

# Sermon Notes

St Mark's Anglican Church  
South Hurstville

**Pentecost 7**  
**15 July 2007**

**Preacher**  
**The Reverend Chris Albany**  
**Rector**

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Readings: Amos 7.7-17; Psalm 82; Colossians 1.1-14; Luke 10.25-37

## The Good Samaritan and Model of Care

That's a very familiar story, perhaps too familiar. Probably the best-known story in all of the Gospels - the parable of the Good Samaritan. And I wouldn't blame you if you were to groan inwardly when I say that I want to focus on it this morning. Oh no! you may well think - not the Good Samaritan again. Hasn't all that could helpfully be said in response to this story already been said ad nauseam? Please don't tell us that we need to reach out and be more compassionate to this group or that group or individual. That's not at issue. The real issue is our lives are already too full, and there is no end of individuals, or families or causes who could be classified as "neighbour in need" because they are manifesting signs of brokenness - physically, sexually, emotionally, psychologically, economically, spiritually. It is easy to have sympathy with the Priest and the Levite. At times we too would prefer to pass by "on the other side" in the hope that the one(s) who are in need will find another source of comfort or will ultimately heal themselves. I know that's my reaction at times. When I hear the front door bell ring unexpectedly I sometimes find myself thinking I hope that's not some-one looking for help. I'm not sure I have the time and energy to cope with that today.

Jan Rawlins Tully a Melbourne Anglican in an article in the Australian Ministry Digest entitled "Ministry to the Violated" helpfully suggests that the parable of the Good Samaritan could well have been written for us in our highly pressured days. She asserts it contains 4 excellent guidelines for us, which enable and empower both the one helping and the one in need to maintain personal dignity, credibility and integrity. I found Jan's comments so helpful I thought despite the Good Samaritan having been done to death (pun not intended) I'd risk sharing them with you.

### 1. Acknowledge the crisis

*"... and when he saw him he had compassion and went to him..."*

For the one who is bruised, aching, despairing of assistance, and vulnerable there is perhaps nothing more miraculous than the sight of the approach of a compassionate person.

Often the person most in need has so had their self-esteem destroyed that they cannot even bring themselves to "callout" for help. The Samaritan saw the injured person and "went to him."

Granted, we in the church do not often see the outward signs of brokenness when we gather together. But perhaps we can be more finely attuned to the subtler manifestations of a broken or crushed spirit: uncharacteristic non-attendance at congregational activities; consistent signs of deep sadness or even technical depression; outbursts of anger out of proportion to the apparent causes; changes in personal relationships (e.g. usually friendly women, children, or adolescents becoming withdrawn in their manner).

The signs, when perceived as indicators of some personal need, can cause us to "approach compassionately" and non-judgmentally, the one who is bruised and in pain. (The Samaritan spent no time at all in accusing the assaulted man of responsibility in travelling alone along the road -he did not "blame the victim.")

### 2. Provide crisis care using available resources

*"...and bound up his wounds, pouring on oil and wine;...set him on his own beast and brought him to an inn, and took care of him. "*

Ministry in the community of faith means personal commitment to our sisters and brothers. "Professional" and "lay" alike are part of the Body of Christ and when one part suffers, all feel the effects.

Our shared commitment means that often we find ourselves, regardless of our "officially" defined role, or professional training, being called upon to offer crisis intervention ministry. Each one of us has resources upon which it is helpful to reflect. The Samaritan used what he had at the time. He had oil and wine and he had a beast of burden. Our resources when faced with one in crisis can cover a wide range: from a telephone, to a vehicle for transport, to tissues to wipe away tears, to a shoulder on which the tears can be shed, to a bed in a spare room or a couch where the exhausted individual can rest in longed for safety.

### **3. Referral**

*"...And the next day he paid the inn-keeper, saying 'Take care of him until I return,'"*

When faced with the possibility of involvement in a crisis situation the response is often "I want to be involved but I have so many other commitments." Here we see the mistaken belief or attitude that to be of real assistance to one in need requires taking them and all of their problems onto our own shoulders, which will inevitably result in dereliction of our other responsibilities -whether they be professional or personal.

The Samaritan, after offering initial support, shared the responsibility. He took the victim to a "refuge" where he arranged for the innkeeper, a professional host, to provide shelter, food and security to assist the victim back to health. And then the Samaritan went on to undertake his own responsibilities. He maintained appropriate boundaries.

He did not take the victim to his own home and "adopt" him, creating a dependency, which would have been unhealthy for both of them. He did not cancel his previously arranged commitments. He referred.

### **4. Ongoing concern**

*"...When I come back"*

The Samaritan cared about the victim. His referral had not been an abrogation of responsibility but a sharing of it. He was not abandoning the one in need, but, rather, demonstrating a practical and positive assistance, with the assurance of a long-term interest in how the victim was faring.

This is especially important with survivors of family violence or any kind of abuse for all too often they have had their trust abused and they need to know that it is possible to believe in consistent, non-manipulative caring.

Sadly we live in a world where violence and abuse abound, recent events in the church and ongoing in Indigenous communities highlight that only too tragically. We are therefore inevitably going to encounter persons who have in the past, or who are currently experiencing violence of a physical, sexual, economic, social, psychological, or spiritual nature, if only we have the eyes to see and the compassion to respond. When we do so it will be essential for them, and for us, that fears of our own inadequacy or the pressures of our busyness do not cause us to hesitate in extending a helping hand.

Those in need of support/intervention whom we approach when seeing their pain are often well aware of our levels of "busy-ness". Often they have been reluctant to approach us because they see us as already over-loaded. (This is often coupled with a greatly depleted sense of self-worth -a widely acknowledged symptom of abuse -which leads the victims to see everyone else's concerns as having priority over their own.)

So in conclusion let me reiterate those 4 guidelines given us by the Good Samaritan

1. He saw and acknowledged that a crisis existed;
2. he offered non-judgmental practical/ emotional support in the crisis situation using the resources at hand;
3. he referred to a professional who had the resources to enable ongoing support and healing;
4. he assured the victim of his personal ongoing interest in his welfare.

Utilizing this model of ministry enables the one who intervenes to offer assistance with no pressure to take on unrealistic responsibilities; it enables the victim to retain a sense of autonomy, but not isolation, in the crisis; it utilizes the specialized skills of professionals who are specifically trained and equipped to deal with people in crisis. Go and do likewise.