

THE DEPENDENCY SYNDROME: PREVENTION AND EARLY DETECTION



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Those following medical reports these days are aware that several themes keep recurring. One is the importance of prevention of serious illness. Another theme is early detection. Of course, the third is radical surgery to correct that which has gone too far. Both prevention and early detection improve the health of a population. When done appropriately, those two can help to avoid radical surgery. No doubt about it.

I frequently get e-mails from missionaries or church planters who are struggling with a full-blown case of dependency which was neither prevented nor detected early. Recently a vivid example appeared in my inbox.

A congregation in the southern part of the United States decided to begin a separate service for people in the community who do not speak English as their first language. They are to be commended for wanting to see the gospel presented in the heart language of the people. Unfortunately they were not familiar with what it takes to avoid dependency in a newly planted church. Neither were they very good at early detection when the symptoms began to appear. Now they have a full-blown dependency problem.

In their desire to be helpful, they paid with outside funds the pastor who was assigned to preach for the new congregation. Unfortunately this gave the wrong impression from the beginning. The pastor was perceived as “owned” by the people who paid him. The people in the newly planted congregation were glad to let someone else pay their pastor.

Second, out of their compassion, the people planting the church gave the new

congregation free use of a building. Later on, another congregation in the area, without obligation, gave them a church building they no longer needed. The new congregation was enjoying a free pastor and a free building. Now the people who planted the church are wondering why the new congregation feels no responsibility for their pastor or building.

By the time things got this far, the people planting the church were wondering what they should do. Obviously it was too late for prevention or early detection. This would take radical measures—perhaps major surgery. Simple bandages would not be much help.

It does not mean that the situation is irreversible. However, someone will need to think and pray seriously about how to resolve the dependency mentality which developed. The following are a few suggestions.

First, the well-meaning church planters need to recognize that they gave the impression that a new congregation doesn't need to contribute to the cost of running its own church. However compassionate they were, they gave new believers in a new congregation the impression that church is free.

Second, their biggest challenge might be with the pastor they “hired” to lead the new congregation. Neither he nor they realized that being a “paid professional” sent a powerful message to the new congregation. He might have become a tentmaker or at least been a bi-vocational pastor in the early days of this church planting. This would have sent a healthy message to the new congregation: “I am one of you; I also work for a living. Let's

build this new congregation together. You are as important as I am.” Who will help him to become aware of the damage that has already been done? Not only that, who is bold enough to recognize the dependency mentality and suggest that something must be done?

Third, the congregation itself will need to be reprogrammed in their thinking about how churches develop. They were given the impression from the beginning that they were too poor to pay their pastor or to contribute toward their own church building. Being given the impression that new believers are too poor to give something back to God is a common symptom of the dependency syndrome. There are many examples—some in Scripture—where new believers gave to God out of their poverty, recognizing that in the Christian faith, giving is a greater blessing than receiving. In 2 Corinthians 8, for example, the Macedonians gave out of their extreme poverty and severe trial.

Fourth, getting out of this dilemma will take serious effort on the part of all who are involved: the well-meaning church planters, the subsidized pastor and the new congregation. Everyone will need to take a serious look at the meaning of the gospel. But most of all, they will need to abandon the idea that supporting the church they attend is not the responsibility of outsiders.

What does this salvation cost? We are fond of saying in our preaching that salvation is free. In one sense this is absolutely right. But the real cost of our salvation is that for the rest of our lives as believers, we will be asked to turn over to the God of heaven everything we previously considered our own.

Whenever people are given any other impression about the cost of becoming a believer, the seeds of the dependency syndrome might just be sown. And before long, it is too late for prevention or early detection. We might as well get an appointment with the surgeon. 