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2001

Review: The Continuing Conversion of the Church

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Recommended Citation

Brown, William E., "Review: The Continuing Conversion of the Church" (2001). *LBTS Faculty Publications and Presentations*. 276.

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Ministry Studies

The Continuing Conversion of the Church, by Darrell L. Gruder. Grand Rapids, MI: William B. Eerdmans, 2000. Pp. xvi + 208

This text begged for a reading with its title questioning the nomenclature of the church. When Gruder writes, "We need to free our language and our thinking from the idea that evangelistic ministry is only directed to nonbelievers. . . . For the sake of its evangelistic vocation, the continuing conversion of the church is essential" he presents a thesis counter to Baptist ecclesiology (p. 26). Gruder serves as the Peachtree Professor of Evangelism and Church Growth at Columbia Theological Seminary, Decatur, Georgia. He has also served as Benfield Professor of Evangelism and Mission at Louisville Presbyterian Seminary, and as Instructor at the Institute of Youth Ministries of Fuller Theological Seminary, and Young Life. This text is his sequel to *Be My Witnesses* in which he presented evangelism as "incarnational ministry." In *The Continuing Conversion of the Church*, Gruder attacks a reductionist's view of the gospel that makes Christianity an individual endeavor incongruent with his ecclesiology.

Gruder divides his text into three parts. Chapters 1 through 3 comprise "Part 1: Foundations—The Church's Calling to Evangelistic Ministry." Part 1 is the best part of the text. Gruder's discussion of the Constantinianization of the Christian church contextualizes modern evangelism and missions. The American church can either bemoan its loss of privilege or take heart with today's parallels with the first century. Incarnational ministry and evangelism can overcome the generational skepticism toward institutional Christianity.

Gruder supports his thesis for conversion of the church by expanding the common definition of evangelism. He states, "David Bosch correctly observes that 'evangelism is the core, heart, or center of missions; it consists in the proclamation of salvation in Christ to nonbelievers, in announcing forgiveness of sins, in calling people to repentance and faith in Christ, inviting them to become living members of Christ's earthly community and to begin a life in the power of the Holy Spirit.'" Gruder does not stop there. He continues, "But I intend for this term to signify more. . . . We need to free our language and our thinking from the idea that evangelistic ministry is only directed to nonbelievers" (pp. 25-26). He bases his theology on his understanding of the New Testament as directed to the evangelization of churches. His thesis rests on faulty logic. The New Testament is addressed to believers "from beginning to end, and it evangelizes at every turning" (p. 26). However, because it speaks to the church and evangelizes does not mean that the church is the object of the evangelization. Gruder's problem hinges on the "church."

Jonathan Edwards' grandfather, Solomon Stoddard, supported the Halfway Covenant. He believed nonbelievers could be evangelized while participating in

church life as members. Stoddard and Gruder obviously share the view of an unregenerated membership. This taints all that follows for the reader who holds a free-church ecclesiology. Every time the reader begins to find the text enjoyable, Gruder injects another dose of his ecclesiology. Gruder assigns anthropomorphical qualities to the institutional church. Just as the individual needs to be converted, so does the church (p. 148).

One recurring frustration encountered in church-growth materials is an ecumenical, noncritical, blanket treatment of all churches. Too many writers lump doctrinally bankrupt and sound churches together. The spiritual health of the church is more critical than worship styles, programs, or other hot conference topics, yet rarely does one find a church-growth book that deals with the spiritual condition of the church. Since behavioral sciences fail at measuring the intangible, the topic is simply ignored. Gruder implicitly deals with this issue. However, the text lacks an explicit expression of the awareness of the spiritual difference between converted and unconverted people. Both, according to Gruder, comprise the church. A passage dealing with Gruder's youth ministry clarifies his difficulty. He writes:

My ministry with these young people had been going on about one and one half years. We had done a lot together: weekend conferences on challenging themes, debates about issues of faith, time, building relationships. . . .

In Taize [a monastery] we worshipped every day with the brothers. . . . We also worked as a group studying the Bible and opening ourselves up to its confrontation of our very controlled faith commitment. . . . [On the trip home, students stated], "We need to spend more time studying the Bible and acting like a Christian community. Can we do that? Would you mind?" (p. 152)

The chasm gapes between a church that deals with "challenging themes" and debates about issues of faith and a church that hungers for God's word. Gruder states that at that time the church [youth] had been converted. He claims, "Separations between personal conversion and the continuing conversion of the church are neither possible nor relevant" (p. 153). To compare a non-Christian group of youth with a converted group equates to comparing apples and oranges.

One might suggest the reader skip to Gruder's third section, "Implications." He deals with nominal Christianity in a paradoxical manner. His identification of the problem is solid. He argues, "It is more difficult to become a member of many service clubs than to join most Protestant congregations." He continues, "Nothing illustrates that [dilution of church membership] more than the ease with which people stop becoming members of churches" (p. 172). Gruder addresses the pedobaptist denominations' dilemma of bestowing church membership on infants, but his ecclesiology prevents a solution" (pp. 172-74). Most applicable to Baptist ministers is Gruder's observation on church and ministry.

He writes, "If a mission community saw itself as the Spirit's steward of the calling and gifts of its members, its internal activities would, in one sense, diminish. It would spend less time on providing activities that take its members out of the world. It would devote more of its times of gathering for the equipping, support, and accountability of its member-missionaries" (p. 179).

Gruder's work attempts to deal with the reality of nominal Christianity. The resultant text's blended ecclesiology serves to aggravate the evangelical free-church psyche. The individual's involvement with institutional Christianity does not a Christian make. As long as Gruder refuses to delineate between the unconverted and the converted and maintains a process salvation, his remedies will fall short. *The Continuing Conversion of the Church* is part of "The Gospel and Our Culture Series." Unfortunately, our culture has overwhelmed the gospel presented in the text. This reviewer would like to end on a more positive note, but the thesis of this text and its presentation precludes such an ending.

William E. Brown

Final Victory: Taking Charge of the Last Stages of Life, by Thomas D. Preston. Roseville, CA: Forum, 2000. Pp. 252.

The most notorious name associated with the subject of physician-assisted suicide (PAS) is Jack Kevorkian. His cadaverous appearance and crude methods, such as killing people in the back of a Volkswagen bus, make him an easy target of ridicule. Kevorkian's antics noted, the real challenge to the sanctity of human life in relation to end-of-life decisions comes from health care professionals who are more subdued in their advocacy of PAS. Even most PAS advocates find death in the back of a Volkswagen van morally repugnant. The greater danger lies with those who come behind him and present a more benign face to institutionalized death. Part of their argument is that PAS must be institutionalized in order to restrain the fringe actions of people like Kevorkian.

One such physician is Thomas Preston, and his book, *Final Victory*, is a good example of how the PAS debate is being waged on a popular level. *Final Victory* is not an academic book. Preston's target audience is the average person who is concerned about a prolonged and painful dying process. Because of his target audience, footnotes are kept to a minimum and technical jargon is used infrequently. When medical terms are used, Preston adequately explains them. Furthermore, the format, with large block quotes highlighting important points, makes the book easily accessible to a broad spectrum of readers.

Preston says he wrote this book in response to the landmark 1997 Supreme Court decisions in *Glucksburg v. Washington* and *Quill v. Vaaco* which upheld

bans on PAS in the states of Washington and New York respectively. In fact, Preston was a plaintiff in *Glucksburg v. Washington*. One reason the justices upheld the bans on PAS is that there are no legal barriers prohibiting a patient who is experiencing great pain from obtaining appropriate medication. According to Preston, "The reasoning of the Supreme Court justices may be the defining event that led me to write this book, as it helped me to understand that since there is no legal barrier to effective relief of suffering, the solution is within our means" (p. xv). He goes on to state that he hopes more effective pain management will make PAS less necessary. Of course, this begs the question, "Is PAS ever necessary?" Preston sidesteps all moral debate and answers the question in the affirmative.

On a positive note, Preston does point out some flaws in the way terminal patients are sometimes treated. He says, "When a cure is no longer possible, the physician often withdraws. To physicians this is not abandonment but a statement of their inability to cure and therefore the end of their role in care of the patient" (p. 107). Preston goes on to argue that the thoughtful physician will not abandon a terminal patient, but will offer palliative care in an aggressive manner. *Final Victory* also offers good advice for patients who are trying to absorb a negative diagnosis. For example, the author makes clear for the layperson the difference between a fatal and a terminal disease. While a fatal disease is one that in its natural, untreated course will be fatal, a terminal illness "means a fatal disease has advanced beyond the point of reasonable hope for a cure" (p. 82).

These good points notwithstanding, Preston's particular form of aggressive palliative care is the glaring weakness of *Final Victory*. While he does discuss different methods of pain management, he also discusses PAS as a viable option. Preston glosses over a very important distinction within medical ethics when he states, "In physician-assisted suicide, as well as in terminal sedation or withdrawal of life-sustaining therapy, the motive of the physician is to stop suffering, and the end result is the same—death of the patient" (p. 127). The distinction Preston overlooks is the principle of double effect. This principle reflects a longstanding position within the Christian-Hippocratic tradition that says it is not immoral for a physician to administer pain-relieving drugs, even if the drugs hasten death, as long as the intent is to relieve pain and not to cause death. In short, death is not desired but is an unavoidable side effect of good palliative care. Preston attempts to place his position within the same camp, but in reality they are very far apart. In PAS, both the goal and the method of palliative care are to kill the patient. Furthermore, how does Preston know that all physicians who assist in suicide do so from benevolent motives? From a Christian perspective, the Biblical doctrine of sin should make us skeptical of tremendous power placed in the hands of an elite minority equipped with a technical expertise not available to the general populace.

Beyond his weak argumentation, Preston also glosses over the role of depression in requests for PAS and barely mentions the subject when he says, "If