

THE DEVELOPMENT OF A COMPREHENSIVE DEFINITION
OF CHURCH HEALTH

The Ola Farmer Lenaz Lecture

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TABLE OF CONTENTS

INTRODUCTION	1
PERSPECTIVES ON CHURCH HEALTH	4
Introduction	4
The Perspective of Church Context	4
The Perspective of a Healthy Family	7
The Perspective of Church Models	9
The Perspective of Scientific Studies	11
The Perspective of Scripture	16
Introduction	16
Biblical Models of Church Health	17
Church Health and the Nature of the Church	19
Introduction	19
The Church as the Body of Christ	20
The Church as the Temple of God	21
The Church as the Household of God	22
Church Health and The Role of the Church	22
The Church's Mission	22
The Church's Functions	23

THE DEVELOPMENT OF A COMPREHENSIVE DEFINITION	26
Introduction	26
Characteristics of a Church Health Definition	27
The Development of Church Health Characteristics	27
The Development of Church Health Categories	28
Proposed Definitions	28
SUMMARY, CONCLUSIONS, AND FURTHER STUDY	30
Summary	30
Conclusions	30
Suggestions for Further Study	30
APPENDIX	32
SELECTED BIBLIOGRAPHY	34

INTRODUCTION

In The Purpose Driven Church, Rick Warren said that “the key issue for churches in the twenty-first century will be church health, not church growth.”¹ Warren believed that focusing on church growth alone was wrong. He added, “When congregations are healthy, they grow the way God intends....If your church is genuinely healthy, you won’t have to worry about it growing.”²

In 1972 Ray Stedman briefly discussed the subject of church health in his book, Body Life.³ In his chapter entitled “Keeping the Body Healthy,” Stedman wrote,

No athlete spends all his time running races or playing the game for which he is trained; he must also spend many hours keeping himself in shape and developing his skills to a high degree. So it is with the body of Christ. The work of the ministry will never be properly done by a weak and unhealthy church, torn with internal pains, and wracked by spiritual diseases.⁴

At the conclusion, Stedman added, “A healthy body is necessary to do effective work.”⁵

¹Rick Warren, The Purpose Driven Church: Growth without Compromising Your Message & Mission (Grand Rapids, MI: Zondervan Publishing House, 1995), 17.

²Ibid.

³Ray C. Stedman, “Keeping the Body Healthy,” In Body Life: The Church Comes Alive! (Ventura, CA: Regal Books, 1972).

⁴Ibid., 106.

⁵Ibid., 114.

In 1973 Donald McGavran and Win Arn addressed the subject of church health in their book How To Grow a Church: Conversations about Church Growth.⁶ Three years later C. Peter Wagner proposed seven vital signs as a gauge of a healthy church in his book, Your Church Can Grow: Seven Vital Signs of a Healthy Church.⁷ However, while Wagner mentioned church health in his book, his primary emphasis was church growth not church health.

Over the next two decades, numerous books and articles continued to be written on church growth. Church health became a forgotten subject.

A renewed emphasis on church health began with the publication of books by Dan Spader and Gary Mayes (1991) and Leith Anderson (1992).⁸ Soon other books dealing with church health were published by Rick Warren (1995), Christian Schwarz (1996), Mark Dever (1998), and Steven Macchia (1999).⁹

While numerous authors have written about church health, there has been little effort by these writers to interact with each other's ideas or to develop a comprehensive definition of church health. Furthermore, a lack of rigorous research has created principles of questionable

⁶Donald A. McGavran and Win Arn, How to Grow a Church: Conversations about Church Growth (Glendale, CA: Regal Books, 1973).

⁷C. Peter Wagner., Your Church Can Grow: Seven Vital Signs of a Healthy Church (Glendale, CA: Regal Books, 1976).

⁸Dann Spader and Gary Mayes, Growing a Healthy Church (Chicago: Moody Press, 1991) and Leith Anderson, "Is This Body Healthy?" chap. in A Church for the 21st Century (Minneapolis, MN: Bethany House Publishers, 1992).

⁹Rick Warren, The Purpose Driven Church; Christian A. Schwarz, Natural Church Development: A Guide to Eight Essential Qualities of Healthy Churches (Carol Stream, IL: ChurchSmart Resources, 1996); Mark Dever, Nine Marks of a Healthy Church (Wheaton, IL: Crossway Books, 2000), and Stephen A. Macchia, Becoming a Healthy Church: 10 Characteristics (Grand Rapids, MI: Baker Books, 1999).

value and conflicting ideas. The current confusion over the definition a healthy church seriously hinders the effectiveness of the movement.

The development of a definition is of special interest to the New Orleans Baptist Theological Seminary (NOBTS). The seminary's academic catalogue notes that the target of the seminary is the development of healthy churches. This focus on church health is accentuated by the additional statement that "the health of a seminary is determined by the health of the churches its graduates lead."¹⁰ The seminary's trustees further emphasized the importance of church health to the school when they substituted "Church Health" for "Church Growth" in the name of the seminary's Landrum P. Leavell II Center for Evangelism and Church Health. Because of the importance of church health to the mission of NOBTS, a definition of church health needs to be developed.

The purpose of this study was to develop a definition of church health. First, the author examined the different perspectives on church health developed over the past three decades. Next, an analysis of the results of church health research and relevant biblical principles enabled the researcher to compile a list of elements needed for a church health definition. Third, using his analysis, the lecturer developed a definition of a healthy church. Finally, a summary of this study, conclusions, and suggestions for further research were briefly discussed.

¹⁰New Orleans Baptist Theological Seminary, Academic Catalog 2002-3 (New Orleans, LA: New Orleans Baptist Theological Seminary, 2002), 4.

PERSPECTIVES ON CHURCH HEALTH

Introduction

In order to develop a comprehensive definition of church health, a broad view of the field of church health must be made. The researcher for this study surveyed the relevant church health literature as well as selected biblical passages relevant to the study. The areas of study included church context, family systems theory, contemporary church models, scientific studies, and studies of relevant biblical passages.

The Perspective of Church Context

In discussing church growth and decline, David Alan Roozen and Jackson Walker Carroll noted that church membership change did not occur because of one single cause but was produced by “a complex pattern of multiple and often interacting factors.”¹¹ In the book Understanding Church Growth and Decline, Dean Richard Hoge and David A. Roozen edited one of the first serious efforts to study the impact of contextual factors on church growth using modern research methodology.¹²

The studies of social scientists such as Roof demonstrated that the context of a church could influence church growth in positive and negative ways. Several early church health writers adopted a medical model to explain the influence of contextual factors on the health of churches.

One of the first books that addressed “church health” was How To Grow a Church:

¹¹David A. Roozen and Jackson W. Carroll, "Recent Trends in Church Membership and Participation: An Introduction," in Understanding Church Growth and Decline: 1950-1978, ed. Dean R. Hoge and David A. Roozen (New York: The Pilgrim Press, 1979), 39.

¹²Dean R. Hoge and David A. Roozen, eds., Understanding Church Growth and Decline: 1950-1978 (New York: The Pilgrim Press, 1979).

Conversations about Church Growth written by Donald McGavran and Win Arn in 1973. The subject of church health was introduced briefly in chapter four, “Diagnosing Church Health.” Responding to a question by Arn, McGavran noted that church health “is like a doctor diagnosing the sickness of a patient. Until he knows what the disease is, how can he prescribe a cure? Until the church diagnoses the difficulty, how can the problem be remedied?”¹³

In 1977 Charles Chaney and Ron Lewis commented on the analogy of medicine and church health by stating,

In medical terms a diagnosis is the determination of a disease by a comprehensive examination of the patient. Accurate diagnosis is the foundation of modern medicine. Proper treatment is only possible when the cause of an illness is known....Comparable procedure is necessary to determine the growth health of a church.¹⁴

Chaney and Lewis proposed seven tests to identify areas of growth-disease and growth-health: (1) numerical growth, (2) the rate of growth, (3) the type of growth, (4) the location of growth occurring, an adequate number of leaders, and the efficient use of resources.

C. Peter Wagner expanded McGavran’s and Arn’s idea that church health meant the absence of disease in his book, Your Church Can Be Healthy.¹⁵ One of Wagner’s four axioms of church growth was a “church must not have a terminal disease.”¹⁶ Wagner believed there were two terminal church diseases -- “ethnikitus” and “old age.”

¹³McGavran and Arn, 60.

¹⁴Charles L. Chaney and Ron S. Lewis, Design for Church Growth (Nashville, TN: Broadman Press, 1997), 87.

¹⁵C. Peter Wagner, Your Church Can Be Healthy, Creative Leadership Series (Nashville, TN: Abingdon, 1979). This book was revised as The Healthy Church: Avoiding and Curing the 9 Diseases that Can Afflict Any Church (Ventura, CA: Regal Books, 1996).

¹⁶Wagner, The Healthy Church, 24.

Wagner noted that ethnikitus sometimes struck churches in changing communities when people in a new cultural group began replacing a the previous majority group of another culture. As the new group moved into the community, most of the older group moved to another location. At first the people in the older group commuted to the church but eventually joined other churches in their new communities. As a church with ethnikitus became an island of one kind of people in a sea of new people, death became just became a matter of time.¹⁷

The disease called Old Age (named “ghost town disease” in the revision) primarily attacked churches in rural areas. Churches with ghost town disease died because people left the community but only a few people took their place.¹⁸

Wagner noted seven other non-contextual, church diseases: people-blindness, hyper-cooperativism, koinonitus, sociological strangulation, arrested spiritual development, and St. John’s Syndrome, and hypopneumia.¹⁹ None of these diseases were considered terminal.

While the perspective of church health being the absence of disease may be useful, this idea has several problems. First, a negative definition made a poor definition. In this regard, Leith Anderson noted, “if we insist on defining health in terms of illness, we will be malady-centered”²⁰ rather than health centered. Second, the definition derived from a sociological not biblical viewpoint. Consequently, a condition that a sociologist may consider terminal may not

¹⁷Ibid., 25-9.

¹⁸Ibid., 44.

¹⁹Ibid., 57-163.

²⁰Leith Anderson, “Is This Body Healthy?” chap. in A Church for the 21st Century (Minneapolis, MN: Bethany House Publishers, 1992), 127-8.

be when viewed from the perspective of God's power. Third, Wagner made little effort to connect the Bible with his diseases. A study of the letters to the churches in the book of The Revelation could provide a picture of church disease from a more biblical perspective.

The Perspective of a Healthy Family

The late Murray Bowen popularized the application of systems theory to family therapy.²¹

In summarizing family systems therapy, Jerry Corey and Jim Bitter wrote:

The family systems perspective holds that individuals are best understood within the context of relationships and through assessing the interactions within an entire family....It is revolutionary to conclude that the identified client's problem might be a symptom of how the system functions, not just a symptom of the individual's maladjustment, history, and psychosocial development....The one central principle agreed upon by family therapy practitioners, regardless of their particular approach, is that the client is connected to living systems and that change in one part of the unit reverberates throughout other parts....The family therapy perspective calls for a conceptual shift, for the family is viewed as a functioning unit that is more than the sum of the roles of its various members.²²

Bowen's ideas have proved useful to understanding how churches operate. One of Bowen's students, Edwin Friedman, applied family systems theory to ecclesiastical institutions.²³ Steinke used family systems theory to develop a better understanding of church health.²⁴ Ronald Richardson also related Bowen's theory to church health in his book Creating a Healthier

²¹Murray Bowen, Family Therapy in Clinical Practice (Northvale, NJ: Jason Aronson, 1994).

²²Gerald Corey, Theory and Practice of Counseling and Psychotherapy, 6th ed. (Belmont, CA: Wadsworth, 2001), 387.

²³Edwin H. Friedman, Generation to Generation: Family Process in Church and Synagogue (New York, NY: The Guildford Press, 1985).

²⁴Peter L. Steinke, How Your Church Family Works (Bethesda, MD: Alban Institute, 1993) and Healthy Congregations (Bethesda, MD: Alban Institute, 1996).

Church. He wrote, “One of the keys to functioning in a healthy manner as a church is for the leaders to look at the church as a system rather than as a collection of isolated people.”²⁵ From a family system perspective, people reacted differently to emotional situations according to their context. A lack of awareness of the church as a family system could cause a congregation in times of conflict to focus on symptoms rather than the more complex systemic issues.

Richardson noted that two biological life forces interact within every congregation -- the togetherness force and the individuality force. The togetherness force drove people to want to be connected to others within a church. The individuality force drove people to become their own unique persons. For Richardson the biblical passage of 1 Corinthians 9-13 served as one example of how Paul sought to balance these two forces. On the one hand, Paul called for unity within the church while also calling for members to have “the mind of Christ.”²⁶

Using scriptural examples throughout his book, Richardson demonstrated how family systems theory could benefit the church. Resolving conflict, understanding the dynamics of church life, and setting goals were three ways the theory benefited the church.

Family systems theory provided an effective framework for understanding the dynamics within churches. While not directly derived from Scripture, the model expressed biblical concepts that could be useful in developing healthy churches.

²⁵Ronald, Richardson, Creating a Healthier Church: Family Systems Theory, Leadership, and Congregational Life (Minneapolis, MN: Fortress Press, 1996, 26.

²⁶Ibid., 62.

The Perspective of Church Models

Robert Logan believes, “Effective churches are healthy churches; healthy churches are growing churches—they make more and better disciples.”²⁷ Through his own “trial-and-error process of leading churches to growth,” Logan proposed ten principles for developing effective churches: (1) visionary faith and prayer, (2) effective pastoral leadership, (3) culturally relevant philosophy of ministry, (4) celebrative and reflective worship, (5) holistic disciple-making, (6) expanding network of cell groups, (7) developing and resourcing leaders, (8) mobilizing believers according to spiritual gifts, (9) appropriate and productive programing, and (10) starting churches that reproduce.²⁸

In 1977 Steven Macchia developed a list of ten characteristics of a healthy church: (1) God’s empowering presence, (2) God-exalting worship, (3) spiritual disciplines, (4) a learning and growing community, (5) a commitment to loving and caring relationships, (6) servant-leadership development, (7) an outward focus, (8) wise administration and accountability, (9) networking with the body of Christ, and (10) stewardship and generosity.²⁹ Macchia’s research involved developing an intuitive list of healthy churches principles based on one hundred church visits. Surveys 1,899 “highly committed Christians” participating in his annual conferences enabled Macchia to rank the characteristics according to their degree of importance and relevance. regarding their opinions about the attributes of healthy churches.

²⁷Robert E. Logan, Beyond Church Growth: Action Plans for Developing a Dynamic Church (Grand Rapids, MI: Fleming H. Revell, 1989), 17.

²⁸Ibid., 23-206.

²⁹Stephen A. Macchia, Becoming a Healthy Church: 10 Characteristics, 23.

Survey instruments for measuring a church's health, suggestions for guiding church group discussion, and additional scriptural references for the ten health characteristics were developed by Macchia.³⁰ Unfortunately, no information regarding the development of the instruments was provided. Also, the additional biblical references proved to be limited and without comment.

The senior pastor of the Wooddale Church in Eden Prairie, Minnesota, Leith Anderson, proposed six signs of a healthy church: (1) a church that glorified God, (2) a church that produced disciples who seriously sought to obey the commandments of God, (3) a church where members were involved in ministry based on their spiritual gifts, (4) a church that is incarnational, (5) a church involved in evangelism, a church that assimilated new people into the life and leadership of the congregation, (6) a church that was open to change, and a church that trusted God.³¹

Anderson did not explain how he developed his signs of a healthy church. At best Anderson provided only one scriptural reference per sign.

Additional books have been written on church health using the church model perspective.³² All the resources in this section suffered major flaws. First the health principles lacked objectivity. Second, a lack of comparison prevented making any definitive decision

³⁰Stephen Macchia, Becoming a Healthy Church Workbook: A Dialogue, Assessment, and Planning Tool (Grand Rapids, MI: Baker Books, 2001).

³¹Anderson, 125-42.

³²Barry Campbell, Smaller Churches Healthy and Growing (Nashville, TN: LifeWay Press, 1998); Gerald Neal Hewitt, A Prescription for Healthy Churches: Help for Disintegrating Churches and Directionless Pastors (Winston-Salem, NC: GNH Publishing, 2001); and Peter Masters, Do We Have a Policy for Church Health & Growth: Paul's Ten Point Policy (London: The Wakeman Trust, 2002).

regarding which principles actually contributed to church health. Third, references to Scripture sparse or even absent.

The Perspective of Scientific Studies

Several survey instruments have been developed to measure church health.³³ However, most developers of church health instruments have provided little or no evidence for reliability or validity. One exception was Christian Schwarz.

In 1996, Christian Schwarz published his book Natural Church Development. In this book, he presented a novel method for studying church health – classifying churches according to a quality index. In explaining his procedure, Schwarz wrote:

There is an unspoken assumption in the church growth movement that “growing congregations” are automatically “good churches.” But is this equation accurate? We can find a great variety of statements on this subject in church growth literature, but in the end they are no more than opinions and hunches. The reason is simply that while quantitative growth in a church (size as well as growth rate) could be measured with a certain degree of accuracy, a reliable procedure for measuring qualitative growth with objective, demonstrable criteria was not yet available.³⁴

Seeking to solve this problem, Schwarz proposed a measure of church quality called the “quality index” (QI). This index was based on eight quality characteristics: (1) empowering leadership – church leaders who concentrated on preparing others for Christian ministry, (2) a gift-oriented

³³See the Appendix.

³⁴Christian A. Schwarz, Natural Church Development: A Guide, 20.

ministry, i.e., a ministry where Christians served according to their gifts, (3) passionate spirituality, i.e., a situation where members lived committed lives and practiced their faith with joy and enthusiasm, (4) functional structures, i.e., and organization that easily responded to new situations, (5) inspiring worship, (6) holistic small groups, i.e., groups that ministered to the needs of its members, (7) need-oriented evangelism, i.e., evangelistic outreach based upon members who had the gift of evangelism, and (8) loving relationships, i.e., where church members sincerely supported each other through church-sponsored events both inside and outside the church.³⁵

In order to provide a quantitative measure for these characteristics, Schwarz developed several questions for each of the eight areas using a five point Likert scale. All questions had to fulfill two criteria: (1) they had to show an empirically demonstrable connection (as determined by factor and time analysis) to the other questions for the same quality characteristic, and (2) they had to show a demonstrably positive connection to the quantitative growth of the church (criteria validity).³⁶ From these questions, a survey instrument was constructed and sent to over one thousand churches in thirty-two countries.

The combined scores from each set of questions produced a composite score. This composite score then created an index value for each characteristic. The index value represented the percentage of churches at or below a particular composite score. Thus, an index value of fifty would represent the combined score for an “average” (mean) church.

Index values for all eight characteristics were used to calculate a quality index. However,

³⁵Ibid., 22-37.

³⁶Ibid., 38

whether the OI was the average of all eight values or the minimum index value was unclear.

To study the effect of worship and quality on church growth, Schwarz developed definitions for four categories of churches: (1) high growth/ high quality: churches with a growth in worship attendance of 10 percent or more per year for 5 years and a QI of over 56, (2) high growth/low quality: churches with a growth in worship attendance of 10 percent or more per year for five years and a QI of less than 45, (3) low growth/high quality: churches with declining worship attendance and with a QI of 56 and (4) low growth/low quality: churches with declining worship attendance and a QI below 45.³⁷

These four categories of churches were used by Schwarz to test selected questions and principles related to church health. For each question or principle, the response percentage for the churches in each category were compared. A question or principle was considered important if the high/high category's percentage appeared to be significantly larger than the others.

Based on his studies, Schwarz reported several conclusions he thought were important to church health: (1) church quality was an important factor in church growth; (2) the "65 hypothesis," i.e., when the index values of all eight characteristics were above sixty-five, the probability that a church would grow was 99.4 percent;³⁸ (3) the minimum factor, i.e., where the growth of a church was blocked by the quality characteristic that was least developed;³⁹ (4) no single factor lead to church health because health depended upon the interplay of all eight

³⁷Ibid., 20-21.

³⁸Ibid., 40-41.

³⁹Ibid., 50.

characteristics;⁴⁰ (5) raising a church's quality index could best be achieved by improving the minimum factor;⁴¹ (6) the variable that had the most significant relationship to church health was holistic small groups;⁴² (7) contextual, institutional and spiritual dimensions were all important factors in church health;⁴³ and (8) on the average, small churches won just as many people to Christ as large churches.⁴⁴

Schwarz's methodology appeared to represent an uncommonly scientific study for a representative of the Church Growth Movement. Seeking to emphasize the point in his book, Schwarz wrote:

The survey questionnaire, which was to be completed by 30 members from each participating church, was translated into 18 languages. In the end, we faced the task of analyzing 4.2 million responses. Those answers, cut out and pasted together, would create a band of paper extending from Chicago to Atlanta or from Los Angeles to Salt Lake City. To put it another way: if we were to take a walk along the equator and answer a question every ten yards, we'd be clear around the world before the last question was answered.⁴⁵

Such a statement implied Schwarz' research was a serious statistical study.

⁴⁰Ibid., 38.

⁴¹Ibid., 51.

⁴²Ibid., 33.

⁴³Ibid., 82-102.

⁴⁴Ibid., 46-47.

⁴⁵Ibid., 18.

Unfortunately, weakness in Schwarz' methodology caused John Ellas and Flavil Ray Yeakley not to recommend the book.⁴⁶ However, many of Ellas and Yeakley's objections were answered by Schalk.⁴⁷

While Ellas and Yeakley questioned the reliability of Schwarz's instrument, the most serious problem was the survey's validity. Commenting on the source of his eight characteristics, Schwarz wrote, "I did not learn the principles of natural church development from the New Age movement (nor from secular scientists), but rather from my observations and surveys in churches."⁴⁸ No scriptural basis or scientific explanation for the eight characteristics have been provided.

The lack of a stated basis for Schwarz's eight characteristics was made worse by Schwarz's statements regarding theology:

...Christian doctrine- by contrast with the person of Jesus Christ- is changeable, and must be changed over the years if it is to fulfill its task of serving the proclamation of the gospel in different historical and geographical contexts. No doctrine, not even the famous creeds developed in the history of the church, can "claim a canonical validity for the form of their statements in the sense that they claim to be a historical, valid independent of time." Theological formulas- even such respectable concepts as the trinity or the doctrine of the two natures- must not be guarded as if they were a magical inheritance. Rather, we should constantly ask whether they demonstrably fulfill their purpose, which is to make the essence of biblical revelation clearer, rather than to obscure it. A statement which is helpful in one historical context can be decidedly counterproductive in another....every doctrine must be judged by the criterion of

⁴⁶John Ellas and Flavil Yeakley, review of Natural Church Development, by Christian A. Schwarz, Journal of the American Society for Church Growth 10 (Spring 1999), 83-92.

⁴⁷Christoph A. Schalk, Organizational Diagnosis of Churches: The Statistical Development of the "Natural Church Development" Survey and Its Relation to Organizational Psychology (Würzburg, Germany: Institute for Natural Church Development, 1999).

⁴⁸Christian A. Schwarz, Paradigm Shift in the Church: How Natural Church Development Can Transform Theological Thinking (Carol Stream, IL: Church Smart Resources, 1999), 46.

whether, in its own context, it has the effect of stimulating the life and growth of the church as an organism. “Functional dogmatics” can thus only mean a doctrinal approach which constantly strives to establish this principle, and which defends it against the spiritualistic and institutionalistic paradigms. What answers this doctrinal approach provides depends largely on the historical context, and thus cannot be definitively laid down for all the time....this approach leads to the conclusion that different doctrines can be right at the same time (as they each serve God’s purposes in their given context)...the statements we make on this subject have been thought through with great care, and they are painstakingly revised from one edition to the next, but they are not, of course, absolute truths that are valid for all time— just as not theology is valid for all time. Our theological statements must be useful for the development of the church in a specific situation— no more and no less. **With these word, however, I certainly do not intend to justify any sort of relativism** (emphasis mine).⁴⁹

These and other statements have forced this writer to reject Natural Church Development as an acceptable measure of church health. However, Schwarz’s books have been adopted perhaps more than any other resource available in the field of church health.

The Perspective of Scripture

Introduction

In an article entitled “Theology and the Healthy Church,” Paul Robertson wrote, The church that fails to let biblically based theological reflection inform her identity and practice risks the danger of either sinking or losing her way in the storms of life.⁵⁰ In evaluating the state of the church today, Stan Norman, assistant professor of theology at NOBTS, recently stated, “The absence of healthy churches might be traced back to the absence of a vibrant, passionate theology.”⁵¹ Certainly, Scripture must be the primary reference for a definition of church health.

⁴⁹ Schwarz, Paradigm, 109-111.

⁵⁰Paul E. Robertson, “Theology of the Healthy Church,” The Theological Educator: A Journal of Theology and Ministry 57 (Spring 1998): 45-52.

⁵¹Jason Barker. “Theology Professor Stan Norman Says Baptist Distinctives Define Church Health,” The Gatekeeper 32, no. 15 (December 9, 2002): 1.

Biblical Models of Healthy Churches

Several authors have developed lists of healthy church characteristics by studying churches found in the New Testament. While on firmer ground than observational studies of contemporary churches, care must be exercised to insure the selection of truly healthy churches.

From a study of the book of Acts, Larry Powers developed a list of ten principles of church health. Powers' principles were: (1) the entreating principle (Acts 1:14) - a praying church, (2) the empowering principle (Acts 2:4) - a church empowered by the Holy Spirit, (3) the equipping principle (Acts 2:4) - leaders equipping and people find and use their spiritual gifts, (4) the evangelizing principle (Acts 2:40-2) - the purpose of power was proclamation, (5) the enriching principle (Acts 2:42) - enriched through the Word of God, (6) the encouraging principle (Acts 2:42) - people involved in koinonia, (7) the exalting principle (Acts 2: 46-7) - the worship of God, (8) the ensembling principle (Acts 2:32) - the gathering and unity of the church, (9) the example principle (Acts 6:2-4) - Leaders exemplifying health to church members, and (10) the expanding principle (Acts 6:1, 7; 1:8) - growth follows naturally from health.⁵²

Randy Millwood, a former professor at the New Orleans Baptist Theological Seminary, in his study of the Gospels and Acts developed six vital signs of a healthy church: (1) one task: disciple-making, (2) one strategy: servant-leadership, (3) one vehicle: small groups, (4) one atmosphere: community, (5) one authority: Jesus, and (6) one function: worship.⁵³

⁵²Larry Powers, "The Healthy Church" (Online: www.ministriestoday.com/issues/mt399/mt3993.htm 2 December 2002).

⁵³Toni Wimberly, Notes: Lectures of Randy Millwood, Course: CECG6220 Vital Signs of a Healthy Church (New Orleans, LA: New Orleans Baptist Theological Seminary, February 22-25, 2002).

Based on his study of Scripture, Millwood proposed a definition for a healthy church: “A healthy church is a local church where the people of God are functioning in the present as He intended from the establishment of the church.”⁵⁴ Millwood’s definition was simple yet comprehensive. Rather than using each of his vital signs in the definition, Randy chose to use his signs as clarifying points to his definition.

After lamenting the weak state of the church, the President of the Southwestern Baptist Theological Seminary, Ken Hemphill, noted, “As long as the church dealt with methods, models, and marketing strategies, the church would only be treating the symptoms of the illness that is robbing the church of its vitality.” Hemphill continued, “As long as we continue to talk about symptoms, we will persist in thinking we can heal the sickness with another new program, method, or model....The critical issue is that the supernatural empowering of the church which occurs when the church dwells in right relationship with its Head, Jesus Christ⁵⁵

Dr. Hemphill stressed that numerical growth constituted only part of the measure of a church. Maturational growth involving the deepening of relationships and the transformation of culture must be part a mature church. In light of the Great Commission, Hemphill defined church growth as occurring “when the local church supernaturally and faithfully fulfills the Great Commission in its unique context and with a vision for the world.”⁵⁶ Alves proposed this

⁵⁴Ibid.

⁵⁵Ken Hemphill, The Antioch Effect: 8 Characteristics of Highly Effective Churches, (Nashville, TN: Broadman & Holman Publishers, 1994), 10.

⁵⁶Ibid., 13.

definition could be a worthy definition of church health as well.⁵⁷

From his study of the church at Antioch, Hemphill developed eight principles the church God used then and continued to use in the twenty-first century: (1) supernatural power, (2) Christ-exalting worship, (3) God-centered prayer, (4) servant leaders, (5) kingdom family relationships, (6) God-sized vision, (7) passion for the lost, (8) maturation of believers.⁵⁸ In addition Hemphill developed a ten step process for growth.⁵⁹

Church Health and the Nature of the Church

Introduction

The word *ekklesia* appears 114 times in the New Testament. Other titles used for the church in the New Testament include the brethren, the disciples, the saints, the Christians, the believers, and the people.

Over ninety-six metaphors for the church have been identified in the Bible.⁶⁰ These images included the church described as the Bride of Christ (Matt. 25:1-13; John 3:28-9; 2 Cor. 11:2; Eph. 5:25-32; Rev. 21:3-4), members of God's household (Eph. 2:19), and the people of God (1Peter 2:9).

⁵⁷David C. Alves, "Aiming at Excellence: A Case Study Mentoring Healthy Ministry in a Transitioning Ministry in a Transitioning Cell Church through Natural Church Development Theory and Resources." (D.Min. project, Regent University, 1999), 19.

⁵⁸Hemphill, 15-181.

⁵⁹Ibid., 205-10.

⁶⁰Greg Ogden, The New Reformation (Grand Rapids: Harper & Row, 1979): 29.

The Church as the Body of Christ

One metaphor often used by church health writers is the church as the body of Christ.⁶¹ Unfortunately, some authors have applied the body of Christ metaphor in too broad a manner to church health. For example, John McArthur has an entire section dealing with the anatomy of the church in his book The Master's Plan for the Church.⁶² Expanding on Paul's metaphor, Maxwell identified the skeletal structure with sound doctrine and spiritual holiness; the internal organs with love, unity, joy, etc.; and the muscles with preaching, worship, prayer, etc. The researcher of this study believed that if church metaphors point to qualities of a healthy church, the connection must be found within the context of the passage.

Paul used the church as body metaphor in 1 Corinthians 12:12-27 to teach three important church health principles. First, Paul emphasized a multiplicity of tasks where each member supported the work of the whole. Second, every member needed to be involved in the work of the church if the church was to function in a healthy way. Third, church members functioned according to their spiritual gifts and not according to vacancies in an organizational structure.

The question, "Who is our master?" constituted one Warren's three questions regarding church health.⁶³ Warren believed that Jesus Christ must be the Lord of a church in order to be considered healthy. According to Warren, rule by tradition, personality, finances, programs,

⁶¹David L. Smith, All God's People: A Theology of the Church (Wheaton, IL: Victor Books, 1996), 326.

⁶²John McArthur, The Master's Plan for the Church (Chicago, IL: Moody Press, 1991), 21-70.

⁶³Warren, 71.

buildings, events, and seekers characterized unhealthy churches.⁶⁴

In Colossians and Ephesians, Paul explained the relationship of the church as the body of Christ with its head, Christ. In Ephesians Christ's headship over the church was used in a manner similar to the way a head exercises control over a physical body.

In Ephesians 4:1-16 and Colossians 2:19, Paul related Christ as head to the growth of the church both corporately and individually. In a healthy church, Christ's headship resulted a deeper relationship with Christ, unity of believers, edification of the church, and a perfecting of the work of ministry.

The Church as the Temple of God

Paul used the concept of the church as the temple of God in 1 Corinthians 3:16-17, 2 Corinthians 6:16-18, and Ephesians 2:20-22. In relation to church health, Paul used the temple imagery to emphasize the indwelling presence of the Holy Spirit within the members of the church at Corinth. All the members together constituted God's dwelling place. Consequently a healthy church was a holy place that must not be defiled by internal strife and division.

The Church as the Household of God

In 1 Timothy, Paul referred to the church as "the household of God." Paul addressed fellow believers as brother in Phil. 4:1 and God as "Father." in Rom. 8:15 and Gal. 4:9. One purpose of the Paul's letter to Timothy was to explain how Christians needed to behave as a part of God's household. Christians in a healthy church treated and cared for one another as they would their own family (1 Tim. 5). In this regard, the research of Coyle could prove helpful to

⁶⁴Ibid., 77-79.

understanding the health of congregations.⁶⁵

Church Health and the Role of the Church

The Church's Mission

Rick Warren began his book The Purpose Driven Church by referring to a common sport found in Southern California – surfing. He noted that surfing is “the art of riding the waves God builds the waves; surfers just ride them.” Applying his rule about surfing to the church, Warren wrote,

A lot of books and conferences on church growth fall into the “How to Build a Wave” category. They try to manufacture the wave of God’s Spirit, using gimmicks, programs, or marketing techniques to create growth. *But growth cannot be produced by man!* (italics his) Only God makes the church grow....As Paul pointed out about the church at Corinth, “I planted the seed, Apollos watered it, *but God made it grow* (italics his)....At Saddleback Church we’ve never tried to build a wave. That’s God’s business. But we have tried to recognize the waves when they come.”⁶⁶

The essential need for the empowering presence of the Holy Spirit was emphasized by Jesus when he commanded his disciples to “tarry ye in the city of Jerusalem, until ye be endued with power from on high.”⁶⁷

⁶⁵Philip A. Coyle, “An Analysis of Structural and Behavioral Correlates of Healthy Family Functioning” (Ph.D. diss., New Orleans Baptist Theological Seminary, 1998).

⁶⁶Warren, 14.

⁶⁷Luke 24:49 (KJV).

In the beginning of his ministry at the Saddleback Community Church, Rick Warren concluded, “that although many passages describe what the church is to be and do, two statements by Jesus summarize it all: the Great Commandment (Matt. 22:37-40) and the Great Commission (Matt 28:19-20).”⁶⁸

In his book The Measure of a Church, Gene Getz wrote that the mark of a mature church was not being an active church, growing church, a soul-winning church, a missionary-minded church, a smooth running church, a Spirit-filled church, or a big church. Instead, like Warren, Getz said the essential quality of a mature church was love.⁶⁹

The Church’s Functions

Rick Warren said that he stopped using the term “church growth” around 1986 “because of things that he did not like about the church growth movement.”⁷⁰ His reasons included the incessant comparing of churches, the tendency to be more analytical than prescriptive, and the inadequacy of numerical growth to gauge church health. He said, “You don’t judge an army’s strength by how many people sit in the mess hall. You judge an army on the basis of how many people are trained and active on the front line.”⁷¹

In a chapter his book The Purpose Driven Church entitled “The Foundation of a Healthy

⁶⁸Warren, 102.

⁶⁹Gene Getz, The Measure of a Church (Glendale, CA: Regal Books, 1973), 18-20.

⁷⁰Rick Warren, “Comprehensive Health Plan: To Lead a Healthy Church Takes More Than Technique,” interview by Ed Rowell and Kevin Miller, Leadership XVIII, no. 3 (Summer 1997): 22. For a comprehensive treatment of the Great Commandment, see Victor Paul Furnish, The Love Commandment in the New Testament (Nashville, TN: Abingdon Press, 1972).

⁷¹Ibid.

Church,” Rick Warren said, “If you want to build a healthy, strong, and growing church you *must* (italics his) spend time laying a solid foundation. This is done by clarifying in the minds of everyone involved why the church exists and what its supposed to do.”⁷² Warren centered the purpose of the church around five purposes or functions found in Acts 2:42-47: worship, evangelism, fellowship, discipleship, and service.⁷³

Warren believed that church resulted from a balance of the five purposes of the church. Warren emphasized, “Health is a result of balance....When a church emphasizes any one purpose to the neglect of others, that produces imbalance–unhealth.”⁷⁴

Students involved in the Beeson Doctor of Ministry program at the Asbury Theological Seminary developed a list of eight characteristics of healthy churches: (1) empowering leadership, (2) passionate spirituality, (3) authentic community, (4) functional structures, (5) transforming discipleship, (6) engaging worship, (7) intentional evangelism, and (8) a mobilized laity.⁷⁵ The Beeson list arose out of case studies of the largest churches in the world. In addition numerous biblical references provided a foundation for each of the eight characteristics.

Law correlated the Beeson list with Warren’s five purposes of a healthy church. The purposes matched the Beeson list as follows:

⁷² Rick Warren, The Purpose Driven Church, 86.

⁷³Ibid., 103-9.

⁷⁴Warren, *Comprehensive*,” 22.

⁷⁵Law, Brian Allen, “The Relationship between Church Health and Church Growth in United Methodist Churches in the West Ohio Annual Conference” (D.Min. project, Asbury Theological Seminary, 2002), 45-69 and James Vernon Kinder, “Church Health and Church Growth among General Association of General Baptist Churches,” (D.Min. project, Asbury Theological Seminary, 2002), 51-70.

Warren's Purposes

Worship

Ministry

Evangelism

Discipleship

Beeson's Characteristics

Engaging Worship

Mobilized Laity

Intentional Evangelism

Transforming Discipleship

Law said the other three Beeson characteristics were covered in Warren's book: empowering leadership – Warren's model of leadership, passionate spirituality – Warren's idea of "riding the wave," and functional structures – the development of ministries at Saddleback Community Church organized around Warren's five purposes.⁷⁶

Besides relating their list to Scripture, the Beeson group developed the Beeson Health Instrument to measure their eight characteristics. Unlike almost every health survey tool developed in the field, the team used an acceptable methodology to establish the reliability and validity of the instrument.⁷⁷

⁷⁶Ibid., 46-47.

⁷⁷Ibid., 70-80.

THE DEVELOPMENT OF A COMPREHENSIVE DEFINITION

Introduction

Many people, in a variety of disciplines, have tried to define health. One dictionary definition of health included “physical and mental well-being, freedom from disease, and normality of physical and mental functions.”⁷⁸ A thesaurus added, “vigor, wholeness, fitness, robustness, stamina, and wellness.”⁷⁹ In 1974 the World Health Organization defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease.” Halbert Dunn’s stated that health was “an integrative method of functioning which is oriented toward maximizing the potential of which the individual is capable; it requires that the individual maintain a continuum of balance and purpose.” Nola Pender understood health to be “the actualization of inherent and acquired human potential through goal-directed behavior, competent self-care, and satisfying relationships with others while adjustment are made as needed to maintain integrity and harmony with the environment..”⁸⁰

⁷⁸David B. Guralnik, ed., Webster’s New World Dictionary, 2d college ed. (New York, NY: Simon and Schuster, 1984), 644.

⁷⁹Carlton Laird, ed., Webster’s New World Thesaurus, rev. ed., updated by William D. Lutz (New York, NY: Simon & Schuster, 1971), 346.

⁸⁰Melodie Olson, “Health and Illness,” in Principles and Practice in Adult Health Nursing, eds. Patricia Gauntlett Beare and Judith L. Myers (St. Louis, MO: The C. V. Mosby Co., 1990), 9.

Characteristics of a Church Health Definition

While definitions of physical may prove useful in defining church health, the main characteristics of a definition must be the Bible. While non-biblical principles can add an important ideas, the foundation of the definition must be centered in the Bible.

Besides a right foundation, a good definition will have two important characteristics. The definition must be broad enough to be comprehensive but narrow enough to be focused.

Using the qualities of healthy church as revealed in the first part of this study, a list of church health characteristics were compiled. The researcher then organized the church health characteristics into broad categories to facilitate the development of a church health definition. Because of limitations and inadequacy of church health methods of Natural Church Development and the Church Models Approach, only characteristics developed in the other sections were considered.⁸¹

The Development of Church Health Characteristics

A list of church health characteristics developed in this study were: a church guided by its context, a church where the connectedness and uniqueness of each member is understood, a praying church, a church empowered by the Holy Spirit, a church that equips its members for ministry, an evangelistic church, a Bible believing church, a loving church, a worshiping church, a unified church, a church with exemplary leaders, a growing church, a disciple-making church, a servant led church, a church with small groups, a church as community, a church with one Lord – Jesus, a visionary church, a caring church, a church passionate for its mission, a disciple-building

⁸¹Even though the characteristics developed in the church model approach were excluded from consideration, most of the characteristics developed using this approach appeared in the list.

church, a church with every member involved, a church where members serve according to their giftedness, a church that sought to fulfill the Great Commission, a church that sought to live according to the Great Commandments, a church that is balanced in its functions, a serving church, a church with empowering leaders, and a church with authentic community.

The Development of Church Health Categories

The list of characteristics were categorized into broad categories. No particular methodology was used to develop the categories.

1. A church relating to its context
2. A church that is spiritually empowered
3. A church committed to the Great Commission and the Great Commandments (Love)
4. A church that is biblically based
5. A church that has visionary leaders
6. A church that is functionally balanced

Prayer	Ministry
Worship	Discipleship
Evangelism	Fellowship

7. A church best organized to accomplish its mission.

Proposed Definitions

Based on the church health categories developed in the previous section, the progression of definitions developed by this researcher were:

Definition One

A healthy church is a church that seeks to obey the Great Commission and Great Commandments in its setting by being based on Scripture, led by visionary leaders, empowered by the Spirit, balanced in function, and effective in its organization.

Definition Two

A healthy church is a church that seeks to obey the Great Commission and Great Commandments in its setting by being biblically based, spiritually alive, mission focused, functionally balanced, servant led, and characterized by excellence.

Definition Three

A healthy church is a church that seeks to obey the Great Commission and Great Commandments in its setting by being biblically based, spiritually dynamic, mission focused, servant led, functionally balanced, and characterized by excellence in all that it does.

Definition Four

A healthy church is a church that seeks to obey the Great Commission and Great Commandments in its setting by being biblically based, spiritually dynamic, mission focused, servant led, and characterized by excellence in all that it does.

SUMMARY, CONCLUSIONS, AND FURTHER STUDY

Summary

The purpose of this study involved the development a definition for church health. Previous definitions suffered from limited focus, a failure to interact with the results of other researchers in the field, and inadequate methodology. The scope of this paper was to examine church health from many perspective with the aim of developing a more comprehensive definition.

Conclusions

The definition proposed by the writer of this project was as follows:

A healthy church is a church that seeks to obey the Great Commission and Great Commandments in its setting by being biblically based, spiritually dynamic, mission focused, servant led, and characterized by excellence in all that it does.

Suggestions for Further Study

_____The amount of biblical material that needs to be studied in developing a definition for church health was beyond the scope of this paper. Further research must be conducted using all biblical materials relevant to church health using a study of all factors involved in the interpretation of each passage.

_____ One of the frustrating aspects of this study was the poor biblical foundation for resources in the field. Studies similar to Wagner's discussion of church disease from a biblical rather than sociological perspective would be beneficial.

Survey instruments using an acceptable methodology must be developed. Few instruments today have been tested for validity or reliability.

APPENDIX

DESCRIPTIONS OF CHURCH HEALTH ASSESSMENT TOOLS

Vital Signs of a Healthy Church

Randy Millwood developed a 120 questionnaire developed using his six vital signs of a healthy church. The instrument is designed to be completed by forty church leaders.

Natural Church Development Survey

This tool is developed around Christian Schwarz's eight characteristics of a healthy church. Over 3,000 churches have used this survey

Congregation Assessment Tool

This instrument was constructed to evaluate church health using Macchia's ten characteristics of church health.

ChurchLife Member Survey ---- ChurchLife Leader Survey

A survey developed by the Baptist General Convention of Texas to measure church health in eleven areas.

Highly Effective Church Inventory

This survey was perfected by George Barna. It is designed to measure twelve characteristics of effective churches.

Congregational Wellness Inventory

A systems based testing instrument developed by Organizational Health Associates

Dynamic Church Inventory

An online church health available Virtual CEO, Inc.

An Assessment of Church Health

Another online assessment tool developed by the Baptist General Conference of Illinois

Church Health Survey

Developed by Thom Rainer at The Southern Baptist Theological Seminary. This instrument uses a 160-item instrument to evaluate six major areas: worship, evangelism, discipleship, prayer, ministry, and fellowship.

Ten Indicators of a Healthy Church

Instrument developed by the Evangelical Free Church to evaluate ten areas of church health.

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