

THE LOTU FACTOR

Scripture-in-Crisis Guide

Reading Scripture Faithfully During Public Health Emergencies

A practical guide for engaging biblical interpretation, faith, and community wellbeing in Aotearoa New Zealand.



CONTEXTUAL READING
reading scripture in context



WISE DISCERNMENT
testing claims with care



FAITHFUL LEADERSHIP
guiding communities responsibly



LIFE-GIVING INTERPRETATION
scripture for wellbeing and hope

Based on the Lotu Factor Project

Centre for Advocacy, Research and Empowerment
in partnership with Health Research Council
of New Zealand

HRC PACIFIC PROJECT 23/224

2026

FAITH
SCRIPTURE
DISCERNMENT
TOGETHER

*Strong Scriptures
Healthy Communities
Brighter Tomorrows*



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Trinity Theological College

SCRIPTURE IN CRISIS

A Practical Guide for Life-Giving Biblical Interpretation

**For ministers, preachers, chaplains, Bible-study facilitators, youth
leaders and faith-health partners**

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About this Guide

Purpose of the Guide

This guide supports responsible biblical interpretation during pandemics, disasters, climate emergencies, serious illness, community trauma and other periods of fear and uncertainty.

It helps faith communities:

- read scripture within its literary and historical context;
- distinguish Christian hope from speculative certainty;
- resist fear, blame and misinformation;
- make room for grief and lament;
- protect life and relationships;
- work responsibly with health and other professional knowledge;
- recognise the public consequences of preaching; and
- connect people to appropriate care.

Responsible Use

This guide is not medical advice. Scripture, prayer and pastoral care must not replace qualified clinical assessment, emergency assistance or safeguarding action.

Biblical interpretation should never be used to:

- diagnose a person or community;
- promise immunity or guaranteed healing;
- identify illness as proof of weak faith;
- shame someone for seeking professional care;
- compel a health decision through spiritual authority;
- present speculation as divine certainty;
- dismiss reliable evidence without examination;
- blame people who are suffering;
- expose private health information; or
- discourage urgent treatment.

Faithful care may include prayer, scripture, professional treatment, practical assistance and honest questioning together.

Executive Overview

A crisis of interpretation

During a crisis, people turn to scripture for meaning, reassurance and direction. Biblical texts may be used to explain suffering, interpret public events, assess health measures, sustain hope or predict what will happen next.

Some readings strengthen courage, lament, neighbour-love and collective care. Others intensify fear, moral blame, misinformation and distrust.

Biblical interpretation is therefore a public practice. Sermons, family devotions, livestreams and social-media posts can affect health behaviour, relationships and the treatment of vulnerable people.

Scripture has no automatic effect

A biblical passage does not produce one inevitable response. Its effect depends on:

- how it is interpreted;
- the authority of the interpreter;
- the situation of the audience;
- the context provided;
- the community's theological tradition;
- the platform through which it circulates; and
- the actions it is used to authorise.

A text about divine protection may nurture courage, or it may be misused as a promise that faithful people cannot become ill. Apocalyptic scripture may expose domination and sustain hope, or it may be converted into a predictive code that produces panic.

Responsible interpretation must therefore examine both the meaning of a text and the consequences of the reading.

Guiding principle

Scripture in crisis should form communities for truthful faith, compassionate care, responsible action and accountable hope—not panic, blame, coercion or speculative certainty.

Six Commitments

1. Context before code

Read biblical passages within their literary, historical and theological settings. Do not match modern events mechanically to isolated symbols.

2. Lament before explanation

Listen to suffering before trying to explain it. Do not use theology to silence grief or force loss into a completed narrative.

3. Humility before certainty

Distinguish central Christian convictions from speculation. Faith does not require certainty about matters scripture leaves unresolved.

4. Care before blame

Do not treat illness as proof of hidden sin, inadequate prayer or spiritual failure. Attend to people, bodies and the conditions affecting wellbeing.

5. Discernment with evidence

Test claims, consult appropriate expertise and remain willing to revise an interpretation. Correction is not persecution.

6. Accountability for consequences

Ask whom a reading protects, burdens, frightens, silences or excludes. Quoting scripture does not remove responsibility for harm.

Four Tests for Life-Giving Interpretation

The lotu test

Does the reading form religious practice characterised by truth, healing, justice, humility and accountable faith?

The vā test

Does it tend relationships through truth and care without concealing coercion, deception or abuse?

The kāinga test

Does it strengthen mutual protection while recognising unequal burdens and voices that may be silenced?

The fonua test

Does it protect embodied and material life, including health, land, water, food, place and future generations?

Together, these tests ask what kind of community and world an interpretation helps to produce.

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1. Why Scripture Requires Care in Crisis

1.1 Crisis increases the desire for certainty

Illness, disaster and social disruption create fear, grief and loss of control. People naturally ask:

- Why is this happening?
- Is God judging us?
- Is this a sign of the end?
- Who can be trusted?
- What should faithful people do?
- Will God protect us?

Scripture can provide hope and direction. It can also be used to offer certainty that the text itself does not provide.

Responsible leaders should resist the pressure to produce immediate explanations for every event.

1.2 Interpretation carries authority

A biblical claim may carry greater weight than an ordinary opinion, especially when communicated by a respected minister or family leader.

The stronger the authority, the greater the responsibility to:

- explain context;
- distinguish interpretation from established fact;
- acknowledge uncertainty;
- accept questions;
- consult relevant expertise; and
- correct error.

Claims of divine authority must never be used to prevent examination.

1.3 Common dangers

Predictive certainty

Symbols, numbers and general descriptions of suffering are matched directly to current events. Speculation is then presented as prophecy.

Moral blame

Illness is explained as punishment for personal sin, weak faith or inadequate prayer. This can shame those who are already suffering.

The responses of Jesus in John 9:1–3 and Luke 13:1–5 warn against assuming that suffering proves greater guilt.

Promises of immunity

Biblical assurances of God's presence are turned into guarantees that faithful people will not become ill or require medical care.

Trust in God does not require reckless exposure or disregard for neighbours.

Spiritual division

Communities are divided between those said to be spiritually awake and those described as deceived, fearful or compromised.

Such divisions can damage families, churches and confidence in appropriate care.

1.4 Apocalyptic scripture is not the problem

Apocalyptic texts can expose domination, sustain persecuted communities and affirm that violence and death do not have the final word.

The danger arises when:

- symbols are treated as secret codes;
- current events are forced into a fixed timetable;
- every contradiction is called evidence of conspiracy;
- questions are treated as lack of faith; or
- fear becomes proof that the interpretation is important.

Christian hope sustains faithful life within uncertainty. It does not require possession of history's hidden timetable.

1.5 Interpretation has public consequences

A sermon or digital post may influence whether people:

- seek treatment;
- follow safety guidance;
- trust health workers;
- care for vulnerable relatives;
- blame those who become ill;
- disclose private information;
- accept misinformation; or
- remain connected across disagreement.

Leaders should therefore ask not only, “Can this reading be defended?” but also:

- What action will it encourage?
- Who may be harmed?
- Does it support truthful care?
- Can it be corrected?
- Does it strengthen or fracture relationships?
- Does it leave space for professional knowledge?

1.6 A safe interpretive posture

During crisis, responsible interpretation should be:

- **contextual** — reading the whole passage rather than isolated phrases;
- **humble** — admitting uncertainty and limits;

- **trauma-aware** — listening before explaining;
- **relational** — protecting dignity and belonging;
- **evidence-responsive** — willing to learn and revise;
- **life-giving** — directing communities toward care, justice and hope; and
- **accountable** — open to questions and correction.

The next section turns this posture into a practical interpretation process.

2. A Life-Giving Interpretation Process

Use this seven-step process before preaching, teaching or posting scripture during a crisis.

Step 1: Listen to the crisis

Begin with the experiences of affected people.

Ask:

- What has happened?
- Who is suffering?
- What fears and questions are present?
- Who may be carrying hidden burdens?
- What practical help is needed?

Do not begin by forcing the crisis into a prophetic explanation.

Step 2: Read the whole passage

Read beyond the selected verse.

Identify:

- what comes before and after;
- who is speaking;
- the original audience;
- the problem being addressed; and
- the passage's place within the wider book.

A verse removed from its context can be made to support almost any conclusion.

Step 3: Identify the genre

Ask whether the text is:

- narrative;
- poetry;
- lament;
- wisdom;
- prophecy;
- apocalyptic symbolism;
- law;
- Gospel teaching; or
- a pastoral letter.

Symbolic and poetic texts should not be read as technical descriptions without strong justification.

Step 4: Separate text, interpretation and speculation

State clearly:

- **The text says:** what is directly present.
- **We interpret:** the meaning reached through contextual study.
- **We do not know:** what remains uncertain.
- **We should not claim:** conclusions the passage cannot support.

This distinction protects listeners from receiving speculation as divine fact.

Step 5: Seek shared discernment

Consult people with relevant knowledge, including:

- biblical and theological expertise;
- health or scientific expertise;
- pastoral and mental-health experience;

- cultural knowledge;
- women and young people;
- people directly affected by the crisis; and
- voices that may be less powerful within the community.

No interpreter should be beyond question.

Step 6: Apply the four tests

Ask:

- Does this reading form truthful and accountable *lotu*?
- Does it tend the *vā*?
- Does it strengthen the *kāinga* without silencing vulnerable members?
- Does it protect the embodied and material life of the *fonua*?

If the reading produces panic, blame, coercion or preventable harm, it requires reconsideration.

Step 7: Name the faithful action

A crisis interpretation should lead toward appropriate action, such as:

- prayer and lament;
- checking on isolated people;
- seeking professional care;
- sharing verified information;
- providing food, transport or financial support;
- protecting vulnerable people;
- correcting misinformation;
- advocating for fair access; or
- repairing damaged relationships.

End by stating the limits of the interpretation and when it may need review.

Warning signs

Pause before publication if the interpretation:

- depends on one isolated verse;
- claims secret knowledge;
- cannot be questioned;
- treats correction as persecution;
- promises immunity or guaranteed healing;
- blames sufferers;
- dismisses professional expertise;
- creates unnecessary fear; or
- requires people to choose between care and belonging.

3. Applying the Four Tests

The four tests assess what an interpretation forms, protects and authorises. They apply to sermons, Bible studies, pastoral advice, prayers and digital messages.

Test	Life-giving direction	Warning signs
<i>Lotu</i>	Truth, humility, healing, justice and accountable faith	Fear, false certainty, spiritual superiority or authority beyond correction
<i>Vā</i>	Honest, caring and repairable relationships	Shame, coercion, secrecy, division or silenced disagreement
<i>Kāinga</i>	Mutual protection, shared responsibility and attention to unequal burdens	Pressure to conform, exclusion or additional burdens on vulnerable members
<i>Fonua</i>	Care for bodies, health, land, food, place and future generations	Spiritual explanations that ignore material suffering or structural injustice

3.1 The lotu test

Ask:

- Does the reading encourage truthful faith?
- Is it open to evidence and correction?
- Does it distinguish conviction from speculation?
- Does leadership remain accountable?
- Does it direct people toward healing and justice?

A reading fails this test when confidence is treated as proof and questioning as unfaithfulness.

3.2 The vā test

Ask:

- What will this interpretation do to relationships?
- Can people disagree without losing care or belonging?
- Does it protect confidentiality?
- Does it expose or conceal misuse of authority?
- Is there a path toward repair?

Tending the vā does not mean avoiding difficult truth. Responsible challenge may be necessary to protect relationships from harm.

3.3 The kāinga test

Ask:

- Who benefits from this interpretation?
- Who carries its practical cost?
- Are elders, children, disabled people and those who provide care protected?
- Are women, youth and less powerful voices heard?
- Does the reading strengthen shared responsibility?

Family unity should not be used to silence a person experiencing pressure, illness or abuse.

3.4 The fonua test

Ask:

- Does the reading take bodily health seriously?
- Does it recognise housing, work, food, environment and access to care?
- Does it protect the conditions that sustain communal life?
- Does it address injustice rather than blame sufferers?
- Does it consider future generations?

Spiritual care should not be separated from the material conditions in which people live.

3.5 Making a decision

After applying the tests, record the interpretation as:

- **Life-giving:** suitable for use.
- **Requires revision:** contains unresolved risks or exclusions.
- **Do not use:** likely to produce serious fear, coercion, misinformation or harm.

Where concerns remain, seek wider discernment before preaching or publication.

4. Reading Revelation 13 Responsibly

4.1 What kind of text is it?

Revelation 13 is apocalyptic literature. It uses symbolic creatures, numbers and images to expose violent political power, deceptive authority, coerced worship and economic exclusion.

Its symbols should not be treated as a catalogue of modern objects waiting to be identified.

4.2 The beasts and the mark

The beasts represent systems of domination and the powers that legitimise them. The mark signifies allegiance and participation in an idolatrous order. Its connection with buying and selling shows how political, religious and economic power can operate together.

The passage is concerned with worship, loyalty, coercion and resistance—not accidental contact with a medical substance or ordinary technology.

4.3 Common misuse during crisis

Revelation 13 is misused when vaccination, medication, digital tracing or health certificates are declared to be the “mark of the beast” merely because they involve the body, technology or access to economic activity.

A surface resemblance is not proof of prophetic fulfilment.

Such claims can:

- intensify fear;
- portray health workers as agents of evil;
- turn a medical decision into a test of salvation;
- silence questions through spiritual threat; and
- damage family and church relationships.

4.4 A responsible reading

Revelation 13 invites communities to recognise and resist powers that:

- demand ultimate allegiance;
- manipulate religious authority;
- exploit fear;
- commodify bodies;
- exclude people unjustly;
- normalise violence; or
- place profit and domination above life.

This reading still allows governments, institutions and technologies to be criticised. It requires that criticism to be based on evidence, ethical analysis and actual consequences rather than arbitrary prophetic identification.

4.5 Questions for preaching and study

Ask:

- What forms of domination does the passage expose?
- Who is being pressured to conform?
- How are worship, politics and economics connected?
- Whose bodies are being sacrificed?
- What faithful resistance protects life and dignity?
- Are we interpreting the symbol contextually or matching it to a current fear?

4.6 Pastoral guidance

When someone fears that a treatment or technology is the mark:

1. listen without ridicule;
2. ask how they reached that conclusion;
3. read the whole chapter together;
4. explain the passage's concern with allegiance and coercive power;
5. distinguish theological interpretation from medical evidence;
6. involve qualified health expertise where needed; and
7. preserve care and belonging while disagreement is addressed.

Key message

Revelation 13 forms communities to resist domination and remain faithful. It should not be used to turn every unfamiliar treatment or technology into a test of salvation.

5. Reading Matthew 24 Responsibly

5.1 Context

Matthew 24 begins with Jesus speaking about the destruction of the temple. The chapter then moves through war, famine, earthquake, persecution, deception and the coming of the Son of Man.

The passage combines immediate historical crisis with a wider future hope. It does not provide a simple timetable.

5.2 What the passage emphasises

Matthew 24 repeatedly limits attempts to control the future:

- “the end is not yet”;
- suffering is described as the beginning of birth pains;
- false messiahs and deception are expected; and
- no one knows the day or hour.

The emphasis is vigilance, endurance, discernment and faithful action.

5.3 Common misuse during crisis

The chapter is misused when every pandemic, earthquake, war or disaster is presented as definite proof that the final end has arrived.

This can lead to:

- panic;
- date-setting;
- neglect of ordinary responsibilities;
- unquestioned trust in self-appointed prophets;
- constant reinterpretation when predictions fail; and
- treatment of anxiety as evidence that the prophecy is true.

5.4 A responsible reading

Matthew 24 prepares communities to remain faithful under pressure without claiming mastery over history.

Vigilance means:

- resisting deception;
- sustaining hope;
- caring for others;
- remaining truthful;
- refusing panic; and
- continuing responsible work.

Christian hope does not depend on proving that the present crisis is the final one.

5.5 Questions for preaching and study

Ask:

- What does Jesus warn the disciples against?
- Where does the passage limit certainty?
- How can vigilance differ from fear?
- What does endurance require from the community?
- Does this interpretation encourage faithful care or speculative excitement?
- What ordinary responsibilities must continue?

5.6 Pastoral guidance

When people fear that a crisis proves the immediate end:

1. acknowledge the fear;
2. read the whole discourse;
3. emphasise Jesus' warnings against deception and date-setting;
4. distinguish hope from prediction;
5. identify faithful actions needed now; and
6. provide support where anxiety has become overwhelming.

Key message

Matthew 24 calls communities to vigilance without panic, endurance without fatalism and hope without possession of a prophetic timetable.

6. Reading 2 Chronicles 7:14 Responsibly

6.1 Context

Second Chronicles 7 records God's response to Solomon following the dedication of the Jerusalem temple.

The references to prayer, repentance, forgiveness and healing of the land belong to the covenantal relationship between God and Israel. The verse is not a universal formula promising that every modern epidemic will end when enough people pray.

6.2 Common misuse during crisis

The verse is misused when continuing illness is treated as evidence of:

- inadequate prayer;
- insufficient repentance;
- hidden personal sin;
- weak faith; or
- divine rejection of a community.

This can deepen shame and blame people who are already suffering.

The verse is also misused when prayer is presented as an alternative to medicine, public-health action or practical care.

6.3 A responsible reading

The passage can still call communities to humility, prayer and repentance.

In a health crisis, repentance may include turning away from:

- misinformation;
- neglect of vulnerable people;
- racism and unequal access to care;
- misuse of religious authority;
- indifference to poverty and unsafe housing;
- exploitation of fear; and
- refusal of collective responsibility.

Prayer should form communities for truthful action rather than replace it.

6.4 Healing of land and community

Healing should be understood holistically. It includes:

- bodily care;
- restored relationships;
- justice;
- access to treatment;
- care for the environment;
- support for grieving families; and
- renewal of public trust.

Spiritual wellbeing cannot be separated from the material conditions affecting people's lives.

6.5 Questions for preaching and study

Ask:

- Who is addressed in the original passage?
- What role do the temple and covenant play?
- Are we using the verse to blame people who are ill?
- What communal practices require repentance?
- How should prayer lead to practical care and justice?
- What forms of healing does the community need?

6.6 Pastoral guidance

When the verse is used to blame sufferers:

1. affirm the value of prayer;
2. explain the passage's covenant setting;
3. reject claims that illness automatically proves personal guilt;
4. name structural and communal responsibilities;
5. connect prayer with professional care and practical support; and
6. create space for lament where healing is incomplete.

Key message

Second Chronicles 7:14 calls communities toward humility and responsible change. It should not be used to blame sufferers or place prayer in competition with medicine and public care.

7. Lament Before Explanation

7.1 Why lament matters

Crisis creates pressure to explain suffering quickly. Premature explanations can deepen harm when they:

- blame sufferers;
- minimise grief;
- promise an outcome that cannot be guaranteed;
- force people to appear spiritually strong; or
- silence anger, confusion and doubt.

Lament allows suffering to be spoken before it is explained.

7.2 Biblical resources for lament

Useful passages include:

- Psalms 13, 22, 42–43 and 88;
- the book of Lamentations;
- Job's protest and questioning;
- Jesus weeping in John 11:35;
- Jesus' cry of abandonment in Mark 15:34; and
- the call to mourn with those who mourn in Romans 12:15.

These texts show that grief, protest and unanswered questions can remain within faithful relationship with God.

7.3 A simple lament pattern

A communal lament may include:

1. **Address:** Turn honestly toward God.
2. **Complaint:** Name what has happened.
3. **Question:** Speak confusion, anger or fear.
4. **Petition:** Ask for help, justice, healing and presence.
5. **Memory:** Recall past faithfulness without denying current pain.
6. **Commitment:** Identify one act of care or solidarity.

Not every lament needs to end with resolution. Psalm 88 demonstrates that scripture can preserve pain without forcing a triumphant conclusion.

7.4 Pastoral practice

Leaders should:

- listen before teaching;
- allow silence;
- name particular losses;
- avoid searching immediately for a divine reason;
- include the bereaved and those whose recovery remains incomplete;
- respect different expressions of grief;
- provide practical and professional support; and
- return to affected families after public attention has moved on.

7.5 Language to avoid

Avoid statements such as:

- “Everything happens for a reason.”
- “If you had enough faith, you would be healed.”
- “God needed another angel.”
- “This happened because the community sinned.”

- “Do not question God.”
- “You should be grateful it was not worse.”

Such statements may close conversation rather than provide care.

7.6 Life-giving response

Lament should lead toward accompaniment:

- remembering those who died;
- supporting grieving families;
- caring for health and essential workers;
- addressing injustice;
- providing food or financial assistance;
- helping people reach counselling or clinical care; and
- sustaining hope without denying pain.

Key message

Lament is not failed faith. It is truthful faith that refuses to explain away suffering and remains present with those who carry it.

8. Scripture, Health Evidence and Professional Care

8.1 Different forms of knowledge

Scripture provides spiritual, moral and communal guidance. It helps communities reflect on suffering, hope, justice, neighbour-love and responsibility.

Clinical evidence addresses diagnosis, treatment, safety and health risk.

These forms of knowledge can work together, but they should not be confused.

A biblical verse cannot determine:

- whether a medicine is safe;
- the cause of a symptom;

- the correct dose or treatment;
- whether an infection is present; or
- when clinical monitoring is required.

These questions require qualified professional assessment.

8.2 Prayer and practical care

Scripture does not require a choice between prayer and responsible action.

The Good Samaritan combines compassion with material care in Luke 10:25–37. The friends in Mark 2:1–12 work together to bring a person to help. Jesus rejects reckless testing of God in Matthew 4:5–7.

Faithful crisis ministry may include:

- prayer;
- clinical assessment;
- treatment;
- food and transport;
- financial support;
- counselling;
- safeguarding; and
- advocacy for fair access.

8.3 Responsibilities of faith leaders

Faith leaders should:

- communicate within their competence;
- distinguish theology from medical advice;
- invite qualified health professionals into discussions;
- protect confidentiality;
- avoid promises of guaranteed healing;
- support informed questions;
- disclose uncertainty; and
- refer appropriately.

Saying “I do not know” can be an act of responsible leadership.

8.4 Responsibilities of health professionals

Health professionals working with churches should:

- explain evidence in understandable language;
- respect spiritual concerns;
- avoid treating faith as inherently irrational;
- identify what is known and uncertain;
- provide clear follow-up;
- involve family or pastoral support with consent; and
- refer theological questions when requested.

8.5 Responding to reported health experiences

When someone links a health change to a treatment or intervention:

1. listen without ridicule;
2. avoid confirming or dismissing causation without assessment;
3. protect the person’s privacy;
4. refer them to an appropriate clinical pathway; and
5. follow up with consent.

A personal testimony deserves care, but it should not be presented as proof of a general medical conclusion.

8.6 When immediate referral is required

Pastoral discussion should not delay action where there is:

- an urgent health concern;
- immediate danger;
- acute mental distress;
- risk of self-harm;
- abuse or violence; or
- a serious safeguarding issue.

Leaders should follow local emergency, clinical and safeguarding procedures.

Key message

Scripture can shape compassion, courage and responsibility. Clinical questions require clinical expertise, and faithful leadership knows when to refer.

9. Digital Scripture and Misinformation

9.1 Why digital interpretation requires care

Online sermons, short videos, screenshots and voice messages can move rapidly through family, church and diaspora networks.

A biblical fragment may circulate without:

- its surrounding passage;
- the speaker's full explanation;
- historical context;
- evidence for an attached health claim; or
- accountability to a church or community.

Repetition can make a claim appear verified even when many posts come from the same source.

9.2 PAUSE before sharing

P — Passage

Has the whole passage been read? Is the genre and context understood?

A — Author and source

Who created the content? Are their role, qualifications and original source clear?

U — Uncertainty

Does the message admit what is unknown, or does it claim absolute certainty?

S — Safety

Could sharing it cause fear, shame, delayed care, exposure or conflict?

E — Expertise

Does the message make a health claim requiring qualified review?

If these questions cannot be answered, pause and verify before forwarding.

9.3 Distinguish the claim

A digital message may contain several different claims:

- a biblical interpretation;
- a personal testimony;
- a medical statement;
- a political opinion;
- an organisational policy; or
- a prediction.

Each should be evaluated on its own terms. Spiritual authority does not verify a clinical claim.

9.4 Responsible digital practice

Churches and leaders should:

- post the relevant passage rather than an isolated phrase;
- identify the speaker and date;
- link to reliable supporting information;
- label personal opinion;
- obtain consent before sharing stories or images;
- provide a question and referral route;
- avoid sensational titles; and

- review or remove outdated material.

The principles of testing claims and listening carefully in 1 Thessalonians 5:21, James 1:19 and Proverbs 18:13 remain valuable in digital settings.

9.5 Correcting misinformation

When correction is required:

1. respond calmly;
2. address the claim rather than attacking the person;
3. explain the biblical and factual issue separately;
4. provide a reliable source;
5. correct the original post where possible;
6. avoid repeating harmful content unnecessarily; and
7. offer private follow-up.

Public humiliation can deepen resistance and damage the *vā*.

9.6 Moderation

Digital church spaces should have:

- identified administrators;
- clear conduct expectations;
- privacy guidance;
- procedures for harmful health claims;
- confidential question routes;
- referral pathways; and
- a complaints process.

Threats, coercion, exposure of personal information and hazardous health advice require prompt action.

Key message

Digital speed does not remove interpretive responsibility. Pause, verify, protect relationships and connect people to appropriate expertise.

10. Sermon and Bible-Study Preparation

10.1 Crisis sermon outline

1. Name the situation

Describe the crisis truthfully without exaggeration or blame.

2. Name the human experience

Acknowledge fear, grief, uncertainty, fatigue and unequal burdens.

3. Read the passage in context

Explain:

- the genre;
- original setting;
- wider passage; and
- central theological message.

4. State what the text does not establish

Identify interpretations the passage cannot responsibly support.

5. Apply the four tests

Consider *lotu*, *vā*, *kāinga* and *fonua*.

6. Offer accountable hope

Affirm God's presence and faithfulness without guaranteeing a particular outcome.

7. Identify faithful action

Connect the sermon to care, referral, justice, protection or relational repair.

8. Provide support information

Tell people where they can obtain pastoral, clinical, mental-health or practical assistance.

10.2 Bible-study structure

A short crisis Bible study may follow this sequence:

1. **Welcome and safety:** Explain that questions and disagreement are permitted.
2. **Read:** Read the complete passage aloud.
3. **Observe:** What does the text actually say?
4. **Contextualise:** What is its genre and original setting?
5. **Interpret:** What theological claims are well supported?
6. **Test:** Apply the four life-giving tests.
7. **Act:** What care or responsibility follows?
8. **Pray:** Include lament, hope and commitment.

10.3 Facilitator guidance

Facilitators should:

- invite quieter participants;
- prevent ridicule or spiritual intimidation;
- distinguish testimony from general evidence;
- acknowledge questions that cannot be answered;
- avoid allowing one person to dominate;
- protect private disclosures; and
- arrange follow-up where professional support is needed.

10.4 Final preparation check

Before preaching or facilitating, ask:

- Have I read the whole passage?
- Have I explained the context?
- Am I presenting speculation as certainty?
- Could this message blame or frighten vulnerable people?
- Have I consulted appropriate expertise?
- Does the application protect life and relationships?

- Can listeners ask questions safely?
- Is practical support available?
- Am I willing to correct the message later?

Key message

A crisis sermon should help people tell the truth, remain connected, seek appropriate care and practise hope without false certainty.

11. Practical Crisis Scenarios

Scenario 1: Illness is described as punishment

Situation: A family is told that serious illness occurred because of hidden sin or weak faith.

Response:

- Reject the assumption that suffering proves greater guilt.
- Use John 9:1–3 to challenge blame.
- Listen to the family’s grief before offering explanation.
- Provide pastoral, clinical and practical support.
- Protect the family from gossip or public exposure.

Pastoral response:

“We will not turn your suffering into an accusation. We will remain with you in prayer, care and truth.”

Scenario 2: A treatment is called the mark of the beast

Situation: A sermon or social-media post identifies vaccination or medical technology with Revelation 13.

Response:

- Listen respectfully to the concern.
- Read Revelation 13 as a whole.
- Explain its focus on allegiance, coercion and idolatrous power.
- Separate biblical interpretation from clinical evidence.

- Invite qualified theological and health contributors.
- Avoid shaming those who shared the claim.

Pastoral response:

“Revelation calls us to resist domination, but it does not permit us to identify every new treatment as the mark.”

Scenario 3: Faith is used to reject precautions

Situation: Someone argues that trusting God means precautions or medical treatment are unnecessary.

Response:

- Affirm trust in God.
- Use Matthew 4:5–7 to distinguish faith from testing God.
- Explain responsibility toward vulnerable neighbours.
- Encourage appropriate professional advice.
- Ensure that personal conviction does not expose others to preventable harm.

Pastoral response:

“Trust in God and responsible care for our neighbours belong together.”

Scenario 4: Grief is given a premature explanation

Situation: After a death, people offer confident explanations of why God allowed it.

Response:

- pause theological explanation;
- create space for silence and lament;
- use Psalms of lament;
- acknowledge what is not known;
- accompany the bereaved over time; and
- offer counselling or other support where needed.

Pastoral response:

“We do not need to explain this loss today. We can grieve, pray and remain together.”

Scenario 5: Changing advice is called deception

Situation: Revised health guidance is interpreted as proof that experts are lying.

Response:

- acknowledge that changing advice can weaken confidence;
- ask what evidence prompted the change;
- distinguish uncertainty from dishonesty;
- request a clear explanation from qualified professionals; and
- correct earlier church information if necessary.

Pastoral response:

“Responsible discernment remains open to new evidence and is willing to revise its conclusions.”

12. Ready-to-Use Checklists and Session Guides

Tool A: Sermon and Teaching Checklist

Before preaching or teaching during a crisis, confirm:

- I have read the whole passage.
- I understand its genre and original context.
- I have distinguished the text from my interpretation.
- I have identified what remains uncertain.
- I have avoided blame, fear and guaranteed outcomes.
- I have consulted relevant expertise.
- I have applied the *lotu*, *vā*, *kāinga* and *fonua* tests.
- I have protected private information.
- I have included a practical act of care.
- I am willing to correct the message.

Decision: Ready / Revise / Do not use

Tool B: Digital Post Check

Before posting or forwarding biblical content, ask:

1. Is the original source clear?
2. Is the passage presented in context?
3. Does the post make a health claim requiring expert review?
4. Is interpretation distinguished from fact?
5. Could the wording create unnecessary fear or shame?
6. Has consent been obtained for personal stories or images?
7. Is the information current and location-specific?
8. Can people ask questions or seek help?
9. Would correction be possible?
10. Does sharing this strengthen the digital *vā*?

If uncertain, pause and verify.

Tool C: Thirty-Minute Group Discernment Session

1. Welcome and purpose — 3 minutes

Explain the crisis issue and confirm that respectful questions are welcome.

2. Read the passage — 5 minutes

Read the complete biblical section rather than an isolated verse.

3. Observe and interpret — 7 minutes

Ask:

- What does the text say?
- What is its context and genre?
- What are we assuming?
- What remains uncertain?

4. Apply the four tests — 7 minutes

Discuss the implications for:

- *lotu*;
- *vā*;
- *kāinga*; and
- *fonua*.

5. Agree on faithful action — 5 minutes

Identify one practical response involving care, truth, referral, justice or repair.

6. Pray — 3 minutes

Include lament, hope and commitment without promising a particular outcome.

Tool D: Referral Reminder

Faith leaders should maintain current contacts for:

- clinical care;
- mental-health support;
- safeguarding;
- family and social services; and
- emergency assistance.

Pastoral discussion must not delay urgent professional help.

13. Prayers and Liturgical Resources

Prayer in a Time of Crisis

God of life,
meet us in our fear and uncertainty.

Give wisdom to those who lead,
strength to those who care for the sick,

comfort to those who grieve,
and protection to those who are vulnerable.

Keep us truthful in what we say,
humble in what we claim,
and faithful in the care we offer.

Teach us to seek help,
to protect one another
and to sustain the *vā* through compassion and justice.

Amen.

Prayer of Lament

God who hears the cries of your people,
we name before you what has been lost:

lives, health, security, work,
gathering, trust and peace.

We do not understand everything that has happened.
We refuse easy answers that deepen pain.

Receive our grief, anger, fear and silence.
Remain with those whose suffering continues.
Give us courage to remember,
patience to accompany
and strength to repair what has been broken.

Amen.

Prayer for Health and Faith Leaders

God of wisdom,
guide ministers, clinicians, carers and community leaders.

Protect them from exhaustion, pride and false certainty.
Give them humility to acknowledge their limits,

courage to correct mistakes
and compassion to listen carefully.

Help them work together
for the healing of bodies, relationships and communities.

Amen.

Prayer for Discernment

Spirit of truth,
teach us to test what we hear
and to speak only what we can responsibly affirm.

Free us from panic, blame and the desire for secret knowledge.
Help us distinguish conviction from speculation,
testimony from evidence
and hope from false assurance.

Make our interpretation accountable to truth,
our faith accountable to love
and our leadership accountable to those affected by our words.

Amen.

Responsive Litany: Reading Toward Life

Leader: When fear demands certainty,

People: Teach us humility and faithful discernment.

Leader: When suffering is turned into blame,

People: Teach us lament and compassionate presence.

Leader: When scripture is used to frighten or control,

People: Lead us toward truth, freedom and accountable faith.

Leader: When relationships are damaged,

People: Help us tend the *vā* and seek repair.

Leader: When families carry unequal burdens,
People: Strengthen the *kāinga* in justice and mutual care.

Leader: When bodies, lands and communities are threatened,
People: Teach us to protect the life of the *fonua*.

Leader: When professional care is needed,
People: Give us wisdom to seek and offer appropriate help.

All: Form us as a people of truthful faith, responsible care and enduring hope. Amen.

Final Blessing

May the God of life
give you wisdom without arrogance,
conviction without coercion,
hope without denial
and faith without fear.

May your reading of scripture protect the vulnerable,
strengthen the *kāinga*,
tend the *vā*
and honour the life of the *fonua*.

May your words become practices of truth, healing and peace.

Amen.

Final Pastoral Charge

Read carefully.
Listen deeply.
Speak humbly.
Test every claim.
Protect life.
Seek appropriate help.
Remain open to correction.
Let scripture form communities of accountable hope.