

Wrapped in God's Embrace: Maternal Health, Flourishing, and Building Communities of Care

A Sermon Guide and Toolkit



ACKNOWLEDGEMENTS

The United Methodist Health Ministry Fund (Health Fund) developed this sermon guide and toolkit to help faith leaders begin meaningful conversations about the importance of maternal health. In this sermon guide, we define maternal health as all issues related to the well-being of persons who give birth and/or take on the labor of motherhood in the lives of children. These issues include reproductive health, preventive care, mental health services, and emotional support services for mothers, as well as the points at which children's health intersects with maternal health.

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ABOUT THE HEALTH FUND

The United Methodist Health Ministry Fund is a statewide health foundation that facilitates conversation and action to improve the health and wholeness of Kansans—especially those in rural and under-served communities. Through funding programs and ideas, providing hands-on expertise, and convening influencers, the Health Fund advances innovative solutions to improve Kansans' health for generations to come. Located in Hutchinson, Kansas, the Health Fund has provided more than \$75 million in grants and program support since its inception in 1986.

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The United Methodist Health Ministry Fund (Health Fund) is committed to supporting the health and wholeness of all Kansans, including mothers. Maternal health intersects with two of our priority focus areas: Access to Care and Early Childhood Development.

Maternal and child health are early indicators of future public health challenges, which is why it is critical for mothers and children to have the healthiest start to life. Healthy mothers are important to building healthy families, but mothers often face mental and physical health issues that, without timely support and care, can impact not only their own well-being and quality of life but also present additional hurdles to the work of caring for children and loved ones. Infrastructure, supports, and communities of care for mothers are necessary for all Kansans to have the best start in life.

Research shows supporting a strong start to life for mothers and babies and investing early creates not only the best health outcomes, but also the greatest return on investment. At the Health Fund we are committed to ensuring mothers and our youngest Kansans enjoy nurturing family environments, so they are primed for healthy lives.

To improve future health outcomes for mothers and families, we have advocated for extending postpartum Medicaid coverage from 60 days through 12 months to ensure more mothers have health insurance and access to care in the first full year postpartum when the mother is still at risk for complications, including pregnancy-related death. The most common obstetric complication in the country is maternal depression. The Health Fund has worked with local communities and the state to increase access to maternal depression screening to identify potential mental health challenges and support early intervention (referral and treatment).

Breastfeeding can reduce health risks for both mom and baby. The Health Fund has invested in breastfeeding work since 2009 and specifically funds the High 5 for Mom & Baby Program, which works with local hospitals and birthing facilities to provide resources, guidance, and education on best practices to help mothers and infants with their breastfeeding goals.

We have also invested resources in a home visiting model, Attachment and Biobehavioral Catch-up (ABC), which is a strengths-based parent coaching model to help families reach proven outcomes, including increased caregiver sensitivity and delight, and increases in caregivers' knowledge and beliefs in their caregiving.

Beyond supporting these program and policy investments, we want to create a loving and caring environment that supports maternal health, which is why we created this sermon guide.

This sermon guide, *Wrapped in God's Embrace: Maternal Health, Flourishing, and Building Communities of Care*, acknowledges the vocation of motherhood and its impacts on family and community life. When considering maternal health, consider it as all issues related to the well-being of persons who give birth and/or take on the labor of motherhood in the lives of children. These issues include reproductive health, preventive care, mental health services, and emotional support services for mothers, as well as the points at which children's health intersects with maternal health. This sermon guide will challenge readers to take a closer look at how mothers and their children are supported inside and outside of the church and the ways a child's health is tied closely to their parent's health and access to health care.

Through interpretative principles, this guide will address the often unseen struggles of motherhood, identify biblical text that will empower mothers, and will ultimately encourage readers to advocate for and support the health and legacy of motherhood and the well-being of the next generation.

HOW TO USE THIS SERMON GUIDE AND TOOLKIT

Greetings! All too often, devotionals, Bible studies, or small group curricula about biblical motherhood are written and marketed almost exclusively to mothers. Rarely, outside of perhaps once every year on Mother's Day, does the whole church take time to reflect on the vocation of motherhood and the role the Body of Christ plays in tending mothers *and* their children. Further, images of biblical motherhood inside and outside the church often center around the extraordinary faith of mothers in the Bible and their commitment to the well-being of their children, which reinforce the modern-day ideal of the "Supermom"—the mom who does it all, has it all, and never complains. Digging into the messiness of biblical and contemporary motherhood, this sermon guide invites us to take a different approach to motherhood and the church through encounters with Mary the Mother of Jesus, the Canaanite Woman, and the Widow of Zarephath. Rather than focusing on what makes a "good mother," this guide explores how the church can support maternal health and flourishing by building communities of care that surround mothers and their families.

Each week includes a call to worship, hymn selections, children's sermon, call to action, and benediction, in addition to an exegesis and sermon notes section based on the week's scripture passage. Week 1 introduces Mary's birth story in the Gospel of Luke as a window into postpartum health and the supports women need in the first hours, days, and weeks of motherhood with a new child. Week 2 centers around the Canaanite Woman and the work of mothers as advocates for the well-being of the family, followed by Week 3 in which we witness how God guides Elijah, the Widow of Zarephath, and her son to form a community of care in the midst of hardship and crisis. The guide concludes in Week 4 with a return to Mary the Mother of the adult Jesus who, as a grown child, shows the fruit of secure attachment in early childhood.

In addition to the advocacy and support mothers need to develop healthy attachments with their children, mothers also derive health benefits from secure attachments with their children throughout their lives. Threaded throughout the guide are reflections on how individuals and churches can build communities of care that work for the health and flourishing of mothers and their families.

While the guide can be used at any time of year, we recommend beginning the series on Mother's Day Sunday on the second Sunday of May. In addition to celebrating mothers of all kinds in our communities, Mother's Day kicks off National Women's Health Week (NWHW), a nationwide initiative to encourage women of all ages to prioritize their health. Learn more about NWHW online at <https://www.cdc.gov/women/nwhw/index.htm>. This sermon guide offers an excellent opportunity to help your church identify how it can be part of promoting women's health—particularly maternal health—in conjunction with these initiatives.

As you prepare to use this guide in your church context, it is important to recognize this guide does not attempt to identify what makes a "good" mother. Rather, this guide turns to Scripture to inquire how God's people are called to support, advocate for, and promote maternal health, which includes all issues related to the well-being of persons who give birth and/or take on the labor of motherhood in the lives of children. These issues include reproductive health, preventive care, mental health services, and emotional support services for mothers, as well as the points at which children's health intersects with maternal health. To that end, this guide is open to all avenues and expressions of motherhood. Whether a person becomes a mother by giving birth, fostering, or adopting, they are a mother. In addition, people who do not have children of their own but who invest in the lives of children and offer children a safe, nurturing space to grow and learn are also mothers. So, while each story presumes that the mothers in question gave birth to their children, the guide attempts wherever possible to not presume that all mothers enter into motherhood in one particular way.

We encourage you to reach out to mental health professionals, women's health care professionals, public health professionals, and other community-based organizations that work with women and families in your community before you begin this series. Let them know what the series discusses and ask them if they have resources that they think might be helpful to share with your congregation. This can be an excellent opportunity to initiate or strengthen relationships between your church and health providers in your community.

Be aware that many of the topics covered over the course of this series may stir up difficult emotions and memories for some of the people in your congregation, whether they do not have a good relationship with their own mothers or they are currently struggling in their roles as mother/parent/guardian. In addition, mothers who have lost a child or struggled with infertility experience a grief that is often hidden or forgotten by others. Be prepared to offer pastoral counseling services and have a ready list of mental health professionals to whom you can refer congregants who need additional help.

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Wrapped in God's Embrace

Toolkit

Resources for Talking to Your Congregation



Wrapped in God's Embrace Toolkit:

Resources for Talking to Your Congregation About Maternal Health

NATIONWIDE RESOURCES

- American College of Obstetricians & Gynecologists (ACOG) – Guide to Women's Health: <https://www.acog.org/womens-health>
 - Extending Medicaid Coverage: <https://www.acog.org/advocacy/policy-priorities/extend-postpartum-medicaid-coverage>
- Black Mamas Matter Alliance: <https://blackmamasmatter.org/>
- The Center for American Progress, "America's Child Care Deserts in 2018": <https://www.americanprogress.org/article/americas-child-care-deserts-2018/>
- Centers for Disease Control & Prevention (CDC) – Office of Women's Health: <https://www.cdc.gov/women/index.htm>
- KFF State Profiles for Women's Health: <https://www.kff.org/interactive/womens-health-profiles/?activeState=United%20States>
- Mayo Clinic – Women's Health: <https://www.mayoclinic.org/healthy-lifestyle/womens-health/basics/womens-health/hlv-20049411>
- Maternal & Child Health Bureau (MCHB) – Maternal Health: <https://mchb.hrsa.gov/programs-impact/focus-areas/maternal-health>
 - Women's Preventive Services: <https://www.hrsa.gov/womens-guidelines/index.html>
 - Depression During Pregnancy: <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/depression-during-after-pregnancy-en.pdf>
- US Department of Health & Human Services (HHS) – Office on Women's Health: <https://www.womenshealth.gov/>
 - National Women's Health Week: <https://www.cdc.gov/women/nwhw/index.htm>

KANSAS RESOURCES

- All in for Kansas Kids – Needs Assessment At-A-Glance: <https://kschildrenscabinet.org/wp-content/uploads/2020/05/Needs-Assessment-Summary.pdf>
- Child Care Aware of Kansas: <https://ks.childcareaware.org/>
- Early Detection Works (EDW) Cancer Screening: <https://www.kdhe.ks.gov/826/Early-Detection-Works-EDW>
- Kansas Birth Equity Network: <https://www.kumc.edu/school-of-medicine/academics/departments/population-health/research/kansas-birth-equity-network.html>
- Kansas Breastfeeding Coalition: <https://ksbreastfeeding.org/>
- Kansas Department of Health and Environment – Maternal and Child Health Integration Toolkits: <https://www.kdhe.ks.gov/457/MCH-Integration-Toolkits>
 - Perinatal Mental Health: <https://www.kdhe.ks.gov/520/Perinatal-Mental-Health>
- Kansas Maternal & Child Health – Plan & Services: <https://www.kansasmch.org/>
- Kansas Women, Infants, and Children (WIC) Program: <https://www.kdhe.ks.gov/1000/Nutrition-WIC-Services>

UNITED METHODIST AND FAITH-BASED RESOURCES

- *Birthered in Prayer: Pregnancy as a Spiritual Journey*: <https://www.amazon.com/Birthered-Prayer-Pregnancy-Spiritual-Paperback/dp/B00EQCB9VC>
- *The Book of Discipline: Social Principles: The Social Community: Health Care*: <https://www.umc.org/en/content/social-principles-the-social-community#health-care>
- *The Book of Resolutions: Maternal Health: The Church's Role*: <https://www.umc.org/en/content/book-of-resolutions-maternal-health-the-churchs-role>

RESOURCES IN THIS SERMON GUIDE

Resources are listed in the order they appear.

WEEK 1

- Centers for Disease Control & Prevention (CDC) – Office of Women's Health: <https://www.cdc.gov/women/index.htm>
- National Partnership for Women & Families – Black Women's Maternal Health: <https://www.nationalpartnership.org/our-work/health/reports/black-womens-maternal-health.html>
- Centers for Disease Control & Prevention (CDC) – Breastfeeding Rates: https://www.cdc.gov/breastfeeding/data/nis_data/results.html
- The Conversation, “Breastfeeding is good for mothers’ mental health - but those who struggle need support”: <https://theconversation.com/breastfeeding-is-good-for-mothers-mental-health-but-those-who-struggle-need-support-103788>
- Edinburgh Postnatal Depression Scale (EPDS): https://med.stanford.edu/content/dam/sm/ppc/documents/DBP/EDPS_text_added.pdf
- Wichita Birth Justice Society – Meet the Neighborhood Doula Advocates: <https://wichitabirthjusticesociety.org/meet-the-neighborhood-doula-advocates-2/>
- Kansas Birth Equity Network: <https://www.kumc.edu/school-of-medicine/academics/departments/population-health/research/kansas-birth-equity-network.html>
- Kansas Breastfeeding Coalition – Local Resources: <https://ksbreastfeeding.org/local-resources/>
- Kansas Breastfeeding Coalition – Breastfeeding Welcome Here: <https://ksbreastfeeding.org/cause/breastfeeding-welcome-here/>
- South Carolina Department of Health and Environmental Control, “Creating a Mother-Friendly Environment for your Faith-Based Organization”: <https://scdhec.gov/sites/default/files/Library/CR-011414.pdf>
- Illinois State Breastfeeding Task Force – Grandmothers Tea Project: <http://www.illinoisbreastfeeding.org/21401/21464.html>

WEEK 2

- Child Care Deserts: <https://childcaredeserts.org/index.html>
- Child Care Aware of Kansas: <https://ks.childcareaware.org/>
- National Women's Law Center, “Child Care is Fundamental to America's Children, Families, and Economy”: <https://nwlc.org/resource/child-care-is-fundamental-to-americas-children-families-and-economy/>
- KFF – Births Financed by Medicaid.: <https://www.kff.org/8140f64/>
- Aletheia Church – Partnerships: <https://www.aletheia.org/about/partnerships/>
- *The New York Times*, opinion, “Churches Step in Where Politicians will Not”: <https://www.nytimes.com/2020/11/27/opinion/covid-medical-debt-church-charity.html>

- KFF – Medicaid Postpartum Coverage Extension Tracker: <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>
- Urban Institute – Debt in America: An Interactive Map: https://apps.urban.org/features/debt-interactive-map/?type=medical&variable=perc_debt_med

WEEK 3

- U.S. Department of Agriculture (USDA) – Key Statistics & Graphics: Food Security Status of U.S. Households with Children in 2020: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/#children>
- *Health Affairs*, “Food Insecurity And Health Outcomes”: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.0645>
- MDPI, “Severe Housing Insecurity during Pregnancy: Association with Adverse Birth and Infant Outcomes”: <https://www.mdpi.com/1660-4601/17/22/8659/htm>
- The Brookings Institution, “Why has COVID-19 been especially harmful for working women?": <https://www.brookings.edu/essay/why-has-covid-19-been-especially-harmful-for-working-women/>
- Motherly, “Moms don’t want to be called superheroes—they want help”: <https://www.mother.ly/life/viral-post-stop-telling-moms-were-superheroes>
- Kansas Appleseed – Thriving campaign: <https://www.kansasappleseed.org/thriving.html>

WEEK 4

- The Attachment Project – Discover Your Attachment Style: <https://www.attachmentproject.com/attachment-style-quiz/>

Sermon Guide

Week 1





Call to Worship

Life-giving God, who formed us in our mother's womb and breathes life into all creation,

May we give life to the mothers in our midst.

Home-making God, who provides and sustains, always working toward our flourishing,

May we create space for mothers in our community to flourish.

Protecting God, who embraces us like a mother bird covering her young,

May we be a refuge for mothers in need of care.

Empowering God, who chose Mary to be the mother of the Messiah,

Empower us to welcome and tend the health of all mothers. Amen.



Hymn Selections:

- **“For the Beauty of the Earth”**
United Methodist Hymnal #92
- **“What Child Is This”**
United Methodist Hymnal #219
- **“O Little Town of Bethlehem”**
United Methodist Hymnal #230



Children's Sermon

MATERIALS: gather 5-7 medium sized containers (like cereal boxes, shoe boxes, or laundry detergent bottles) and put a sticky note or note card on each container with one of these labels: “need more sleep,” “feed the child,” “feed myself,” “bathe the child,” “clean the house,” “do the laundry,” “grocery shopping.”

Say: Good morning! It is so good to see you all. Today, we are beginning a series about mothers by talking about Mary, the Mother of Jesus. At Christmas time, we usually read the story of how Jesus was born, and the angels announced it to the shepherds and the shepherds all ran to see the new baby, right? (*Wait for answers.*) Well, today we are reading the same story, but we are going to think about it from Mary's perspective. Mary was a new mom with a tiny baby and that comes with a lot of new responsibilities, which can be really challenging. So, to help us imagine this, I brought these containers with me today. (*Point to containers and/or pull them out of the bag or box you carried them in.*) Now, when a mom brings a new child home, whether she gave birth to the child or adopted the child or fostered the child, there are a lot of things she has to juggle. But in the midst of that, she also needs connection with other people. So, I'm going to need a volunteer. (*Pick a child.*) OK, _____, I want you to stand right in front of me and try to give me a hug. But wait! Before I can get that hug, I can't forget that I need to get more sleep (*pick up container*), feed the child (*pick up the container*), feed myself (*pick up the container*)...etc. (*Do this with every container that you have until your arms are full. If need be, have one of the other children add containers if you can't reach down and pick up any more.*)

OK, I'm ready for my hug! Oh no! If I have to keep carrying all of these containers, I can't get to you, can I? I can't just let these fall to the floor because all of these are really important and have to happen every day for me and for my child to be taken care of. But I also need that hug and connection with other people. So, what might be some options? (*Wait for answers.*) Oh, do you think that one of you could take care of one of my containers? What if you played with the child so I can get some sleep? (*Hand a child that container.*) And what if you brought over your favorite dinner and shared with us so I didn't have to make dinner? (*Hand a child that container.*) Oh, and do you think you would be able to do some dishes, so I have some time to rest later? (*Hand a child that container.*) Look! Now my arms actually have the space to get that hug! (*Hug the child volunteer. Set down the rest of the containers to talk to the children.*)

When we read the story of how Mary gave birth to Jesus, we have to remember that behind the scenes she had a community willing to support her through those first hours, days, and weeks of Jesus' life. When we support the moms around us, whether it's your own mom or your aunt or your cousin or your neighbor, we are helping them stay healthy in their bodies and in their minds. This is an important part of what it means to love your neighbor like Jesus teaches us, because whether it's a mom inside or outside your house, moms are our neighbors, too.

Let's pray: God, thank you for all of the moms in our lives, the moms at home, the moms at school, the moms at church, and the moms in our neighborhood. Please show us how to love the moms around us. Amen.



Scripture • Luke 2:1-20 NRSV

In those days a decree went out from Emperor Augustus that all the world should be registered. This was the first registration and was taken while Quirinius was governor of Syria. All went to their own towns to be registered. Joseph also went from the town of Nazareth in Galilee to Judea, to the city of David called Bethlehem, because he was descended from the house and family of David. He went to be registered with Mary, to whom he was engaged and who was expecting a child. While they were there, the time came for her to deliver her child. And she gave birth to her firstborn son and wrapped him in bands of cloth, and laid him in a manger, because there was no place for them in the inn.

In that region there were shepherds living in the fields, keeping watch over their flock by night. Then an angel of the Lord stood before them, and the glory of the Lord shone around them, and they were terrified. But the angel said to them, “Do not be afraid; for see—I am bringing you good news of great joy for all the people: to you is born this day in the city of David a Savior, who is the Messiah, the Lord. This will be a sign for you: you will find a child wrapped in bands of cloth and lying in a manger.” And suddenly there was with the angel a multitude of the heavenly host, praising God and saying,

“Glory to God in the highest heaven,
and on earth peace among those whom he favors!”

When the angels had left them and gone into heaven, the shepherds said to one another, “Let us go now to Bethlehem and see this thing that has taken place, which the Lord has made known to us.” So they went with haste and found Mary and Joseph, and the child lying in the manger. When they saw this, they made known what had been told them about this child; and all who heard it were amazed at what the shepherds told them. But Mary treasured all these words and pondered them in her heart. The shepherds returned, glorifying and praising God for all they had heard and seen, as it had been told them.



Exegesis

Rarely do we engage the Lukan birth narrative outside of the Christmas season, a time when we focus on the arrival of the Christ child. However, the disorientation of encountering this narrative at a time removed from twinkling lights and joyous carols opens us to reading the story from a different perspective, that of Mary, the Mother of Jesus. Luke 1 establishes key details about who Mary is. On a personal level, Mary identifies as lowly. In her encounter with the angel Gabriel, Mary meets Gabriel's pronouncement of her favored status not with confidence but confusion. Even after she acquiesces to being the mother of the Son of God, she sings of God's great work in looking "with favor on the lowliness of his servant" (Luke 1:48). Further, her self-proclaimed lowliness is reflected in her social context as a Jew under Roman rule. Among the Jews, she is a young virgin from Nazareth, a town of little significance, who is engaged to a man from the line of David. Thus, Joseph occupies a higher social rank among Jews than Mary. In addition, within the Greco-Roman world, women were understood as lesser men. Where men were perfectly formed humans, women were imperfectly formed humans and therefore weaker and lacking power outside of the home. And yet, this "lowly" young woman is chosen by God to bear the Savior of the world.

When we meet Mary and Joseph in Luke 2, we begin to recognize the pressures placed on them as Jewish subjects of Roman rule. To comply with the Roman census decree, they must leave their community in Nazareth to go to Bethlehem to be counted. At this time, a census was an instrument of imperial power, enabling imperial authorities to strengthen their grasp on what military or financial service they could draw from Roman subjects using the resulting population counts. Within this context, Mary and Joseph are obedient subjects, but their obedience places them in a precarious position as Mary's pregnancy progresses. She leaves a place where she would have the support of women she knows, including the midwives who may have already been checking in on her pregnancy. From Luke's narrative, we can gather that Mary and Joseph did not have connections in Bethlehem and were dependent on the hospitality of others. In fact, there is no room for them in Bethlehem's caravansary, the place travelers could usually find lodging. Rather than finding hospitality within David's city, they receive hospitality on the margins, outside the city in a stable. This hospitality in the margins is emphasized by the angels' announcement of Jesus' birth to the shepherds who work not in the urban center but in the fields well outside the city.

Yet, despite finding lodging in a stable and having few if any connections in this new place, Mary gives birth to Jesus, the Messiah. What the narrative does not say is as notable as what it includes. Luke gives no indication that Mary had an out-of-the-ordinary labor experience. There is no indication that she was miraculously saved from birth pains, yet there is also no indication that she faced potentially life-threatening complications. Mary and Jesus survive labor and birth, which likely means they were attended by midwives in the process, especially since this was Mary's first pregnancy. And so begins Mary's next chapter of motherhood.

While so much attention is often given to the angelic announcement of Jesus' birth to the shepherds, the end of this passage offers a brief but significant window of insight into Mary as the mother of Jesus. In verse 19, the words Luke uses for "treasure" and "ponder" indicate that Mary is not merely reminiscing on all that has happened but that she receives and contemplates not just the content but the underlying meaning of her experiences. From the angel Gabriel's visitation to Jesus' birth to the shepherds' arrival telling their own story of an angelic announcement, Mary takes it all in and, importantly, interprets it correctly not in her mind but in the seat of her will and emotion—in her heart. As a mother, Mary demonstrates the process of faith. She allows faith to gestate in her heart just as the Christ child gestated in her womb. Given the traumatic and life-changing process of giving birth and caring for a new infant, we can imagine that Mary's capacity to treasure and ponder the shepherds' story in her heart likely indicates that she was receiving care from a network of others as a new mother.

One cannot tell Mary's birth story without paying attention to the differences between human and divine power. Out of the margins of the city of David is born a King whose rule will never end. From a lowly mother comes the Son of God. Mary births the Messiah promised by God from a body her society deemed as less than and imperfect. What her culture called weak, God valued as strong. What the culture called less than, God called favored. Where society saw an instrument of procreation, God empowered Mary to be the mother of the Savior whose faith is more valuable than her societal status or financial means. God does not simply use Mary because her womb is available. God uses Mary because of who she is as a person and provides for her care along the way, even in precarious circumstances. Thus, through this story, God reveals that the value of mothers—and therefore, maternal health—is not about birthing children but about empowering women to flourish, and in that flourishing, to mother well in whatever capacity they find themselves.



Sermon Notes

INTRODUCTION

In 1960, Random House Books published P.D. Eastman's now well-known children's book entitled *Are You My Mother?* In the book, a baby bird emerges from his egg and immediately starts looking for his mother who has flown off to find food for her hatchling, not knowing that he has already arrived. The book follows the baby bird as he tries to find the mother he has never seen before. As we begin this sermon series focused on mothers and maternal health, we might be tempted to be like this baby bird, spending all our time trying to figure out who *is* a mother rather than focusing on how God calls us to be present to and advocate for maternal health concerns. In this sermon series, we will paint motherhood and maternal health with the broadest brush possible. Maternal health includes all issues related to the well-being of persons who give birth and/or take on the labor of motherhood in the lives of children. These issues include reproductive health, preventive care, mental health services, and emotional support services for mothers, as well as the points at which children's health intersects with maternal health. Promoting maternal health and flourishing begins with embracing the many ways people identify and act as nurturers and protectors of life in our families and communities. In addition, how a person becomes a mother does not change their status as a mother. Whether you have had children biologically, struggled with infertility, chose to adopt, became a foster parent, or chose not to have children at all—you can still be (or are) a mother. Thus, when we talk about maternal health, we are talking about all of these pathways and expressions of motherhood because access to health in body, mind, and spirit as a mothering presence in this world remains an issue, no matter how a person gets to motherhood or how a person identifies as a mother. If you're not a mother this sermon series is also for you. Caring about the health and flourishing of mothers matters to all of us. When we focus on the well-being of the mothers in our sphere, their flourishing extends through the whole community now and for generations to come.

SERMON NOTES

1. So now that we know who the mothers in our midst are, why are we focusing on maternal health and flourishing for the next four weeks? The role and work of mothers in our society remain largely assumed and hidden. The rapid and widespread removal of mothers from the workforce in 2020 and 2021 during the COVID-19 pandemic brought to the fore what had been under the surface for decades—mothers are struggling. Expected to work like they do not have children and parent as if they do not work, the expectations placed on mothers are unreasonable and impossible. Furthermore, society lauds persons who have children, yet does little to support women and families after a child arrives in their home. The lack of paid family leave, policies that stop covering postpartum care for women on Medicaid after 60 days, and the high costs of child care are just a few ways in which the physical and mental health of mothers remain undervalued and unsupported in our society. So, during this series, we will be highlighting mothers in the Bible who point us toward the ways in which God values, advocates, and works toward the well-being and flourishing of mothers. Importantly, we care about the flourishing of mothers first and foremost because they are humans who are deserving of flourishing. Second to

that is the reality that the outpouring of flourishing for mothers is the flourishing of children, families, and society.

2. We begin with Mary, the Mother of Jesus. We know from Luke 1:48 that Mary identifies herself as lowly, which reflects her society's view of women in general. Among the Jews, she is a young virgin from Nazareth, a town of little significance. Living as a subject of the Roman Empire, it is important to note that the Romans understood women as lesser men. Where they viewed men as perfectly formed humans, women were considered imperfectly formed humans and therefore weaker and lacking in power outside of the home. When we meet Mary and Joseph at the beginning of Luke 2, Mary is quite far along in her pregnancy but must still journey to Bethlehem with Joseph to be counted in the census. At this time, a census was used by the Roman Empire to shore up its power by using the resulting population counts to strengthen the military or financial service they could draw from the Empire's subjects. Thus, late in pregnancy, Mary must leave her hometown support system to journey to a place where she, Joseph, and the baby Jesus would be dependent on the hospitality of others during her labor and postpartum recovery.

3. When we read this story at Christmas time, focused on the arrival of the baby, our attention is often on the contrast of God's Son being born in a stable. We might even lament that there was no room in the inn for the Messiah, the Savior of the world. How often, though, are we appalled that *Mary*, a very pregnant woman, found no welcome in Bethlehem's caravansary, the usual place travelers could find secure lodging? To be clear, this is different than saying she found no hospitality. Joseph, Mary, and the baby Jesus did find hospitality—they just didn't find it in the city of David. Instead, they were offered a place to stay outside the city, resulting in her giving birth in a stable. *Someone* outside the city gave Mary and Joseph what they had to give. This hospitality matters—and it should make us question how willing we are to use what power we have to offer welcome, care, and safety to mothers who desperately need it.

4. Luke says very little about Jesus' actual birth, but there is much we can surmise based on what he does not say. Given no indication to the contrary, we can assume that Mary's labor followed the general course of a first pregnancy. Labor likely lasted hours, if not days, and was incredibly painful. It was also standard for women to be attended by a midwife during labor at this time, whether wealthy or poor. The unmentioned midwives—much less midwives she did not know—were most likely key to the successful birth of Jesus. Luke also never mentions complications to Mary's or Jesus' health during labor and delivery, and no maternal mortality or infant mortality occurs. When we hear this story year after year at Christmas, we can miss how remarkable this is, especially as labor complications and maternal mortality remain a critical issue today in the United States.

5. Among high-income nations, the United States consistently has the highest rates of maternal mortality, which is defined as causes of death related to pregnancy or childbirth. While not all mothers give birth to their children, maternal mortality rates serve as a benchmark for the quality of maternal health in a given country or community. In 2017, the maternal mortality rate in the United States was 17.4 deaths per 100,000 live births, as compared to 8.6 and 6.5 deaths per 100,000 live births in Canada and the United Kingdom, respectively. To put this in perspective, the U.S. maternal mortality rate is more than double that of other high-income countries. In 2019, the CDC reported an even higher rate of 20.1 deaths per 100,000 live births. When we break these numbers down in terms of race, we witness an even more sobering reality. Black women were three to four times more likely to experience maternal mortality, with a rate of 44 deaths per 100,000 live births compared to a rate of 12.6 deaths per 100,000 live births for Hispanic women and 17.9 deaths per 100,000 live births for white women. Many troubling factors contribute to this reality, including that hospitals serving predominantly Black neighborhoods provide lower quality maternity care and many Black women struggle to access reproductive health care. Learn more at <https://www.nationalpartnership.org/our-work/health/reports/black-womens-maternal-health.html>. Access to affordable health coverage and provision of patient-centered, responsive providers and facilities are critical to reducing maternal mortality for all women in the United States, especially Black women.

Though she gave birth in a stable, evidence that Mary received care and support from the community extends to her response to the shepherds' visitation. As the angels appear to the shepherds literally on the margins outside of Bethlehem and send them to see the child born in a stable on the outskirts of the city, we must remember that they are sent to see a woman who just gave birth to an infant. The process of giving birth and/or becoming a mother is beautiful *and* a trauma. The physical and emotional toll of welcoming a child into the family, however that may happen, often falls on mothers in a double portion. Not only are their bodies on the line for this child—nurturing, feeding, and comforting a new life in their midst—but they are also experiencing the emotional and physical trauma of tending their own needs while bearing a great deal of responsibility for the physical and emotional needs of another. Becoming a mother is like crossing a threshold into a new life, one in which you attach with a child to tend and nurture and grow them into a person who will someday leave, just as Mary experienced with Jesus. And while Luke does not tell us much about Mary's postpartum state when the shepherds arrive, this passage tells us that, upon hearing the shepherds' news of the angelic annunciation of Jesus' birth, "Mary treasured all these words and pondered them in her heart." Theologically, this verse indicates Mary's process of faith. The words for "treasure" and "ponder" do not signify a mere reminiscence. Rather, they indicate that Mary contemplates and interprets all that she has heard and experienced in her heart, the seat of a person's will. Mary allows faith to gestate and give birth in her heart just as Jesus gestated and was born from her womb. Practically, that Mary has the capacity to treasure and ponder these events just after giving birth indicates that she is surrounded by a community of care. While Luke's narrative does not mention the professional midwives that tended to Mary, the shepherds that come to visit Mary form an unusual and unexpected community of support. In their very presence and witness to the birth of Jesus, they tend to Mary's mental and emotional health, thus offering a form of care that is critical for new mothers.

6. Today, according to the CDC, approximately 1 in 8 women experiences postpartum depression after a live birth, which amounts to approximately 600,000 postpartum depression diagnoses in any given year. When factoring in mothers who experience miscarriage, approximately 900,000 mothers experience postpartum depression every year. In addition, while the stressors they face can differ, rates of postpartum depression in adoptive parents can be comparable with those of biological mothers. No matter how one becomes a mother, the physical (including sleep deprivation and hormonal changes), emotional, financial, and social challenges that come with welcoming a new child take an immense mental and emotional toll on mothers.

Breastfeeding provides another illustration of how a little support at the right time can make a lasting difference for mothers. Exclusive breastfeeding for 6 months is recommended because breastmilk fulfills an infant's complete nutritional needs, provides immune support, and alleviates the financial burden of buying formula. Breastfeeding, when going well, also provides protective physiological and emotional supports for a mother's mental health. In fact, breastfeeding hormones can help reduce the impacts of stress and sleep deprivation on the body. But when mothers encounter challenges in breastfeeding, and are unable to receive needed support, the opposite can be true. Breastfeeding challenges can become a risk factor for poor maternal mental health, and mothers who stop breastfeeding earlier than anticipated have an increased risk for depression.

According to the CDC, in the United States more than 80% of new mothers start out breastfeeding, yet only 25.8% are still exclusively breastfeeding at 6 months (https://www.cdc.gov/breastfeeding/data/nis_data/results.html). For many women, the decision to stop breastfeeding is either directly or indirectly related to a lack of support during their breastfeeding journey. By supporting breastfeeding and getting mothers the help they need to continue breastfeeding, mothers are able to receive the significant physical and mental health benefits it provides. Learn more about the benefits and potential challenges of breastfeeding at <https://theconversation.com/breastfeeding-is-good-for-mothers-mental-health-but-those-who-struggle-need-support-103788>.

So, what can the church do? How can we become like those shepherds, an unusual but necessary community of care that helps mothers move from barely surviving to thriving? How can we come alongside mothers in ways that help them grow in their faith and identity as mothers, as we see with Mary in today's passage? On a community level, advocacy and resourcing are key. When we compare the rates of maternal mortality in the U.S. and other high-income countries, key

differences emerge. In particular, other high-income countries have a larger workforce of maternity care providers—both OB-GYNs and midwives—relative to births, as well as paid parental leave. Advocating for policy changes and funding for maternity care providers on national, state, and local levels can help mothers have greater access to health care and a healthier journey through the postpartum period. For business owners and community leaders, advocating for and providing paid parental leave, accommodations for breastfeeding employees, and access to affordable health insurance are critical to providing mothers with the resources they need to improve their physical, mental, and emotional health after welcoming a new child into the home.

7. Mothers experiencing postpartum depression symptoms benefit from greater access to reproductive health providers, but they also need familial and community support. Surrounding mothers with care begins with those living in the same household. While a spouse may not be able to do certain tasks for an infant, such as feeding if the baby is exclusively breastfed, spouses can take on other household tasks, make sure the mother stays hydrated and fed, and prioritize opportunities for the mother to sleep and care for herself. We as the church can also offer mothers support in the immediate aftermath of welcoming their child home and beyond. By knowing the signs of postpartum depression, listening to the mother's concerns, offering to help the family with household tasks, giving the mother a chance to sleep while watching the baby, and encouraging her to seek help from a health care provider, we can surround the mothers in our midst with God's loving embrace. We can also care for mothers and caregivers by being a place that offers hospitable space for feeding infants. This begins with being a community that welcomes the presence of babies in our midst and helps mothers meet their infants' needs. In a world with polarizing ideas about how to feed and care for babies, the church can be a place in which mothers receive encouragement and care no matter how they choose to feed and tend their babies. By offering safe spaces for infant feeding, creating opportunities for women of different generations to support one another in their motherhood journeys, and nurturing the physical, mental, and emotional health of new mothers, we as the church can be part of providing the foundations for flourishing in the beginning of life for mothers and their children.



Benediction

As you go forth today, may you be prepared to give and receive care in the unlikelyst of places, knowing that just as God provided for Mary, so too will God provide care for you and use you to provide care for others.

Amen.

For a printable bulletin insert - [click here](#)

Sermon Guide

Week 2





Call to Worship

Life-giving God, who formed us in our mother's womb and breathes life into all creation,

May we give life to the mothers in our midst.

Home-making God, who provides and sustains, always working toward our flourishing,

May we create space for mothers in our community to flourish.

Protecting God, who embraces us like a mother bird covering her young,

May we be a refuge for mothers in need of care.

Empowering God, who listened to the voice of the Canaanite mother,

Empower us to listen and advocate for the health of all mothers and their families. Amen.



Hymn Selections:

- **“For the Beauty of the Earth”**
United Methodist Hymnal #92
- **“Hail to the Lord's Anointed”**
United Methodist Hymnal #203
- **“Where Charity and Love Prevail”**
United Methodist Hymnal #549
- **“Help Us Accept Each Other”**
United Methodist Hymnal #560



Children's Sermon

MATERIALS: paper grocery bag, a sheet of paper with a label for oranges attached to the grocery bag, and a few apples placed inside the grocery bag. Fold over the top of the grocery bag.

Say: (*holding the grocery bag*) Good morning! Before we get started, I just have to tell you about what happened to me. I was so excited that I was getting a fruit delivery at my house. But when I went to the front door, I found this bag. (*Make sure the children can see the label.*) Can you tell what's in this bag? It's oranges! I'm so disappointed. I don't like oranges at all. They're wrinkly, and the peel is annoying, and then the juice squirts everywhere when you try to eat them. I just don't like them. But now I'm stuck with this bag of oranges, and what I really needed was a bag of apples. I'm so disappointed, I can't even look at them, but see...(*Open the bag away from you and toward the children. Make sure they can see what's actually inside.*) Don't those oranges just look awful! (*Wait for answers.*) What do you mean those aren't oranges? The bag says that they are oranges! How am I supposed to believe you? (*Wait for answers.*) I definitely don't want to look inside the bag. I just do not like the way oranges look. Maybe I could feel around in there. (*Put your hand inside the bag.*) Hmm, those sure don't feel like oranges. But, no, I do not want to look at them. That would just be gross. Plus, the bag *does* say that those are oranges. Congregation, you look inside the bag (*point it toward the congregation*). There are actually oranges in there, right? (*Wait for answers.*) OK, OK. You've all convinced me. I'll look inside (*look inside the bag*). Oh, my goodness! It *is* apples!!! Oh, I'm so excited and relieved. I *love* apples. And here I was about to throw this bag out because I thought there were oranges in there. Thank you all so much for convincing me not to do that!

You know, that actually reminds me of the story we're going to hear today. Last week, we talked about Mary the Mother of Jesus and how important it is for us to support moms who are bringing a new child home. Today, we are talking about a different mother. Our Scripture does not tell us her name or even the name of her child, so we will call her the Canaanite Mother. This mom is very concerned about her daughter who is sick, so she goes to Jesus looking for help. The Canaanite Mother and Jesus are very different from each other and, at first, Jesus does not want to listen. But she keeps insisting and finally Jesus pays attention, listens to what she needs, and heals her daughter. Today, you were like this mother, and I was like Jesus. You told me that there were apples in this bag instead of oranges, but I wouldn't listen. So, you kept telling me until I finally stopped and listened to you. Sometimes, like Jesus, we don't stop and listen to the problems that moms and their families are facing. But, when we stop and listen to how others are struggling, God shows us how we as the church can help moms, dads, and children get what they need to live well.

Let's pray: God, help us listen to the moms around us. Keep our hearts open to offering them love, support, and help in whatever ways we can. Amen.



Scripture • Matthew 15:21-28 NRSV

Jesus left that place and went away to the district of Tyre and Sidon. Just then a Canaanite woman from that region came out and started shouting, “Have mercy on me, Lord, Son of David; my daughter is tormented by a demon.” But he did not answer her at all. And his disciples came and urged him, saying, “Send her away, for she keeps shouting after us.” He answered, “I was sent only to the lost sheep of the house of Israel.” But she came and knelt before him, saying, “Lord, help me.” He answered, “It is not fair to take the children’s food and throw it to the dogs.” She said, “Yes, Lord, yet even the dogs eat the crumbs that fall from their masters’ table.” Then Jesus answered her, “Woman, great is your faith! Let it be done for you as you wish.” And her daughter was healed instantly.



Exegesis

Today's passage opens with Jesus on the move as he and his disciples move from Jewish into Gentile territory, transitioning from a confrontation with Jewish male leaders to a Gentile woman. This change in scenery and characters sets up the question: is the Good News of Jesus for people who are not Israelites? Up to this point, Matthew's Gospel has primarily focused on Jesus' salvific message and work among the Jews. Yet in this narrative, Jesus is moved to act by a Gentile woman, ultimately demonstrating that God's salvation is not confined geographically to Israel or religiously to the Jews. In this way, Jesus' encounter with the Canaanite mother foreshadows the Great Commission in the final chapter of Matthew, in which Jesus sends out his followers to make disciples of all nations.

While speculation abounds about the status of the woman in this story, all the text tells us about her identity is that she is a Canaanite, and she is a mother. Some have made her out to be poor or assumed she is a widow, but Matthew is never clear about her socioeconomic or marital state, presumably because those details are not critical to the author's aims. What matters to Matthew's author is that the woman is a mother and a Canaanite who is advocating for the well-being of her daughter, who will ostensibly become a Gentile woman herself, to a man she recognizes as the Jewish Messiah. Any attempt to make this mother's case more precarious, either through poverty or the loss of her spouse, neglects to recognize her as an exemplar of the work of motherhood. Writing from a womanist perspective, Stephanie Buckhanon Crowder defines work in the context of motherhood "as the consistent, conscientious act of pursuing those in power and challenging authority for survival, healing, wholeness, and future security" (*When Momma Speaks*, 85). No matter this mother's class, ethnicity, marital status, or religion, she performs the work of all mothers—advocating for the life of her child, insisting that those with the power to act for her child's well-being do so.

Interpretations of this passage often focus not on the mother herself but on Jesus' responses to her, raising theological questions about whether God (or only the Second Person of the Trinity, Jesus) can change God's mind or how to reconcile Jesus' sinless state with his obviously rude behavior toward this mother. But what does the woman who persists even after being called a dog tell us about being a mother, much less a faithful mother? Notably, Jesus' comment to the Canaanite mother states that it is not fair for dogs to be given the food meant for the children. Notably, what the NRSV translates as "fair" in verse 26 is the Greek word *kalos*, which carries meanings not only of what is fair, but also what is honorable, good, and "beautiful by reason of purity of heart and life." Jesus is essentially saying that if he took what is for the children—Israel—and gave it to the dogs—Gentiles—he would not be merely breaking a set of rules but would be choosing to act in a way lacking goodness and honor. It is important to understand that when Jesus calls the woman a dog, he is referencing a household pet, not a wild dog. In this context, Jesus' comment emphasizes that the children and the dogs, while both receiving nourishment, do not receive the same food. In response, the woman challenges Jesus' presumption, noting that even some of the children's food becomes food for the household pets when scraps fall from the table. Only then does Jesus truly pay attention to her cries for healing on behalf of her daughter.

One of the uncomfortable aspects of this story is that, at first, Jesus does not transcend the misogyny, classism, and xenophobia of his day. Yet, where contemporary readers might want Jesus to be above the fray of human prejudices, in this narrative Jesus models what recognition and resistance to preconceived notions and stereotypes look like. Surrounded by religious and cultural prejudices toward Gentiles and women, through his interactions with the Canaanite mother, Jesus comes to recognize that those prejudices are untrue and create barriers for life-giving work to be accomplished. In that recognition, Jesus turns away from prejudice and acts to answer the woman's persistent request by healing the woman's daughter, even from afar.

The persistence of the Canaanite mother is a testament to both her faith in Jesus and her commitment to her family's

well-being. In this, she serves as a model of faith in Jesus' power to act, as well as faith in the nature of Jesus' work, despite the fact that she was the last person Jesus or his disciples expected to exhibit such faith. As a mother, she recognizes and believes in the God who works toward health, care, and well-being for all, not unlike her own vocation as a mother to work for the life of her child. Witnessing this Gentile outsider demonstrating faith greater than Jewish insiders, Jesus responds with the healing she, her daughter, and her family so desperately need. Thus, God's work for well-being and fullness of life is not bound by geography, building, or societal expectations—God works where faith abides.



Sermon Notes

INTRODUCTION

Last week, we explored the story of one of, if not *the*, most famous mothers in the Bible, Mary the Mother of Jesus. Through what the Gospel of Luke says and does not say about Mary's birth story, we uncovered the impact of the largely invisible community of care surrounding Mary, Joseph, and the baby Jesus and the ways in which mothers today continue to need such support, particularly in light of high maternal mortality rates and the real challenges of postpartum depression during the early weeks and months of motherhood. Today, we meet perhaps one of the most infamous mothers in the Bible, the Canaanite Mother in the Gospel of Matthew. In truth, her infamy has less to do with her person and more to do with years upon years of discomfort and theological musings about Jesus' response to this mother's tenacious insistence that Jesus heal her daughter. Yet, in her tenacity, she serves as an exemplar of motherhood as the persistent advocate for the health and well-being of one's children and family. Thus, this narrative invites us as a church to answer the questions: how do we follow the Canaanite mother's example by advocating for the health and well-being of mothers and their families? And how do we, like Jesus, respond with healing to the persistent cries for help that surround us?

SERMON NOTES

1. The word "mother" carries a multitude of meanings. In many ways, what a mother is to each of us is determined by our individual experiences surrounding our mothers, be they good or ill. And yet, we likely all carry a similar set of expectations for what a *good* mother is. A good mother gives her children love and affection, yes, but also dependable care of her children's daily needs like food, clothing, shelter, and health care. It is not at all surprising, then, to say that the work of being a mother includes looking after the well-being of her children. While we recognize how this work of motherhood occurs in the home, we do not always recognize how it bleeds outside the home into the public sphere. On the one hand, mothers need the support of persons outside the home to maintain their own health and wellness, much less that of their family. On the other hand, mothers often find themselves advocating for their children's health and ability to thrive, whether navigating social services, communicating with health care service providers, or collaborating with educators, therapists, or administrators to assist their children's development and learning. From packing diaper bags and making lunches to scheduling medical appointments on lunch breaks and jumping through hoops to get their children in to see a therapist, the work of motherhood bridges between home and public spaces.
2. Today's scripture opens up this dynamic between public and private mothering. The narrative begins with Jesus and his disciples journeying into unfamiliar territory. Moving from Jewish territory into a Gentile region, Jesus also moves from a confrontation with Jewish men who hold leadership positions in the community to a Gentile woman who has little to no power in her own community, much less in relation to the Jewish Messiah. She is wholly outside any sphere of influence or consequence to Jesus, and yet she seeks out Jesus with relentless cries for help for her daughter who was possessed by a demon. She who has no power seeks out the person she believes has the power to restore her daughter and family to wellness.

- 3.** Speculation abounds about the identity of this woman. That she instead of the child's father seeks out Jesus' assistance leads some to speculate that she is a single mother or widow. Others propose that she was part of the upper class, her higher socioeconomic status allowing her a bit more flexibility to flout societal standards for women. However, Matthew shows no interest in this woman's marital or class status. What matters to the Gospel writer is her identity as a Gentile woman and her advocacy for her daughter's health. In this, the woman exemplifies what New Testament scholar Stephanie Buckhanon Crowder defines as the *work* of motherhood: "the consistent, conscientious act of pursuing those in power and challenging authority for survival, healing, wholeness, and future security." Just as a mother labors for the life of her children in the home, a mother so often must challenge public systems, stereotypes, and institutions so that her family can thrive.
- 4.** The challenge of this text, in fact what often receives the most attention in this text, is Jesus' less-than-welcoming response to the Canaanite Mother. While such behavior is consistent with how the disciples typically respond to abnormal, unfamiliar requests for Jesus' attention in other narratives, Jesus' less-than-compassionate attitude toward the woman feels quite shocking. At the mother's first entreaty, Jesus remains silent at first, then dismisses her because she is a Gentile, claiming his mission is confined to the Israelites. With the mother's second plea, Jesus starts paying a bit more attention. In response to her repeated cries for help, Jesus practically calls the woman a dog, declaring the unfairness of taking food from children to throw to the dogs. In fact, what the NRSV translates as "fair" in verse 26 is the Greek word *kalos*, which carries meanings not only of what is fair, but also what is honorable, good, and "beautiful by reason of purity of heart and life." Jesus is essentially saying that if he took what is for the children—Israel—and gave it to the dogs—Gentiles—he would not simply break a set of rules but would be choosing to act in a way lacking goodness and honor.
- 5.** That said, while the modern reader may cringe at Jesus' less-than-kind response to this mother, it is important to contextualize this reference. When Jesus compares the woman to a dog, he is referencing a household pet, not a wild dog. The dynamic of a household pet as compared to the children in the home is one in which both receive nourishment, but they do not receive the same food. From Jesus' perspective, the Gentiles still receive sustenance from God, but they do not receive the same food—in this case, Jesus' miraculous and salvific work in the world—as the children of Israel. Yet this mother, who believes in Jesus' identity and power as the Jewish Messiah, does not back down from her labor on behalf of her child. Instead, she challenges Jesus' presumption, noting that even some of the children's food becomes food for the household pets when scraps fall from the table. This is where we witness a shift in Jesus' attitude toward the woman. It is her persistence and defiance of Jesus' dismissal that prompt Jesus to attend to her cries for her daughter's healing.
- 6.** The Canaanite Mother's faith in Jesus' power to heal her child evokes a twofold response from Jesus. Not only does Jesus heal the daughter on account of her mother's faith, but in the recognition of the Canaanite Mother's faith, Jesus' salvific mission expands in scope. Moved to act by the faith of a Gentile woman, Jesus demonstrates that God's salvation is not confined geographically or religiously to the Israelites, foreshadowing the Great Commission in the final chapter of Matthew in which Jesus sends out his followers to make disciples of all nations. This episode in which Jesus changes his mind has caused a great deal of discomfort among various communities of Christians for millennia. But in this story, Jesus also models a critical attitude for us to adopt when we encounter the challenges and hardships faced by mothers today, especially those we are not familiar with. When we are confronted with challenges we do not know or do not feel we have the capacity to address—*listen*. Though Jesus does not initially respond well to the woman's cries for help, he does keep listening. While the woman's persistence is key to ultimately attaining the care and healing her daughter needs, Jesus' willingness to listen, albeit begrudgingly at first, plays a critical role in the success of the Canaanite mother's advocacy. Then, as Jesus keeps listening, he demonstrates an openness to having his mind changed, which leads to action that results in the healing and well-being of the mother's daughter and, we can imagine, the entire family unit.
- 7.** As a church, then, we must put ourselves in the mother's shoes and in Jesus' shoes. Remember that maternal health includes all issues related to the well-being of persons who give birth and/or take on the labor of motherhood in the lives of children. These issues include reproductive health, preventive care, mental health services, and emotional support services for mothers, as well as the points at which children's health intersects with maternal health. With this in mind,

walking in the Canaanite Mother's shoes today includes recognizing and addressing a lack of affordable, high-quality child care options, particularly in rural communities. A 2018 study found that nearly half of the country lives in a child care desert, which is defined as an area with few or no licensed child care providers. The burden of child care deserts tends to fall on families in rural and/or impoverished communities. In fact, the study found that 3 in 5 rural communities across the country lack adequate child care supply. In Kansas, 44% of families live in a child care desert, which particularly impacts rural, low-income, and Latino populations. (You can look up specifics about child care access in your community here: <https://childcaredeserts.org/index.html>.) In Kansas, you can find child care providers, supply and demand reports, and other resources at <https://ks.childcareaware.org/>. Yet, the benefits of having access to affordable, high-quality child care extend to both mothers and children. While children benefit from having a safe environment in which they can learn and explore, mothers benefit financially, which directly impacts their physical, emotional, and mental health, as well as the well-being of their families and communities. In the United States, more than two out of five mothers serve as the sole or primary breadwinners in their families and another 22% of mothers are co-breadwinners for their households. Research also shows that single mothers receiving assistance to pay for child care are 39% more likely to still be employed after two years than single mothers who do not receive that assistance. Yet, when women do not have child care options or their only options are financially prohibitive, they are not able to join the workforce or can only work on a part-time basis, thus impacting their family's financial stability as well as economic growth in their communities (<https://nwlc.org/resource/child-care-is-fundamental-to-americas-children-families-and-economy/>). When we recognize the impact lack of affordable, high-quality child care has on mothers, their families, and our whole community, we can start to imagine how the church can join God's work of bringing well-being to places where mothers are struggling. On a policy level, we can investigate and advocate for state and federal funding for affordable child care to come to our community. On a local level, what are we as the church capable of offering to begin providing the child care working mothers need, especially in the child care deserts that surround us? Whether it is physical space, financial support, or bringing together constituents to brainstorm solutions, we as the church have assets we can use to listen and act for the well-being of mothers and their children in our neighborhood.

8. While the Canaanite Mother calls us to advocate for institutions and systems to use their power to act toward greater care for mothers and families, Jesus calls us all to use what power we as individuals and as the church have to create communities of care at the local level. When we listen to the voices of mothers, our faith calls us to respond for their well-being, as well as the well-being of their families, just as Jesus responded to the Canaanite Mother's faith by restoring her daughter to health. In this action, Jesus became part of the mother's community of care, a support system that surrounds and sustains mothers and their families through the big and small challenges of everyday life. Jesus' actions were not merely about opening the Gospel to Gentiles as a people group, but also making a life-giving difference to this mother, her daughter, and her whole family in the moment. Following after Jesus' example, the church can become this kind of community of care for mothers in our congregation and in our neighborhoods. This may look like watching children while mothers tend to their own health or cooking a dinner to ease the load for a mother going through a difficult

Walking in a mother's shoes means recognizing the barriers that exist to mothers receiving the health care they need so that they can tend to the health and wellness of their children. As of March 2022, in the state of Kansas, new mothers enrolled in Medicaid only receive 60 days of postpartum coverage, after which they lose their Medicaid benefits. In response to the COVID-19 public health emergency, a temporary Federal expansion of these postpartum benefits to 12 months has allowed mothers to access or continue accessing health care and mental health services that provide both mother and child with a healthier start to life. A significant aspect of these improved health outcomes results from mothers being able to access early interventions and coordinated care, preventing postpartum complications that arise more than 60 days after delivery and keeping chronic conditions from worsening due to early identification and intervention. The first 12 months postpartum are not only critical for the development of the baby but are also a vulnerable period for the mother's health. Advocating for access to health care for postpartum mothers, particularly low-income mothers covered by Medicaid who accounted for more than 30% of births in Kansas in 2020 (<https://www.kff.org/8140f64/>), is a critical step Christians can take in their communities to join and support the work of motherhood that insists that people with power to act do so in a way that provides for the health and well-being of the whole family. Although Medicaid extended postpartum coverage is likely to pass in Kansas in 2022, this is only the first step toward improved health for mothers. We need to remain attentive to and advocate for mothers' access to quality physical and mental health care in both rural and urban communities.

stretch. It can also look like supporting and assisting mothers when they face surprise medical costs for themselves or their children. Today, 50% of Americans carry medical debt, with 57% of those with medical debt owing at least \$1,000. And these numbers do not include those who used credit cards to pay for medical expenses and are still paying off those balances. To compound this problem, those carrying medical debt often delay medical appointments and treatments for fear of adding to their debt. This can lead to the worsening of medical issues and higher medical bills down the road. Some churches, like Aletheia Church in Boston, have responded to this financial and health care crisis by partnering with organizations like RIP Medical Debt to buy up and forgive medical debt, relieving financial burdens of people in their communities they have never met before. Learn more about RIP Medical Debt at <https://www.aletheia.org/about/partnerships/> or <https://www.nytimes.com/2020/11/27/opinion/covid-medical-debt-church-charity.html>.

9. Whether we respond on a large or small scale, becoming aware of medical debt as an issue hindering mothers' ability to tend to their own needs while they advocate for the needs of their children opens us to do just as Jesus did. When we embrace the mothers in our community as God embraces them, we learn how to listen and act just as Jesus learned to listen and enacted healing for the Canaanite Mother's daughter. As we hold mothers and their concerns close and join our voices with mothers working for their families' well-being, the same Jesus who used his power to bring health and wellness to a stranger's daughter will show us how to use the power we have to restore health, wellness, and thriving for mothers in desperate need of support.



Benediction

As you leave today, may you go forth ready to listen to the voices of mothers crying for help, to join their work of advocating for the flourishing of their children, and to act as Jesus acted for healing and thriving for mothers, fathers, families, and the whole community.

For a printable bulletin insert - [click here](#)

Sermon Guide

Week 3





Call to Worship

Life-giving God, who formed us in our mother's womb and breathes life into all creation,

May we give life to the mothers in our midst.

Home-making God, who provides and sustains, always working toward our flourishing,

May we create space for mothers in our community to flourish.

Protecting God, who embraces us like a mother bird covering her young,

May we be a refuge for mothers in need of care.

Empowering God, who sustained life through and returned life to the Widow of Zarephath,

Empower us to act for the health and well-being of all mothers. Amen.



Hymn Selections:

- **“For the Beauty of the Earth”**
United Methodist Hymnal #92
- **“Lord Whose Love through Humble Service”**
United Methodist Hymnal #581
- **“Blest Be the Tie that Binds”**
United Methodist Hymnal #557
- **“When Love Is Found”**
United Methodist Hymnal #643



Children's Sermon

MATERIALS: gather 1 foam or paper cup, 1 bowl or bucket larger than the cup, and a medium pitcher of water. Poke 6-7 holes in the sides of the cup. Be sure the holes only go about halfway up the sides of the cup. You will also need a small table to set the supplies on so every child can see what is happening.

Say: Good morning! I'm so glad to see you all. You know, it's been a bit of a hard week, and I'm feeling a bit empty like this cup (*hold up the cup and show the children the inside*). Have you ever felt that way? Like, you're so drained, you feel kind of empty? (*Wait for answers.*) I was thinking about what to do to fill myself up. (*Holding the cup over the bowl, start slowly pouring water into the cup a little bit at a time for each example.*) Maybe I could take a nap this afternoon. (*Small pour.*) Then, a walk around the neighborhood or riding my bike might give me some energy. (*Small pour.*) Oh! And then, we could order in a delicious dinner so I don't have to cook, and we can watch a movie tonight! (*Small pour.*) I bet by the time that's all done, I'll feel nice and full again like this cup! But wait, there's barely any water in here! What happened?! (*Wait for answers.*) Oh, my goodness, look at all these holes! No wonder I couldn't get any water to stay!

You know, in today's story, we're going to meet a mother from a town called Zarephath whose cup is also very empty. She and her son have run out of food, and they're desperate. They don't see any way out of the terrible situation they're in. And then, God sends Elijah. Now, Elijah is also pretty desperate. He also doesn't have any food, but God told him to go find a widow in Zarephath who would be able to feed him. When Elijah met the Widow and heard about her desperation, God made both of them a promise—God promised that he would provide food for Elijah *and* the Widow *and* her son. And that's what happened! The Widow brought Elijah into her house and every day that Elijah stayed there, God miraculously provided food for all of them. These three strangers became a community that helped each other.

When we follow God's lead and we are committed to helping one another, especially all the mothers out there, we start to fill in the holes that drain us and make it harder for us to be kind to ourselves. But being community is not just a one-time thing. To keep all of our cups full, we have to care about the holes in everyone else's cup. That does not mean that we can always do something to help someone else every day. Being a community of care with each other means that we can count on each other to show up and help whenever possible. As we keep showing up for one another, we build trust that makes it possible for us to keep helping and keep growing into a community that loves our neighbors like God teaches us.

Let's pray: God, so many of the people around us have holes in their cups and are left feeling drained and empty at the end of every day. Teach us how to love one another by plugging up each other's holes so that we can work toward abundant life for everybody. Amen.



Scripture • 1 Kings 17:8-24 NRSV

Then the word of the Lord came to him [Elijah] saying, “Go now to Zarephath, which belongs to Sidon, and live there; for I have commanded a widow there to feed you.” So he set out and went to Zarephath. When he came to the gate of the town, a widow was there gathering sticks; he called to her and said, “Bring me a little water in a vessel, so that I may drink.” As she was going to bring it, he called to her and said, “Bring me a morsel of bread in your hand.” But she said, “As the Lord your God lives, I have nothing baked, only a handful of meal in a jar, and a little oil in a jug; I am now gathering a couple of sticks, so that I may go home and prepare it for myself and my son, that we may eat it, and die.” Elijah said to her, “Do not be afraid; go and do as you have said; but first make me a little cake of it and bring it to me, and afterwards make something for yourself and your son. For thus says the Lord the God of Israel: The jar of meal will not be emptied and the jug of oil will not fail until the day that the Lord sends rain on the earth.” She went and did as Elijah said, so that she as well as he and her household ate for many days. The jar of meal was not emptied, neither did the jug of oil fail, according to the word of the Lord that he spoke by Elijah.

After this the son of the woman, the mistress of the house, became ill; his illness was so severe that there was no breath left in him. She then said to Elijah, “What have you against me, O man of God? You have come to me to bring my sin to remembrance, and to cause the death of my son!” But he said to her, “Give me your son.” He took him from her bosom, carried him up into the upper chamber where he was lodging, and laid him on his own bed. He cried out to the Lord, “O Lord my God, have you brought calamity even upon the widow with whom I am staying, by killing her son?” Then he stretched himself upon the child three times, and cried out to the Lord, “O Lord my God, let this child’s life come into him again.” The Lord listened to the voice of Elijah; the life of the child came into him again, and he revived. Elijah took the child, brought him down from the upper chamber into the house, and gave him to his mother; then Elijah said, “See, your son is alive.” So the woman said to Elijah, “Now I know that you are a man of God, and that the word of the Lord in your mouth is truth.”



Exegesis

When we meet Elijah at the beginning of this passage, he is in the midst of layers upon layers of crisis. Living in the midst of a drought he told King Ahab would come, presumably as the consequence of God's anger at Ahab's unfaithfulness, Elijah spent a long while hiding at the Wadi Cherith, drinking from the stream and eating food God sent with the ravens until the wadi dried up. Now faced with a lack of sustenance and a royal couple seeking him harm, God sends him away from Israel and into the region of Sidon to a town called Zarephath. One can imagine that for Elijah this divine instruction may have felt like being thrown from the frying pan into the fire. Jezebel, Ahab's wife and queen who turned him away from God and toward the worship of Baal, hailed from Sidon. Hence, in this narrative Sidon represents the foreign ethnic and religious identity that makes Jezebel the evil other that corrupted Israel's king and plunged the nation into a drought. In addition, God tells Elijah that God will provide through a widow, a person who shares Jezebel's gender, ethnic, and religious identity.

In many ways, this widow serves as a bridge between Jezebel and Elijah. For all the characteristics she has in common with Jezebel, she and Elijah both experience the precarity of not knowing how their basic needs will be met, an experience quite different from Jezebel's life in the palace. Where Elijah, God's prophet, is seen as a holy insider in contrast to Jezebel the foreign and sinful outsider, the widow's status as insider or outsider—with God or against God—develops through the course of the narrative.

When we first meet the widow, we are immediately confronted with her desperate, impoverished situation. Elijah, likely identifying the woman by her clothing that designated her as a widow, asks for water, which she provides, and then food. Though she showed a willingness to help this Israelite in a foreign land, the widow cannot give him the food he seeks because she and her son barely have any themselves. In fact, she is preparing to make them their last meal. Some have speculated that the widow may have been planning to poison the food so that she and her son would not experience prolonged death by starvation. Either way, in this initial exchange with Elijah, the widow reveals significant aspects of her identity beyond her widowhood: she has a son, she is poor, and even in death, she seeks to tend to the well-being of her child. These characteristics are important to note because the woman is repeatedly identified as the widow in this narrative, emphasizing the sorrow of her loss and her lesser status in society.

The widow's desperation and preparations for death at the beginning of the story indicate that God prepares the way for Elijah's provision through this widow not by telling her of Elijah's arrival beforehand but by preordaining to provide for Elijah through her. Notably, God, through Elijah's pronouncement, does not provide for the widow and her son once she agrees to feed Elijah from her meager store. God declares that God will provide meal and oil for her and her son if she also takes in Elijah *before* she takes a leap of faith. God does not require the widow to fall into further precarity before God makes a way to provide. Often overshadowed by the events of the following verses, it is worth noting the striking turnaround that occurs at this point in the story. In one interaction, this widow goes from preparing for her own death and that of her son alone to welcoming a stranger into her home through whom God provides sustenance for these three unlikely allies.

Then, tragedy strikes. The widow's son, who presumably is too young to take responsibility for the household and offer protection to his mother, becomes ill and dies. In this moment, the widow simultaneously blames and calls upon the community of care she has built with Elijah. On the one hand, she questions whether Elijah brought this tragedy upon her because his presence as a man of God brought her sins to God's attention. On the other hand, she demands that Elijah act like the prophet of God he proclaims to be. She advocates for the restoration of life to her son and, subsequently, herself. Within this demand, the woman demonstrates her faith. She is not questioning whether God *can* act, but whether, through Elijah, God *will* act in the way she knows God can.

Ultimately, the resurrection of the widow's son is a divine act in response to Elijah's prayers, who acted in response to the widow's cries for help. Reunited with her living child, the widow only then affirms Elijah's identity as the prophet of the God powerful enough to resurrect her son. Notably, Elijah's prayer over the child calls upon God to remember how this widow has acted in faith to sustain Elijah's life over many days. Elijah calls upon God to act because this woman, who had not yet declared the truth of God's power or Elijah's vocation as God's prophet, had acted out faith day after day by being life-giving and life-sustaining community with Elijah. Where it might be tempting to think that the widow, who is only named mother in this passage when she is reunited with her child, deserved the healing of her son because of her faithful acts, we must consider whether the story of Elijah and the widow of Zarephath is actually a demonstration of God's call to the faithful to act unconditionally for the life and flourishing of mothers, children, and family.



Sermon Notes

INTRODUCTION

Continuing our exploration of mothers in the Bible, today we meet the Widow of Zarephath. Similar to last week's encounter between Jesus and the Syro-Phoenician mother, the Widow is another "outsider" mother who encounters Elijah, an "insider" called as a prophet of God. At the outset of the story, we find Elijah in a state of great need, even desperation. Elijah is running from Jezebel, the foreign queen of Israel who corrupted King Ahab and had it out for God's prophet. The water and food at his hiding place have run dry due to the famine God ordained in response to Ahab's unfaithfulness. Recognizing Elijah's need, God tells Elijah to go to Zarephath in the region of Sidon where he will find a widow who will feed him. At this point, Elijah has no idea that the widow he will encounter is a mother. Yet God is setting up an opportunity for the formation of a community of care that will serve both Elijah and this mother in the midst of a difficult time. As we proceed, the story of Elijah and the Widow opens a window into the experience of motherhood, and particularly the challenges faced by mothers living in poverty, today. As we continue to imagine how we can embody God's embrace with the mothers in our midst, Elijah and the Widow call us to ask, how is God calling us to form communities of care that are life-giving and life-sustaining for mothers and their families?

SERMON NOTES

1. Notably, Zarephath is located in the same region—Sidon—as Jezebel's hometown. Thus, the Widow that Elijah encounters is ethnically and religiously foreign just as Jezebel is. Unlike Jezebel, though, the Widow feels the pressures of the famine/drought in her efforts to care for herself and her family. In addition, as a widow, she lacks power in society. Despite her independence to act for the well-being of her household, the Widow is identified by the sorrow she carries and the lesser place in society she occupies for most of this passage. Thus, when Elijah meets the Widow, she is prepared to die alongside her son because of her family's lack of resources. Not only do they have very little meal or oil left, but she is so desperate she cannot imagine how they might access what they need. Over the years, some scholars have speculated that the Widow intended to poison the food since she says she is preparing for them to eat the food and die. While the text gives no further indication that this would be the case, rather than vilifying her because she might have planned to kill her son, this text offers an invitation to consider the desperate circumstances this Widow and her child experienced that death seems like the best avenue to well-being out of whatever possibilities were open to them.

2. Yet, of all the people God could have sent Elijah to, God sends Elijah to *this* Widow. Given that the Widow was not expecting Elijah's appearance on the scene, God's preparation for Elijah's provision was not a pre-commanding of the Widow but an indication that God ordained to provide for Elijah through this Widow. Note, however, that in providing for Elijah, God *also* provides for the Widow and her son *without* asking the Widow to do anything to prove that she deserves the provision that God offered. When we read the text, we notice that the Widow's initial answer to Elijah's request for

food is but a litany of all the reasons she does not have enough to share. God offers provision to the Widow as part of providing for Elijah in response to the Widow's *need*, not the Widow's *deeds*. In response to God's offer, the Widow accepts God's invitation and courageously creates a community of care by taking Elijah into her home and thus securing much needed resources for her family.

3. When we consider the Widow's plight before she encounters Elijah, we come face-to-face with the lived realities of mothers today who seek to care for their children while not knowing how they will access basic resources for themselves or their families. Whether a lack of secure housing, nutritious food, jobs that pay a living wage, or reliable and affordable child care, lack of support systems and access to basic resources places a large burden on mothers and negatively impacts the health of the mother and the whole family. Again, we encounter how maternal health includes all issues related to the well-being of persons who give birth and/or take on the labor of motherhood in the lives of children, including reproductive health, preventive care, mental health services, and emotional support services for mothers, as well as the points at which children's health intersects with maternal health.

In the case of this Widow and many mothers today, these issues include the impact of food insecurity and a lack of stable housing on their health and well-being, as well as the health and well-being of their families. In the United States, families with children are more likely to be food insecure than families without children, impacting 14.8% of households with children versus 8.8% of households without children (<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/#children>). In particular, mothers who are food insecure are more likely to report increased negative health outcomes, including mental health challenges, oral health problems, and iron deficiency in pregnancy (<https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.0645>).

A 2020 study on the effects of severe housing insecurity, defined as a lack of stable housing or the threat of eviction, during pregnancy found that there was a 73% higher risk of low birth weight or preterm birth among children born to mothers experiencing severe housing insecurity compared to mothers living with more secure housing. Notably, these adverse birth and infant health outcomes carry into the future for both the mother and the child, often leading to further health issues and health care costs in the future (<https://www.mdpi.com/1660-4601/17/22/8659/htm>). The authors of the study also note that removing severe housing insecurity during pregnancy by increasing access to affordable housing could save \$84 million a year to the health care system and low-income families in birth and neonatal care costs alone, a conservative estimate that cannot begin to take into account the savings on future health care costs for the mother and her child.

4. When we consider a large issue like food insecurity or a lack of stable housing for low-income families and pregnant women and then look at this one Widow who formed a reciprocal community of care

The impact of the COVID-19 pandemic on mothers is gargantuan. Even before the pandemic, nearly half of all working women worked low-wage jobs, with a median pay of \$10.93. 15% of these women are single parents and 41% live in households below 200% of the federal poverty level. In addition, 25% of working women have a child under the age of 14 and 17% of all working women rely on child care and schools to care for their children while they work. Before the pandemic, there were not enough affordable, high-quality child care options to meet the demand, leaving low-income mothers with no family member to keep their children in a difficult situation. Thus, when the COVID-19 pandemic hit, mass closures of businesses and schools hit women in the labor force the hardest, both increasing the unemployment rate for women (jumping 12% between February and April 2020 as compared to less than 10% for men) and increasing the pressure on working mothers who lost child care, while many also became responsible for monitoring and assisting their children's virtual learning. In fact, in a survey from May-June 2020, one in four women who became unemployed reported the job loss was due to a lack of child care, twice the rate of the men surveyed. In sum, the COVID-19 pandemic has highlighted the need for a stronger child care system that provides affordable, high-quality care so that mothers can participate in the workforce more fully, as well as policies that close the wage gap and make work more accessible for mothers. In addition, mothers continue to need local community support in navigating the impacts of the pandemic on their children and themselves, as the ongoing stresses of daycare and school closures—while necessary to protect the health and safety of children—create uncertainty and chaos as mothers often must either work remotely or use vacation days to keep their children home (<https://www.brookings.edu/essay/why-has-covid-19-been-especially-harmful-for-working-women/>).

with Elijah and through God's provision, we might be tempted to think the Widow received special treatment from God because of her service to the prophet Elijah. Surely there were other widows and orphans and families living in poverty who struggled during this famine just as the Widow had been struggling? But there is another way to read this story. Rather than a special case, what if the story of Elijah and the Widow is a model for how God calls us to be a reciprocal community of care with mother and families? When read this way, this narrative begins to stoke our imaginations for how we can address tough issues of poverty, housing and food insecurity, and affordable child care in our communities from the ground up. Instead of looking at policies, what if God is calling us to start with the people? When we enter into community with mothers and families, we become intimately connected to their problems just as they become connected to ours. As we connect in our struggles, so too we can imagine and enact solutions together.

5. Though God provided for the Widow, her son, and Elijah for many days, she does not affirm Elijah's status as prophet and God's status as God until God, through Elijah, resurrects her son. When her child falls ill and dies, this mother simultaneously blames and calls upon Elijah to help. Even as she speculates that Elijah's presence in her house has brought God's attention to her sins which must be punished, she demands that Elijah be the man of God he claims to be. In her extreme crisis, the Widow's community of care showed up, but for them to show up, the Widow had to have faith in her community and the God that had already proven powerful and faithful to bring forth life in the face of death. Ultimately, her son's resurrection begins with the Widow's advocacy for her son's and her family's well-being and her trust that her community would come to her aid. Then, Elijah acts in response to the Widow's distress and calls upon God to heal the son of the woman who had acted in faith and taken him in. Finally, God acts, demonstrating that giving and sustaining life is at the core of God's work in the world. As Elijah returns the child to the Widow, for the first time the text names her as Mother instead of Widow.

6. Whether mothers in our community experience housing and food insecurity like this Widow or not, mothers today face numerous stressors that impact their own physical, mental, emotional, and spiritual well-being, as well as that of their families. From managing the household by cooking meals, cleaning the house, paying bills, tending the children, making and keeping medical appointments for the family, to tasks outside the home like working and/or volunteering in the community, being involved in their children's education and extracurricular activities, and participating in church and/or other community organizations, mothers by and large are desperate for help. Add in food, housing, work, or financial insecurity, and every one of these tasks—and all the ones not named in this list—become a heavier weight to bear. If we think about the support mothers need, we can identify three basic layers of support—co-parent, familial, and communal. A critical step that a co-parent can take to support their partner is sitting down together and honestly assessing what each person does within a week or month to care for the children and household both inside and outside the home. Once all those tasks are out on the table, you can work together to decide what an equal distribution of child and household care looks like in your family. This step is also incredibly helpful in assisting co-parents learn where they need support from family and community members outside of their immediate household while recognizing the roles that each of them are taking on during this time. Importantly, though, no one layer of support is sufficient to lighten the load. Look at the Widow in our story today. She had no spouse and the only family she had, that we know of, was a son who was not old enough to act as head of the house. Elijah came as outside help from a community that at the very least did not know of her desperation or at most did not care to reach out and help. Whether a mother has a spouse at home or family in the area or not, communal support beyond immediate and extended family is critical for mothers to find the relief their physical and mental health require.

7. Note that building a community of care around mothers is not merely for crisis moments. It's for the whole of life. A dangerous narrative exists in our society that mothers (or mother-like guardians of children) are superheroes, able to accomplish what non-mothers (or non-mother guardians of children) could not imagine having to accomplish on a daily, weekly, and monthly basis (<https://www.mother.ly/life/viral-post-stop-telling-moms-were-superheroes/>). However, underneath the Supermom narrative is the reality that moms *can't* do it all—and the unrealistic expectations that they should be able to are a source of shame and harm to mothers and their families. Building a community of care means being present, embracing mothers and their concerns, and finding ways to support one another through the everyday

joys and difficulties of raising children. When we build this kind of community, we build the trust we need to support each other in the midst of a crisis. Upon losing her child, the worst imaginable tragedy, the Widow turns to Elijah with *all* of her complicated emotions and her cries for help. And Elijah is able to act because he had been present before tragedy struck. Out of the established foundation of their built community, Elijah acted for the life and well-being of the son, his mother, and their whole community of care.



Benediction

May you go forth paying attention to who God puts in your path this week. And may we all be surprised by the life-giving community of care God is ready to create in our midst.

Amen.

For a printable bulletin insert - [click here](#)

Sermon Guide

Week 4





Call to Worship

Life-giving God, who formed us in our mother's womb and breathes life into all creation,

May we give life to the mothers in our midst.

Home-making God, who provides and sustains, always working toward our flourishing,

May we create space for mothers in our community to flourish.

Protecting God, who envelopes us like a mother bird covering her young,

May we be a refuge for mothers in need of care.

Empowering God, who sustained Mary in her parenting journey from manger to cross,

Empower us to create communities of support for all mothers. Amen.



Hymn Selections:

- **“For the Beauty of the Earth”**
United Methodist Hymnal #92
- **“The Gift of Love”**
United Methodist Hymnal #408
- **“Our Parent, by Whose Name”**
United Methodist Hymnal #447
- **“When Love Is Found”**
United Methodist Hymnal #643



Children's Sermon

Materials: 1 strand of yarn, approximately 2 feet; 1 braid of the same yarn, approximately 2 feet; 1 paper grocery bag or other non-plastic bag with handles; 3 hymnals or other large, heavy books

As the children gather, place the books in a pile next to the bag. Keep the braid behind you or out of the way, but either hold the single strand of yarn or have it visible next to the bag.

Say: Hello! For the last several weeks, we have been talking about moms in the Bible, how they needed help and support so that they could take care of their families well, and how God helped them get what they needed. Through these stories, we've learned that God wants us to support *all* the moms and caregivers in our lives. Today, we are actually going to meet Jesus' mom Mary again, but this time we're meeting her not when Jesus is a baby but when he's all grown up. In the stories that we read today, we can see that Jesus and his mom have something we call a secure attachment or a strong relationship.

I have something to show you to help us understand why the relationship between Mary and Jesus is so important. (*Pick up the string.*) I want you to pretend this string is you, (*pick up the bag*) and this bag holds everything that happens to you during your day or your week. (*Point to the books.*) These books I'm putting in the bag are the different things that happen to you. Maybe you're happy because you won a soccer game or had a great time at the park with your friend. (*Put one book in the bag.*) Maybe you also have a fight with a friend or hurt yourself while you're playing and you feel sad or upset. (*Put one book in the bag.*) And then, maybe you're facing something you're scared or nervous about, like a test or a big game. (*Put last book in the bag.*) Gosh, that bag is full. How well do you think this single piece of yarn can hold all of these books? (*Wait for answers.*) Ok, let's see. (*Place the yarn through the bag handles and holding the two ends of the yarn together, pull up and try to lift the bag off the ground.*) Gosh, that is not very easy. I'm not sure how long this piece of yarn can hold these books by itself. (*Remove the single piece of yarn and bring out the braid.*) Just like this one piece of yarn can't hold all of these books for a very long time without breaking, God did not make you or me or any of us to carry all the things that happen to us by ourselves. God made us to need each other. So, I want you to look at this piece of yarn. (*Hold out the braid for the children to see.*) This yarn is actually three strands that have been braided together. One strand represents you, one strand represents God, and the other strand represents the relationships you have with people who love you, like your parents or your grandparents or your teachers or even your friends. Now, how well do you think this braid can hold up this bag of books? (*Wait for answers.*) OK, let's see! (*Place the braid through the bag handles and holding the two ends of the yarn together, pull up and lift the bag off the ground.*) Wow! That's so much better. This braid could definitely hold this bag a lot longer without breaking than the one piece of yarn we were using before.

When we have secure attachments with God and with other people—when we know they love us and will care for us when we need help—we know that we are not alone no matter what happens to us. And you know what? When you know you are not alone, you are actually stronger. You're able to celebrate when things are happy, to cry when something sad happens, and to decide what the right thing to do is when you have to make a hard decision. Mary and Jesus built a strong relationship with one another, and that meant that even when they disagreed, in the end they cared for one another and made sure neither of them were alone when hard things happened. This kind of love and care is something God asks us to share with one another because we are all family in God. So, this week, I want you to look for ways that other people care for you and ways that you can care for other people. It can be as simple as telling a friend they're doing a good job or taking five minutes to help someone in your house do a chore or finish a job. When we help each other, we show people that we love them and that God loves them, and that makes everyone, *even you*, stronger.

Let's pray: God, thank you for loving us and for never leaving us. Just as you take care of us, help us take care of each other so that we can grow stronger in your love. Amen.



Scripture • Mark 3:19b-21, 31-35

Then he went home; and the crowd came together again, so that they could not even eat. When his family heard it, they went out to restrain him, for people were saying, “He has gone out of his mind.”

Then his mother and his brothers came; and standing outside, they sent to him and called him. A crowd was sitting around him; and they said to him, “Your mother and your brothers and sisters are outside, asking for you.” And he replied, “Who are my mother and my brothers?” And looking at those who sat around him, he said, “Here are my mother and my brothers! Whoever does the will of God is my brother and sister and mother.”



Scripture • John 19:25b-27

Meanwhile, standing near the cross of Jesus were his mother, and his mother’s sister, Mary the wife of Cleopas, and Mary Magdalene. When Jesus saw his mother and the disciple whom he loved standing beside her, he said to his mother, “Woman, here is your son.” Then he said to the disciple, “Here is your mother.” And from that hour the disciple took her into his own home.



Exegesis

Despite the fact that neither the Gospel of Mark nor the Gospel of John include a birth narrative, both reference Jesus' mother, though never calling her by name. Notably, though, both Gospels' acknowledgement that Jesus did, in fact, *have* a mother emphasizes his Incarnate nature as fully human and fully God. If Jesus did not have a human nature, he would have no need of a mother. Thus, when Mark and John reference "Jesus' mother," those two words alone evoke myriad assumptions—that Jesus was once a baby, that Jesus was raised from infancy into adulthood by at least one parent, and therefore that his mother had a role in sustaining and nurturing Jesus in the years preceding the beginning of his public ministry. Though all four Gospels focus primarily on Jesus' public ministry, none of them deny that Jesus had a mother who shows up in each of their narratives of the life, ministry, death, and resurrection of Jesus.

The two pericopes for this week's sermon from Mark and John are significant in that they portray aspects of Jesus' relationship with his mother and family in the midst of his public ministry and crucifixion, respectively. The episode in Mark 3 forms a sandwich, opening and closing Jesus' confrontation with scribes from Jerusalem who accuse him of colluding with Beelzebul. Jesus answers them by pointing out that "a house divided cannot stand," which casts an odd pall on his seeming rejection of his mother and brothers in verses 33-35 in favor of those who do the will of God.

When we read the outer portions of this sandwich together, the context suggests that Jesus' family lack understanding of his mission and identity and think he is out of his mind. In turn, Jesus' reply casts his mother and brothers as unfaithful and lacking in adherence to God's will in their desire to stop his teaching. In the context of Mark, this is not a mere misunderstanding or squabble between a mother and her son. Rather, it is a rejection of Jesus' messianic role. Indeed, that his mother and brothers remained outside the home where he was staying and called for him to come out instead of going inside themselves highlights the gulf between the insiders who are part of God's family in Jesus and the outsiders who, though connected by familial ties, chose not to be part of the family of the faithful.

However, while it might be easy to cast Mary as the unfaithful outsider, this narrative does illuminate aspects of the mother of the *adult* Jesus. First, Mary continues to be concerned about her child. In fact, having heard what was said about Jesus, Mary likely traveled with Jesus' brothers from Nazareth to Capernaum, an approximately 30-mile journey, in order to restrain him. Misguided as her concern may be, what mother would not fear for her child's life? Second, Mary raised Jesus to be a son who could disagree with her. Jesus was taught that love does not require unquestioning obedience or catering to his mother's request. Their relationship is secure enough to weather when Jesus' identity and mission conflict with his mother's concern for his safety and well-being. Third, Jesus' response does not fully reject his family—it invites even them into a new kind of family. Mary and Jesus' brothers receive an invitation to be part of God's family in Jesus, an invitation the gathered crowd also received and accepted.

While Mark does not tell us whether Jesus' mother and brothers accept his invitation and John does not even include this episode, when we piece these Gospel accounts of Mary together, we might surmise that she did, in fact, accept Jesus' invitation into greater faithfulness. In the second pericope today, we find Mary at the foot of the cross along with the beloved disciples and other women who followed Jesus throughout his ministry. Unlike other crucifixion accounts, in John, Jesus acknowledges and speaks with those who have gathered to witness his crucifixion. In addition, where other crucifixion accounts emphasize the mockery and taunting that Jesus endured while on the cross, placing onlookers either at a distance or completely off scene, John brings Jesus' followers and family close. Though Jesus hangs on the cross, the victim of a shameful and tragic public execution, he is not alone. In the midst of humiliation and suffering, reciprocal care is still exchanged between Jesus and his family—those who are and are not blood relations but who are all faithful to the will of God and the Good News Jesus proclaimed.

In this moment, Mary's presence reinforces Jesus' humanity, as the mother who labored at his birth and now bears witness to his death. In turn, the attachment between Jesus and his mother can be seen in his concern for her continued well-being after his death. Not unlike today when so many children become caregivers for their aging parents, in the moments before his death, Jesus makes arrangements for her continued security and care. The strength of the reciprocal care between mother and son in this moment bears the marks of a mother who was given the space and skills to form a secure attachment with her son from his early days on. And in the end, that secure attachment was not merely *for* Jesus but *with* Jesus, resulting in mutual love, care, and support as their relationship shifted from adult parent-juvenile child to adult parent-adult child. Jesus' Good News forms family and belonging beyond the bonds or societal obligations of kinship, and his relationship with his mother—and his mother's relationship with him—demonstrates the holy fruit that comes when mothers, and truly *all* parents, build the skills and receive the communal support they need to form secure, abiding relationships with their children.



Sermon Notes

INTRODUCTION

Over the last several weeks, we have encountered three mothers in the Bible whose stories have helped us explore the challenges facing mothers and the importance of access to health care and supportive community to the health of mothers and their families. Today, we end where we began by returning to Mary, the Mother of Jesus. Though Mary plays a central role in Jesus' birth narratives, we rarely give attention to how Mary shows up in the stories of the adult Jesus that dominate the Gospels. Our two readings, one from Jesus' public ministry and one from Jesus' crucifixion, highlight Mary's continued role as Jesus' mother and her influence on the adult Jesus became. Through these two short episodes, we will explore what it means to support mothers during the whole of motherhood—from infancy to adulthood—as a part of providing for long-lasting maternal health, even when a mother's children—be they biological, adopted, foster, students, mentees, you name it—are grown.

SERMON NOTES

1. Though Mary, the Mother of Jesus appears in all four Gospels, our two texts today come from the two Gospels that do not include a birth narrative. Yet, despite this fact, Mark and John both reference Jesus' mother. Their acknowledgement that Jesus had a mother emphasizes his Incarnate nature as fully human and fully God. Simply put, if Jesus did not have a human nature, he would not have a mother. So, that all the Gospels include Mary—though not all of them call her by name—reveals her critical role in establishing that Jesus is the fully divine and fully human Messiah. While it might be tempting to just pass over this observation, stop and think for a moment about what this means. Jesus was once a baby. Jesus was raised from infancy into adulthood by at least one parent (Mark does not include any reference to Joseph). Before his public ministry ever began, Mary nurtured Jesus from infant to toddler to kid to teenager to adult. No wonder none of the Gospels can ignore her presence and influence!

2. On the surface, our first reading from Mark 3 does not seem to place Mary in a favorable light. The verses we read form a kind of sandwich by serving as the opening and closing to Jesus' confrontation with scribes from Jerusalem who accuse him of working with Beelzebul. Jesus denies their accusations by pointing out that "a house divided cannot stand," which brings his seeming rejection of his mother and brothers in verses 33-35 into sharp focus. When we read the two halves of this sandwich together, Jesus' family appears to lack understanding of his mission and identity and instead believe the gossip that he is out of his mind. Jesus' response to their attempts to keep him from teaching then casts his mother and brothers as unfaithful and lacking in adherence to God's will. This is not just a misunderstanding or squabble between a mother and her son. Standing on the outside and calling for Jesus to come to them, Jesus' mother

and brothers reject Jesus' messianic role, a role that the faithful gathered inside recognize and accept. Thus, the faithful insiders constitute God's family in Jesus while the outsiders, though connected by familial ties, choose not to be part of the family of the faithful.

3. However, while it might be easy to look down on Mary as an unfaithful outsider and move on, this narrative offers insights to Mary as the mother of the *adult* Jesus. First, Mary's concern for her son is so great that, hearing what others are saying about him, she traveled with Jesus' brothers from Nazareth to Capernaum, an approximately 30-mile journey, in order to restrain him, to protect him from the dangerous consequences of such talk. Though misguided, what mother can truly blame her for fearing for her child's life and responding in a way she *thought* would protect him? Second, Mary raised Jesus to be a son who could disagree with her. Jesus does not unquestioningly obey his mother, nor does he cater to her out of concern for her feelings even though her request goes against his divine mission. Their love and connection are secure enough to weather when Jesus' identity and mission conflict with his mother's concern for his safety and well-being.

4. Today, experts in child and family psychology would call the love and connection between Mary and Jesus a secure attachment. In general, "attachment" is the relationship that exists between two human beings. Attachment occurs in all close or intimate human relationships, including friendships, marriages, and parent-child relationships. As the dynamic way that two people relate, an attachment can take on various features—healthy or unhealthy, helpful or harmful—based on the two people in the relationship. Over time, as a person moves from infancy into childhood into adolescence and beyond, their attachment style grows and matures. The three primary attachment styles identified by social psychologists are secure attachment, anxious attachment, and avoidant attachment. A person with a secure attachment style has both an internal sense of worthiness and expects that others are generally accepting in response. A person with an anxious attachment style tends to have low self-esteem, and a fear of rejection or abandonment that results in clinginess in a relationship. A person with an avoidant attachment style often appears confident and self-sufficient but has a low tolerance for being vulnerable and open in relationships, often due to parents or other vital caregivers discouraging and/or shaming displays of emotion during childhood. It is important that we not identify these attachment styles as good or bad, but rather, consider whether they are helpful or harmful for the ways in which we relate to ourselves and others. In addition, none of these attachment styles are set in stone. We all, at any time and any age, can change our attachment style to one that is healthier and less harmful to ourselves and others.

5. In studies of childhood and adult attachment, it is clear that the parent-child relationship plays a large role in shaping a child's attachment style as the child grows into adolescence and adulthood, particularly the mother-child or primary caregiver-child relationship. It is important to realize that one of the primary relationships that shapes a child's attachment style as they move toward adolescence and adulthood is a relationship that begins with an adult having all the power and the child having none. Though the child slowly gains identity and power as they mature, for many, many years the parent or guardian's attachment style unconsciously influences the child and teaches the child how to relate to themselves and to others. That said, so many mothers and primary caregivers enter into parenthood with all this power over their children and no training or consciousness of how their own attachment style was formed and the tools they need to form the kinds of attachments they *want* to have with their children. The ramifications of not knowing your attachment style and not having the skills to form healthy attachments with your children and others can have lasting effects on parents, guardians, and children alike. Thus, when we address maternal health as all issues related to the well-being of persons who give birth and/or take on the labor of motherhood in the lives of children, we must include supporting mothers in building and maintaining secure attachments through nurture and education.

6. When we look at the relationship between Mary and Jesus in Mark 3, despite Mary's misguided concerns that put Jesus' individual safety over his messianic mission, we see the fruit of a secure attachment. Today, we know that mothers and other primary caregivers who demonstrate availability and responsiveness to their children's needs help children form secure attachments. When children know that their needs will be met again and again, they gain a sense of security that gives them the internal resources to explore, gain autonomy, and sustain their mental and emotional well-being. As the child grows into adulthood, these kinds of parent-child relationships are capable of weathering stress and disagreement.

As the child gains power and voice, they are empowered by a secure attachment to use that voice, not unlike how Jesus resisted his mother's efforts to stop his teaching and told her and his brothers the truth instead of being coerced into catering to their wishes or simply avoiding them altogether.

7. Many factors can influence a mother's ability to develop secure attachments with her children. A primary deterrent is maternal depression, which interferes with a mother's ability to provide a responsive caregiving environment for her children. As discussed in previous weeks, supporting policies that provide greater access to mental health care for mothers and surrounding mothers with a community of care can play a large role in helping mothers flourish in the midst of maternal depression, which in turn supports the development of secure attachments with their children. In addition, many parents lack the knowledge and skills needed to develop secure attachments with their children. Whether they are overwhelmed and lacking in a support system or are themselves grappling with the consequences of growing up in an emotionally unhealthy home while parenting their children, many parents benefit from classes and trainings that teach them how to build secure attachments within their family. In addition to offering these trainings, churches can help parents build secure attachments by building a culture within the congregation that encourages and nurtures parents without judgment. In a world in which the "mommy wars" pressure mothers to feed, clothe, educate, and play with their children in certain ways or else risk ruining their children, the church can be a place that tends to spiritual, emotional, and mental needs of mothers without judgment or condemnation. This nonjudgmental approach to the work of motherhood is also critical for helping mothers who are working to overcome their own difficult childhoods and parent in a healthier, more loving way than they experienced growing up. When we meet mothers where they are and love them in the midst of the difficulties of motherhood, we help create the self-compassion and capacity mothers and parents need to be both good to themselves *and* available and responsive to their children. In the end, everyone in the family gains physical, emotional, and mental well-being from learning to build secure attachments with one another.

8. Though Jesus seems to reject his mother and brothers with his truth-telling, when we consider his resistance to their efforts as a sign of secure attachment, we also notice that his message to them does not seek to turn his family away. Rather, it invites even them into a new kind of family. Mary and Jesus' brothers receive an invitation to be part of God's family in Jesus, an invitation the gathered crowd also received and accepted. While Mark does not tell us whether Jesus' mother and brothers accept his invitation, when we piece these Gospel accounts of Mary together, we might surmise that she did accept Jesus' invitation. In our second reading today, we find Mary at the foot of the cross alongside the beloved disciples and other women who followed Jesus. Unlike other crucifixion accounts, in John, Jesus acknowledges and speaks with those who have gathered to witness his crucifixion. Though Jesus hangs on the cross, the victim of a shameful and tragic public execution, he is not alone. In the midst of humiliation and suffering, reciprocal care is still exchanged between Jesus and his family—those who are and are not blood relations but who are all faithful to the will of God and the Good News Jesus proclaimed. The attachment between Jesus and his mother can be seen in his concern for her continued well-being after his death. Not unlike today when so many children become caregivers for their aging parents, in the moments before his death, Jesus makes arrangements for her continued security and care. The strength of the reciprocal care between mother and son in this moment bears the marks of a mother who was given the space and skills to form a secure attachment with her son from his early days on. That secure attachment was not merely *for* Jesus as her child but *with* Jesus, resulting in mutual love, care, and support as their relationship shifted from adult parent-juvenile child to adult parent-adult child.

9. Throughout this series, we have emphasized the creation of a community of care that surrounds mothers, giving them access to the health care and support they need to flourish and in turn pass flourishing on to their children and families. We would be remiss, though, if we did not recognize that for many children—whether they are now adults or still quite young—strained and estranged relationships with their own mothers raise difficult questions and even more difficult emotions. In addition, mothers who have lost a child or struggled with infertility experience a grief that is often hidden or forgotten by others but is no less an experience of motherhood just because it goes unrecognized. Yet, truly, Mary embodies that phase of motherhood as she accompanies Jesus in his death just as much as she embodies the phase of new motherhood at Jesus' birth. At the foot of the cross, Mary's experiences of motherhood come together as we witness how Jesus' Good News forms family and belonging beyond the bonds or obligations of kinship. Ultimately, the community of care that we have emphasized over the last several weeks is for all of us. It is our invitation to create family in God

through secure attachments that are responsive to one another's needs, build communal trust, bolster one another's self-worth, and that comfort us in the midst of difficulty and stress. When we build a community of care that seeks the well-being of mothers, we are investing in the flourishing of women, children, and families in our neighborhoods, which means we are investing in the flourishing of *everyone*. As mutual care and support builds and grows, it spills out of the home and into the streets, sharing the flourishing that comes through secure and caring relationships with the whole community.



Benediction

As you go forth, may you go knowing the loving embrace of God that holds you firm and empowers you to hold and tend mothers, children, and families of all kinds and may our community of care lead to a community of flourishing marked by the love of Jesus Christ.

Amen.

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