

Healing: A Rainbow of Hope

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*In Honor of the Living Christ
The Healer Who Makes Life Whole
And Calls Us
To the Spiritual Dimensions of Life*

Mark 1:34 "And he healed many who were sick with various diseases, and cast out many demons ..."

PREFACE

These materials are entitled "A Rainbow of Hope" because the rainbow biblically and in popular usage is a symbol of hope and because the rainbow has a multi-faceted character as it is produced by refracted light. As a central aspect of the proclamation of the Gospel and the serving of Christ, the church has always been concerned with the well-being and healing of persons. But healing is not simply a matter of medicine or miracle, one or the other, nor is it simply a matter of curing from disease or injury. These materials attempt to clarify the many colors of the light of healing in order that it may be better understood and practiced in all of its aspects, and that the beauty of its many "colors" may be appreciated. Though healing involves many medical and therapeutic techniques, the importance of spirituality and prayer to healing is coming to be more broadly appreciated today. There is a large body of literature on this. And there is a concern that the Gospel and the mission of the church is diminished without consideration of the place of healing. In 2001 the *International Review of Mission* published an issue on "Health, Faith and Healing" which had its origin in a World Council of Churches consultation of persons from 20 countries and various professional experience. In the first article, "Health, Healing and Wholeness in the Ecumenical Discussion," Drs. Christoph Benn and Erlinda Senturias comment:

Many Christians worldwide are concerned about the questions of health and healing, the involvement of the churches in the provision of health care services, and about the relationship of health and faith in Jesus Christ. Healing movements are part of the Christian witness not only in charismatic communities but also in many mainline churches. These movements are most prominent in the churches of Africa, Asia and Latin America. Nevertheless, churches in other areas of the world such as North America and Europe cannot afford to neglect the scores of people who desire concrete experiences of the gospel and seek a church that responds in a holistic way to their physical, mental and spiritual needs.¹

Not only are the resources for healing illness unnecessarily limited when the spiritual dimensions of life are neglected, but the "Great Healing" itself may be neglected. The Great Healing consists of the actions and provisions of God for life which, together with life's other components, constitute it as a whole and without which life is limited and deprived. These life resources consist not only of God's actions and provisions, but of the spiritual dimension of life itself and God's gift of God's self which is the primary relational resource of one's existence. Deprived of these elements life is not whole and complete. The preaching of the Gospel and its implications define the Great Healing and calls for personal entry into its meaning.

The first chapter deals with "Spirituality, Well-Being and Ministry," in its original form part of a presentation to the Second Annual Healthcare Symposium for Clergy and Religious Professionals at St. Luke's Hospital, Bethlehem, PA., and now several times revised. Though advertised as for Religious Professionals, it was also advertised among the health-care community and was attended by doctors and nurses. Respondents included Thomas Tachovsky, M.D., Chief, Department of Surgery, St. Luke's Hospital, and the Rev. Cynthia Crowner, Director of Kirkridge, Bangor, Pa.. It is important to remember that these materials were originally designed for concerns within the hospital context with an interfaith perspective. Much of the original version of this presentation appeared as an article in the spring 1998 issue of *the Journal of Pastoral Care*.

The following chapters move beyond review of the developing contemporary paradigm for care and explore biblical and theological dimensions and the wisdom which can be garnered from the history of the Christian tradition, together with various exercises and a congregational program.

The second chapter provides "A Comprehensive Model of Life's Complexity," seeking to portray the complex context in which interventions for a person's well being occur and particularly to define the

¹ . "Health, Faith and Healing," *International Review of Mission*, Vol. XC Nos. 356/357, January/April 2001, p. 7.

nature of God's participation in life within this same field of complexity. The model for God's presence and involvement is seen as relational and incarnational rather than imperial. "The Spiritual Resources of the Christian Tradition" are presented as significant parts of a tradition of wisdom which enables the life of individual and community. "Affirmations for Resourcing Life" discusses the understandings and commitments which are important to supporting and forming human existence. "Disturbances in the Perceptual Field" deals with a common human experience with many origins and productive of serious functional and psychological consequences. It provides a model for understanding the significance of biology to the functioning of the person. "Prayer for Healing" provides both interfaith and Christian models for the role of prayer in healing. "Meditations" affirms the power of images and some techniques and exercises for meditation. "Exercises Dealing with Suffering" suggests ways for living with, struggling with, and accepting suffering. "The Lord's Prayer as a Way of Centering in God" presents the Lord's prayer as intended by Jesus: a discipline to free us from the anxieties of existence that we might be centered in God who is the primary Resource/Source of life. "Providing a Community of Support and Love" presents aspects of a congregational program for healing, including many resources for congregational use. A bibliography is provided near the end of this material, also within some chapters, and the reader will find many other resources in the footnotes and the text.. There is also a listing of significant web sites. The last item included is a booklet entitled "Some Symbols for Your Life and Faith" which contains a variety of materials for personal reflection in illness or hospitalization which can be used in the pastoral care process.

This book has risen out of a life-time of experience and study, and a deep concern for those who struggle for life and health. I have experienced serious illness in my family and have walked with others in their journey through illness, sometimes into health and at times into death. My concern has always been to affirm the reality of God in life and the difference God makes in life's quality and possibility. As is true of most of the issues on which I work and write, I am in the process of learning to understand, which means that I can learn from the wisdom and experience of others. I have conducted a number of workshops on healing and many persons have brought to me experiences and insights which I treasure. I invite your thoughts as I invite your use of these materials.

*Life is
an experiment
to discover
what is there
and how
it might be lived,
with passion.
It's hardly worth
the effort
to merely endure,
to live without some love
for living.
Once others told us
what was there,
and we believed
until
it did not all come true.
Then we began
to learn, unlearn,
unname what for us
they named, perhaps with love.
Much less we knew,
but more we know:
life's mystery,
and You.
You were there,
and heart could know
what mind
could not name.
How quickly
we make into **it**
what really is **Thou**
and seek to own,
control, what cannot,
must not, mastered
be, and like we
pleads for freedom.
How good
to live, to see and hear,
to feel life's passions,
and to somehow touch
an other. How good
to live and enter the mystery
both of world,
and other.
I would not
have missed it*

*for the world,
for the world, ever.
Just to have been
with pain and passion,
to drink deep the lives
of those I've loved,
to bear within
their stories,
to be recalled
in dream and hope
again.
O what a gift.
And you, O God,
You're worth
whatever is endured².*

² Poems are by the author unless otherwise indicated.

CONTENTS

| | |
|---|-----------|
| PREFACE | 2 |
| CONTENTS | 5 |
| SPIRITUALITY, WELL-BEING AND MINISTRY | 7 |
| Definitions | 7 |
| Spirituality | 7 |
| Well-Being | 7 |
| Ministry | 10 |
| Shifting Paradigms | 10 |
| Hints of A Movement Towards Relationship (Not Reunification) in Fields of Knowledge | 10 |
| A Postmodern Perspective on Knowing as Subjective | 11 |
| The Presence of the Spiritual in Creation | 12 |
| Changes in Medical Care | 12 |
| Broadening Perspectives on Healing and Well-being | 15 |
| A More Inclusive Paradigm | 18 |
| Paradigm for Comprehensive Care | 19 |
| Getting Spiritual Healing Into the Community of Care-givers | 21 |
| Stretching Our Practiced Powers | 22 |
| HEALING IN THE NEW TESTAMENT | 23 |
| Pre-gospel Tradition | 24 |
| Jesus' Healings | 24 |
| Mission of the Twelve | 24 |
| Biblical Models for Dealing With Healing | 25 |
| John | 25 |
| A COMPREHENSIVE MODEL OF LIFE'S COMPLEXITY AND THE NATURE OF THE SPIRITUAL | 29 |
| Implications of a Relational Spirituality | 34 |
| Elements of a Relational Spirituality | 35 |
| Incarnational Presence | 36 |
| What About Evil | 37 |
| THE SPIRITUAL RESOURCES OF THE CHRISTIAN TRADITION | 42 |
| The Spiritual Character of the Life Process | 42 |
| The Gospel | 43 |
| The Great Healing | 44 |
| Prayer | 46 |
| Sacraments | 46 |
| Baptism | 46 |
| Eucharist/Communion | 46 |
| Community/Church | 47 |
| The Spiritual Realm | 47 |
| Living the Mystery | 47 |
| AFFIRMATIONS FOR RESOURCING LIFE | 49 |
| Affirming Transcendence | 49 |
| Affirming Human Transcendence. | 50 |
| Affirming the Body | 51 |
| Affirming One's Self Through Body and Self Image | 53 |
| Affirming Our Story | 54 |
| Affirming an Appropriate World | 56 |
| Affirming Relationship | 57 |
| Working with the Way the Body Works | 57 |
| Affirming Responsibility and Assuming Control | 59 |
| Stress | 60 |
| The Relaxation Response | 62 |
| Mindfulness | 62 |
| DISTURBANCES IN THE PERCEPTUAL FIELD | 67 |
| So, what's normal? | 67 |
| Perceptual Field – the inner awareness of inner and outer world | 67 |
| Various origins of disturbance of a field dependent on the whole human organism | 68 |
| Observed disturbances of the Perceptual Field | 70 |

| | |
|---|------------|
| Remedies | 72 |
| Some helpful literature | 76 |
| PRAYER FOR HEALING | 77 |
| An Interfaith Approach | 77 |
| The Christian Perspective | 77 |
| An Example | 78 |
| MEDITATIONS | 81 |
| The Power of Imaging | 81 |
| A Visualization/Meditation Transforming Your Present Situation | 81 |
| A Visualization Taking You Out of Your Present Situation | 83 |
| EXERCISES DEALING WITH SUFFERING | 84 |
| Exercise Using Leonard Bernstein's <i>Kaddish</i> Symphony | 84 |
| Narration Text for "Kaddish" Symphony | 87 |
| Accepting the Cup of Life and Suffering | 89 |
| THE LORD'S PRAYER AS A WAY OF CENTERING IN GOD LUKE 10:38-11:4 | 91 |
| The Ultimate Healing Is Openness to the Spiritual: The Mary - Martha Story | 91 |
| Forms of the Lord's Prayer | 92 |
| Meaning of the Lord's Prayer | 94 |
| PROVIDING A COMMUNITY OF SUPPORT AND LOVE: A CONGREGATIONAL PROGRAM | 96 |
| The Church's Role in Ministering to Human Needs | 96 |
| How might one start a healing program in a congregation? | 97 |
| A Possible Letter to the Board Exploring Establishing a Healing Ministry | 99 |
| Prayer: The Community Opens Itself to God on Behalf of its Members and Others | 99 |
| A Prayer Group: Structuring Prayer into the Life of the Congregation | 100 |
| A Prayer Newsletter | 100 |
| A Sample Folder or Card Inviting Requests: | 102 |
| The Sunday Morning Worship | 103 |
| Laying on of Hands and Anointing | 103 |
| A Healing Service | 104 |
| A possible Liturgy | 104 |
| A Possible Meditation for the Scriptures Listed in the Liturgy | 110 |
| A Public Service of Healing | 111 |
| A Table of Suggested Lessons and Psalms | 114 |
| An Outline for a One Day Workshop Using the Book | 115 |
| BIBLIOGRAPHY OF SOME SIGNIFICANT RECENT BOOKS | 116 |
| WWW SITES | 116 |
| Complementary Medicine | 116 |
| Mind-Body | 116 |
| Spirituality and Health | 116 |
| Jewish Spirituality and Healing | 117 |
| Professional Associations | 117 |
| Other helpful sites | 117 |
| Search Engines | 117 |
| Search of Medical Journal Databases | 118 |
| SOME SYMBOLS FOR YOUR LIFE AND FAITH | 1 |
| THE GREAT HEALING | 3 |
| GAINING PERSPECTIVE ON LIFE | 4 |
| SCRIPTURE | 6 |
| POEMS | 6 |
| IMAGES, MANDALA, SOME THOUGHTS | 9 |

SPIRITUALITY, WELL-BEING AND MINISTRY ³

The concern is to explore the meaning of “well-being”, rather than “being well”. Well-being is linked to the recognition of and alignment with the spiritual dimensions of life, a wholistic approach. Then one’s life and struggles with life’s limits are open to life’s fullest possibilities. The growing recognition of the role of prayer and spirituality in healing is reviewed and it is advocated that the “community of care-givers” take seriously what they do as vocation, particularly in the context of re-engineering and management of health-care. Paradigms are suggested for understanding life, persons, and the care of persons which give the spiritual dimensions of life their proper role and call for cooperation in healing.

Definitions

Spirituality

Let me begin by defining the elements of the topic: “Spirituality, Well-being and Ministry.” *Spirituality* represents concern with the transcendent dimensions of life, not quite the same as “religion” since religion often consists of institutions and belief systems that may be more focused on their particular forms than the spiritual reality to which they point but which transcends them. The mystics have often reminded us that what we name we must unname in order to remain open to the reality we are trying to name. Here one might cite the opening lines of the *Tao Te Ching*, “The Tao that can be told is not the eternal Tao. The Name that can be named is not the eternal name. The nameless is the beginning of heaven and earth.”⁴ Or in Christian mysticism one finds such as *The Cloud of Unknowing* by an anonymous 14th century English mystic who speaks of a darkness, a “cloud of unknowing” between us and God

... and because of it you can neither see Him clearly with your reason in the light of understanding, nor can you feel Him with your affection in the sweetness of love. Be prepared, therefore, to remain in this darkness as long as must be, crying evermore for Him whom you love. For if you are ever to feel Him or to see Him, it will necessarily be within this cloud and within this darkness.⁵

Although we might be concerned about spirituality primarily to manipulate it for the purpose of healing, that is not really fair to the reality which it represents. I understand a deep hunger for spirituality to be inherent in being human, and we hopefully would be concerned with it because human existence can neither be understood nor satisfied without it, not because we can manipulate it to some end. The most important healing is when a person realizes who he or she is within the cosmos and discovers the spiritual dimensions of him or herself and of life itself. Then one is no longer alienated from a part of one’s own being and existence, and all of the possibilities are available for living and, when possible, healing.

Well-Being

I understand *well-being* to be a more appropriate terminology than *being well*. Being well is often identified with being healthy, without illness. However, life is full of circumstances, bacteria, viruses, and the destructive functioning of nature which often make being well rather difficult. Then there is death. Death is the last illness of life from which there is no recovery, though I would rather we describe it as the process by which we are born into a new world, sometimes as painful as was our birth into this world. Simone Weil, French mystic of our century, describes the process which leads to death as “decreation.” She understands the presence of God as a presence of *grace* in the midst of the way the world is. The functioning of the world is not to be identified with God in an immediate sense. God in love created the world and then gave it its freedom. It now functions by its own laws, by necessity, by what she calls

³ . This developed from an article published in the spring 1998 issue of *the Journal of Pastoral Care* which derived from a presentation to the Second Annual Healthcare Symposium for Clergy and Religious Professionals at St. Luke’s Hospital, Bethlehem, PA.

⁴ . Lao Tsu, *Tao Te Ching*, translated by Gia-Fu Feng and Jane English, with Introduction by Jacob Needleman, NY: Vintage Books, 1989, p. 3.

⁵ . *The Cloud of Unknowing*, Introductory Commentary and Translation by Ira Progoff, New York: Julian Press, 1957, III,5.

gravity. God can then penetrate the world by grace and may be discovered in what one finds in it (as its creator), but is not to be identified with it. The same natural law which blesses also destroys. Thus the world reflects God and it does not reflect God. It is God's, but God is not to be identified with it. The human is made a creature, but can only find his or her destiny if "decreated" (defined as "to make something pass into the uncreated" and thus into the spiritual world). I guess that most of us could agree that life sometimes feels like we are being decreated.

Well-being to some extent has to do with being well, but it has more to do with existing well in the midst of whatever life brings to one. Thus there can be well-being in the midst of suffering. I believe that Jesus knew this and taught this, for his approach to the presence and reality of God within the present time in no way removed the reality of being human and suffering. There is in the teaching of Jesus an interpretation of healing and wellness with which many Christians have had difficulty: wellness within the sometimes difficult conditions of life. There is in Jesus' ministry no abrogation of death, though a few are temporarily raised from death. Jesus himself suffers death. Death is a symbol of the limits of life and the unavoidability of suffering. God's entry into life in Jesus (the incarnation) means that God assumes upon Godself the conditions of life rather than eliminating them. According to an interpretation of John 20, Jesus carries his wounds with him back to heaven and will always be the wounded one.⁶ Jesus, in his treatment of his Messianic mission (Mark 10:35-45), rejects the use of power and chooses the way of the servant, drawing upon the tradition of the servant in Isaiah. In Mk. 4 he speaks of the presence of God (kingdom) as a mystery and uses the analogy of seed for the kingdom rather than speaking of it as overwhelming power. Though healing is definitely part of Jesus' ministry and he is said to make it part of his commission to his apostles in Matthew (16) and Luke (9), in our earliest Gospel, Mark, Jesus does not include it in the apostolic commission (6:7-11)⁷ and in Mark 1:38 Jesus avoids the many pressing upon him for healing because he has a message to proclaim which is primary.⁸ Oddly enough his message about the presence of God had a great deal to do with healing. Yet the reality of the spiritual is primary and healing is secondary. This means a rethinking of attitudes towards health, death, body, and suffering with Jesus as model. To open for persons the spiritual dimension of existence is to put them in touch with what makes for well-being even if it cannot always produce being well. Dossey, in his book *Healing Words*, indicates that prayer is not only important because it sometimes produces results, but "Prayer says something incalculably important about who we are and what our destiny may be."⁹ That is why

6 . Jesus tells Mary Magdalene not to cling to him for he must ascend. Then he ascends and comes back to his disciples still bearing his wounds rather than having been freed from them. Thus the incarnation remains a part of him.

7 . In Mark 6 it is not in Jesus' commission but his disciples are said to have anointed with oil many who were sick and healed them (6:13). It would seem that Jesus' disciples focused on healing as more primary than he did, and for similar reasons the later evangelists, Matthew and Luke, added healing into his commission. Healing is also important in the ending later added to Mark but not part of the original Gospel (16:9ff). These remarks are intended in no way to diminish Jesus' concern for peoples' suffering and healing, but to place it in perspective as secondary to the kingdom, the realization of the presence of God and the reality of the spiritual realm.

8 . Luke also includes this passage in 4:42-44, but Matthew does not.

9 . Larry Dossey, MD, *Healing Words: The Power of Prayer and the Practice of Medicine*, HarperSanFrancisco, 1993, p. 6. Dossey entitles his first chapter "Saints and Sinners, Health and Illness" where he talks about sickly saints and healthy reprobates and the need to stand (live) in the mystery of the relationship between spirituality and healing in a prayerfulness which he describes:

During illness the quiet way of being we've been examining flows from one's true center. It is focused, authentic, genuine, and accepting of any outcome. It is not self-conscious and contains no pity for the "I" who is sick. It is not contaminated by fear of death, and contains no blame or guilt. It does not exclude any therapeutic approach and may involve using drugs or surgery as naturally as contemplation, meditation, or prayer. It is unconcerned with tragic outcomes, even death, for it rests in the understanding that one's higher Self is immortal and eternal, and cannot die. (pp. 23-24)

spirituality and prayer are most important. One might say that in prayer what is healed first is our separation from the spiritual dimensions of our existence.

Even if prayer or attempts at self-transformation fail in the course of illness, there is still a sense in which a cure can always occur. By "cure" I do not mean the *physical* disappearance of cancer, heart disease, high blood pressure, or stroke, but something more marvelous -- the realization that physical illness, no matter how painful or grotesque, is at some level of secondary importance in the total scheme of our existence. This is the awareness that one's authentic, higher self is completely impervious to the ravages of any physical ailment whatever. The disease may regress or totally disappear when this awareness dawns, for reasons we may not understand. When this happens it comes as a gift, a blessing, a grace - but again, this is of secondary importance. The real cure is the realization that at the most essential level, we are all "untouchables" -- utterly beyond the ravages of disease and death.

We begin our journey into prayer and healing by acknowledging great mysteries that cannot be resolved by formulas and intellectualization.¹⁰

Whatever we say of spirituality, this should not imply a dualism of matter and spirit, a perspective which we find in the New Testament because it is part of the understanding of existence inherited from its environment. In the NT Satan is seen as ruler of the world rather than God (e.g. Matt. 4:7-9) and spirit and flesh are seen as antagonistic to each other (e.g. Gal. 5:16-26). Well-being for us who live in the world of time and space and who experience this strange and wonderful vehicle of life we call body -- well-being for us is life within body and world, though it is well-being in body and world which includes spiritual dimensions. And many of the resources on which we depend for well-being are located in body and world. Matthew Fox's creation spirituality calls for a new appreciation of God in creation which he calls Panentheism (God in all things) -- and a rejection of dualism.¹¹ Thomas Moore, author of *Care of the Soul*, has published *The Re-Enchantment of Everyday Life*. *Care of Soul* indicated that many of the human problems are due to a loss of soul. In the new book he claims that one aspect of loss of soul is loss of enchantment. "An enchanted world is one that speaks to the soul, to the mysterious depths of the heart and imagination where we find value, love, and union with the world around us."¹² Rainer Maria Rilke, whose spirituality is an affirmation of world and life in reaction to Christian dualism, expresses it well in his *Book of Hours*:

All will again be great and powerful,
the land, simple, and the water, flowing,
the trees gigantic and very small the walls;
and in the valleys strong and varied,
a people of shepherds and farmers.
And no churches which surround God
as a fugitive and then bewail him
as a captured and wounded animal, --
houses friendly to all who ask entrance
and a feeling for limitless sacrifice
in all actions, and in you and me.
No waiting the beyond, no looking above,
only longing not to profane even death,

10 . Ibid., pp. 35-36.

11 . Matthew Fox, *Breakthrough: Meister Eckhart's Creation Spirituality in New Translation*, Garden City, NY: Doubleday & Co., 1980; *Original Blessing: A Primer in Creation Spirituality*, Bear and Company, 1983; *Western Spirituality, Historical Roots, Ecumenical Routes*, Bear and Company, 1981; *The Coming of the Cosmic Christ*, Harper, 1988

12 . Thomas Moore, *The Re-Enchantment of Everyday Life*, NY: HarperCollins, 1996, p. x.

and as a servant to practice earthiness,
to no longer feel strange in earth's hands.¹³

Ministry

Ministry has often been understood in a very narrow sense, as the expression of the vocation of the professionally religious. But all those who enter the sacristy of body and soul and explore the full dimensions of human existence have a ministry (they serve) and have a calling (a vocation). The care of persons as vocation does not have to be understood religiously, but it makes best sense to understand it with a religious dimension. Then this calling is not only the calling of human need and compassion, but something that comes from the divine, relates to the nature of creation and leads to the fulfillment of human destiny.¹⁴

Ministry should not be a term limited to the professionally religious nor even to lay givers of pastoral care now being trained to share in pastoral ministry. Ministry belongs to all those who serve the well-being (not just being well) of persons and do so as a service to the broader dimensions of human existence. I know a number of medical professionals who see their work as ministry and involving vocation. Only care-giving and healing as ministry and vocation will enable one to stand the frustrations of modern medicine and the challenges to professional ministry. Several doctors to which I have spoken recently feel vocation slipping away in the dangers of litigation, the pressures of protective record keeping, the endless demands upon time, the growth and complications of technology, the restructuring of medical institutions, and the consequent diminishing of personal time with patients. Nurses find their role changing. In the changing modern context, only vocation sustains.

Even the clergyperson who deals with the institutional life and traditions of the religious community and as a professional cares for her or his people needs to remind him or herself that ministry is more than professionalism. Ministry involves entering the existence of those for whom one cares and living into the full mystery of God and life so that the needs of persons may be addressed from the wisdom gained beyond the traditions inherited.

Shifting Paradigms

It is helpful to understand that for several centuries our cultural world has been in a process of transition. With the scientific methodologies of the Enlightenment the unity given culture by institutions, religion and philosophy was questioned. The religious substructure which remained was Deism or a philosophy coherent with reason and nature, and what disciplines shared was a common methodology. There was a rapid development of sciences which because of the vast knowledge they amassed and the pride in their accomplishments became autonomous fields of inquiry, particularly separated from the liberal arts and religion. Human beings came to be understood in terms of biology (which was Freud's psychological perspective) or sociology.

Hints of A Movement Towards Relationship (Not Reunification) in Fields of Knowledge

E.O. Wilson, well known socio-biologist at Harvard, in his article "Back From Chaos," calls for "consilience" (a term which he prefers to "coherence") in a new integration of knowledge rather than its

¹³ . Author's translation from the *Book of Hours, Das Stundenbuch*. Rilke believed that spirituality consisted of being open to the God behind the names of God, finding God in creation and human existence, even sexuality and death: "to no longer feel strange in earth's hands."

¹⁴ . Margaret E. Mohrmann, M.D., goes beyond biomedical ethics to theological ethics which she argues provides additional information for moral decisions from the implications of theological beliefs, prevents the unique stories of persons from being depersonalized into paradigmatic cases, and recognizes the complexity of the persons to whom we minister and the answers we seek (there often is no "right answer"). From the theological perspective medicine is ministry and medical professionals are part of a healing community which serves those sick or in pain. *Medicine as Ministry: Reflections on Suffering, Ethics, and Hope*, Cleveland: The Pilgrim Press, 1995.

ongoing fragmentation. Consilience means a "jumping together" of knowledge from fact and theory "across disciplines to create a common groundwork of explanation" rather than attempting to force coherence.¹⁵ This particularly involves a renewal of the relationship of the sciences and liberal arts. He argues that every college student and every public leader should be able to answer the question of the relationship between science and the humanities. Unfortunately, he excludes the spiritual or transcendental from consilience, though he acknowledges that he could be wrong.¹⁶

A Postmodern Perspective on Knowing as Subjective

While Modernism, an outgrowth of the Enlightenment, has a strong emphasis on knowing information and structural principles (what is known) according to the principles of reason and scientific method, Postmodernism has brought with it a different and valuable approach to knowing: exploration of the act of knowing as a way to the mind of the knower, locating what is valuable more in the subjective than the objective. Recently in the process of research on the spirituality of Judaism and Christianity I came across a book consisting of essays on Jewish spirituality by various faculty members of Hebrew Union College – Jewish Institute of Religion in New York city. Joshua Saltzman, in his essay, discusses "Talmud Torah and Spirituality: A Postmodern Perspective." He indicates that Postmodernism focuses beyond objective knowledge, to "the particularities of the human subject, existing in a particular place, at a particular time and within a particular historical context."¹⁷ Thus the way of knowing is also knowledge, besides the subject matter which it seeks to know. Think of the implication of this for not only education but for pastoral care. Saltzman then discusses three topics under the "Rubrics of Talmud Torah as a Spiritual Encounter":

- 1) the relationship of study to spirituality and practice or ethics. Because Torah partakes of the nature of God and because the human has a function to be in the image of God within the world, the engagement of a person with the Torah opens one to the relationship of God to the world within the person. This then becomes a revelatory moment and human deeds then express the world to come.
- 2) hermeneutics and pedagogy. The purpose of the interpretation of Torah was "normative instruction" which occurred in the context of continual interpretive dialogue where teachers and students participated in the "divine-human dialogue." Where "two sit together and the words of Torah are exchanged between them, the Divine Presence abides with them."¹⁸ But this can only happen when the act of study is focused not only on Torah, but on the "responsibility, concern and spiritual presence of the other study partner."¹⁹
- 3) the teacher-student relationship. Here the teacher embodies as well as teaches Torah. But the teacher also communicates knowledge in a "contraction" which creates space for the student to learn. In Lurianic (Kabbalistic) mysticism it is said that God contracts or draws back to create a space in which creation can come into being. "The transmission of knowledge is made possible in an act of creative contraction."²⁰

¹⁵ Edward O. Wilson, "Back from Chaos," *The Atlantic Monthly*, Boston: The Atlantic Monthly Company, March 1998, p. 41. This is an excellent article which covers the period from the Enlightenment to beyond Postmodernism. See also Edward O. Wilson, *Consilience, The Unity of Knowledge*, NY: Alfred Knopf, 1998.

¹⁶ See Edward O. Wilson, "The Biological Basis of Morality," *The Atlantic Monthly*, Boston: The Atlantic Monthly Company, April 1998.

¹⁷ Joshua Saltzman, "Talmud Torah and Spirituality: A Postmodern Perspective," Carol Ochs, Kerry Orlitzky and Joshua Saltzman, eds., *Paths of faithfulness: Personal Essays on Jewish Spirituality*, Hoboken, NJ: KTAV, 1997, p. 142.

¹⁸ Ibid. p. 148.

¹⁹ Ibid. p. 149.

²⁰ Ibid. p. 153.

The Presence of the Spiritual in Creation

There is also new thinking on the possibility of God in relationship to creation. Dean Overman, a Washington lawyer, has also long pondered quantum mechanics and the nature of life. In his recent book, *A Case Against Accident and Self-Organization*, he calculates that the mathematical probability of life emerging by accidental processes within the 4.6 million years of the world's age is nil. He believes that God is a more reasonable explanation. Charles Hartshorne, a process theologian the value of whose insights seem right for our time, argues for God's existence – but not the traditional God of omnipotence and omniscience. Rather a God involved in the ongoing process of responding to humanity. Hartshorne comments "Too many intellectuals look down on religion and think it will go away. God is not going to go away. There are far more religious people in the world today than when I was born."²¹ Hartshorne is now 100.

One of the interesting aspects of this century has been the emergence of spirituality as a concern following the Second World War. It was as if the horrors of that time indicated the consequences of a loss of the spiritual dimension of life. Even the religious traditions, which had maintained their institutions and belief systems, also had to rediscover the spiritual referents of their institutional forms and traditions. Some turned to Eastern religions for assistance, such as Tilden Edwards, an Episcopal priest, who became the founder of the Shalem Institute in Washington, DC, and in 1973 spent part of a sabbatical in a Tibetan Buddhist institute in Berkeley. Then there is the Quaker Richard Foster. In the Dec. 24, 1997, *Christian Century* there was an article celebrating 20 years since the publication of his *Celebration of Discipline*. In the 1960s there began the ten year existence of a Lilly Project for the Deepening Life of the Seminary Faculty. One of the oldest of the spirituality institutes is that founded by Father Adrian Van Kaam at Duquesne University, Pittsburgh, in 1963, where he came to teach in 1954 and to aid in the development of a department of psychology. Van Kaam's commitment to spiritual formation dates back to the earlier years of his work as a member of the community of the Spiritans in his native Holland. In 1963 he started a subdivision of the University which was first called "The Institute of Man," having as its purpose "to foster integrative, theoretical research in the area of distinctively human formation."²² The Institute then took over a program in religion and personality from the psychology department and developed it in the direction of spiritual formation. Eventually it was renamed "Institute of Formative Spirituality." This has now evolved into the Epiphany Association in Pittsburgh. Father Van Kaam is now working on the eighth volume of his science of Formative Spirituality.

To take spirituality seriously has extensive consequences for dealing with illness and the human condition. Spirituality can be seen as having to do with three dimensions of human existence:

- 1) there is a spiritual dimension and developmental process that is part of the life of each person (call it soul or spirit) so that the person cannot just be understood as a biological system;
- 2) there is a spiritual dimension to the universe, and the relationship of the person to that dimension may have much to do with well-being; and
- 3) there are intentional spiritual beings in the spiritual world (perhaps both good and evil) and relationship with them does qualify life.

Changes in Medical Care

The physician and nurse have remained are one of the few places in society where a professional as craftsperson has been retained. What is happening now in medicine may in some sense be compared to the loss of the individual craftsperson in the industrialization of the western world. We live in a time when the

²¹ Gregg Easterbrook, "A hundred years of thinking about God: a philosopher soon to be rediscovered" (*U.S. News & World Report*, Feb. 23, 1998, p. 61).

²² *Institute of Formative Spirituality* (brochure), Pittsburgh: Duquesne U., 1987, p. 4

institutions of medical care seem to be moving towards managed care and large merged institutions providing total care, with even their own medical insurance. Physicians are now working for hospitals or care corporations and some are forming unions to protect their understanding of care. Managed care watches the costs of care which it seeks to limit to the available resources with the consequent limiting of care. *U.S. News & World Report* March 9, 1998, provides two articles debating the values and problems of managed care. Nurses have long been the main stay of personal care. In the February 1997 issue of *The Atlantic Monthly* there is an excellent article on "What Nurses Stand For" which explores what is happening to nursing in for-profit, market-driven health care and consequent re-engineering of hospital services and staffing. Nurses have long provided the long-term, consistent personal care of the hospitalized patient while other professionals enter the arena for short periods of time or operate on a more distant supervisory level.²³ The March 2, 1998, issue of *U.S. News & World Report* (p. 89) speaks of nursing's future as belonging to "advanced practice" nurses with graduate degrees who will diagnose, order meds, and decide when a patient is ready to go home.

I serve on a Professional Consultation Committee for the Department of Pastoral Care at St. Luke's Hospital in Bethlehem. One of our concerns is how to deliver pastoral care within the limits of shorter hospital stays where preparation of the patient may have to move to what is done in the Pre-admission stage and follow-up may have to move to some sort of contact within the Post-hospital-stay period. This would involve greater cooperation with the patient's religious community outside the hospital and with various care agencies to provide post-operative care outside the hospital. Thus the pastoral care elements of the stages of various clinical pathways are receiving serious consideration.

Because there is recognition of the dehumanization and depersonalization of medical care in some of the medical autobiographies recently published, these function as prophetic voices, calling for the preservation of pastoral and personal elements in medical practice. It is interesting to see how much of this literature portrays the change in the understanding of professional medical practice in the face of AIDS which allows no simple resolution of illness and demands more of interpersonal interaction. Abraham Verghese in *My own Country* tells the story of a five year practice in infectious diseases, primarily to AIDS patients, in Johnson City, Tennessee. His experience with patients urged upon him a more involved and personal practice. He comments, "My training had not really prepared me to be this kind of doctor. We were trained in hospitals, not in patients' homes; we were biased toward technological interventions in the forms of drugs and needles, words like the "soul," the "spirit," were considered dirty words. There was no or little payment for the non technological kind of medicine: hand-holding, family visits, home visits had no billing codes ... For me to practice the folksy kind of medicine that was required would not only cost me monetarily, it came at the expense of time with my family and time for myself."²⁴ Bernard Lown, MD, professor emeritus of cardiology at Harvard University, recently published a book entitled *The Lost Art of Healing* in which he implies the need to deal with vocation. He says, "It is a simplistic notion to say that medicine is a science. It partakes of science, but a doctor must be much more than a technician; it is not a doctor's job to engage an organ, but to engage a human being -- and that requires wisdom."²⁵ Lown includes in his book a brief but very valuable last chapter on "Getting

²³ . Suzanne Gordon, "What Nurses Stand For", *The Atlantic Monthly*, February 1997, Boston, MA: The Atlantic Monthly Co., pp. 80ff.

²⁴ Abraham Verghese, *My Own Country: A Doctor's Story*, NY: Vintage Books, A Division of Random House, Inc., 1995.

²⁵ . Bernard Lown, MD, *The Lost Art of Healing*, Houghton Mifflin, 1996. Lowen's statement is taken from a review of the book in the D section of the Morning Call (Allentown, PA), Dec. 17, 1966. A similar book is Jerome Groopman's *The Measure of Our Days: New Beginnings at Life's End*, NY: Viking Penguin, 1997, in which he describes his sensitive interactions with patients facing life's end. See also Abraham Verghese, *My Own Country: A Doctor's Story*, Vintage Books, 1995: the story of an Indian doctor's encounter with AIDS in Johnson City, Tenn..

Doctors to Listen," subsumed under "The Art of Being a Patient." Accompanied by much helpful advice he argues that the patient must cultivate the special art of dealing with a physician.

Jerome Groopman, Professor of Immunology at Harvard, in *The Measure of Our Days* shares his experience with his patients. As a hematologist and oncologist he was plunged into the world of AIDS.

He comments:

Although I am a scientist who draws sustenance from a rational understanding of the natural world, I am also a person who views life in deeply spiritual terms. I perceive in the intricacy and beauty of science the wonder and gifts of God. I see in the patient's struggle to reclaim and reconstruct his life a process that enhances the sanctity of life. ...

I was attracted to these frightened and alienated patients for the very reasons many doctors shunned them. I realized that I could lift some of the weight they carried. I found that as with those suffering from cancer, I could stand at the bedside, without flinching or retreating, and open my heart. It was at such moments I knew I had additionally relieved suffering with the medicine of friendship.²⁶

After hearing of the death of one of his patients, he comments:

I put aside the paperwork on my desk and took a moment to offer a prayer, as I always do when a patient of mine dies. I prayed that, before his passing, Kirk's soul had found some comfort, and that if there is a beyond, it would be at peace. I then composed in my mind a eulogy, addressed, as eulogies are, to the living. The words I chose were not these of a holy text, but from Kierkegaard: "It is perfectly true, as philosophers say, that life must be understood backwards. But they forget the other proposition, that it must be lived forwards."²⁷

When a marrow transplant opens new hope for his friend and patient Elliot, suffering from leukemia, Groopman is reminded of Psalm 90, recited in the Synagogue in the service of remembrance. "I saw myself then, standing deep in prayer, my eyes closed, seeking insight from memory. This time the words spoke to me not of loss but of gain:

The stream of human life is like a dream;
In the morning, it is as grass, sprouting, fresh;
In the morning, it blossoms and flourishes;
but by evening, it is cut down and withers. ...
Our years come to an end like a fleeting whisper.
The day of our years may total seventy;
if we are exceptionally strong, perhaps eighty;
but all their pride and glory is toil and falsehood,
and, severed quickly, we fly away. ...
So teach us to number our days that
we may attain a heart of wisdom.²⁸

Margaret E. Mohrmann in *Medicine as Ministry* goes beyond biomedical ethics to theological ethics which she argues provides additional information for moral decisions from the implications of theological beliefs, prevents the unique stories of persons from being depersonalized into paradigmatic cases, and recognizes the complexity of the persons to whom we minister and the answers we seek (there often is no

²⁶ Jerome Groopman, *The Measure of Our Days: New Beginnings At Life's End*, NY: Viking, 1997, pp. 3,5

²⁷ Ibid. p. 38.

²⁸ Ibid., p. 226.

“right answer”). From the theological perspective medicine is ministry and medical professionals are part of a healing community which serves those sick or in pain.²⁹

Along with this we have seen in the last ten years a revival of interest in the relationship of faith and prayer to health. Recently, along with many books, such articles have been published as:

Phyllis McIntosh, "Why Doctors Say Faith is Powerful Medicine ... not just for the mind, for the body: (Remedy, Vol. IV, #6, Nov.-Dec. 1997, Westport, CN);

"Heal Thyself: New Age author Caroline Myss hits the big time" *(*Newsweek*, Dec. 22, 1997),

"The biochemistry of touch" (*U.S. News & World Report*, Nov. 10, 1997, p. 62):

Walter A. Brown, "The Placebo Effect" (*Scientific American*, Jan. 1998, p. 90);

"In Mrs. Eddy's house: The Church of Christ, Scientist tries to heal its divisions (*U.S. News & World Report*, Feb. 16, 1998, p. 61) with implications of a new possible role for its views;

"Doctors Who Pray" (*Good Housekeeping*, Jan. 1998, p. 96);

Kenneth Woodward, "Is God Listening?" (*Newsweek*, March 31, 1997);

"Doctors Who Pray: How the medical community is discovering the healing power of prayer" (*Christianity Today*, Jan. 6, 1997).

"The Science of Alternative Medicine", (*Newsweek*, December 2, 2002).

There has also been published a preview issue of a new magazine *Spirituality and Health & The Soul Body Connection*, Trinity Church, Wall St., NY).

What becomes apparent when one reviews this literature is that the concern for faith and spirituality is a broad concern going beyond a desire merely to learn how to pray for healing and deals with the well-being of the person and an understanding of human existence as including spiritual dimensions.

Broadening Perspectives on Healing and Well-being

What's happening in the area of healing, spirituality and faith? First there seems to be a desire for a new paradigm. I came across an interesting article in the December 1996 issue of *Scientific American* entitled "Why Freud Isn't Dead?" by John Horgan.³⁰ The conclusion was that "A century's worth of research in psychology, neuroscience, pharmacology and other mind-related fields has not yielded a medical paradigm powerful enough to obviate Freud once and for all." It would seem to me that the search for a new paradigm is very important. One of the aspects of the Freudian paradigm which was not cited in the article is Freud's attempt to explain human existence and the psyche from a purely biological perspective and opposition to the spiritual as illusionary.³¹ This is where he and Jung parted company. Jung in many ways provided a better paradigm. Though as a "scientist" he largely restricted his discussion of the spiritual to the archetypal material of the psyche, his autobiography speaks extensively of personal religious experience which decidedly affected him and which he acknowledged as real though beyond scientific examination.³²

²⁹ Margaret E. Mohrmann, *Medicine as Ministry: Reflections on Suffering, Ethics, and Hope*, Cleveland: The Pilgrim Press, 1995

³⁰ . John Horgan, "Why Freud Isn't Dead", *Scientific American*, NY: Scientific American, Inc., December 1996, pp. 106ff.

³¹ . See Freud's *Project for a Scientific Psychology* (1950). Freud's understanding of religion is expressed in *The Future of an Illusion* (1927) and *Totem and Taboo* (1912-13). Freud's attitude to religion seems to have been based in the struggles of his own psyche (W.W. Meissner, SJ, MD, *Psychoanalysis and Religious Experience*, New Haven: Yale U. Press, 1984, p. 55).

³² . Carl Jung's research into alchemy and mythology, together with his long experience in dealing with the human psyche, has provided evidence of the deep structures of the human psyche which manifest themselves as spiritual dynamics. He considered this to be evidence gathered by scientific principles. Though he seems to have believed in a spiritual realm outside the psyche, he believed that the spiritual dimensions of the psyche were all that was open to investigation. See Jung's autobiography, *Memories, Dreams, Reflections*, Recorded and Edited by Aniela Jaffe, transl. by Richard and Clara Winston, Rev. Ed., Vintage Books, Random House, 1965 and his *Answer to Job*, translated by R.F.C. Hull, Bollingen Series, Princeton: Princeton U. Press, 1973. Jung's follower James Hillman has published *The Soul's Code: In Search of Character and Calling*, Random House,

I was also interested in the article's argument that research seems to show that neither drugs nor talk therapies were the primary cause of improvement in patients, but *the therapist's ability to make patients believe they will improve*. The author speaks of the Dodo hypothesis, derived from the Dodo in *Alice's Adventures in Wonderland* who oversaw a footrace: "Everyone has won, and all must have prizes!" he said.³³ All therapy works to some extent when its potency is suggested. Thus the *placebo* effect becomes a primary ingredient in all therapies.³⁴ Though this might seem disturbing at first, it does substantiate the power of faith or belief in the healing process where what we hold to be true in our minds affects our biological systems and well-being. This has been very apparent in the work of Herbert Benson, famous for the relaxation response and whose recent book *Timeless Healing* is subtitled *The Power And Biology of Belief*.³⁵ Benson discusses both the *placebo* and *nocebo* effect. The *nocebo* is the negative counterpart of the *placebo*. Benson argues for the ability of the brain to work "top-down" to affect physiological processes and create desired realities:

It is possible to mobilize our thoughts to change the way our brains work, to shape our nerve cells with experiences and events that are emotionally fulfilling and not emotionally threatening, and to take full advantage of the newly discovered power of top-down or thought-induced brain functions. This is remembered wellness, the potential of which seems boundless when we realize that we can markedly control brain activity, that we can assign priorities to diagnoses and medicines, and that we can rehearse affirmations, visualizations, and other exercises to expand the hotbeds of nerve cells that fire off signals to our hearts, lungs, and limbs.³⁶

Bernard Lown, professor of cardiology emeritus at the Harvard School of Public Health, devotes a chapter to "Mind and Heart" in his book *The Lost Art of Healing*. He tells of a Hindu physician authorized to bleed a prisoner to death instead of the prescribed hanging, with the prisoner's agreement. However, the bleeding was not actually done. Blindfolded and strapped to the table, the prisoner's extremities were scratched as if cut and four vessels filled with water dripped into basins. As time passed the doctor lowered his voice and ultimately there was only silence, with the dripping water stopped. When the patient was examined, he was found to be dead without any actual blood loss. He also narrates an experiment on coronary artery disease done among Japanese who had moved to America. In Japan such disease is infrequent. It did increase among Japanese who moved to Hawaii. However, even though Japanese on the west coast were exposed to factors which caused artery disease, they had a low rate of

1996. Hillman argues that personality development is not merely reactive to the environment, but dependent on the "invisibles" already present within the psyche.

³³ . Horgan, op. cit., p. 109.

³⁴ . See Walter A. Brown, "The Placebo Effect," *Scientific American*, January 1998, NY: Scientific American Inc., pp. 90-95, and Howard Brody's summation of his research and its application in *The Placebo Response: How You Can Release the Body's Inner Pharmacy for Better Health*, NY: Harper Collins, 2000.

³⁵ . Herbert Benson, MD, with Marg Stark, *Timeless Healing: The Power and Biology of Belief*, Scribner, 1996. One cannot deal with the power of belief without being reminded of Victor Frankl whose experience in the concentration camps taught him that those who survive are those for whom life has meaning. On the basis of this he developed logotherapy, "meaning therapy."

³⁶ . Ibid. p. 95. The article by John Horgan in *Scientific American* even mentions an article that appeared in the February 1996 *Archives of General Psychiatry* about treatment of obsessive-compulsive disorder through cognitive-behavioral imagery. Positron-emission tomography showed that the brains of the patients had undergone changes similar to those induced by medication in other obsessive-compulsive patients. (Horgan, op. cit. p. 111). Cognitive therapy deserves consideration here. I call attention to Judith S. Beck, *Cognitive Therapy*, NY: The Guilford Press, 1995. She is the daughter of Aaron Beck, the founder of cognitive therapy. Howard Brody in his new book *The Placebo Response* argues effectively for three biochemical pathways within the body which are influenced by mental processes: the endorphin pathway which controls pain, the stress/relaxation pathway which seems to be implicated in a number of disease processes, and the psychoneuroimmune pathways which regulate the immune system.

heart disease, and the only factor differing from the Hawaiian Japanese was that they maintained Japanese culture.

While negative life events predispose to cardiac morbidity, two San Francisco psychologists found that those about to die may delay their death by bargaining with God in which they ask for the postponement of their death until some important event.³⁷ Sigwart Ulrich studied the difference in postoperative recovery from gallbladder surgery due to whether the patient's window faced a parking lot or a wooded area. Patients recovered more quickly in a room with a window facing a tree. They required a lesser dose of narcotics, healed faster, and were discharged from the hospital earlier.³⁸

Thus what one believes, or what effects one's mind or psyche, has a real power. In the section "Additional Issues and Resources," extended attention is given to meditation as a way of providing the perspectives and images which can affect well-being.

The large amount of literature on healing, the popular interest in complementary (a term preferred to "alternative") methods of healing,³⁹ together with the new model of the world provided by Quantum Mechanics or Physics⁴⁰ and the contemporary interest in spirituality,⁴¹ all are providing a greater horizon against which to view the healing of persons. The research now being done on the relationship of faith to healing, such as that summarized in Larry Dossey's book *Healing Words*,⁴² and the contributions of depth

³⁷ Bernard Lown, *The Lost Art of Healing*, *op. cit.* pp. 31ff.

³⁸ *Ibid.*, p. 47.

³⁹ . Andrew Weil, M.D., in *Health and Healing*, discusses in detail the history and practice of the different traditions of treatment including Allopathy, Homeopathy, Osteopathy, Chiropractic, Naturopathy, Chinese Medicine, Shamanism, Faith Healing, Psychic Healing, Holistic Medicine, etc., with special consideration of the mind-body relationship (Boston: Houghton Mifflin Co., 1995). He calls for a new paradigm in the future where each tradition is aware of its limits and contributions and is more open to other traditions, where more attention is given to the development of conceptual models of health and healing, and where more attention is given to preventing illness. The National Institutes of Health in the U.S. supports the National Center for Complementary & Alternative Medicine (<http://nccam.nih.gov/nccam/an/general/>) from whose site a lot of information may be secured. Significant resources are also to be found at the United Kingdom Research Council for Complementary Medicine (<http://www.rccm.org.uk>) which has recently presented to the House of Lords "A Proposal for the Development of A National Strategy for Research & Development in Complementary Medicine."

Jon Kabat-Zinn is director of the Stress Reduction Clinic at the U. of Massachusetts Medical Center. His book *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*, (NY: Bantam Doubleday Dell Publishing Group, 1990) presents the program of stress reduction used at the clinic. He uses the Buddhist practice of *mindfulness*, full attention to the present. In practice this means a methodology including focusing on breathing and a body scan process (thus greater centeredness and awareness of one's body), but in a larger sense focusing on "the domain of *being*" rather than *doing*. His approach results in a transformation of awareness and the practice and habituation of a new and less stressful approach to life. He argues that this produces *healing*, which is not the same as *curing*. He affirms the relationship of mind and body and points up the significance of the development of *behavioral medicine* in 1977 as a branch of medicine.

⁴⁰ . Quantum Mechanics posits that atoms are largely made up of energy particles. To talk of the spiritual in an energy-based universe does not seem so strange. Interestingly, because of the nature of the subatomic particles, probability enters into any description, as does Heisenberg's uncertainty principle which asserts that any observation or measurement of the particles affects the particles themselves and therefore introduces uncertainty into the results. It is interesting how much these limitations to description are similar to what the mystics have indicated about the limitations to description of the spiritual.

⁴¹ . At the conference on "Spirituality and Healing in Medicine" mentioned in the next footnote George Gallup, Jr., said "If the focus of the 20th century has been on *outer* space, the focus of the 21st century may well be on *inner* space."

⁴² . Larry Dossey, MD, *Healing Words: The Power of Prayer and the Practice of Medicine*, HarperSanFrancisco, 1993.

Attention is also called to a conference on "Spirituality and Healing in Medicine" held by the Harvard Medical School Dept. of Continuing Education and the Mind/Body Medical Clinic, Deaconess Hospital, in Boston on Dec. 3-5, 1995. It was directed by Herbert Benson who developed the Clinic at the Deaconess Hospital and the Mind/Body Medical Institute which now provides affiliation possibilities for hospitals and medical centers (<http://www.mindbody.harvard.edu>). A conference on "Spirituality and Healing in Medicine" is now offered annually.

psychology with its type of research⁴³ provide respectable studies which should have value in the scientific world. Dossey also argues for what he sees as a new dimension to healing in our time: the realization that mind and spirit are not confined to locations in the body but seem to “escape the confines of the individual brain and body, and on occasion” appear “to escape the present moment as well.”⁴⁴ Thus healing is *not just a local event within the person*, but between persons in a way not bounded by space (sometimes called *distant healing*) or even time.⁴⁵

Dossey points out that one must struggle with the ethic not only of whether to utilize the spiritual in a secular hospital context, but *the ethic of withholding the spiritual when the evidence indicates its relevance to well-being*.⁴⁶

A More Inclusive Paradigm

Though healing may be approached solely in terms of medical, pharmaceutical, and psychotherapeutic intervention, I believe that many would admit that healing brings one into contact with the sacred whether one believes in the reality of the sacred or not. One cannot penetrate the human body or the human psyche without touching something multidimensional, sacred and mysterious. One cannot deal with human

The presentations made at this 1995 conference are available in video cassette with an accompanying workbook containing some of the materials in printed form. This really amounts to a home study course for which 1 AMA Category continuing education unit of credit may be received. Write to Dr. Nancy Bennett, HMS/DCE, PO Box 825, Boston, MA 02117. The conference was supported in part by a grant from the John Templeton Foundation. The background for this conference was the discovery of Benson and his colleagues through study of mind/body interactions related to the relaxation response that frequently persons experienced increased spirituality as a result. The conference explored the relationship between spirituality and healing in medicine and provides the perspectives of several world religions. It also provides extensive information on bibliography and research. A presentation by David Larson, MD, MSPH, Mary Greenwold, BA, and John Lyons, Ph.D. entitled “Spiritual Assessment in Clinical Research,” is critical of the lack of research on the role of religious beliefs in the clinical process while 95% of the general public espouses a belief in God. “While nearly three-quarters of the population claims to base their entire approach to life on their spiritual beliefs (Bergin & Jensen, 1990), less than 1 percent of mental health research and less than 0.5 percent of health research includes the most basically acceptable type of spiritual or religious commitment variables in published studies. Even when spiritual commitment variables are included in clinical research, they are inadequately assessed and infrequently discussed. Thus, the neglect and mishandling of spiritual variables in clinical research is of concern given the important clinical decision making role of spirituality as well as the frequent positive association spirituality has been found to have with physical and mental health in over 80 percent of the findings.” These statements are contained in the workbook which, however, has no pagination. The Harvard conference and its impact was summarized in “Spirituality and Healing In Medicine” by Kevin Culligan in *America*, August 31, 1996.

In *Christianity Today*, Jan. 6, 1997, an article appeared on “Doctors Who Pray: How the medical community is discovering the healing power of prayer.”

⁴³ . See footnote 15.

⁴⁴ . Dossey, op. cit. p. 44. Distant healing has always been a part of prayer for healing, but Dossey observes that this also applies to time, not just location, where healing may occur out of time with the prayers for it. Thus Dossey is calling for an understanding of mental and spiritual existence where space and time no longer matter in the same way. Dossey quotes from Jung’s *Psychology and the Occult* at the beginning of the chapter in which he deals with this:

The psyche’s attachment to the brain, i.e., its space-time limitation, is no longer as self-evident and incontrovertible as we have hitherto been led to believe.

... The fact that we are totally unable to imagine a form of existence without space and time by no means proves that such an existence is in itself impossible. ... It is not only permissible to doubt the absolute validity of space-time perception; it is, in view of the available facts, even imperative to do so.

⁴⁵ . Dossey gives as support for non-locality Bell’s theorem, an Irish physicist, who showed “that if distant objects have once been in contact, a change thereafter in one causes an immediate change in the other - no matter how far apart...” op. cit. p. 85. What I have been able to check of Bell’s theorem does not quite seem to me to say this, but I am a novice in this field.

However, there is a great deal in the nature of spiritual experience which would seem to support non-locality.

⁴⁶ . Dossey, op. cit., see the Preface.

suffering without touching the mysterious and questioning the meaning of existence; and those who deal with healing will have stories of the mysterious to tell.

Our paradigm of the nature of person needs to be more than material and that of the treatment of the person needs to be more than medical. The literature of spirituality and the affirmations of our religious traditions assert that we are inhabitants of two worlds: the material and temporal-historical, which in itself is multidimensional, and the world of the spiritual, which may also be seen as multidimensional. The world of material, body, and history we can relate to by analysis and manipulation, but the world of soul and spirit is where control and management stop and awe, attentiveness and openness begin. Whereas the material world calls for the intellect and its methods, the spiritual world calls for the heart, not only as a symbol of compassion but as a way of knowing. In the 18th century during the flowering of the Enlightenment many spoke of the struggle between head and heart -- their heart knew what their intellect could not understand. Some opted for the heart in religious matters, understood more as intuition and expressing actual experience, but not the experience of the ordinary five senses.⁴⁷ The heart could be a good symbol for what is happening in healing.

Even paradigms which take the spiritual seriously often differ as to the nature of the spiritual dimension and its influence upon the material and historical world. In the *Christian Century*, Jan. 29, with a cover picture of an elderly woman pleading "Hear, O Lord, when I cry aloud, be gracious to me and answer me", there is a debate on God's response to prayer which offered several religious paradigms. The initial article is by Ronald Goetz of Elmhurst College, Elmhurst, Ill., "On petitionary prayer: Pleading with the Unjust Judge." Roberta Bondi of Candler replies with "Prayer in friendship with God" and Thomas Parker of McCormick responds with "Prayer in God's Presence." Goetz finds his paradigm in the Parable of the Unjust Judge (Luke 18) who finally responds to a widow's persistence, which opens to us questions about the inability of God or the injustice of God. Goetz comes to the conclusion "... that God rules the world in constant consultation with those who pray, that God's determinations are wrought in dialogue with those who call for help." Bondi challenges Goetz' understanding of God's powerful, yet remote, sharing of the rule of the world with humans, and suggests that prayer is rather friendship with God. Parker indicates that "Perhaps the prayer of faith is at bottom attuning our lives to the reality of God rather than seeking always to attune God to the reality of our lives?" All seem to be struggling for a paradigm, the paradigm which they have chosen reflecting their own experience. Several years before Goetz was diagnosed with two separate cancers which probably explains the special meaning of the metaphor of struggle with the judge.⁴⁸ Each paradigm describes a slightly different relationship of God to the world. In constructing the paradigm, however, the complexity of both world and human existence in which God participates is little discussed. Much of the New Testament really understands God as working in a world of spiritual powers, human powers, natural powers, socio-political powers and cultural powers. Here the paradigm of the incarnation seems appropriate for taking seriously the world in which God participates and Jesus' rejection of power seems to describe the character of God's relationship with this world.

Paradigm for Comprehensive Care

Besides the need for an adequate paradigm of human existence, there is need for an adequate paradigm for the comprehensive care of persons. This should take into consideration the many dimensions which affect well-being and being well and follow the care of the person with a pastoral care pathway as well as a medical pathway (a pathway charts the course of treatment for persons with a particular diagnosis).

⁴⁷ . Peter Gay, *The Enlightenment: An Interpretation*, N.Y.: Alfred A. Knopf, 1976, pp. 59-68

⁴⁸ . Ronald Goetz, "On petitionary prayer: Pleading with the Unjust Judge?", Roberta Bondi, "Prayer in friendship with God," Thomas D. Parker, "Prayer in God's presence," and a reply by Goetz, "God's blessings in the flesh", *The Christian Century*, January 29, 1997, Chicago: Christian Century Foundation.

1. *Diagnosis and treatment through appropriate modalities* by all involved in the care of the person. This should preserve the integrity of each modality but also the uniqueness of the diagnosis and treatment within the dynamics of a unique individual. No disease is the same in every person. This should include sufficient interpretation of diagnosis and treatment to the patient and sufficient dialogue with the patient to allow this to become more than information: part of a personal process. This could include assisting the patient to express or discover life-views which would play a role in healing and well-being. The care-givers must be adequately aware of their own life-views and sensitive to when and whether they should be shared with the patient.

2. *Preservation and affirmation of the dignity and value of the person* who in treatment for illness can often become an object rather than subject and experience not only loss of status but loss of control over life.

2. *Establishment of relationship between the patient and care-givers* which creates a community of healing. Relationship itself is contributory to healing, bringing to the patient a conscious and intuitive awareness of others and their resources. Establishment of trust is part of this as care-givers may be dealing with mistrust on the part of the patient because of previous experience. Trust creates expectation which allows the *placebo* effect to function.

3. *Participation of the person in the healing process in as much as possible*. This would include interpretation to the patient and respect for the person's wisdom in as much as possible. Of course this recognizes that healing at times will need to be advocated by the professionals who have a different sort of wisdom than the patient.

4. *Self-Acceptance*. I believe that acceptance has to come as *a gift from someone else* and if one is left to produce one's own self-acceptance one can never quite make it believable to oneself. Acceptance may be sensed in the attitude of the care-givers but for many it needs to be made explicit. Since this is God's gift to the human, it may best be mediated in explicit forms by the religious professional. This could be done by commenting on it, by prayer, or through some ritual. This should include:

a. *Acceptance of the body*. Often there is a rejection of the body which comes from religious presuppositions, personal experience, long experiences of illness, or rejection of one's appearance. By and large the body contains the primary mechanisms for healing.

b. *Acceptance of the strange world of the psyche*. There are within the psyche archetypal materials, personal experiences and drives which may not be acceptable to the patient and his/her world. And yet there are also structures within the psyche for healing. Over-moralization of the inner life may need to be dealt with. Acceptance, integration, conscious awareness can lead to a greater wholeness of the person, less autonomy for destructive dynamics, and greater availability of resources within the person for healing.

5. *Some awareness of transcendence*, if possible. This might include the person's awareness of his/her *identity or ego*, a human source for management of life and identity which transcends one as mere body and psyche. This might include *experiences of one's soul or spirit*, times when one was aware of oneself as more than body. This happens at times in illness when one becomes aware of oneself as beyond illness or more than illness yet in illness, affected by the suffering of the body though also separate from it. In a more spectacular way this happens in near-death experience. There may also be *experiences of the spiritual realm or God*. All experiences of transcendence give the patient a perspective on self and illness so that self and life are not swallowed up by illness. Information could be sought when taking the history of the patient or by being sensitive to the experiences of the patient during illness, and then feeding this information back to the patient as a resource for coping and healing. Several good questions might be: What do you draw on when

you need additional help and strength? Do you regard yourself as a spiritual/religious person? Have you had any spiritual/religious experiences?

6. *Cultivation of relationship with the spiritual realm of life*, making use of religious traditions and meditative or contemplative practices. This is more than providing the patient with *information* about spirituality or prayer. There could be intentional efforts to enable the patient to be in touch with the spiritual and to draw or receive resources from it. Here personal religious traditions, personal history, and personal experience can be drawn upon if they exist. If they do not, one has to start from scratch. Meditative and contemplative exercises could be provided. Meditation uses techniques and images to engage the person in an imaginative process which may result in greater awareness of the self and the spiritual world. Contemplation does not seek to relate to God through images, but is open to a more direct relationship with God behind the images. It could be described as being open to God or the spiritual to allow to happen what God and the spiritual would, with faith that the results would be good and creative. Contemplation can also be seen as providing profound rest to the biological system and psyche so that they can do their best restorative work for the person. (Dormition or sleep-like trances were a common feature of treatment of the ill in ancient temples of Asclepius, the god of healing.) It would be good to provide the patient with a simple booklet: *What to Do When You Want to Pray*. This could include some suggestions and simple meditations. It could be designed in a general way to respect several religious traditions, or individual traditions could be invited to provide their own booklet.

7. *Choosing an image or images for healing*. Such an image could engage the patient in a process of interaction with it which would result in a personal process for the patient. This image might be a picture, an icon, a religious symbol, a parable-like story, which the patient would live with, noting personal responses and sharing with a trusted care-giver. If the patient has no image to suggest, one could be suggested and then modified in the course of the patient's experience with it.

Getting Spiritual Healing Into the Community of Care-givers

Those concerned to provide spiritual dimensions with a legitimate place within the community of care-givers and the ministries of healing may need to go beyond advocacy by isolated individuals or small communities of the concerned to more organized effort. The possibility of a network for those engaged in the spiritual dimensions of healing is suggested by what already exists in Great Britain, the National Federation of Spiritual Healers, founded in 1955 and presently including 6,000 members. It requires a training program for membership and adherence to a code of conduct. It is not connected with any religion, but sees the source of healing as divine.⁴⁹ Spiritual healing is officially listed as a recognized therapy within the National Health Service of Great Britain and doctors are permitted by the General Medical Council to refer their patients for spiritual healing. Registered healers may attend hospital in-patients who request their services. A register of qualified persons is kept by the National Federation of Spiritual Healers. A general definition of healing is given as:

...any positive action, word or thought directed by one person with the intention of helping another. A caring touch, a kind word, attentive listening or a smile are all healing. In medical care

⁴⁹ . The National Federation of Spiritual Healers (for the United Kingdom) can be contacted at <http://www.nfsh.org.uk>. This organization also publishes *Healing Today*, has centers around the world which can be located through their home page, and seeks to relate organizations similarly interested into a Healing Network International. There is a web site in North America on Spirituality and Health, developed with the assistance of Trinity Episcopal Church, Wall Street, NY, which also markets a magazine: <http://www.spiritualityhealth.com> . www.azamra.org and <http://www.all-natural.com/jewish-1.html> provide access to the Jewish healing tradition. A search of the www based on the words "spiritual healing" recently turned up almost 10,000 sites dealing with spiritual healing from some perspective.

prescribing drugs, performing surgery or giving advice to benefit the patient, is therapeutic and is healing. Spiritual healings work with this positive intention in a particular way.⁵⁰

It is indicated that healers focus attention on the highest source of peace and love (attunement), direct this experience of union with the universal source through themselves to the patient (channeling). When spiritual healing is practiced in the absence of the patient, this is known as absent or distant healing.

Stretching Our Practiced Powers

We are living in the beginnings of a new time of opportunity for the cooperation of the medical and psychotherapeutic professions with those concerned with the contributions of the spiritual dimensions of existence. The spiritual dimensions of medical care are even now being taught in some nursing schools and a few medical schools. Perhaps now is the time to “build new bridges not yet conceived, a bold and calculated venture.” New dimensions of care of persons and well-being are emerging, but merely “to be swept along is not enough.” We must stretch our practiced powers until they bridge life’s contradictions and mysteries:⁵¹

As once winged delight
lifted you o'er many a former abyss,
build now bridges not yet conceived,
a bold and calculated venture.
Wonder's not only in the unexplained
overcoming of danger;
only in a clearly intended
achievement does wonder become
wonderful.
To affect life's course cannot be
presumed
when the process can't be described
and the pattern becomes continually more
intricate,
only -- to be swept along is not enough.
Stretch your practiced powers
until they reach between two
contradictions ... For in humanity
God wills to be disclosed.

⁵⁰ . Web site of the National Federation of Spiritual Healers.

⁵¹ . Rainer Maria Rilke, some two years before his death, suffering from recurrent periods of depression and the early stages of leukemia which was to take his life, wrote a poem about meeting the challenges of life. Poem is the author’s translation.

HEALING IN THE NEW TESTAMENT

We have to recognize that the New Testament tradition is not simple. There is in the teaching of Jesus an interpretation of healing and wellness with which many Christians have had difficulty: wellness within the sometimes difficult conditions of life, not a wellness which overcomes all illness and problems. There is in Jesus' ministry no abrogation of death, though a few are temporarily raised from death. Jesus himself suffers death. Death is a symbol of the limits of life and the unavoidability of suffering. God's entry into life in Jesus (the incarnation) means that God assumes upon Godself the conditions of life rather than eliminating them. According to an interpretation of John 20, Jesus carries his wounds with him back to heaven and will always be the wounded one.⁵² But the reality of the spiritual world, God's world, and that we have an indestructible soul, are also a sure part of our life and existence. Thus we live with confidence an existence in this world from which all struggle and illness will not disappear – until the end of history. But the nature of existence is also being challenged by the wish of God to extend rule over life, something that according to the New Testament has its primary presence and transformative power in persons.

Jesus, in his treatment of his Messianic mission (Mark 10:35-45), rejects the use of power/pure force and chooses the way of the Servant, drawing upon the tradition of the Servant in Isaiah. In Mark 4 he speaks of the presence of God (kingdom) as a mystery and uses the analogy of seed for the kingdom rather than speaking of it as overwhelming power.

It is interesting that Jesus uses the term "Son of Man" in all locations where he reinterprets the traditional Messianic mission.⁵³ In some Jewish thought (Apocalyptic and Philo) the Son of Man is the ideal heavenly Man (created in Genesis 1) while the man of Genesis 2-3 is the failed human copy. Philo discusses this in Platonic terms. The earthly man was a copy of a heavenly reality. After the failure of the earthly man, the heavenly Man was left as a prototype of humankind and as a possible Savior. In Apocalyptic (Revelation, Enoch, II Esdras) the heavenly Man comes as redeemer and conqueror. Sometimes this figure was called "Son of Man" and sometimes "the Man," essentially equivalents in Hebrew and Aramaic. But Jesus, when he uses Son of Man, describes himself not as the heavenly conqueror (the Apocalyptic model) but as the one who assumes the role of the Servant and suffers. This is usually accompanied by discussion with his disciples about their following his model. Thus the role of the Son of Man as prototype and model becomes apparent.

Though healing is definitely part of Jesus' ministry, and he is said to make it part of his commission to his apostles in Matthew (16) and Luke (9), in our earliest Gospel, Mark, Jesus does not include it in the apostolic commission (6:7-11)⁵⁴ and in Mark 1:38 Jesus avoids the many pressing upon him for healing because he has a message to proclaim which is primary. Oddly enough his message about the presence of God, the kingdom of God, had a great deal to do with healing. Yet the reality of the spiritual is primary and healing is secondary and arises from it.

⁵² . Jesus tells Mary Magdalene not to cling to him for he must ascend. Then he ascends and comes back to his disciples still bearing his wounds rather than having been freed from them. Thus the incarnation remains a part of him.

⁵³ Son of Man has a number of possible derivations. In Daniel it is a term for the Jewish people. In Ezekiel the prophet is the Son of Man. In Apocalyptic the heavenly redeemer is Son of Man. In Aramaic son of man is a periphrasis for man and sometimes equivalent to "one," an indefinite pronoun. One can see various of these usages in the Gospels, but Son of Man is a favorite term Jesus uses of himself and always uses when he reinterprets the traditional Messianic mission.

⁵⁴ . In Mark 6 it is not in Jesus' commission but his disciples are said to have anointed with oil many who were sick and healed them (6:13). It would seem that Jesus' disciples focused on healing as more primary than he did, and for similar reasons Matthew added healing into his commission. Healing is also important in the ending later added to Mark but not part of the original Gospel (16:9ff). These remarks are intended in no way to diminish Jesus' concern for peoples' suffering and healing, but to place it in perspective as secondary to the kingdom, the realization of the presence of God and the reality of the spiritual realm.

Now let us look in more detail at the passages in the New Testament which speak of healing.

Pre-gospel Tradition

In James 5:13-18 there is the reminder that if there is sickness the elders of the church should be called for to pray and anoint with oil in the name of the Lord. In Paul there is mention of the gift of healing in I Cor. 12, but this is not repeated in other sections on gifts in Romans 12, Ephesians 4. It also is not included in the brief discussion of gifts in I Peter 4.

In Acts 2:22 Peter mentions Jesus' wonders and signs and 2:43 mentions the apostles' wonders and signs. In chapter 3 the lame man is healed in the Temple following the Pentecost experience of chapter 2. In 4:30 the apostolic church in its prayer expects God to stretch out God's hand and heal and perform signs and wonders. I cite the New Testament epistles and Acts first since they likely represent pre-Gospel tradition. For example, Acts ends its narrative of events at the year 62 and most of Paul's epistles were written by this time, with the exception of the Pastorals.

Jesus' Healings

In Mark 1:35-39 after a day of healings Jesus leaves town under the pressure of locals for him to heal. He indicates that this is not why he came. Luke 4:42-44 repeats this and Matt. 8:18 mentions something like this briefly. Thus while it is clear that healings were very much a part of the mission of Jesus, it seems that they were secondary to the importance of his message though they were also manifestations of the power of his message and certainly of the power of the kingdom of God. In the Gospel of John we do not have the Commissioning of the Twelve or the struggle between Jesus' primary mission and a secondary mission of healing. Jesus brings life and many of the events become signs of this, so the results of this life eventuate in such as the healing of the man by the pool in John 5, the healing of the blind man in John 9, and the resurrection of Lazarus in John 11. Actually each Johannine story centers on relationship with the person of Jesus and the life he brings. In fact, even in the Synoptics healing seems to arise from the relationship with Jesus and prerequisites and the role of faith are not stressed. These healings are God's doing, or Christ's doing, and not the result of human provision of the correct conditions or sufficient faith. The high level of detail in the Johannine stories is significant when compared to the Synoptic stories formed by the dynamics of their transmission in the oral tradition, which process eliminated details. The Johannine stories allow us a much greater glimpse into the process of the healings.

Mission of the Twelve

In Mark 3:13-19 the Twelve are appointed and sent to proclaim their message and to cast out demons. In Mark 6:6b-13 the Twelve are sent to have authority over unclean spirits. The description of what happened in their mission includes casting out demons, anointing the sick with oil, besides the proclamation of their message. Anointing the sick was not a part of the original commission. Mark 16:14ff, not considered to be a part of the original version of Mark, includes a commissioning of the Eleven (without Judas) to proclaim the good news, which will be accompanied by signs: casting out of demons, speaking in new tongues, picking up snakes, drinking deadly things, and laying hands on the sick.

In Luke 6:12ff the Twelve are chosen on the mountain and then come down to a level place where the crowd had come to hear Jesus and be healed. It is mentioned that those with unclean spirits were cured and it is indicated that power comes from Jesus and heals all. This is prelude to the Lukan form of the Sermon on the Mount (really on a level place). The sermon is addressed to his disciples (as in Matthew 5-7) though there are enough people who are not disciples to include the "Woes" which are counterpart to the Beatitudes. The Beatitudes are addressed to the poor, the hungry, those who weep, and those who are hated and excluded. It is interesting to think about the relationship of all this to those who need healing. His proclamation of his mission in the Nazareth Synagogue in 4:16ff does not really seem to deal with healing as primary, but the Spirit of the Lord is upon him to bring good news to the poor, proclaim release to the captives, recovery of sight to the blind, and to let the oppressed go free, proclaiming the year of the

Lord's favor. This sounds like what he says to the disciples in 6:12ff. In Luke 9:1-6 the Twelve are given power over demons and to cure diseases, and are sent to proclaim the kingdom and to heal. In Luke 10 we have the unique Lukan description of the Mission of the Seventy where Jesus commands them to cure the sick and tell persons that "The kingdom of God has come near you." (vs. 9) In vs 19 they are given authority to tread on snakes and scorpions, and authority over the power of the Enemy, with promise that the demons will submit, something that sounds similar to Mark 16:14ff.

In Matthew 10:1ff Jesus gives the Twelve authority over unclean spirits, to cure every disease and sickness. However, those to whom they will go are limited, for in vs. 5ff Jesus gives instructions not to go to Gentiles (but note Mark which in chapters 7-8 includes an intentional mission among Gentiles) and Samaritans (note Luke and even John on Samaritans). The only recipients now are to be the Household of Israel. The mission to the Gentiles is left to the Great Commission (Matthew 28). Here Jesus says to proclaim the news of kingdom, cure the sick, raise the dead, cleanse the lepers, cast out demons. The whole of chapter 10 is really the commissioning of the Twelve. It is clear that Matthew here views Jesus as giving a commission to heal as well as to preach and that healing is not secondary and only a consequence of the proclamation of the kingdom.

In the light of the above I would conclude that Jesus' primary focus was on his message concerning God's kingdom and that healings were secondary but often a consequence of his message and the mission of the Twelve. The reason for the healings is often seen as due to the power in the message and the power of the kingdom of God itself. The kingdom of God is the rule, sovereignty, presence of God manifested in life. Thus when the kingdom comes one would expect consequences.

From early days the exorcising of demons and unclean spirits was an essential part of the mission, framed this way by Jesus himself. This is because the extension of God's kingdom had to deal with the kingdom of Satan, often viewed as ruler of this world. The heart of his message then had to do with the extension of God's sovereignty over life and the world. From Jesus' perspective the kingdom could not be proclaimed without intending an attack on the evil powers which kept the world from being God's place. This may sound strange to us, but from Jesus' perspective the attack on the power of evil was never secondary and one could not proclaim the kingdom without dealing with it.

Biblical Models for Dealing With Healing

John

The Gospel of John presents a model which includes "coming, seeing and staying with Jesus." John the Baptist points out Jesus as the Lamb of God to his disciples (1:29, 35). Two of John's disciples follow Jesus and Jesus asks them what they are looking for. They reply, "Where are you staying" and he invites them to "Come and see." The narrative then says: "They came and saw where he was staying, and they remained with him that day." Andrew, one of the two, then goes and brings his brother Simon (Peter). The next day Jesus calls Philip who then invites Nathaniel to "come and see." In the prologue it was made clear that in Jesus/the Word there is life and light. Thus the approach advocated is to come and see, to stay and spend time with him. The Gospel of John narrates the encounters of various persons with each of whom Jesus followed a personal process relevant to each individual. The two most paradigmatic are the healing of the blind man in chapter 9 and the raising of Lazarus in chapter 11, stressing the light and life Jesus brings. Whatever was wrong in the lives of persons, coming, seeing and staying engaged persons in a process which eventuated in the resolution of the needs.

Thus if we would use the Johannine paradigm, resolution and healing comes through an interpersonal process with Jesus and not so much from actions we might learn to facilitate healing. The resources in Jesus are much richer than any procedure. In fact, according to John Jesus is the Creator of all and therefore can supply all the varied needs of a person and all the differing needs of different persons, engaging them in a process which unique to them completes the intention of their creation.

Mark

Both John and Mark seem to organize their materials in a way that not only tells the story of Jesus but parallels the story of Jesus to the life of the believer. This is very evident in John where the materials are at times historically dislocated to make their point. It becomes clear in Mark where we see how the order of events in the life of Jesus parallel the experience of the believer. For example, in the Temptation experience Mark refuses to detail the Temptation (as in Matthew and Luke) for this is the only way the experience of Temptation becomes identifiable with Christian experience rather than focusing only on Jesus' Messianic mission.

After the story of the Baptist the Gospel of Mark begins with Jesus' Baptism. Baptism is where life begins for the Christian. In his Baptism Jesus experiences the reality of the spiritual realm and God identifies him to himself as God's Son. The voice addresses only Jesus, not the crowd as in Matthew, as it is a personal and private experience. Immediately following the Spirit drives Jesus into the wilderness where he is tempted by Satan. Trial comes by Satan but God has placed him there to be tried. Satan represents the world and this trial is where Jesus faces the issues of the world before he in his ministry faces the world. This is a real wilderness for the wild beasts are there, but so are the angels of God. Jesus can now approach his life and ministry carrying with him the understanding of life gained here and his identity received in Baptism. Interesting enough the spiritual is experienced both in the Baptism and the wilderness. Thus the reality of the spiritual is central to his experience and his message.

With the multitude of miracles and healings in the Gospels one might assume that the narrative would immediately move to that, but not so. Jesus begins by proclaiming that "the kingdom of God has come near" and calls for repentance and faith. The first "word" of his message calls persons to respond to the presence of God in life. His next described action is to call disciples to a radical commitment which uproots their present life but engages them in becoming "fishers of people," implying the fostering of the response for which Jesus called in his proclamation of the kingdom.

Then we come to a series of events often called "a day in the life of Jesus." The intent of the author of Mark is to bring together paradigmatic events and experience which will clarify the nature of things for the rest of the Gospel. First, Jesus on the Sabbath enters the Synagogue, teaches as one having an independent authority (independent from that of the Law) and then is confronted by a man with an unclean spirit. In 6:7 the Apostles are given authority over unclean spirits. Thus both Jesus' ministry and that of the Apostles begin with dealing with unclean spirits. In Mark 1:25 it is the unclean spirit who reacts to Jesus with a realization that Jesus is there to oppose and destroy him. Jesus commands him to come out and they are amazed at Jesus' authority. The primary attention given to unclean spirits recognizes the complex character of the spiritual world and that the coming of God's kingdom/presence necessitates dealing with oppositional powers. God's presence will establish a new order in the lives of persons and the old order will react. It is interesting, and important, to consider whether unclean spirits are merely an outmoded part of the first century mythology or whether they remain as something to be dealt with. If we take them seriously, evil and disorder are not passive but active and intentional and life is lived between the powers. This seems even to fit our modern experience of life. It is interesting that no one has asked that the man be healed and no one has faith. The unclean spirit raises the question.

In the next story Jesus and some disciples enter the house of Simon and Andrew. Simon's mother-in-law is sick with a fever and Jesus heals her. Though they tell him about her, there is no discussion of the relationship of faith to healing.

At sundown many people are brought to Jesus who are sick or possessed. He cures many. One may understand that the people who brought the sick had faith, but the only point which is made is that they brought them.

In 1:35ff Jesus goes to a deserted place and prayed, something that Luke in his Gospel indicates was a regular pattern for Jesus – to withdraw for prayer in the face of demanding circumstances before confronting them. The disciples tell Jesus that everyone is looking for him and he asks that they go to the

neighboring towns so that he may proclaim his message, for that is what he came to do. He did not come primarily to be a healer. Then we have the summary statement, "And he went throughout Galilee, proclaiming the message in their synagogues and casting out demons.

On the next day a leper came begging to be healed. He says, "If you choose, you can make me clean." This does imply faith, but it seems to be more faith in Jesus than in healing per se. Then Jesus returns to Capernaum where four people bring a paralyzed man who is let in through the roof. Here Jesus does not begin with healing but with forgiveness of his sins and then heals him to demonstrate that the Son of Man has power to forgive sins. The four persons who bring the paralytic demonstrate a willingness to act and perhaps also had faith, but the man himself plays no role in the process except to be the object of it and in the end to get up and walk.

Then there follows materials related to the question of cleanness (2:13ff), similar to what is to be found in Mark 7 related to Jesus' mission in Gentile areas. Jesus associates with sinners and tax collectors and uses the analogy, "Those who are well have no need of a physician, but those who are sick; I have come to call not the righteous but sinners." Then there is debate about fasting and keeping the Sabbath, while indicating that new cloth cannot be sewn on old and new wine cannot be put into old wineskins. Jesus' healing of a man with a withered hand on the Sabbath climaxes Pharisaic opposition in 3:1-6. One interesting implication of these materials is that the improvement in a person's condition is not dependent on one's having it all right or meeting the traditional standards of purity.

In 3:7-19 Jesus seems to react similarly to what he did in 1:35-39 regarding moving away from the pressures to heal and exorcise. Then following all these events which have to do with his mission, he goes upon a mountain and appoints the Twelve to proclaim the message and to have authority to cast out demons. His mission also becomes theirs.

3:19b-35 is an interlude where he goes home and experiences family opposition. A discussion takes place which indicates that casting out demons is an attack against the kingdom of Satan and could therefore not be done by the use of Satan's power. What Jesus is doing is an attack against Satan.

Chapter 4 is about the kingdom and its nature. Jesus reinterprets traditional understandings. The kingdom is like a sower sowing on all sorts of soil, independent of its possible productivity. It is a mystery (4:11), not just a secret (the Greek word is "mystery"), for it differs so much from what had been expected. The kingdom is as if someone would scatter seed and it would grow by its own mysterious process. It is initially as small as a mustard seed. For those outside, the kingdom is a parable or riddle, it does not make sense unless they turn again and be forgiven. [4:12 is a problem verse which can partially be solved by substituting "unless" in the last line for "so that," which is possible because of ambiguity in the original Aramaic. This chapter is very complicated and later additions have been made, such as the interpretation of the sower parable. See other materials I have written on Mark 4.]

Well, what emerges from John and Mark regarding healing? Healing seems to center in the person of Jesus who bears in himself all that is needed and who knows how to react to the particular needs of each situation and person. Some particular kind of faith does not seem to be a prerequisite, nor is a particularly kind of purity required. The main thing is to come to Jesus, whether at one's own volition or brought by others. A high level of awareness of what is happening in the healing also does not seem to be required. The primary condition is the presence of Jesus who will do what needs to be done.

Primary is Jesus' proclamation of the kingdom/presence of God. This precipitates opposition to and from the kingdom of Satan and the unclean spirits. The presence of God challenges all that is not appropriate to the presence of God and so the presence of God, and Jesus, often results in inner conflict as differing experiences, realities and values come into contact. This conflict within the spiritual world seems to be a foundational reality and accompaniment to the proclamation of the kingdom.

While faith does not seem to be a high priority in the Gospel stories, one must recognize that the impact of Jesus upon persons lives and the healing of their needs is just beginning. Initially, not much is understood

about what is happening. Gradually faith will have a more significant role, though what happens comes from Jesus and the spiritual world rather than just being the product of our understanding. It is good to know that healings happened before belief in the happenings became primary. This gives us a feeling of confidence in the real impact of God's kingdom. And yet the description about and confidence in the reality of healing can help to facilitate this reality. It can do this by the power of belief itself, though one must assume moral responsibility for having belief be a faithful description of the reality in healing. At times it can even make a difference if it is not a faithful description of reality for in some sense faith can create its own reality.

Over the years the church has established rites and rituals and understandings which support the Christian life and deal with human need. We do not want to neglect the value of this. Used faithfully they are not merely rituals but sacramental, instruments of grace. When dealing with healing today it is important to remember that we bring to persons a spiritual reality beyond ritual and form, and yet our forms and rituals may contribute powerfully.

I think it also fair to say that as Jesus and his disciples developed ways to minister to persons in their time, so in the process of our own experience we discover what is appropriate and helpful.