

HEALING AND WHOLENESS

INSIGHTS

The Faculty Journal of Austin Seminary



SPRING 1999

UNDERWOOD • SUNDERLAND • ALTER • SMITH • CARMICHAEL
NELSON • ROBERTS • RIGBY • JINKINS

INSIGHTS

The Faculty Journal of Austin Seminary

Spring 1999

Volume 114 Number 2

Editor: Terry Muck

Editorial Board: Michael Jenkins, Michael Miller,
Kathryn Roberts, and Randal Whittington

Insights: The Faculty Journal of Austin Seminary is published each spring and fall by Austin Presbyterian Theological Seminary, 100 East 27th Street, Austin, TX 78705
e-mail: tmuck@austinseminary.edu <http://www.austinseminary.edu/>

Entered as non-profit class bulk mail at Austin, Texas, under Permit No. 2473. POSTMASTER:
Address service requested. Send to *Insights*, 100 East 27th Street, Austin, TX 78705-5797.

Printing runs are limited. When available, additional copies may be obtained for \$1.00 per copy. Permission to copy articles from *Insights: The Faculty Journal of Austin Seminary* for educational purposes will be given by the editor upon written receipt of a request.

Some previous issues of *Insights: The Faculty Journal of Austin Seminary*, are available on microfilm through University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106 (16mm microfilm, 105 mm microfiche, and article copies are available). This periodical is indexed in *Religion Index One: Periodicals*, *Index to Book Reviews in Religion*, *Religion Indexes: RIO/RIT/IBRR 1975-* on CD-ROM and *ATLA Religion Database on CD-ROM*. Published by American Theological Library Association, 820 Church Street, Evanston, IL 60201-5613, e-mail: [atla.com](http://www.atla.library.vanderbilt.edu/atla/home.html); <http://www.atla.library.vanderbilt.edu/atla/home.html>. ISSN 1056-0548

COVER: "Jesus Opens the Eyes of a Man Born Blind," Duccio. © The National Gallery, London. Reprinted with permission.

In Duccio's depiction of Christ's healing ministry, the formerly blind man is, quite literally, "beside himself." His past, present, and a previously unimaginable future are suddenly juxtaposed in a singular moment of wholeness. So the church stands face to face with a revolution in its approach to the ministry of healing—the care and maintenance of bodies and spirits. God is doing a new thing. May the articles in these pages open our minds to the "vision of God's way of abundant life" Professor Underwood describes.

CONTENTS

2

INTRODUCTION

Robert M. Shelton

HEALING AND WHOLENESS

- 3 GOD'S LIFE-GIVING WAYS
Ralph Underwood
- 17 RALPH UNDERWOOD: THE WHOLESOME AND
HEAVENLY GIFTS OF GOD
An Interview
- 22 RESPONSES
Ronald H. Sunderland, Margaret G. Alter, Sybil D. Smith
- 33 JESUS' HEALING MINISTRY FOR THE CHURCH TODAY
Barbara W. Carmichael

39

BOOK REVIEWS

BEING THERE, Jackson W. Carroll, Barbara G. Wheeler,
Daniel O. Aleshire, and Penny Long Marler, *reviewed by*
C. Ellis Nelson; ANCIENT ISRAELITE RELIGION, Susan Niditch,
reviewed by Kathryn Roberts; BY THE RENEWING OF YOUR MINDS,
Ellen T. Charry, *reviewed by Cynthia Rigby*

44

DARK BLESSINGS: AGING IN THE AGE OF YOUTH

Michael Jenkins

INTRODUCTION

One of the primary purposes for *Insights* is to present substantive written material for congregations and church leaders which is timely and useful. My judgment is that this particular edition fulfills that purpose in an excellent manner.

The theme "Healing and Wholeness" is one which is fundamental for the life and mission of the church, and is a theme around which much discussion and activity are present in the church today. Critical and informed thinking about the subject are needed by church leaders and church groups of various sorts. The articles in this publication are intended to reflect that sort of thinking and to provide material for others to do the same.

I believe you will find the lead article by Professor Ralph Underwood to be exceptionally informative, useful, and theologically sound. His notion of wholeness as "God's life-giving ways" is a particularly evocative and sound understanding of Christian wholeness, which in my judgment helps to avoid a superficial and unsound view of healing. Another idea he sets forth is the important principle that wholeness is a ministry of a congregation, and, moreover, the wholeness which individuals experience is directly related to the healthiness of the congregation. That is something to contemplate in our day.

Expanding on Professor Underwood's thoughtful article is the usual "interview" of the author by the editor, Dr. Muck, and three response articles by experienced individuals involved in the helping and healing professions. Finally, a pastor relates her own experience with healing and a congregation's ministry of healing.

Ancient liturgical services of healing and wholeness are now being rediscovered by ministers, congregations, and denominations. Widely used and understood, they can and should enrich the ministry of the church in a broken world, where God's "life-giving ways" are desperately needed. Our community at Austin Seminary recently experienced the meaning of one such "service of wholeness" as a part of our worship. We, like all communities of Christians who worship and live "life together," are committed to enabling members of our community to experience God's "life-giving ways." We continue to strive and pray for a community whose health can be a source of such wholeness. So may God grant.

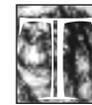
Robert M. Shelton
President



GOD'S LIFE-GIVING WAYS: PRACTICAL PRINCIPLES FOR HEALING MINISTRY

RALPH UNDERWOOD

INTRODUCTION



The growth of health promotion ministries, embodied primarily in the proliferation of parish nurses, is phenomenal. Already there are more than 4,000 parish nurses. The day may soon come when parish nurses and lay health educators are as common in congregational life and community outreach as youth ministers are today. Impressive new ventures involving public health departments, hospitals, and congregations are spreading throughout the nation. For Christians as well as people of other religious traditions, this phenomenon is raising awareness of the link between faith and health, the role of faith and personal behavior in the promotion of human health, and the ways in which injustices in society undermine the health of communities and individuals.

In addition to these health promotion ministries, new healing and wholeness services promise to enrich the church's witness to God's life-giving ways. Recently the following mainstream denominations have introduced healing and wholeness services: the major Lutheran denominations in their 1982 *Book of Occasional Services*, the United Church of Christ in its 1986 *Book of Worship*, the United Methodist Church in its 1992 *Book of Worship*, and the Presbyterian Church (U.S.A.)/Cumberland Presbyterian denominations in their 1993 *Book of Common Worship*. Preceding them and in certain respects guiding them were the Episcopal (1928) and Roman Catholic (1974) traditions. For these traditions the introduction of anointing for healing or wholeness was a

Ralph Underwood is professor of pastoral care at Austin Seminary. He received the M.Th. from Princeton Theological Seminary and the M.A. and Ph.D. from the University of Chicago. He joined the faculty of Austin Seminary in 1978 and is the author of Empathy and Confrontation in Pastoral Care and Pastoral Care and the Means of Grace.

renewal of a former practice, whereas the Lutheran, Methodist, and Presbyterian liturgies launched new, unprecedented practices. The publication dates of such new services of worship mark the culmination of years of thought, discussion, experimentation, and grassroots ministry. The inclusion of these liturgies in denominational books of worship legitimizes healing ministry through prayer, laying on of hands, and anointing with oil, and is changing the landscape of pastoral ministry today.

The enormous potential in the new health and healing ministries of mainline churches can be realized in substantial ways by faithful and creative attention to the following practical principles, mostly of a theological nature. These assumptions and concepts express a sane approach to healing ministry and reflect commitment to Christian faith and creative engagement with the practical issues of wholeness and suffering that shape contemporary life. These principles help to address the considerable ambivalence mainline American Christians have toward prayer and healing, not by resolving all ambivalence but by projecting ways to balance theological tensions. The principles are provisional. Their purpose is to provide a way to take further steps in the church's ancient but ever-new ministry of healing and wholeness. Hopefully, they can stimulate discussion and inquiry among pastors and laity who are contemplating inaugurating new health and healing ministries or who are endeavoring to reflect constructively on their current practices.

The numerous concepts outlined below are organized into four main sections. Each concept harbors specific implications for ministry. Hopefully, the principles proffered here are sufficiently suggestive so that readers readily will discern pastoral implications. Even so, to assist readers, each of the four sections below ends with one example of the kinds of implications for pastoral practice or the church's ministry that can be drawn from the vision embodied in the principles.

HEALING AND WHOLENESS



God's way for humanity is life abundant. Human beings are meant to flourish in all dimensions of life: biological, social, cultural, mental, emotional, moral, spiritual, and existential. The reader will observe that I speak of God's way more often than God's will, since in our culture the term "will" carries connotations of superego communication, which are insufficiently positive to convey the quality of God's desires for human well-being. Also, the term "way" inclusively refers both to God's being (presence) and God's action. God's healing way brings together into a dynamic whole the realities and potentials that express freedom, order, and transcendence.¹ Fred R. Anderson's hymn on Psalm 51 includes the petition, "Restore us to Your life-filled ways."² Restoration to God's life-filled ways is healing.

This vision of God's way of abundant life in all of its aspects upholds hope for all persons. God does not elect some to health and others to sick-

ness. Furthermore, this vision of God's way contrasts sharply with long-existing trends in Western theology which have attempted to console people with the belief that illness is God's will and have called persons to accept suffering as sent by God.

The desire for abundant life is deeply planted in human beings and operates in all of the above dimensions. It is God-given and embodies God's life-affirming ways. Forces for death and destruction exist over and against the desire for joyous flourishing, and so in part human life is a struggle, a tug of war, between good and evil. At times human life seems to blossom spontaneously without resistance; at other times it struggles against obstacles and barriers of enormous proportions. Wholeness involves relating the broken and tragic events in life to a larger picture such that the whole—the beautiful and the ugly—holds together without the latter dominating.

Health is not some ideal state of affairs but a way of being, and healing is any movement toward the abundant life set before us in Jesus Christ. The journey toward wholeness, however, usually does not follow a straight path. There are detours and so-called setbacks. At times a healthy homeostasis must be broken down before movement toward a new, more comprehensive and flexible harmony is possible. The order of one stage of human development, for example, must give way to a critical period that leads to a new stage of development. In seeking healing many people have in mind a restoration to a previously known health, but God's life-giving ways lead to a not-yet-given wholeness. While wholeness reflects an emerging fullness of well being, health as conventionally understood is a temporary homeostasis that preserves a degree of good yet may resist change toward a more nearly complete, vigorous, and mature wholeness. This implies that the healthy stand in need of healing as well as the sick. In terms of purpose, healing does not restore control of our lives to us so much as it restores the possibility of participating more fully in a mysterious way of being. Wholeness is not a stasis but a being-on-the-way that leads to life. Luther held that human life is "not righteousness but growth in righteousness, not health but healing, not being but becoming, not rest but exercise."³

The dynamics of health and illness produce paradoxical phenomena. For instance, many persons, when they become seriously ill, find the motivation to live more fully. Before the onset of illness, they may have had great capacity for fullness of life, but they were not living to the full. Because these persons find the inner drive to live more abundantly when dealing with the challenge of life-threatening illness, one may say that a person's illness and health may grow simultaneously. It is possible for a person to have a disease that affects the functioning of one organ, a subsystem of that person's existence, and yet at the more encompassing level of the person's life as a whole, this person is healthy and able to pursue with vigor a life filled with meaning.

God does not literally will or send illness. Should we attribute growth in faith to illness as such? Usually it is God's healing way that strengthens our

faith. Faith is strengthened as it is exercised in the struggle with illness and suffering. Health and wholeness are priceless and precarious. While prudent behaviors that aim toward reasonable safety do prevent much suffering and should be encouraged, living in the light of God's wholesome ways has more to do with adventure than playing it safe.

Our human journey is so complicated and fraught with contradictions that there is no such thing as uninterrupted, linear progression toward abundant living and spiritual maturity. Illness paradoxically turns out to be the occasion for human good and God's glory. That is, when growth toward abundant living becomes stymied (which on occasion it inevitably does) then illness ensues, leading to chaos and destruction or to a redirection toward abundant life that potentially is greater than what had been previously possible. Illness often presents a crisis, a crossroads: either we continue in the same direction with the same beliefs, or turn (repent) and explore different beliefs and attitudes.

Movement toward wholeness occurs in any of the above dimensions (somatic, mental, emotional, social, cultural, moral, spiritual, and existential) and change in any one of these dimensions is likely to affect the quality of life in the other dimensions. A variety of relations among these dimensions may exist. One dimension, for example, may mirror another: "Which is easier, to say, 'Your sins are forgiven,' or to say, 'Stand up and walk?'" (Luke 5:23). A spiritual journey becomes imprinted in one's bodily way of being. Or one dimension may occupy the critical position in a person's make-up such that change in this dimension unlocks healing in other dimensions in a synergistic fashion. Emotional and spiritual aspects of a person's self-image, conscious and unconscious, frequently occupy this leverage position in relation to other dimensions of movement toward wholeness. This is why experiences such as complicated grief block physical healing. To take another instance of the interaction of these dimensions of human life, it is not uncommon for the relationship between one dimension and others to be paradoxical: though illness and suffering seem to prevail in one area, say a chronic biological condition, liberating power shines in the others, and the very contrast seems to draw attention to the wonder of abundant life despite great adversity. Human life is riddled with conflict and disorder, yet evidences of wholeness shine through.

As movement toward abundant life, healing is experienced as process and event. Healing as process has an everyday, continuous quality, and so often goes unnoticed or is taken for granted. Whether attended to appropriately or not, restoration of body and spirit occurs every day. Healing is experienced as event whenever the process is sufficiently rapid or intense as to be obvious, so overtly associated with a peak experience that it becomes a landmark moment of liberation.

The conventional distinction between natural and supernatural healing is a relative one that needs re-examination. In faith one can assert that nature is

"super" and open-ended. Often what is called supernatural is not an interference with the ordinary laws of nature but simply nature in its astonishing, God-given abundance. Rather, what is deemed supernatural is a manifestation of natural order as it is meant to be, unhampered and undistorted—liberated nature, if you will. God's way is orderly and yet wondrous and mysterious. Part of the difficulty in grasping the reality and potential of healing has to do with inadequate images of nature in our secular culture. Healing is not magical manipulation of nature—healing is God's ordinary way, not God's occasional interference with natural laws.

Illness is any movement toward destruction, disorder, or alienation; illness occurs in all of the dimensions of human life noted above (biological, social, cultural, mental, emotional, moral, spiritual, and existential) and is experienced both as process and event. Illness in one dimension of life is likely to provoke imbalance or disorder in other dimensions as well. As movement toward disorder, annihilation, or alienation, illness is not lack of perfection, bodily or otherwise. A scar marks a healing event. Its homeostasis may limit some flexibility that would be present in the organism had there been no trauma to begin with. But the scar is not a disease. If anything it is a reminder of healing and that life's zest does not depend on bodily perfection.

The call to follow Jesus—the Way, the Truth, and the Life—has notable power to prevent or forestall many diseases. Clear understanding of God's life-giving ways and of the sacredness of the life God has given to each of us strengthens motivation to prudently care for one's body, mind, spirit, and relationships. It is estimated that lifestyle accounts for about fifty percent of the factors that make for health.⁴ Accordingly, to serve the God of life, the mission of the church is to promote wholesome living as well as to pray for healing.

Healthy life is marked by rhythms of growth and decline. We observe this in the energy tides of everyday life and in the waxing and waning of strength in the human life span. Aging is the name we give to the waning strength of later years, and aging is not a disease, though it may be accompanied by various illnesses. One aspect of life may be weakened, yet overall movement in the direction of wholeness may be maintained by compensating strengths in other dimensions. The older person, for example, may be at greater peace with God, life, and self than at a former time of bodily strength and vigor marred by lower self-esteem, insecurity, and misguided ambition.

God's way of healing is both temporary and eternal. Biological healing is an example of the temporal, and the existential dimension points to the ways in which temporal existence catches glimpses of the eternal and of the transition from earthly life through death into transcendent wholeness. Faith shows us that God is for us, with us, and in us. Yet God is not a fantasy, not a mere object at the beck and call of our desire. Temporal healing does no more and no less than restore us to the human condition—once healed we

are just as mortal, just as vulnerable, just as prone to error, even sin. We are not lifted to some state above being human. Healing may result in spiritual growth, but we still are incapable of fathoming the divine mystery and the depths of our own being. We are mortal. Nothing in any theology of wholeness changes this basic fact of our existing within limits known to God. A wholesome theology helps persons to cherish temporal existence, and yet celebrate mortality and anticipate death: "For to me, living is Christ and dying is gain" (Phil. 1:21). Whenever death is encountered paradoxically as a movement toward life abundant and not as annihilation, dying is a form of healing.

Since God desires and promises human wholeness, healing processes and events are concrete signs of the Kingdom of God come near. From an eschatological viewpoint there is no perfect realization of health in this life. All healing is partial and fragmentary, more nearly complete in some dimensions of life than in others. Our existence is in-between the times—the time of the full promises given in Jesus as the Christ and the full realization of these promises. Even so, healing processes and events are definite signs of the glory to come, such that all healing, however fragmentary, embodies or "realizes" (contains and expresses) the whole of the abundant life that is coming in God's Kingdom. Thus the wholeness we experience is a wholeness in the midst of brokenness. This is not the same as equating wholeness with brokenness, for to do so may "pretty up" brokenness and suffering with an "It's all right" style of positive thinking, i.e., with denial. At times before we pray "Lord, heal me," we must pray, "Lord, make me real." Then, by faith we envision wholeness; i.e., we project our present brokenness into an entirely other and yet near-to-hand future.⁵

As people live before God in-between the times, God calls us to faith in God and in God's healing ways. Recent medical research affirms that persons with abiding belief systems stand out in the way they recover from diseases (*Advances*, Winter 1997, p. 11). Personal faith is life-affirming, yet is more nuanced than positive thinking. For example, in faith, persons have courage to express both negative and positive feelings in the process of experiencing illness or other adversity. At the same time, faith—as confidence in God's life-giving ways—orients persons toward the good that is possible given God's faithfulness and promises.

Now the question of a Christian vision of human wholeness can be addressed. Is there anything distinctive in the Christian witness or do our symbols simply translate into secular or other religious interpretations of human wholeness? This is too large a question to be dealt with systematically in this article, but I suggest that the place to begin is with the paradoxical character of the Christian vision of human wholeness: giving away life restores life. "For those who want to save their life will lose it, and those who lose their life for my sake, and for the sake of the gospel, will save it" (Mark 9:35). Lambourne puts the point this way, "fullness of life is a life of self-committal to others from the depth of one's being to the depth of another's being, and . . . this

involves suffering love."⁶ Christian discipleship is a powerful source of healing and wholeness⁷ and it also leads to suffering and illness. Probably most illness is not the consequence of discipleship but of ignorance, misfortune, or sin. Even so, taking up the cross can make persons more vulnerable to suffering and disease despite healthy lifestyles. Discipleship calls for a distinct kind of wholeness, a wholeness that is both life-seeking and life-giving, a wholeness that may not eliminate all brokenness but that does transcend our human brokenness, opening a way to doxological living, the undaunted praise of God.

Signs of health and illness reflect ongoing relationships such as divine-human relationships, relationships among people, and intrapsychic dynamics which are relational in the sense that they entail relations among inner images of self and others. This implies that the most fundamental category for Christians in grasping sickness and healing is the social—relationships with oneself, interpersonal relationships, relationship with God, etc. This understanding spotlights the significance of self-images, images of God, and images of others for discerning movement toward well-being or toward illness. A person's suffering and experience of the absence of God may be a time of transition when an inadequate image of God no longer functions, and may be a prelude to restoration and growth in abundant living. The relational dimension of wholeness also underscores the importance of reconciliation, responding to God's mercy by confessing our faultiness and sin rather than harboring and nurturing secrets within that weigh on the spirit and increase vulnerability to disease.

For Christians the key to life abundant is relation with God in Christ through the life, fellowship, and mission of Christ's followers. This is why Don Beatty wrote, "Unless the love of Christ is evident in a community, it is very difficult for healings to happen."⁸ Jesus healed only a few persons in his hometown because of an atmosphere of unbelief (Mark 6:6). In an age of cultural fragmentation, can the reality of wholesome community be rediscovered in part by the potential for renewal in rites of healing, or will these promising developments collapse into the cultural milieu as religious entertainment? Both restoration of authentic, enduring community and healing of persons are essential to God's life-giving ways. As communities are healed, more persons will be healed, restored to fellowship and hope. Is it possible that the new healing rites, which include the stories of Jesus and the disciples healing, can contribute to the experience of narrative in a time of postmodern chaos?⁹

Obviously these interpretations of healing and wholeness have many implications for ministry. If pastors and church leaders are to explore the above vision, we do well to begin with ourselves, our own spirit and outlook. We can do this by nurturing a spirit of expectancy, both for ourselves and others. Since the vision is of God's life-giving ways, and not human manipulation of God, expectancy is essential. We are called to witness to the ways God brings life out of difficult and threatening experiences. We acknowledge

our brokenness, personal and communal, yet with expectant hearts and minds we can help each other to discern ways in which God is giving wholeness in the midst of brokenness. To nurture expectancy is to attend first to the spirit. To nurture expectancy is to exercise God-given faith. We help one another not to lose heart by reminding one another of the larger picture, especially the truths of God's life-giving ways. This attending to our own spirits as leaders in common recognition of God, equal mutuality, and caring compassion for one another opens the way for empowered ministry with others. A pastor I know observed how the presence of a particular lay person in church meetings contributed to a pervasive sense of hope for constructive outcomes despite difficult problems. He found that whenever he consulted with this person, his own spirit was renewed. He took time to consult regularly with her and included her in the most challenging deliberations among church leaders because of the way her approach and spirit nurtured expectancy and renewed spirit.

SUFFERING



Suffering may be a manifestation of destructive processes or of healing processes. Often symptoms of a disease are in fact signs of healing processes at work. Pain and suffering may be inherent aspects of healing and growth. Grieving is not a disease, but a process essential to dealing with loss, a process that entails immeasurable suffering as a consequence of our love attachments and the ambiguities of life. Grieving can bring healing to the human spirit: "Blessed are those who mourn, for they will be comforted" (Matt. 5:4).

Suffering may be a consequence of biological disorder and/or unwholesome attitudes, behavior, social relationships, or environment. On the other hand, as noted above, Christian discipleship often entails voluntary sacrifice and suffering. Suffering may result from smoking cigarettes or from volunteering time in a neighborhood with high homicide rates. As persons learn to walk in God's life-giving ways, both experiences of suffering that derive from our own faultiness and those that express faithfulness to the way of the cross may strengthen individual compassion for others in any adversity.

Though some people may experience isolation in their suffering, Christian faith proclaims that God suffers with us. In Jesus Christ God is known to be with us and for us. In Jesus' passion and crucifixion God suffered and made known the divine compassion. In the cross God takes on evil and suffering; in this suffering and in the resurrection, God transcends evil and suffering. Consequently, healing processes and events become signs of the way God draws life from death and joy from suffering.

One implication of these reflections on suffering is that life-sharing ministry conducts campaigns against isolation. In illness, disability, or suffering individuals can find themselves to be separated from the very human contact they need most for support. Yes, in some circumstances particular persons

may need some distance from community for a time. Even so, our need to be whole by being part of community is fundamental. Consequently, pastoral care extends Christian worship and fellowship to those whose suffering and limitations prevent them from gathering with the people of God in public worship. Pastors serve by giving priority to ministry, including sacramental ministry, with these persons. Pastors also serve by witnessing to and encouraging the ministry of laity as they reach out in compassion to one another. The vision of God's incarnation and the divine presence in our midst moves us to set aside our own preferences out of compassion and readiness to suffer with others so that persons need not suffer alone.

CHRISTIAN MINISTRY



The church's healing ministries flow from her life—her love, faith, and hope. These three characteristic, enduring attitudes ("affections" in traditional language), are life-affirming and communicate God's life-giving ways. Healing begins by dwelling in God, which the church does in worship and fellowship, learning and growth. God's touch restores holiness and wholeness. People experience this together in prayer and sacrament, in inquiry and mission, and in enduring relationships.

As a dynamic system, the institutional church at various levels (congregational, regional, structural, etc.) becomes a wholesome community as the forces of homeostasis and change are balanced. A degree of order is essential to its existence and functioning. On the other hand, inflexible structure isolates the church from what God is doing in the larger world, deadens its life, and precludes spiritual growth and moral vigor. As a healthy and faithful community, the congregation is a place of healing for many persons, a spiritual wellness center and temple of healing. A community of faith walking in the way of God's healing is essential to personal wholeness. This does not mean that personal growth in faith is impossible unless the community of faith is nearly perfect, but the quality of community life makes a difference. Communities have great potential for good and for harm in terms of individual wholeness. They are called to walk in the way, to be "good enough" to support personal health and healing, and to witness to God's saving presence.

In testimony to God's way, the church is called to ministries of celebration, caring, and compassion. We celebrate because God is present and at work in our midst, making us whole, blessing our lives with the flow of abundant life. We care because God cares and has undergone suffering for our sake. The people of God are called to offer their strength on the altar of passionate suffering as our witness to God's passion in Christ. This juxtaposition of joy and compassion lays the foundation for creative and faithful healing ministries, for ministry that recognizes the realities of human existence and at the same time calls for openness to the coming of God's life-giving ways in our midst.

The example and precepts of Christ are normative for the church's ministry. This means that healing is as integral a part of the mission of the church as it was of Jesus' ministry. Caring fosters curing. The widely accepted adage that we are called to care, not to cure, can be misleading. The church's healing ministry is one of compassionate caring and it is a ministry of helping to make available spiritual resources for curing. Also, just as Jesus' healing ministry cannot be reduced to one method, so the church's healing ministry is varied.¹⁰

Christian ministry entails opposition to all forces (biological, social, cultural, environmental, and spiritual) within and beyond the church that clearly oppose God's way of abundant living. As the *Lambeth Report on the Ministry of Healing* says,

Health, or an orderly condition of body, mind, and spirit, is God's primary will for all His children, and . . . disease as a specific violation or falling short of this orderly condition, is not only to be combated, but to be combated in God's name, and as a way of carrying out His will.¹¹

Among other things this means that the church has a prophetic calling, a mission to call all persons to justice. Today there is new awareness of how injustices are related to illness and shorter life spans among the poor and marginalized segments of society. Though the relation is not always direct, justice ministries often are healing ministries and are no less important than other forms of healing ministry. Oftentimes, individuals succumb to illnesses primarily because of larger social disorders. Usually when some concrete barrier to well-being is diminished or removed, healing emerges spontaneously and gloriously.

Since the church exists to witness to God's presence and way in the world, its primary focus properly is on spiritual wellness and healing. At the same time, since it often is arbitrary and artificial to separate the spiritual dimension from other dimensions of human affairs, this primary calling is to be expressed in relation to all dimensions. That is, the church's life and mission are both spiritual and holistic. The church's healing ministry is focused yet multifaceted. Out of a vital, spiritual vision of God's dream for humanity, for example, the church promotes wholesome lifestyles in terms of attitudes, habits, and behaviors. Its calling is to invite people to a playful yet prudent balance of life's joys and responsibilities, of individual freedom and participatory bonding to community. The church envisions and promotes wholeness and healing through worshiping, teaching, developing fellowship, and serving.

As noted above this spiritual focus holistically applied to all facets of human affairs points to the church's unique contribution, the good news of Jesus Christ and the coming of the Kingdom of God on earth. The way of healing is a mysterious way of realized and unrealized promises and longings, divine and human. God promises and longs for life abundant, and so do we

humans according to our own capacity. A theology of healing portrays a balance of realized and unrealized eschatology. In the church's witness, healing events and processes prefigure the ultimate wholeness which God promises.

Given the church's spiritual focus, one task of ministry is to help persons to discern the meanings of illness in their lives. Unconsciously people usually assign meanings to their suffering and diseases. At times a disorder may become the basis for personal identity. "Who am I?" one asks. "I am a person who lives with depression." I suggest that an identity based on problems is a profane identity, not the sacred identity God offers us as persons. Sometimes illness gives expression to a sense of little power, influence, or significance as a person, and consequently to low self-esteem. Part of the church's healing ministry in such instances is to understand yet challenge the meanings people give to such troubles, and the roles people play during illness. Even when sick, persons usually can be active agents in their own care and healing more than they realize, and not merely objects of others' care. On the other hand, the role of a sick person has elements of simply being, of trusting and relaxing. As the church helps to provide inner resources for strength and healing, persons develop a deeper capacity to be active and to be passive, to resist disease and yet to rest trustingly in God no matter what.

Again, some attribute positive effects to an illness: their own response to illness and the response of the larger community, such as the community of Christian faith, which brings forth a richness in life's significance that had eluded them previously. That is, they witness to the way in which God brought forth some good from the occasion of illness.

Human experience is related to so many contexts and perspectives. The church's ministry of helping persons discern meanings should guard against guiding them toward a singular meaning of illness in general or of a particular illness. Illness can be understood both as an enemy and as part of a larger drama with a divine purpose. Diverse meanings, positive and negative, are often valid, even though one meaning of an illness may emerge as the core meaning for a person, family, or community. Also, the community of faith can accept and understand one person's interpretation of suffering, yet refrain from promoting such an interpretation as equally significant for all. While it may have been quite authentic for Simone Weil to articulate the inherent meaning of arbitrary suffering in her life, the community of faith is not thereby called to proclaim the meaningfulness of all arbitrary suffering.¹²

The church's ministry of healing is to be advanced in critical cooperation with all available means and structures—religious or secular—of healing and wholeness. The premises are that all healing comes from God and that many kinds of methods can facilitate healing. At times what distinguishes mainline churches' approach to healing is the "both/and" framework as opposed to an "exclusive" approach that sets Christian faith and prayer over against other religious and secular healing practices. Among the assumptions of a cooperative approach is confidence in God's providential care evident throughout

the world even though not always named and understood in terms of Christian truth.

An implication that relates to a number of the principles for ministry just noted is that leadership in ministry serves God's life-giving ways by attending to process. While content is important, awareness of God's life-giving ways discerns how vital process is. A person in crisis, for example, may say some things ("This is God's way of punishing me") that a pastor may be tempted to challenge immediately, but by attending to the process as much as to the content, the pastor empathically supports the person as the crisis sufferer talks his or her way through various feelings, arriving in the end at an interpretation and self-understanding that have integrity and are genuinely owned. Likewise, expectant awareness of God's life-giving ways is sensitive to the process and dynamics of conflict in a church, not merely the content. Focusing exclusively on content is likely to enlarge anxiety, especially in pastors who have a need to see conflict resolved quickly. Being attuned to process enables one to step back, gaining more perspective and some space to entertain open questions as to what wholeness God can draw from the conflict.

WORSHIP



The appearance of new rites of healing with the laying on of hands and anointing with oil signals a fresh movement in the life of mainline American Christianity, a movement that gives greater weight and meaning to human welfare and greater attention to human suffering. These liturgies focus on the sanctuary as battleground of life and death and extend healing sources from this place to all locations where this battle is fought. The new rites remind pastors and lay representatives that Scripture reading and prayer are as normative for pastoral care as is respectful conversation.¹³

Is there not a tension between worship, insofar as it focuses on God for the sake of simply relating to God no matter what, and worship, as the work of the people that includes prayers of petition and intercession for the blessing of healing? Relationship with God is a primary relationship—i.e., a relationship for its own sake. This relationship can be treasured more than life itself: "Because your steadfast love is better than life, my lips will praise you" (Psalm 63:3). On the other hand, since God's way is the loving way that leads to abundant living, healing derives from this relationship with God and is to be expected. Still, in this relationship God is not a means to an end. This is why healing flows from the worship of God and why worship is vital to human thriving. The new healing rites endeavor to enact this truth.

Worship centers the spirit on God. Often the human spirit is centered on other objects, whether morally worthy or not: concerns for others' welfare, self-interest, etc. In centering the spirit on God as God, worship relocates the spirit. This shift has potential to transform everything, rearranging priorities, realigning energies. Public worship involves coming to a place deemed sacred. Entering this place, this space, transports the spirit and thus transforms

persons and forms community. When transformation is in the direction of wholeness, healing is taking place. Note the phrase "taking place." Healing is a reality that comes to us as we come to God.

This means that worship has unpredictable powers for healing, yet is not merely a means for healing. Another implication is that too dominant a focus on healing can be counterproductive in relation to any hope for healing. Nonetheless, God's people are called to pray for and expect healing, not to be stoically accepting of painful illness. God responds to genuine prayer and prayerfulness, moving people in the direction of abundant life in more and more dimensions. The churches have always prayed for those who are sick, but the new liturgies for healing and wholeness in mainline denominations call us to pray for healing and wholeness, not only strength to endure suffering. In prayer we understandably think of ourselves as waiting on God. God also waits on us. Yes, God moves in our hearts, initiating movement toward wholeness. Yet God is not coercive. God waits on the Yes of prayer. In authentic prayer God hears the Yes being voiced in complaint, anger, travail, and petition as well as thanksgiving and praise. Further, God hears the Yes in speechless sighs and utter silence and stillness. God knows the inner longing, and the Yes to God that waits therein.

One implication for church ministry relevant to the above reflections is that groups of persons in the church can be called to pray for God's life-giving ways, and to study the theology embodied in the new liturgies of healing and wholeness. Such groups prepare the way for exploring new ways of worship. The new services, of course, are not unconnected to the more familiar orders of worship. The sacrament of Holy Communion is the foundational service that worships God and celebrates God's life-giving ways. Expanding worship experiences and pastoral care with new rituals of healing and wholeness helps us to reflect back on our traditions of worship with new appreciation and insight.

In worshipful awe we face the mystery of God's life-giving ways. These ways are illuminated in encounters with tragedy and suffering, in the wonder of healing and joyful service. Even so, we know and understand very little. The mystery abides, it exists beyond us and dwells in us. It is the mystery of undaunted, unrelenting love, death-transcending, life-giving love. In the fragile treasure of living how precious is the little we know of God's ways! ❧

NOTES

¹ On the themes of freedom, order, and transcendence, see my *Pastoral Care and the Means of Grace* (Minneapolis: Fortress, 1993).

² "Have Mercy on Us, Living Lord," *The Presbyterian Hymnal* (Louisville: Westminster/John Knox, 1990), hymn number 195.

³ *Works of Martin Luther* (Philadelphia: A.J. Holman Company, 1915), 31.

⁴ *The Congregation: A Community of Care and Healing: Health and Wholeness Awareness Resources* (Louisville: Presbyterian Church U.S.A./Presbyterian Health Network,

1991).

⁵ Underwood, op cit., p. 154.

⁶ Robert A. Lambourne, *Community, Church, and Healing* (London: Darton, Longman & Todd, 1963), 119.

⁷ On this theme see Kenneth L. Luscombe, "Discipleship as a Paradigm for Health, Healing and Wholeness," in E. Allen Anthony et al. *Health, Healing, and Transformation* (Monrovia, Calif. MARC: World Vision International, 1991), 43-84.

⁸ "9 Principles of Christian Healing," *Sharing* (April 1997): 12.

⁹ On the theme of narrative and postmodern fragmentation see Ronald L. Grimes, *Ritual Criticism* (Columbia, S.C.: University of South Carolina, 1990), 23-25.

¹⁰ Charles Gusmer, *The Ministry of Healing in the Church of England: An Ecumenical-Liturgical Study* (Great Wakering, UK: Mayhew mcCrimmon, 1974), 26.

¹¹ "The Ministry of Healing: Report of the Committee appointed in accordance with Resolution 63 of the Lambeth Conference, 1920," 1924.

¹² See her *Waiting for God* 2nd ed. (New York: Perennial Library, 1973,).

¹³ *Supplemental Liturgical Resources* 6, 29-31.

ANNOTATED BIBLIOGRAPHY

Clinebell, Howard. *Well Being: A Personal Plan for Exploring and Enriching the Seven Dimensions of Life*. HarperSanFrancisco, 1992. A popular author in the pastoral care field guides readers to well being in relation to mind, body, spirit, love, work, play, and the earth.

Droege, Thomas A. *The Faith Factor in Healing*. Philadelphia: Trinity, 1991. A nationally recognized spokesperson in health ministries, currently with the Interfaith Health Program at The Carter Center, reflects theologically on faith and healing.

Droege, Thomas A. *The Healing Presence: Spiritual Exercises for Healing, Wellness, and Recovery*. HarperSanFrancisco, 1992. In this book Droege provides guidance in the use of imagery for healing and supplies a variety of exercises based on the healing stories of Jesus as well as exercises on wellness and spiritual needs.

Miller, Kent C. *A Healing Presence: The Congregation's Ministry in Health and Wholeness*. Benedictine Resource Center (530 Bandera Road, San Antonio, TX 78228), 1991. This useful manual for healing and wholeness ministry was commissioned by a Roman Catholic order and authored by a Presbyterian.

Tillich, Paul. *The Meaning of Health*. Chicago: Exploration, 1984. More than any other systematic theologian of the 20th century, Tillich participated in dialogues with secular therapists (mostly psychiatric and psychological). This volume collects the major writings that distill his reflections.

Vaux, Kenneth L. *Health and Medicine in the Reformed Tradition: Promise, Providence, and Care*. New York: Crossroad, 1984. Building on the themes of divine sovereignty, reconciliation, and redemption, this ethicist interprets the Reformed tradition's approach to health and medicine.

Wiest, Walter E., ed. *Health Care and Its Costs: A Challenge for the Church*. New York: University Press of America, 1988. This book contains essays commissioned by the Task Force on Health Costs and Policies of the Presbyterian Church (U.S.A.).

See also the reading suggestions on page 20.

RALPH UNDERWOOD: THE WHOLESOME AND HEAVENLY GIFTS OF GOD

In your article you call healing ministries "ancient but ever new." What's ancient and what's new?

The "ancient" includes the healing stories of Jesus and, as Clebsch and Jaekle detail in their *Pastoral Care in Historical Perspective* (New York: Jason Aranson, 1995), the healing that has always been a part of the church's ministry. The "new," at least for many of us in mainline denominations, is the laying on of hands and anointing with oil either during a hospital visit or in corporate worship. That's just not been a part of our tradition. Also new is health promotion or wellness ministries. Churches are developing services to the community and a new emphasis for their own members in terms of healthy lifestyles and disease prevention.

How did healing ministries get minimized to the extent that they need this revival?

Well, to some extent because of excesses or exaggerations.

What kind of exaggerations?

Identifying people as witches and exorcizing demons—many saw these as extreme and got disenchanted with the whole thing. Also, secularization played a part. Medicine grew as a science and the church began to delegate forms of healing. We continued to pray for people, but beyond that looked to the secular realm—medicine, doctors, hospitals.

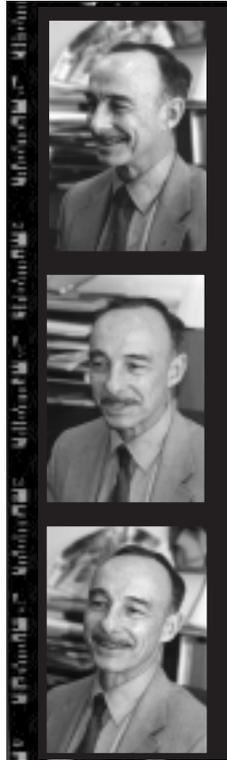
Any dangers of excesses today?

Of course. As the church becomes more involved in healing and takes on new responsibilities in these areas, it will accrue power. That power will have the potential to be abused. New ministries call for accountability to God and to the public.

Why has the church awakened to these healing ministry responsibilities?

First, liturgical reform. Liturgical scholars have helped us rediscover a vigorous appreciation for the non-verbal dimensions of worship. Second, the psychological revolution in our culture has made us more therapeutic-minded, emphasizing wellness not only in terms of healing neuroses but in terms of full living. Third, a partial disaffection with modernity, including western

TYPICALLY IN A MAINLINE HEALING AND WHOLENESS SERVICE, THE ATMOSPHERE IS QUIET, ALMOST SUBDUED. THERE IS MORE OF A SENSE OF HEALING AS PROCESS—NO PROMISE OF INSTANT HEALING, ALTHOUGH THAT MAY HAPPEN. SOME TV EVANGELISTS EMPHASIZE RELIGIOUS MEANS OF HEALING OVER AGAINST SECULAR MEANS OF HEALING. THAT'S NOT PART OF THE MAINLINE VISION. GOD HAS MANY SOURCES OF HEALING.



medicine. I say a partial disaffection because nobody wants to give up advances in medical technology. Still, something about modern medical practice is not helping people recover their sense of wholeness and the sacredness of personhood. Fourth, there has been a renewal in the public health movement in this country. Public health officials have set hundreds of goals for the nation's health, goals they track year by year; every ten years they establish a new set of goals. By and large these have been effective. Part of their success has been their willingness to establish partnerships with churches.

Partnerships with churches?

Yes. For example in Los Angeles County there are ninety different languages in the homes; forty-seven percent of the people prefer a language other than English. This makes public health care difficult. So Los Angeles County picked out respected leaders of neighborhood churches who were bilingual, trained them as lay health educators, and took health information to the people.

How do new, mainline healing services differ from Oral Roberts healing services?

Well, one thing is the same: both make an important place in worship for

petitionary prayer. The differences? Many of the TV evangelists intensify emotions and build on that. Then they demand that people believe enough in this moment in order to be healed—the implication is that if you believe enough, you'll be healed.

That's different from what people are doing in the mainline services?

Typically in a mainline healing and wholeness service, the atmosphere is quiet, almost subdued. If you visit the Sunday evening, once-a-month service at First Presbyterian Church here in Austin, for example, the music is meditative. No pressure is put on anybody. You don't have to do anything in this service. You can just sit there. Along with that there is more of a sense of healing as process—no promise of instant healing, although that may happen. Some TV evangelists emphasize religious means of healing over against secular means of healing. That's not part of the mainline vision. God has many sources of healing.

How are we called to relate to God's "life-giving ways," to use your phrase?

It's more than just intellectual apprehension. It's a matter of learning to become more attuned to, sensitive to, and expectant of God's life-giving ways. In a way it is a spiritual discipline, developing a vision that is almost second nature. Healing and wholeness liturgies are as much about spiritual renewal as anything, spiritual renewal within the context of the whole person.

Any thoughts on how to get this going in a church?

Churches need to begin by recognizing the healing ministry they already have. The key rite for healing and wholeness is the Eucharist. In addition there's Sunday morning prayer, small groups, home visitations—people already have healing ministries. They should be acknowledged and celebrated. Then the leadership needs to ask the question: Is there interest in a healing service? If the answer is yes then ground work needs to be laid. A pastor I know came to a church and the people knew he had an interest in a healing service but he never said anything. After four or five months, someone said, "Aren't you going to start a healing and wholeness service?" He said, "Well, if you're interested in it, let's get a study group going." When the people felt ready, he started the service on a three-month probationary basis. They evaluated it. Today his church has a weekly Sunday morning healing and Communion service along with the other services.

Does your understanding of healing and wholeness change the way a pastor does a hospital call?

Implicitly it encourages appreciation for the place of prayer in pastoral visitation. Research indicates that one of the most frequent disappointments of people receiving pastoral visitation is when pastors do not pray with them. Fur-

ther, more and more pastors, after having the issues of health and wholeness raised, are laying on hands and anointing with oil on their hospital visits.

And people respond?

Yes, it touches people's lives in ways difficult to describe. I have had people describe it as a powerful healing moment.

What if I'm nervous about anointing with oil?

I never encourage people to get over ambivalence. There are usually good reasons for it, reasons that need reflection. Sometimes, though, it's just the anxiety of undertaking something new. Even then I don't think you ought to be in any great rush to get over it. Take your time. Work through it theologically and existentially. Also, realize that for some the nervousness is simply need for liturgical guidance on how to do it.

And what do you tell this last group?

To see an Episcopal priest.

Is there a particularly good book on healing and wholeness ministry?

Several, actually. But for starters try Ronald Numbers and Darrel Amundson's *Caring and Curing: Health and Healing in the Western Religious Traditions* (Baltimore: John Hopkins University Press, 1986). Each chapter covers a different denomination or religious tradition. Another to consider (although a bit more apologetic in tone) is Morton Kelsey's book *Healing and Christianity* 3rd edition (Minneapolis: Augsburg, 1995). A good hands-on book is James K. Wagner's *An Adventure in Healing and Wholeness* (Nashville: Upper Room Books, 1993).

Have you read credible stories of physical healing—miraculous healing—as a result of these liturgies?

I have heard of them, but I have not really inquired into them.

Why not?

Partly because I'm not terribly interested in a supernatural/natural distinction. I'm thinking that nature may be more of an open system than we realize anyway. I've heard people's stories that may not sound miraculous, but I think they are just as significant.

Can you give an example?

Yes. One couple had a three-year-old son with a progressive illness for which there is no known cure. They regularly brought him to a healing service and prayed for his healing. So far they haven't seen a reversal of the progress of the disease, at least the medical part of the disease. They have, however, seen

a striking change in this young lad's emotional life, his attitude. He used to scream all the time. Now he is at peace with himself, a happy youngster.

How do you talk about that?

People commonly think of physical healing as the most difficult. Wondrous and complicated as such healing may be, I think that the most difficult healing is spiritual. Here we encounter in ourselves and in others great resistance to transformation. We pray for healing. But so often we discover that productive patterns of thought, healthy attitudes, and fundamental values (the very things we need as building blocks for rebuilding health) are rendered ineffective by a demonic loss of freedom and vital wholeness. C. S. Lewis's small book *The Great Divorce* (New York: MacMillan, 1977) astutely describes how persons resist the wholesome and heavenly gifts of God.

Have you personally experienced healing?

The main way I have experienced healing in connection with prayer and healing services is in terms of a renewal of energy. At times when I have felt drained of energy and exhausted from the demands of life, I have felt a surge of strength—a renewal and restoration. 

Ronald Sunderland is vice president of the Foundation for Interfaith Research and Ministry, a congregation-based network that oversees the ministry of more than 1,600 laypeople serving those with chronic health conditions. He is the author of *Getting Through Grief: Caregiving in Congregations, a theological analysis of the Care Team concept he co-developed.*

RONALD H. SUNDERLAND

As interim pastor for the Sealy Presbyterian Church in 1991, I was accustomed to leaving home at 7:30 on Sunday morning for Sealy. One such morning, I woke, shaved, and walked the dog. As I breakfasted, I noticed a weakness in my right arm, considered waking my wife, a cardio-vascular nurse, to report the sensation, and thought the better of it. If I told her of my concern, Noel would do a work-up and decide on a course of action that would include not driving to Sealy. How could I arrange an alternate pulpit supply at such short notice? My next thought was to phone Noel from Sealy, tell her about my sensation, and promise to drive home carefully. Reason intervened, and I called to her to tell her I was leaving. “Oh, and by the way, I have this weakness in my right arm, but I will drive carefully . . .” That was as far as I got—thirty minutes later, I lay on a gurney in the Methodist Hospital emergency center, being examined by my cardiologist, who had sided with my wife. His tentative diagnosis: a mild CVA, probably the precursor to a major stroke. My life—and my health—had been in great shape until that moment. Now everything crashed around me. I was scheduled to fly to Melbourne, Australia, ten days later for the quadrennial International Congress on Pastoral Care and Counseling, and that was only the first plan to be swept away. I suddenly had crossed the border from wellness to sickness, as my health was snatched from me.

I say “snatched from me.” Prior to this weekend, I had read Susan Sontag’s *Illness as Metaphor*,¹ not once but four or five times. Her theme had intrigued me. With the onset of illness, one must take out one’s passport to the “kingdom of the sick,” and present it at the border. I was “sick,” examined by my cardiologist and the neuro consults, endured the clanking of an MRI (they clanked, then), instructed by nurses as to what I could and could not do, including any movement, having surrendered my autonomy and self-control to the team who cared for me. But Sontag had warned me against using illnesses as metaphors. Was my health snatched from me, or was I simply in ill health, due to some factor of my physical existence that, until that moment, I was unaware of, but, fortunately, had occurred in the form of a warning to which I now had the opportunity to give due consideration?

I was discharged from hospital on the fifth day with a tentative diagnosis of an arterial-venous “bleeder” in my brain of indeterminate origin and even location. Despite feeling fully recovered, I was warned not fly to Melbourne: “Would you want to do that to Noel and the family? What if the event recurred between Los Angeles and Melbourne?” That was dirty pool, for sure!

The notion that my health was snatched from me implies that some “disease”—or someone—did the snatching! The moment we personify disease, treating it like an agent with evil intent, we give way to baser instincts of blaming and viewing ourselves as victims. We erect a barrier that blocks movement toward healing and wholeness. Susan Sontag suggests that immediately after we revert to metaphor—for example, when we talk about illness by using figures that imply intractability and capriciousness—we lose our grasp on reality and are threatened by a world of mysterious forces against which we must struggle. Sontag cites the cases of tuberculosis and cancer: “As long as its cause was misunderstood and the ministrations of doctors remained so ineffective, TB was thought to be an insidious, implacable theft of a life. Now it is cancer’s turn to be the disease that doesn’t knock before it enters, cancer that fills the role of an illness experienced as a ruthless, secret invasion.”²

In the crisis of illness, perhaps particularly the onset of chronic or terminal illness, we are apt to question God’s intention, even blame God for “snatching” our health from us. Part of the problem is our predisposition to take health for granted. Preoccupied with our everyday concerns, we are oblivious to healing as process and event, as movement toward abundant life. Only when we are robbed of our health (another metaphor!) do we pause to seek meaning for events suddenly beyond our control. Underwood reminds us that God does not will or send illness. Rather, God’s compassion evokes faith that is strengthened as it is exercised in the struggle with illness and suffering—see, for example, I Pet. 1:6-7. Rather than dealing with illness and suffering only when it is thrust upon us, we ought to be conscious of healing as an integral aspect of living, and not take it for granted.

Sontag describes our tendency to demonize disease, leading to our failure to view life in terms of health and wholeness, and to view healing as a process by which the healthy stand as much in need as those who are ill. Illness is characterized by separation of the ill from the healthy—in Sontag’s terms, the ill cross the border into the “kingdom of the sick.” As biblical communities excluded lepers from their homes and synagogues, we who are “healthy” distance ourselves in more subtle but equally effective ways from those who are stricken by disease. Sontag documents at length a societal history that espoused punitive notions of disease. While illness ostensibly is the culprit, cancer patients are made more culpable, for example. Thus, she argues, conventions of treating cancer as no mere disease but a demonic enemy make cancer not just a lethal disease but a shameful one that stigmatizes the sufferer and ultimately yields to the disturbing linking of disease and punishment, even the notion that disease could be a particularly appropriate

and just punishment. As the sign outside a church in deep east Texas reads: "God AIDS the gays!"

The alienation of diseased individuals produces toxins that are neutralized only when the ill person is restored to his or her community. Jesus recognized that the leper's freedom from his disease required the sufferer to show himself to the priest and offer the gift that Moses commanded as a sign to the people (Matt. 8:4). Restoration to health entails restoration to the community of faith. Or, to put this thought into Underwood's words, "restoration of [and to] authentic, enduring community and healing of persons are essential to God's life-giving ways." The community of faith must always be at the ready to receive people broken in spirit and body. Congregations as expressions of that community have a responsibility to be fellowships in which the words of healing are manifested in acts of reconciliation and healing.

When the "Care Team" program was developed to minister to people with HIV disease, we did so based on the conviction that regardless of whether society at large responded compassionately to people with AIDS, church and synagogue were obligated to do so by their claim to be children of God. But it was people with AIDS who needed to be welcomed into the community. When Care Team ministry was extended to caregivers of loved ones with Alzheimer's, we heard time and again the response: "I had given up on the church. My congregation abandoned me!" Thus, we are called, as Underwood reminds us, "to witness to the ways God brings life out of difficult and threatening experiences. We acknowledge our brokenness, personal and communal, yet with expectant hearts and minds we help each other to discern ways in which God is giving wholeness in the midst of brokenness."

Such offering and receiving of healing within the caregiving relationship occurs in a mutual relationship in which each is blessed. Awakening from the illusion of separateness, we learn not only that the stranger in need needs us, but that we need the stranger. I like the story I heard from a newspaper columnist who recounted his experience as a White House guest at a dinner honoring the sponsors of the Special Olympics. Seated at his table was Gene Stallings, the former Alabama football coach. He was an assistant coach when his third child was born, diagnosed with mental retardation. Stallings commented that his greatest moment was not in a Super Bowl or a national championship, but at a Special Olympics race he saw once in Dallas. "One of the guys fell down, and the others stopped. They didn't want to run off and leave him. They stopped and they waited until he stood up. And they dusted him off. And then all three went on running." I cannot think of a more eloquent description of what caring means. We are all running, and, if one of us falters, we stop, help one another to stand, then set off again, together, to finish the race, "striving toward the prize . . ."

NOTES

¹ Sontag, Susan, *Illness as Metaphor* (New York: Farrar, Straus & Giroux, 1978).

² Ibid.

Margaret Alter is a marriage and family

counselor in private practice who also teaches at Graduate Theological Union (GTU). The author of several journal articles and the book, *Resurrection Psychology* (Loyola Press, 1994), she earned the M.A. and M.Div. from Pacific School of Religion and the Ph.D. from GTU.

MARGARET G. ALTER

Professor Underwood observes a growth of health-promoting ministries within mainline churches, including a proliferation of parish nurses, and he sets this trend in a theological frame. Interest in wholeness, he asserts, is evidence of God's will that human beings realize a "not-yet-given wholeness," a wholeness needed as much by the well as by the sick. "Healing processes and events" are signs of the Kingdom, an eschatological intent to bring God's good work to completion. Underwood finds the human desire for wholeness embedded within us. He cautions us that "all healing is partial and fragmentary" in this in-between time: "wholeness in the midst of brokenness." Human beings can move toward healing with confidence in God's life-giving ways. Underwood describes the significance for wholeness in such ordinary Christian practices as the confession of sin, "responding to God's mercy by confessing our faultiness and sin rather than harboring and nurturing secrets within that weigh on the spirit and increase vulnerability to disease." He observes the ambiguous nature of suffering: pain that may either signal illness or serve the process of healing.

Underwood frames current postmodern interest in healing and wholeness as evidence of God's continuing activity. Even our own "life-affirming choices" are initiated by God whose concern for our well-being, for the abundance of our living, exceeds our greatest imaginings. We are sustained and nurtured within our pursuit, and, by God's doing, it will be brought to completion. In the midst of God's intent, the ministries of the church become both human and divine nurture. This is vision indeed, a sustaining and affirming gospel.

Concerns for healing and wholeness generate much interest within the wider culture as well as within churches, appearing in an enormous number of places and finding expression in stories we tell ourselves—plays, movies, and television as well as in the written word. Healing tends to be interpreted psychologically: a need for mending something that went amiss in our growing-up. In other words, as children we were wonderful, perfect in fact, but our life was distorted by society's pressures and incompetent parenting or dysfunctional families. Our need for healing is evidenced by our low self-

esteem, broken relationships, inability to make commitments, difficulty with children, and a wide variety of other personal difficulties.

Healing practices are diverse and creative. Practical twelve-step groups, like Alcoholics Anonymous, geared to assist people with sticky problems of addiction, remain immensely popular and include groups for those addicted to illegal drugs, nicotine, compulsive spending, overeating, sex, and compulsive helpfulness. But these are only the beginning; the list proliferates: personal growth classes in churches and adult schools, retreats, lay-led support groups, professionally led growth and therapy groups, self-esteem and empowerment workshops, reflective writing workshops, dream workshops, massage workshops, dance and movement workshops, and spirituality groups of many kinds from a wide variety of religious traditions. Many of these provide brilliant opportunities for people to reflect on their lives in the midst of pressing commitments. They offer ways to rethink priorities and make significant decisions, or they support people through difficult times and transitions in their lives.

The emphasis, however, in popular psychology as well as in much clinical theory is quite different than that described for us by Professor Underwood. We are not sustained by God's will for a "not-yet-given wholeness," but we are mourning a stolen individual wholeness which should have been ours by rights. As infants and children, we were wonderful, our potential practically unlimited. The search for healing is lonely and angry. We hunger for comfort as we pursue an individual perfection. This individualistic emphasis on healing and wholeness also appears in churches, sometimes in the form of a holiness code.

People come to me for therapy from some of the more dogmatic growth groups, asking hopefully if I can help them "get well." They would like a future they can control. Not far behind them are those from local churches determined to "be healthy." Are there ten spiritual laws that I could guarantee for them (so they can control the future)? As I press a little further, nobody can define being "well" or "healthy." They would know it if they saw it, they assure me. They think they would have good self-esteem and move forward through life spiritually and professionally with confidence. Their confusion reflects the world of professional psychology which has never reached consensus in defining mental health. The image, a cultural one, shared by most seekers of wholeness is of an autonomous, masterful self, an individual with confidence and purpose who is capable of achieving most cultural ideals. This is the western ideal self which emerged from the Enlightenment.

Perhaps the clearest picture of the masterful, bounded self, potentially damaged by incompetent parenting, is described in Daniel Stern's in *The Interpersonal World of the Infant*.¹ Stern's infant is a perfect creature, capable of unlimited blossoming under correct parental conditions. Parents—particularly mothers—are background people, with no lives or worries of their own. Their role is to provide perfect mirroring for the growing infant as the child's

life unfolds "naturally." The "clinical infant"—that is, the therapeutic client—needs to undo the damage of childhood to put this life back on its natural path. Recent critics within the psychological world point out that this is a recipe for isolation and despair.

Philip Cushman represents this view: "Cultural conceptualizations and configurations of self are formed by the economies and politics of their respective eras." Cushman argues that the self-contained individual is an indigenous cultural artifact of Western civilization. He notes Freud's sexually repressed self has given way to the masterful, bounded self "with internal locus of control and a wish to manipulate the external world for its own personal ends." "The masterful, bounded self," Cushman suggests, "is an empty self. By this I mean that our terrain has shaped a self that experiences significant absence of community, tradition, and shared meaning." These lacks are experienced as interior emptiness. The inner emptiness needs soothing, needs to be filled, a perfect situation for the consumer market. "It is a self that seeks the experience of being continually filled up by consuming goods, calories, experiences, politicians, romantic partners, and empathic therapists in an attempt to combat the growing alienation and fragmentation of its era."²

This cultural artifact, the masterful, bounded self, is about control, about getting what one wants out of life. "You deserve the best," advertisers promise us as they take our money. The Christian version of it seeks control of our own holiness, a frightened, person-centered spirituality. There is an emphasis on what we do—to hold onto God, to do for God, to obey all the rules for God. We do all these things to show God our great love because of all God has done for us. But in fact the focus on what we do smacks of a longing to control our holiness, to present ourselves before God as somehow good enough by our own doing, and to be in position to judge the worthiness of others. I have seen the frightened looks, people confessing that they fear being honest at church coffee hour lest someone judge them as neither "healthy" nor "obedient." Person-centered spirituality evokes the same isolation, the same emptiness, as our culture's masterful, bounded self. It lacks the immense blessing of the doctrine of sin. We do not have the option to confess honestly our faultiness. We are supposed to be perfect to be included in the community. It was precisely this spiritual control, the rigid obedience to holiness codes which Jesus disrupted regularly. In Christ, the love and wholeness of God are for the righteous and the unrighteous alike.

Underwood's vision of God's "not-yet-given wholeness" within a community that shares an ongoing tradition addresses Cushman's concern. The church offers absolutely free what human life needs. Living hope abides within community, within liturgy, within the framework of faith itself as an approach to living our lives. An individual human being lives within a context of shared meaning and tradition out of which life makes sense. When a church acknowledges "healing within brokenness," all life's issues can be shared openly without fear of censure. Even medical research is discovering

how basic faith practices affect the possibility of surviving an illness. Underwood returns to us this reality. As God enacts our healing—sometimes certainly through counselors, growth groups, and workshops—our part is to rejoice with thanksgiving, knowing that it is God who holds onto us and God who will bring to completion a perfect work. We are companions in community, and since our role is not to decide who is worthy, we can open our hearts to share in the suffering of others. 🙏

NOTES

¹ Daniel Stern, *The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology* (New York: Basic Books, 1985).

² Philip Cushman, “Why the Self is Empty, Toward a Historically Situated Psychology,” *American Psychologist* 45, no. 3 (1990): 599-600.

Sybil Smith is Education Specialist and Health Ministry/Parish Nurse Coordinator for Saint Francis Health System in Greenville, South Carolina. She received the M.S. in nursing from Clemson University and the Ph.D. in nursing science from The University of South Carolina.

SYBIL D. SMITH

From the current discourse on health, healing, and wholeness in and among communities of faith, various new ministry opportunities are emerging. Parish nursing is one such ministry opportunity as cited by Dr. Underwood. The purpose of this article is to suggest a clearer lens from which to view the issues surrounding parish nursing so as to aptly extend Dr. Underwood’s principles of healing ministry at the congregational level. Many terms other than parish nursing describe health programs in churches, such as health ministries, congregational health, and church-based health promotion, to name a few. The current picture is clouded with varying terms and with various underlying philosophies that may be difficult to detect initially. Dr. Underwood’s well-stated definition of health as a way of being, and healing as any movement toward the abundant life set before us in Jesus Christ, ascertains that the external guidelines for healthy lifestyle such as diet, exercise, and stress reduction, are just that—external. The desired outcome is the internal discovery processes that take place in the journey of faith which cause one to choose God’s ways to health, healing, and wholeness. Secular nursing and secular healthcare in churches are not the same as Christian nurses doing ministry as insider-experts in their own congregations. A framework for viewing the existing philosophies is suggested.

Parish nursing emerged in this country in the mid ’80s. During the same time frame the healthcare industry became focused on combating lifestyle illnesses such as cancer, stroke, heart disease, liver disease, and accidents. Reducing the economic impact of the effects of lifestyle illness launched the wellness promotion movement of the ’80s. The Westburg model of parish nursing emerged in Lutheran hospitals in the Chicago area as a health promotion/wellness strategy that embraced the spiritual dimension of persons.¹

The health promotion/wellness movement appeals to those who value control and individual choice. The assumption is that individual decisions to participate in cognitive and behavioral health-promoting lifestyle strategies can give control over one’s health status. Ignored by the lifestyle perspective is that economic, social, cultural, and spiritual factors also contribute to health

status.² In the early '90s, while many healthcare dollars focused on individualistic approaches for lifestyle changes, the epidemics of violence, suicide, unemployment, divorce, and loneliness—the existential illnesses—were building. These existential illnesses, with all of their aftermath, impact the bottom line in healthcare to a greater degree than the lifestyle illnesses. The aftermath of existential illness can contribute to physical, emotional, and spiritual brokenness for years after an episode. Unresolved grief and emotional baggage can cross generations.

Health promotion/wellness intervention strategies began to transition from the foreground to the background in the mid '90s because evidence was weak to support changed behaviors or outcomes.³ Recognition that change in individual habits and individual behavior is spiritual in nature, and has to be considered in relationship with family and community, came to the foreground. Holistic approaches came to the foreground. The parish nurse movement, while it remained faith-based, contributed to whole person health. Because parish nurse programs have an appeal, non-faith-based institutions began to launch parish nurse programs in the '90s.

Non-faith-based parish nurse programs in the '90s, often led by marketplace thinkers as opposed to mission/ministry thinkers, provide a commodity to a congregation with the church being the site for delivery of health promotion and wellness programs. Those of us for whom congregational care is a central focus are saddened to see parish nursing “taken over” by more secular interests to become just one more professional specialty anchored in university schools of nursing science and public health science.

There is much tension today about parish nursing. Faith-based and non-faith-based healthcare institutions are involved in parish nursing or congregational health programs. Hospital administrators consider all such programs “community outreach.” In the late '90s such programs are common for healthcare systems since they produce good public relations and, through health education and awareness programming, can contribute to reduction of managed-care costs at the same time. Some healthcare systems even laud a community tithe in the form of congregational health programs.⁴

A question must be asked as congregations and systems of healthcare come together: Where do secular disciplines of nursing and public health, through agency regulations and analysis of health issues, fit in the choices that communities of faith will make with the assets of their congregations?

Three models are presented in hopes of creating a clearer vision of parish nursing programs.⁵ With a clearer lens, persons in church leadership can make informed and wise decisions about the type of health program which best compliments the mission of their congregation. Each of the models represents a different philosophy and has specific underlying assumptions. It is not the purpose of this response to detail the role of the nurse in each model.

1. Mission/Ministry Models. In mission/ministry models the nurse can be volunteer or paid staff on the ministry team of the congregation. Persons

are served by a nurse, inside their own congregation, who is called to congregational care ministry. The focus is not on the role of the nurse but on persons served. The mission/ministry model relates that, in answering the call to be a steward of the faith, one finds purpose and meaning in rendering lay or professional ministry, either paid or unpaid, on behalf of their faith. Faith formation is at the core of congregations and it is within faith formation that one comes to understand the integration of faith and health.

The integration of faith and health is about becoming equipped with a capacity to endure the onslaughts of life—the spiritual, emotional, behavioral, and psychological ups and downs. Enduring the onslaughts of life is learned in the techniques of suffering, otherwise known as living the life of biblical discipleship. Biblical discipleship is learned in the formation of faith as we respond to the call to become a child of God, our salvation. Secondly, after becoming a child of God we must respond to the call to become a disciple of God and to make him Lord of our life. Real meaning and purpose come when we respond to a third call, to become a steward of the faith. When we miss the first call we live in lost-ness. Missing the second call plays out as we endure the consequences of bad decisions. When we do not become a steward of the faith, we will always be searching for meaning and purpose. Suffering is felt in many forms when we live without meaning and purpose. Our purpose for living must be big enough to prepare us for dying (Phil. 1:21).

As the nurses practicing from this model are personally finding meaning and purpose in the ministry of congregational care, they come together in worship and prayer with the persons to whom they minister. In Christian solidarity and parishioner-focused care, the nurses find and can share the healing ministry of Jesus in the congregation where God's word is proclaimed, sins are confessed and forgiven, and the sacraments are practiced in fellowship with Christians.

2. Marketplace Models. Marketplace models are usually connected in some way to healthcare systems, operating through home health, case management, community outreach, or other departments within a health system. Marketplace programs are driven by economic values and offer a commodity to a congregation. Sometimes they are a marketing or public relations tool. Positions are paid. The nurse may or may not be a member of the congregation. The church building becomes the site for delivery of health services. The term “parish nurse” is inappropriate here because efforts are not on behalf of the church. The efforts in some way contribute to the bottom line of a healthcare system. Marketplace models can offer inreach programs for church members or outreach to underserved geographic neighbors of the sponsoring congregation.

3. Access Models. Access models are driven by community development theories of advocacy, poverty, justice, and empowerment and are often tied to philosophies of public health science and community health believing in equal access to healthcare. Access models are political in nature, based on

equal access for all resources, and aiming to realign existing resources. Positions are paid or unpaid. Many endowments and funding agencies will give grant monies to start up parish nurse programs that improve access for the underserved. Often access programs are part of community coalitions. Faith can be expressed through access models as some will offer programs to instill hope.

Conclusion

Many programs exist as blends of the above models and all three models contribute to redefining health. All are usually classified by healthcare systems as some form of community outreach. In the managed care marketplace, prevention of illness holds the key for improving the bottom line of healthcare systems and churches are a venue. Parish nursing as a sub-specialty of a secular discipline continues to emerge as a grass-roots movement; however, holistic congregational care has been central to the Christian church since its inception.

Even though mission/ministry models are less popular when compared to marketplace models, it is the mission/ministry model that can best respond to the existential illnesses and the postmodern paradigm into which current day society has shifted. Society has redefined parish nursing from its original Westburg model. The “road less taken” is indeed the biblically based, disciplined life and the desired journey for those seeking to integrate faith and health. Identifying the operating philosophy behind various parish nursing models can help congregational leaders make decisions for a model congruent with their ministry goals. 

NOTES

- ¹ G. Westburg, “A Historical Perspective: Wholistic Health and the Parish Nurse,” in *Parish Nursing: The Developing Practice*, eds. A. Sloari-Twadell, A.M. Djupe, and M.A. McDermott (Park Ridge, Ill.: The National Parish Nurse Resource Center, 1990).
- ² I.S. Morgan and G.W. Marsh, “Historic and Future Health Promotion Contexts for Nursing,” *Image: The Journal of Nursing Scholarship* 30, no. 4 (1998): 379-383.
- ³ M. Becker, “A Medical Sociologist Looks at Health Promotion,” *Journal of Health and Social Behavior* 34, no. 3 (1993): 1-6; G. Gunderson, “Playing to Our Strengths: Religious Hospitals and the Future of Community Health,” in *Faith and Health* (Atlanta: The Carter Center, 1995): 4-5; J. McGinnis and P. Lee, “Healthy People 2000 at Mid Decade,” *Journal of the American Medical Association* 273, no. 14 (1995): 1123-1129.
- ⁴ L.R. Kaiser, “Creating Healthier Communities: The Role of the Church,” presentation at Eighth Annual Health Ministries Conference, (Colorado Springs, Col. 1997).
- ⁵ S.D. Smith, “Closing the Gap,” *Journal of Christian Nursing* (1999).

THE SPIRIT OF THE LORD IS UPON US JESUS’ HEALING MINISTRY FOR THE CHURCH TODAY

BARBARA W. CARMICHAEL

When Jesus began his ministry in Galilee he opened the scroll of Isaiah in the synagogue and read the following words:

“The spirit of the Lord is upon me, because he has anointed me
to bring good news to the poor,
to bind up the wounds of the brokenhearted.
He has sent me to proclaim release to the captives
and recovery of sight to the blind,
to let the oppressed go free,
to proclaim the year of the Lord’s favor.”

—Isaiah 61:1, Luke 4:18

Upon finishing his reading, Jesus sat down and boldly proclaimed, “Today this Scripture has been fulfilled in your hearing.” In that moment Jesus clearly defined his mission on earth for all those who would hear. And in that same moment he also defined the mission of all those who would follow after him as faithful disciples ministering in his holy name.

Down through the centuries the church has been engaged in an approach-avoidance conflict as it has attempted to embrace this mission for its life and ministry. There is a boldness about this charge that can bring fear to the faint-hearted and doubt to even the most faithful of believers. Do we

Barbara Carmichael served as associate pastor of Clear Lake Presbyterian Church, Houston, Texas, for fifteen years and as director of Shalom Ministries for Healing and Wholeness for the last three-and-a-half years. She has just accepted a call as pastor of First Presbyterian Church, Fond du Lac, Wisconsin. Carmichael received her M.Div. from McCormick Theological Seminary and her Certificate in the Art of Spiritual Direction from San Francisco Theological Seminary, where she is now completing work on her D.Min. with a focus in spirituality.

dare step into the "sandals" of Christ and claim his ministry as our own?

This is the story of one church who found the courage to step into the call that Christ placed upon its heart to become a place of healing for the poor, the oppressed, the broken-hearted, the sick, the wounded, and those held captive by various forces operating in the world. It has been both my privilege and my joy to be a witness to God's miracle work in raising up Jesus' healing ministry in the life of Clear Lake Presbyterian Church, Houston, Texas. It is with great excitement that I recognize that this is only one story among many that could be told about what God is doing in the church today to move us into our mission, into Christ's mission, with new energy and power. May God be glorified and may God's people be inspired as these stories are told around the world.

THE CALL

It all began with a small band of believers who were given a vision for a center for healing and wholeness that was to rise up out of Clear Lake Presbyterian's compassionate heart for ministry. Several people, including me, were drawn into the vision through powerful experiences of healing in our personal lives. It seemed as though Jesus was walking in our midst quietly touching those he was calling into leadership for the exciting journey that lay ahead. My healing came at a conference that I attended with two other people from our congregation. It was a healing conference that at first raised all kinds of discomfort in me. The theological presentations were disquieting and the style of ministry being offered was completely foreign to my "traditional Presbyterian" spirit. My gut instinct was to want to run away, but the Lord would not let me. He held me there until I yielded to the work he wanted to do in me. As I watched what was happening at one of the evening healing services, my resistance began to melt away. Much to my surprise I found myself going forward to ask for a healing of the arthritis that was beginning to take over in my hands. The prayer offered was very short, but when finished, the man who was praying for me looked up with absolute joy in his face and said, "Feel your hands. It's gone!"

I did not feel anything in that moment but when I went back up to my hotel room I was kept awake all night by the power of the living God surging through me in waves. It was unlike anything I had ever experienced before. By morning I knew that my arthritis, along with all the emotions that are attached to that disease, was healed. I have had no problems with the disease since, no more swelling or stiffness in my hands or anywhere else in my body. With that experience came my call into Jesus' healing ministry along with the gifts and the "anointing" that would enable me to lead others fully into the vision that God had for Clear Lake Presbyterian Church.

Needless to say when I got back home I was not sure what to do with my "experience." The integration process took awhile but finally I was able to issue a call to others in the congregation through a sermon one Sunday

morning. I invited anyone who wanted to study and learn more about Jesus' healing ministry to join me in trying to discern what this call for Clear Lake Presbyterian was really all about. Twelve people responded, and that group, along with others God called to join in along the way, formed the nucleus for the leadership that brought Shalom Ministries for Healing and Wholeness into being seven years later. The ministry has been in existence now for three-and-a-half years occupying dedicated space in the Church Life Center. It provides vital ministry for the poor and oppressed, for the wounded and the brokenhearted in the Clear Lake area and beyond. It gives expression to Christ's mission in ways far beyond anything we ever dreamed possible, giving bountiful blessings to both the congregation and the surrounding community.

THE VISION

From its inception, the vision for a healing and wholeness center at Clear Lake Presbyterian involved bringing all the healing disciplines together to minister Christ's love and healing through the auspices of the church. It has long been known that there is a deep connection between spiritual, emotional, and physical healing. There are very few places people can go today to receive healing for their "whole" person. To that end Shalom Ministries has established a ministry that integrates healing prayer with professional counseling, spiritual direction, and parish nursing. Trained healing prayer ministers work with professional, licensed counselors, certified spiritual directors, and volunteer registered nurses to bring comprehensive care to the suffering and wounded who walk through our doors seeking healing and wholeness for their lives. Regular healing services on Sunday nights and Wednesdays at noon provide loving prayer support and a sense of community for those who come.

Shalom Ministries is based on the knowledge and the experience that God is love, that God desires to bring healing and wholeness into our lives, and that God wants to draw us all into a deep and personal relationship. Shalom expresses the peace of Christ in all dimensions of its ministry, believing that people need a safe and secure place where they can be lovingly held while healing takes place. Prayer is the foundation for everything that Shalom is and everything that Shalom does, trusting in the Holy Spirit to lead and to give discernment for what God desires to do in the lives of the people who come.

THE CHALLENGES

Living into Christ's healing ministry in the life of any particular congregation presents many challenges. First there is the biblical, theological, and spiritual grounding. What do we really believe and know about Jesus' healing ministry? Does God still heal today through prayer as well as through

medicine, counseling, and other healing means? Does the Holy Spirit still release gifts for the empowerment of Christ's ministry through the church into the world? A thorough study and dialogue need to take place before a congregation is ready to move ahead and fully embrace its call.

Then there is the challenge of breaking through the resistance that has built up over the years in people's hearts from exposure to healing ministries which have operated in a style that has completely "turned them off." We learned early on that God can use any style of ministry to bring healing into people's lives, and that there is probably a particular style that is both appropriate and comfortable for each congregation. The challenge is to identify that style and use it to the glory of God. There are no formulas when it comes to Jesus' healing ministry, but rather a deep mystery and joy surrounding the discovery of how Christ chooses to work in the lives of particular individuals and particular congregations.

Another challenge is developing the resources necessary to sustain the ministry; human resources, financial resources, and training resources. God will call the people with the gifts needed but those people must be trained and well supported if the ministry is to be effective. Our call at Clear Lake was to integrate healing prayer with top-notch professional counseling which meant gathering a team of therapists who had training and experience in healing prayer as well as deep spiritual connections with Christ. It also meant establishing a fifty-hour training course in healing prayer for lay people who would then work in teams with the therapists, spiritual directors, and nurses to pray for spiritual, emotional, and physical healing in the people who came for ministry. Those teams would be present to offer ministry during the healing services. Because our call included ministering to all who asked for help regardless of their financial resources, we also had to develop a financial base that would support the salaries of our professionals while they gave counseling to the poor and oppressed who came through our doors. Thanks to the generosity of many donors in the congregation, the support of the leadership in dedicating budget money, an all-out effort to raise money in the community, and the securing of some grant money, the ministry has been able to grow and remain financially viable in the face of tremendous needs in our community.

One more challenge that comes with establishing a healing ministry is building the foundation, within the congregation and within the community, that will lead to a feeling of ownership on all parts. It is important that Christ's healing ministry be at the center of the church's mission rather than out on the fringe someplace. That means developing an educational process and a prayer base that will eventually lead to broad support among the people. We developed a process that went first from a small task-force study, which focused the vision and defined the mission, to the leadership bodies in the congregation and in the community, which further shaped and expanded the vision (leading our session to give formal approval). Then the vision was

taken to the larger congregation where open forums were held to offer opportunities for dialogue. Finally there was a vote taken by the whole congregation to proceed with the building of the center and the establishment of Shalom Ministries for Healing and Wholeness. That whole process required constant prayer and discernment and took more than two years to complete. After three-and-a-half years of ministry Shalom's foundation building is still not over. There is a constant need to expand the effort to tell the story of what God is doing through the ministry so that the support will continue to grow and those who need the ministry will have the courage to come, to reach out and touch the hem of Jesus' garment.

THE RESULTS

Prayer really does work! What God is doing through Shalom Ministries for Healing and Wholeness testifies to that truth on a daily basis. People who had given up hope of ever being healed physically, emotionally, or spiritually have been set free of their afflictions through the Christ-centered, integrated approach of Shalom. The gratitude of those receiving Christ's ministry is overwhelming:

"Thank you for saving my life!"

"Thank you for loving me and accepting me just the way I am!"

"Thank you for introducing me to Jesus, for giving me hope once again."

Depressions that have held people in bondage for years are being dissipated. Illnesses are being cured. Incapacitating emotional wounds of the past are being healed. Spiritual oppressions are being lifted. The lost are being found and reconnected to the heart of God, all through the power and love of the great healer himself, Jesus, the Christ.

One of the surprises that has come with Shalom is the exciting mission focus the ministry has brought to the Clear Lake congregation. Fully eighty percent of the people coming for ministry are not members of the congregation. People are coming from many different churches, many different denominations, some with no church affiliation at all, to receive healing. We are finding that Jesus' healing ministry is leading the way in breaking down barriers between churches and denominations. Our healing services are very ecumenical in nature with people coming from many other churches to participate, all with the blessing of the leadership in those churches.

Because God is blessing the ministry in so many different ways, Shalom is becoming a training center for others who want to learn this integrated approach to Christ's healing. Healing prayer ministry training is now offered to people from various denominations, who then take their training back to their own churches to begin healing ministries there. Counseling internships are being offered for those who want to learn how to integrate healing prayer into their therapy. In the future it is also hoped that Shalom will become a training center for spiritual directors and for parish nurses.

THE PROMISE

As stories like this unfold there is no doubt that God is at work in a mighty way in the church around the world, resurrecting Jesus' healing ministry to bring new hope to all God's people. Every congregation is being called to embrace Jesus' healing mission in one way or another as an expression of God's tender love and desire for relationship. The challenge, and the joy, is to discover what form and shape that mission is to take in and through the life of a particular congregation. The first step in embracing Jesus' healing ministry is to listen—to listen to the call that is being given to your congregation which more likely than not will be different from the call that is being given to the church down the street. God is creating various expressions of Jesus' healing ministry which are then being connected at the heart, giving birth to a new sense of energy, renewal, and unity in the church. Once your particular call is heard, the next step is to live into that call with boldness and with confidence. So often we choose not to step out in faith because we are afraid that we will fail. What if we pray for healing for someone and nothing happens? Jesus' healing ministry is built on faith and given in love. He is the healer, not us. We don't always know what the results will be, but if we are faithful in our prayer for one another, Christ's love will be manifested, and we will be drawn closer to him. The deepest healing of all is the love relationship we have with Jesus Christ. When that is secure, nothing else really matters. In that love relationship Christ's power is released to bring salvation, healing, and wholeness, to bring Shalom to this broken world of ours.

So do not be afraid to embrace Christ's healing mission. The spirit of the Lord is upon you because you are being anointed to bring good news to the poor, to bind up the wounds of the brokenhearted, to bring recovery of sight to the blind, and to set the captives free. What a glorious day this is for Christ's church and for the suffering people in this world of ours. There is hope and there is cause for celebration for the Lord is at work saving his people. Hallelujah!

BOOK REVIEWS



BEING THERE: CULTURE AND FORMATION IN TWO THEOLOGICAL SCHOOLS, Jackson W. Carroll, Barbara G. Wheeler, Daniel O. Aleshire and Penny Long Marler. New York: Oxford University

Press, 1997, 299 pages, \$35. *Reviewed by C. Ellis Nelson, research professor in Christian education, Austin Seminary.*

This book reports on a study which concentrates on the culture of two theological seminaries, assessing the significance and durability of seminary culture on students.

With the help of well-informed seminary leaders, two schools were selected for study. One was typical of evangelical theological seminaries (ETS), the other represented mainstream theological seminaries (MTS). The researchers spent thirty days a year in each school for three years, using the ethnographic method of research. They sampled almost every aspect of the school's life: classes, faculty meetings, retreats, chapel, dining hall, and they lived in the dormitories. They also visited churches where students were working under supervision, read bulletin boards, and interviewed students, professors, and administrators.

The reports on the two schools read like case studies. Detailed information is provided to describe and define each school. Data from the two schools are used to understand "the role of [the school's] culture in the formation process." The purpose was to provide theological education with a clearer understanding of how the culture of a school affects students in order to use culture more effectively as a part of seminary education.

The account of ETS reveals a school where "mild generic Reformed" theology describes the mentality of most but not all the faculty. All professors, however, affirm the inerrancy of the Bible, and much of the conversation between

students and the questions asked in classes are efforts to find definitive guidance from the Bible. Within the limits of the seminary's official creedal statement, faculty members openly disagree with each other on theology and ecclesiology. Moreover, the professor who leads the course on "Modern Theology" invited John Cobb, Harvey Cox, and James Cone to present and defend their theology.

Students often debate issues related to infant baptism, speaking in tongues, pornography, abortion, the gender of God, ordination of women, the role of evangelism in the church, dispensationalism, the second coming of Christ, Armenianism vs. Calvinism, and related topics. Although the chapter on students indicates a wide variety of views on social and political issues, they respect the authority of the Bible and they have a strong sense of God's presence in their life.

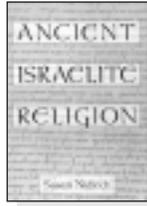
The MTS has a woman dean who, after welcoming new students during orientation, explained the school's policy concerning the use of inclusive language. Later, after the showing of a film about the treatment of South American indigenous people by missionaries and governmental officers, she asked, "What do we mean by Christianity?" In a required course for first-year students she encouraged them to define and support their theology. Toward the end of the class she "concludes that personal contexts both shape and reflect a person's theology." Faculty members are respected as teachers and as guides for understanding the denomination in which they expect to serve. The professors, however, are concerned about the lack of faculty collegiality due in part to their office locations and their schedule of activities related to denominational expectations. The curriculum includes courses on wholeness, healing, evangelism, and spirituality. The Evangelical Association has invited Carl F. H. Henry, Matthew Lincoln, and other evangelical leaders to lead discussions from their theological perspective.

The teaching method used by many professors is that of lecture plus guided discussion of relevant issues. In addition, students identify and discuss issues in the student newspaper and during the annual on-campus retreat. During the three-year study the following topics engaged the students and faculty: suicide (a student had taken her own life), art (the result of an art exhibition on campus), God's gender (a professor used a hymn he had written which referred to God in masculine terms), abuse within society and the seminary (sexual and child abuse, domestic violence), issues related to Asians, orthodoxy and feminism, racism, ageism, peace, and insensitivity to disabled people.

The concluding chapters compare and contrast the two schools. The comparison includes observations such as most of the students in each school have been through personal struggle, both schools model fairly well the theology they teach, the majority of students is influenced by the school they attend—especially by the professors. The contrast includes the lack of interest in denominations at ETS compared to the concern for the spiritual vitality of the denomination at MTS; at ETS no course uses art, music, or drama as a part of instruction whereas many courses at MTS do; students at ETS hold on to their personal religious lifestyle longer than students at MTS; and students at ETS are urged to get their theology right while the professors at MTS encourage students to clarify their theology.

Judgments about the durability of the school's culture on students are stated tentatively. This research "sheds little light on the lasting effects of professional education [because it did not] follow students beyond graduation." The authors believe, however, that students are shaped by the "normative orientation" the schools provide and that the students will adapt this orientation to the congregations they serve as pastors.

ANCIENT ISRAELITE RELIGION, Susan Niditch. New York: Oxford University Press, 1997, 146 pages, \$25. *Reviewed by Kathryn L. Roberts, assistant professor of Old Testament, Austin Seminary.*



Susan Niditch's hope is "that her readers will 'be able not only to identify with the ancient Israelites but also to distance' themselves from their 'own tradition's understanding of them' (119) in order

to appreciate them and their religion better. Acknowledging the discontinuity that comes from studying a culture as removed by time and place as is the first millennium B.C.E., she strives to bridge that gap and find in the religious practices of ancient Israel commonalities with our own religious expression. Her efforts are realized, and not because she dodges the difficult questions.

Ancient Israelite Religion is structured according to categories suggested by comparative religions writer Ninian Smart in *Worldviews: Cross-Cultural Explorations of Human Beliefs* (New York: Scribner, 1983), whose "dimensions"—the experiential, the mythical, the ritual, and the ethical—typify for Niditch the religious world view. Niditch treats each of these dimensions separately. Recognizing that these categories necessarily "break down and overlap" (7), Niditch is careful not to create rigid boundaries around these dimensions, illustrating their commonalities and interrelatedness.

Niditch begins by drawing a careful distinction between the biblical Israel, and the picture it presents of its religion, and a social history of the Israelites as reconstructed from epigraphic and archaeological sources. She divides the history of Israel into three periods: (1) the pre-monarchic, tribal period (pre-tenth century B.C.E.), characterized by small, autonomous settlements in the central hill country, structured around family and clan and headed by a

patriarch; (2) the monarchical period, (tenth-sixth centuries B.C.E.), northern and southern monarchies the results of whose rule is typified by developing stratified class structures, increasingly urban and educated; and (3) the post-monarchic period (after 722 and 586 B.C.E.), characterized by loss of prestige, national autonomy, and religious and economic freedom. For the remainder of the book she moves between biblical Israel and the Israelites, attempting to draw out these varied cultures with their underlying social, political, and religious demands. While she attempts to place the sources within a historical context, the author does not rigidly hold to a particular era in order to make her argument work. The presupposition that the biblical text originates in a male-centered, patriarchal ethos arouses her suspicions and skepticism about the text, but does not negate its value.

Niditch identifies the "pan-Israelite conditions and beliefs" (120) as the importance of the agricultural lifestyle, kinship ties, and allegiance to the particular god Yahweh, who is believed to be creator, savior, warrior, and suzerain of Israel's exclusive covenant relationship. Also central to understanding ancient Israelite religion is "the importance of ongoing mediation and communication between God and Israel expressed in various experiential genres, actualized in various forms of Israelite ritual and myth, and made possible by adherence to ethical demands believed to originate from God himself" (120). Within even these general areas of agreement are numerous and varied voices that emerge from the text, testifying to the rich tapestry that was the religion of ancient Israel.

Chaos and order emerge in each of the four dimensions and it is these categories which provide a valuable link between Niditch's dimensions. Religious experiences of the Deity, such as covenant-making with men and annunciations to women, are derived from the ideal of God as king enthroned over a heavenly council. This theological

affirmation of the divine king is derived from the reality-naming myths of Yahweh as creator and sustainer of the world. In this view of creation Yahweh God speaks and brings about order out of chaos, maintaining a habitable world through the ongoing process of stabilization. Thus the necessity of order is foundational for understanding not only Israel's religious experience, but also its ethical and moral structure.

Illustrative of Niditch's efforts to bridge the gap between an ancient and alien culture and contemporary readers of these texts is the chapter on ritual. Here she lays side by side the Passover celebration (Exod. 12), the ritual of communal atonement (Lev. 16), the ritual test for a wife's adultery (Num. 5), and a rite of passage for young women (Judg. 11). The thread that pulls these disparate ceremonies together is the necessity of re-establishing social order. Passover is not merely a celebration of deliverance from slavery, but even more significant, an acknowledgment within the family and clan of the creation of Israel as a set-apart people. Unlike Passover, which requires no priest or monitoring religious establishment, the rite of universal atonement requires cultic personnel and liturgy. Two goats are presented to the high priest at the ceremonial. Chosen by lot, one is sacrificed to the Deity, the other is sent out into the wilderness, symbolically carrying on it sins of the entire community. The rite not only removes the community's sin, but in the process also re-establishes social equilibrium and restores societal order. Blood and sacrifice are foundational for these rituals.

Two rites involving women highlight their place in the social order and the reality of their existence. In the first a jealous husband, suspicious without proof, is able to accuse his wife of adultery and bring her publicly before the community and the priest for trial. The test of the veracity of her oath and marital faithfulness is her ability to drink the "water of bitterness," a concoction of dirt and ink and water, without suffering

any obvious affects to her reproductive system. If she is able to maintain her equilibrium in this public hazing, she is free to return home with her accuser. Niditch takes the story of Jephthah's ill-conceived sacrifice of his own daughter following a rash and foolish vow and from it extrapolates a ceremony in which young girls are allowed to "mourn" the transition from the household of their fathers to the household of their husbands. Jephthah's daughter goes away for two months to "cry over her virginity," symbolizing for young women the death of one life and the beginning of another, both under the authority of men and outside of her control. It is the social world of men and the place of women that is being maintained here. Women are allowed briefly to mourn their existence, but not to change it. The rites are the means of reinforcing the underlying order of the world.

This is a deceptively small book—only 121 pages of text, excluding a time line, an appendix with questions for further study, maps, bibliography, index of biblical citations, and a general index. The author has made every word and sentence count. In addition, each chapter is supplemented with helpful suggested readings for those wishing to further pursue the topic. Because of its format *Ancient Israelite Religion* can be appreciated and apprehended by religion specialists and novices alike. This is a valuable resource for pastors, teachers, small groups, and students of the Bible of any proficiency.

BY THE RENEWING OF YOUR MINDS: THE PASTORAL FUNCTION OF CHRISTIAN DOCTRINE, Ellen T. Charry. New York: Oxford University Press, 1997, 263 pages, \$45. *Reviewed by Cynthia Rigby, assistant professor of theology, Austin Seminary.*



Doctrines shape who we are as human beings," asserts Ellen Charry, as we discuss her book. "They shape

what our responsibilities are and what we do as parents, as teachers, as ministers, as bank tellers, as whoever we are in our particular identities."

Because she believes that attentiveness to Christian doctrine is the basis of spiritual formation, Charry devotes this book to examining the doctrinal work of several pivotal theologians, explaining how each contributes to the shaping of Christian virtue. Charry believes, following Rom. 12:2, that "renewing our minds" through the study of Christian doctrine will lead to transformation of our lives. For Charry, then, "knowing God" and "loving God" cannot be separated. Coming to know God with our minds will contribute to our deepening love for God, even as our love for God will compel us to seek ever-deeper knowledge of God. To know God in a way that includes both having information about God and being joined emotionally to God is to have, according to Charry, "sapiential knowledge." Such knowledge undergirds the virtue-shaping process, which Charry refers to throughout the book as "artegenics."

Before engaging the voices of theologians who serve as our models and teachers in the sapiential journey, Charry prepares us for how we can best benefit from them. First, she introduces us to "The Art of Christian Excellence," an art that encourages us to "practice becoming good" in the context of "knowing goodness." The classic theologians "based their understanding of human excellence on knowing and loving God," Charry explains, noting that such relationship to God "brings proper human dignity and flourishing." In the early church, Paul worked to establish communities of discipleship in which the first believers, through the work of the Holy Spirit, yearned to participate more deeply in their identities as those baptized into the body of Jesus Christ (ch. 2). The Sermon on the Mount, according to Charry's reading, draws

Christian believers to a higher standard of purity and righteousness than can be achieved through adherence to a certain set of rules or laws (ch. 3).

After reminding us of the impossible standards of Christian life, Charry introduces seven theologians who serve us as models: Athanasius (ch. 4), Basil (ch. 5), Augustine (ch. 6), Anselm (ch. 7), Aquinas and Julian of Norwich (ch. 8), and Calvin (ch. 9). In each of these chapters, Charry does an exceptional job of setting the historical context of the figures. She then invites us into an intricate diorama of the figure's theology, concentrating on the doctrinal position that most concerned the figure and why, from the standpoint of spiritual formation. For example, one reason why Athanasius insisted on the homoousious (i.e., that the Son is the "same substance" as the Father) was because the union between Father and Son informs what it means for us to live in unity with one another as members of the Christian community. Similarly, Augustine goes to great lengths to develop the doctrine of the Trinity because he believes that reflecting on the divine life of God facilitates our dwelling in the being of God, rather than just "reaping the benefits of the Incarnation." Finally, in identifying the human problem of failure to worship God as total depravity, Calvin is not aiming to inspire guilt or self-punishment. Rather, he is concerned with convincing us of our inevitable failings so that we might not rely on ourselves, but might turn to God and find relief.

In a concluding chapter, Charry reminds us of our context: still controlled by modern epistemology, we understand "truth" to be about "facts" rather than as "beauty and goodness." She urges us to remember that the point of theology is not only to describe the world, but to "take a position on what an excellent life looks like." And to take a position, she strongly implies, is to engage in the tough work of artegenics. The final pages of the book offer us a

sensitive but challenging nudge toward entering into sapiential life. "Any door" will do, Charry reassures us, but we are called to choose one, to lay claim to our identity as baptized Christian believers, to behave in ways consistent with our calling, to be—indeed—transformed.

Charry's concerns are shared by many pastors today. What is the practical application of Christian doctrine? How do we engage in the work of spiritual discipline without divorcing "heart knowledge" from "head knowledge"? Charry well articulates the Christian calling to pursue deepened relationship with God, describing how heart and mind work together and offering mentors from the great cloud of witnesses to instruct and guide us along the way.

By the Renewing of Your Minds would serve as an excellent resource for study in pastors' support groups, at lay leaders' retreats, and in more advanced adult Christian education classes. Readers drawn to Charry's subject matter might initially be put off by her technical language. A glossary of terms—including Charry's oft-used "artegenic" and "sapiential"—would be a welcome improvement to the next edition. Charry agrees that it would also be helpful to develop a list of study-guide questions. For now, the recommendation is that groups work through the book chapter by chapter, studying the content of each chapter in relation to the questions: "How does (e.g. Athanasius') understanding of the (e.g. relationship of the Father to the Son) apply in our particular context? How does it help us understand the love of God in Christ and our participation in it? What responsibilities do we have that follow from this understanding of our Christian identity?" If Charry is right, engaging such questions will lead us not only to understand her book, but to know God.



DARK BLESSINGS: AGING IN THE AGE OF YOUTH

MICHAEL JINKINS

*“Cast me not away in the time of age;
forsake me not when my strength faileth me.”*

—Psalm 71:8

Thomas Lynch, in his fascinating and frequently amusing literary tour of death, loss, and our common humanity, writes: “Those parsons and pastors who are most successful—those who have learned to ‘minister’—are those who allow their faithful flocks to grieve like humans while believing like Jews or Christians or Muslims or Buddhists or variants of these compatible themes. They affirm the need to weep and dance, to blaspheme

Michael Jenkins is associate professor of pastoral theology and director of Supervised Practice of Ministry at Austin Seminary. He received the D.Min. from Austin Seminary and the Ph.D. in systematic and historical theology from King’s College at Aberdeen University. His most recent book is The Character of Leadership (Jossey-Bass, 1998).

and embrace the tenets of our faiths, to upbraid our gods and to thank them.”¹ Pastors who have learned to minister “successfully” do indeed practice the art of living and believing in such a way that their congregants are given permission and liberated to weep, dance, curse, and bless our most precious beliefs, to complain and hallow the name of God.

My thoughts have recently been turned to the fullness of this pastoral task reflecting on the last year of my grandmother’s life as she slowly wasted away in a nursing home. Anyone who has ever faced the terrible decision to place a loved one in a nursing home knows the weeping, the cursing, and complaining side of life, and any pastor who has lived through this dilemma with families knows the pain this decision brings. My grandmother was in and out of nursing homes several times during her final years. Each time she went into the nursing home—usually after a stay in the hospital—she knew she would be going home soon. She would count the days until the doctor released her. My parents and her friends would come to visit her at the rest home, bringing mail and flowers. As soon as she had recovered enough to care for herself she departed, however, grateful the rest home had been there for her and even more grateful she could leave it. Each time she went into “the home,” she knew she would eventually go home.

Each time, that is, until the last time. It was during the summer that we admitted her the last time, knowing that she would never go home again. And so began the thrice daily visits from my parents, the long nights, the pain, the rounds of medication, the confusion and frustration and grief, the brooding sense of the inevitable, of death. Her family gathered ’round her during this time and was with her at the end, and she was fortunate in that—she knew herself to be profoundly fortunate in that—because she saw so many others in the home who had no families, or who never saw their families.

We knew these months were hard on her. We knew this. But I don’t think I knew how hard these months were until after her death when I read her journal. She gave the journal to my daughter, Jessica, a few weeks before she died. Jessica had been the first person to talk frankly to her about dying. The rest of the family was too frightened, too timid to do this. Jessica invited me to read my grandmother’s journal. It contained news clippings about our family, wedding pictures and birth notices she had saved for fifty years, as well as an entire page of news clippings about the death of John Wayne (we never even knew she liked him). The journal also contained poems that she had read and written. The most poignant of these related her frustration about not being able to remember. She had written the poem not long before her death. She felt imprisoned, she wrote, alienated, not only from her home, her garden, her neighborhood—all of which she missed so much—but from herself, that collection of memories that constitutes who we are and who we love.

As a pastor I have spent a fair portion of my life visiting in rest homes. Until my grandmother’s final stay, I think I had taken for granted the one aspect of my visits which those who live there cannot enjoy. I could leave

when I wanted to. They cannot. That which we as families provide in love feels sometimes like incarceration to those we love.

Several years ago, when I served as pastoral assistant in a large Scottish parish, along with my other responsibilities such as hospital and emergency visitations, I was given the assignment to visit monthly all our members in rest homes. I was given an additional assignment too: each week I was to visit David Cairns, the retired professor of practical theology at Christ College, who then lived in a large ward in a nursing home on the west side of Aberdeen. Professor Cairns, at eighty, retained a startlingly clear and incisive mind. He read everything from John Julius Norwich's three volume study of Byzantium to A.N. Wilson's essays and biographies. I recall walking into his ward one day to find him racing through a new German treatise on ontological philosophy which he insisted I read also and be prepared to discuss at our next visit. I did not race through it but I prepared as thoroughly for his examination as possible. He had taken up watercolor in his retirement, and this remained his escape—and escape is the right word. He would sit for hours in the westerly light of his rest home window painting. Looking up from his latest painting he would look at me and ask, "Why has God chosen to leave me here like this? My mind is still questioning, thinking, restless, trapped, my body worn out. What divine purpose can this possibly serve?"

I never did provide an answer to Professor Cairns's questions. I'm not sure anyone could. My supervisor in Clinical Pastoral Education used to say that one of the primary responsibilities of the pastor is to discern whether a situation is a problem or a predicament. A problem has a solution. A predicament doesn't. Clearly Professor Cairns was caught in a predicament which his questions only serve to accentuate.

Recently something has struck me about the whole anguished business of nursing homes, and it is a reflection with which I am personally very uncomfortable, though I think it bears contemplation. Michel Foucault, in his brilliant (and irritating) study, *Madness and Civilization: A History of Insanity in the Age of Reason*, traces the advent and development of lunatic asylums (as these institutions of confinement were once called) or psychiatric hospitals as we more recently name them. He notes that while the mad once lived among us, the age of Enlightenment removed the insane from the ordinary commerce of our communities. In part, he believes this was because of the peculiar way madness reminds the sane of death. He writes, "Madness is the déjà-là of death."² The zeitgeist of the age of reason wished to believe it could resist or evade death by use of human intellect; yet here among us, the sane, were those who represented a surrender to irrationality; in our company walked the threat of death to the triumphant mind. Indeed, madness became the ultimate capital crime against the enlightenment, a crime punishable by exile from the community and by incarceration.

To extend Foucault's metaphor: If madness was the crime against the age of reason, the punishment for which was exile and imprisonment, what is the

crime against a culture that worships youth and youth-inspired models of beauty? And what is the punishment?

This is not fair, of course, and I feel insensitive raising the question at all. We should not blame ourselves or one another for attempting to provide the best institutional healthcare we can for our aged parents and grandparents and other loved ones. We love them, and our placing them in nursing homes is an expression of our love for them. I know I would be angry if anyone said to me that we had imprisoned my grandmother because she was old and dying so that we could deny our own aging and death. We were simply trying to better provide for her needs. But it is ironic that until relatively recently the old were both more venerated and more fully integrated into our families and into our society.

Not long before her death my grandmother talked to me about her struggle to retain her dignity while becoming "helpless," as she put it, no longer able to contribute to her family, her church and society, dependent on others to provide the kinds of care that can humble, if not humiliate, us. I am reminded of what Ismael García says in his excellent study, *Dignidad*. He writes: "Within the family and the comunidad it is not the language of beneficence and utility, nor the language of law, rights, and contracts between free agents that makes moral sense, but the language of commitment, mutual dependence, care, love, and compassion that communicates what is morally required."³

Foucault is right about madness in the age of reason; and, perhaps, on the broad societal level there is a parallel between the institutionalization of the insane and that of the aged. Perhaps. But what is more significant on the immediate human level at which most of us live our lives is our response as persons, as families and family members, as church members and pastors, to the institutionalization of elderly persons.

There are times when a nursing home—with its unpleasant odors and mind-numbing boredom—is the best alternative families have. I know my grandmother and Professor Cairns and countless other elderly persons have endured seemingly endless days, weeks, months, years of institutionalization, and have found in the relentless regime of their nursing homes more to curse than to bless; and yet they recognized that their families lacked the expertise and the resources to provide for them in any other way.

I also know that moments of grace have occurred in nursing homes, and we can participate in those moments. Not long before my grandmother died we were sitting together one Saturday morning, talking quietly about that which, above all else, she loved in life—her family. It was a good day. Her long-term memory was sharp. She spoke of Debbie and our children, Jeremy and Jessica, of my late brother, Keith, of her husband, Corley, who died more than thirty years ago, of my parents and uncle who were keeping a long and faithful vigil by her side. She grew silent and thoughtful after a while. Turning slowing to look into my eyes, she said, "Oh honey, I don't want to go

through this dying. Do you know what I mean?" I said that I don't want to go through it either. She kissed me and together we sat there in silence. It was a dark moment of blessing, and I wouldn't take anything for it now.

It just may be that the ultimate witness our Christian faith can bear in the age of youth is to draw close to those persons who are older, to live with them, to sit beside them, to listen to them and not to chastise them for what they have forgotten and not to remind them that they have told us that story a dozen times before, to love them, and in covenant with them to face the death that is not the final word on our lives and love. Perhaps in so doing we can counter the spirit of an age that wishes to deny its mortality by ignoring the aged, and so we can reclaim our own aging and bless our dying. And perhaps we can lay claim again to the dark blessing we confront in the funeral service when we thank God "for the meaning that lies hidden in the heart of sorrow, disappointment, and grief; and for [God's] guiding hand along the way of our pilgrimage."⁴ It could be that in precisely this way we will redefine what it means to be, in Thomas Lynch's words, "successful" pastors and "successful" persons of faith. 📖

NOTES

¹ Thomas Lynch, *The Undertaking: Life Studies from the Dismal Trade* (London:Vintage, 1998), 91.

² Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, Richard Howard, tr. (New York: Vintage Books, 1988), 16.

³ Ismael García, *Dignidad: Ethics Through Hispanic Eyes* (Nashville: Abingdon Press, 1997), 44.

⁴ *The Book of Common Worship* (Philadelphia: The General Assembly of the Presbyterian Church in the United States of America, 1946), 210.

AUSTIN PRESBYTERIAN THEOLOGICAL SEMINARY

Robert M. Shelton, *President*

BOARD OF TRUSTEES

Jo E. "Jed" Shaw, Chair

Carolyn W. Beaird	John M. McCoy
Jay Dea Brownfield	Giles C. McCrary
Diane E. Buchanan	David G. McKechnie
James W. Bruce Jr.	Cervando Martinez Jr.
Peggy L. Clark	Stephen A. Matthews
Paul R. Debenport	James D. Miller
Bessie Lou Doelling	William C. Poe
Joe B. Donaho	Leila L. Power
Marvin C. Griffin	Sydney F. Reding
Judye G. Hartman	Max R. Sherman
Bruce G. Herlin	Carl V. Williams
George S. Heyer Jr.	Elizabeth C. Williams
James R. Hunt	Hugh H. Williamson III
Betty Lou Jeffrey	Louis H. Zbinden Jr.

Trustees Emeriti

Clarence N. Frierson, Weldon H. Smith, Robert B. Trull, Edward D. Vickery

AUSTIN PRESBYTERIAN THEOLOGICAL SEMINARY
100 East 27th Street
Austin, TX 78705-5797

<http://www.austinseminary.edu/>

Address Service Requested

Non-Profit
Organization
U.S. Postage
PAID
Austin, Texas
Permit No. 2473

Spring 1999