



## **Discussion Guide**

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## Using This Study Guide

As healthcare professionals we learn a powerful scientific story about health, sickness, and healing. That story is the basis for our craft. Scripture also tells a powerful story about these topics, and the two narratives are actually one unified account of God's creative and redemptive work in the world. The goal of these studies is to explore this unified story and to discover how to live in it as we care for patients. Moving through our days with both a scientific and a spiritual understanding of our work can renew our purpose, mitigate our compassion fatigue, make us better at our jobs, and fan into flame our calling to healthcare.

These studies are designed for small groups of healthcare professionals and students who are reading the book *Healing Purpose* together. This is not a lecture series! Open discussion, varying points of view, and disagreement are welcomed. Consider broadening the diversity of your group to benefit from more varied points of view—if you are students or residents, include some colleagues who've practiced for a while. If you are doctors or medical students, include nurses and other healthcare professionals.

Each session will take at least 60 minutes. Begin and end each session in prayer. Consider sharing a meal together before each session in order to get to know each other better.

I'm grateful to Greg Kline, Dennis Palmer, Joe Sprinkle, and Laura Cox, who helped me with an older study series I authored titled *Health, Sickness and Healing: Bible Studies for Christian Healthcare Professionals*. This study guide overlaps with that one.

### **As a group leader, you should:**

- Prepare by reading the relevant chapter of *Healing Purpose* (including the endnotes) and the study guide ahead of time.
- Consider the time available for study, and omit some portions of the study guide as necessary. Essential items in each study are shown in boldface type.
- Create an environment that facilitates small-group discussion.
- Allow participants to discover and voice truths as they interact with each other.
- Be prepared to offer insights if and when the group comes to an impasse.
- Ensure that each session includes discussion of practical applications.

### **Hints on how to effectively lead a study group:**

- Ask questions. Try to avoid answering questions yourself. Deflect questions back to the group. Let others discover and talk about the answers.
- Tolerate silence. If you wait, someone will usually answer your question.
- Tolerate disagreement. There are many issues on which Christians reasonably disagree.
- Respond positively to the comments of others. When you think someone has missed the mark, repeat elements of their comment you can agree with and ask others to comment.
- Point group members back to the biblical texts that you are discussing or that are referenced in *Healing Purpose*. Conclusions should be based on what Scripture says. "Where did you get that in the Bible passage?" is a good follow-up question.
- Keep the study moving. When the discussion heads off on a tangent you should be ready to redirect the conversation.

- Be ready to make summary statements wrapping up sections of the study, incorporating the insights of people in the group.

*Healing Purpose (HP)* is referenced in this guide as follows: chapter 1, page 12 is *HP1* p12, and chapter 4, endnote 3 is *HP4* en3.

**For an html version of this study guide,** visit and bookmark  
<https://www.marktopazian.com/leaders-guide-for-small-group-study>

Got feedback? Email me at [topazian@gmail.com](mailto:topazian@gmail.com)

## Week 1: Introduction

The introduction to *Healing Purpose* proposes that, in the long run, satisfaction is found in the spiritual dimension of healthcare practice—and that recognizing God’s presence at the point of care is an important step toward perceiving the spiritual realities of healthcare.

### Getting Started

Discuss one or both of the following questions:

- 1) How has your experience in healthcare been different than what you expected when you first decided to become a healthcare professional?
- 2) Describe a recent time when your work brought you satisfaction.

### Study

*Happiness, satisfaction, and joy* are overlapping terms that may all refer to gladness or fulfillment. “Happiness” comes from pleasurable experiences; it is circumstantial and often relatively short-lived. “Satisfaction,” on the other hand, is a deeper and longer-lasting feeling of contentment or fulfillment. Biblically, “joy” is an abiding sense of well-being or contentment that is independent of our circumstances.

- 1) Should Christians aim for happiness, satisfaction, and/or joy from their work? See Ecclesiastes 2:24; 3:12-13; 5:18; John 10:10; Philippians 4:12-13.
- 2) Is God present in our workplaces, and is he relevant to our daily tasks? Read and discuss Psalm 139:7-10. Is God present and active in your workplace? See Acts 17:24-28. What do you think Paul means by living, moving, and having our being in God?
- 3) **The Bible teaches that God is the source of joy. How do we tap into that joy while we’re at work? Read Psalm 16:5-11 and discuss:**
  - a. In verses 9 and 11 David mentions gladness and joy. Where do these come from?
  - b. In what particular ways does knowing God bring David joy (v. 7, 8, 10, 11)?
  - c. Do you think David is referring only to times of worship in the temple, or to all of life?
  - d. Might connecting with God at work be a path to work-related satisfaction for us?
- 4) **The joy of the Lord is our strength (Neh 8:10), and joy is one of the fruits of the Spirit (Gal 5:22-26). Discuss the following:**
  - a. How do we obtain these fruits (Gal 5:25)?
  - b. What do you think it means to keep in step with the Spirit? See Ephesians 5:18-20; 2 Timothy 3:16-17; Colossians 3:16.
  - c. Is it possible to keep in step with the Spirit in the middle of a busy workday?
- 5) **We spend a lot of our waking hours at work, but it’s easy to miss God’s presence in our workplaces. There are various means of recognizing and connecting with God throughout the day. Discuss what experience you’ve had with these, and which you haven’t tried but think might work for you:**
  - a. Being still. Read Psalm 46:10-11. When before, during, or after work do you have the opportunity to be still and recognize that God is present? How short or long can these moments be?
  - b. Giving thanks. Read Colossians 3:15-17. Gratitude is mentioned three times in these verses. How can we give thanks to God for our daily tasks while we’re at work (v. 17)? Is

- it possible to thank God for any work situation, including those that are unpleasant or stressful (1 Thess 5:16-18)? How might we benefit (Jn 14:25-27)?
- c. Singing or listening to praise music. Read Psalm 33:1-3, 20-22.
  - d. Inviting the Spirit to speak to us, strengthen us, and guide us in real time. Read Luke 11:11-13.

### Homework

Pick one of the following and commit to doing it daily this week:

- 1) Prepare for your workday or shift by praying through Psalm 23 or, if you're feeling discouraged, Psalm 42. Pick a verse from the psalm and put it on your phone's lock screen.
- 2) Memorize 1 Thessalonians 5:16 or Psalm 27:1. Put the verse on your phone's lock screen. During your workdays, practice thanking God for the work he's put in your hands, even when it feels unpleasant or stressful.
- 3) Listen to praise songs while you're on break or at lunch – for instance, at [Hillsong Worship](#), this playlist at [Spotify](#), or a playlist of your own.
- 4) Meet with a fellow believer at lunch or during a work break and pray for each other. Ask the Spirit for wisdom, guidance, and an awareness of his presence during your workday. You can do this in-person or virtually.

Close your meeting by praying for each other.

## Week 2: Being Human

Chapter 1 of *Healing Purpose* explores what it means to be made in the image of God and how God's likeness embedded in us shapes our understanding of ourselves, our patients, and our work.

### Getting Started

Discuss the following:

- 1) Did you try one of last week's homework assignments? How did it go for you?
- 2) Can you remember a time in your healthcare career when patients seemed one-dimensional: nothing more than their diagnoses or problems to fix? Tell about that time and what work was like for you then.

### Study

Genesis chapter 1 tells us fundamental truths about ourselves, our patients, and our purpose.

- 1) **Pick up the story of creation at the fifth day by reading aloud Genesis 1:20-28. Then discuss the following:**
  - a. On the fifth day God creates birds and sea creatures. What mandate does God give them (v. 22)?
  - b. On the sixth day God creates humankind. For what purpose are we uniquely made in God's image (v. 26)? What dual mandate does God give humanity (v. 28)?
  - c. Does our creaturely mandate (first half of v. 28) require us to have offspring? See *HP* 1, en3.
  - d. To "rule over" creation means to steward, tend, order, restore, and develop creation so that it thrives. Does healthcare work fulfill this stewardship mandate? How so?
  - e. Does this way of thinking about healthcare affect your sense of purpose in life? At work?
  - f. In addition to enabling us to fulfill our stewardship mandate, the image of God embedded in us is the source of our worth, creativity, and spirituality—as detailed in *HP*1. Feel free to discuss any of these aspects that your group wants to engage with.
- 2) **Theologians have offered us various images to explain the likeness of God in us. Discuss these explanations and implications of the "image of God" concept:**
  - a. Ancient rulers would send statues of themselves to far-off cities in their kingdoms. Carmen Imes, in her book *Being God's Image*, draws a parallel between these statues and our being made in the image of God. We are physical, biological representations of God before his creation.
  - b. Theologians at least since Augustine have also used the image of a mirror (or angled mirror) to describe how God's likeness in us reflects God's character and care into the world, and also reflects the praises of creation back to God.
  - c. We have a family relationship with God because we bear his likeness. We can truly call him "Father." See the discussion of Genesis 5:1-3 found on *HP* p8 and en12.
  - d. Human dignity and worth are rooted in our status as image bearers—not in our abilities, accomplishments, or capacities. See Genesis 9:3-6 and *HP* p8-11. To what extent are opposing views of human worth prevalent in your workplace, both with regard to patients and with regard to healthcare workers?
  - e. The fall fractured the image of God in humankind. We are all like broken statues or shattered mirrors. But in followers of Jesus his Spirit is restoring the image of God

within us. Read Romans 8:29; Colossians 3:9-11; 2 Corinthians 3:16-18. What verbs do these passages use to describe the Spirit's restorative work in us?

**3) The "image of God" in healthcare settings.**

- a. All people are made in the image of God. Why can it be particularly difficult to perceive the image of God in our patients?
- b. The image of God is present in you. What aspects of yourself do you cherish most, and in what ways might these be rooted in God's likeness?
- c. Discuss together reflection question 1 found on *HP* p18.
- d. The chapter describes ways in which we can discover the image of God in our patients (*HP* p13-17). Which of these do you do already? What techniques work well for you? Share experiences and ideas with the group.

Homework

Pick one of the "It's Your Turn" prompts on *HP* p19 and practice it this week.

Close your meeting by praying for each other.

## Week 3: Body

Chapter 2 of *Healing Purpose* argues that the human body is good and essential to our identity, both now and in the hereafter. It begins to make the case (further developed in subsequent chapters) that healthcare work has everlasting significance.

### Getting Started

Discuss the following:

- 1) Did you try one of the chapter 1 “It’s Your Turn” prompts this past week? How did it go for you?
- 2) If you grew up attending a church, what thinking about the human body did you absorb there? If you didn’t grow up in church, what views of the human body would you attribute to Christians?

### Study

- 1) The first page of *HP2* describes one way that Christian healthcare professionals sometimes think about the value of caring for human bodies. Do you agree with this perspective? Why or why not?
- 2) The second page of *HP2* refers to Gnosticism, an early Christian heresy.
  - a. What was the gnostic view of the body?
  - b. Do you think that gnostic ways of thinking are common in the church or among Christian healthcare workers today?
- 3) ***HP* pages 21-24 give several scriptural lines of evidence supporting the assertion that the body is good and essential to our being, both now and in the hereafter. What are these lines of evidence?**
- 4) The separation of our material and immaterial selves at death may seem to contradict the assertion that the body is essential to our being. Yet the chapter asserts that we are bodies in space and time. If your group wants to investigate this, read and discuss *HP2* en9.
- 5) Does the Apostle Paul’s use of the word “flesh” give you some hesitation about the goodness of bodies? If so, read and discuss *HP2* en11.
- 6) **The chapter section titled “Salvation Is Corporeal” (p24-25), citing Romans 8:22-23, asserts that there is a bodily element to salvation.**
  - a. Do you agree?
  - b. How might this help explain why healing figured prominently in Jesus’ earthly ministry?
  - c. If this sparks discussion or debate in your group, consider reading Luke 4:31-44 and see *HP2* en14.
- 7) **In the section titled “Burnout” (p26-28), the chapter describes two opposite and incorrect ways of thinking about our bodies.**
  - a. Which of these ways of thinking are you prone to?
  - b. What impact does that have on you and your work?
- 8) To what extent does your workplace respect our God-given physical needs and limitations?

9) The concluding section of the chapter says that “we rightly draw satisfaction from working to mend human bodies.” In what ways do you agree or disagree with this statement?

10) Discuss reflection question 3 on *HP* p30.

Homework

Pick one of the “It’s Your Turn” exercises found on p30 and practice it this week.

Close your meeting by praying for each other.

## Week 4: Soul and Spirit

Chapter 3 of *Healing Purpose* investigates the concepts of soul and spirit, reviews the evidence that physical and spiritual health are interrelated, and describes how to assess a patient's spirituality by taking their spiritual history.

### Getting Started

Discuss both of the following:

- 1) Did you try one of the chapter 2 "It's Your Turn" prompts this past week? How did it go for you?
- 2) What obstacles are there (in your workplace, in your patients, and in you) to learning about the souls and spirits of your patients? List them.

### Study

- 1) **This chapter of *HP* asserts that body, soul, and spirit are inseparable this side of the grave, and that the Hebrew and Greek words for "soul" and "spirit" have overlapping meanings but different emphases. How, on p32-33, does the book define "soul" and "spirit"?**
- 2) Christians sometimes experience a spiritual connection or alertness to others, as described on *HP* p33-34, and these experiences may in part validate the existence of spiritual reality. Have you had such experiences, or do you know others who have? Describe and discuss.
- 3) **Read 1 Kings 19:1-19 and discuss the following:**
  - a. In what ways is Elijah burnt out in body, soul, and spirit (v. 3-5)?
  - b. How does God respond (v. 5-9)?
  - c. Why does he tend to Elijah's bodily needs first?
  - d. How does caring for his physical needs enable progress with Elijah's immaterial needs?
  - e. God twice takes Elijah's history and twice hears Elijah's chief complaint (v. 9-10, 13b-14).
    - i. How, after the first time, does God address Elijah's spiritual need (v. 11-13a)? See the discussion on *HP* p34-35.
    - ii. How, after the second time, does God address Elijah's soul need (v. 15-18)? See the discussion on *HP* p34-35.
  - f. In Elijah's case, how were recovery of body, soul, and spirit interrelated?
- 4) Scientific evidence supports the assertion that spirituality and physical health are related. Review the summary of this evidence and the related best practice guidelines found on *HP* p36-39. Does this information address any of the obstacles to learning about the souls and spirits of your patients that you listed at the start of today's study?
- 5) **Spiritual history-taking is described on *HP* p39-45, including several formal and informal methods. Discuss the following:**
  - a. Do you already take spiritual histories from your patients?
  - b. If so, what's it been like for you? If not, what questions and concerns do you have about this?

**6) Role play spiritual history taking.**

- a. Have two group members at a time play parts, one as a patient and the other as a healthcare provider who is assessing the patient. For the sake of time, the provider should ask about the patient's chief complaint ("Why are you here to see me today?"), then jump to the social history, including spiritual history questions from the FICA or LORD models outlined in the sidebar on *HP* p40.
  - b. Let everyone in your group have a turn.
  - c. Debrief as a group after each role play.
- 7) Discuss "For Reflection" question 5 found on *HP* p47.

**8) Consider the list of obstacles to learning about the souls and spirits of your patients that we made at the start of today's study. Has the discussion addressed some of these?**

Homework

Pick one of the following and commit to doing it this week:

- 1) Do "It's Your Turn" item 1 found on p47. See if rousing your own spirit while you're at work increases the satisfaction you get from your work.
- 2) Practice formal (p40-41) and informal (p43-44) methods of taking a spiritual history in your clinical practice this week. If you're a healthcare student, consider discussing with your supervisor before you begin (see p44-45).

Close your meeting by praying for each other.

## Week 5: Health and Healing

Chapter 4 of *Healing Purpose* unpacks biblical concepts of health and healing and explores how a biblical understanding of these topics impacts our approach to our work.

### Getting Started

- 1) Did you try one of the chapter 3 “It’s Your Turn” prompts this past week? How did it go for you?
- 2) What does it mean to you to be healthy?

### Study

- 1) ***Shalom* is a Hebrew word commonly translated “health.” It has a broad meaning, as detailed on HP p52-53.**
  - a. Review the various facets of *shalom*.
  - b. While the *shalom* concept of health is expansive, would you agree that it mirrors your own lived experience? Why or why not?
- 2) Polls show that healthcare professionals commonly work within a much narrower view of health, as described on p52. Why do you think this is?
- 3) **Read and discuss reflection question 1 found on p61.**
- 4) **Just as the biblical concept of health is broad, so too the biblical concept of healing – the process of being restored to *shalom* – involves more than the resolution of illness.**
  - a. Read Psalm 103:2-5 and the discussion found on HP p53-54.
  - b. What elements of *shalom* are mentioned in these verses?
- 5) **Does God have a role in healing that occurs by means of biomedical science? See the discussion of Isaiah chapter 38 found on HP p54-55.**
- 6) Dr. Peter Pattison points out that the word “miracle,” from the Latin *miraculum*, refers to the reaction of wonder and joy we experience at certain events, not the cause or underlying mechanisms of those events (as shown in these examples: “The bus was going so fast it’s a miracle we didn’t all end up in the ditch,” “COVID vaccines are a miracle of modern medicine”) (ICMDA Doctor’s Life Support daily devotional, May 30, 2025).
  - a. Could much of the healing we routinely participate in be considered miraculous, at least by our patients? When does the healing you witness give you a sense of wonder and joy?
- 7) What is the concept and biblical basis for “common grace” (see HP p54-55)? How does this concept support the idea that all healing comes from God?
- 8) **Should we incorporate broader concepts of health into our clinical practices? How can we? Discuss the relevance of the following methods to your work context:**
  - a. Mentioning that health has emotional and spiritual components (p56)
  - b. Speaking gracious words (p56)
  - c. Giving God credit for healing (p57)
  - d. Offering faith perspectives (p57-59)
  - e. Encouraging spiritual health (p59-60)

- 9) **Pick a couple of examples of issues your patients struggle with (bullet pointed on *HP* p58) that are common in your practice setting.**
- a. Discuss various ways you might appropriately respond to these issues with biblical wisdom in your practice context, keeping in mind the guidance on p58-59.
  - b. Would these sorts of interactions with patients increase the satisfaction you get from your work?

Homework

Pick one of the “It’s Your Turn” prompts on p61-62 and commit to doing it this week.

Close your meeting by praying for each other.

## Week 6: “Why Me?”

Chapter 5 of *Healing Purpose* explores the biblical story of sickness and its implications for healthcare practice.

### Getting Started

Discuss both of the following:

- 1) Did you try one of the chapter 4 “It’s Your Turn” prompts this past week? How did it go for you?
- 2) Medical research cited in *HP* chapter 3 reports that spiritual distress is common among hospitalized patients. Do you think that some of your patients struggle to understand the meaning of their illness—the “why” of their affliction—at a spiritual or metaphysical level? Tell the group about a patient or acquaintance of yours who experienced spiritual distress.

### Study

*HP* chapter 5 considers three biblical themes about the “why” of illness. Let’s look at each of these in turn.

- 1) **The curse. Genesis 3 describes Adam and Eve eating the fruit God had forbidden them and the curses that followed. Read aloud Genesis 3:8-19 and discuss:**
  - a. What curses does God place on the serpent (v. 14-15), Eve (v. 16), and Adam (v. 17-19)?
  - b. To what extent are these curses still echoing through our world today?
  - c. Sickness and disability are not overtly mentioned in these curses. Are they implied?
  - d. To what extent do the health problems we treat today trace back to the curses of Genesis 3? Consider Romans 5:12 and 8:22-23.
- 2) **Our shortcomings.** The Bible describes instances of sickness and death as God’s response to the misdeeds of his people. Examples from the Old and New Testaments are mentioned on *HP* p66.
  - a. Read aloud 2 Chronicles 21:4-19.
    - i. What sins of Jehoram does Elijah mention in his letter (v. 12-13)?
    - ii. How does Elijah describe God’s response to Jehoram’s misdeeds (v. 14-15)?
  - b. **Read aloud 1 Corinthians 11:17-32 and discuss:**
    - i. Why, according to v. 30, were “many among you weak and sick”?
    - ii. In v. 29 and 31 Paul uses the word “judgment.” [Commentators](#) translate this word as “judicial sentence,” as would be handed down in a court of law. According to these verses, what roles did the Corinthians and God play in the weakness and sickness the Corinthians experienced?
    - iii. In v. 32 Paul draws a distinction between judgment and condemnation. What distinction is he making? What role does discipline play in the life of a believer? See Hebrews 12:4-11, Revelation 3:19, and discussion on *HP* p66-67.
- 3) **God at work. Read aloud John 9:1-7, about the healing of a man with congenital blindness, and discuss:**
  - a. What was the disciples’ theory about the “why” of the man’s blindness?
  - b. Jesus refutes their theory. What is his explanation of the “why” of this case?

- c. “The spiritual significance of illness may be to display God at work, even when healing doesn’t occur.” Do you agree? Read and discuss 2 Corinthians 12:7-10, and see discussion on *HP* p68.
- 4) **Both *the curse* and *our shortcomings* are backward-looking explanations of the “why” of sickness—but *God at work* is forward-looking. See the C. S. Lewis quote on *HP* p69.**
    - a. Might this be a source of hope in healthcare settings? How so?
    - b. How can we encourage our patients to look forward, both medically and spiritually? See *HP* p75-76.
  - 5) **Let’s synthesize what we’ve studied so far into a clinically relevant framework.**
    - a. Do you think we can confidently diagnose the “why” of any particular patient’s situation? See *HP* p69-70.
    - b. The chapter text suggests that two or all three of the biblical narratives about sickness we’ve considered might appear in the plot of an individual’s illness. Do you agree? Can you think of examples?
  - 6) **Now let’s apply this framework to patient interactions.**
    - a. How might you discern when a patient is asking themselves questions about the “why” of their illness? In what ways might spiritual history-taking and open-ended questions (“What does this diagnosis mean to you?”) draw out these concerns?
    - b. The chapter text suggests that the best initial answer to our patient’s “why?” is often “I don’t know” (*HP* p70-71). Do you agree? Why or why not?
    - c. The chapter text further suggests that, despite admitting, “I don’t know,” we can make some positive assertions about “why.” Some examples are given on p71. What truths about “why” might you offer to patients in your practice context?
  - 7) **The chapter goes on to highlight three common misconstruals of the “why” of sickness and how we can respond. Pick one of these three—spiritual distress (p71), spiritual nihilism (p72), or moral legalism (p74)—and discuss the following:**
    - a. How common do you think this is in your practice setting?
    - b. How would you come to suspect that this misconstrual was an issue for a patient?
    - c. To what extent might this issue drain your patient’s hope, or prevent them from experiencing comfort and peace in the face of illness?
    - d. How might you help your patient overcome this issue? See the chapter text for ideas.

### Homework

Pick one of the “It’s Your Turn” exercises on p77 and commit to doing it this week.

Close your meeting by praying for each other.

## Week 7: Healing and Repentance

Chapter 6 of *Healing Purpose* looks at what repentance is, why it's linked to healing throughout the Bible, and how repentance is relevant to our own health and the health of our patients.

### Getting Started

Discuss both of the following:

- 1) Did you try one of the chapter 5 “It’s Your Turn” prompts this past week? How did it go for you?
- 2) Discuss reflection question 1 (*HP* p88).

### Study

Healing and repentance are closely linked throughout the Bible, from the lives of Job, Hezekiah, and David through to the everyday advice of James chapter 5.

- 1) The biblical words often translated as “repent” mean to turn, to return, or to have a change of mind. But Christian repentance is more than an intellectual decision. Read Isaiah 6:1-7 and Job 42:1-6, 10-14, and discuss:
  - a. Isaiah has a vision of God, and Job says “my ears had heard of you, but now my eyes have seen you.” What realization comes to them as a result of their encounter with God? How do they react?
  - b. The chapter text proposes that Christian repentance is primarily about recognizing and responding to God’s presence—and the humble posture and honest self-appraisal that result (p 79). I give a couple of personal examples in the chapter text. Do you agree with this way of thinking about repentance? Has this been your own experience?
  - c. The chapter text further suggests that we can repent forward, in an anticipatory way (p80-81). Have you ever done this yourself?
- 2) **Read aloud Luke 13:1-9 and discuss:**
  - a. Jesus mentions two then-current examples of untimely suffering and death (v. 1-5). What idea does he refute about why those particular people suffered?
  - b. What radical take-home message does he propose instead (v. 3, 5)? How does the parable he tells (v. 6-9) further explain his conclusion? How might this differ from the take-home message his listeners were expecting?
  - c. “Jesus teaches us that the untimely suffering of others is also a wakeup call for us” (*HP* p82). In healthcare we often have close encounters with the untimely suffering of others. What is our natural psychological reaction, and how does it differ from what Jesus advises us (*HP* p82-83)?
- 3) **Read aloud James 5:13-16 and discuss:**
  - a. James here teaches that life events should prompt spiritual responses. How should we respond to sickness spiritually (v. 14-16)?
  - b. Should illness always prompt us to repent, or only when medical approaches fail or are inadequate?
  - c. Does James think that all sickness is due to personal sin (note “if” in v. 15)?
  - d. Why is repentance always a good idea when we’re sick, even if our illness has no direct link to our shortcomings? See *HP* p83-84.

**4) Repentance in clinical practice.**

- a. How might an attitude of personal repentance help us at work? See *HP* p84-85.
- b. Repentance is a pathway to spiritual, psychological, and (sometimes) physical healing. The chapter text states, “Repentance is about truly encountering God, so encouraging our patients to turn to God is often a good place to begin” (p85). It then offers sample questions that may appropriately introduce the topic of spirituality in some healthcare contexts (sidebar on p86). Have you ever asked your patients similar questions? How did it go? Share with the group.
- c. The chapter text draws parallels between how we can effectively encourage life change for medical reasons and how we can effectively encourage spiritual health (p87-88). Do any of these methods appeal to you? Have you used them with patients? Share with the group.

Homework

Choose one of the “It’s Your Turn” exercises on p89 and commit to doing it this week.

Close your meeting by praying for each other.

## Week 8: The Fear of Death

Both science and the New Testament offer us insight into the fear of death. Chapter 7 of *Healing Purpose* explains how the subconscious fear of death can steal our professional satisfaction and describes what we can do about it.

### Getting Started

Discuss both of the following:

- 1) Did you try one of the chapter 6 “It’s Your Turn” prompts this past week? How did it go for you?
- 2) Describe your most recent experience taking care of a dying patient.

### Study

- 1) The Bible portrays death as our enemy. Read Genesis 2:15-17 and 3:17-24, which describe how death entered the human experience, and 1 Corinthians 15:24-26, which is part of a longer passage about our future bodily resurrection.
  - a. Do you agree that death is our enemy? Why or why not?
- 2) **Jesus has defeated death on our behalf. Read 2 Timothy 1:9-10 and Hebrews 2:9-10, 14-15, and discuss:**
  - a. What does the author of Hebrews mean by saying Jesus “tasted death for everyone”?
  - b. Despite these biblical truths, the human mortality rate is still 100%. What do you think Timothy means when he writes that Jesus “has destroyed death”?
  - c. Professor and bioethicist Scott Rae (dean of the faculty at Talbot School of Theology) says that death is a defeated enemy that need not always be resisted, especially when medical treatments are futile or cause more harm than benefit. To what extent do you agree?
- 3) The fear of death is a universal human experience, and our subconscious fear of death prompts us to be judgmental, impatient, prejudicial, and critical.
  - a. Review the section titled “The Fear of Death” on *HP* p 93-94, which makes the case that the subconscious fear of death has important influence on modern culture. To what extent have you seen the fear of death surfacing in your own clinical context, among patients and fellow healthcare workers?
  - b. **Read again Hebrews 2:14-15, where the author describes “slavery to the fear of death,” and also Romans 5:14-17, which describes death “reigning” over us. What is the difference between “fear of death” and “slavery to the fear of death”? See *HP* p95.**
  - c. In what way do Jesus followers fear death? Not fear death? Consider the examples of Jesus as he contemplated his impending arrest (Luke 22:39-44) and Paul as he considered, from prison, the real possibility of being put to death (Philippians 1:20).
- 4) **Zechariah was a priest and the father of John the Baptist. Read the conclusion of Zechariah’s Song in Luke 1:76-79. The final verse describes Jesus’ coming to “shine on those living in darkness and in the shadow of death, to guide our feet into the path of peace.”**
  - a. How do you know when the “shadow of death” is creeping over you? See my own account on *HP* p95-96 and the list of indicators on *HP* p100.

- b. How can we experience, or re-experience, the warm radiance of Jesus, dispelling the shadow of the fear of death from our lives? Intellectual assent to Christian doctrine is important, but is it enough? See *HP* p96-97 and add your own insights.

**5) Clinical applications of this study are made on *HP* p98-100. Pick one of these and discuss it with your group:**

- a. Recognizing the fear of death in our patients and responding with our presence.
- b. Taking a balanced approach to preventative health.
- c. Understanding that our patients' spiritual health is essential to their well-being.
- d. Recognizing we are healthiest when our self-identity is rooted outside of our profession.

Homework

Choose one of the "It's Your Turn" exercises on p101-102 and commit to doing it this week.

Close your meeting by praying for each other.

## Week 9: Integrity

Chapter 8 of *Healing Purpose* begins our study the book of Job. Many of us regularly have close encounters with the suffering of others, and the compassion fatigue we experience is itself a form of suffering. Job shows us how to respond to suffering in ways that restore our resilience, compassion, and joy.

### Getting Started

Discuss the first and either the second or third of these prompts:

- 1) Did you try one of the chapter 7 “It’s Your Turn” prompts this past week? How did it go for you?
- 2) Compassion fatigue is discussed on *HP* p106. Have you experienced this yourself? Share your experience with the group.
- 3) The chapter text says, “The logical paradox of suffering can lead us to practical skepticism about either the power or the goodness of God. We can grow distant from him as a result” (p106). Do you agree? Describe a time when you or a friend of yours experienced this.

### Study

- 1) **As a group, read Job chapters 1 and 2. Ask for volunteers to take turns reading sections aloud. Then discuss:**
  - a. *HP* p107 offers a definition of integrity. What is this definition, and do you agree with it? In what way is integrity the opposite of hypocrisy?
  - b. Job fears God (Job 1:1), meaning that God is often on his mind, and he approaches God with reverence and awe (*HP* p107). He also believes it is wrong to curse God (Job 1:5). In what ways is Job’s worldview similar to your worldview?
  - c. Look again at Job 1:6-12.
    - i. To what extent is the disaster that subsequently befalls Job’s family and his wealth attributable to Satan? To God? (see also Job 2:3)
    - ii. In what way is the destruction of Job’s wealth and family a test of his integrity? Does he pass the test? See Job 1:20-22.
- 2) **Refer again to Job 2:3-6, and discuss:**
  - a. What additional test of Job’s integrity does Satan suggest (v. 4-5)?
  - b. *HP* p108 summarizes what we know about the painful chronic illness Job suffers. Read the relevant paragraph together.
- 3) Read again Job 2:8-13. What is Job’s response to his medical affliction? In what way does he maintain his integrity? See *HP* p109.
  - a. To what extent does Job understand the “why” of his illness?
  - b. How do Job’s friends respond to his calamity (2:11-13)? What’s laudable about their response, at least here at the end of chapter 2?
  - c. What elements of his situation does Job control (*HP* p109)?
- 4) ***HP8* concludes with five practical ways in which we can maintain our integrity in response to suffering—including our own experience of compassion fatigue. Choose two of the five applications from *HP* p110-112, and discuss how you can apply them in your clinical practice.**

Homework

Choose one of the “It’s Your Turn” exercises on p112-113 and commit to doing it this week.

Close your meeting by praying for each other.

## Week 10: Lament

*Healing Purpose* chapter 9 continues our study of Job. This week we'll look at a biblical response to suffering called lament, and how lament—as opposed to only asking God to fix a problem—is key to recovering hope and peace in difficult situations. In preparation for this study, print out copies of Psalm 86 and bring highlighters or crayons (4 different colors for each group of 2-3 people in your Bible study).

### Getting Started

Discuss the following:

- 1) Did you try one of the chapter 8 “It’s Your Turn” prompts this past week? How did it go for you?
- 2) Have you heard of the lament form of prayer? Have you used it in your own prayer life? Describe your experience.

### Study

The middle section of Job depicts what Mark Talbot calls Job’s “misstep.”

- 1) Read the section about Job’s misstep on the bottom half of *HP* p115, which summarizes a theme from the extended middle section of Job. Then read Job 10:1-3, which is one example of Job’s approach to God in the middle section of his book.
  - a. What motivates Job’s words in this passage (v. 1)?
  - b. What does he demand to know from God (v. 2)? What opportunity is he seeking (v. 2)? What questions does he intend to ask God (v. 3)?
  - c. How would you characterize his view of God and approach to God in this passage?
  - d. Can our patients have the same view of God today? Can we? See *HP* p116, and describe examples from your own experience.
- 2) **Let’s compare and contrast Job’s approach to God from a place of suffering with David’s approach, as shown in his psalms of lament. Lament is a response to suffering that boldly affirms both God’s sovereignty and his goodness, instead of doubting either element of his character. It focuses on hope and trust, not self-defense or self-justification. It is a conversation between a child and a parent, not an argument between an attorney and a judge.**
  - a. The first step of lament is to turn to God when we’re suffering—including when we’re weary of the burden of clinical care. Why can this be difficult?
  - b. Four additional components of lament are described on *HP* p117-119. For each of these four components, do the following:
    - i. Discuss what this component consists of. Why is it part of a healthy response to suffering that might lead us to hope and peace in the middle of difficulties?
    - ii. In groups of two or three people, mark or highlight the parts of Psalm 86 that correspond to this component of lament. Use a different color for each of the four components.
- 3) How does David cycle between components of lament in Psalm 86? Do you think there is a required order to lament? See *HP* p119-120.
- 4) How might lament be therapeutic in ways that simply asking God for help is not? See *HP* p120.

- 5) In what ways is the lament form similar to the interaction between a patient and their healthcare provider? See *HP* p120-121.
- 6) **How can we avoid “playing God” in our clinical interactions with patients? See *HP* p121-122. How might this forestall our compassion fatigue?**
- 7) **This chapter of *HP* concludes with practical applications to our healthcare practices. Let’s focus on two of these: lamenting for our patients and lamenting for ourselves.**
  - a. Think of a recent time when you cared for a suffering patient. Write out a brief lament that is a response to that situation, using the elements summarized in the TREAT acronym (*HP* p120).
  - b. Think of a recent time when you experienced compassion fatigue. Write out a brief lament that is a response to that professional weariness, using the elements summarized in the TREAT acronym.

### Homework

Choose one of the “It’s Your Turn” exercises on p125 and commit to doing it daily this week.

Close your meeting by praying for each other.

## Week 11: A New Experience of God

This week we'll conclude our study of the book of Job. We'll see that a healthy response to suffering moves past "why" to focus on "who." As we do this from a place of professional discontent or weariness, we open ourselves to a new experience of God.

### Getting Started

Discuss the following:

- 1) Did you try one of the chapter 9 "It's Your Turn" prompts this past week? How did it go for you?
- 2) Have you ever experienced God's presence while you were suffering? Tell the group about that experience.

### Study

God speaks directly to Job in the final chapters of his book. When God speaks, he shatters Job's expectations and changes his perspective, in ways that position him for healing.

- 1) Job chapters 30 and 31 are Job's final words in the middle section of his book. In them he portrays his innocence and questions God's goodness.
  - a. Read Job 30:20-26. In what ways is Job questioning God's actions and character?
- 2) **Read Job 38:1-2, and discuss:**
  - a. Job wants God to explain or justify himself. But God responds by asking Job a question (v. 2). How is this response different than what Job or we might expect from God? See *HP* p128.
- 3) **God, by means of a series of questions, shows that Job, one of the most respected and literate men of his time, is "without knowledge" (38:2).**
  - a. Read 38:4-7 and 19-21. In what way is God pointing out Job's lack of knowledge in these verses?
  - b. Read 38:39-40 and 39:1-8. In what ways does God control and conduct the symphony of his creation? To what extent is Job aware of all this?
  - c. Read 40:1-5. Here God poses a second question to Job. What is it (v. 2)? How does Job's response reveal a change in his approach to God?
- 4) God demonstrates that Job is without power. In chapters 40 and 41, God describes two untamable animals in his creation: the behemoth and the leviathan.
  - a. Read 40:24 (about the behemoth) and 41:8-11 (about the leviathan). What point is God making about the limitations of what Job can control?
  - b. How is this relevant to Job's complaint against God (see 41:10-11)?
- 5) **Read Job's subsequent response, recorded in 42:1-6, and discuss:**
  - a. What truths does Job express about God (v. 2) and himself (v. 3)?
  - b. The realization of these truths changes Job. What metaphor does he use to describe how his new experience of God differs from his previous understanding (v. 5)? See *HP* p130.
  - c. What is Job's response to his new experience of God (v. 6)? Why was this his response? See *HP* p131.
  - d. Read 42:10-17. In what ways does Job's response (in v. 6) position him for healing? Recall our study of repentance in week 7 of this study series.

- 6) The text of *HP* asserts that we, too, can have a new experience of God from a place of discontent and suffering. “There are means of tuning ourselves—like we would tune an instrument—to harmonize with God’s Spirit” in difficult moments (p. 132).
  - a. I give an example from my own work experience (p. 132-133). Have you had similar experiences? Share them with the group.
  - b. Read and discuss reflection question 2 on *HP* p134.
  - c. The chapter text encourages us to “move past why” (p. 134). At what moments in your workweek would you benefit from relaxing into your faith?

Homework

Choose one of the “It’s Your Turn” exercises on p136 and commit to doing it daily this week.

Close your meeting by praying for each other.

## Week 12: Healing and the Gospel

“Gospel” literally means “good news.” The gospel writers repeatedly depict a link between the good news Jesus preached and the healing of disease. Chapter 11 of *Healing Purpose* explains why healing was a central feature of Jesus’s itinerant ministry, and explores why this matters to us as modern healthcare professionals.

### Getting Started

Discuss the following:

- 1) Did you try one of the chapter 10 “It’s Your Turn” prompts this past week? How did it go for you?
- 2) The meaning of the gospel Jesus preached, and its link to healing, was for a long time unclear to me (see *HP* p139-140). Have you had the same experience, or not?

### Study

The chapter begins by describing two images the New Testament uses to describe Jesus: the lamb and the king. It then makes the case that healthcare work is gospel work and investigates the implications of that claim.

- 1) Read John 1:29, 35-36; Acts 8:26-35; and Hebrews 10:1-4, 11-14. What does the image of Jesus as the Lamb of God tell us about the good news? See *HP* p140-141.
- 2) Read Matthew 2:2; 16:28; 18:1-4; 21:1-9; 27:37. In what way is Jesus a king?
- 3) **Read Matthew 4:17; 7:21; 18:3; 19:23; John 3:1-8. What does the image of Jesus as king of a kingdom tell us about the good news? See *HP* p141-142.**
- 4) Read the prophecy about the coming kingdom of God in Isaiah 35:5-10. In what ways is healing a part of this prophetic vision?
- 5) **Now read Matthew 11:1-6. How does Jesus respond to John’s inquiry about him? In what ways does his response echo the Isaiah 35 passage? Why does Jesus answer this way? See *HP* p142-143.**
- 6) Read Revelation 21:1-4, which describes the future kingdom of God coming down to earth. In what way is healing part of this future reality?
- 7) **“Healing was not an arbitrary aspect of Jesus’ ministry. . . . Healing was vital evidence of the King’s presence” (*HP* p143). Do you agree?**
- 8) **Because all healing originates with God, “when our patients experience healing, the kingdom of God has come near to them. This is true whether or not the patient or their healthcare professional recognize it” (*HP* p 143). Do you agree? See Luke 17:11-19.**
- 9) Chapter 11 of *Healing Purpose* concludes with a section titled “Healthcare Work Is Gospel Work.” For at least two of the following four applications, discuss (a) how this relates to the good news of the kingdom of God, (b) how in practical terms we

**can be kingdom members at work, and (c) how this might increase our work-related satisfaction.**

- a. Recognize that God is at work in our hospitals and clinics (*HP* p143-144).
- b. Be an ambassador (*HP* p144-145).
- c. Point to the good news (*HP* p145).
- d. Embrace kingdom priorities (*HP* p145-146).

Homework

Choose one of the “It’s Your Turn” exercises on p147 and commit to doing it daily this week.

Close your meeting by praying for each other.

## Week 13: Why Jesus Went into Healthcare

Jesus didn't train as a healthcare professional, but he did heal illnesses and disabilities—more completely than we often can. He healed not on the basis of biomedical science, but with the power of God. Last week we saw that healing was not an afterthought for Jesus: healing is a feature of the kingdom of God and evidence of the King's presence. Notably, Jesus healed people one at a time, much like we do: his healing work was focused on individuals. Chapter 12 of *Healing Purpose* asks what motivated Jesus to heal people one by one and what we can learn from his example.

### Getting Started

Discuss the following:

- 1) Did you try one of the chapter 11 “It’s Your Turn” prompts this past week? How did it go for you?
- 2) What motivated you to go into healthcare in the first place? What motivates you now?

### Study

The Gospels record over 30 instances of Jesus' healing ministry, and in many of these accounts his motivation for healing is stated or implied. We don't have time to look at all of these accounts today. On occasion Jesus healed to fulfill prophecy, out of indignation, and for other reasons, but two motivations most often appear: his compassion for hurting people and the opportunity healing provided to demonstrate who he is. We're going to look at and learn from both of these motivations.

- 1) **What is compassion, and how is it different than empathy? How is it related to love? See *HP* p150.**
- 2) **Read Matthew 20:29-34 and Luke 7:12-15. What motivated Jesus to heal in these instances? Was compassion sometimes a sufficient motivation for him?**
- 3) **Is compassion optional in patient care?**
  - a. **Compassion makes a difference in patient outcomes. Discuss the evidence reviewed on *HP* p151.**
  - b. **Read 1 Corinthians 13:1-3. The Greek word for love in this passage is *agapē*: not romantic or friendship love, but goodwill and benevolence toward another person.**
    - i. **Is this passage more applicable to weddings or to our daily interactions with people?**
    - ii. **How would you apply each of these three verses to your healthcare practice? See *HP* p152.**
  - c. **Do we benefit when we are motivated by compassion for our patients? See *HP* p152.**
- 4) Why is it sometimes difficult to have caring concern for our patients? See *HP* p153.
- 5) What does compassion look like in your care setting?
  - a. For ideas, see *HP* p152 and the sidebar on p152-153.
  - b. Discuss reflection question 1 on p160.

- 6) **We are conduits, not generators, of compassion. Read 2 Corinthians 1:3-5.**
- Where does our compassion for others come from?
  - In what ways can we experience God's compassion and comfort ourselves, recharging our batteries for clinical care? See the examples mentioned on *HP* p154. What works best for you?
- 7) **Jesus also used healing as demonstration. Read Mark 2:1-12 and discuss:**
- What aspects of this episode demonstrated Jesus' divine nature? See v. 8 and 10.
  - Jesus combined compassion and demonstration in his healing work. If your group has time and interest, read the story of Lazarus's resurrection in John 11:1-44, and note the many allusions to compassion and demonstration in this account.
- 8) **“Demonstration links our compassion—and the healing our patients experience—with the reality of Jesus’ presence and love” (*HP* p156). Discuss:**
- How we demonstrate Jesus to the people we care for and work with will vary based on the cultural context we work in, and the ethos of our patients and healthcare institutions. Consider the three bullet-pointed examples on *HP* p158-159. Are any of these relevant to your workplace?
  - We sometimes have the opportunity to describe our experience of Jesus with patients or coworkers in the context of a trusted relationship. How might you start describing your faith experience while you're at work? Consider the examples in the sidebar on *HP* p159, and share experiences and ideas relevant to your own situation.

### Homework

Choose one of the “It’s Your Turn” exercises on p161 and commit to doing it daily this week.

Close your meeting by praying for each other.

## Week 14. How Much Faith Is Enough?

Jesus often said to people, “Your faith has healed you.” What did he mean by that, and how much faith did Jesus require of the people he healed? How might we and our patients ask Jesus for healing in modern healthcare contexts? Chapter 13 of *Healing Purpose* explores these questions. The chapter explains how prayer for healing, in a nuanced and contextually appropriate way, can encourage our patients’ spiritual health and align us with our purpose as we work.

### Getting Started

Discuss the first and either the second or third of the following prompts:

- 1) Did you try one of the chapter 12 “It’s Your Turn” prompts this past week? How did it go for you?
- 2) “Faith is indispensable to the practice of modern medicine” (*HP* p162). Do you agree or disagree?
- 3) Describe your experience (if any) of praying with patients.

### Study

We’re going to study Gospel passages that show the interplay between Jesus’ healing acts and people’s faith. We’ll then consider how this same interplay works in our healthcare settings.

- 1) Read Mark 6:1-6. “People were amazed by Jesus wherever he went, but the amazement of people in his hometown differed” (*HP* p163). Discuss:
  - a. What was the attitude of his hometown toward Jesus?
  - b. How did this attitude prevent healing from taking place?
  - c. Does Jesus force healing on people?
- 2) **Read John 4:46-53 and discuss:**
  - a. What triggers this encounter between a royal official and Jesus? What approach does this important person take with Jesus (v. 47)?
  - b. How does Jesus respond to the official’s initial request for healing of his son (v. 48)? What does this imply about the faith (if any) of the official?
  - c. The official ducks the implication of Jesus’ statement and repeats his request (v. 49). Why do you think that, having raised the issue of belief, Jesus doesn’t press the matter, but instead heals the boy (v. 50)? Could we similarly mention spirituality in our patient interactions without pressing the matter?
  - d. It’s after his meeting with Jesus that the official’s faith grows (v. 50-53), and it’s only in v. 53 that he is said to believe. What evidence do these verses give us of a step-wise developing faith?
  - e. Does faith in Jesus have to precede healing by Jesus?
- 3) Compare the people of Jesus’ hometown with the royal official. Both lack faith in Jesus. Why are there divergent outcomes in these two examples? See *HP* p164. If your group wants to consider a third example, read and discuss Mark 9:14-27.
- 4) **When Jesus says, “Your faith has healed you,” what is he implying about the role of faith in healing? Could we say the same about biomedical healing? See *HP* p165.**
- 5) **“Willingness to humbly ask for help is all Jesus requires of us” (*HP* p166). Discuss:**
  - a. Do you agree?

- b. What about people who pray for healing but aren't healed? Is the issue the quantity or quality of their faith? How should we respond to them? See *HP* p166-167 and the sidebar on p25-26.
- 6) Read Acts 28:25-27 and discuss:
- a. What are the diagnostic signs of a "calloused heart" (v. 26, 27)?
  - b. How does a calloused heart prevent supernatural healing? Biomedical healing? See *HP* p 167.
  - c. What strategies might soften a calloused heart?
- 7) **Prayer is our way of asking Jesus for healing. Discuss:**
- a. Should we limit the option of praying with our patients to those who express a strong and confident faith? How might we discern which others might benefit from prayer? See *HP* p167-168 and 169-170.
  - b. How can you offer the option of prayer to patients in a gentle, respectful, and contextually appropriate way? Review *HP* p170-171 and discuss which of these strategies makes sense in your setting.

#### Homework

Choose one of the "It's Your Turn" exercises on p171-172 and commit to doing it daily this week.

Close your meeting by praying for each other.