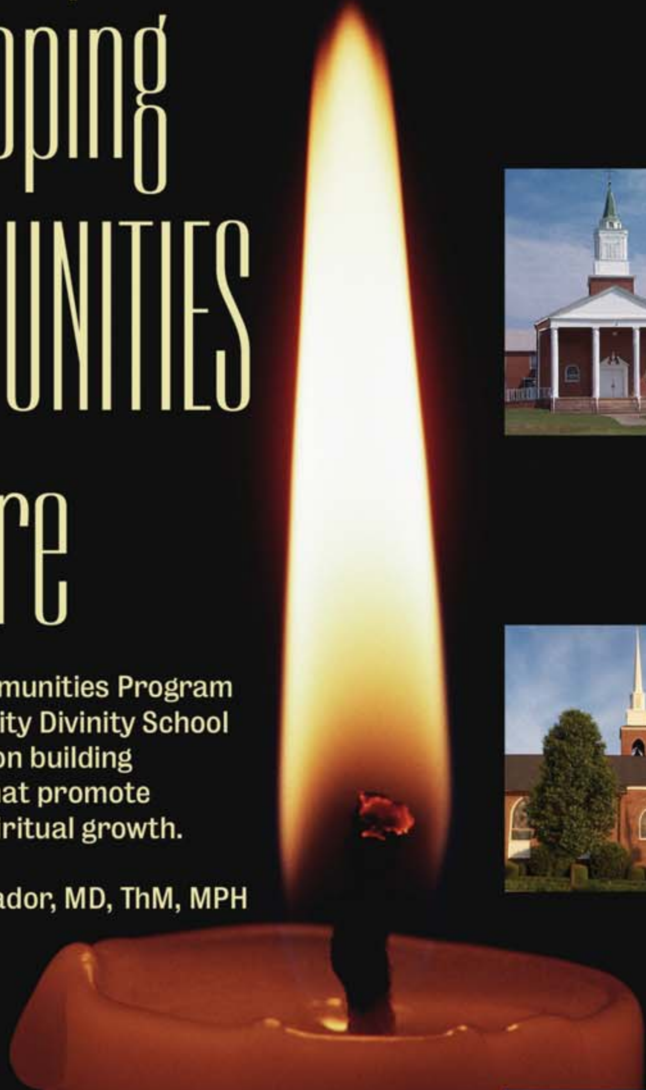
# Developing COMMUNITIES of Care



The Caring Communities Program at Duke University Divinity School gives guidance on building partnerships that promote physical and spiritual growth.

| By Keith G. Meador, MD, ThM, MPH

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Much has been said about the significance of "community" in recent years and for good reason, but I fear that we may have used the word so frequently—and in such an unqualified manner—that it has lost some of its potency as a concept. We must reclaim and enhance that potency and its significance through considering the character and formation of caring communities, particularly in relationship to the partnership of faith communities and healthcare. This partnership can become a means of social transformation as it forms our practices of caring for one another. It is necessary to form communities of caring and character in the context of shared commitments and vision that give coherence and meaning within the inevitable complexities of human life. One of the challenges inherent to this process is how to honor the diversity of efforts to find and sustain that coherence while maintaining some sense of accountability to the integrity of a narrative that gives continuity and form to the commitments to caring.

A community of caring is a place where care for persons in the fullness of their being as embodied souls, minds, and hearts is mutually exchanged over time. In principle, it should not be a special place, but the ordinary one, the place where we find ourselves inextricably and dynamically related to one another on good days and bad days, in sickness and in health—in prosperity and in need. A community of caring is a community of people who—embedded in relationships—over time, have learned to develop particular virtues that are essential for sustained care. You cannot learn care from an instruction manual. Moreover, you cannot suddenly make people who live the rest of their lives in an uncaring manner into good caregivers when there is need. Communities of caring are most rightly understood as those communities where lives have been formed to stand up for the virtues of caring as a way of life—communities where those caring can truly "do no other."

Unfortunately, in our culture, it is much easier to compose fine prose and dream dreams about these matters than it is to find sites to practice such caring community. The mobility of our society, the anonymity of institutional care, the lack of personal caregivers, and the frequent excessive medicalization of care all constitute forces arrayed against and often destructive of the formation of genuine communities of caring. The *Caring Communities Program* at Duke Divinity School, a partnership of Duke and The Duke Endowment, proposes that the collaboration of faith communities and healthcare offers one possibility for addressing these challenges. In *The Quotidian Mysteries,* Kathleen Norris has said that, "Christian faith is a way of life, not an impregnable fortress made up of ideas; not a philosophy; not a grocery list of beliefs… It is a paradox of human life that in worship, as in human love, it is in the routine and the everyday that we find the possibilities for the greatest transformation." Practices of caring embodied within faith communities partnered with hospitals and healthcare systems offer potential for transformation through a way of life formed by caring for one another as we would be cared for.

## A Story of Caring

Perhaps a story will help sharpen the contrast of what we mean by "care" in sustaining communities in comparison to standard portrayals of "caring" in a culture that idealizes individual autonomy and independence, one that denies the inevitable need for one another for human flourishing. Writer Wendell Berry, in his short story *Fidelity*, tells us of the last days of Burley Coulter. Burley is an 82 year-old member of a close-knit, multigenerational farming area in rural Port William, Kentucky. He was a farmer of sorts, and "by calling and devotion a man of the woods and streams." Burley worked in the community as long as he could, and as some of his abilities began to fail, the community continued to find tasks for him to share with others. Eventually, Burley began to lose his mental acuity and started having episodes of altered consciousness. The people around him, people who he had known all their lives, didn't know what to do, and so eventually took him to a doctor, who immediately put him in a hospital in faraway Louisville. Efforts were made to "help" Burley, but eventually he fell into a coma. Still, those at the hospital continued to hold out hope and insisted on keeping Burley in treatment. But Burley's failing mind and body had as much to do with the hospital as with his primary illness at this point. Berry writes, "He was no longer in his right mind, they thought, because he was no longer in his right place." Hospitals can be sanctuaries of deliverance from pain and suffering, but they can also be alien environments incapable of providing continuity of purpose and intentions for living in spite of the most noble of efforts. Further on, Berry starkly contrasts the two "worlds" of care competing for Burley at his time of dying: "The doctor spoke fluently from within the bright orderly enclosure of his explanation, like a man in a glass booth. And Nathan and Hannah, Danny and Lyda stood looking in at the doctor from the larger, looser, darker order of their mere human love." The alienation felt by Burley's caring community is not about rude hospital staff or bad doctors—Berry notes that they were all uniformly friendly and professional. Rather, it is a matter of communities of caring with different aims and different definitions and practices of care. Burley is dying apart from the people and the places that formed his life, where he was known even when he did not know himself. And so Danny, who shared his passions for the woods and streams, steals him from the hospital in the night, takes him to a familiar spot, sits around the fire cooking and talking with him (he wakes briefly "back at home"), and eventually digs his grave and buries him when he dies.

Berry's story is not about being in control of our own life and death—indeed, it is a story of how we are inevitably out of control of our lives, and in need of caring, trusting, knowing communities in whose life we can share. Who will help us live well? How will we learn to be people who care with mutuality and with a commitment of reciprocity? Only by forming communities of care in which living and yes, even dying, are a daily, fulfilling part of living.

How is the story I just told not to be merely a matter of nostalgia for "traditional" societies? We need to identify sites for maintaining the sort of care in community that we see in Berry's story. We must be intentional in our identification of sites in which to nurture communities of caring. At the same time we must appreciate the need for creativity and flexibility in discerning the possibilities for finding and forming community in an ever-evolving cultural

context that frequently does not offer us traditional models or opportunity. Patience is a virtue that is needed in caring communities, but patience is also a virtue needed by those seeking to form and cultivate these communities. A person's character is not formed in a day, a week, or a month—necessitating a commitment to patience and exposure to communities through gifts of time. How might we find a continuity of context, language, and sense of self and purpose that can assist us in developing and sustaining communities when we cannot claim these gifts in our contemporary culture with its transience and lack of a sense of historicity and enduring place?

### *Belonging*

I propose that one of the most important sites for developing flourishing, intergenerational, sustaining communities of caring is the local faith community.

Churches and synagogues are ideally positioned to be the sort of caring communities that we have held up as exemplary. Faith communities are sites where history, geography, community, and ministries of care can come together to form and produce the sort of holistic care and nurturing that is hard to find and sustain in contemporary healthcare institutions (frequently not due to lack of good intentions, but simply due to the inevitable inability to embody the character of a caring community while meeting the multiple expectations thrust upon healthcare institutions) indicating the value and need for the complementary work of faith-based partners. Our wider culture suffers from a sense of disconnection and a lack of understanding of our interdependence. Wendell Berry has given us a comprehensive vision for health in his *Health as Membership* when he says, "Health is not just the sense of completeness in ourselves but also is the sense of belonging to others and to our place; it is the unconscious awareness of community, of having in common." To optimize the potential of caring for one another well within contemporary communities we must learn, or relearn, the value and art of caring for each other with awareness that our health as individuals is inextricably interdependent with our sense of belonging and health of the broader community. One way of starting

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> "Such commitments lived out within the healthcare matrix of local communities can transform how we understand our call to the health of one another and help sustain **new practices of caring as they bear witness to the historical virtues and practices of the Christian community."**

to operationalize such an understanding of health is to bring the vision and character embodied in faith communities as the virtues of hospitality, mercy, and compassion into collaboration with the expertise and capacities of heathcare.

Spiritual care is increasingly acknowledged to be an important component of healthcare both in vision and practice. The work of health ministries offers faith communities, in cooperation with hospitals and healthcare systems, an opportunity to nurture and improve our practices of caring as a practice of spirituality and health within our communities. While there are many examples of health ministries in practice throughout the country, one notable example about which we are particularly excited among the varied programs supported by *Caring Communities* is our Pastoral Care in Community initiative. This program exemplifies our hope to transform the "health" of communities as interpreted through the lens of Wendell Berry's vision for the interdependent health of communities. Pastoral Care in Community equips local clergy in rural communities across the Carolinas for service as volunteer chaplains in local hospitals by nurturing their own health through providing a context of formation in practices of caring.

We are finding that as we provide training in pastoral care grounded in hospitality, gratitude, and faithfulness to these pastoral leaders, they are themselves becoming communities of caring for one another. The nurture of such community for these clergy who come from diverse racial/ethnic backgrounds and represent varied denominations builds capacity and desire for the formation of caring communities while gaining a vision for partnerships in health ministries. As Joel Shuman and I describe in *Heal Thyself: Spirituality, Medicine, and the Distortion of Christianity*, "Because God is social, so are we called to be social, to live our lives for God and for those others for whom God has made room." Our hope and prayer is that this capacity and desire for making "room" which is formed from the very fiber of faith communities will help capture the imagination of healthcare systems and the broader community for the possibilities embodied within health ministries. Such commitments lived out within the healthcare matrix of local communities can transform how we understand our call to the health of one another and help sustain new practices of caring as they bear witness to the historical virtues and practices of the Christian community. Communities seeking to nurture partnerships between faith communities and healthcare face many challenges but have the potential to reap great rewards if we rightly understand human flourishing. Again, from *Heal Thyself,* we find some sense of such flourishing in the statement, "life-being, if you will, is a matter of being with. It is to know that we belong, in sickness and in health, in flourishing and in suffering, to God and to one another. It is to know that our stewardship of each other's lives makes every one of us debtors to every other one, because in every aspect of our lives and then in our deaths, we belong to God and to one another. It means that we must take time and to make room, understanding that being sick and especially being with those who are sick or suffering does not take time away from life. Rather, these are the things of life itself." ☆


## ABOUT:
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Keith G. Meador, MD, ThM, MPH, holds positions at Duke University School of Medicine as a Clinical Professor of Psychiatry and Behavioral Sciences and Duke University Divinity School as Director of the Theology and Medicine Program and, Professor of the Practice of Pastoral Theology and Medicine, and Director of Caring Communities, a partnership between The Duke Endowment and the Duke Divinity School, in Durham, North Carolina. Dr. Meador received his MD from the University of Louisville, Louisville, Kentucky, his ThM from Duke University and his MPH from the University of North Carolina at Chapel Hill, North Carolina. His scholarship focuses on pastoral theology interpreted through practices of caring and their formation within the Christian community, as well as the investigation of health ministries as a manifestation of these practices.
Dr. Meador is eminently qualified to present the wisdom and effectiveness of embracing the faith community as a place for physical and spiritual healing.
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