

Article

Mobilizing the Field Hospital: Pastoral Care as a Paradigm for Ministry with Young Adults

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Abstract: When considering the Church and young adults, marketing or educational approaches are often used; however, these are inadequate to address the realities facing people in their 20s and 30s, including mental health, economic conditions, and racial and cultural injustice. What is needed is the development of a new ecclesial paradigm based on Pope Francis’s “field hospital” analogy, which emphasizes pastoral care as a primary step in ministerial accompaniment.

Keywords: ministry with young adults; young adult ministry; models of ministry; field hospital; evangelization; accompaniment; young adults; Pope Francis; *Christus Vivit*

“I see clearly that the thing the church needs most today is the ability to heal wounds and to warm the hearts of the faithful . . . I see the church as a field hospital after battle.”

Pope Francis (2013) interview with Antonio Spadaro, S.J.¹

1. Introduction

Woundedness is nothing new to young adulthood. This demographic, understood as those in their late teens, twenties, and thirties, single or married, with or without children², has, for many years, been marked by constant and intense life transitions. From his longitudinal research study on young people, sociologist Christian Smith observed that “emerging adult life in the United States today is beset with real problems, in some cases troubling and even heartbreaking problems,” which “damages people, relationships, a sense of a richer purpose in life, a rational social order, and perhaps even the earth’s environment.”³

Over the years, the Roman Catholic Church attempted to engage these same young adults with marketing strategies or religious literacy approaches, often seeing them as consumers to be enticed or students to be taught. This article puts forth a descriptive analysis of those approaches, noting their limits, as they compare to Pope Francis’s ecclesial vision rooted in his “field hospital” analogy,⁴ and concludes by proposing a fitting paradigm of dynamic pastoral care and accompaniment.

Pope Francis’s perspective is especially considered due to the fact that he is the first and only pontiff to draft a global framework for the Catholic Church’s ministry with youth and young adults: his 2019 apostolic exhortation, *Christus Vivit*. Crafting a ministerial approach around Pope Francis’s vision, then, is essential for pastoral leaders at the local level to move forward in this ministry in a way that is both historically grounded and pastorally attentive.

¹ (Pope Francis 2013).

² (United States Conference of Catholic Bishops 1996, p. 7).

³ (Smith et al. 2011, p. 3).

⁴ Pope Francis, interview.

2. The Tipping Point

Before proceeding, it is important to reflect on the realities facing young adults today. These include economic uncertainty, debt, racial injustice, and mental health anxieties. Diana Hancharenko, a parish minister from Youngstown, Ohio, in an interview for *America* magazine, noted that “the stress level of young adults is off the charts . . . It’s really challenging. We’re seeing that reflected certainly in mental health issues.”⁵ Working paycheck to paycheck in a “gig economy” (marked by freelance and temporary work) has been an increasing reality for young adults in the second decade of the twenty-first century;⁶ while it offered flexibility, it came with increased stress.

The American Psychological Association (APA) noticed this alarming trend among young adults almost a decade ago, noting, “Younger Americans report experiencing the most stress and the least relief—they report higher stress levels than older generations and say they are not managing it well,” with work, money, and stability as significant factors contributing to that anxiety.⁷ Since then, the stress levels among young adults have only increased with each passing generation: the APA noted that Generation Z now has an even higher average stress level.⁸

At a time when support systems are necessary to navigate these stressors, young adults also report growing isolation and loneliness. The Springtide Research Institute reported that many young adults have “few social interactions and few people they can turn to in times of trouble or even just to talk.”⁹ Even young people who participate regularly in religious activities, historically known for creating a sense of connection, still experience loneliness, isolation, and stress.

These were rising factors affecting young adults before the pandemic struck, when people were advised to physically distance themselves. As COVID-19 emerged, the “new normal” only exacerbated the situation. Today, this has become the tipping point that compels us to examine these realities more closely.

Due to the coronavirus impact on academic institutions throughout 2020, young adults’ educational pathways have been altered, suspended, or eliminated, thus affecting future career prospects; internships, entry-level positions, and part-time positions were lost. Young adults who serve as essential laborers (in the shipping, restaurant, grocery, retail, farming, and production industries) were asked to expose themselves to risk-heavy working conditions to maintain employment. Without the in-person support of peers, family, or churches, critical decisions were made in isolation, compounding the stress and anxieties already present. Following up on their earlier studies, the Springtide Research Institute conducted another study in the early months of the pandemic and found that “for many young adults, shelter in place and social distancing provokes fear and uncertainty, leading to increased levels of isolation, loneliness, and anxiety.”¹⁰ The “gig economy”, already precarious for many young adults who were teetering on the poverty line, ultimately yielded to the global recession that has devastated millions of lives. Since April 2020, the monthly unemployment rate in the United States for young adults ages 20–34 was higher than all other age brackets.¹¹

Across this landscape, there has also been an increased awareness of systemic racial injustice. The high-profile deaths of young adults at the hands of police (including but not limited to Michael Brown [age 18], Freddie Gray [age 25], Sandra Bland [age 28], Philando Castile [age 32], Ahmaud Arbery [age 25], Breonna Taylor [age 26], and Rayshard Brooks [age 27]) prompted other young people to engage in civil protest and marches, with a particular intensity during summer 2020. For years, young adults of African, Caribbean, Native American, Latin American, and Asian descent have been struggling with

⁵ (Clemmer 2019).

⁶ (Mitic 2020).

⁷ (American Psychological Association 2013).

⁸ (American Psychological Association 2019).

⁹ (Packard et al. 2020, p. 9).

¹⁰ (Springtide 2020).

¹¹ (Data Tools: One-Screen Data Search 2020).

and confronting prejudice and violence, but until this tipping point, this has largely gone unnoticed by other cultural communities, religious institutions, and the general populace.

On the other hand, there have been two trends which *have* caught the attention of many Christians: the lack of active participation of young adults in church communities and a decrease in religious literacy, particularly noticeable in worship attendance and in sociological research around the rise of the “nones”.¹² Many studies have shown a disaffiliation from religious institutions among Millennials and Generation Z. One recent study noted that “Disaffiliation from the Church is largely a thoughtful, conscious, intentional choice made by young people in a secularized society where faith and religious practice are seen as one option among many.”¹³ Religious literacy is a related, but distinct, concern as churches notice an increased lack of awareness of theological concepts. As John C. Cavadini, a theologian who raised this issue to the attention of Catholic leaders, noted, “The problem is that somehow the doctrines got lost and we were left with only our desires, hopes, fears, and dreams, together with broad-stroke connections to a few marquee items like Jesus, God (the relation between them left fuzzy), the Spirit, God’s people, table fellowship. Most other items were left behind in a penumbra of distinguished but cozy irrelevance.”¹⁴ These two concerns—disaffiliation and religious literacy—have become predominant focus areas for engaging young adults in recent years, resulting in the development of ministerial models responding to these trends.

3. The Need for a New Model

After a careful examination of the realities facing the young, Pope Francis made a sobering assessment: “Young people frequently fail to find in our usual programs a response to their concerns, their needs, their problems and issues.”¹⁵ Pope Francis observed that the “usual programs” were not an adequate approach to young adults, and that a new model must be developed, going on to say that “the young make us see the need for new styles and new strategies.”¹⁶ Models are helpful tools for applying theological frameworks to lived experiences. As Dr. Arthur Canales, author of a work dedicated to models and methods for ministry with youth and young adults, notes, “Models serve to support and simplify the sometimes hectic and complex world of ministry, while providing concrete theology in the process.”¹⁷

The “usual programs” were often developed in response to trends in disaffiliation and religious literacy as parishes would start ministries in order to recruit young adults to come back to church or to correct or counter the influence of secular culture. This was my own approach for years,¹⁸ as I looked for ways to appeal to young adults who were not going to church anymore or to explain faith to a generation without a strong religious vocabulary. Over time, terms like “marketing” and “instruction” were more present in conversations, manuals, and workshops. Yet this approach (my original approach) was flawed and inadequate to respond to the realities facing so many young adults today.

Pope Francis offered a new paradigm early in his pontificate when he said:

“I see clearly that the thing the church needs most today is the ability to heal wounds and to warm the hearts of the faithful; it needs nearness, proximity. I see the church as a field hospital after battle . . . Heal the wounds, heal the wounds... And you have to start from the ground up . . . How are we treating the people of God? I dream of a church that is a mother and shepherdess. The church’s ministers must be merciful, take responsibility for the

¹² (Lipka 2015).

¹³ (McCarty and Vitek 2017, p. 11).

¹⁴ (Cavadini 2004).

¹⁵ (Pope Francis 2019, § 202).

¹⁶ *Christus Vivit* § 204.

¹⁷ (Canales 2018, p. 21).

¹⁸ (Jarzembowski 2016, p. v).

people, and accompany them like the Good Samaritan, who washes, cleans, and raises up his neighbor.”¹⁹

For certain generations of Americans, Pope Francis’s “field hospital” analogy might evoke the notion of the “mobile army surgical hospital” as illustrated in *M*A*S*H*, the 1970 film and the 1972–1983 television series. However, he clearly invokes the Good Samaritan (Lk 10: 25–37) as a helpful image for illustrating the “field hospital” in the parables of Jesus. Pope Francis also noted that “the nascent Church shows that it is like a ‘field hospital’ that welcomes the weakest”²⁰ and that concern for the impoverished and marginalized was a central component to the early Church. What Pope Francis was proposing was a return to the centrality of pastoral care within the ministerial life of the Catholic Church.

Throughout Christian history, pastoral care has taken different forms and emphases. Around 590 C.E., St. Gregory the Great authored *Pastoral Rule*, which emerged as one of the definitive pastoral guides for the Catholic Church for many centuries and which “demonstrates a remarkable insight into different personality types and behaviors that call for individualized responses . . . For Gregory, ministry is above all else an exercise of love done in a spirit of humility.”²¹ In a similar way, St. Francis and St. Clare’s mendicant communities ventured into medieval towns and cities to care for the poor and sick. “Their mission was decidedly pastoral and it struck a chord among people long accustomed to pastoral neglect by their own clergy.”²² Over time, the definition of “pastoral care” expanded to include missionary endeavors, counseling, formation, support groups, ecological protection, and social justice; however, the constant refrain has been rooted in tending the wounded and an accompaniment towards renewed health. For the past 500 years, the growth of many women’s consecrated religious communities and teaching orders were founded on the delivery of pastoral care through hospitals, orphanages, schools, and charities. In 2020, Pope Francis once again returned to the Samaritan parable and pastoral responsibility as foundational principles for engagement in the social teachings of the Catholic Church, inclusive of war, the death penalty, and the migrant and refugee crises (among other issues), in his encyclical, *Fratelli Tutti*. Through this and other recent documents, Pope Francis has been aligning the tradition of pastoral care with his “field hospital” approach—and its applications extend to the accompaniment of any person, young or old, left on the side of the road (cf. Lk 10: 29–37).

4. The Field Hospital Model and Young Adults

In 2017, the Catholic Church began a global consultation on the realities facing young people today. This particular initiative, a worldwide process called a “synod” and used by Catholic popes since Vatican II, was deeply consultative, which was a Francis-inspired development as the process had heretofore been restricted to input from episcopal conferences and bishop delegates. The preparatory materials for the synod were also pastoral, noting that “Accompanying young people requires going beyond a preconceived framework, encountering young people where they are, adapting to their times and pace of life, and taking them seriously.”²³ Carried out in 2017 and 2018, the synod included extensive consultations at the local level, through online surveys, and through international gatherings with sociologists and young people, culminating in a month-long meeting of bishops and young adults. At the conclusion of that gathering, the participants said:

“The Synod acknowledges that the ecclesial community does not always manage to convey the approach taken by Jesus . . . All too often, there is a tendency to provide prepackaged answers and ready-made solutions, without allowing young people’s real questions to emerge and to face the challenges they pose. Listening makes possible an exchange of gifts

¹⁹ Pope Francis, interview.

²⁰ (Pope Francis 2020).

²¹ (Lynch 2005, p. 109).

²² Lynch, p. 118.

²³ (General Secretariat of the Synod of Bishops 2017), Section III, Part 1 “Walking with Young People,” § 1.

in a context of empathy. It allows young people to make their own contribution to the community, helping it to appreciate new sensitivities and to consider new questions.”²⁴

By lifting up the synod’s listening process, the bishops were acknowledging that the “field hospital” approach should be normative for the Church’s ministries with young adults. They went on to say, “The young, like everyone else, also carry wounds . . . The Church is called to support all the young in their trials and to promote whatever pastoral action may be needed.”²⁵

Reflecting on these ideas in his post-synodal exhortation, *Christus Vivit*, Pope Francis implored: “As a Church, may we never fail to weep before these tragedies of our young. May we never become inured to them . . . The hurt felt by some young people is heart-rending, a pain too deep for words . . . May all young people who are suffering feel the closeness of a Christian community that can reflect (Jesus’) words by its actions, its embrace, and its concrete help.”²⁶ His exhortation, imbued with the “field hospital” approach, has become the Church’s new framework for ministries with young adults, and with it, a new paradigm of dynamic pastoral care, responsiveness, and accompaniment. This, then, was an opportunity to retrieve the Christian tradition of pastoral care and apply it to today’s ministerial praxis.

5. Key Issues for Immediate Pastoral Care

Just as every young adult is unique,²⁷ so too is every situation. A medic in a field hospital tends the wounds brought before him or her at that moment, ensuring the patient returns to health and connecting them to long-term care, with an encouragement to educating themselves and committing to preventative care. With the “field hospital” paradigm in mind, the procedure of a medic can become the route that ministry leaders take when engaging young adults. The current moment is a tipping point, but the wounded realities have been present for some time.

The mental health of young adults is one of those realities: loneliness, social isolation, anxiety, stress, insecurity, clinical depression, suicidal thoughts, aggression, and mental illness are all varying dimensions of this issue. Coupled with these factors is also an avoidance of raising mental health topics in church and society, compounding the impact on those who struggle with these issues. “Stigma is a risk factor leading to negative mental health outcomes. It is responsible for treatment seeking delays and reduces the likelihood that a mentally ill patient will receive adequate care.”²⁸ At a Vatican in-person international consultation with 300 young adults in March 2018, they reported feeling overwhelmed by stressors that complicated their ability to fully enter into discernment such as “the Church, cultural differences, demands of work, digital media, family expectations, mental health and state of mind, noise, peer pressures, political scenarios, society, technology.”²⁹ How do churches accompany young adults faced with mental health issues and the demands placed on them by the aforementioned factors? When a “field hospital” approach is taken, ministers can more readily identify symptoms and take appropriate action (i.e., listening, referrals, counseling, support groups, and presence); however, one does not need to be a trained clinician to engage in dialogue, offer one’s time and space, or extend pastoral support.

Another key issue facing many young adults, which contributes to mental health and spiritual well-being, is a person’s economic situation. Debt, income, expenses, and poverty are key concerns of this age group. In 2014, the U.S. Census Bureau noted that “More millennials are living in poverty today, and they have lower rates of employment, compared with their counterparts in 1980: One in

²⁴ (General Secretariat of the Synod of Bishops 2018a), § 8.

²⁵ (General Secretariat of the Synod of Bishops 2018a), § 67.

²⁶ *Christus Vivit* § 75, 77.

²⁷ Echoed by Pope Francis who noted that young adults do not exist “to be analyzed in the abstract”; rather, there exist only individual young adults, “each with the reality of his or her own life” (*Christus Vivit* § 71).

²⁸ (Shrivastava et al. 2012).

²⁹ (General Secretariat of the Synod of Bishops 2018b), Section 9 § 2.

five young adults lives in poverty (13.5 million people), up from one in seven (8.4 million people) in 1980. Today, 65 percent of young adults are employed, down from 69 percent in 1980.³⁰ Student debt is a major factor for young adults who attend college (and a greater hardship for those who are not able to complete their degree but are still repaying tuition loans), impacting many decisions about employment, living arrangements, relationships, and vocation.³¹ Deteriorating economic realities are part of the fabric of young adult lives, more so than in previous generations;³² with the epidemic of loneliness also confronting young people, those who are impacted have limited support networks or mentors. Matters have escalated so much that suicide is an increasing concern among young adults with student loan debt.³³ Undoubtedly, the pandemic and recession will have even further consequences for their economic well-being. In response, how can churches provide hope and concrete support to younger generations drowning in financial distress? Ministry leaders operating in a “field hospital” paradigm could be more sensitive to these realities and respond quickly through coaching, career, and vocational support; mentorships; job referrals; loans; grants; and free services to young adults in need.

Cultural inequities and discrimination are another compounding concern, which can be intertwined with and amplified by mental health and economics, resulting in further woundedness. Researchers have noticed an increasing ethnic diversity within each successive generation, bringing these concerns to the forefront of young adulthood. In 2009, it was reported that Millennials were “the most ethnically and racially diverse cohort of youth in the nation’s history.”³⁴ Almost a decade later, it was observed that “the ‘post-Millennial’ generation is already the most racially and ethnically diverse generation, as a bare majority of 6- to 21-year-olds (52%) are non-Hispanic whites.”³⁵ It stands to reason that, with these trends, issues related to racial, ethnic, and cultural injustice are not a side concern for young adults; rather, these are central issues facing those in their twenties and thirties.

When 19% of most young adults in the United States (11.9 million³⁶ out of 62.7 million³⁷ people between the ages of 20 and 34) in the year 2010 were migrants, refugees, and immigrants (which has likely increased since), the realities of border crossings and treatment of migrants also become pivotal issues of pastoral care for young adults. As Pope Francis noted, “How can we fail to think of all those young people affected by movements of migration? . . . The Church’s chief concern is focused especially on those fleeing from war, violence, political or religious persecution, from natural disasters including those caused by climate change, and from extreme poverty. Many of them are young.”³⁸ Ministry leaders must become more aware of these issues, provide greater pastoral support, and engage in proactive justice work against systemic racism, ethnic violence, discrimination, and unjust policies disproportionately affecting migrants and communities of color, as well as reconciliation, reparations, and lifting up and supporting the voices of young adults from all cultural families who are not often heard in church and society.

6. Conclusions

Adopting the paradigm of the “field hospital” requires ministry leaders to begin an engagement with young adults with responsive pastoral action. The painful issues that younger generations face are not wounds that can wait to be healed. Just as a field medic on the battlefield must instantly spring into action to tend to wounded soldiers, so too must church ministers engage in this pastoral activity

³⁰ U.S. Census Bureau: Public Information Office (Release CB14-219) (2014).

³¹ Summer and Student Debt Crisis (2018).

³² (Luhby 2019).

³³ (Lockert 2020).

³⁴ (Rosentiel et al. 2009).

³⁵ (Fry and Parker 2018).

³⁶ (United Nations Department of Economic and Social Affairs: Population Division: International Migration 2020).

³⁷ (U.S. Census Bureau 2020).

³⁸ *Christus Vivit* § 91.

posthaste. These crises were evident well before the advent of the pandemic, but COVID-19 (and its resulting recession and cultural anxieties) have only hastened these issues in the lives of young adults. Effective ministry means tending both the temporal and spiritual wounds, recognizing the symbiotic link between these areas of concern and the comprehensive well-being of young adults.

Through the ages, the Catholic Church has raised up “pastoral care” in a variety of ways, and the present moment calls for a renewal of that tradition, especially among young adults, who are increasingly in need of this approach. With the arrival of Pope Francis’s *Christus Vivit* as the cornerstone document for ministry with young people, while also observing the devastating crises faced by many young adults, church leaders are called to enter into a new paradigm of pastoral care.

Pope Francis added this note when presenting his “field hospital” paradigm to Antonio Spadaro, S.J.: “It is useless to ask a seriously injured person if he has high cholesterol and about the level of his blood sugars!”³⁹ The same might also be said of the existing models for ministries with young adults that emphasize religious literacy and marketing. However noble these methods might have been, they are simply not as effective in engaging younger generations of men and women who are seriously injured by racism and cultural discrimination, economic disparity, and mental health concerns, not to mention the many other issues that assail them—especially in the present moment. What is required today is an immediate move towards the “field hospital” as the foundation and framework for all ministry endeavors and a retrieval of the Church’s long tradition of pastoral care, grounded in the example of the Good Samaritan and attentive to the woundedness amplified by the present moment. Pastoral care, then, must be the first step in accompanying young adults through their uncertain, but ever-hopeful, journey home.

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³⁹ Pope Francis, interview.

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