

Have You Gotten Too Comfortable?

A 5-Day Devotional from Luke 17:11-19



Day 1: The Cry of the Desperate

Scripture: Luke 17:11-13

"Now on his way to Jerusalem, Jesus traveled along the border between Samaria and Galilee. As he was going into a village, ten men who had leprosy met him. They stood at a distance and called out in a loud voice, 'Jesus, Master, have pity on us!'"

Luke deliberately places this narrative in the borderlands between Samaria and Galilee liminal space where outcasts naturally gathered. The Greek word for leprosy, *lepra*, encompassed various skin diseases that rendered one ritually unclean according to Levitical law. These men existed in what we might call a "social death," excluded from community, temple, and family. Their cry suggested and recognized authority combined with personal appeal.

I have observed a profound psychological truth here: genuine transformation begins with accurate self-assessment. These men exhibited what we call "crisis-induced clarity" their suffering stripped away defensive mechanisms and self-deception. They possessed no illusion about their condition or their inability to heal themselves.

They had reached what we call "therapeutic readiness" the recognition that change requires help beyond one's own resources. Contrast this with what I often see in my practice: clients who have accommodated their dysfunction so thoroughly that they've lost the ability to recognize their need for healing. We develop what I call "adaptive numbness" we adjust to our brokenness until it feels normal.

The Comfort Trap:

Here's where comfort becomes clinically dangerous. Research shows that humans quickly normalize even negative circumstances when they're predictable. We develop coping mechanisms that allow us to function within our dysfunction. The lepers couldn't do this. Their disease prevented comfortable accommodation.

But spiritual complacency works differently. When God blesses us, when our external circumstances improve, we often experience what I call "blessing amnesia." We forget our fundamental dependence on God because we've mistaken temporary relief for permanent self-sufficiency. This isn't just spiritual laziness; it's a psychological defense mechanism against vulnerability.

Application:

On today, I invite you to practice what I call "diagnostic honesty." Sit with this question: What areas of your life have you accommodated rather than brought to Jesus? Where have you developed comfortable coping mechanisms instead of seeking transformation? Write these down without judgment awareness precedes change.

Day 2: Faith in Motion

Scripture: Luke 17:14

"When he saw them, he said, 'Go, show yourselves to the priests.' And as they went, they were cleansed."

Jesus' command is exegetically significant. According to Leviticus 13-14, priests served as medical inspectors who could declare someone clean. Jesus' instruction assumes healing before evidence, a theological paradox that demands faith. The phrase "as they went" (ἐν τῷ ὑπάγειν, *en tō hypagein*) is a present infinitive construction suggesting process, not instantaneous miracle. The cleansing occurred in the liminal space between obedience and arrival in the going itself.

This narrative structure parallels with other Lukan (Writer of Luke and Acts) themes of journeying faith. Luke's entire gospel is structured around Jesus' journey to Jerusalem (9:51-19:27), suggesting that transformation happens in the process of faithful movement, not in static waiting.

Therapeutic Insight:

This healing model is amazing! Jesus employed what we now call "behavioral activation" healing through action rather than passive reception. Modern cognitive-behavioral therapy confirms that behavior change often precedes emotional change, not the other way around.

These lepers faced what I call "pre-evidence obedience"!! Their movement was acting on faith before seeing results. This counters our cultural addiction to certainty. I frequently encounter what I term "analysis immobility" clients who perpetually research, plan, and prepare but never actually move. They're waiting for guaranteed outcomes before risking action.

The Comfort Paradox:

Here's the reality: comfort is the enemy of growth. Therapeutic progress requires what we call "optimal anxiety" enough discomfort to motivate change but not so much that it paralyzes. When life becomes too comfortable, we lose this motivating tension. We develop what psychologists call "learned helplessness" in reverse learned complacency.

Research in neuroplasticity shows that the brain physically changes through new experiences and behaviors. But neural pathways strengthened by comfort-seeking become dominant. We literally rewire our brains for risk-aversion when we prioritize comfort over obedience.

Jesus understood something we're only now learning scientifically: transformation requires movement before certainty. The lepers had to walk in faith while still visibly diseased socially, while being humiliating and psychologically terrifying. But look...healing happened in the going.

Application:

Identify one area where you've been waiting for emotional readiness or circumstantial certainty before obeying God. I want you to understand: you'll likely never "feel ready." Practice what I call "committed action" moving in the direction of your values (in this case, obedience to God) even when uncomfortable emotions are present. Take one small behavioral step today.

Day 3: The Moment Everything Changed

Scripture: Luke 17:15-16

"One of them, when he saw he was healed, came back, praising God in a loud voice. He threw himself at Jesus' feet and thanked him and he was a Samaritan."

Luke's emphasis that the grateful leper was a Samaritan is explosive. Jews considered Samaritans half-breeds, excluded from covenant community. Yet here, the ethnic and religious outsider demonstrates superior spiritual insight. The Greek construction *means* "one from among them") emphasizes his singularity among the ten.

The verb means "came back" meaning he turned back, reversed course. This is the language of repentance, literally "turning around." His physical return mirrors spiritual redirection. The phrase "threw himself at Jesus' feet" describes prostration (laying down), the posture of worship reserved for deity.

Therapeutic Insight:

This Samaritan demonstrates what we call "secure attachment" behavior. Attachment theory, developed by John Bowlby and Mary Ainsworth, describes how individuals relate to important figures. Those with secure attachment return for connection, not just for crisis intervention.

The nine who didn't return exhibited what I term "transactional relationship patterns" relating to others (including God) only for what they can provide. This is a defense mechanism rooted in emotional avoidance. They got what they needed and maintained emotional distance, protecting themselves from vulnerability. What will happen if I go back?

The Samaritan, conversely, demonstrated what we call "relational courage" the willingness to be vulnerable in gratitude and worship. This isn't personality dependent; it's a choice that reflects one's core values about relationships.

The Gratitude Gap:

Research on gratitude by Robert Emmons and others shows that sustained gratitude practice correlates with improved mental health, relationship satisfaction, and even physical wellbeing. But here's the problem: gratitude requires discomfort. It requires acknowledging our dependence, our neediness, our debt to others.

Comfort erodes gratitude because it creates an illusion of self-sufficiency. When we're comfortable, we unconsciously credit ourselves for our wellbeing. We develop what psychologists call "fundamental attribution error" attributing our success to internal factors (our effort, intelligence, virtue) while attributing others' success to external factors (luck, privilege, circumstance).

The nine lepers likely didn't consciously decide to be ungrateful. They simply got caught up in the excitement of reclaiming their lives. This is what I call "gratitude drift" the slow, unintentional movement away from thankfulness that occurs when blessings become normalized.

Application:

Practice what I call "attribution correction therapy." For the next week, when something good happens, actively identify and name how God or others contributed to it. This counteracts our natural self-serving bias. Additionally, create a daily "return ritual" a specific time when you physically stop your activity and turn back to Jesus in gratitude. Make it embodied, like the Samaritan's prostration. Gratitude isn't just cognitive; it's bodily.

Day 4: Where Are the Other Nine?

Scripture: Luke 17:17-18

"Jesus asked, 'Were not all ten cleansed? Where are the other nine? Has no one returned to give praise to God except this foreigner?'"

Jesus' rhetorical questions are pedagogically brilliant. The Greek construction uses three questions that build tension: "Were not ten cleansed?" (establishing fact), "Where are the nine?" (highlighting absence), and "Was no one found returning to give glory to God except this foreigner?" (emphasizing contrast).

This passage functions as a Lukan pattern: Jesus consistently shows the marginalized exhibiting greater faith than the religiously privileged (see the Centurion in Luke 7:1-10, the "sinful" woman in Luke 7:36-50). Luke's theology suggests that religious comfort and social privilege often correlate with spiritual blindness.

Therapeutic Insight:

I'm fascinated by what this reveals about human behavior patterns. All ten received identical healing, yet 90% failed to return. This isn't about ingratitude as moral failure; it's about psychological patterns that deserve examination.

What happened to the nine? They likely experienced what I call "crisis resolution amnesia." Research shows that humans quickly forget the intensity of past pain once it resolves. This serves a function we'd be paralyzed if we constantly relived past trauma. But it has a shadow side: we forget the depths from which we were rescued.

Additionally, the nine probably experienced what I term "normalcy hunger" an overwhelming drive to return to regular life after trauma. After years of isolation and suffering, they likely craved normal relationships, normal work, normal community. This isn't bad, but it can eclipse the most important relationship.

The Nine's Inner World:

Let me offer a therapeutic reconstruction of their psychology. These men likely experienced a mixture of joy, relief, disbelief, and urgency. Their minds were probably flooded with plans: "I need to see my wife," "I need to check on my children," "I need to find work," "I need to rebuild my life." These aren't selfish thoughts—they're human thoughts.

But here's the clinical insight: when we're comfortable (or pursuing comfort), our emotional and cognitive bandwidth narrows. We enter what psychologists call "tunnel vision"—focus narrows to immediate goals while peripheral awareness diminishes. The nine were so focused on reclaiming their comfortable lives that they lost sight of the Healer.

This is what I call "blessing tunnel vision." We become so focused on enjoying or managing our blessings that we forget the Blessor. It's not intentional neglect; it's attentional narrowing driven by comfort-seeking.

Application:

From a therapeutic standpoint, practice what I call "meta-awareness"—awareness of your awareness. Set periodic "interrupt timers" (I recommend hourly) that prompt you to ask: "What am I focused on right now? Have I lost sight of Jesus in the pursuit of good things?"

Additionally, journal about this question: "If Jesus asked me, 'Where have you been?' regarding my spiritual life, what would I honestly answer?" Sit with that discomfort.

Day 5: Rise and Go

Scripture: Luke 17:19

"Then he said to him, 'Rise and go; your faith has made you well.'"

Biblical Context:

The Greek here is exegetically crucial. Jesus says "ἡ πίστις σου σέσωκέν σε" (*hē pistis sou sesōken se*)—"your faith has saved/healed/made you whole." The verb *sōzō* carries multiple meanings: physical healing, spiritual salvation, and existential wholeness. All ten were *katharizō* (cleansed), but only this one was *sōzō* (saved/made whole).

This linguistic distinction is theologically profound. Physical healing addresses symptoms; wholeness addresses the person. The nine got symptom relief; the one got integration. He didn't just get his body back; he got his life back in relationship with God. Luke uses *sōzō* throughout his gospel to denote comprehensive restoration (7:50, 8:48, 18:42), not mere physical cure.

The command "Rise and go" (*ἀναστὰς πορεύου*) parallels resurrection language. *Anastas* (rise) is the same word used for Jesus rising from the dead. This man didn't just stand up; he was raised to new life.

Therapeutic Insight:

As a therapist, I recognize the distinction between symptom reduction and actual healing. Many of my clients come seeking symptom relief—they want their anxiety gone, their depression lifted, their trauma resolved. And while symptom reduction is good, it's not the same as wholeness.

Wholeness requires integration—bringing all parts of ourselves (our pain, our joy, our shame, our gratitude) into coherent relationship with ourselves, others, and God. The Samaritan's return represented this integration. He didn't compartmentalize his healing as merely physical; he integrated it into his spiritual identity.

The nine likely experienced what we call "partial healing"—they got functional improvement without existential transformation. They returned to normal life, which is good, but not the same as being made whole. Normal isn't always healthy; sometimes it's just familiar.

The Clinical Reality of Comfort:

Here's what decades of clinical practice have taught me: comfort is often the enemy of wholeness. Why? Because wholeness requires facing uncomfortable truths about ourselves, our dependencies, and our brokenness. Comfort lets us maintain illusions of self-sufficiency.

The nine could return to comfortable life because their leprosy was gone. But the Samaritan's return to Jesus suggests he understood something deeper: he was still fundamentally dependent. His healing didn't make him autonomous; it revealed his connection to the Healer. This is psychological and spiritual maturity—recognizing that wholeness comes through relationship, not independence.

Research in positive psychology by Martin Seligman identifies gratitude and meaning as two of the strongest predictors of human flourishing. The Samaritan possessed both; the nine likely possessed neither in relation to their healing. They got better, but he became whole.

Moving Forward:

Jesus' final words—"Rise and go"—commission the one who returned. This is crucial: returning to Jesus isn't the end; it's the beginning. The grateful one is now sent out whole, not just healed. He carries his story of restoration as a witness.

Therapeutically, this represents what we call "post-traumatic growth"—not just recovery from trauma, but transformation through it. His leprosy became his testimony. His suffering became his strength. His need became his worship. This only happens when we refuse to let comfort erase the memory of our rescue.

Final Application:

I want to offer you both a theological and therapeutic challenge. Theologically, are you pursuing blessings or the Blessor? Are you seeking symptom relief or wholeness? Therapeutically, I'm

asking you to examine your relationship patterns with God: Are they transactional (coming to God only when you need something) or relational (returning to God in gratitude and worship)?

Practice what I call "integrated discipleship"—bringing together your healing and your worship, your blessings and your gratitude, your comfort and your continued dependence on Jesus. Schedule a weekly "return time"—a Sabbath practice where you intentionally stop pursuing good things to return to the source of all good things.

Write this question in your journal and revisit it monthly: "What blessings have I normalized that once made me fall at Jesus' feet?" Let the discomfort of that question keep you from getting too comfortable.

"Comfort is not the goal of faith; wholeness is. And wholeness requires remembering our story, our need, and our Healer."