

Making House Calls: A Model for Ministry from the Psychiatric Ward

By Jeremiah Chester

We live in an ever-increasing world of specialization and as a result we are used to going to the experts for everything. I guess it makes sense that being seen by someone with expertise instills confidence and hope in the expert's ability to help us. Experts are sought because we want the best advice and latest techniques. But why go to church? Perhaps the motivation is the same –people want answers and solutions from spiritual specialists, a three point solution to solve life's most difficult dilemma or a six week series that will ensure us prosperity. Yet the minister's primary call is not to be a specialist nor an expert but rather a practitioner whose chief aim is living among and before the people. Surprisingly, my work as a chaplain intern at a psychiatric hospital has helped nurture this conviction, providing an incarnational model of ministry that is much needed in the modern church.¹ I have been challenged to continue to see how ministry is adapted in and beyond the walls of the Church.

My first day as a chaplain at a psychiatric hospital involved the orientation to the chapel. Patients had come from across the grounds as they did every Sunday morning and were assembled for worship. I immediately noted the benefit of the chapel as I glanced at the patient's faces. While some came just to get away from their unit, others seemed to come searching for peace. For them, the chapel provided the homey feeling of grandma's house, a place where you expected to be loved and cared for even if only for the weekend. So there I was, there when they arrived to usher them in and there to send them on their way when the service ended.

The service rendered for the patients is not unlike the service of the Church in the world for it too has become home for many. During the earliest wars, people ran to the Church for safety and security. The church steeple was a symbol of refuge, a safe place where all were welcome. The pews and stained glass reminded people of a shared hope and common space. Even with the removal of most traditional objects of worship and the increased number of churches worshipping in multipurpose facilities, the idea that this space has been created as a refuge remains. What I had failed to realize during the first day of orientation was that while chapel was a part of my experience as chaplain, it was only a small component. The true work took place not in the comfort of the chapel, but rather in the fragility of the wards.

The center of the Gospel of Jesus Christ is that God came to dwell among us. The incarnation is not just a theological act that we are to remember, but a model that we are to embody that starts with leaving one's comfort zone for the sake of the other. Never should we rush past the act of God leaving God's royal home for there is no leaving home without a willingness to be vulnerable. It was in this vulnerability that God was rejected by his own and eventually crucified, but it is also in this vulnerability that redemption was attained for all. Unfortunately, this is in stark contrast to the modern minister who may be celebrated for the number of people who seek him or her. People are always welcomed to come to Church to receive, yet the great commission to **go** is largely ignored by ministers or reserved for missionaries and evangelists. In this atmosphere, ministers are constantly tempted to measure ourselves by our itinerary or crowd size alone, forgetting that our jobs extend beyond church walls and conference

halls. Like Abraham, our call as ministers begins with leaving our places of familiarity and power even when the place is the Church.

My first day on the actual units in the psychiatric hospital were a bit startling, because unlike most hospitals where most patient stays are for days or weeks, many psychiatric patients call the hospital home. It is humbling then to minister everyday where people live and it requires another type of vulnerability (altogether different from leaving one's own home) but includes the sensitivity of entering into the intimate space of another.

Entering into people's homes has less to do with entering into their physical spaces as much as it does their context. While it is easier to enter their context by entering their physical space, for ministry it is not a prerequisite. When we enter the lives of others we are opening ourselves to them, offering them understanding and comfort inside their world. We enter not with the aim of giving advice or being profound but to be present in their world. Our very presence can be a symbol of hope.

The story of Elijah and the widow at Zarapheth illustrates this. On the surface the narrative seems to focus on the widow and her situation and the Prophet's dilemma is far from hers. The prophet is fed by air and nourished by a brook while the widow searches in the streets for what is unavailable to her at home. It is not that Elijah has abundance for a withering brook is far from a flowing stream and a raven's lunch far from a grocery store. Yet Elijah has a certain security, one which can't exist for a woman in that day without a husband, older son, or a wealthy family. Change does not take place in this narrative until the prophet is forced to leave the place he had begun to call home, a place that has sustained him, in order to enter a world that would remain to him otherwise

foreign. We are called to enter the lives of others as did the Prophet Elijah and not just wait for them to enter ours. It is only when we enter and listen attentively to every story that we are able to speak life therein.

This understanding makes the gospel more than a message to be preached to the lost, it is also a lifestyle to be embodied by the believer. If the gospel is the good news that there is life even in death, this must be affirmed by our actions. For the widow, Elijah affirmed this by his presence and by his prayers. Elijah's prayer to God was a plea that God not let his presence be contradictory to the gospel already proclaimed. It was in this moment that his words alone lost power if they were not accompanied by grace from above.

The chaplain seeks not only to teach the grace of Christ but also to be the body of Christ, to bring the peace that patients seek in the chapel to them in the unit (their home). I often recall the story of Zacchaeus, who had heard of the presence of Jesus but was unable to meet him. His climbing a tree to see Jesus suggests his desire to see one who was completely different than himself. To his surprise, Jesus invites Zacchaeus to come down so that he might abide in his (Zacchaeus') house. This request by Jesus to enter his home was not only startling to Zacchaeus but to all the disciples and those who knew who Zacchaeus was. They knew how he made his living. I imagine the rabbis had preached to him for years about social justice. Yet I doubt in all those years if Zacchaeus had many dinner guests. Even his friends probably kept their distance out of fear for their reputation. But on this day Jesus desired to know him, from the ground up, in his lowly state of manipulation and deceit. Jesus, who really did not have a home, enters into the

home of Zacchaeus. I always wondered what Jesus said for Zacchaeus to change so dramatically; but Luke doesn't tell us. Perhaps Jesus said nothing at all. I'd like to believe It was just his presence in Zacchaeus' home that was a sign to Zacchaeus that here is someone who, despite who I am and what I have done, has come to dwell with me.

This is what I have learned to try to offer as a chaplain—less words and more presence. A presence that reminds people that when it comes to spirituality there are no experts or specialists, only practitioners. There are only those who are trying daily to be more like Christ and to live out what it means to follow him. At a minimum, following him means being willing to leave our security and take the message of God's grace to the door of every heart.

Note

1. Chaplain Interns are under the auspices of the hospital's Pastoral Services Department and are a part of its Clinical Pastoral Education (CPE) program.