



## Are Christians Becoming Nonbelievers?

Last week (December 9, 2010), Janice Shaw Crouse, senior fellow at the Beverly LaHaye Institute, a think tank for Concerned Women for America, wrote a piece on the grim rates of statistical decline over the past two decades in church membership and attendance.

The fact has long been apparent to America's pastors, but it came as particularly disturbing news to faithful Christians, especially so close to Christmas. Dr. Crouse cast the thrust of her article in terms of failure to attract new and younger worshippers and doubt among older, established members raised in the faith. She (and the major news outlets that printed her piece) lumped the two causes together as signals of "unbelief" (e.g., "We Don't Believe: Doubt doubles during past two decades" in the [Washington Times](#)).



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But there is a huge difference between not believing and detachment. This distinction was missed both by Dr. Crouse and others (including pastors themselves) who have, over the years, decried the same decline in membership rolls and attendance. But their arguments are rather like the doctor who blames the patient for an illness he can't diagnose.

Heaven knows the churches have tried every trick in the book to draw in a younger generation of (hopefully financially solvent) parishioners. They've done their market research and added trendy music; laid-back, slapdash attire; large screens with visuals to replace stuffy old hymnals and prayer books; singles meet-and-greets; various outreach programs; free babysitting so toddlers won't yell during the sermon; etc. And maybe that's the problem. Market research is based in psychology and behavioral "science," not in the Bible. The Bible presents a much more accurate portrayal of the most basic human need: personalized support. So pervasive has the practice of gimmicks and outsourcing become, with parishioner problems being turned over to social service agencies and "professional counselors," that even theological seminaries are steeped more in Zig Ziglar and Freud than Christ and the Bible.

Take the parishioner (who asked not to be named) from a conservative, Bible-based Episcopal church in Falls Church, Virginia. Her husband apparently was in the throes of succumbing to alcoholism, so she went to her pastor with the intention of seeking priestly intervention, since her entire extended family had been in the church for decades. Instead, she was referred by the pastor to Al-Anon. He gave her the name of another church member affiliated with the group. The Al-Anon-affiliated parishioner, whom the woman didn't know, passed along a book about alcoholism — symptoms, warning signs, awareness



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information (all of which she already knew), plus a list of regional counseling centers. The thrust of the Al-Anon program (and others like it) is to have worried family members attend endless awareness sessions and groupie meetings, as it is assumed, barring violence on the part of the alcoholic, that the only “help” is for family members to learn to live with it.

Of course, that’s not at all how the church used to handle issues that required a measure of tact and discretion. Just 30 years or so ago, the family pastor would have come to the home and sat down with the couple together. He would first have worked to thrash out the source of the excessive alcohol consumption — work, home, children’s issues, financial crises, chronic illness, marital difficulties, and so on. Then he would have approached this source on a spiritual, biblical basis while dispensing theological advice concerning the alcoholism itself, including methods of cutting back until the man was “clean.” The pastor would be available for support, at least by phone, possibly with help from a former alcoholic from the church, if any, should the afflicted parishioner waver.

The same with long-term illnesses: Today, a team of church volunteers is tasked with making the rounds of patients in hospitals or ailing parishioners at home. A deacon might also come around occasionally to check in on the patient and family. But if the hospital or long-term facility is 15 miles or so away, or if the ailing patient lingers too long, he (or she) simply drops off the church’s radar and is forgotten.

One long-time parishioner in Dallas, Texas (who also asked not to be identified for this article) suffered a stroke and was confined to a nursing home, since she was unable to function physically. In an interview, she confided: “You know, my late husband and I always sat right up front, because of his hearing. We contributed to every request for a special donation. We said hello to the minister upon leaving services every Sunday. But after he died and I was less able to walk the eight blocks to church, and my friends there started dying off, no one was ever available to take me to services. No vans, no cars, nothing — and it was a big church! Then I had this stroke, and the minister came two or three times to the hospital, and another fellow ... would come *here* to see me every month for awhile, then after about seven months nobody ever came at all. Guess it was too far.” Then she giggled: “But I still get their newsletter and offering envelopes! I didn’t even have to fill out a change of address!”

Today’s pastors, of course, have more important things to do, such as meetings for or against same-sex marriage and abortion, working groups to generate peace in the Middle East, task forces brainstorming ways to extract additional funds for missionary programs abroad and, in short, everything under the sun *except* parishioners’ problems.

That strategy works fine — until a member has a life-altering emergency, or suffers a series of crises. Until then, most Christians are comfortable with supporting all sorts of programs for the needy, wherever they are. Christianity, after all, prides itself on teaching brotherhood and interconnectedness, as well as self-sacrifice for the greater good, such as doing without a new flat-screen TV to pay for little Suzie’s private education and even giving one’s life, if necessary, to save a friend or colleague.

But once disaster hits, or problems becomes overwhelming, parishioners want their pastor, not a volunteer, not a deacon, and certainly not a “trained counselor”! They already *know* what the problem is, what they *need* is moral support. That’s when they often discover, to their dismay, that the church is AWOL.

Even so, computer-generated “offering” envelopes and other solicitations arrive like clockwork, thanks to good old (expensive) modern technology. What kind of message does this send?

Does it send the message that God does not really exist? That parishioners would be better off to



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suspend belief in God?

Probably not. What parishioners do suspend, however, is dependence on the *church*! Then they withdraw financial support — which no doubt concerns religious hierarchies far more, but only in a generic, bottom-line sort of way. That's because they are thinking "marketing," not "people." Somehow, Harvard Business School grads, with their PhDs in marketing and behavioral "science," missed the part about personal interaction. One reason they missed it, most likely, is the post-modern "culture," such as it is. In the parallel universe of the Oprah world everyone wants to hear about Britney Spears' divorce (or was it divorces?), Lindsay Lohan's drug rehab (or was it rehabs?), football star Brett Favre's alleged lascivious e-mail (or was it e-mails?), Oprah Winfrey's weight loss program (or was it programs?) and Tiger Woods' sex addiction (or was it addictions?).

Meanwhile, back in our own universe, people are reluctant to share information in a public way, even with BFFs. Most people don't want to discuss their colonoscopy — not even with their spouse or mother — so why in the world would we imagine a person wants to share intimate details of their lives with a church volunteer or deaconess?

Talented as Dr. Crouse is on national and international issues and as a former White House speechwriter, she missed the primary reason why people are falling away from the church: today's trend of "farming out" to deacons and multiple "others" — including psychiatrists, the new substitutes for preachers — personal problems that beset parishioners. That compounds the effects of three other issues that Dr. Crouse (and other experts writing on church decline) have also failed to mention: the increasing marginalization of Christianity by schools and the courts for 40 years, recent headline-making sex and financial scandals by clergy, and the crass commercialization of Christian holidays.

People who get what they need from their houses of worship tend to be forgiving and might well engage in legal battle against those who would wipe all evidence of Christianity from public places, along with those who imply to little schoolchildren that their faith (or that of their parents) amounts to a collection of silly myths. They might even help the church pay victims of a sex scandal or two and shore up the finances of those institutions that fall victim to wayward clerics. They might forego the ostentatious shopping sprees and concentrate on renewing the principles Christ taught.

But when parishioners do not get what they need — moral and spiritual support — from their places of worship when they need it, they aren't going to be providing bailouts when the *church* really needs it. Nor will they be advising their progeny to do so!

Which means what? That the habit of churchgoing is not passed along, and the church as an institution dies. Hopefully, the tenets and ideals that originally inspired our Christian denominations won't die along with the building funds.

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