

Leader’s Guide

Episode 21

Communicating the Gospel Internationally

Summary

Jesus calls us to “Go, therefore, and make disciples of all nations…” (Matthew 28:19a, NASB), and His followers have, by God’s grace, succeeded in spreading the gospel throughout the world. This calling, however, comes with unique challenges. Respect for the differences between various cultures can enable us to communicate the universal need we all have for a Savior, and how the saving power of Jesus Christ can uniquely minister to the hearts of all.

Speaker

A person smiling and wearing a scarf

Description automatically generated with low confidenceDr. Scott trained at the Medical College of Virginia and Truman East Family Medicine Residency in Kansas City, Missouri. Dr. Scott and his family lived in South Asia from 1999 to 2015, providing medical care at a village mission hospital including a year and a half stint in a Gulf country where the security situation in South Asia worsened. Since 2015, Dr. Scott has taught family medicine at the [Virginia Commonwealth University (VCU) School of Medicine](https://medschool.vcu.edu/) and has worked part-time as CMDA staff at VCU. At the School of Medicine, he started the month-long International Medical Mission elective for senior students, during which he takes a group annually to Karanda Mission Hospital in Zimbabwe. He completed VCU’s TIME (Teaching in Medical Education) certificate course. He loves teaching and has received teaching awards in the Practice of Clinical Medicine program at VCU and from the Society of Teachers of Family Medicine. He is very keen on the professional, moral and spiritual formation of students, and he is eager to motivate and train them to serve internationally in cross-cultural contexts. He is active with the South Asian refugee and immigrant population in Richmond, Virginia. His wife JoAnn is an ESL teacher, and they have three grown sons. For further information or to contact Dr. Scott, email him at [sarmistead123@gmail.com](mailto:sarmistead123@gmail.com).

Discussion Questions

1. **What from this video inspired, edified or challenged you?**
2. **One of the biggest challenges for a missionary is that of contextualization—relating the gospel to a particular culture. Dr. Scott speaks of the challenge of sharing the gospel in an “honor-shame” culture. How might the gospel speak to an individual for whom personal honor and shame are dominating considerations?**

In an honor-shame culture, one’s individual and family standing in the eyes of the other is of utmost importance**.** A person with this type of mindset is more concerned with looking good than with being good. One protects their honor, defends their honor and, at times, goes to great lengths to ensure the maintenance of the appearance of their honor. Shame is to be avoided, especially public shame. Yet, we all have shame because we all have thought shameful thoughts and done shameful things. There is no getting around these realities of our lives, but the tendency is to hide behind veils of piety and moral pretense. It is likely that all humans can, at least to some extent, identify with this shortcoming.

The gospel includes the audacious claim that God Himself, though with nothing to be ashamed of, enters the world of dishonor and shame for the sake of love for humanity. The cross is undeniably a horrific example of public shame. Jesus was pierced for our transgressions, He was crushed for our iniquities and by His wounds we are healed (Isaiah 53:5). By Christ’s taking on our sin and shame, we are free to live authentically without pretense, dealing honestly with our brokenness with a God we know loves us and in a community of similarly Christ-oriented people before whom we need not hide.

1. **We are told to “count the cost” of following Christ in Luke 14:27-32. What would be some of the costs of serving Christ in another culture?**

Learning the language and culture, serving people unlike us, showing hospitality, building relationships, giving up the comforts of modernity, receiving less material compensation for one’s efforts, etc.

1. **Dr. Scott describes his efforts to “intentionally talk about my own weaknesses in the context of friendships” because it allowed him to become “a more safe person for people to reveal their struggles….”**
2. **Why might this be hard for healthcare professionals to do?**
3. **How could God use our transparency in the lives of our patients?**

We seek to treat our patients with excellence so they will have confidence in our abilities. If we allow them to see that we don’t have it all put together, we might be afraid it will harm their impression of us. Yet, the fact of the matter is that we all have weaknesses, we all need a Savior and our willingness to be transparent regarding our struggles can point them to the One who can help them more than we can.

1. **Westerners tend to see faith as a private matter, whereas in many parts of the world faith discussions are a normal part of life.**
2. **Why might this be so?**

The West has achieved great gains through intellectual prowess, resulting in significant technological advances, but also leading many to believe God is not as necessary as He was previously. Truth about God is viewed by many as a less significant and less sure entity than empirical truth. We have fallen prey to Paul’s accusation in Romans 1, as we worship and serve the creature rather than the Creator (Romans 1:25).

1. **What adjustments could help a Westerner better fit in with those for whom spirituality is more integral to their conversations?**

In much of the world, religion is not private; in fact, one who is only privately religious and never publicly so seems *nonreligious* to everyone,and this is odd**.** For many cultures what it means to be human is to *think*, *feel* and *pray*. Neglecting any of these aspects means one is less than what a human should be. It seems that one in the West must be intentional about the “insertion” of religion and religious language into the public square, into one’s common speech, into the classroom, etc. This type of language can be learned from other cultures or from the literature of the pre-modern West. Such an insertion will be culturally awkward and must be done with care, but because language matters and because there is no lack of effort by those who are antireligious to eliminate or control language in the public square, it seems that this is an area worthy of intentional engagement.

1. **Dr. Cathie Scarbrough, having visited more than 30 countries to provide healthcare, concludes, “People are people, no matter where you go.” Despite the differences we encounter as we interact with those from other countries, what are some of the similarities that can give us confidence in sharing the love of Christ with them?**

All people will at times encounter situations that reveal our need for more than we can attain in our own strength. Also, as creatures made in God’s image, He has placed eternity in our hearts (Ecclessiastes 3:11), which leads us to consider what our eternal state will be. The biggest questions we humans face in life are answered only through the truth of God’s Word and the victory won by Jesus Christ on our behalf.

**7. Dr. Trish Burgess tells of a patient unable to hear, who just needed her ears cleaned out: “I cleaned her ears, but God opened her ears to hear the gospel message.” Have you ever had a similar experience in your “mission field,” either domestically or internationally?**

**8. Jaime Saint exhorts short-term mission teams to recognize that “the physical is the best door to the spiritual” and empower the local church so “you can have a long-term impact on a short-term trip.” What are some ways mission teams can empower the local church before they head back home?**

1. Enlist local medical personnel to join the team to provide treatment.
2. Utilize local pastors to interact spiritually with patients.
3. Provide treatment in a church or with church members as the organizers of the treatment, so those served will see the care as being provided by the church.
4. Teach local believers how to provide basic treatment for their countrymen.
5. Treat local partners with respect and dignity.

**9. What is one take-home item from today’s session that you hope to implement?**

Additional Resources

1. *Let the Nations Be Glad* by John Piper
2. *Perspectives On The World Christian Movement, Third Edition* edited by Ralph D. Winter and Steven C. Hawthorne