Health

Christian Reflection

A SERIES IN FAITH AND ETHICS

BAYLOR

UNIVERSITY

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ISSN 1535-8585

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Christian Reflection is published quarterly by The Center for Christian Ethics at Baylor University. Contributors express their considered opinions in a responsible manner. The views expressed are not official views of The Center for Christian Ethics or of Baylor University.

The Center expresses its thanks to individuals, churches, and organizations, including the Cooperative Baptist Fellowship, who provided financial support for this publication.

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The Sign of Jonah

Jesus' mysterious invocation of "the sign of Jonah" became, for Christians facing persecution and death in the early third century, a promise of God's ultimate act of grace and deliverance: resurrection from the dead.

Prayer

Scripture Reading: Matthew 12:38-41

Responsive Reading*

The LORD provided a large fish to swallow up Jonah; and Jonah was in the belly of the fish three days and three nights. Then Jonah prayed to the LORD his God from the belly of the fish:

I called to the LORD out of my distress and he answered me; out of the belly of Sheol I cried, and you heard my voice.You cast me into the deep, into the heart of the seas, and the flood surrounded me; all your waves and your billows passed over me.

Then he said, "I am driven away from your sight; how shall I look again upon your holy temple?" The waters closed in over him; the deep surrounded him; weeds were wrapped around his head at the roots of the mountains.

I went down to the land whose bars closed upon me forever; yet you raised me up from the Pit, O LORD. As my life was ebbing away, I remembered the LORD; and my prayer came to you, into your holy temple. I, with the voice of thanksgiving, will sacrifice to you; what I have vowed I will pay. Deliverance belongs to the LORD!

Then the LORD spoke to the fish, and it spewed Jonah out upon the dry land.

Reflection

"In their speaking, art, and writing, in their music, hear God's voice. Why composer, painter, poet, why the note and color choice?" begins Terry York's new hymn (Prophetic Ethics, p. 51). The Jonah marbles, which are a rare artistic creation dating to the third century A.D., and the many appearances of Jonah scenes on early Christian sarcophagi and catacomb paintings, indicate this story was one of the first narratives depicted in Christian art. These artistic expressions reveal important clues about the early church's theological imagination.

"Early Christians interpreted Old Testament prophecies and events as announcing and prefiguring the ministry of Jesus or the church," writes Hornik. "Their interpretation of some religious leaders demanding a prophetic sign."

Their demand followed Jesus' healing of a man's withered hand (Matthew 12:8-14), curing crowds of sick people (12:15), and returning speech and sight to a demoniac (12:22-23). By asking for a "sign," the religious leaders were not seeking additional miraculous healings; even Beelzebul can perform miracles and wonders, they charged (12:24)! Instead, they demanded an

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Focus Article:

☐ The Sign of Jonah (*Prophetic Ethics*, pp. 54-59)

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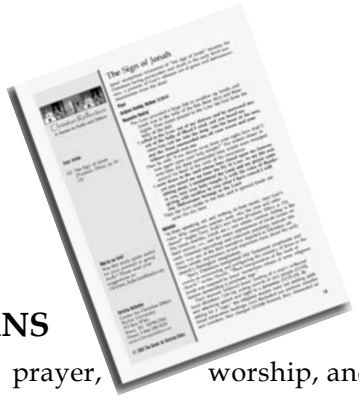

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Study Guides & Lesson Plans

These six study guides integrate Bible study, prayer, worship, and reflection on themes in the *Health* issue.

Revisioning Health

If we were merely body-machines, health would be the absence of disease or malfunctioning parts. But we are not. As people who strive to find meaning in the world, we experience the evil effects of disease. This is why our health includes the well-being or wholeness of the person.

Jesus as Healer

As a folk healer, Jesus restored meaning to people's lives. The Gospel of John challenges disciples to do the works Jesus did "and greater works than these." Contemporary disciples who would like to heal as Jesus heals face strong but not insurmountable challenges. To begin with, we should pursue and develop the vocation given at baptism: to become a holy person.

Eating Well

Eating well is not just about what we put into our mouths. Far more, it is about the complex ways we attend to the health of our bodies, our spirits, our communities, and our planet. Eating well requires that we hunger and thirst after righteousness—for then, and only then, will we be fully satisfied.

Dying Well

How can we confront suffering and our fear of death? The words of the *Heidelberg Catechism*—"That I belong—body and soul, in life and in death—not to myself but to my faithful Savior, Jesus Christ"—ring in our ears. Dying well begins with our perspective on life and living well.

There Is No Health in Us

The confession in earlier editions of the *Book of Common Prayer*, "there is no health in us," captures an important truth. Though we are weak in body and often perverse in our wills, we nonetheless can receive God's love and providential direction that can make our lives whole.

What Would the Good Samaritan Do?

Fidelity to the gospel impels us to work for a just and sustainable national health policy. But how can congregations and local communities transform the national debate so that it is less polarizing and more conducive to thoughtful consideration of the differing perspectives?

Introduction

BY ROBERT B. KRUSCHWITZ

The biblical view of health as wholeness within oneself and in community with humankind, God, and all of creation provides a radically different understanding of healthcare—as oriented toward health instead of sickness, inclusive of others' welfare as well as our own, and within the context of our life before God.

We live in a world of healthcare paradoxes. While unprecedented biomedical progress allows us to live longer that ever, we fret not only about death, but also our Frankensteinian attempts to defeat mortality. Ever more amazing medical care is possible, but fewer people can afford its benefits. We are discovering more about how our bodies work, yet we are living increasingly lonely and unhealthy lives. It is no wonder, then, that "the issue for our time," as Stanley Hauerwas has noted, is "how the God in which we ought to believe should make a difference for the way in which we understand the nature and function of medicine."

Health of the human person, in the full-orbed biblical perspective, is wholeness within oneself and in community with humankind, God, and all of creation. Our contributors explore how this perspective gives us a radically different understanding of healthcare—as oriented toward health instead of sickness, inclusive of others' welfare as well as our own, and within the context of our life before God.

"It is not surprising that there is a crisis of care in modern medicine, given its reductive understanding of health," Jim Marcum and Bob Kruschwitz observe in *Revisioning Health* (p. 11). They explore definitions of health that are richer than the biomedical model of health, in which "patients get reduced to functioning machines, to complex golems made of their anatomical structures and molecular parts," and healthcare focuses on treating diseases and fixing malfunctioning bodies.

The food disorders that plague us reveal this need for a more holistic, community-oriented conception of health. "Sadly, our culture has not shown itself capable of producing the ability to 'eat well,' practicing both celebration and restraint, pursuing the well-being of the wider community, and promoting our fullest individual health," Mary Louise Bringle writes in *Eating Well: Seven Paradoxes of Plenty* (p. 27). Drawing on Scripture and the counsel of early Christians, she suggests a multifaceted approach to healthy eating. "Eating well is not just about what we do or do not put into our mouths," she says. "Far more, it is about the complex ways we attend to the health of our bodies, our spirits, our communities, and our planet. Eating well first requires that we hunger and thirst after righteousness—for then, and only then, will we be fully satisfied."

The image of the healer in Scripture is "someone who brokers healing from God to sick people," notes John Pilch in *Jesus as Healer* (p. 19). So, what does Jesus mean when he boldly claims that his disciples will also do the healing deeds that he does and "do greater works than these"? After carefully distinguishing *healing*—the restoration of meaning to life—from *curing disease*, Pilch interprets Jesus' call for believers to "share with the sick and despairing today…a sharpened understanding of the meaning God intended life to have whatever the actual physical condition of the body."

Abigail Rian Evans, in *Dying Well* (p. 35), offers wise guidance in preparing ourselves and caring for others who face intense suffering and the prospect of death. "When we share our suffering and fear with Christian friends, it helps to ease them," she writes. "This community should be characterized by shalom—wholeness, harmony, tranquility, well-being, and friendship. This is health in the fullest sense." The story of a small church in Nacogdoches, Texas, fleshes out Evans' advice. In *Austin Heights and AIDS* (p. 70), Kyle Childress recounts how a dwindling congregation began a courageous ministry to individuals and families affected by HIV/AIDS. "All the time when we were praying for God to help us survive as a church, we assumed that the operative word was 'survive.' Now we know that the operative word was 'church,'" he writes. "We were not called to survive, but to be the Church. All the rest was and is in God's hands."

Heidi Hornik traces in Christian art the biblical call for Jesus' disciples to become channels of God's healing in the world. In *Interrupted* (p. 58) she focuses on the power of Jesus' presence in *Jesus Healing the Woman with an Issue of Blood*, a sixth-century mosaic. In *Peter's Shadow* (p. 44) she reviews Masaccio's fresco *Peter Healing with His Shadow*, which celebrates the healing presence of the apostle. Masaccio's image calls "viewers to care for one another's health through the community of the apostolic church."

The worship service by David Miller (p. 50) gathers us before God who promises to "Heal us and help us to work for the healing and wholeness of our neighbors as well." Terry York's new hymn, "Silent Faces," with a tune by David Bolin, admits the daunting immensity of suffering—there are "far

too many for one healing, / so the masses wait to die." It concludes with a prayer to Jesus, whose face we see in the silent faces of the dying: "We embrace you in their bodies, / Lord who loves them, weeps their pain. / We would join you in your loving, / in each face, though crowds remain."

The same distorted ideal of health—that we should be like God in power and strength—drives our "beauty culture" to idolize physical perfection and tempts many Christians to embrace a superficial spirituality of "health and wealth," Dennis Sansom claims in *There Is No Health in Us* (p. 63). He explores an opposing conception of health and grace depicted in Bernini's *The Ecstasy of St. Teresa*. "We can receive God's mercy, the great bounty of God's love and providential direction, without needing to be perfectly healthy, either in the body or soul," he writes. "Though we are weak in body, often perverse in our wills, and unable to reach the beauty of Apollo, we nonetheless can live in the divine grace and love that imbues all of our lives with God's presence."

How should we respond to glaring disparities in our healthcare system? In *What Would the Good Samaritan Do?* (p. 74), Ann Neale and Jeff Tieman call us to recognize the stranger as our neighbor—"a much needed antidote to modern medicine's individualism and market orientation, which easily loses sight of how important it is for each of us to live in a community where everyone is healthy and has access to the services they need to stay that way." They offer concrete guidance for creating local forums for thoughtful discussions about healthcare reform.

"That churches might become active participants in healthcare systems will strike even some Christians as a troublesome blurring of boundaries," Brian Volck admits in *The Healing Congregation* (p. 87). He reviews three books that make the case for congregations to join in the healing of bodies as well as souls. Mary Chase-Ziolek's *Health, Healing and Wholeness: Engaging Congregations in Ministries of Health* and W. Daniel Hale and Harold G. Koenig's *Healing Bodies and Souls: A Practical Guide for Congregations* describe specific practices, types of health ministers, and how to make ministries of health accountable and sustainable. Margaret Kim Peterson's *Sing Me to Heaven: The Story of a Marriage* tells the story of a congregation's support through her marriage to Hyung Goo Kim, an HIV-positive man.

In *Redeeming Medicine* (p. 81)—his review of Joel James Shuman and Brian Volck's *Reclaiming the Body: Christians and the Faithful Use of Modern Medicine* and Jean Denton's edited volume, *Good is the Flesh: Body, Soul, and Christian Faith*—Keith Meador urges a more radical revision in our understanding of healthcare. "Medical services for the individual would become secondary to the health of the community, and our proclivities for idolatry of the self would become transformed into love of God and neighbor, with practices of worship and caring consuming our daily lives." Such a vision of the health of the community, Meador concludes, "might redeem medicine, and in the end save us all."

Revisioning Health

BY JAMES A. MARCUM

AND ROBERT B. KRUSCHWITZ

If we were merely body-machines, health would be the absence of disease or malfunctioning parts. But we are not. As people who strive to find meaning in the world, we experience the evil effects of disease. This is why health includes the well-being or wholeness of the person.

By some measures, our health would appear to be more robust today than it has ever been. Hasn't contemporary medicine been responsible for modern "miracles" like heart transplant surgery and the management of childhood leukemia, and hasn't the average longevity of people's lives increased tremendously over the last several generations?[1]

Yet such appearances can be deceiving. Indeed, there is a growing crisis in the quality of our health.[2] Consider just one widely discussed example: obesity has become so prevalent in the United States, especially among children and young people, that it must be considered an epidemic.[3]

One of the reasons for the current crisis in the quality of our health, we suggest, is how contemporary medicine "envisions" health through a biomedical model. Patients get reduced to functioning machines, to complex golems made of their anatomical structures and molecular parts. And the focus of medical care becomes the treatment of disease, the fixing of a malfunctioning or broken body part. In the biomedical model, health is not a state of the whole person to be achieved and enhanced; it is simply a default state.

In a moment we will examine some current attempts to humanize modern medicine by re-envisioning health in more positive terms as a state of well-being or wholeness. But first, let's review the traditional biomedical model of medicine more closely.

THE ABSENCE OF DISEASE

The biomedical model of medicine, which lies behind the practices of most contemporary medical professionals, defines health in negative terms. Health is simply the absence of a disease entity (like a cancerous tumor) or the absence of the expression or detectible symptoms of a disease state (like the deep cough of pneumonia). It is, according to the first definition in the twenty-sixth edition of *Stedman's Medical Dictionary*, "the state of the organism when it functions without evidence of disease or abnormality."[4]

The biomedical model of health is myopic: it addresses only the amelioration of disease and pays no heed to the promotion of well-being or wholeness. It is inhumane because it does not encourage the development of patients' full potential vis-à-vis health.

In Stedman's and many other medical dictionaries, even mental health is included within this negative definition of health. Thus, the thirty-seventh edition of *Black's Medical Dictionary* claims that "good health may be defined as the attainment and maintenance of the highest state of mental and bodily vigor of which any given individual is capable."[5] As George Engel complains, "Biomedical dogma requires that all disease, including 'mental' disease, be conceptualized in terms of derangement of underlying physical mechanisms."[6] Thus, the notion of health, both physical and mental, is defined traditionally and predominantly as the absence of a disease. It is reduced to the "default" state of the material body—the physical organism functioning without damage or diminishment.

Christopher Boorse, a prominent proponent of this biomedical model, distinguishes between two definitions of health. The first (and more ideal and theoretical) definition is that health is the absence of disease, where disease is subpar functioning vis-à-vis optimal "species design," or the end point of biological evolution. Health, by this definition, is "normal functioning, where the normality is statistical and the functions [are] biological." This theoretical notion is a value-free concept, because it is based only on biological facts. Boorse's second definition of health is "roughly the absence of any *treatable illness*" (italics added). Yet he thinks this second notion, because it is practical and value-laden, is inadequate for developing a robust conception of health.[7]

He develops the first definition, the theoretical or functional account of health, based on Aristotle's idea of teleology and the modern notion of goal-directedness. "The normal is the natural," which he takes to mean that health is not based on any personal or social values, and thus is not a nor-

mative concept. "*Health* in a member of the reference class [i.e., the species] is *normal functional ability*: the readiness of each internal part to perform all its normal functions on typical occasions with at least typical efficiency." A healthy individual conforms to its species' design and normal functioning; it functions "the way it ought to" in terms of its physiology or the operation of its parts.[8]

More recently Boorse has distinguished "grades of health" by drawing distinctions between being well and ill, therapeutically abnormal and normal, diagnostically abnormal and normal, pathological and theoretically normal, and suboptimal and positive health. Despite this proliferation of categories, the basic idea of health remains the same negative account—it is the absence of disease. For instance, the latter category, positive health, he defines as "superhealth beyond the already utopian goal of complete normality"; it is a body part's functioning much better than is expected for the species.[9]

When the typical modern physician defines health as the absence of disease, she will address the disease state of her patient and, given the reductive clinical gaze, she usually will address only the specific diseased part of her patient. Her medical practice will ignore the whole person, especially the socioeconomic or cultural context in which the patient lives.[10] She also will ignore or bracket the positive dimensions of health that are proactive in nature, such as exercising and proper nutrition. She will relegate instruction and care for these to other professional healthcare providers, and she may express no further concern for her patient's welfare.

The current notion of health is too myopic: it addresses only the amelioration of disease and pays no heed to the promotion of well-being or wholeness. In other words, it is basically inhumane because it does not encourage the development of patients' full potential vis-à-vis health. No wonder, then, that several recent attempts to humanize the biomedical model of medicine have led to more expansive notions of health in terms of well-being and wholeness.

TOWARD WELL-BEING AND WHOLENESS

This classic and often-quoted definition of health in terms of well-being is in the preamble to the Constitution of the World Health Organization (1946): "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[11] Like other more expansive notions of health as well-being and wholeness that we will discuss below, it is *normative* in nature.[12] In other words, the WHO definition of health includes the goal of flourishing as a human being.

Since the notion of well-being involves a value judgment about flourishing, the correspondence between health and well-being is not exact: "The sense of well-being frequently correlates with what we mean by health, but the correlation is not high," notes physician-turned-philosopher Lester

King. "Certainly a sense of well-being does not preclude the presence of disease, while the absence of such subjective feelings does not indicate disease."[13] That is to say, a patient may suffer from a debilitating disease but still have an overall sense of well-being and wholeness because of what the patient values in terms of a meaningful and flourishing life.

Which norm of "physical, mental, and social well-being," then, could constitute the meaning of health? Because people disagree about what counts as a meaningful and flourishing life, the World Health Organization definition is incomplete and ambiguous. Should we define a flourishing life narrowly in terms of the particular values of the patient or physician, or more universally in terms of shared cultural values or common human goods?

Carol Ryff and Burton Singer identify four essential features of positive human health: "leading a life of purpose," "having quality connection to others," "possessing self-regard," and "experiencing mastery, such as feelings of efficiency and control."

Some would allow a patient's freely chosen values to provide the norm for his or her well-being. On this model, Tristram Englehardt notes, "a regulative ideal of autonomy [directs] the physician to the patient as person, the sufferer of illness, and the reason for all concern and activity." Medical practitioners would offer options and let the patient, or the patient's proxy, decide what treatment to receive. Though Engelhardt endorsed this view in the 1970s, since becoming an Orthodox Christian in the 1990s he has roundly criticized this elevation of patient autonomy to the highest value.[14]

Preferring a more widely shared norm, Lester King recommends that we define well-being according "to the ideals of the culture, or to the statistical norm."[15] On this view, physicians should prescribe treatment based on cultural expectations. To see how treatment still might vary widely among cultures, consider the current practice of cosmetic surgery. As Christopher Boorse notes, often an operation is not required to maintain the efficient functioning of the body, but it is chosen on the basis of cultural ideals of beauty in order to enhance a patient's overall well-being.

Others, like philosopher Caroline Whitbeck, think the norm of well-being should be consistent across cultures and grounded in common human capacities. According to Whitbeck, "health, rather being something that happens or fails to happen to a person in the way that diseases and injuries do, is the ability to act or participate autonomously and effectively in a wide range of activities."[16] The "ability to act" goes beyond functional capacities of the body; it includes forming intentions and attaining personal goals.

Thus, there are several components in Whitbeck's notion of health or well-being. The first is the physical fitness of the functional capacities, especially in terms of avoiding disease. The second is wholeness, in which intentional capabilities are integrated with physical fitness. The final two components include "having a generally realistic view of situations, and having the ability to discharge negative feelings."[17]

Psychologists Carol Ryff and Burton Singer champion an even richer and more universal notion of human health and well-being. First, they claim that health is fundamentally a philosophical and not a medical issue. To that end, they examine "the goods" required for living a good life. Second, they note that the mind and body are intimately connected and influence each other, especially in terms of health and well-being. Their final principle is that "positive human health is best constructed as a multidimensional dynamic process rather than a discrete end state. That is, human well-being is ultimately an issue of engagement in living, involving expression of a broad range of human potentialities: intellectual, social, emotional, and physical."[18] Ryff and Singer identify four essential features of positive human health: "(a) *leading a life of purpose*, embodied by projects and pursuits that give dignity and meaning to daily existence, and allow for the realization of one's potential; (b) *having quality connection to others*, such as having warm, trusting, and loving interpersonal relations and a sense of belongingness; (c) *possessing self-regard*, characterized by such qualities as self-acceptance and self-respect; and (d) *experiencing mastery*, such as feelings of efficiency and control."[19]

THEOLOGICAL CONTRIBUTIONS

Christian theology has much to contribute to the definition of health. After all, the prophet Jeremiah pictures God as the restorer of health, where this includes restoration of community and relationship with God (Jeremiah 30:17). And Luke not only describes Jesus as a healer and physician to sinners (Luke 5:31), but also portrays his disciples as healing the sick "by the name of Jesus Christ of Nazareth" (Acts 4:10, referring to the miracle performed by Peter and John in 3:1-16).

Here we will survey only two views developed by theologians. In his essays collected in *The Meaning of Health*, Paul Tillich (1886-1965) espouses a conception of health that includes the multiple dimensions of human existence.[20] Health, for Tillich, is an existential concept by which persons attempt to find meaning in their life, particularly when it is compromised by illness. Rejecting the traditional mind-body dualist view of human nature, he conceives of human beings as "a multidimensional unity" of their physical or mechanical, chemical, biological, psychological, mental or spiritual, and historical aspects. Tillich defines health as flourishing in each of these six dimensions and properly integrating them such that each dimension is present in every other dimension.

John Wesley (1703-1791), the founder of Methodism, articulates a biblical understanding of health as wholeness manifested in the union of a person's body, mind, and soul. He preached that health as wholeness is based on the unity and peace of the original creation; but when sin intervened, disease and death resulted. The point of "physick, or the art of healing," then, is to re-establish a person's wholeness and to maintain it.

It is not surprising that there is a crisis of care in modern medicine, given its reductive understanding of health. Patients are not body-machines, but persons with concerns and fears about their physical, mental, and spiritual being-in-the-world.

To that end, Wesley published a celebrated book on medicine, *Primitive Physick* (1747), which went through many editions and was widely used. In it he provides a set of practical guidelines, drawn from Dr. George Cheyne's *A Book of Health and Life*, for maintaining health through exercise, nutrition, sleep, and even prayer. Wesley emphasizes three themes: (1) preserving the "well-working body," which is the proper mechanical functioning of the body; (2) encouraging "sympathy" among the bodily processes that influence one another (such as the rightly ordered passions, or emotions, that can prevent disease); and (3) the "healing power of nature," by which wholeness can be regained.[21] Wesley's rich understanding of health as wholeness is evident in the second theme—the integration of the spiritual, emotional, and physical dimensions of the person. "The passions have a greater influence upon health than most people are aware of," Wesley wrote in the preface to *Primitive Physick*. "All violent and sudden passions dispose to, or actually throw people into acute diseases. The slow and lasting passions, such as grief and hopeless love, bring on chronical diseases. Till the passion, which caused the disease, is calmed, medicine is applied in vain." The corrective for disordered passion is "the love of God" which "effectually prevents all the bodily disorders the passions introduce, by keeping the passions themselves within due bounds; and by the unspeakable joy and perfect calm serenity and tranquility it gives the mind; it becomes the most powerful of all the means of health and long life."

CONCLUSION

If a patient were merely a body-machine that is reducible to various separate body parts, then health would be simply the absence of disease or of any malfunctioning part that hinders the efficient running of the body. However, since a patient is a person who strives to find meaning in the

world, then, besides any biological or physical malfunction, patients always experience the evil effects of, or the existential angst associated with, their disease. This is why health involves more than the absence of disease. It includes the overall well-being or wholeness of the person. Indeed, our word "health" comes from *hāl*, the Old English word for wholeness.

It is not surprising that there is a crisis of care in modern medicine, given its reductive understanding of health. Patients are not body-machines, but persons with concerns and fears about their physical, mental, and spiritual being-in-the-world. Any adequate notion of health must include an account of well-being and wholeness which takes into consideration these concerns and fears.

NOTES

1 James Le Fanu chronicles the amazing successes of post-World War II medicine in *The Rise and Fall of Modern Medicine* (New York: Carroll & Graf, 2002). For a recent review of human longevity, see Kaare Christensen and James W. Vaupel, "Determinants of Longevity: Genetic, Environmental and Medical Factors," *Journal of Internal Medicine* 240 (1996), 333-341.

2 Ewan B. Ferlie and Stephen M. Shortell, "Improving the Quality of Health Care in the United Kingdom and the United States: A Framework for Change," *Milbank Quarterly* 79:2 (2001), 281-315.

3 Richard S. Strauss and Harold A. Pollack, "Epidemic Increase in Childhood Overweight, 1986-1998," *Journal of the American Medical Association* 286:22 (December 12, 2001), 2845-2848.

4 Thomas L. Stedman, *Stedman's Medical Dictionary*, 26th edition (Baltimore, MD: Williams & Wilkins, 1995), 764.

5 Gordon Macpherson, ed., *Black's Medical Dictionary*, 37th edition (London: A&C Black, 1992), 265.

6 George L. Engel, "The Need for a New Medical Model: A Challenge for Biomedicine," *Science* 196:4286 (April 8, 1977), 129-136, citing here 130.

7 Christopher Boorse, "Health as a Theoretical Concept," *Philosophy of Science* 44 (1977), 542-573, citing here 542. While maintaining that health is a value-free concept in terms of "core" medicine, he now concedes that social values play an important role in "peripheral" medicine such as cosmetic surgery. See his "Concepts of Health," in Donald Van De Veer and Tom Regan, eds., *Health Care Ethics: An Introduction* (Philadelphia, PA: Temple University Press, 1987), 359-393.

In "Health as a Theoretical Concept," Boorse explores two other notions of "positive health," which is more than the absence of disease. Examples of the first notion are prevention of disease and health maintenance. Boorse argues, however, that defining health as prevention and maintenance does not differ fundamentally from defining health as absence of disease, since what is prevented is a disease or what is maintained is the absence of disease. According to a second notion of positive health, "physicians and mental health workers should actively aid individuals, or communities, in maximizing their quality of life and developing their full human potential" (568). For Boorse, this notion is a genuinely positive notion of health since it entails an enhancement of function or "functional excellence," which the medical community does not discover but can advocate.

8 Boorse, "Health as a Theoretical Concept," 554, 555, and 562.

9 Boorse, "Concepts of Health," 366.

10 Engel, op. cit.

11 The *Constitution of the World Health Organization* (1946) is available online at *www.searo.who.int/LinkFiles/About_SEARO_const.pdf* (accessed November 7, 2006).

12 Tristram Engelhardt clarifies that "health" and "well-being" are normative concepts that, like "money" and "reputation," name external goods rather than moral goods. "Though health is good, and though it may be morally praiseworthy to try to be healthy and to advance the health of others," he writes, "still, all things being equal, it is a misfortune, not a misdeed, to lack health." Thus, we do not blame a patient for the accidental loss of health, but sympathize with him or her over the loss of this good. See H. Tristram Engelhardt, Jr., "The Concepts of Health and Disease," in H. Tristram Engelhardt, Jr., and Stuart. F. Spicker, eds., *Evaluation and Explanation in the Biomedical Sciences* (Dordrecht, Netherlands: Reidel, 1975), 125-141, citing here 125.

13 Lester S. King, "What Is Disease?" *Philosophy of Science* 21:3 (July 1954), 193-203, here citing 196.

14 Tristram Engelhardt defended this view in "Is There a Philosophy of Medicine?" *PSA 1976* 2 (1977), 94-108, citing here 139. He critiques it in recent articles and *The Foundations of Christian Bioethics* (Lisse, Netherlands: Swets & Zeitlinger Publishers, 2000). Nevertheless, it remains a dominant perspective among medical ethicists.

15 King, op. cit., 197.

16 Caroline Whitbeck, "A Theory of Health," in Arthur L. Caplan, H. Tristram Engelhardt, Jr., and James J. McCartney, eds., *Concepts of Health and Disease: Interdisciplinary Perspectives* (London: Addison-Wesley, 1981), 611-626, here citing 616.

17 Ibid., 620.

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Jesus as Healer

BY JOHN J. PILCH

As a folk healer, Jesus restored meaning to people's lives. The Gospel of John challenges disciples to do the works Jesus did "and greater works than these." Are we engaged in life-giving or death-dealing deeds? Are we restoring meaning to life, or robbing it of the meaning intended by the Creator?

When a "royal official whose son lay ill in Capernaum" begs Jesus "to come down and heal his son" (John 4:46-47), what image do we form? Missing from the gospel story are the scientific tools of diagnosis and cure that we associate with medical care today. Instead Jesus speaks an authoritative word, "Go; your son will live" (4:50).

Interpreting the biblical stories of Jesus as healer involves three steps, which may be summarized this way. First, we must understand our own culture very well. Second, we must know the first-century Middle Eastern culture well. Third, we must build bridges between the two cultures. Only in this way can we begin to appropriate the Bible for our personal and community life. In this article I will focus mainly on understanding Jesus as healer in the context of the beliefs and values of first-century Middle Eastern culture.

WHO CAN HEAL?

The basic Israelite beliefs were that God sends sickness for a divine purpose (see Exodus 15:26 and Leviticus 26) and that God is the one and only healer. With the spread of Greek culture following Alexander the Great's conquests in the fourth century B.C., Israelites had to wrestle with the idea that some human beings claimed to have the ability to heal. This struggle is evident in the reflections of Ben Sira on Greek healers (anachronistically called "physicians" in many translations of Sirach 38:1-15). While this sage

repeats the traditional belief that God is still the one and only healer (38:9), he advises consulting human healers to whom God has surely imparted relevant insight (38:2a). In other words, in the Israelite tradition a healer was a broker of the gift of healing from God.

Jesus as healer therefore ought to be understood as someone who brokers healing from God to sick people (cf. John 9:3). When the passive voice occurs in biblical healing reports, it points to God as the agent. To the man with the skin problem who seeks his help, Jesus says, "Be made clean!" and immediately "he *was made* clean"—by God, of course (Mark 1:41-42). God is the benefactor, the agent, the patron; Jesus is the intermediary, the broker; and the sick person is the beneficiary, the client. Scholars identify this grammatical feature of the passive voice verb as the divine passive or the theological passive. It identifies God as agent without having to mention God's name.

Ben Sira's reflections on healers often are interpreted as referring to "professional" healers. This is another anachronistic reading, for the word "profession" today is ill-defined and often used solely to invoke prestige. The profession of medicine as we understand it came into existence only within the last one hundred and fifty years. In the ancient Greco-Roman world, the so-called "professional" healers were actually philosopher-types who healed people through therapeutic regimens of self-analysis, confession, and forming correct beliefs about the world.

Healing by persons who are not "professionals" falls into the social scientists' category called "folk." These ordinary people in every culture who are able to help sick people are folk healers who know the folk wisdom and utilize folk remedies. The National Institutes of Health studies such healers, and a number of scientific journals are devoted to research on this topic. Jesus the healer is best understood as a folk healer in his culture. Some folk techniques that Jesus used were laying on hands or touching the sick person (Mark 1:41), using spittle (Mark 8:23) or mud (John 9:6), pronouncing powerful words—like *talitha cum* (Mark 5:41) or *ephphatha* (Mark 7:34)—and the like.

Prior to Antony van Leeuwenhoek's microscope in 1674, it would have been impossible to know about germs and viruses (the major causes of physical sickness), so folk healers essentially reflected upon presenting symptoms. Thus, Scripture describes the Gerasene man as "Night and day… howling and bruising himself with stones" (Mark 5:5), or the moon-struck young man as "often [falling] into the fire and often into the water" (Matthew 17:15), and so on. We cannot even be certain that blindness or paralysis in antiquity describes the same reality we know today.

WHAT DOES HEALING MEAN?

Another piece of information is necessary in order to understand Jesus as healer. What does healing mean? What does a healer do? Medical anthro-

pology provides us with answers to these questions and a very helpful set of definitions for understanding the healing activity of the Mediterranean man, Jesus.

To begin with, *well-being* is the human experience in which everything in our lives goes well: not only are we physically healthy, but also the family is fine, the finances are in order, and so on. Loss of well-being is a misfortune—a child becoming addicted to drugs or a partner proving unfaithful would be examples.

Misfortunes in the area of human health are termed *sickness*. Sickness is a physical reality; something is physically wrong with the human body. Medical anthropology has developed two concepts for understanding this reality: disease and illness. These are explanatory concepts that assist an analysis and discussion of the reality, sickness. Disease and illness are not the realities.

Disease describes sickness from the perspective of our current scientific, biomedical theories. The term is at home in our attempts to identify a physical problem, discover its cause, and propose a remedy. The remedy, or "cure," consists of removing or arresting the cause of the physical condition in hopes of restoring well-being or returning to an approximation of well-being. As already noted above, such a perspective was impossible before the invention of the microscope. Disease is a relatively recent concept, essentially Western by nature, and it changes often with advances in knowledge.

In contrast, *illness* interprets the sickness—the underlying physical condition—within a socio-cultural perspective. Illness is concerned with loss of meaning in life due to physical impairment or loss of function.

Healing, then, refers to restoring meaning to life whether the person's physical condition improves or remains the same. For instance, the fever that afflicted Peter's mother-in-law impeded the fulfillment of her domestic role. When the fever left her, she rose and served the visitors (Luke 4:38-39). Jesus the healer restored meaning to the life of Peter's mother-in-law. The biblical story shows no interest in the cause of the problem, or whether the problem ever recurred again.

Illness involves loss of meaning in life due to physical impairment or loss of function. "Healing," then, refers to restoring meaning to life whether the person's physical condition improves or remains the same.

Consider then the difference between being cured and being healed. Scientists admit that cures are rare. A person in remission from cancer, for example, must remain in that state for five years before science will declare the person "cured." Thus, some cancer survivors who do not live five years

after reaching remission are not considered "cured," technically speaking. Healing, in contrast, occurs if the person wants to be healed. Human beings are meaning-seeking persons. Life is intolerable if it makes no sense, if it has no meaning. Most people eventually rediscover or find new meaning in life whatever may or may not happen to their physical condition.

In summary, Jesus was an influential intercessor with God, the one and only healer. Jesus' role was that of a folk healer who acted perfectly in accord with folk traditions of his Middle Eastern culture. The results of Jesus' healing activities in each case were that he indeed did restore meaning to people's lives. We have no way of knowing, scientifically, the conditions which Jesus treated. We do not have any "before and after" markers (tests, X-rays, and the like). Nor do we know whether any of the conditions recurred. In other words, biblical writers do not inform the reader about the disease. They rather present the illness and how the illness was managed by healer and client.

Finally, it is important to recognize that no Bible translation reflects the concepts just presented. The words "sickness," "disease," "illness," "cure," and "heal," among others, are used indiscriminately. The contemporary reader must determine in each case what the reality was and what the real outcome might have been.

WHO ARE THE SICK?

The Gospels give summaries of Jesus' healing activity: for instance, "and he cured [not in the sense defined above] many who were sick with various diseases [not in the sense defined above]" (Mark 1:34). They also list specific problems that he encountered: "Go tell John what you hear and see: the blind receive their sight, the lame walk, the lepers are cleansed, the deaf hear, the dead are raised, and the poor have good news brought to them" (Matthew 11:4b-5).[1]

Setting aside the anachronistic biomedical, or disease, perspective on these events (i.e., that the persons were blind or lame or suffering from leprosy, and so on), the illness perspective reveals that the sickness problems Jesus enumerated made a person profane or impure. Illness situates a person outside the boundaries of God's holy (exclusive) community. The sick violate God's command and desire: "You shall be holy [exclusive and whole], for I the LORD your God am holy" (Leviticus 19:2; cf. 11:45 and 20:7). These words were spoken to the entire congregation of Israel (indeed, the words "you" and "holy" are plurals), and they bind every individual in the community. When these sicknesses (blindness, lameness, and so on) afflict a priest, that priest is disqualified from offering sacrifice (Leviticus 21:16-24). By extension, the ordinary Israelite afflicted with such problems would similarly be excluded from approaching God.

It would be fair to generalize and say that sickness problems in the Bible are essentially purity problems. They remove a person from God's holy

community—"He shall remain unclean as long as he has the disease; he is unclean. He shall live alone; his dwelling shall be outside the camp" (Leviticus 13:46). They rupture a person's relationship with God. Such a person is not permitted to approach God until the problem is remedied. Thus, these problems of sickness recorded in Scripture are best interpreted as illnesses rather than diseases.

JOHN'S VIEW OF JESUS THE HEALER

In contrast to the Synoptic Gospels, which report many "mighty deeds" worked by Jesus (and not exclusively deeds of healing), the Gospel of John reports just seven "signs." Jesus refers to his deeds as "works" (John 5:36) and makes this astounding promise: "Very truly, I tell you, the one who believes in me will also do the works that I do and, in fact, will do greater works than these…" (John 14:12). The Greek word *erga,* which is translated in these verses as "works," was used in the Septuagint to point to God's works, the greatest of which are the creation of the world and the redemption of Israel from bondage. In creation, God gives life to all creatures, including human beings. In redeeming the Israelites from slavery in Egypt, God restores meaning to life. Jesus' and his disciples' healing works, John is suggesting, flow from God's primal creative and redeeming actions.

It is possible to cluster the seven signs of Jesus reported by John into two groups: life-giving works and meaning-restoring works. Life-giving works include restoring to life the son of a royal official in Capernaum (4:46-54), feeding the huge crowd (6:1-14), and raising Lazarus from the dead (11:1-44). Meaning-restoring works include providing exquisite wine for a wedding at the height of its celebration (2:1-11), restoring a lame man to mobility (5:1-18), calming a stormy sea (6:16-21), and restoring sight to the man born blind (9:1-41). Once again adopting the explanatory concept of illness to understand these works, it is clear that in each case (even non-sickness events) Jesus the healer restored meaning to people's lives. The same can be said for any and all of the Synoptic reports of Jesus' mighty deeds.

The word translated "works" was used in the Septuagint to point to God's creation of the world and the redemption of Israel from bondage. Jesus' and his disciples' healing works, John is suggesting, flow from God's primal creative and redeeming actions.

John's view presents a challenge to contemporary disciples who would like indeed to do the works Jesus did "and greater works than these." Adopting the social science perspective offered by medical anthropology,

believers can ask: Are we engaged in life-giving deeds or death-dealing ones? Does our activity restore meaning to life or does it rob life of the meaning intended by the Creator? How we can share this meaning with the sick and despairing people we encounter or to whom we minister?

HOW JESUS BECAME A HEALER

One of the first titles ascribed to Jesus of Nazareth in the gospel tradition is "Holy Man." The demon in the synagogue at Capernaum shouted out: "I know who you are, the Holy One of God" (Mark 1:24). In all cultures, the holy person (man or woman) is characterized by two qualities.[2] This person has ready and facile access to the realm of the deity or the spirit world; he or she has experiential familiarity with this realm. Furthermore, the holy person brokers favors from that world to this one, and these favors often include life-shaping information but most especially healing. The holy person is primarily a spirit-filled ecstatic healer.

A contemporary disciple who would heal as Jesus heals faces strong but not insurmountable challenges. To begin with, the believer should pursue and develop the vocation given at baptism: to become a holy person.

Anthropologists identify six steps in a person's call and initiation into being a holy person across all cultures. Relating these steps to the biblical world and adapting them to a contemporary believer's life is enlightening and challenging. The obvious first step is that the spirit world makes contact with the candidate. This can take the form of adoption or possession. In the life of Jesus, this contact took place at his baptism: "You are my Son, the Beloved; with you I am well pleased" (Mark 1:11). In this contact, the spirit identifies itself (second step). In the case of Jesus, since he is called son, the contact is from his father in the realm of God.

This of course is just the beginning. The holy person must now acquire the necessary ritual skills in dealing with the spirit world (third step). Jesus demonstrates this skill especially in the experience of his testing (Mark 1:12-13; Matthew 4:1-11; Luke 4:1-13).[3] The compliment paid to Jesus at his baptism has to be tested. Is he really beloved? Will he remain loyal to his father if he is tested? Thus the next experience is that Jesus' loyalty is put to the test by a spirit. The test is cast in a form very familiar in daily Middle Eastern life: challenge and riposte. If a person is challenged, that person must respond with a riposte, with a quick and winning thrust like an expert in fencing. Jesus demonstrates his mastery of this skill. It was likely not impromptu. He has been preparing for this moment, this kind of show-

down, by honing his skills. The outcome is success. He defeats the spirit and is not defeated by the spirit.

How did Jesus acquire these skills? They were not innate; Jesus needed a teacher (fourth step). Like holy persons, Jesus would be tutored by both a spirit and a real life teacher. Mark notes that after the test of Jesus' loyalty, "angels waited on him" (1:12). While scholars believe this means that angels fed him,[4] in the perspective we are taking here, the angels could well have been tutoring Jesus. Anthropologists would recognize them as "spirit guides" or spirit teachers. As for a real-life teacher, we need look no further than John the Baptist, whose disciple Jesus was for a while (John 3:22-24). The holy man John the Baptist undoubtedly taught Jesus the requisite skills.

The fifth step is to develop a growing familiarity with the possessing, adopting spirit. In the life of Jesus, this is evident in the event called the Transfiguration (Mark 9:2-10; Matthew 17:1-9; Luke 9:28-36). This experience took place in an alternate state of consciousness (ASC). Human beings of all times and cultures routinely move in and out of more than thirty-five identified levels of consciousness or awareness throughout the day (including trance, day-dreaming, sleep, and so on). In the biblical tradition, the ASC is God's favored medium for communicating with human beings.[5] On this occasion, God assures Jesus in his ASC of the divine mission entrusted to him. In their ASC, the disciples of Jesus learn from God about Jesus' importance: "Listen to him!" more than to Moses (the Law) and Elijah (the Prophets).

The final step in becoming a holy person is to enjoy ongoing alternate state of consciousness experiences. This is certainly evident in the ministry of Jesus. The Father reveals things to Jesus (e.g., Matthew 11:25-27), Jesus is certain God hears him always (John 11:41-42), and Jesus communicates with God often (John 12:27-30).

CONCLUSION

A contemporary disciple who would like to heal as Jesus heals faces strong but not insurmountable challenges. To begin with, the believer should pursue and develop the vocation given at baptism: to become a holy person. This would involve the six steps to becoming a holy person. Then as a holy person, the believer will have experiential familiarity with the realm of God (including God!) and strive to broker healing grace from that realm to the human sphere.

In the final analysis, what the believer as holy-person-healer can share with the sick and despairing today is a sharpened understanding of the meaning God intended life to have whatever the actual physical condition of the body.[6]

NOTES

1 Such lists also indicate that God's redeeming work is occurring through Jesus' ministry (cf. Isaiah 29:18-19 and 35:5-6). Compare this to Jesus' sermon in Nazareth (Luke

4:18-19) which is based on this passage in Isaiah: "The spirit of the Lord GOD is upon me, because the LORD has anointed me; he has sent me to bring good news to the oppressed, to bind up the brokenhearted, to proclaim liberty to the captives, and release to the prisoners; to proclaim the year of the LORD's favor" (Isaiah 61:1-2b).

2 Anthropologists refer to the holy person as a "shaman." Since that word is most properly used of Siberian Tungus, however, we do well to follow the Israelite tradition and understand Jesus as a holy man. The Israelites recognized two kinds of holy men: a *saddiq* (an ordinary person who did his best to observe God's law) and a *hasid* (one who was so concerned to please God that he went beyond the basic requirements).

3 While traditionally called "the temptations of Jesus," the spirit's challenges are strictly speaking not temptations. Moreover, since no other human being experiences such challenges—for example, to "command these stones to become loaves of bread" (Matthew 4:3b; cf. Luke 4:3b)—Jesus' experience is not something his followers can imitate.

4 This event has similarities to the ministering angel feeding Elijah in the wilderness when he runs away to escape Queen Jezebel's wrath (1 Kings 19:1-8). The idea of angels feeding those blessed by God occurs in *Life of Adam and Eve*, a pseudepigraphal Jewish writing from the first century A.D. which purports to describe the events after Adam and Eve's expulsion from the Garden of Eden: "[Adam said,] 'let us arise and look for something for us to live on, that we fail not.' And they walked about and searched for nine days, and they found none such as they were used to have in paradise, but found only animals' food. And Adam said to Eve: 'This hath the Lord provided for animals and brutes to eat; *but we used to have angels' food*'" (3:3c-4:3a, italics added).

5 Compare Jeremiah's conversation with Yahweh (Jeremiah 1), Isaiah's experience of Yahweh attended by Seraphs in the Temple (Isaiah 6), and Ezekiel's remarkable visions of Yahweh's chariot, the scroll to be eaten, the resurrection of the dry bones, a new Temple, and so on (Ezekiel 1, 2, 37, and 40).

6 For further reading on the distinction between healing and cure, see Daniel Moerman's *Meaning, Medicine and the "Placebo Effect,"* Cambridge Studies in Medical Anthropology (New York: Cambridge University Press, 2002). I develop the themes in this article further in *Healing in the New Testament: Insights from Medical and Mediterranean Anthropology* (Minneapolis, MN: Fortress Press, 2000) and *Visions and Healing in the Acts of the Apostles: How the Early Believers Experienced God* (Collegeville, MN: The Liturgical Press, 2004).

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Eating Well: Seven Paradoxes of Plenty

BY MARY LOUISE BRINGLE

Eating well is not just about what we do or do not put into our mouths. Far more, it is about the complex ways we attend to the health of our bodies, our spirits, our communities, and our planet. Eating well first requires that we hunger and thirst after righteousness—for then, and only then, will we be fully satisfied.

Roger and Sally have just returned from a holiday cruise, booked for them by members of their family as an anniversary present. "How was it?" their children clamor, eager for a report on their gift.

"I'll tell you one thing," Roger replies. "We sure *ate well*! Everywhere we turned on that ship, there was food and more food: an omelet bar for breakfast, pastries mid-morning, an all-you-can-eat buffet for lunch, appetizers at happy hour, steak and lobster for dinner, ice cream sundaes for bedtime snacks…." He pats his stomach contentedly, remembering the delights.

The next morning, one of Sally's friends telephones to get another update on the adventure. Sally, too, pats her stomach as she ponders her response, but in an emotion closer to dismay than satisfaction. "Oh, the cruise was a lot of fun," she reports, "but just between the two of us, I don't feel as if I've *eaten well* in weeks! All that high-calorie food constantly available, and so little opportunity for exercising it off…."

In these varying reports on their cruise, Roger and Sally reveal a basic tension in our attitudes toward food—a tension in how we interpret that deceptively simple phrase "to eat well." For Roger, "eating well" implies enjoying an abundance of food, the richer the better; immediate physical pleasure is a key criterion in determining what is "good." For Sally, on the

other hand, "eating well" means not abundance but moderation, fueling the body to maintain a balance between intake and outgo; short-term, physical pleasure is not so much a concern for her as is longer-term health and well-being.

Before leaping to take sides with either Roger or Sally in this debate, we should note that *both* their attitudes have something to recommend them from the vantage point of Christian moral theology. Roger's relishing of abundance echoes biblical injunctions to "delight in fatness" (Isaiah 55:2), to eat and drink in eager anticipation of the final "wedding supper of the Lamb" (Revelation 19:9). His perspective might be termed *celebration-centered*, reminding us that pleasure in and gratitude for the good gifts of our Creator stand as hallmarks of a fully embodied devotional life. Roger's attitude echoes that of the scholastic theologian, Thomas Aquinas, who cautioned that rejecting the pleasures of food, given by God for the nourishment of our bodies and spirits, constitutes one of two types of sin opposing the virtue of temperance: the sin of *insensibility*.[1]

"Eating well" means both pleasure and restraint. We are intended to delight in the good gifts of the creation—our own bodies included—and to steward them with care.

Most of us, though, are probably more familiar with moral exhortations regarding that other sin opposing temperance: the sin of *gluttony*. Akin to our Puritan forebears, Sally knows how easily the pleasures of food and drink can tempt us to harmful excess. Her perspective, in contrast to her husband's, might be called *stewardship-centered*. Taking care of the health of her body—as, indeed, of the limited resources of the planet—gives her an agenda that is more abstemious than indulgent. Feasting on "fat things" with Isaiah leaves her feeling not so much grateful as guilty. She finds her biblical precedent in Paul, who pronounces woe upon those "whose god is the belly" (Philippians 3:19) and advises disciplined regard for our bodies as "temples of the Holy Spirit" (1 Corinthians 6:19).

In Roger and Sally, we see the first of seven "paradoxes of plenty"[2] in interpreting what it means for us to "eat well." Properly understood, it means *both* pleasure and restraint. Drawing upon the guidance of traditional Christian moral theologians, we recognize that eating well is not just being well-fed, sated on a "feast of fat things"; but neither is it simply eschewing omega-6 fatty acids in favor of omega-3s. We are intended to delight in the good gifts of the creation—our own bodies included—and also to steward them with care. After all, the virtue opposed to both insensibility and gluttony is *temperance*, whose roots relate not to abstinence (as various "temper-

ance movements" have misled us into thinking), but to *tempus,* or *timing*: recognizing that there are times to feast and times to fast, times to be hungry and times to be full, times to be concerned with feeding ourselves healthfully and joyously, and times to be concerned with feeding our neighbors as ourselves.

I refer to this pleasure/restraint duality as a paradox of "plenty," because only in a culture of some affluence do we have the luxury of preoccupying ourselves with such matters. In an economy of scarcity, we would simply eat what was available when it was available, concerned not so much with eating well as with eating at all. This contrast, however, points out a second paradox: even in our land of relative abundance, nearly twelve percent of households, according to the U.S. Census Bureau, continue to be "food insecure": regularly lacking enough resources to meet basic dietary needs; running out of food, especially at the end of the month; and eating poor quality and unbalanced diets, creating the seeming disparity that some of the physically fattest among us are in fact the most *ill*-fed.[3]

Dollars illustrate this paradox of scarcity-within-plenty in a disturbing way. According to the National Institutes of Health, we in the United States spend $33 billion annually on weight-loss products and services, including low-calorie foods, artificially sweetened beverages, and memberships to commercial weight-loss centers—just slightly less than the $40 billion voted by the summer 2005 G-8 summit of the eight industrialized nations to write off debts for the globe's poorest countries.[4] Such statistics show a marked imbalance in our priorities. In the early centuries of Christianity, people undertook fasts so that the foodstuff they saved might be used to help "feed their neighbors as themselves." In the twenty-first century United States, we rather undertake expensive diets to compensate for our high-processed food, low-exercise lifestyles; all the while fourteen million children lack the resources that would keep them from going to bed hungry every night. Former slave and abolitionist Frederick Douglass once famously remarked that none can be free until all are free. Might we consider as a parallel that none can truly eat well until all eat well?

Eating—that seemingly most personal act—is thus rife with political implications. Should we simply stop buying our low-fat, low-carb, low-calorie foods and spend the money we save in efforts to eradicate hunger? If only solutions were so straightforward: but we are, instead, dealing with *paradoxes* of plenty.

A third paradox points out that as a national population, we *do* need to work at reducing our weight and eating less harmful fat, fewer refined carbohydrates, and fewer calories overall; yet the more we try to control our weight, the less we seem to succeed. According to the National Center for Health and the Centers for Disease Control, nearly two-thirds of adults and children in the United States are overweight; nearly one-third are obese. The Surgeon General reports that obesity, with its related problems of unhealthy

eating habits and sedentary behavior, accounts for 300,000 deaths every year, roughly twice the number of people who die annually from lung cancer.[5] Countless hours of productivity—including productive labor on behalf of the poor and the poorly fed—could be recovered were we to be better caretakers of our bodies, as Sally's stewardship-centered approach to food and diet would have us be.

Our size-obsessed culture produces two categories of people: those whose yo-yoing efforts at short-term weight loss result in longer-term weight gain and related ailments, and those whose overreaching efforts at weight loss result in emaciation and other mental and physical consequences.

Never in our nation's history have we spent so much time, energy, and money in the pursuit of thinness, and never have our statistics on weight and weight-related illness spiraled so far out of control. Simply put, paradox three stresses that current practices of dieting are as much a part of the problem as of the solution to the dilemma of eating well. Studies repeatedly show that 90 to 95% of individuals who diet regain their weight within one to five years, because such endeavors play havoc with our metabolism as well as our mental health: instead of training us in sustainable lifestyle change, they create a psychology of deprivation which almost inevitably leads to rebound self-indulgence. Yet, like alcoholics who have not yet learned that "insanity consists in repeating the same behaviors and expecting different results," we keep embarking on diet after diet, convinced with each new attempt that *this* time, at last, the endeavor will work.[6]

Odds are, it will not. Unless, perhaps, we are one of those people at the opposite end of the spectrum for whom diets work all too well, setting in motion the life-threatening dynamics of a serious eating disorder like anorexia nervosa. Then, what begins as a simple weight-loss diet escalates into an acute fear of being fat and an overpowering desire to be "thin" and "in control," with the two states perceived as synonymous with one another. Sadly, our size-obsessed culture seems to produce two categories of people: those whose yo-yoing efforts at short-term weight loss result in longer-term weight gain and all its related ailments, and those whose overreaching efforts at weight loss result in emaciation and a host of other mental and physical consequences. What our culture has *not* shown itself capable of producing is the ability to eat well, practicing both celebration and restraint, pursuing the well-being of the wider community, and promoting our fullest individual health.

Truth to tell, we are focused on the wrong issues. Even the newly burgeoning "faith-based" diet industry seems unfortunately geared toward promoting the possibility of losing weight and achieving slenderness as the desirable by-products of a life of better-ordered habits of food consumption. To put this in terms of a fourth paradox of plenty: the issues that are *most* likely to prove motivational for people whose food-lives are a source of distress are the issues *least* likely to be conducive to lasting spiritual as well as physical shalom. A call to pursue fitness and total-body flourishing does not seem to inspire us to action; the prospect of losing five pounds *does*—even if those pounds will come back redoubled; even if their loss will fuel a self-defeating, energy-sapping obsession with weight.

Uncomfortably enough, people with distressing food-lives abound in our faith communities: a 1998 study by sociologist Kenneth Ferraro of Purdue University found that religious participation in the United States—specifically, participation in Christian denominations such as Southern Baptist and Pentecostal/Fundamentalist (Church of Christ, Assembly of God, Church of God, and Fundamentalist Baptist)—correlates with overweight and even obesity.[7] In other words, those believers who claim the most literal belief in the revealed word of Scripture seem nonetheless to discount its injunction to "glorify God in your body" (1 Corinthians 6:20) through good stewardship of our health and fitness.

Of course, such believers could respond that they are adhering to other biblical teachings: "Therefore I tell you, do not worry about your life, what you will eat or what you will drink…. Is not life more than food…? (Matthew 6:25); or even, "the LORD does not see as mortals see; they look on the outward appearance, but the LORD looks on the heart" (1 Samuel 16:7). Assuredly, such alternate teachings stand as invaluable correctives to a culture overly occupied with what we put into our mouths and with how we appear as a result. The difficulty, though, is that many faith-based diet programs send a very mixed message. They aim to help their adherents overcome unhealthful compulsions to eat in response to spiritual rather than physical hungers; their laudable goal is to enhance physical, emotional, and spiritual fitness. Yet by touting weight loss (and even, in some cases, condemning certain body sizes as clear signs of sinfulness), they feed into the very preoccupations they aim to combat.[8]

Herein lies a fifth paradox of plenty: at least insofar as we can presume to know the mind of God based on the revelation of the Old and New Testaments, God both does and does not care how we eat. The scriptural "prooftexts" cited above, like the Christian moral exhortations to both celebration and restraint, allow us no simplistic answer to the question of what constitutes eating well. Still, it seems self-evident that the God of grace revealed in Jesus could not conceivably love people any more or less based on their physical size. Furthermore, since none of us can know the metabolic or other challenges our neighbors are dealing with in their personal approach to

food, it seems a form of "false witness" to judge any particular body weight as clear evidence of "disobedience." The true witness of Scripture is that God wills our good—in our bodily life on earth, as in heaven—and that God expects our grateful, joyous, and responsible attention to all we have been given here below.

Unfortunately, though, we live in a world that has fallen far from the goodness our Creator originally intended—and this both is, and is not, our fault. The paradox of original sin is that we are born into a world in which evil is already present and inevitable, yet we are also accountable for the ways in which we perpetuate that evil. This theological assertion echoes in a sixth paradox of plenty: we both are and are not to blame for the ways in which our food-lives have increasingly spun out of control. Innocent, we are born into an environment that invites us to feed ourselves poorly, to obsess about eating and dieting, to abuse our health in multiple ways. Guilty, we accede to the invitation.

What seems like an individual problem—what we eat and what we weigh—can only truly have a cultural solution. Rather than join another weight-loss program, we would be better served by a more multifaceted approach to the dilemmas of "eating well."

Recent studies suggest a multitude of factors, both within and beyond our control, that figure in the current epidemic of unhealthy weights and lifestyles. Obvious ones include a lack of exercise and a surfeit of high fat foods; less obvious ones include sleep deprivation, certain medications, and "endocrine disruptors" in synthetic environmental chemicals that contribute to hormonal changes affecting our appetite and weight. Thus, we do not simply live in toxic *cultural* surroundings that "supersize" our portions while promoting "microsized" body images as the standard of beauty, we also live in toxic *physical* surroundings. Not just our hormones, but also the neurotransmitters in our brains are being chemically disrupted—resulting in widespread depression, as well as in attempts to self-medicate with substances like drugs, alcohol, and food.[9] In the short run, eating certain foods does make us feel better; in the long run, though, the results may not be so happy. We can scarcely be faulted for the toxicity that undermines our health in so many insidious ways; yet we *can* be faulted for not using our intelligence and will to mount better campaigns of resistance.

This leads to the seventh and final paradox of plenty: what often seems like an individual problem—that is to say, what we eat and what we weigh—can only truly have a cultural solution. Thus, the next time any of us are tempted to join the massive numbers of our fellow citizens who are

embarking on yet another weight-loss program, we would be better served to attempt a more multifaceted approach to the dilemmas of eating well.

First, we need to work at combating "mind pollution," critiquing the media-generated images of a single, "microsized," and unrealistic standard of beauty that encourages us to be superficial and harsh in our judgments of ourselves and of one another. Second, we need to promote a new image of beauty as *vibrancy*, as vigorous flourishing within the limits of individual bodily givens, acknowledging that some responsibly nurtured bodies will inevitably be larger or smaller than others as part of the variety of God's creation. Such an image of vibrancy should foster in us a rediscovered joy in movement and a re-attunement to cycles of hunger and fullness that mark the natural rhythms of our lives. Third, we need to acknowledge and honor our dependency on one another and on the earth: putting money aside from less healthy food purchases to feed hungry children; eating lower on the food chain in order to minimize pain to others of God's creatures and maximize the yield of the land; and recognizing that when we recycle, purchase food without unnecessary packaging, and use water and fossil fuels as sparingly as possible, we help to combat the environmental toxicity that makes it difficult for others—particularly, for future generations—to eat well. Finally, we need to cultivate in our families and faith communities a deepened spirituality of mindfulness and patience, supplanting tendencies toward heedless action, impatient and ultimately ineffectual "quick fixes," and the mistaken conviction that consuming goods will ever fill the empty places in our God-hungry hearts.

In the final analysis, eating well is not just about what we do or do not put into our mouths. Far more, it is about the complex ways we negotiate a path through the paradoxes of plenty, attending to the health of our bodies, our spirits, our communities, and our planet. Eating well first requires that we hunger and thirst after righteousness—for then, and only then, will we be fully satisfied.

NOTES

1 Thomas Aquinas, *Summa Theologica* IIaIIae, question 142, article 1, translated by Fathers of the English Dominican Province (New York: Benziger Brothers, Inc., 1947).

2 Harvey Levenstein uses the phrase "paradox of plenty" in his social history of eating in the United States from 1930 to 1990, but he develops the concept in significantly different directions. See *Paradox of Plenty* (Berkeley, CA: University of California Press, 2003).

3 Food Research and Action Center, *www.frac.org/html/hunger_in_the_us/hunger_index.html* (accessed August 4, 2006).

4 See the websites of the National Institutes of Health (*win.niddk.nih.gov/statistics/)* and America's Second Harvest (*www.secondharvest.org*).

5 For more information on weight and weight-related illness in the United States, see *www.americansportsdata.com/weightlossresearch.asp*. Data on causes of death can be found at *www.fpnotebook.com/PRE6.htm*.

6 The quote about insanity, used in Alcoholics Anonymous, has been variously attributed to Benjamin Franklin, Albert Einstein, and Rita Mae Brown.

7 "Firm Believers? Religion, Body Weight and Well-Being," *Review of Religious Research* 39:3 (March 1998), 224-244.

8 Marie Griffith observes, "Though the Christian participants in devotional fitness regimens surely are well-meaning and moral, the implications of this growing fixation are sobering. These programs have not provided a robust solution to the much publicized obesity epidemic, nor is there evidence that they counter the persistently high rates of eating disorders in the populace. All of us, I believe, are enmeshed to a greater or lesser degree in this ideology, simply as people who live and struggle amid this culture's confused norms of right and wrong, healthy and unfit, beautiful and ugly. At our best, we may try to refine or contest these in some fashion, but still we daily (if unintentionally) help reproduce contradictory standards for others." R. Marie Griffith, "Heavenly Hunger," *Food and Hunger,* Christian Reflection: A Series in Faith and Ethics, 13 (Fall 2004), 62-71, here citing 70-71. This article in available online at *www.ChristianEthics.ws*.

9 On hormonal changes, see a summary of studies from the *International Journal of Obesity* in Roger Dobson, "Too Fat—But Is It My Fault?" in the July 15, 2006, issue of *The Times Online*, *www.timesonline.co.uk/article/0,,8123-2269040,00.html* (accessed August 7, 2006). On disruption of neurotransmitters, see Michael Norden, *Beyond Prozac* (New York: ReganBooks, HarperCollins, 1996).

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Dying Well

BY ABIGAIL RIAN EVANS

How can we confront suffering and our fear of death? The words of the HEIDELBERG CATECHISM—"That I belong—body and soul, in life and in death—not to myself but to my faithful Savior, Jesus Christ"—ring in our ears. Dying well begins with our perspective on life and living well.

During a retreat several years ago, a group of Princeton Theological Seminary faculty members were asked to choose the analogy which most closely matched their view of life: life is a race; life is a pilgrimage; life is meaningless; life is a mystery; life is a dream; or life is a gift. By far, the largest group identified with "life is a gift."

At those times in our lives when we experience joy and fulfillment, we more readily identify with life as a gift. Yet when we encounter the fragility of life in a sudden death, life does not feel like a gift. For some people in the midst of suffering and immense pain, life is a gift that they would like to relinquish back to God. They may turn to euthanasia in fear; they want to get dying out of the way or at least be rid of their pain and suffering.

Oddly enough, until we understand the meaning of life we cannot face death, since how we live often determines how we die. Dying well begins with our perspective on life and living well.

THE VALUE OF HUMAN LIFE

Scripture calls us to place a high value on the creation, and particularly on human life, because these are God's good gifts. God gave humans the responsibility to care for and nurture life on earth. Later, in the sixth commandment God instructs us to respect human life and not commit murder (Exodus 20:13; Deuteronomy 5:7). This prohibition is a protection of the sacredness of life valued and instituted by God. Jesus commends this rule to the rich young man as the first commandment to keep (Matthew 19:18; Mark 10:19; Luke 18:20), and in the Sermon on the Mount he extends it to

include not being angry with and insulting a brother or sister (Matthew 5:22). The Apostle Paul teaches that we fulfill this commandment (and others) through loving all people: "The commandments, 'You shall not commit adultery; You shall not murder; You shall not steal; You shall not covet'; and any other commandment, are summed up in this word, 'Love your neighbor as yourself.' Love does no wrong to a neighbor; therefore, love is the fulfilling of the law" (Romans 13:9-10).

Reflecting on this commandment and the larger biblical witness of our obligation not to kill, Lewis Smedes writes: "True, if everyone merely kept his hands off his neighbor's throat, life in our ravaged world would at least have a chance. But fulfilled in love this commandment requires much more. We have not read its real demands unless we hear it in God's will for us to do all we can to protect our neighbor's human life and help it flourish."[1]

Therefore, we should honor life with great respect and reverence. "Respect is man's astonishment, humility, and awe . . . at majesty, dignity, holiness, a mystery which compels him to withdraw, and keep his distance, to handle modestly, circumspectly, and carefully," Karl Barth writes.[2]

Smedes observes, "The basis for the sixth commandment lies not so much in the sacredness of human beings as in God's creative authority."[3] Our value as persons is bestowed on us by the Creator, and we are to live in joyful service before God. As the *Westminster Shorter Catechism* expresses it, "Man's chief end is to glorify God, and enjoy him forever."[4]

How can the high value of human life that I am sketching be reconciled with Christian views that sometimes we should not resist death? Can we continue to honor self-sacrifice and martyrdom in certain situations, for example? We can if we remember that human life has not only this intrinsic value, but also instrumental value: life is a gift that can be laid down for a higher value—for instance, to remain faithful to God or to save another.

The more difficult cases involve our revering, honoring, and caring for persons who are dying. This, of course, brings us to the heart of the dilemma we face in modern medicine: when is it appropriate to prolong a person's dying? When is God ready to receive them? If God is the creator, redeemer, and sustainer of life and if God is the Lord over life and death, are we trying to usurp God's role? We must step back from the struggle to survive, as Richard McCormick has expressed it, and distinguish when the medical treatment is merely prolonging the dying, rather than enhancing the living. In this case, we can refuse the treatment and let the disease run its course without usurping God's authority.

The famous words from the *Heidelberg Catechism*—"That I belong—body and soul, in life and in death—not to myself but to my faithful Savior, Jesus Christ"—ring in our ears.[5] We cling to this truth and God's promise "that all things work together for good for those who love God, who are called according to his purpose" (Romans 8:28). We face death with ultimate confidence in Christ's victory over the last enemy, death (1 Corinthians 15);

through his resurrection, "Death has been swallowed up in victory" (15:54b).

THE QUESTIONS RAISED BY SUFFERING

Nevertheless, for Christians death remains a very real enemy. It is not illusionary. Death represents a great loss as those we love are snatched away from us, often unexpectedly with a tearing, wrenching force which leaves us wounded, stripped, and yes, even angry at the God we worship.

Intense suffering and the prospect of death, either our own or of someone we love, brings to the fore our deepest questions about God's goodness and power. Commenting on this fact, C. S. Lewis writes: "Bridge players tell me that there must be some money on the game 'or else people won't take it seriously.' Apparently it's like that. Your bid—for God or no God, for a good God or a cosmic sadist, for eternal life or nonentity—will not be serious if nothing much is staked upon it. And you will never discover how high until you find that you are playing not for counters or for sixpences but for every penny you have in the world."[6]

We question the "why," the "how," and the "what" of suffering. The "why" question is Job's question of theodicy: Where is God in the midst of this tragic world? How could a good and loving God permit pain, suffering, and death? We know that this is an over-simplification, for we live in a broken world which collectively we have corrupted. Death is indeed a consequence of our sin—"just as sin came into the world through one man [Adam], and death came through sin, and so death spread to all because all have sinned," writes Paul, "the abundance of grace and the free gift of righteousness exercise dominion in life through the one man, Jesus Christ" (Romans 5:12, 17b)—though one person's wrongdoing does not always end in sickness. In fact, the Psalmist cries, "Why do the evil prosper and the righteous suffer?" for there is no necessary correlation between an individual's sin, sickness, and death. Ultimately, then, there is no satisfactory answer to the "why" of suffering.

For Christians death remains a very real enemy. Death represents a great loss as those we love are snatched away from us, often unexpectedly with a tearing, wrenching force which leaves us wounded, stripped, and yes, even angry at the God we worship.

The "what" question concerns our response to another's suffering—that is, compassion—what we can do to help someone else. The "how" of suffering is our response to our own suffering.

Only if we learn to confront suffering and our fear of death can we die well. The first step, then, is to view our own suffering and dying through the prism of "how" rather than "why." What can we do in the face of grief, pain, loss, crisis, and sickness to cope and to grow? The great men and women of faith are those who have redeemed their sufferings, overcome adversity, and clung to hope in the midst of overwhelming odds. How we face suffering says more about us than anything else because it reflects the way we value life.

PREPARING FOR OUR OWN SUFFERING AND DYING

What can we do about suffering in our life? One step we can take is to prepare our hearts and souls before we face illness, death, or other forms of loss. And when we are in the midst of suffering, there are hopes to which we can cling. The following suggestions are not to be interpreted as a vaccine against suffering, but rather as reflections on preparing for and confronting the overwhelming nature of suffering and the spectrum of death. First, I will consider the ways we can prepare ourselves for suffering.

Develop deep wellsprings of spiritual strength and insight. Memorize the Scriptures and they will come to you as a source of grace. Ernest Gordon famously wrote of the Japanese prison camp in the valley of the Kwai where a young man transformed the inhumanity of that camp by sharing the words of the Bible.[7] I can remember as vividly as yesterday when in 1963 I was arranging for the burial of my infant daughter in the interior town of Chapéco, Brazil. The words of Psalm 1:3 came to me:

> They are like trees
> planted by streams of water,
> which yield their fruit in its season,
> and their leaves do not wither.

Rely on a support community. This community—whether it is one intimate friend or a larger group we relate to on a deeper level—becomes a safety net, as those we have helped in the past come to us in our hour of need. We can reduce suffering by sharing our burden, pain, and secrets with others in support groups, a close group of friends, or our church community.

CONFRONTING OUR OWN SUFFERING AND DYING

Preparing for suffering does not make us immune to it. Here I suggest a few options for confronting the illness, death, and loss which we inevitably must endure.

Trust in God's power. From first to last we live with absolute confidence in the power of God. This requires us consciously to repudiate dominative power, to quit denying our neediness, and to quit manipulating and "fixing" others' weaknesses. This means that every act of service to others involves some measure of deprivation. A Christian's service never succeeds—and never means to succeed—in freeing others entirely from their

needs and weaknesses.[8]

Our belief in God's ultimate control over the world and our lives means that we need not fear what sickness, suffering, and death can bring us. As we acknowledge the reality of despair felt in the face of death, the answer is that God is with us. The mystery is that God does not remove our suffering, but there is nowhere that we can go where God is not present. As the psalmist writes in 139:7-12,

> Where can I go from your spirit?
> Or where can I flee from your presence?
> If I ascend to heaven, you are there;
> if I make my bed in Sheol, you are there.
> If I take the wings of the morning
> and settle at the farthest limits of the sea,
> even there your hand shall lead me,
> and your right hand shall hold me fast.
> If I say, "Surely the darkness shall cover me,
> and the light around me become night,"
> even the darkness is not dark to you;
> the night is as bright as the day,
> for darkness is as light to you.

Communicate to others what we need and how we feel. Sometimes we not only need their words, gestures, touch, or acts, but we also need their silence. "If you would only keep silent, that would be your wisdom!" Job said to his friends (Job 13:5). Just letting others know what would be helpful is cathartic in itself. Surveys have shown that dying people want to talk about death, but those around them avoid the subject.

From first to last we live with absolute confidence in the power of God. This requires us consciously to repudiate dominative power, quit denying our neediness, and quit manipulating and "fixing" others' weaknesses.

It is important that we *share with others our anger and grief*. Once again, we have the good example of Job as he raged against God and confronted his friends and wife with how unhelpful they were (Job 3:1-26; 7:13-16). When faced with such catastrophes as Job's, most people would curse God or commit suicide. But Job's reaction, even in his bitterest times, was to believe in God and God's justice. As the drama unfolds we read of the various stages of Job's emotions—numbness, uncertainty, rage, doubt, discouragement, hope, repentance, and vindication. Job was torn between believing that God was so powerful and therefore unapproachable, and

trusting that God would answer him directly. He realized the gulf between himself and God and wanted an arbitrator between them (Job 9:32-33):

> For [God] is not a mortal, as I am, that I might answer him,
> that we should come to trial together.
> There is no umpire between us,
> who might lay his hand upon us both.

Job confidently yearns for someone to bring his case before God "as a man pleads for his friends" (16:21, NIV).[9] He calls for a *goel* before God (19:25), one who can be a "vindicator" or "advocate" for him (though the term is usually translated as "redeemer").

Pierre Wolf, a spiritual director, recounts the stories of two women for whom expressing anger was an important part of the healing process. As the first woman was caring for a small child who fell from a fifth floor window and later died, she prayed, "God, I hate you because you let this happen!" The second woman, whose son was killed in a senseless accident rebelled against God and felt her faith disappearing. Wolf writes, "The Lord is certainly as saddened as she is right now, how could [God] accept such an accident caused by negligence and imprudence? And all of a sudden I understood that she was for us a witness to the sorrow of God. This was affirmed for me when I saw her engulfed in profound peace as I said to her, 'Do not accuse the Lord; he is probably thinking the same thing you are. Do not think you are against him; he is beside you, speaking through you. Our Father has also 'lost' a child."[10]

When Diedra Kriewald relates her response to the death of her young husband in a car accident in Mexico, she admits, "Anger did not come easily to me those days." Later, as she got in touch with her anger, she realized that God suffers with us in response to our anger.[11]

Write a spiritual journal. We can write our own book of Job, so to speak, and in this way accept our feelings. We should not judge our feelings as right or wrong, since the object is to express them, to give them over to God. Keeping a journal or writing poetry can become a kind of prayer as we face our own mortality. This is what my friend, Lucy Atkinson Rose, a former professor of preaching and worship at Columbia Theological Seminary, did as she wrote *Songs in the Night*, the journal of her dying of cancer.

Prayerfully read the Bible. The Bible is full of stories of the sufferings of God's people, and these can be a source of encouragement, insight, and comfort to us. The Book of Psalms is filled with lamentations; the Gospels proclaim Christ's death and resurrection; the Book of Acts tells of the suffering and victory of the early Christians; and the Pauline epistles reflect a Christian theology of suffering, dying, and life eternal. These Scriptures become our source of inspiration in the face of overwhelming odds.

Join in a Christian community for worship, study, fellowship, support, and service. Suffering tends to separate us from our friends and family members.

The resulting isolation, loneliness, and alienation intensify our pain. When we are able to share our suffering and fear with Christian friends, it helps to ease them. This does not mean we should not have time to be alone and apart from others, but the sustenance of an ongoing group is crucial. The community should be characterized by *shalom*—wholeness, harmony, tranquility, well-being, and friendship. This is health in the fullest sense of the word.

HELPING OTHERS IN THEIR SUFFERING AND DYING

Now that we have considered how we face our own suffering and dying, we can examine how to help others.

Stand in solidarity with others. We are to share in one another's suffering. "Rejoice with those who rejoice," Paul instructs the Christians at Rome, "weep with those who weep" (Romans 12:15). Arthur McGill notes that we are "called, not simply to notice those who suffer and to sympathize with them, but to recognize our own identity with them in their pain and in the deceptions about power in which they are entangled. In short, the Christian has no secure and happy vantage point from which to view sorrow and pain."[12] As Christ suffered and died for us, we recognize that suffering is part of being human. When we stand in solidarity with others as they face death, we share in Christ's death and resurrection. So Paul writes, "Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and the God of all consolation, who consoles us in all our affliction, so that we may be able to console those who are in any affliction with the consolation with which we ourselves are consoled by God" (2 Corinthians 1:3-4).

When we share our suffering and fear with Christian friends, it helps to ease them. This community should be characterized by shalom—wholeness, harmony, tranquility, well-being, and friendship. This is health in the fullest sense.

We can identify with others, even those who are facing death, because our grief, loss, and bereavement at our alteration or loss of physical function through sickness or accident are similar to their experiences. Whether we are a football player who becomes a paraplegic, a physicist with the early symptoms of Alzheimer's disease, or a person grieving over the death of a loved one, we know what it means to cease to be the person we were. We no longer understand who we are. Even when we are cured, we are never the same person.

As Eric Cassell has pointed out, illness is not like a knapsack attached to the side, but rather it affects our body, mind, and spirit. If we talk about

wholistic health, we also need to recognize wholistic illness. We can help others accept what is happening to them and help them rest in the freedom which comes from that acceptance. As people face the many losses created by a serious illness, they are preparing to accept the ultimate loss through death.

Give a voice to others' stories. Despair or pain can be so overwhelming for those who suffer that they cannot speak or express the depth of their suffering. When Jack O'Shea was discussing spiritual wisdom with several women in their eighties, he told them a story about a woman who had lost her husband: the grieving woman went to see a holy man about her grief, but he asked her first to gather wood from every house nearby that had not lost anyone. "She didn't get any wood," three of the women listening to O'Shea's story replied in unison. Another woman whose husband's Alzheimer's had become uncontrollable thoughtfully responded, "But her grief lifted."[13]

I encourage storytelling and use biographical case studies with my seminary students to help them find a connection between others' stories of grief and loss and their own. We need to help those who are suffering find their voice, simply by listening to them express their grief and helping them to take responsibility for where they are in their grief. We do not need to have an agenda or a set list of things to do.

FINDING HOPE IN THE MIDST OF DESPAIR

Most people respond to suffering and death by trying to avoid despair, but this coping mechanism only works for a time. Extreme loss and grief eventually immobilize us if they are never addressed. As Christians, we can help people reframe and reinterpret their experiences instead. Our liturgical calendar is a reminder that the grief of Good Friday comes before the joy of Easter Sunday. In this new framework, grief and loss no longer have the same power over us; they become empowering rather than overpowering.

Stewart D. Govig, an advocate for persons with disabilities, reminds us how the broken places in life can become the strongest: when a wound heals, tougher skin creates a scar over the wound.[14] Places of grief can become our strongest places. This is why we find that those who are dying often minister to us—as their body diminishes their spirit grows stronger.

Pastors and chaplains are especially privileged to help people turn from despair and start the journey toward hope. Peter Speck, an Anglican chaplain, tells of a father who surprised his daughter with a moped. After teaching her how to use the bike, he watched her take her first ride to the end of the street. There the moped skidded on a greasy patch of road and slid under a passing truck, and his daughter was fatally injured. In the hospital, the doctors put her on life support and the father did not want it removed. Out of his guilt the father angrily demanded that the hospital chaplain produce a miracle from God. The chaplain joined the father on the floor and

embraced him as he relayed the events leading to his daughter's accident. Then the chaplain invited the family to gather at the daughter's bedside for prayer. A few hours later the father agreed to remove the life support. The family asked the chaplain to join them to say goodbye and to pray with them as their daughter died; there was healing that occurred for them because of the chaplain's compassionate presence.[15]

We are called to kneel, to listen, and to wait patiently with people in their suffering and death. God will use us to help families and friends grieve the loss of their loved ones. God will use us to help people die well.

NOTES

1 Lewis B. Smedes, "Respect for Human Life: 'Thou Shalt Not Kill'" in Stephen E. Lammers and Allen Verhey, eds., *On Moral Medicine: Theological Perspectives in Medical Ethics* (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1987), 145.

2 Quoted in Smedes, "Respect for Human Life," 146.

3 Ibid.

4 *The Book of Confessions: Study Edition, Presbyterian Church* (USA) (Louisville, KY: Presbyterian Distribution Services, 1999), 7.001.

5 *The Book of Confessions*, 4.001.

6 C. S. Lewis, *A Grief Observed* (New York: Bantam Books, 1961), 43.

7 Ernest Gordon, *Miracle on the River Kwai* (New York: Harper and Brothers, 1962), reprinted as *To End All Wars* (Grand Rapids, MI: Zondervan, 2002).

8 Arthur C. McGill, *Suffering: A Test of Theological Method* (Philadelphia: Westminster John Knox Press, 1982), 116.

9 Scripture taken from the HOLY BIBLE, NEW INTERNATIONAL VERSION®. Copyright © 1973, 1978, 1984 International Bible Society. Used by permission of Zondervan. All rights reserved.

10 Pierre Wolf, *May I Hate God?* (Mahwah, NJ: Paulist Press, 1979), 37.

11 Diedra Kriewald, *Hallelujah Anyhow! Suffering and the Christian Community of Faith* (New York: General Board of Global Ministries, The United Methodist Church, 1986), 3.

12 McGill, *Suffering*, 116.

13 Jack O'Shea, "Part of the Ocean: Spiritual Wisdom and Aging," *The Park Center Bulletin, Aging*: 6 (October/November, 1998), 3.

14 Stewart D. Govig, *Strong at the Broken Places* (Louisville, KY: Westminster John Knox Press, 1989).

15 Peter W. Speck, *Being There: Pastoral Care in Time of Illness* (London: SPCK, 1995), 26-28.

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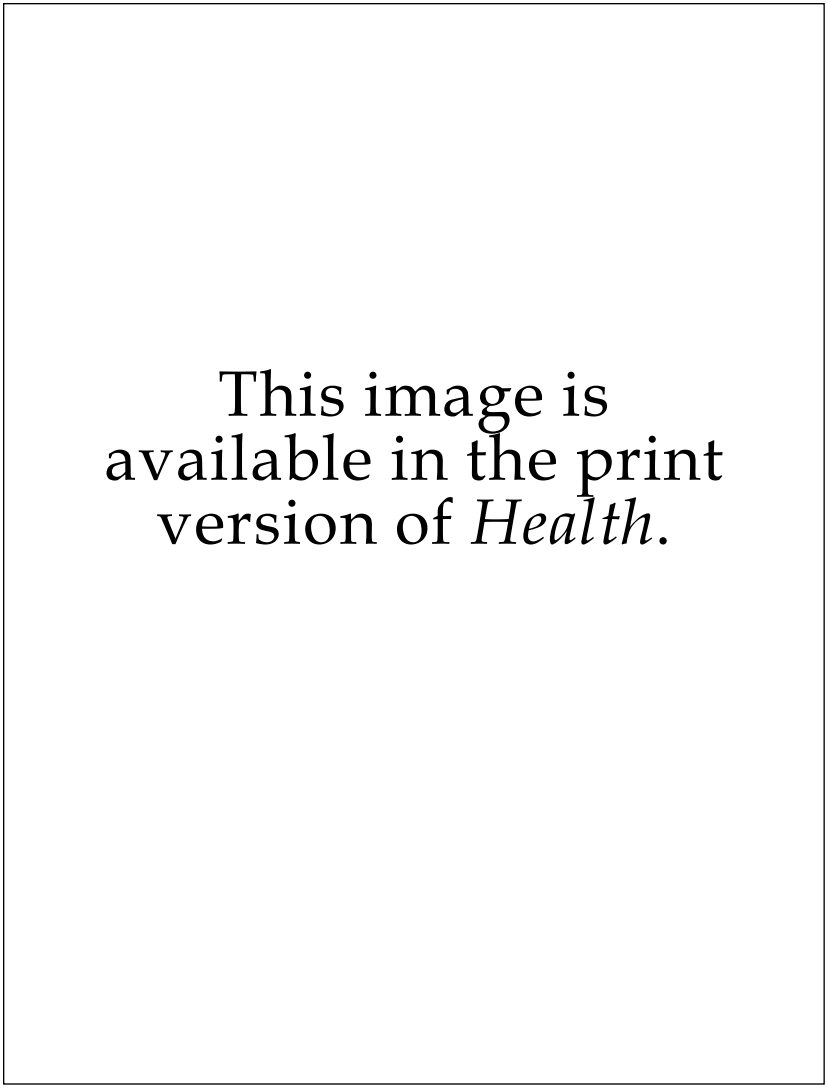

Interpreting the biblical story of Peter's miraculous healings in the streets of Jerusalem, Masaccio projects the Apostle's healing ministry onto his culture and into a fifteenth-century Florentine alley.

Masaccio (1401-1428). *Peter Healing with His Shadow, 1425-28. Fresco, 7'7" x 5'4". Brancacci Chapel, Santa Maria del Carmine, Florence, Italy. Photo: © Erich Lessing / Art Resource, NY. Used by permission.*

Peter's Shadow

BY HEIDI J. HORNIK

Masaccio is sometimes called the founder of Renaissance painting, for during his short life of only twenty-seven years his innovative art moved the entire city of Florence into a rebirth of classical culture. He used one-point linear perspective to depict a realistic sense of depth on a two-dimensional wall or panel. His figures were three dimensional with individual personalities evident through their facial features, gestures, and emotions.

Masaccio worked on the Brancacci family chapel alongside Masolino (c. 1383–1435?), who may have been his teacher. Pietro Brancacci (d. 1366/7) had founded the chapel, but it was owned by his nephew Felice Brancacci when the two artists began painting a cycle of biblical stories about Peter on its walls. This iconographic program of the chapel frescos may be in honor of the founding father's patron saint.

Masaccio and Masolino worked separately on the fresco scenes but attribution issues remain. Both artists did major rectangular scenes on the side walls and smaller, vertical panels on the center wall of the chapel. Because Masolino was called to work in Hungary and Masaccio to Pisa before the decorations were completed, Filippino Lippi finished the fresco cycle decades later, in the early 1480s.

When the chapel was restored in the 1980s and the grime was removed from its frescos, colors reminiscent of Giotto (d. 1337) were revealed. Masaccio and Masolino respected the fourteenth-century master and his ability to produce beautiful fresco cycles in Padua and Assisi. Renaissance artists felt tradition and method were very important, so they respected and admired the work of their predecessors. Thus it was that Michelangelo came to the Brancacci chapel to study the manner in which Masaccio painted gesture, drapery, and lifelike figures in motion.†

Peter Healing with His Shadow depicts a very rare subject in the history of art. Perhaps it is so unusual because prior to Masaccio's knowledge of light, depth, and perspective depicting shadows was not possible. Now that cast shadows could be painted and the program was from the life of Peter, it seemed natural to include this healing miracle. The composition is vertical because this image decorates the left-side wall by the cove for the chapel organ.

The event depicted in this fresco is based loosely on a summary in Acts 5:12-16 of Peter's miraculous healings in the streets of Jerusalem:

> Now many signs and wonders were done among the people through the apostles...so that [the people] even carried out the sick into the streets, and laid them on cots and mats, in order that Peter's shadow might fall on some of them as he came by. A great number of people would also gather from the towns around Jerusalem, bringing the sick and those tormented by unclean spirits, and they were all cured.

The artist, however, projects the story into a fifteenth-century Florentine alley. On the left side of the painting we can see the rusticated walls and overhanging back rooms of a Renaissance palazzo.

As Peter walks toward the two lame men on the side of the street, he does not seem to notice them. Nevertheless, the power of Peter's presence heals the men as his shadow is cast over them. The erect and almost regal body position and facial expression of the older man is a stark contrast to the younger kneeling man who has lost the use of his legs entirely and lies across the dirty alleyway. Some art historians believe the younger man may be a self-portrait of the artist. We know little about the personal life of Masaccio, but if the artist is depicting himself through this younger man's illness and weakness, we may assume that this is a sign of his modesty in respect to painting the acts of the Apostle Peter, the first Bishop of Rome.

In antiquity illness was often a precursor to death. Weakened individuals might be shunned for fear of pollution or abandoned because they were unable to contribute to the community. Masaccio has created a compelling visual narrative of the healing power of the apostles. It continues to call viewers to care for one another's health through the community of the apostolic church.

NOTE

† In the Brancacci Chapel, Michelangelo much admired Masaccio's depiction of Jesus paying the temple tax (Matthew 17:24-27). In this most famous visual retelling of the story, Peter appears three times as an older, bearded man with heavy layered robes and a majestic stance. First, he stands at Christ's side as the tax collector arrives; then he bends over a lake and takes the coin from the fish's mouth; and in a third scene that was favored by Michelangelo, he gives the coin to the tax collector.

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Silent Faces

BY TERRY W. YORK

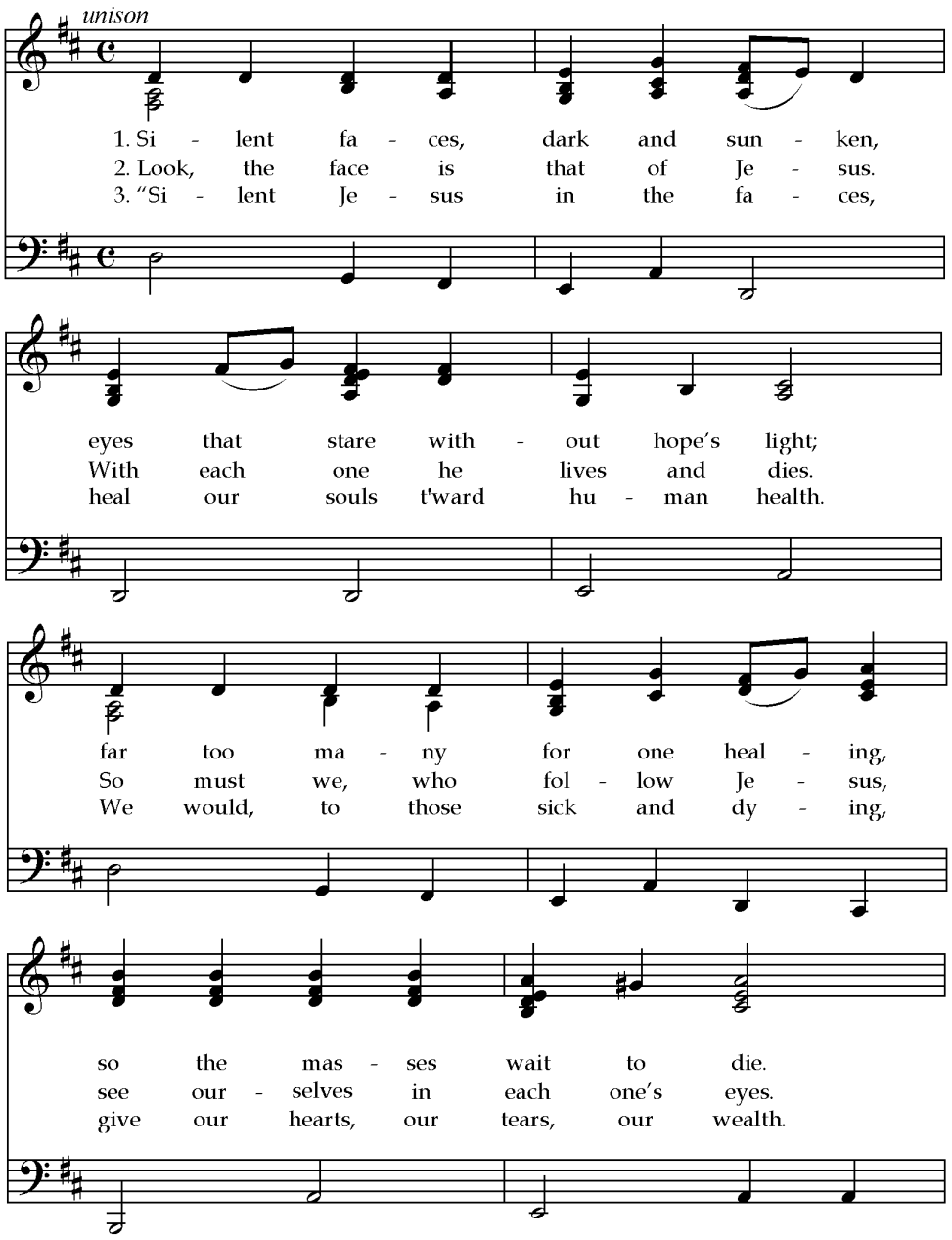
Silent faces, dark and sunken,
eyes that stare without hope's light;
far too many for one healing,
so the masses wait to die.
Yet the spark of health and healing
walks among the waiting crowd.
Look, its face is kind and loving,
yet condemns the distant proud.

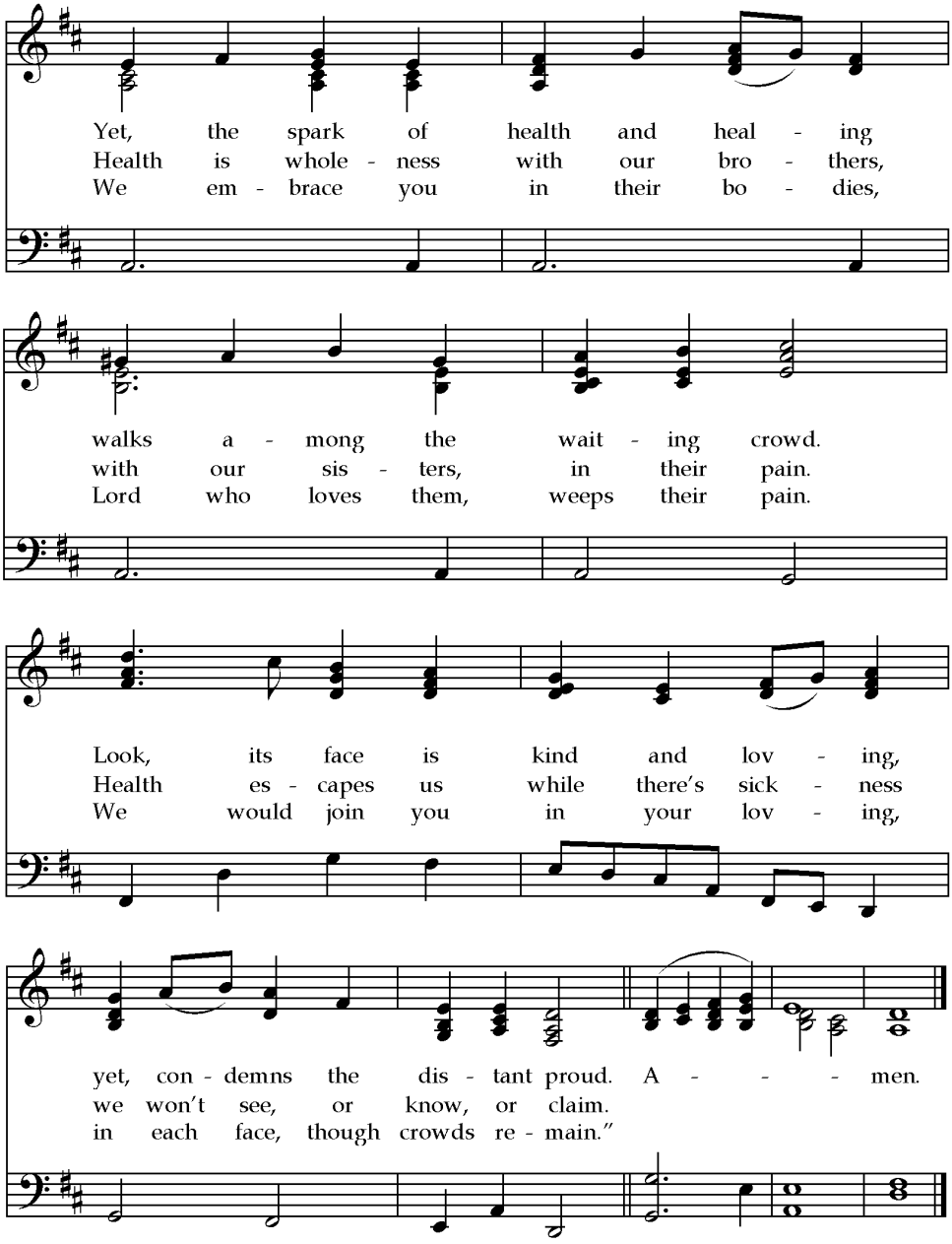
Look, the face is that of Jesus.
With each one he lives and dies.
So must we, who follow Jesus,
see ourselves in each one's eyes.
Health is wholeness with our brothers,
with our sisters, in their pain.
Health escapes us while there's sickness
we won't see, or know, or claim.

"Silent Jesus in the faces,
heal our souls toward human health.
We would, to those sick and dying,
give our hearts, our tears, our wealth.
We embrace you in their bodies,
Lord who loves them, weeps their pain.
We would join you in your loving,
in each face, though crowds remain."
Amen.

Silent Faces

TERRY W. YORK C. DAVID BOLIN





Tune: UNDER THE BRIDGE
8.7.8.7.D.

Worship Service

BY DAVID G. MILLER

Prelude

Healing is impossible in loneliness;
it is the opposite of loneliness.
Conviviality is healing.
To be healed we must come with all the other creatures
to the feast of Creation.†

Wendell Berry

Invocation

Creator of Life, Creator of our lives,
together, we turn to you.
Hear and heal us, Lord, we pray.
Giver of love, Lover of our lives,
together, we reach out to you.
Hear and heal us, Lord, we pray.
Restore us to wholeness,
give us your shalom.
We are fragmented and fragile,
frightened and frail.
In your salvation is healing for our souls and bodies.
Together, we rest in you for newness of life.

Processional Hymn

"Come, Ye Disconsolate"

Come, ye disconsolate, where'er ye languish,
come to the mercy seat, fervently kneel.
Here bring your wounded hearts, here tell your anguish;
Earth has no sorrow that heaven cannot heal.

Joy of the desolate, light of the straying,
hope of the penitent, fadeless and pure!

Here speaks the Comforter, tenderly saying,
"Earth has no sorrow that Heaven cannot cure."

Here see the bread of life, see waters flowing
forth from the throne of God, pure from above.
Come to the feast of love; come, ever knowing
Earth has no sorrow but heaven can remove.

Thomas Moore (1816), *adapted by Thomas Hastings* (1831)
Tune: CONSOLATOR

Morning Collect (Unison)

God of mercy, God of wholeness,
we bow before you,
bent, battered, bruised, and broken.
Through the power of your spirit
and through the power of your word,
we pray that you would hear our prayers
and receive our praise.
Help us, heal us, hold us closer to you
so that we may live. Amen.

The Witness of the Old Testament: 2 Kings 5:1-15a

Naaman, commander of the army of the king of Aram, was a great man and in high favor with his master, because by him the LORD had given victory to Aram. The man, though a mighty warrior, suffered from leprosy. Now the Arameans on one of their raids had taken a young girl captive from the land of Israel, and she served Naaman's wife. She said to her mistress, "If only my lord were with the prophet who is in Samaria! He would cure him of his leprosy." So Naaman went in and told his lord just what the girl from the land of Israel had said. And the king of Aram said, "Go then, and I will send along a letter to the king of Israel."

He went, taking with him ten talents of silver, six thousand shekels of gold, and ten sets of garments. He brought the letter to the king of Israel, which read, "When this letter reaches you, know that I have sent to you my servant Naaman, that you may cure him of his leprosy." When the king of Israel read the letter, he tore his clothes and said, "Am I God, to give death or life, that this man sends word to me to cure a man of his leprosy? Just look and see how he is trying to pick a quarrel with me."

But when Elisha the man of God heard that the king of Israel had torn his clothes, he sent a message to the king, "Why have you torn your clothes? Let him come to me, that he may learn that there is a prophet in

Israel." So Naaman came with his horses and chariots, and halted at the entrance of Elisha's house. Elisha sent a messenger to him, saying, "Go, wash in the Jordan seven times, and your flesh shall be restored and you shall be clean." But Naaman became angry and went away, saying, "I thought that for me he would surely come out, and stand and call on the name of the LORD his God, and would wave his hand over the spot, and cure the leprosy! Are not Abana and Pharpar, the rivers of Damascus, better than all the waters of Israel? Could I not wash in them, and be clean?" He turned and went away in a rage. But his servants approached and said to him, "Father, if the prophet had commanded you to do something difficult, would you not have done it? How much more, when all he said to you was, 'Wash, and be clean'?" So he went down and immersed himself seven times in the Jordan, according to the word of the man of God; his flesh was restored like the flesh of a young boy, and he was clean.

Then he returned to the man of God, he and all his company; he came and stood before him and said, "Now I know that there is no God in all the earth except in Israel."

The word of the Lord.
Thanks be to God.

Confessional Hymn

"There Is a Balm in Gilead"

There is a balm in Gilead
to make the wounded whole;
there is a balm in Gilead
to heal the sin-sick soul.

Some times I feel discouraged,
and think my work's in vain,
but then the Holy Spirit
revives my soul again.

Refrain

If you can't preach like Peter,
if you can't pray like Paul,
just tell the love of Jesus,
and say he died for all.

Refrain

Traditional African American Spiritual

Prayer of Confession

Peace be with you
And also with you
Let us confess our sins before the Lord
and receive pardon and forgiveness,
the healing of our souls.

(All): God, we confess to you our sins.
We have not loved you with our whole heart.
We have not loved our neighbors as ourselves.
We have not even loved ourselves.
Instead we have gambled our health, ignored right living,
and chosen indulgence over discernment.
We have separated ourselves from your body.
We have even divided ourselves and fragmented our lives

We also confess, then,
that we have divided body from soul,
believing we could live as we wished without hurting our spirits.
From this division, we need your healing;
we need your wholeness.
God, you embodied yourself in a human body.
You lived out your life among those who were sick
physically, mentally, and spiritually.
You reached out to touch them,
spoke words to comfort them,
performed miracles to heal them.

Heal us we pray from the sinsickness that grips us.
Restore us to wholeness.
Heal us and help us to work
for the healing and wholeness of our neighbors as well.
Just speak the word of your peace,
and we shall be healed. Amen.

Here these words of assurance:
"The prayer of the righteous is powerful and effective."
Sisters and brothers, through the work of Jesus Christ
our sins have been forgiven.

The Witness of the New Testament: James 5:7-15

Be patient, therefore, beloved, until the coming of the Lord. The farmer waits for the precious crop from the earth, being patient with it until it receives the early and the late rains. You also must be patient. Strengthen

your hearts, for the coming of the Lord is near. Beloved, do not grumble against one another, so that you may not be judged. See, the Judge is standing at the doors! As an example of suffering and patience, beloved, take the prophets who spoke in the name of the Lord. Indeed we call blessed those who showed endurance. You have heard of the endurance of Job, and you have seen the purpose of the Lord, how the Lord is compassionate and merciful.

Above all, my beloved, do not swear, either by heaven or by earth or by any other oath, but let your "Yes" be yes and your "No" be no, so that you may not fall under condemnation.

Are any among you suffering? They should pray. Are any cheerful? They should sing songs of praise. Are any among you sick? They should call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord. The prayer of faith will save the sick, and the Lord will raise them up; and anyone who has committed sins will be forgiven.

The word of the Lord.
Thanks be to God.

Prayers of the People

"The prayer of the righteous is powerful and effective."

We bring one another before the mercy seat of God,
bearing one another's burdens,
remembering one another's needs,
strengthening those who are weak.
Lord, in your mercy, hear our prayers.

As individuals in the congregation voice the names of people for prayer,
they will pray, **"Lord, in your mercy"**
and the congregation will respond, **"Hear our prayer."**

God, hear the prayers of your people.
Where it is possible,
help us to be gifted to answer these prayers as your body on earth.
Where it is impossible for us to be,
move through your spirit to bring comfort and help
and hope and healing and wholeness.
Lord, in your mercy, hear our prayers.
Amen.

Offertory Sentence

Offer before the Lord your tithe and your portion.
Offer before the Lord your whole life.
Give freely, give joyfully, for the Lord loves a cheerful giver.

The Offering is received.

Hymn of Preparation

"Silent Faces"

Terry W. York, ASCAP (2007)
Tune: UNDER THE BRIDGE
(text and tune pp. 47-49 in this volume)

The Witness of the Gospel: Matthew 8:1-17

(All standing)

When Jesus had come down from the mountain, great crowds followed him; and there was a leper who came to him and knelt before him, saying, "Lord, if you choose, you can make me clean." He stretched out his hand and touched him, saying, "I do choose. Be made clean!" Immediately his leprosy was cleansed. Then Jesus said to him, "See that you say nothing to anyone; but go, show yourself to the priest, and offer the gift that Moses commanded, as a testimony to them."

When he entered Capernaum, a centurion came to him, appealing to him and saying, "Lord, my servant is lying at home paralyzed, in terrible distress." And he said to him, "I will come and cure him." The centurion answered, "Lord, I am not worthy to have you come under my roof; but only speak the word, and my servant will be healed. For I also am a man under authority, with soldiers under me; and I say to one, 'Go,' and he goes, and to another, 'Come,' and he comes, and to my slave, 'Do this,' and the slave does it." When Jesus heard him, he was amazed and said to those who followed him, "Truly I tell you, in no one in Israel have I found such faith. I tell you, many will come from east and west and will eat with Abraham and Isaac and Jacob in the kingdom of heaven, while the heirs of the kingdom will be thrown into the outer darkness, where there will be weeping and gnashing of teeth." And to the centurion Jesus said, "Go; let it be done for you according to your faith." And the servant was healed in that hour.

When Jesus entered Peter's house, he saw his mother-in-law lying in bed with a fever; he touched her hand, and the fever left her, and she got up and began to serve him. That evening they brought to him many who were possessed with demons; and he cast out the spirits with a word, and cured all who were sick. This was to fulfill what had been spoken through the prophet Isaiah, "He took our infirmities and bore our diseases."

The gospel of our Lord.
Thanks be to God.

Gospel Response

"Gloria Patri"

Glory be to the Father,
and to the Son and to the Holy Ghost,
as it was in the beginning, is now, and ever shall be,
world without end. Amen, Amen.

Traditional
Tune: GLORIA PATRI

Sermon

Hymn of Response

"Lord God of Hosts, Whose Mighty Hand"

Lord God of hosts, whose mighty hand
dominion holds on sea and land,
in peace and war your will we see
shaping the larger liberty;
nations may rise and nations fall,
your changeless purpose rules them all.

For those who weak and broken lie
in weariness and agony,
Great Healer, to their beds of pain
come, touch and make them whole again.
O hear a people's prayers, and bless
your servants in their hour of stress!

For those to whom the call shall come,
we pray your tender welcome home;
the toil, the bitterness, all past,
we trust them to your love at last.
O hear a people's prayers for all
who, nobly striving, nobly fall!

For those who minister and heal,
and spend themselves, their skill, their zeal,
renew their hearts with Christlike faith,
and guard them from disease and death;
and in your own good time, Lord, send
your peace on earth till time shall end.

William A. Dunkerley
Tune: LEST WE FORGET

Benediction

From here we walk in God's love always and forever.
We who are being healed can offer hope.
From here we step out into the world.
We who are being restored can offer relief.
From here we move forward to be God's hands and God's feet.
We who are being saved can offer service to those still in need.
Here our service begins.
Thanks be to God. Amen.

NOTE

† Wendell Berry, "The Body and the Earth," in Norman Wirzba, ed., *The Art of the Commonplace*: *The Agrarian Essays of Wendell Berry* (Washington, DC: Counterpoint, 2002), 99.

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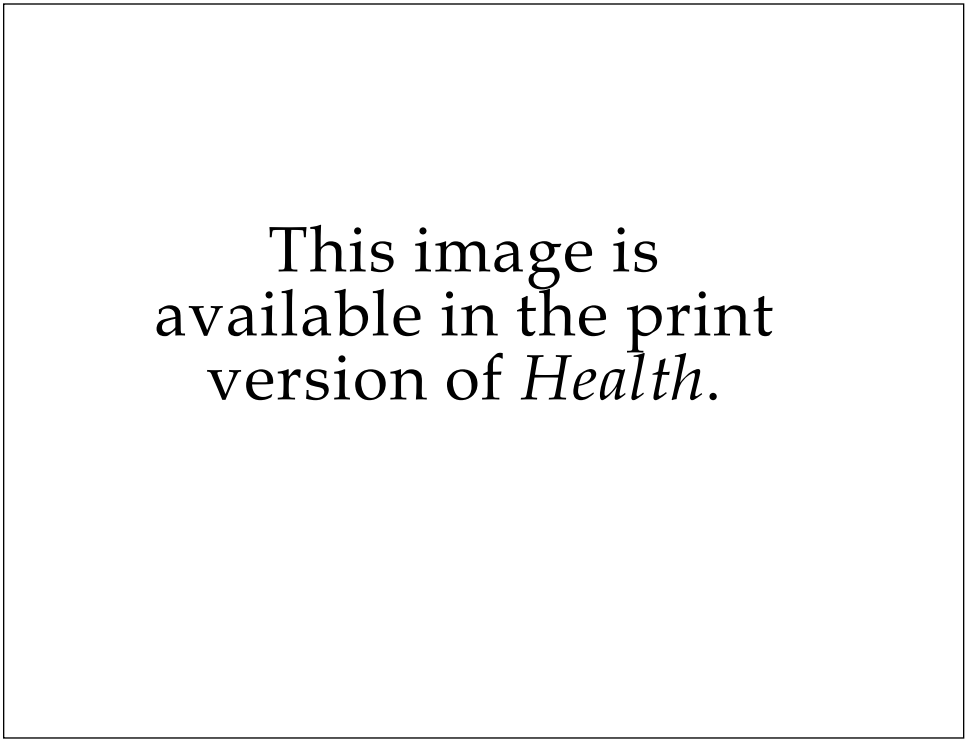

As the woman cowers at Jesus' feet, fearing what he will do to her for desperately taking his healing presence without asking, Jesus calls attention to her so that he may complete her healing and reintegrate her into the community.

Jesus Healing the Woman with an Issue of Blood, sixth century A.D. Mosaic. S. Apollinare Nuovo, Ravenna, Italy. Photo: © Erich Lessing / Art Resource, NY. Used by permission.

Interrupted

BY HEIDI J. HORNIK

To the woman with an issue of blood, Jesus says, "Daughter, your faith has made you well. Go in peace, and be healed of your disease" (Mark 5:34). Surely it was a relief for this woman who tried to "steal" power from Jesus' presence by touching his clothes. Her desperation is not foreign to our civilization either. Would we not welcome such a miraculous word of blessing when we or our loved ones are ill in body or mind? Instead, we must take relief in a medical doctor reporting that a surgery is successful, a diagnostic test result is negative, or a persistent symptom is being reduced.

Jesus Healing the Woman with an Issue of Blood is in a narrative series of mosaics along with the healings of the two blind men of Jericho (Matthew 20:29-34), the possessed boy (Matthew 17:14-21; Luke 9:37-43), and the paralytic at the pool called Bethesda (John 5:1-8). The characteristic style of the Byzantine period is evident in its gold leaf background, flat composition, and strong silhouettes enclosing the tesserae (cut pieces of colored glass) that form the figures. The mosaics adorn the wall of the spectacular palace chapel built by the Ostrogoth king Theodoric the Great in Ravenna, Italy, during the early sixth century and reconsecrated in 561 when the city became the seat of Byzantine government in Italy during Justinian's reign (527-565).

According to the biblical story, as Jesus returns by boat to the western shore of the Sea of Galilee, a large crowd surrounds him on the shore. A man called Jairus, despite his stature as a respected leader of the synagogue, throws himself down at Jesus' feet and begs for the salvation of his young daughter who is dying. Jesus does not reply but begins to follow him (Mark 5:21-23). Jairus is pictured on the left side of the composition, next to Jesus.

This first story is interrupted suddenly by another: in the crowd that accompanies Jesus and Jairus is the "woman who had been suffering from hemorrhages for twelve years" (5:25). "While the nature of the woman's loss of blood is not detailed, although the audience might readily infer that she has experienced some chronic uterine bleeding that has left her ritually unclean and a social outcast (Leviticus 15:25-33), the narrator does digress to describe her other losses in some detail," explains Mikeal Parsons.[1] She has wasted much time in seeking a cure, suffered under physicians, and

squandered her wealth. Despite her efforts, her illness has continued to worsen. The only loss that remained for the woman was public shame.[2]

The woman was very aware of the healing power of Jesus "for she said, 'If I but touch his clothes, I will be made well" (5:28). After she touches the back of Jesus' cloak, "Immediately the hemorrhage stopped; and she felt in her body that she was healed of her disease"; simultaneously Jesus is "aware that power had gone forth from him" (5:29-30). The healing power of the holy presence is sufficient for a miracle.[3]

The next part of the narrative is the scene depicted in the Byzantine mosaic. Jesus turns and asks who touched him; the woman cowers at his feet, fearing what he will do to her for desperately taking his healing presence without asking. Jesus calls attention to her, Parsons suggests, so that he may complete her healing and reintegrate her into the community.[4]

Jesus Healing the Woman with an Issue of Blood reminds us that illness often isolates people from their culture, and that true healing must involve their reacceptance into our common life. In this way, health issues are communal as well as personal, public as well as private. Though we need to experience the presence of Jesus in health as well as in sickness, we should be especially sensitive to those who are suffering and in need of *his* presence and *our* prayer.

NOTES

1 Michael E. Williams and Dennis E. Smith, eds., *Stories About Jesus in the Synoptic Gospels,* The Storyteller's Companion to the Bible, volume 9 (Nashville, TN: Abingdon Press, 2005), 89. The commentary is written by Mikeal C. Parsons and the stories are retold by Jo-Ann Elizabeth Jennings and Pam McGrath.

2 Ibid., 89. Parsons points out that a person with a flow of blood also would be shunned by the community; the Mishnaic tractate on menstruation is even entitled *Nidda*, "banished."

3 This theme also appears in Masaccio's *Peter Healing with His Shadow*, which depicts an event typical of the miraculous healings recorded in Acts 5:12-16. In Masaccio's fresco, Peter does not look at the lame men, just as Jesus does not interact directly with the woman in this story; yet, they are healed. See pp. 44-46 in this issue.

4 *Stories About Jesus in the Synoptic Gospels*, 90.

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Other Voices

The unique aspects of the biblical definition of health are as follows: (1) it is based on a doctrine of humankind as a unity—both within us and with our environment and community; (2) its definition of health as wholeness and of sickness as brokenness include a spiritual dimension; (3) it orients us to health instead of sickness; (4) its primary goal is others' health, not our own; (5) it broadens healing to include any activity that moves us toward wholeness; and (6) it understands healers as persons who move us toward healing. These aspects provide the foundation for a radically different understanding of health care.

ABIGAIL RIAN EVANS, *Redeeming Marketplace Medicine: A Theology of Health Care*

The word "health," in fact, comes from the same Indo-European root as "heal," "whole," and "holy." To be healthy is literally to be whole; to heal is to make whole. I don't think mortal healers should be credited with the power to make holy. But I have no doubt that such healers are properly obliged to acknowledge and respect the holiness embodied in all creatures, or that our healing involves the preservation in us of the spirit and the breath of God.

If we were lucky enough as children to be surrounded by grown-ups who loved us, then our sense of wholeness is not just the completeness in ourselves but also is the sense of belonging to others and to our place….

I believe that the community—in the fullest sense: a place and all its creatures—is the smallest unit of health and that to speak of the health of an isolated individual is a contradiction in terms

WENDELL BERRY, "Health Is Membership"

Our society, founded in the optimism of the European Enlightenment, while enjoying unprecedented and unparalleled biomedical progress, cannot be said to enjoy happiness, health, or well-being. The burden of morbidity is increasing. The obsession with health and sickness has intensified. The cost has burgeoned to the breaking point.

…Rather than medicalizing and consumerizing our existence further, we need to take initiatives for preventative medicine and health care. We need to find ways to sustain health in one another through responsible use of the environment, mutual love, and fairness.

KENNETH L. VAUX, *This Mortal Coil*

The medical art was given to us to relieve the sick, in some degree at least…. [But] whatever requires an undue amount of thought or trouble or involves a large expenditure of effort and causes our whole life to revolve, as it were, around solicitude for the flesh must be avoided by Christians. Consequently, we must take great care to employ this medical art, if it should be necessary, not as making it wholly accountable for our state of health or illness, but as redounding to the glory of God and as a parallel to the care given the soul.

ST. BASIL THE GREAT (c. 329-379), *Long Rules*, Rule 55

God is our absolute good; health is an instrumental, subordinate good, important only insofar as it enables us to be the joyful, whole persons God has created us to be and to perform the service to our neighbors that God calls us to perform. Any pursuit of personal health that subverts either of these obligations of joy and loving service is the pursuit of a false god. Health is to be sought in and for God, not instead of God.

MARGARET E. MOHRMANN, "The Idolatry of Health and the Idolatry of Life," in *Good Is the Flesh: Body, Soul, and Christian Faith*

In their reverence for dying human bodies Christian care-givers keep company with the dying, a company that witnesses to the divine transformation of bodily destruction by a love that overcomes alienation. Likewise, respect for the personal histories of the dying involves material forms of honouring the dying person's unique worth in community…. Christian care-givers ought to enable the dying person to confront his death by accompanying him into that darkness as they can, through concrete forms of care alert to and trusting in the perfect efficacy of Christ's grace, divine love's thoroughgoing transformation of our spiritual and bodily life.

DARLENE FOZARD WEAVER, "Death," in *The Oxford Handbook of Theological Ethics*

The test for justice in the story of Scripture is not the impartial and rational standard advanced as part of the project of a liberal society, the standard that simply identifies justice with "maximum freedom." When the contemporary Good Samaritan invokes the standard of justice imbedded in the larger story of Scripture, she encourages people to test policy recommendations not just against a standard of impartial rationality but against the plumb line of 'good news for the poor,' including especially the sick poor.

ALLEN VERHEY, *Reading the Bible in the Strange World of Medicine*

The church has too long settled for health promotion and health care as the purview of the health care delivery system. It's time to reclaim health ministry at the congregational level. It's time for people to see, incarnated in the neighborhood church, "the true compassion of [Jesus'] face."

JEAN DENTON, *Good is the Flesh: Body, Soul, and Christian Faith*

There Is No Health in Us

BY DENNIS L. SANSOM

The confession in earlier editions of the Book of Common Prayer, "there is no health in us," captures an important truth. Though we are weak in body and often perverse in our wills, we nonetheless can receive God's love and providential direction that can make our lives whole.

In the middle of the Sermon on the Mount we encounter this puzzler: "The eye is the lamp of the body. So, if your eye is healthy, your whole body will be full of light; but if your eye is unhealthy, your whole body will be full of darkness. If then the light in you is darkness, how great is the darkness!" (Matthew 6:22-23). Jesus is making a subtle point. The eye is only part of the body, but it can give light or darkness to the whole body. Obviously, Jesus is not only thinking of the eye as a physical organ; the eye figuratively represents our aim in life, and the body takes on the characteristics of this aim. If we look to love the neighbor, for instance, then our entire bodies—our lives with others—radiate this purpose.

What did Jesus mean by the eye's health? Physical health, of course, does not guarantee moral and spiritual health, and it is possible to be morally and spiritually healthy but not enjoy physical health. This distinction between physical and moral and spiritual health shows that we usually think of physical health as the proper functioning of our body and moral health as fulfillment of our purpose as humans. The physical health of our eye does not guarantee we will reach our chief aim of a good life, nor does its being physically damaged or ill prevent us from reaching this goal. Our eye's moral and spiritual health does that.

When Jesus talked about the "eye" being healthy, I believe he used the moral sense of health. If the eye is healthy, we are full of light. If we are properly aimed toward life's chief good, that which fulfills all our aims, then our whole lives testify to the greatness of the aim.

This understanding of moral health does not require us to reject the value of physical health. We often say "if you have your health, you have it all." It is an understandable phrase. When we suffer a great deal, we cannot accomplish our daily activities and goals. Physical illness is debilitating; pain discombobulates us to the point that we cannot carry on with our lives.

Often, Jesus healed people of their physical illness. As a healer he was concerned with the physical well-being of people. Though he did not heal everyone he met, he was moved with compassion to restore people to their natural state so that they could continue with their lives and in some instances also testify to the breaking in of the Kingdom of God into a world of sickness, sin, and evil. Jesus' miracles, of course, did not endow the recipients with extraordinary human physical powers. They probably became ill again, and all eventually died due to physical failure. But Jesus saw a value in affirming their bodies.

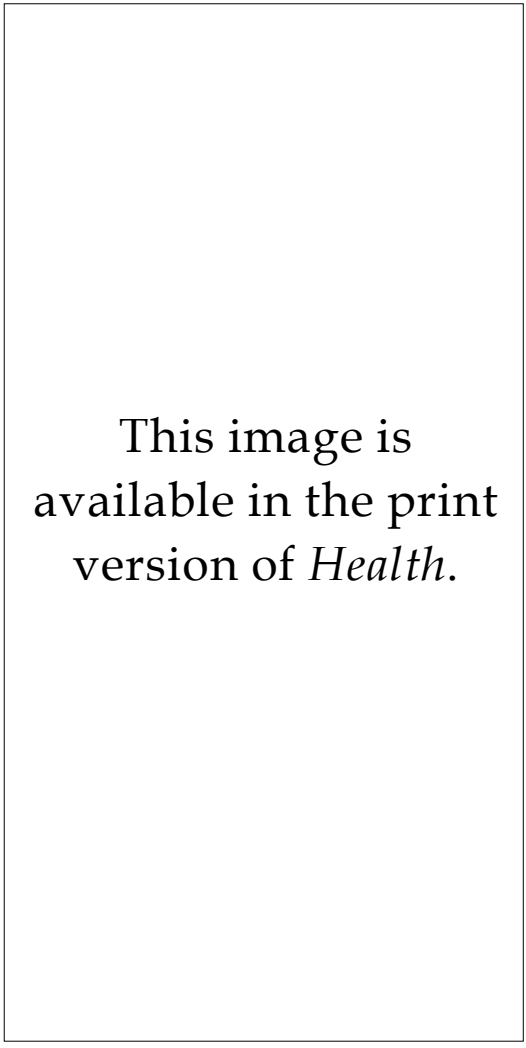
God creates us as body and soul, and God values our lives. It follows that we should also value our lives, body and soul. We show appreciation for being created by a God who values us as body and soul when we work for a healthy body and soul.

It is no accident that two of the seven deadly sins, gluttony and sloth, are ways of undervaluing and mistreating our physical life. Gluttony comes from an obsession with physical appetite. Sloth springs from an utter indifference to the importance of life. Gluttonous persons ruin their lives by thinking only of their physical appetite. Slothful persons sicken their lives by ignoring the bodily necessities. The common denominator between the two vices is total self-centeredness. The gluttonous and slothful persons, though opposite in their activity, are making the same kind of mistake: they do not see any value higher than their own interest. The glutton ingratiates the self, and the slothful determines that everything but the self is devoid of interest.

Because we value being God's creatures, made to participate in a world full of bounty and wonder and to enjoy these with God forever, we should try to be healthy out of gratitude to God for life. Yet we should not make physical health an absolute value. Jesus did not.

Jesus never promised to restore everyone to physical health from their illnesses. We have no record of his healing a person twice; he did not guarantee permanent health to those he healed; and he did not prevent Lazarus, whom he resuscitated from the grave, from eventually suffering and dying. Physical health is a good possession, but we know that God does not guarantee that we will always have it. From this perspective, we can say that health is a relative value for the Christian, not an absolute one. We can be grateful for health and we should work for it, but we should not make health a final aim.

Two famous statues, the *Apollo Belvedere* and Bernini's *The Ecstasy of St. Teresa*, embody different understandings of human beauty and purpose. In them, I suggest, we can glimpse this distinction between physical health and moral health that will deepen our understanding of Jesus' teaching.



Apollo Belvedere, c. 350-320 B.C. Marble, lifesize. Museo Pio Clementino, Vatican Museums, Vatican State. Photo: Scala / Art Resource, NY. Used by permission.

Apollo Belvedere is the most famous depiction of the Greek sun-god Apollo. Named for its placement in the Octagonal Courtyard of the Belvedere of the Pio Clementino Vatican Museum, it is a marble copy (perhaps

from the time of the Roman emperor Hadrian, A.D. 117-138) based on a bronze sculpture by the Greek artist Leochares (c. 350-320 B.C.).[1] Apollo is depicted as the epitome of health and beauty in the classical Greek sense: his body has symmetry, balance, and proportion, and it glows with divine beauty in that it has no flaws, blemishes, or disabilities.

A mortal might achieve Apollo's kind of physical perfection, the ancients believed, as the reward of a fulfilled life. Health in this view is an absolute value: only as we draw close to such physical perfection and resemble the gods do we maximize our human potential.

However, this idealized vision of health, though for centuries it has been inspiring, is practically unattainable. Perfect physical symmetry, balance, and proportion are impossible goals. No matter how hard we exercise, how often we diet, or how artificially we reconstruct our bodies, we cannot look like Apollo. Nor should we try. We do not have to be like a god to find fulfillment as a creature. Our purpose is attainable within our imperfect lives.

Yet in our "beauty-culture" where supermodels and bodybuilders are the standards for health, we continue to deceive ourselves in thinking that if we only looked like them, we would have real personal fulfillment. Indeed, as standards of health, these icons do more harm than good. They impose an unreal image of what we should be and consequently cause us to experience inferiority and guilt.

In Bernini's *The Ecstasy of St. Teresa*, the chapel decoration in the Roman church Santa Maria della Vittoria, we encounter a different sense of human health and beauty. A flowing cape covers the saint's body, revealing only her face, hands, and feet. Her head is tilted back with her eyes closed and mouth open in a state of rapture. Though we see Teresa's gentle and very feminine beauty, we are most drawn not to these, but to her experience.[2]

St. Teresa of Avila (1515-1582) was a sixteenth-century Carmelite nun, who with St. John of the Cross transformed a decaying order of convents in Spain.[3] She managed to travel, teach, and write much, though she suffered greatly with long bouts of vomiting. At times she was given up for dead. Though Teresa had been extraordinarily beautiful as a young woman, her suffering caused her to age prematurely.

Bernini depicts Teresa's "transverbervation," a unique spiritual experience in 1560 that she likened to an angel piercing her with an arrow. Afterward, she was aflame with the love of God; she wrote some of the most important spiritual theology in the Church's history, *The Way of Perfection* and *The Interior Castle*, and successfully completed the Carmelite reforms.

She was remarkable in her work and person, and her illness did not prevent her from fulfilling her vocation. Though Teresa did not have physical

health, she had moral and spiritual health. The depth of her commitment to the cause of reform coupled with her intense spiritual experiences gave her an ability to reach her goals. Her eye was healthy, to use Jesus' phrase, though her physical health was lacking.

Gianlorenzo Bernini (1598-1680). *The Ecstasy of St. Teresa, 1645-52. Marble, lifesize. Cornaro Chapel, Sta. Maria della Vittoria, Rome. Photo: Erich Lessing / Art Resource, NY. Used by permission.*

St. Teresa's model of moral health stands as a corrective to a superficial spirituality often called "the gospel of health and wealth," which teaches that those who are pleasing to God will be blessed with physical health and financial wealth. In practice, believers in this false gospel often reverse the central idea and conclude that those who enjoy health and wealth are in God's favor.

Though it has an obvious appeal to our personal happiness, the health and wealth gospel is terribly wrong. It assumes that we have to earn God's blessing and deserve the rewards of it. The heart of the true good news is that God's love toward us precedes our response to God. We do not have to earn God's pleasure. Jesus told his confused disciples, "the Son of Man came not to be served but to serve, and to give his life as a ransom for many" (Mark 10:45). Our acts of devotion do not establish the ransom; rather, Christ's ransom—his suffering for the sins of the world—makes possible our devotion. We have this relationship with God whether we are healthy or not.

The good news is that God's love toward us precedes our response to God. Our acts of devotion do not establish the ransom; rather, Christ's ransom—his suffering for the sins of the world—makes possible our devotion, whether we are healthy or not.

In fact, the gospel of health and wealth reflects the view of health epitomized in the *Apollo Belvedere*: we should be like God, alike in power and strength. Yet this view misses the profound point in Jesus' teaching, "If your eye is healthy, your whole body is full of light." We resemble God not in our physical health, but in our moral and spiritual commitments. Though we may be hindered physically and emotionally, our lives may be filled with light, with an orientation toward the great fulfillment that God's love brings to all people and even the cosmos. We can have assurance that the ransom Christ paid secures that love toward us. St. Teresa experienced this divine love, and Bernini's great sculpture expresses her moral health.

In older editions of the *Book of Common Prayer*, this phrase occurs in the confession for the Morning and Evening Prayers: "there is no health in us." The newer versions omit it, perhaps, because it seems too negative about our spiritual condition. However, it captures an important truth about Christian spirituality. The prayer continues, "But thou, O Lord, have mercy upon us, miserable offenders."

We can receive God's mercy, the great bounty of God's love and providential direction, without needing to be perfectly healthy, either in the body or soul. Even impaired by our physical, emotional, and moral limitations, we can orient ourselves toward a greater reality than our own body and soul. Though we are weak in body, often perverse in our wills, and unable to reach the beauty of Apollo, we nonetheless can live in the divine grace and love that imbues all of our lives with God's presence.

Our gracious Lord,
who gives us the wonder of existing
as both creatures of the earth
and your beloved children,
we turn our eyes toward you,
seeing your beauty and glory
and being drawn to your holiness and righteousness.
May we be so pierced with your love,
as was St. Teresa,
that in health or illness
your light may shine through us.
Amen.

NOTES

1 Luca Leoncini, "Apollo Belvedere," Grove Art Online, Oxford University Press, accessed December 14, 2006, *www.groveart.com*.

2 For more information on Bernini's sculpture, see Heidi J. Hornik, "Yearning for God," *Mysticism*, Christian Reflection: A Series in Faith and Ethics, 17 (Fall 2005), 60-62, available online at *www.ChristianEthics.ws*.

3 For her work in founding the discalced (shoeless) Carmelites, Teresa was declared a saint in 1662. In 1970, Pope Paul VI named her a Doctor of the Church. She is the first woman ever to receive this designation, which signifies that the whole Church can benefit from her theological writings.

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Austin Heights and AIDS

BY KYLE CHILDRESS

All the time when we were praying for God to help us survive as a church, we assumed that the operative word was "survive." Now we know that the operative word was "church." God helped us be the church of Jesus Christ. We were not called to survive, but to be the Church. All the rest was and is in God's hands.

Fifteen years ago our congregation found out how true the old saying is: "Be careful what you pray for, because you may get it." We also discovered that God answers prayer in surprising ways.

Austin Heights Baptist Church is a small congregation, but back in 1991 we were a lot smaller, running around forty people in worship on Sunday mornings. Even then we were half again larger than just two years before when, between pastors, the congregation had reached its low ebb and considered closing its doors. In other words, the word "survival" was a frequent part of congregational conversations, and we looked longingly at every young-family-filled minivan that passed our church on its way to somewhere else.

On a Sunday morning a church member handed me the front page of the local newspaper telling the story of a local organizing effort to provide food for some men who had been diagnosed with AIDS. These men had lost their jobs, many had lost their homes and apartments, and some even had been turned away by their families, all because they had AIDS. As a result, their most immediate need was simply finding enough to eat. They did not have enough money to buy food and in a few cases did not have the health and strength to go to the grocery store. The paper quoted a couple of these men as saying, "We've gone to almost every church in town and had the door slammed in our face every time."

When I read the story I knew what we were to do and I knew that God was calling us to meet this need. I just knew. And some of our church members knew as well as we gathered after the service to talk about it. Here were some people who were sick and in need of food, with no one else helping them. We knew what we had to do.

I knew all of this but I did not want to do it because it was going to be hard; it was going to take enormous effort and deep commitment and be full of grief and pain. These men with AIDS were going to die and we were going to be among those helping them die and I didn't know if we could do that or not. And I also knew that this was going to be full of controversy. Not only was AIDS a disease surrounded by fear and ignorance, but it was associated with men who were homosexual or were intravenous drug users, not exactly the constituency by which one grows a Baptist church in East Texas and certainly not the way to attract young families driving minivans.

BEGINNING WITH A FOOD DRIVE

I met with the two young men trying to organize the food drive. They came to my office ready to fight. After having so many rejections from churches, they were not all that eager to have another conversation with a Baptist preacher. But after we listened to one another they said, "If you're willing to work alongside gay men then we're willing to work alongside a Baptist church."

So it began with leading a food drive, but of course it did not end there. Before long delivering food to men with AIDS turned into visiting the men, which turned into the most basic forms of care: taking them to the doctor (when we could find one who would see HIV/AIDS patients), running errands, going to the pharmacy, and so on. All of this led to the discovery that not all persons with AIDS were men: we met and began helping support families in which the mother had received an IV during pregnancy and the baby was born with HIV. We also discovered families, especially older East Texas couples whose sons were diagnosed with AIDS, upon whom the toll of caring in an atmosphere of ostracism was overwhelming.

We were involved in helping put together a fledgling organization called the East Texas AIDS Project (ETAP). At a party hosted by the ETAP board, I met Barbara Cordell, who had a PhD in nursing and public health. She had recently moved to Nacogdoches with her husband and she was writing the first Texas Department of Health grant proposal for money to fund ETAP. I walked through the kitchen where Barbara was making coffee; she turned to me and said, "Aren't you the pastor of Austin Heights Baptist Church?" After I nodded a "yes," she said, "My husband and I are going to join your church." I was taken aback; after having several prospects politely decline to join our church because of our AIDS ministry, this was a new experience having someone join our church because of it.

With Barbara in our congregation we were able to accelerate and improve the level of training of the congregation in caring for persons with AIDS. We learned how to prepare meals for persons with AIDS, our church nursery workers were trained in the care of HIV infants, and we organized the first of several special worship services "for persons whose lives have been touched by AIDS."

GATHERING FOR WORSIP

We prepared and trained and planned for this first worship service, and we also prayed. We prayed a lot. We prayed because we were scared, partly because we did not know who would come or if anyone would come and partly because we were still trying to learn what to do when someone with AIDS did come to our church. We prayed because we wanted to practice the hope and hospitality of Jesus Christ for persons and families caught in a downward spiral of despair and ostracism. In other words, even though we knew that Jesus did not slam the door in people's faces, we were nervous about what would happen when the door was opened.

What happened is that we had people from the highways and the byways streaming in. This side of the New Testament I had never seen anything like it. Almost everyone in our own congregation showed up because we knew it was going to take all of us to do this. And though we expected a few people with either HIV or full-blown AIDS, we did not expect fifty. We certainly did not expect the large numbers of parents and grandparents and siblings and babies, families who had members with AIDS but could not talk about it.

Through the door people came, packing our little church. Bobby literally had to be carried by friends because he was so weak from being in the last stages of AIDS. Carl and Tim began crying when they came in the door because it had been so long since they were welcomed into a church. Bill confessed to me that his stomach had been in knots over the fear of walking back into a Baptist church. Brandy, sitting with a six-month-old in her arms, cried because her baby son had HIV from a blood transfusion she had received during pregnancy.

For the next two hours we sat together and sang hymns: "Amazing grace, how sweet the sound…. I once was lost, but now am found"; and, "What have I to dread, what have I to fear, leaning on the everlasting arms."

We read Scripture: "The LORD is my shepherd; I shall not want…. Yea, though I walk through the valley of the shadow of death, I will fear no evil; for thou art with me; thy rod and thy staff they comfort me"; and, "What man of you, having a hundred sheep, if he lose one of them, doth not leave the ninety and nine in the wilderness, and go after that which is lost, until he find it?"

And we prayed. We prayed out loud and silently. We prayed for one

another, passing out index cards so people could write their requests down and share them. And we prayed lined up at four stations in corners of the sanctuary, where we put our hands on shoulders, and hugged necks, and cried together.

After almost two hours we were ready to eat. So we gathered around tables and ate together a pot-luck supper of epic proportions. Everyone had brought food, and at the conclusion sacks full of leftovers were carried out the door for folks to eat for days to come.

UNDERSTANDING OUR PRAYERS

Our congregation looks back at that worship service as the time when God answered our prayers. Since that night, we really do not worry over whether the congregation will survive or not. Many of the men who came to that first AIDS service ended up becoming active members of our church and we came to know them as our brothers in Christ and friends rather than someone with AIDS or someone who is gay.

I won't lie to you; it wasn't easy. We had frank discussions about AIDS and about sexuality and sexual behavior, heterosexual as well as homosexual. The hardest thing was that over the next few years we buried almost all of our friends who had AIDS and who had come to that first worship service.

Yet God answered our prayers. All the time when we were praying for God to help us survive as a church, we assumed that the operative word was "survive." Now we know that the operative word was "church." God helped us be the church of Jesus Christ. We were not called to survive, but to be the Church. All the rest was and is in God's hands. Thanks be to God.

One more thing: we came to be known locally as "the AIDS church." But one day the chair of the physics department at nearby Stephen F. Austin State University and a charter member and deacon of our congregation met the young family of the new astronomy professor. The wife, with her two-year-old in tow, asked, "Don't you go to the church with the AIDS ministry?" He said, "Yes, I do." "We want to join your church," she said. Well, they did join, and yes, they drove a minivan. Within a few years she was instrumental in starting the local affiliate of Habitat for Humanity. But that is another story.

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What Would the Good Samaritan Do?

BY ANN NEALE AND JEFF TIEMAN

Fidelity to the gospel impels us to work for a just and sustainable national health policy. But how can congregations and local communities transform the national debate so that it is less polarizing and more conducive to thoughtful consideration of the differing perspectives?

Everyone has a healthcare story. Many of them are heartwarming stories—about very sick children being made well by modern medicine, or dedicated healthcare providers working tirelessly on behalf of their patients. But there is another, darker narrative any one of us could relate about widespread quality problems and steeply increasing costs.

The story that should shame us most concerns forty-six million of our uninsured neighbors left by the wayside. They delay getting care or do not seek healthcare at all because they lack health insurance. We must disabuse ourselves of the notion that, in the end, they get the care they need. They don't. Eighteen thousand uninsured persons die for lack of health insurance each year and many thousands more suffer serious health consequences because their treatment has been delayed or is inadequate.

Many insured people, having exhausted their resources on co-pays, deductibles, and out-of-pocket maximums, face bankruptcy. Meanwhile, the system is beset with quality problems. Even in the "best" hospitals, quality care is not guaranteed. Each of us is likely to receive the standard of care for many common conditions only 55% of the time. As many as 100,000 people die each year from avoidable mistakes in hospitals.

Healthcare disparities abound. In our nation's capital the infant mortality rate in the poorest sections can be twenty times that of the more affluent

sections. Studies that have controlled for income and health insurance have shown that persons of color are less likely to receive the same standard of care as white persons. Thousands die each year because of these discrepancies in treatment. Despite the fact that we spend far more per capita than other advanced, industrialized countries, our performance lags behind many of them.

THROUGH THE SAMARITAN'S EYES

In *Reading the Bible in the Strange World of Medicine,* Allen Verhey invites us to examine this overall story of healthcare in the United States through the eyes of a "contemporary Good Samaritan."[1] It is an apt device for several reasons. Foremost among them is the Samaritan's recognition of the stranger as neighbor. Such sensitivity to our common humanity and need for healthcare is a much needed antidote to modern medicine's individualism and market orientation, which easily loses sight of how important it is for each of us to live in a community where everyone is healthy and has access to the services they need to stay that way.

From the perspective of the contemporary Good Samaritan concerned about vulnerable people, U.S. healthcare is a "horror story." It is part of a larger narrative of neglect of neighbor that threatens the social fabric of our nation, for it belies who we claim to be as a people. Indeed, the health status of our country is a barometer of our national well-being in a much broader and deeper sense.

In the parable of U.S. healthcare there are literally millions of suffering neighbors abandoned along the side of the road. Rewriting the story line so healthcare works well for all will be a daunting task. It involves not just a greater sense of solidarity, but a critical look at the very claims and aspirations of modern medicine and sustained attention to citizen engagement if policy reform is to be just and sustainable.

Contemporary Good Samaritans realize that more just wages and better education and housing will improve community health more than will discovering a new drug, making a dramatic medical breakthrough, or building another specialty hospital. That realization is important to keep in check the call for limitless resources for healthcare since other social goods are more important to *community* health than are individually-focused medical treatments.

THE DEBATE WE HAVE

Good Samaritans need to be ready to challenge the prevailing social and medical cultures which celebrate technology and the market and deny limits, including death. Not surprisingly, U.S. healthcare is a reflection of the times. The unsustainable cost increases in U.S. healthcare are primarily attributable to our heavy use of medical technology and our growing, aging society, which becomes more averse to death as new treatments and tech-

nologies are made available. Providing technological, death-defying interventions for some distracts us from attending to what is needed for the community as a whole.

Modern medicine has made incredible strides in treating all manner of disease and infirmity. Many of us enjoy longer, healthier lives because of its achievements. Undoubtedly, we will benefit from its continued progress and breakthroughs. Therein lies the rub, however. Much of the research agenda is set by private companies whose endgame is profit, not community well-being. Our health system is medically oriented and focused on the health of individuals who can pay. Our social insurance mechanism is being eroded by market tactics promoted under the guise of consumer choice and ownership. For those concerned about the health of the community and about vulnerable persons who presently do not receive basic healthcare, it is hard to justify the increasing portion of the healthcare budget consumed by medical technology.

The key "stuff" of healthcare reform—considered principles, moral judgments, and right relationships—differs from the information of the expert. It is the purview of all the people and not just health economists, policy wonks, special interests, and legislators.

Good Samaritans ask, "Who will benefit from current research in designer drugs, aging research, efforts to understand and mitigate the effects of dementia and Alzheimer's? How can we overcome the medical bias of our current system such that public health measures—health education and promotion and disease prevention—receive their due?"

Good Samaritans might challenge us to question the hubris of modern medicine which promises, in effect, not only to eliminate all disease, but even to overcome death.[2] They are wary of the current healthcare reform debate, taking note of who's engaged in that debate, what they are talking about, and how that conversation is conducted.

THE CONVERSATION WE NEED

Currently, experts are arguing for one health policy or another, attempting to promote this or that specific reform program. But, regrettably, this conversation about particular solutions overlooks a prior and more fundamental one. As Daniel Yankelovich makes clear, the fundamental challenge presented by major social issues like healthcare, the environment, and racism, is moral—not technical.[3] Our society remains gridlocked on these

issues, not because we cannot fathom programs to deal with them, but because we have not, as a community, sufficiently grappled with the moral and social issues at their core. We need a national conversation about the purpose and priorities of a good healthcare system. Healthcare reform challenges our national character, not our technical ingenuity! Unless the healthcare debate is shifted to this deeper level, we will continue to lurch from one unsatisfactory, incomplete "solution" to another. When neighbors of all kinds come together to grapple with the moral and social challenges at the core of our dysfunctional healthcare system and find sufficient common ground across our ideological and cultural differences, appropriate policy will follow.

Furthermore, because the core challenge is a moral one, the general public needs to engage the issue. If achieving a more just, sustainable health system is fundamentally a values issue, not a scientific, technical one, then we need to draw on the moral insight of the American people. The key "stuff" of healthcare reform—considered principles, moral judgments, and right relationships—is a kind of knowing different from and more profound than the narrow rational and empiric information of the expert. It is the purview of all the people and not just health economists, policy wonks, special interests, and legislators.

Finally, the nature of the conversation has to change. The current debate is conducted in a nonproductive, polarizing fashion, hardly conducive to thoughtful consideration of the differing perspectives and the choice-work entailed in arriving at a just, sustainable national health policy.

To involve the general public in a deeper, more productive debate about healthcare in the United States, we have joined with others to design the Our Healthcare Future dialogue process. Twenty-five to forty participants gather in local town-hall meetings to share their experiences and explore what is important to their local communities as they help create our healthcare future. An on-line forum allows the conversation to continue and others to join it. A key tool in these dialogues is the value priorities survey in which participants rank their top five values that should shape the future of healthcare in the United States. Through this process we are gathering empirical evidence that diverse groups share many of the same hopes and aspirations for our healthcare future.[4]

TOWARD A SOCIAL REFORM MOVEMENT

Gospel teaching about the dignity and value of all persons made in the image of God, a preferential concern for poor and marginalized persons, and the witness of God's love for us in Jesus, the healer, should make Good Samaritans of the entire Christian community. Fidelity to the gospel impels us to work for health and other social policy reform that will create the conditions in which everyone can flourish. Tolerating the status quo is simply unacceptable.

Of course, the Christian community has been engaged in traditional methods of healthcare reform: national denominations and local faith communities have spoken to, issued statements about, and lobbied for just health policy. But these measures have not proved sufficient to dislodge the status quo. No wonder! The current system is deeply embedded in the venerable medical profession, the medical-industrial complex that has grown up around it, the provider organizations, and all of us who use it. It will take large scale social change to help all these stakeholders "let go" of the status quo.

The current system is deeply embedded in the venerable medical profession, the medical-industrial complex, the provider organizations, and all of us who use it. It will take large scale social change for stakeholders to "let go" of the status quo.

The times call for innovative Good Samaritans, who are ready to roll up their sleeves and call the American community to an examination of the values-disconnect between what we profess to stand for as a nation and the healthcare reality we condone in practice.

In the early nineteenth century William Lloyd Garrison did precisely this for the abolition movement.[5] With his weekly *Liberator* and his orations about the scandal of slavery in a country professing to guarantee life, liberty, and the pursuit of happiness, he helped our nation confront the moral disgrace of the institution of slavery. A century later, Martin Luther King led Christians and the larger community in a similar social movement to address slavery's legacy.

And so we would call Christians to join a grassroots movement, fueled by communities in conversation, as an important method for achieving healthcare justice in this country. We have said that the current debate needs to be extended to the general public, deepened to reflect on the values foundation of a morally defensible national healthcare policy, and conducted in a more constructive, dialogic fashion.

It is our considered belief that a critical mass of Americans must come together to engage the issue of healthcare policy at the fundamental level of values. We need to engage one another, notice that many of our neighbors are abandoned along the wayside, and reflect on how a compassionate society shows mercy. When opportunities are provided and structured for coming together in such a fashion, there will emerge a wisdom and justice deeper than we might imagine. The grace and humanity of the experience will reveal ways to refashion U.S. healthcare that binds up all our wounds,

pours oil and wine on them, and brings us to a new, more just healthcare system.

This conversation, if it is sustained, can foster a social movement akin to the abolition and civil rights movement. Only a broad-based movement, grounded in deeply held values can provide sufficient leverage to liberate the entrenched, vested interests and make space for a more considered, thoughtful, public judgment about U.S. healthcare policy.

FOR FURTHER STUDY AND ACTION

Several organizations can help contemporary Good Samaritans create local forums for thoughtful conversations about healthcare reform in the United States. Through these informed discussions, congregations and the wider community will come to understand their social responsibilities with regard to healthcare. They also will experience civic engagement, a declining virtue, on which a vibrant democracy depends.

As mentioned above, Our Healthcare Future (*www.ourhealthcarefuture.org*) offers direction, support, and printed and video materials for hosting a congregation or community forum on healthcare.[6] The National Issues Forum Institute (*www.nifi.org*), which has been sponsoring local forums on public issues of national concern since 1981, offers free discussion guides on topics of health and well-being, including "Examining Healthcare: What's the Public's Prescription?" (2003) and "The Healthcare Crisis: Containing Costs, Expanding Coverage" (1992).

You can gather good ideas for discussion from the online forum on healthcare reform sponsored by CodeBlueNow!™ (*www.codebluenow.org*); the September 29, 2006, report of the Citizens' Health Care Working Group (*www.citizenshealthcare.gov*); and the community reports and blogs posted by The Archimedes Movement (*www.archimedesmovement.org*), a vision for healthcare system reform in Oregon.

NOTES

1 See especially the chapter entitled "The Good Samaritan and Scarce Medical Resources" in Allen Verhey, *Reading the Bible in the Strange World of Medicine* (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2003), 259-293.

2 Daniel Callahan raises this challenge in *False Hopes: Why America's Quest for Perfect Health Is a Recipe for Failure* (New York: Simon and Schuster, 1998).

3 Daniel Yankelovich, an eminent scholar of public opinion, describes decades of research to show that such common ground is possible in *Coming to Public Judgment: Making Democracy Work in a Complex World* (Syracuse, NY: Syracuse University Press, 1991).

4 The value priorities survey asks participants to rank their top five values from this list: (1) advances in medicine; (2) availability of healthcare for all; (3) build on the current system (i.e., expand and improve job-based insurance and public programs like Medicare and Medicaid); (4) provide comprehensive services; (5) treat healthcare as a consumer good (i.e., make it available to the extent that you have money to buy it); (6) treat health-

care as a business (i.e., encourage healthcare businesses to use the market to create a more efficient and effective system); (7) treat healthcare as a national concern (like homeland security and interstate freeways that need national planning and financing); (8) minimize the role of government; (9) patient choice; (10) prevention; (11) quality of healthcare; (12) responsiveness; (13) spend health dollars for direct patient care; (14) stable costs; and (15) uninterrupted care. You can participate in the survey and see the national results online at www.ourhealthcarefuture.org/participate/survey.php.

5 See Henry Mayer's *All on Fire: William Lloyd Garrison and the Abolition of Slavery* (New York: St. Martin's Press, 1998).

6 For more information about hosting a dialogue, contact Ann Neale at *an38@georgetown.edu*.

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Redeeming Medicine

BY KEITH G. MEADOR

Our desire to "save" souls is often accompanied by the neglect, even disparagement, of the diverse bodies of God's good creation. These two books challenge the illusion of an overly spiritualized Christian story. Their view of health in the community of faith might redeem medicine and, in the end, save us all.

The Gnostic impulses of American Christianity, and American Protestantism in particular, are longstanding and pervasive. Our desire to "save" souls has often been accompanied by the neglect, even disparagement, of the diverse bodies of God's good creation. Joel James Shuman and Brian Volck's *Reclaiming the Body: Christians and the Faithful Use of Modern Medicine* (Grand Rapids, MI: Brazos Press, 2006, 176 pp., $19.99) and Jean Denton's *Good is the Flesh: Body, Soul, and Christian Faith* (Harrisburg, PA: Morehouse, 2005, 176 pp., $16.95) both offer an embodied alternative to this Gnostic understanding of the Christian life. They do this by turning our attention to soul *and* body practices that affirm faithfulness in the midst of life, health, disease, and death.

Their angles of vision are distinctively different as evidenced by the theological presuppositions undergirding their approaches and their ultimate framing of the challenges to the Christian community. That one is an edited volume and the other coauthored means that we benefit from several points of view and, at times, a more focused examination of specific Christian teachings on the life and health of persons. Yet, in spite of these differing modes of engagement by the authors, their shared hope of capturing the reader's imagination for living a communally formed, distinctively narrated, embodied Christian life is a gracious offering. They help us be formed in a life of soulful, embodied personhood that bears witness to the delight

of the Creator with whom we were created for relationship. The challenge both of these books give to any illusions of some ethereal, overly spiritualized notion of the Christian story is refreshing and to be commended.

HONORING THE BODY

Shuman and Volck frame a primary concern well, saying, "Gnosticism appears to have won the day, as 'spiritualized,' albeit profoundly secular, theories of progress abound, whether in neoconservative free-market ideologies of unlimited economic growth, liberal projects of democratic expansion, or medicine's technological promise of a posthuman future free from the limitations of a failing body" (p. 54). Although they have previously named the "power" of medicine as a cultural perpetrator of domination and distortion—the medical-industrial complex often serves a variety of economic and political interests having little to do with the care of patients and their communities—their noting the pervasive spiritualizing of our lives by the Church and its theological abdication of discernment provides a crucial dynamic enabling these powers to have their way. It is time for the Church to articulate a more "faithful use of modern medicine."

> **Do we have a voice to challenge the "powers and principalities" of medicine and bear witness to another way with courage and integrity if that means our assumptions regarding personal prerogative, autonomy, and entitlement might be challenged?**

But to do this the Church must first face up to its past. "The church need look no further than itself if it seeks someone to blame for all of this. Not only did so-called orthodox Christianity retain, through Platonism and other sources, a higher opinion of spirit than body, but the established churches, when openly challenged on 'approved interpretations' of these and other points, reacted violently, suppressing and killing theological opponents rather than witnessing the fullness of the Christian life as they understood it" (p. 54). While rendering this pointed indictment without reservation, Shuman and Volck contend the Church is not without hope or resources for renewal. They exhort us, saying, "Nonetheless, it is from this sorry history that we must recover the orthodox understanding of the body, created good, fallen through our sinfulness, and restored by Christ" (p. 54).

With creative thoughtfulness Shuman and Volck name medicine "among the powers and principalities," but such an understanding is consistent with the longstanding understandings of medicine as a social con-

struction that has pervasively abused positions of privilege and power in American society. Perhaps the more interesting dimension of this conversation for us as the Christian community is the consideration of our susceptibility to the abuses Shuman and Volck describe so well and our own culpability in propagating distorted understandings of human flourishing that allow these abuses to proliferate unabated. Do we have a voice that might challenge and mitigate such "powers and principalities," and are we willing to bear witness to another way with courage and integrity if that means some of our own dearly held assumptions regarding personal prerogative, autonomy, and individualistic notions of entitlement might be challenged? This is not an easy proposition to engage and should not be approached lightly. Shuman and Volck give us some guideposts to consider in their conclusion as we seek to respond faithfully to their challenges. They remind us of the communal imperative, the call to service, and the need for thoughtful teaching in congregations as pillars by which to embody faithful responses to the current deficiencies of Christian communities' engagement with medicine.

While Shuman and Volck offer much to improve the conversation on these issues in the Church, we nevertheless yearn for them to broaden their imagination regarding their breadth of understanding regarding "health," particularly the "health of a community" which, if rightly interpreted, includes much more than the practice of medicine and the inherent limitations of healthcare and its dominion in contemporary society. Their embrace of a communal vision of the Church formed through baptism calls us to a new standard of the good and successful life. "To 'be perfect' is to abandon the politics of security and immerse oneself in the politics of indiscriminate love"(p. 121), which means that as baptized believers we are called to a more consummate interpretation of the "health of the community" than fully reflected in *Reclaiming the Body.* If more fully developed to include the practices of caring as formed within a community committed to knowing and being known within the arduous work of story-filled shared lives, Shuman and Volck might provide an even richer theological tapestry for revealing the intricate beauty of theology and health as a central conversation of the Christian community.

INCORPORATING THE COMMUNITY OF FAITH

Denton's edited volume brings together a diverse collection of authors and essays regarding embodied faithfulness along with questions for personal reflection and group discussion. Linda Smith provides a concise summary of healing in the biblical tradition (p. 13), and Mary Earle offers an interesting appropriation of the practice of *lectio divina*, the repeated and meditative reading of Scripture, in the consideration of the body (p. 75). Elizabeth Moltmann-Wendel offers an intriguing reflection on "the bodily Jesus" and the relational implications embedded in the fullness of the incar-

nation (p. 12). The questions for reflection and discussion are a distinctive offering of this book and they increase its usefulness in the local congregation. While the diversity of perspectives represented is uneven at times in the depth of their development, the breadth of ideas represented provides a valuable array of opportunities for discussion in the format presented.

One of the more insightful essays in this book is Margaret Mohrmann's "The Idolatry of Health and the Idolatry of Life." Mohrmann rightly challenges the pervasiveness of "idolatry" within our culture and how it ultimately detracts from "the theological meaning—that alone gives health," in addition to "whatever suggestion of sanctity" it may bear (p. 34). Appealing to the particularity of Christian ethics and its claim on us to love and care for embodied, concretely situated persons, she thoughtfully challenges the distortions interjected by the disembodied presumptions of abstracted standard bioethics. She highlights our creatureliness and the dependence we have on God through whose image we become sacred and our bodies become holy. A right understanding of the relationship between health and the Christian life is contingent upon clarity regarding this point. Any hope of redeeming medicine requires an understanding of the health of a community interpreted through the interdependence of created beings in relation to a Creator God.

After clarifying the distinction between "pain" and "suffering," Dan Sulmasy critiques the frequent implication within contemporary healthcare that the purpose of medicine is to eliminate suffering. "Suffering is not a disease or symptom and cannot be cured or eliminated by medicine," he writes. "Suffering is only healed through compassionate love. In imitating the healing work of Christ, Christian clinicians enter more deeply into the kingdom of God" (p. 91). This perspective on suffering not only challenges medicine's illusion of eliminating suffering, but also says much more about how Christian practitioners should interpret suffering and what their responsibilities in response to its presentation should be. That suffering might present an opportunity for us to imitate Christ and "enter more deeply into the kingdom of God" is most assuredly a very different perspective on suffering than is typically presented in healthcare, but it is also distinctive from the usual response of the Christian community. Many in the Christian community have become enamored with the claims of some within the contemporary religion and health movement that spirituality can justifiably be used as an instrumental tool through which to attain health and well-being. Sulmasy's understanding of suffering as forming us for faithfulness challenges the presumption that spirituality can be appropriated for its protective utility and reminds us that suffering and illness are part of our finitude as creaturely humans. He heightens the relevance and theological significance of suffering in relation to human flourishing when he says, "Suffering is only possible for creatures that have dignity and that search for meaning" (p. 91).

Abigail Evans recounts many of the current challenges faced within the American healthcare system in her essay on "Health Care in Crisis." While she does not develop a full argument in response to questions she poses regarding such issues as the balance of costs and quality of healthcare or the implications of restrictions on time and the quality of the physician-patient relationship, she does give a concise description of the current context and the prevailing concerns within contemporary healthcare. Evans introduces this section regarding healthcare and justice with statements from major denominations regarding healthcare: the Evangelical Lutheran Church in America, American Baptist Churches, the Episcopal Church, and the United States Conference of Catholic Bishops. The denominations vary in emphases, but they all include some commitment to improved access to healthcare and a broad interpretation of the health of communities with a conviction that it is part of the core mission of the Church to be agents of care, service, and healing. The ELCA articulates this thoughtfully in its statement, which reads, "A ministry of healing is integral to the life and mission of the Church. It expresses our faith in the power of God to create and to save, as well as our commitment to care for our neighbor…. Because it originates from and carries out Christ's healing work, the Church's ministry is freed to contribute to the healthcare system as well as to address its injustices" (p. 114). The integral nature of health ministries within this call to mission and a prophetic ministry of justice gives voice to the potential for the practice of health ministries to redeem the Church and medicine.

Challenging the "powers and principalities" of medicine does not mean that we no longer value the very real benefits in healthcare. But what is typically construed as "healthcare" is understood as a subordinate good in service to the "health of the community."

CONCLUSION

The redemption of medicine as a practice of caring formed by the Christian story embodied in a particular way of life, while elusive, is not without hope for attainment. In a culture so pervasively convinced that individualistic consumption of healthcare "goods" (frequently interpreted as technology) is the means to health, the challenges and considerations offered by Shuman and Volck, as well as Denton, provide a context for pondering the possibilities of what a reformed and redeemed medicine might look like.

It is a radical notion, if fully engaged, to challenge the "powers and principalities" of medicine and to embrace a vision of the Church as the

concrete, social embodiment of salvation as a gift of a Creator God on whom we are graciously dependent. Medical services for the individual would become secondary to the health of the community, and our proclivities for idolatry of the self would become transformed into love of God and neighbor, with practices of worship and caring consuming our daily lives. This does not mean that we would no longer value the very real benefits in healthcare made available by physicians, nurses, and others of service among us. But it does mean that what is typically construed as "healthcare" would be understood as a subordinate good in service to the "health of the community."

If rightly interpreted within the fullness of the gospel's embodied, salvific, eschatological hope, this vision of the health of the community—formed in the worship of God, an honoring of the body, a love of the dust from which we came, and a gratitude for all that is given by a gracious Creator God—might redeem medicine and, in the end, save us all.

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The Healing Congregation

BY BRIAN VOLCK

That churches might become active participants in healthcare systems will strike even some Christians as a troublesome blurring of boundaries. Nonetheless, three books in this review make the case—in differing ways—for congregations to join in the healing of bodies as well as souls.

Stephanie, the Social Mission Director at my parish, delivered her first child a year ago. In the following months, her parents often drove from their home in a nearby city to spend a day or weekend with their new grandchild. One night, though, returning home on the expressway, their car was struck head on. Stephanie's mother was killed instantly; her father was seriously injured and quickly taken to a trauma center in critical condition. It has been a long struggle for Stephanie and her father since then, a tale of many small victories and disappointing reversals. Along the way, Stephanie and her husband learned first-hand some of the many shortcomings of what we in the United States glibly call the "healthcare system": short-staffed hospital units; Byzantine regulations serving administrative bureaucracies far better than patients; surprise fees, "donut holes," and other hidden traps of medical insurance; appalling inequalities in care based on ability to pay; and doctors who never quite have the time to explain their decisions.

Stephanie was the recipient of many prayers and well-wishes from the parish, as well as some important material support in her grief. She is also, I hasten to add, far more resilient than I. While shepherding her father through this catastrophe, she also channeled her anger and sadness into action, persuading a city-wide inter-church community group—in which she and other representatives of my parish take an active role—to take on

the sorry state of healthcare in our city. The project has targeted renewal of a local indigent healthcare levy as its first priority, but has set it sights on larger issues as well, such as local healthcare policy reform. It intends to bring religious conviction and witness to the discussion.

That churches might become active participants and advocates in healthcare systems will strike even some Christians as a potentially troublesome blurring of boundaries. Nonetheless, each of the books under consideration in this review makes the case—in differing ways—that the Christian ministries which define the church compel us to join in the healing of bodies as well as souls. But how should Christian communities engage the healing arts when these arts, at least as practiced in much of North America, are often diseased themselves? If Christians, gathered into a Body through Christ's grace, discern that Body in and through the Lord's Supper *and* the physical needs of their neighbors (1 Corinthians 11:17-34), then surely the gathered community has some role to play in physical health. Churches must resist the Gnostic temptation to separate neatly soul and body, which typically results in a woeful neglect of the created body's many legitimate needs. As Wendell Berry so succinctly puts it, "The health that is the grace of creatures can only be held in common."[1] To live together as a body is not simply an exercise in spiritual awareness. Our membership in a material, created order filled with complex ecological relationships demands considerable attention and care.

ESTABLISHING MINISTRIES

Health, Healing and Wholeness: Engaging Congregations in Ministries of Health (Cleveland, OH: Pilgrim Press, 2005, 146 pp., $21.00), by Mary Chase-Ziolek, endorses congregationally based ministers of health as one approach to the health we hold in common. With a PhD in nursing, Chase-Ziolek is comfortable with the language of sociology, psychology, and anthropology, though she helpfully buttresses her points with sojourns into theology and Scripture. When discussing practical matters in the ministries she envisions, she provides helpful, extended examples from existing congregations in a variety of Christian traditions.

Much of her theoretical discussion in the early chapters has to do with what she calls "congregational culture" and its engagements with the health professions in a cross-cultural encounter. Since I have an interest in cross-cultural medical communication and work in an academic medical center (which, for all its apparent interest in an ill-defined spirituality as a technique for achieving better health, is hostile to specifically religious language), her approach resonates with my own experience. Frequently, medical professionals (outside of and sometimes even within the pastoral care or hospital chaplain's office) understand religious conviction as a private matter, of concern to the professional only insofar as it affects the individual patient's therapeutic choices. That a patient's church community

might have a say in his or her care beyond that of "spiritual support" is often more than North American-trained doctors can imagine.

Chase-Ziolek insists—and here again, I agree wholeheartedly—that ministries of health are first and foremost ministries: religious and communal activities that engage the secular and individualized realm of professional healthcare. Even so, many of her attempts to ground such ministries biblically use Scripture instrumentally, as arguments with which the already convinced might persuade others that congregations play a role in health. She provides good, concrete examples of ministries of health in later chapters, but much of her early language is abstract, devoting considerable attention to "meaning," "trends and developments" in religion and healthcare, and "paradigms and organizations." Chase-Ziolek is at her best and most helpful with practical matters: specific practices in ministries of health; descriptions of various ministers such as the parish nurse, health educator, and health counselor; and ways to make ministries of health accountable and sustainable. Through the congregational stories she uses as illustrations, she brings her larger theme alive. This book will be most useful to congregations seeking helpful information and encouragement in responding to the medical and health needs of their community. Healthcare professionals and pastoral staff within such congregations will find this book an important resource.

Chase-Ziolek is most helpful with practical matters: specific practices in ministries of health; descriptions of various ministers such as the parish nurse, health educator, and health counselor; and ways to make ministries of health accountable and sustainable.

Healing Bodies and Souls: A Practical Guide for Congregations (Minneapolis, MN: Fortress Press, 2003, 125 pp., $16.00), by W. Daniel Hale, a psychologist, and Harold G. Koenig, a physician, unfolds its argument—that congregations are essential to the health we share in common—through stories. Rich with detail and personal touches, the vignettes often start with an individual facing a chronic or newly diagnosed medical condition. These burdens are brought, in various ways, to the congregation's attention, sometimes despite great reluctance on the patient's part, and the community responds. Dr. Hale tells his stories with skill, sketching characters so the reader understands something of the motivations, relationships, and conflicts within a congregational setting. Each chapter concludes with "Koenig's Corner," a physician's view of the medical issue featured in the preceding vignette. While the stories often concern a patient with a single diagnosis, such as diabetes, stroke,

breast cancer, or Alzheimer's disease, Hale's narratives and Koenig's remarks call the reader back to a communal and congregational response that applies to illness more generally: from patient/congregant education and mutual support to elder care centers and free clinics. An appendix lists a number of resources and models for congregational ministries of health and healing, including those featured in the stories.

There is much that is concrete and practical here, with less attention paid to theoretical and theological matters. Some readers may wonder if the authors see a liturgical role for ministries of health, or if, outside of sermons and intercessory prayer, worship is separate from healthcare. Furthermore, the stories sometimes resolve a bit too neatly, rather like the clichéd genre of "Christian Inspiration." Yet Hale and Koenig clearly want to inspire for the best of reasons. Congregations seeking to be a healing force in their neighborhoods will find this book a motivational tool and a resource of practical ideas.

PROVIDING HEALING

In contrast to the above-mentioned books, Margaret Kim Peterson's *Sing Me to Heaven: The Story of a Marriage* (Grand Rapids, MI: Brazos Press, 2003, 224 pp., $19.99) is a memoir, the single story of the author's marriage to Hyung Goo Kim, an HIV-positive man, in the years before new antiretroviral medication transformed AIDS—at least in the developed countries of the world—from a death sentence into a chronic life-threatening but treatable disease. There is little abstraction here and no room for sunny optimism. But this is not, in the end, a depressing book. Peterson paradoxically names the tale of her marriage, "the most beautiful of absolute disasters." Despite the intimate nature of this tale of love and death, the church is very much the context in which the drama plays out.[2]

Peterson and Kim cross paths in a young adults' group at Park Street Church in Boston. They fall in love attending concerts together, but Peterson is completely blindsided when Kim reveals his HIV status. Bewildered, she leaves Boston for Divinity School at Duke. Once there, however, she reinitiates their conversation and, soon thereafter, their courtship. They eventually wed in the Boston church where they met, returning afterward to Durham as a husband and wife. Yet there is no happily ever after. Kim's disease progresses, new medications are added to treat new and more life-threatening infections, and the couple spends more and more time in clinics, emergency rooms, and hospitals. Even so, they build a marriage and worship in community, which increasingly reveals itself as a sustaining force.

Yet the church does not escape significant criticism, especially when Peterson turns to what she calls "the rhetoric of AIDS," shrewdly observing that "there is something in AIDS to offend everyone." Peterson takes both Christians and AIDS activists to task for effectively denying that "happily married, conventionally Christian people" live with AIDS, too. For some

Christians, she notes, AIDS was the predictable consequence of bad behavior, and righteous Christians could count on long, healthy lives if they merely avoided sinful behavior. In this view, those already infected could do little but repent and prepare themselves for death, while the better sort of Christian guarded his or her sexual purity, living long and well. But non-Christian AIDS sufferers she encountered had little to offer, as well: so many talented people channeling despair into savage and dark humor or self-obsessed and isolating gestures toward "meaning."

In a panel discussion on pastoral responses to AIDS, Peterson hears from three men angry at the church for rejecting them or their loved ones because of the virus they carried. In response, Peterson tells them how, after keeping Kim's infection a secret for years, they shared with everyone they knew. Their church's intercessory prayer group quickly gathered to pray for them, their friends in Bible study shared their lives, and the women of the church gathered around Peterson in her widowhood. When this panel concluded, one of the speakers came over to embrace her, saying, "You give me hope that someday I will find someone who will love me, even though I have HIV."

Later in the book, Peterson recalls a healing service held in her church for Kim before his death. No one expected the virus to miraculously leave his body. Instead, Peterson notes how the congregation came together around her husband—"the reason we were all there," she says—strengthening their bonds of friendship in Christ and "quickening" Kim into more abundant life even as he approached death.

Clearly, this is not a "how-to book," but a narrative of relationship, not simply between husband and wife, but also between couple and congregation as well as between Church and the God revealed in Christ. Readers seeking an honest account of embodied Christian response to illness and death will find that here. Those seeking a step-by-step guide to ministries of health should look elsewhere.

By living out the truth that Christ calls us together in community, we may be granted the further grace to transcend our cramped and culturally determined vision of health as something individually held.

CONCLUSION

I think it is no accident that all three books are at their best when telling stories. Christians, like Jews, are a people formed by the biblical story. Medicine, too, is a storied practice: patients tell doctors the story of their illness; doctors, in turn, compose these narratives into "case histories." Congrega-

tions do well to ground any response to the common grace we call health in the story we also share in common: that of Christ, the Word of God made human in order to heal us, body and soul.

By living out the truth that Christ calls us together in community—the visible form of which is limited in space and time—we may be granted the further grace to transcend our cramped and culturally determined vision of health. The American "healthcare system" considers health—an abstract entity it allegedly cares for but never bothers to define—something individually held. But if health is a grace which can only be held in common, it is past time that Christian congregations act accordingly and become living channels of grace.

NOTES

1 Wendell Berry, "Healing," in *What Are People For?* (New York: North Point Press, 1990), 9.

2 Margaret Kim Peterson recounts her Christian pilgrimage in marriage to Hyung Goo Kim in "For Better or Worse," *Marriage,* Christian Reflection: A Series in Faith and Ethics, 19 (Spring 2006), 29-35. This article in available online at *www.ChristianEthics.ws*.

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