the mother of one son.
   She is employed as a paralegal.
- Terrance King- has been a member of Caldwell for three years. He has one son.
   Terrance is a middle school teacher.
- Sandra Reyes- has been a member of Caldwell for over ten years. She serves as
  the director of the soup kitchen at the church. She was formally employed as a
  nurse.

<sup>&</sup>lt;sup>6</sup> Bouma, III, et al., Christian Faith, Health, & Medical Practice, 163.

- Myrtle Shaw- has been a member of Caldwell for over fifty years. She serves on the Trustee Board as the Chairperson.
- Reiko Yuge- has been a member of Caldwell for three years. She is currently in a chaplain residency program at a local hospital.

The LAC agreed that we would continue to meet each Sunday after service during the project. Family responsibilities, work schedules and ministry commitments throughout the week would have made it difficult to meet any other day. We opened each meeting with prayer. We then discussed any ideas that were generated from the previous week that were not covered. Afterwards, we discussed the efficacy of the current week's sermon.

The following schedule was used to guide the project after selecting the members of the LAC:

Sunday February 15, 2015: Distribute first survey

Wednesday February 18, 2015: Ashe Wednesday Sermon Installment First sermon installment/LAC Meeting

Wednesday February 25, 2015: Prayer Service

Sunday March 1, 2015: Second sermon installment/LAC Meeting

Wednesday March 4, 2015: Prayer Service

Sunday March 8, 2015: Third Sermon Installment/LAC Meeting

Wednesday March 11, 2015: Prayer Service

Sunday March 15, 2015 Fourth Sermon Installment/LAC Meeting

Wednesday March 18, 2015 Prayer Service

Sunday March 22, 2015: Fifth Sermon Installment/LAC Meeting

Wednesday March 25, 2015 Prayer Service

Sunday March 29, 2015 Sixth Sermon Installment

#### The Health Station

It was my goal to have a fully functioning health station in place during this project. After the initial meeting with the LAC, it was determined that more time was needed to establish a comprehensive health station. We did, however, conduct blood pressure screenings at our Ministry Fair later in the project. A member of the LAC conducted the blood pressure screening. No information was collected from the participants.

## **The Sermon Series**

I included a three-point challenge in the introduction in each sermon series. I wanted a sermon series where the membership could actively participate. Most of the members at Caldwell Temple observe Lent by giving up something material or fasting. This year I encouraged the membership to do something that will benefit their health and wellness. I felt that I could encourage the congregation to engage in the personal practice of healthcare with three challenges. After consulting my LAC I move forward with the following challenges:

- 1) Eat Healthier
- 2) Exercise More
- 3) Reduce Stress

The following sermon topics were preached:

- 1. Jesus Is Concerned About Your Health (III John 2:1 NRSV)
- 2. The Spirit of Infirmity: Healthy Attitudes Toward Health (Luke 13:11-13)
- 3. Mental Illness (Mark 5:1-20)
- 4. Pressing Through the Crowd: Countering Stigmas (Luke 8:43-48)

- 5. What Are You Waiting For? Access To Healing (John 5:1-9)
- 6. Total Wellness (III John 2:1)

I met with the LAC after each service to assess the effectiveness of the sermon. I normally preach from the pulpit on Sundays. During this series, I preached from the floor and walked down the aisle. I created dialog by asking questions during the sermon. The feedback from my LAC was positive. They thought this aspect of the series engaged the congregation in new ways.

There is one challenge worth noting. Each week of the sermon series I would ask the LAC to critique the sermon content. I could not absolve the LAC of the feelings they had about critiquing my sermons. There was a consensus that it was not their place to tell me what to preach. I realized that I was encroaching on very sensitive boundaries by asking too many questions about my sermons.

# **Evaluation: Was The Project Effective?**

I began the project by distributing surveys to the congregation in an attempt to evaluate the health needs, interests, and general attitudes towards health (see Appendix). One hundred fifty copies of the survey were distributed on Sunday morning to everyone in attendance. Before handing out the surveys I explained to the congregation that I would be preaching a sermon series on health and wellness during Lent. I further explain to the congregation that the survey would help me gauge the healthcare needs of the congregation. Only seventeen surveys were returned. I knew that it would be a difficult task to get a majority of the membership to return the surveys. There seemed to be a general disinterest in the topic of health and wellness at the beginning of the project.

There were a variety of reasons why the majority of the membership did not return the surveys: time restraints, lack of interest, and suspicion of the contents.

However, as the project progressed, the membership began to share their personal stories of health and wellness. As suggested by Savage and Presell in *Narrative Research in Ministry: A Postmodern Research Approach for Faith Communities*, we should "invite participants to tell the story, focusing on the faith community's narrative of concern or opportunity and the ways their stories interact with it." Savage and Presnell assert, "Recall that each telling is a new story and that each teller has an opportunity to be both the teller and audience to her/his story. Listen for the variety of language forms, relationship patterns, meanings, legacies, polymorphic symbols, and the ways these have shaped the story."

Some congregants testified in service of health challenges and healings experienced. Other members privately shared their stories with me. I learned more about the narrative of concern by listening to stories than I could have with the survey. Some members expressed how this sermon series opened up new ways of thinking about their health, wellness, and spirituality.

I along with my LAC determined that there would be very little benefit to distributing a final survey to the congregation. We agreed that it would be best to implement space in worship service for testimonies to be shared on a continual basis.

In chapter five I gave an example of "manifested illness" at Caldwell Temple.

During the span of this project there were several manifestations of illness, which, in fact,

<sup>&</sup>lt;sup>7</sup> Carl Savage and William Presnell, *Narrative Research in Ministry: A Postmodern Approach for Faith Communities* (Louisville: Wayne E. Oates Institute, 2008), 89.

<sup>&</sup>lt;sup>8</sup> Ibid.

scared some members. Emergency medical services were called four times during the six-week sermon series.

One member had a heart attack while in service. We stopped our order of service to pray for her as the paramedics rushed her to the hospital. I later found out that was her third heart attack.

On one particular Sunday during this sermon series, a new member of Caldwell Temple came to service with her son just as we were ending. After service she said that she needed to talk to me. I could tell that something was wrong. She began yelling at other congregants asking why they were not dressed for the wedding. She said that she and I were going to get married today. Normally, I would intervene in instances like this. However, I was asked to go upstairs to my study as the situation intensified. It was clear to me that this was a psychiatric emergency. Some members were trying to reason with her and make sense of what was occurring. I instructed them to call 911 because this was indeed a medical emergency.

When the police arrived, they escorted me out of the church and waited on the ambulance. As I was leaving, we made sure that someone would take care of her son so that he would not have to go with a social worker.

We later discovered that this member had been diagnosed with schizophrenia. She had not taken her medication in days, which caused this episode. I saw her several weeks later at a church event. She apologized to me and told me about her experience with treatment. I hugged her and reminded her that she was loved in our church and always welcome. This experience created space for new conversations about mental health in our community.

Some members were frightened by the recurring manifestations of illness with a preaching series on health and wellness. Referring to these occurrences, one member who is a nurse said to me, "The devil is upset that you are preaching about health and wellness." Another member said, "Pastor, you must keep preaching about this [health and wellness]. We need to hear it." Collectively, these incidents increased awareness and interest in health and wellness. Overall, I believe the project was effective in transforming attitudes and behaviors associated with health and wellness.

# **Post-Project Evaluation**

Caldwell Temple A.M.E. Zion Church is known throughout our denomination for being receptive to pastoral leadership. They readily embrace new ways of thinking. These attitudes, in general, have fueled the progress of this project. Since this project I have had several conversations with members of the church about health and wellness. Not all of these conversations are serious in nature. For example, my door was open when one of the staff members walked by my office. She had a bag of food from a restaurant in her hand. I did not notice the bag of food at first. Then she lifted the bag up half mast and said, "Pastor, everything in this bag is healthy." Members of the church are making conscious decisions about their food choices.

We are continually in search of new ways to implement the ideas expressed in the sermon series. In November of 2015, the Health Department of New York City chose our church to implement its new fitness program. They donated state-of-the-art exercise bikes, workout mats, weights and other workout equipment. Once a week a certified fitness instructor comes to the church to facilitate a fitness class. The response was minimal at first. There were days when only two people would attend. After extensive

marketing to the church and community, regular participation has increased to an average of fifteen people.

Aside from our colon cancer workshop, our health programs have attracted mostly women. After asking some of the men why they do not participate, many of them indicated that it was because there is no male representation when highlighting programming around health issues. This year we are planning to add to the Health Ministry a Director of Men's Health.

The Deaconess Board now functions as a cooperative partner of the Health Ministry. Part of the duties of a Deaconess is to visit and pray for the sick. They assume visitation responsibilities as part of the Health Ministry.

Each member in our church is assigned a Class Leader. One aspect of a Class Leader's duties is to ensure that sick members receive appropriate attention. That is, each Class Leader is usually the first point of contact with sick members in their classes. The Class Leader will then inform the pastor if visitation or temporal assistance is necessary. We have implemented and stress the use of protocol when there is a health concern with a member.

We also have Wellness Partners as part of our Health Ministry. If a member is diagnosed with a disease, we will offer wellness partnering. In this case, a member who has been diagnosed with a disease or is experiencing health challenges will be partnered with another member who has had similar experiences. The Wellness Partners are there to listen, pray with, and offer assistance to their partner. This ministry is new and small. As of now, I facilitate the partnering of individuals.

A heath station has been established at Caldwell. The health station is located in the vestibule of the church. There, the members can access pamphlets, brochures, and other health-related reading material. This station also highlights special times, such Breast Cancer Awareness Month.

## **CONCLUSION**

This work would not be complete without mentioning the importance of the health and wellness of clergy. Before this project I started focusing on my personal health and wellness. I personally live by the three challenges that I presented to the congregation. I have personally witnessed the benefits of being intentional about health and wellness. I felt inclined to share this passion with my congregation. As ministers, we should not expect the people in our congregations to live healthy lives if we not only fail to proclaim the gospel of health and wellness, but also fail to exemplify a healthy lifestyle. Without caring for ourselves we cannot care for our congregations and families. In some respects, this project was a personal expedition to share my passion with others.

As ministers of the beloved gospel, we sacrifice our time, health, and families. Often our families end up paying the ultimate sacrifice for our passions in ministry. Our children pay for our absence in our homes. I am not suggesting that there will not or should not be any sacrifices in ministry. However, in vocation where self-sacrifice is pervasive, those notions should be defied and replaced with self-preservation. By this, I mean taking care of oneself. People will follow you as long as you are able-bodied and productive. Once your talents and gifts are exhausted, they will move on to the next healer. We are then left broken, hurt, sick, or even dead. I am one who believes pastors must not feel guilty about taking the necessary time we need to be with self, our Creator,

and our families. Our priorities as ministers are misplaced, as ministers end up being the most spiritually deficient and unhealthy.

## APPENDIX A

# Sermon-February 22, 2014

Today, I'm going to initiate a discussion that has remained, mostly, non-existent in our church. During the next six weeks of Lent, I will be exploring topics on health and wellness in the Church. It is not an exciting conversation but it is a necessary one. I will attempt to make it as interesting and relevant as possible.

According, to the Center for Disease Control, "The majority of Americans (73%) identify themselves as Christians, which means that churches may be in a key position to improve the health of the nation. According to the CDC, "[We are not only] potential points of contact with the public, [we] also tend to hold regular events that involve food and relationships."

Researchers at the University of North Carolina Chapel Hill and Emory

University would in collaborations to initiate a called Body & Soul into Black churches.

This program incorporates healthy lifestyle education, church events, and peer counseling and has been proven to promote healthy food choices among participants. The program was based on the success of two projects that promote healthy nutrition among Black church members. One was called Black Churches United for Better Health and was developed by researchers from the University of North Carolina at Chapel Hill. It involved making environmental changes to churches (such as increased availability of fruits and vegetables at events), gaining the support of church leadership, and distributing educational materials encouraging healthy lifestyles.3 The other program was Eat for Life which emphasized motivational counseling for participants.4

The essential elements of each program were combined to create Body & Soul:

- Pastoral involvement and support
- Peer counseling for participants
- Church-wide activities to promote healthy food choices such as:

Health fair, kick-off event

Educational sessions with cooking classes

• A church environment that promotes healthy food choices such as:

Fresh fruits and vegetables at general church events

Sponsoring a farmer's market at the church

As Christians, health and wellness should be a dominant conversation. In fact, Jesus was concerned about health and wellness. Many of the miracles he performed were healings.

Jesus was concerned with neurology: (Mark 8) A father brought his son to Jesus who had epileptic seizures since childhood. The father called it a dumb spirit (thought neurological/psychological disorders were demonic). The son would foam at the mouth and wallow on the ground. It caused him to decline mentally. When they brought him to Jesus he had an epileptic fit right there. Jesus cast the spirit out of him. In other words, Jesus was a neurologist.

Jesus was concerned with ophthalmology: (Mark 8) They brought a blind man to Jesus. Jesus took him by the hand and led him out of the village. Then, Jesus spit on his eyes, touched him and asked the man what he saw. The man replied, "I see men as trees, walking". Jesus touched him a second time and told him to look up. The man's sight was restored and he saw everyone clearly. In other words, Jesus was an ophthalmologist.

Jesus was concerned with orthopedics: There was a woman with an infirmity 18 years. For 18 years she was bent over and could not lift herself up. Jesus called her over and said, "Woman, thou art loosed from your infirmity". He laid hands on her and immediately she was made straight and glorified God (Luke 8).

Jesus was concerned with audiology. (Mark 7) They brought a man to Jesus who was deaf and had a speech impediment. Jesus took him aside, put his fingers in his ears, spit, and touched his tongue. Jesus looked to heaven and said, "*Ephaphatha*" (meaning: be open). His ears were opened, his tongue was loosed, and he spoke plainly. Jesus was on audiologist.

Jesus was concerned with Dermatology: Jesus was in a village between Samaria and Galilee when he met 10 men that were lepers standing far off. Leprosy was a skin disease. Lepers could not have contact with healthy people. Individuals with the disease had to let the public know that they were Leprosy Positive. The moment an individual was diagnosed they would be relegated to a lower social status. They were marginalized and quarantined outside of the cities because there were no advancements in the knowledge of the disease, with no access to healthcare. Essentially, they were locked out of the system. The ten lepers ask Jesus to have mercy on them. Jesus told them to go show themselves to the priest. And as they went they were healed. Only one out of the ten that were healed returned to say, "thank you". Jesus was a dermatologist.

Yes, Jesus was even concerned with gynecology. (Mark 5) There was a woman with an issue of blood for 12 years. She spent her life's saving on misdiagnoses and ineffective treatments. One day she touched the hem of Jesus' garment and was mad whole.

There are many other cases where Jesus is concerned about health and wellness. It is our prerogative as a community of believers to engage health and wellness.

The Biblical emphasis for Lent is 3 John 1:2

"Beloved, I pray that all may go well with you and that you may be in good health, just as it is well with your soul." (NRSV)

God wants us to be in good health. It is an indictment on the church if we preach salvation, sanctification, righteousness, and prosperity, while neglecting health and wellness. We should not only focus on a clean heart, but also a healthy heart, or pure thoughts without mental wellness. We should not focus only on a renewed spirit, but also a renew body through a healthy lifestyle. This is essential to faith communities.

For John Wesley, the founder of Methodism, physical health was just as important as spiritual health. In his 1747 work *Primitive Physick*, he sought to provide practical medical advice to his followers. He focused on diet and exercise. Although there have been advancements since the 1700's, it is still our obligations to create and support an agenda of health and wellness.

As humans we do not have much control over the quantity of life, but we can contribute to our overall quality of life through diet, exercise, and stress management. For most of us this will require some lifestyle adjustments. However, these adjustments might save a life, cause an extension of life, or a better quality of life.

It is tradition during lent to give something up, like sugar, fried food, social media, or excessive phone conversations in order to enrich our spiritual lives as we approach Resurrection Sunday. I suggest that it is possible to enrich both our spirits and

our body simultaneously. Therefore, my challenge to us today is that we not only give of something but that we do something as well. Let's not just give up something for the next 6 weeks and go back to it. Together, let's look for ways to make adjustments that will lead to healthy lifestyles, so that we will be in good health as our soul prospers.

The challenge for the Lent is to find ways to live healthier through diet, exercise, and stress management. I'll be a little more specific shortly.

Change happens absolutely, but never arbitrarily. Everything changes. Living things change as well as dead things. Living things change with composition, dead things change through decomposition. Everything will change absolutely. However, nothing changes on its own. There is always a cause and reaction. There are stimulants, initiators, and agents of change. Whether its government, family, nature, or philosophy, change is always initiated.

Practically speaking, change requires leadership. Someone has to lead or cause change. That's where you and I come in. Everyone is a leader in some capacity. If we want to create healthy lifestyles someone will have to lead that change our church, families, and community.

As leaders of our families we are the ones capable of creating the space for healthy lifestyles. You have the power if you are responsible for cooking, shopping, or order food.

Our lives are in many ways shaped by our family system. One behavior or habit that is formed out of our family system is our eating habit.

So, children pick up the eating habits of their parents or their eating habits are shaped by what the parents allow. Even when fast food is our most economical option, we can make adjustments to make it a little healthier.

Jim Hawkins in his essay making *Healthier Fast Food?*, recommends that we eat at places that offer salads, soups, and vegetables. The National Institute of Health recommends:

- Choose smaller portion sizes; hold cheese, bacon, and other items that add fat and calories; and choose meats that are roasted, grilled, baked, or broiled.
- If you want to make fast food healthier for children, choose fruit or vegetables instead of fries. That might not be a popular switch if your children are like my son, but you could split an order of fries with your children in order to control portion size. Choose grilled options instead of fried.

The American Heart Association also recommends drinking low-fat milk, juice, or water. Nearly all fast food restaurants offer alternatives.

Changing the eating habits in our family system requires strong leadership.

This is especially important for those families who are genetically predisposed to certain diseases like heart disease and diabetes. Someone has to break the cycle!

We have to reevaluate our relationship with food. And it is a relationship with emotions. It can be healthy or unhealthy, supportive or abusive.

Our goals for the next six weeks are:

## Exercise More

One example is taking the stairs instead of the elevator, or parking away from the store. Simple practices can make a big difference.

Seniors can take a few laps from your room to front door

## • Eat Healthier

We have discussed that in this already. However, I have asked the culinary staff to stop serving fried foods, lower salt content, and reduce sugars at all of our programs in the fellowship hall. This might come as a surprise to some and a disappointment to others. Beginning today, we are going to take steps change our story and create new stories of health and wellness.

## Reduce Stress

Stress is a normal part of life. There are, however some things we can do to reduce the stress in our lives, such as:

- 1. Better Planning
- 2. Prayer and meditation
- 3. Setting boundaries for personal time

This sermon is intended to introduce us to the topic of health and wellness. I will be preaching and expounding on these topics in greater detail for the next six weeks.

## APPENDIX B

## Sermon- March 22, 2015

Over the past few weeks we have been exploring topics in health and wellness. Conversations on health and wellness are not usually exciting conversation, but they are necessary. According, to the Center for Disease Control, "The majority of Americans (73%) identify themselves as Christians, which means that churches may be in a key position to improve the health of the nation. Not only are churches potential points of contact with the public, they also tend to hold regular events that involve food and relationships." As Christians, health and wellness should be a dominant conversation. Our focus during Lent, which I hope will extend over our lives is:

- 1) Eat Healthier
- 2) Exercise More
- 3) Reduce Stress (control environment, create and enforce boundaries)

Our theological foundation is in 3 John 1:2 *Beloved, I pray that you may prosper* in all things and be in health, just as your soul prospers."

I was provoked to address this topic by a casual conversation with an acquaintance that is psychiatrist, we were discussing the outreach programming at the church where I serve as pastor. As a healthcare provider, she asked me to quote a scripture about health and wellness. I sat there for several moments in silence, pondering the rationale for the question and yet flipping through my mental catalogue of scriptures and twenty years of seemingly endless sermons. I could not give her one at that moment.

Embarrassed, I wondered had my memory failed me, or after twenty years of ministry, had I failed to address the very important issue of health and wellness in my ministry. I was noticeable conflicted, so she proceeded asked me if I preached on health.

At that moment I realized that I had addressed socio-political aspects of health and wellness in my ministry, but I had never proclaimed health and wellness. The question was provocative one, and in this case, a response was more important than an answer. One question transformed my approach to ministry and set the following project in motion.

All throughout the Bible, in both the Old Testament and the New Testament, we find communities struggling for an understanding of health and wellness. In the Old Testament, they did not have the very much scientific knowledge of diseases so sickness was believed to be a consequence of sin, evil, wickedness, or disobedience. As a result of that understanding people who were ill were stigmatized, marginalized, ostracized, and reduced in social status.

We understand that Jesus was concerned many kinds of diseases and illnesses. Many of these diseases have distinct features that could categorize into contemporary medical specialties. Jesus was concerned about Neurology. He healed the epileptic little boy. Jesus was concerned about Ophthalmology, he gave sight to the blind. Jesus was concerned about Audiology, he gave a deaf man his hearing and cured his speech impediment. Jesus was concerned about Dermatology, he healed lepers. He was concerned about Orthopedics, he healed a woman who had been crippled for eighteen years. The text says she had a spirit of infirmity. Jesus healed her. Jesus was concerned with Gynecology. I would expand this to say that Jesus was concerned about women's

health. He healed a woman who had an issue of blood for twelve years. Jesus was concern with health and wellness.

There are many other cases where Jesus is concerned about health and wellness.

Therefore, since health and wellness are a concern of Jesus, t is our prerogative as a community of faith to engage and proclaim health and wellness.

This morning, I argue that Jesus is concerned about Psychology. Unfortunately, we don't always associate psychology with our overall understanding of health and wellness. In fact, as I see it we (our community) do more disassociation that association. Mental health is extremely important to me. First as a child I wanted to be a psychologist. Later mental health became real to me when my brother committed suicide. Shortly after that one of my best friends was diagnosed with Schizophrenia. So, mental health and wellness is important to me.

Behind the accoutrements of life, status, class, wealth, self-projections, behind our names, we are all fragile. The mind is strong and yet sensitive. That's why we must protect it, care for it, and treat it if necessary. I believe that what Jesus wants us to do.

Today we will be exploring a scripture related to mental health.

## **COUNTERING STIGMAS**

Mark 5:1-18 NRSV

5 They came to the other side of the sea, to the country of the Gerasenes. 2 And when he had stepped out of the boat, immediately a man out of the tombs with an unclean spirit met him. 3 He lived among the tombs; and no one could restrain him anymore, even with a chain; 4 for he had often been restrained with shackles and chains, but the chains he

wrenched apart, and the shackles he broke in pieces; and no one had the strength to subdue him. 5 Night and day among the tombs and on the mountains he was always howling and bruising himself with stones. 6 When he saw Jesus from a distance, he ran and bowed down before him; 7 and he shouted at the top of his voice, "What have you to do with me, Jesus, Son of the Most High God? I adjure you by God, do not torment me." 8 For he had said to him, "Come out of the man, you unclean spirit!" 9 Then Jesus asked him, "What is your name?" He replied, "My name is Legion; for we are many." 10 He begged him earnestly not to send them out of the country. 11 Now there on the hillside a great herd of swine was feeding; 12 and the unclean spirits begged him, "Send us into the swine; let us enter them." 13 So he gave them permission. And the unclean spirits came out and entered the swine; and the herd, numbering about two thousand, rushed down the steep bank into the sea, and were drowned in the sea. 14 The swineherds ran off and told it in the city and in the country. Then people came to see what it was that had happened. 15 They came to Jesus and saw the demoniac sitting there, clothed and in his right mind, the very man who had had the legion; and they were afraid. 16 Those who had seen what had happened to the demoniac and to the swine reported it. 17 Then they began to beg Jesus to leave their neighborhood. 18 As he was getting into the boat, the man who had been possessed by demons begged him that he might be with him.

Physical conditions that were visible and obvious mental conditions in the New Testament were attributed to demonic activity. They did not necessarily understand certain behaviors. We are advanced not to attribute misunderstood behaviors to demonic

activity. However, it can still be spiritual. I believe all of our experiences in life, including sickness, has an effect on our spirit.

The man lived in tombs. This may seem creepy to us, but religious points are imbedded here. In Levitical tradition anyone who came into contact with a corpse was defiled. He lived around the deceased, where there was no life or hope. He lived in isolation. This is perhaps the biggest problem. The fact that he lived in isolation is more devastating that where he lived. In other words, how he lived is more important that where he lived.

Isolation is dangerous in itself. When you are isolated no one can help you. Many people deal with their problems in isolation. He was isolated. He had been a terror to his neighbors and he was a danger to himself. There is no indication that he harmed anyone other than himself. They did not understand his mental condition so they isolated him, excommunicated him, exiled him to the cemetery. They did not understand him so they stigmatized him.

He's crazy

Better stay away from him

He's psycho

As smart as we are now, people are still afraid of what they don't understand. Some people believe that he was driven to live in the tombs by his demon. That's erroneous. This was a social problem. The real problem was that he had once lived in a community that lacked understanding, therefore, could not help him. The society that he lived in did this. We are still doing it today.

The society from which he came was a powerless, an ignorant, and an uncompassionate community. His community forced him into isolation. He lived in isolation because of his stigma, just as the woman with the issue of blood had to hid in the crowd because of her stigma.

When we communities be more caring and stop forcing people out? Verse three and four says:

This man lived in the tombs, and no one could bind him anymore, not even with a chain. 4 For he had often been chained hand and foot, but he tore the chains apart and broke the irons on his feet. No one was strong enough to subdue him.

Everyone that came into contact with him tried to control him and confine him. They chained him hand and foot, but he would break the chains apart and the break the irons off of his feet. No one was strong enough to subdue him. No one came to him in love, compassion, or understanding. Everyone that came into contact with him tried to control him but they could not.

A community will confine what they cannot control. There are those in society who need to be confined for the purpose of treatment, rehabilitation, and protection. The people in the community from which he was exiled were the real problem. When he would break the shackles and the chains he was free to roam. Notice, he never went back into the community. He was free to roam but he never left the tombs, he stayed in isolation. He would rather stay in isolation than to face the stigma place upon him by

former community. No one wants to be misunderstood. Misunderstanding leads to mistreatment. No one wants to be stigmatized.

I can't help but to consider the church. Some people would rather stay home and deal with their demons that to come to church around people who are going to misunderstand them and try to control and confine them. It is sad when a powerless people are more of a threat than your problems. Verse five says:

5 Night and day among the tombs and in the hills he would cry out and cut himself with stones.

He would cry out in isolation. He was crying out for help and understanding. He may not have known exactly what was wrong, but he knew something was wrong.

We have to learn to hear the distant cries of those who need help, especially with mental illness or mood disorders. It is never easy for someone to say I need a psychologist. But people will cry out in different ways. Many people have been lost because we don't hear their distant cries.

Also, he would cut himself. Verses six through seven say:

6 When he saw Jesus from a distance, he ran and fell on his knees in front of him. 7 He shouted at the top of his voice, "What do you want with me, Jesus, Son of the Most High God? In God's name don't torture me!"

This brother was so used to being hurt that when he met Jesus he thought that he would do the same.

8 For Jesus had said to him, "Come out of this man, you impure spirit!"
9 Then Jesus asked him, "What is your name?"
"My name is Legion," he replied, "for we are many."

A legion was a Roman regiment of six thousand soldiers. This may point to the progression of his illness. In the beginning the text says that he had and impure or

unclean spirit. When Jesus asks him for his name, he replies, "My name is Legion for we are many". When Jesus asks the man his name, he say's my name (singular) is Legion, for We (plural) are many. Could it be possible that he had Multiple Personality Disorder.

He had a legion of demons. Which means he as carrying around a whole lot of stuff from the past. We too, carry with us the pain of past experiences. We are not born as empty templates or blank canvass. We are born with genetic coding that configures who we are. We were born into a set of circumstances. The psalmist says, "I was born in sin and in sin did my mother conceive me". Proverbs says, "Man that is born of a woman is in a few days full of trouble". We pick up stuff before we are even born. We matriculate through life picking up stuff. We experience trauma, abuse, loss through death, divorce, breakups, and abandonment. We have childhood experiences that, at times, guide us through life. We are carrying around a whole lot of stuff. We may not have multiple personality disorder but our experiences take a toll on our mental health.

I believe this brother was functional in a community at one point in his life. What happened? When did this legion take over? What particular experience pushed him to the edge? Was it a bad relationship? Divorce? Was it the death of a loved one? We do not know, but something happened. When he met Jesus. He got what he needed. When the community came to see him, he was sitting clothed, and in his right mind.

We are called to help those with mental illness get the help they need. This call requires us to eternally suspend stigmatizing and labeling groups of people.

# **APPENDIX C**

# CONGREGATIONAL HEALTH SURVEY

#### CONGREGATIONAL HEALTH MINISTRY SURVEY

This survey has four purposes:

- a) Identify the health needs and interests of members.
- b) Introduce new ideas about health and wholeness.
- Discern the church's present health ministries.
   Discover resources for any additional health ministry actions your congregation may consider.

The term "health" is used here in its broadest sense to describe the physical, emotional, spiritual, and social well-being of a person or institution. "Health care" here means all the ways we promote and develop good health. "Medical care" refers to the ways we treat illness.

Using this broader view of health, please answer the following questions. You do not need to sign your name. Please return the completed survey to the committee or person collecting the results for the whole

1. What health and medical problems do you have, or do you know of in your family, congregation, and community? (Please check all that apply.)

## Individual and Family

Can't afford medical care
Problems with stress
Persons ill at home
Substance abuse problems
Problems with sexuality
Under/uninsured persons
Poor health habits
Loneliness, isolation
Grief and/or loss
Physical/emotional abuse or neglect
Problems in relationships with others
Barriers to raising healthy children
Need for spiritual renewal and focus
Chronic illness or disability
Primary caregiver for another person
Need for personal counseling
Financial problems
Legal issues
Housing problems
Job problems
End of life issues
Other
Diagon liet:

Community					
Too few doctor	s/hospitals				
Hard to get to medical services					
Inadequate health promotion/illness prevention programs					
Lack some medical services					
Please list:					
High infant mortality rate					
Substandard housing or homeless					
Lack of accountability for health/medical services					
Environmental health risk (examples: water or air pollution, toxic disposal)					
Other	Other				
Please list:	Please list:				
2. In your congregation's meetings, classes, worship, and sermons, about how often do you hear or talk about each of the following from a faith perspective? Please check all that apply. Physical healthEmotional/mental healthSocial/relational healthMedical care issues  3. How much interest do you and your congregation have in learning more and taking some active steps to improve health at each of these levels? Please check all that apply.					
Myself	A Lot of Interest	Some Interest	No Interest		
Individual health issues Family health issues Congregational health Health in our community					
Congregation	A Lot of Interest	Some Interest	No Interest		
Individual health issues Family health issues Congregational health Health in our community					

interest, or (3) high interest.					
Myself	A Lot of Interest	Some Interest	No Interest		
Individual medical issues Family medical issues Health issues in our congregation Health issues in our community					
Congregation	A Lot of Interest	Some Interest	No Interest		
Individual medical issues Family medical issues Health issues in our congregation					

4. How much interest is there in learning more and taking active steps to improve medical care at the same levels? Please rate each as (1) little interest, (2) some

Health issues in our community 5. Are there any specific health related activities you would like to see? (Please check all that apply, add others if needed) Now Future Observe Health Awareness Week Observe an annual Health Care Sabbath Health Risk Appraisal Health Fair Exercise program Weight control program Smoking cessation program Illness/disability support groups Alcohol/substance abuse support groups Optional healthy snacks at meetings Parish Nurse/Minister of Health Study groups on health issues Services of prayer and healing Support for persons with mental illness Stress management classes Illness Screening: high blood pressure, diabetes... Ministry to persons with or affected by HIV/AIDS Education for youth about HIV/AIDS Other: \_

(Adapted from the State of Tennessee Department of Health https://www.tn.gov/assets/entities/health/attachments/CongregationalSurvey.pdf)

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