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## Healing: Going Beyond a Cure

I heard an unforgettable presentation not long ago at a conference on church-related hospitals. A missionary physician serving the Seminole Indians in Florida told a story about a boy who came to the clinic because he'd fallen off his bicycle and broken his ankle. The doctor set the ankle, put it in a cast, and sent the boy home, confident that he had done all that was needed for the boy to recover.

A few days later, Buffalo Jim, the tribe's medicine man and healer, encountered the doctor and asked about the boy. The doctor said, "I set the bone and the boy will recover just fine, Jim. No need for you to worry about him." But the medicine man, who did not seem convinced, replied gravely, "Setting the bone will not be enough to heal the broken ankle."

"What are you talking about?" the doctor asked, doing a quick mental inventory, trying to recall some test or procedure he might have overlooked in caring for the boy.

But Buffalo Jim wasn't interested in the doctor's skill at taking x-rays and setting bones. Instead he asked, "Do you know *why* the boy broke his ankle?"

"Of course," replied the doctor, confident he was back on solid ground. "He fell off his bicycle."

"That is *how* he broke his ankle, but not *why*," replied the medicine man. After a pause he said, "The boy broke his ankle because he had a fight with his mother, jumped on his bicycle, and rode away so furiously that he fell." Buffalo Jim looked the doctor in the eye and said without hesitation, "The ankle will not be healed until the boy and his mother are reconciled."

Buffalo Jim's prescription for healing may sound odd to a culture like ours, steeped in medical knowledge and with a near worship of science. After all, a broken bone is one thing; a spat between a mother and son is another thing altogether. Modern physicians are trained to set bones but not necessarily to repair a son's relationship with his mother. But Buffalo Jim never disputed the value of modern medicine. Of course setting the broken bone was the appropriate therapy, and he didn't question the doctor's ability to perform that task with skill. But the medicine man knew that a broken ankle was only part of the boy's problem—he also suffered from a broken relationship. Therefore, in the Seminoles' view, fixing the boy's broken bone was a necessary cure, but an insufficient *healing*.

Buffalo Jim's views on the limitations of modern medicine reveal a stark contrast between a scientific culture's beliefs concerning the causes and cures of disease and those of a nonscientific culture. Western medicine looks for the cause of disease, such as physical trauma, bacteria, or genetics, and prescribes a biological or physiological cure. But the Seminoles, and other like-minded cultures, see diseases, broken bones and wounds in a larger context where, for the purposes of our discussion, they become "illnesses." Removing shrapnel from a wounded soldier does not remove his battle-related nightmares. Providing medicines for a pneumonia patient may cure her disease, but her fear that it may leave her with permanent deficits is an illness that requires healing.

My 92-year-old father lives in a retirement community in Florida with his 88-year-old wife of more than 30 years. Several weeks ago he called and urged me and my wife Dolores to come down to see them. I knew that my stepmother had been growing weaker and had started using a walker, but I sensed that something else was wrong—my father had never summoned me like this before. Dolores and I prepared to leave for Florida, having arranged for my two brothers to meet us there a day later. But just as we were leaving, a nurse from my father's retirement community left a message on my cell phone that my father had had an "episode" that required a visit by EMTs and an overnight stay in the hospital for observation. Even more alarming, she told me my father had recently been hospitalized for four days with a bleeding ulcer that had required minor surgery. This experience had left him weak and exhausted, resulting in the current crisis.

When we arrived at the apartment, we were shocked at my father's appearance—he was clearly distraught and even had a splotch of blood on his arm. He explained that his wife had fallen the night before and, in struggling to assist her, he had scratched himself. Things gradually calmed down and the next day, after my brothers arrived, we decided to take my father to his country club to play some golf. My middle brother and I hit some balls on the driving range while Dad and my younger brother watched from a golf cart.

We decided to have lunch in the club before taking Dad home, but before our food was brought to the table he looked at me and said, "I feel woozy. I need to go home right now." Without discussion, I drove him back to his apartment, where he went directly to bed and took a long nap. We were all growing confused and alarmed by now, but later that evening Dad said he was feeling fine. Nevertheless, Dolores and I accepted his invitation to come with him to his next doctor appointment.

A day or two later, we were driving Dad to his appointment when he started talking about his doctor and the special arrangement he had with him. Dad was paying his physician an additional fee each year for "concierge" service. This gave him and my stepmother access to the doctor at any time, for any need, with no waiting. The fee even entitled them to house calls if needed. "He's saved my life three times, Jim," Dad told me solemnly, and I could sense his deep respect and appreciation for the doctor I was about to meet.

As soon as we entered the office, we were pleasantly surprised by the warm ambience. Coffee, fruit, and muffins were available in the well-appointed suite. The receptionist even offered to make our coffee and fill a plate for each of us if we wished. After a brief wait, the doctor appeared and invited us into his office. What followed was truly astonishing and gratifying.

The doctor began by quizzing my father on his medications—type, dosage, frequency—assuring himself that Dad's faculties were intact. He dug a little further and discovered that Dad had not been taking his prescribed sleeping pills nightly, but only when he thought he needed one. Things began to make sense to us then. Dad would go to bed without taking his medication and sleep for three or four hours, only to wake up and not be able to go back to sleep. So he would take a sleeping pill in the early morning hours, which explained his wooziness and fatigue during the day. The doctor quickly deduced that my dad's anxious desire to be alert and watchful during the night in case his wife needed his help was keeping him from taking the necessary steps to recover from his hospitalization, compounding his distress and exhaustion.

The doctor gently but firmly counseled my dad, showing him research indicating that it takes many weeks for a man his age to recover from the loss of strength imposed by a long hospitalization. "You must take a sleeping pill each night before you go to bed—no exceptions. You will be of no use to your wife if you do otherwise," he advised. For another hour, this wise, warm-hearted physician explored the difficulties my father and stepmother were coping with. He assured Dad that he would come to see my stepmother if she could not come to the office. It was clear to me that the doctor

had a close relationship with my father, that he cared a great deal about him as a person and not simply as a patient.

As were leaving the office, Dad mentioned that I had worked in healthcare for quite some time. The doctor accompanied us to the waiting area and told me that, while he objected to the connotations of the term "concierge" medicine and realized that this service was not financially feasible for everyone, it nevertheless allowed him a medical practice that was fulfilling and joyous. Because his practice is limited to a fixed number of patients, he can spend as much time as necessary with each one. He had spent well over an hour with my dad addressing his medical, emotional, and social needs. This special arrangement gave the doctor the time and luxury to "heal" his patients' illness, not just "cure" their sickness.

## The Biblical View of Illness

As I reflected on the stories of Buffalo Jim and my father's physician, I realized that Buffalo Jim's belief in an unassailable link between physical health and spiritual well-being and the Florida doctor's fulfilling medical practice each pointed the way both forward and backward: back to a pre-scientific world view and forward to a necessary course correction for modern-day caregivers.

In the world described by the Bible, physical and spiritual wholeness were understood in a way that, at some level, might have resonated with Buffalo Jim. To understand that world, we must imagine a culture with no knowledge of the causes of disease, and without even the basic understanding of biology, genetics, and chemistry that we expect of every modern American high school student. Without scientific explanations for the plight of the sick and disabled, especially those afflicted from birth, the people of Jesus' time were forced to fall back on religious explanations, a fact that had an enormous impact on social relations and community behavior. John Pilch, a medical anthropologist trained in New Testament studies, has written of this period, "The sick affected the entire village, hence they were of concern to the entire village."[1] Because people's primary concern was maintaining community holiness and human relations, anything that upset social integrity had to be rooted out, usually through separation and isolation, before it could infect the whole community. Because social relations and kinship were the dominant realities of people's lives in that period (Pilch, pp. 67-68), no greater punishment could be inflicted than being cut off from the community. Disease and disability were seen as evidence of an offense against God, while at the same time sinfulness and moral failings were judged as a kind of illness. So the New Testament describes both the sick and the sinful—the blind, crippled, and insane as well as prostitutes and tax collectors—as rejected by God and under divine punishment. They deserved to be outcasts from the circle of kinship and community. No matter what their particular affliction, or how simple and straightforward their diagnosis would be today (glaucoma, scoliosis, schizophrenia, to name just a few), the sick in ancient Palestine were marginalized, ostracized, and, worst of all, treated as "unclean." Being "cured" of the sickness was understood to mean God was no longer angry with you. If you now belonged to God, you could once again belong to the village and synagogue.

In Jesus' time, the condition characterized by red, flaky skin, known then as leprosy but now believed to be some form of psoriasis, marked one as out of the ordinary. People who contracted "leprosy" were declared unclean, shunned, and forced to remove themselves from the community (Lev. 13:45-46). For a member of a collectivistic society, such excommunication was devastating—the equivalent of a death sentence (Pilch, p. 41). Wherever they are used in the Bible, the words *leprosy* and *leper* carry this horrible stigma. On more than one occasion, a leper came to Jesus and begged, "Lord, make me *clean!*" (see Luke 5:12-16), a request not so much directed at the skin condition as at the experience of being rejected because one is "polluted."

But according to the New Testament, it was not just lepers who were left to fend for themselves. Many who were crippled and blind had to beg to survive. The lame man who lay on a mat beside the pool of Bethesda (John 5:12-14), waiting for an angel to "stir the waters" to manifest the pool's healing power, had "no one to help him" get into the pool. Having no one to help him suggests a profound isolation for someone from a culture focused on kinship and relationships. Why else would the poor man's family, friends, and neighbors refuse to help him if not for the fact that his condition had made him "untouchable"?

The Gospel of Luke recounts another occasion when Jesus encountered one of society's outcasts, a blind man isolated by his community, with no one to comfort him in his misery and need:

> As [Jesus] approached Jericho, a blind man was sitting by the roadside begging. When he heard a crowd going by, he asked what was happening. They told him, "Jesus of Nazareth is passing by." Then he shouted, "Jesus, Son of David, have mercy on me!" Those who were in front sternly ordered him to be quiet; but he shouted even more loudly, "Son of David, have mercy on me!" Jesus stood still, and ordered the man to be brought to him; and when he came near, he asked him, "What do you want me to do for you?" He said, "Lord, let me see again." Jesus said to him, "Receive your sight; your faith has saved you." Immediately, he regained his sight and followed him, glorifying God; and all the people, when they saw it, praised God (Luke 18:35-43, NRSV).

If his blindness is gone, he must be in God's favor and we can accept him back into the community. In other words, he is *healed.*

## Illness in Modern Times

It would be difficult to overstate the radical differences between the world we know now and the world of the early Christian era. For one thing, we live in a culture deeply committed to individual freedom, not social responsibilities. Our family and community relations are neither the all-encompassing reality of our lives nor the primary basis for understanding ourselves and world events. We live in a cocoon of social isolation imposed not by expulsion from the community, but self-imposed by cars, computers, and an obsessive focus on privacy. Furthermore, centuries of intellectual inquiry and scientific investigation have brought about a radically different understanding of the causes and cures of disease.

And yet, there seems to be a persistent and tragic holdover from ancient times. To a disturbing degree, we still tend to isolate the very sick, the severely disabled, and the old and dying, albeit for different reasons. We may not "drive them from the village," so to speak, but we accomplish the same thing by placing them in a variety of healthcare facilities where they are too often cut off from the healing support of community.

But why is this so, given the fact that we no longer think of the sick as "unclean"? Studies reveal that, perhaps for different reasons, both family members and healthcare providers have a tendency to distance themselves from the gravely ill and dying. In a youth-oriented, career-driven, status-obsessed culture, people grappling with disability and disease remind us of what we work so diligently to ignore: our own fragility and mortality.

I was in a shopping mall recently when I noticed a young woman making her way around the shops in a wheelchair. It's a common enough sight these days, but it nonetheless gave me pause. The woman looked as though she had cerebral palsy, a condition shared by a good friend of mine in Maryland. I am quite comfortable accompanying this friend in public places, yet the woman in the shopping mall disquieted me. "What is *this* about?" I wondered. Why are we undisturbed by the sight

of someone with their leg in a plaster cast, and yet find even television images of amputees returning from Iraq upsetting? Is it because the former can be cured while the latter cannot? Are those of us who are able-bodied bound to be unnerved by chronic, untreatable conditions? Such reflexive responses can make interacting with the sick and disabled difficult even for the most caring individuals. We self-consciously ask ourselves, "If I try to connect with them will they assume my efforts are born out of pity and resent me for it? If I avoid looking at them, will they feel ignored and marginalized?"

This tendency to personally isolate the sick and disabled is played out on a communal level as well. Perhaps we don't overtly ostracize these people whose presence we find so disturbing. We don't need to. We just make sure that most of them don't enter our field of vision. For generations, public buildings were constructed as if everyone could climb stairs, and the few builders who did install elevators didn't take into account how the blind might use them. Even after elevators became commonplace in very tall buildings, like the Empire State Building in New York, it took an act of Congress to require new construction of more than one floor to have elevators large enough to accommodate a wheelchair and to have Braille floor indicators. Still today we have countless subtle and not-so-subtle ways of ostracizing the mentally impaired, AIDS patients, smokers, the obese, the very short, the very tall, and the very eccentric. What we fail to realize is that their isolation often causes more suffering than their physical or personal challenges.

## Modern Medical Practices

Regrettably, as highly trained and skilled as they are, modern-day healthcare providers are simply not equipped to provide a level of care that would offer healing—a return to wholeness—as well as a cure for disease. Such an approach goes beyond science. In ancient cultures, any attention given to the sick and dying was, to use caregiver jargon, strictly "high touch." How could it have been otherwise, since there was no high tech to draw on? But as a result of modern medical advances, especially those of the past 75 years, healthcare in Western cultures has become almost exclusively high tech and has lost nearly all of the high touch dimensions of patient care. Imaging machines that help us see inside the body have replaced the time we used to spend looking into the mind and feelings of the sick. This circumstance is exacerbated by our current system of healthcare reimbursement, for as you might guess, high tech is more expensive, and thus more lucrative, than high touch. To put it bluntly, cutting pays better than listening.

This situation has not arisen because doctors and nurses are inherently heartless, or because healthcare workers are more greedy and grasping than the rest of us. It is the result, for the most part, of an underlying "triage ethic" motivating most medical practices today, that is based on a calculus employed in catastrophic emergencies. The principle of triage emerges from a strictly rational approach to bioethics that, of necessity, must think of a patient strictly in terms of disease and cure, taking little or no account of the needs of the patient as a whole or his relation to a larger community. When a calamity such as a fire, earthquake, or airplane crash severely taxes existing medical resources, triage requires caregivers to sort the injured into three groups: (1) those who are dying and cannot be helped by medical intervention, (2) those who are critically injured but can be rescued with intervention, and (3) those who are injured but not in immediate danger of dying. In such a circumstance the hopeless receive comfort care if it is available; otherwise, they are left to die. The injured receive minimum care, while critically injured but treatable victims are given immediate, intensive care. Triage is all about disease and cure.

Another factor influencing modern medical practice is simply that human resources are stretched, sometimes to the breaking point. Modern health care is expensive. Overtaxed by duties that include monitoring patient meds, IV's, and vital signs, buried under a mountain of paperwork,

some nurses tell me they deeply miss the dimension of personal care that attracted them to the profession in the first place. Oncology nurses, in particular, have one of the highest burnout rates in the medical professions. I have shadowed nurses and physicians in their daily routines and been astonished that between the vagaries of "staffing to the grid" in nursing and the demands of tightly scheduled physician office visits, these professionals have little if any time for more than perfunctory personal interaction with their patients. "Treat 'em and street 'em" is how one physician characterized medicine today. A nurse I shadowed on the medical unit literally ran from room to room, and even then had difficulty administering meds to her patients on time. How could she possibly provide high touch care as well? How could she hope to minister to her patients' spiritual and emotional needs?

Thankfully, our culture no longer assumes that the sick and disabled are sinful and thereby rejected by God. In fact, in a promising trend, the medical profession is recognizing its responsibility to humanely manage pain for dying patients, and to keep them comfortable while offering them a dignified death. Still, many have noted a tendency for healthcare workers to gradually abandon terminally ill patients. Because of the pressures noted above, there is a subconscious but perceptible diminishing of contact with such patients. Because of their training and limited resources, physicians and nurses tend to devote more energy to those they may still be able to help. In addition, much of the testing they do is defensive medicine to protect them against legal action. They must focus on curing, which means the healing has to be done by others: chaplains, family members, close friends. Families must go into the hospital to provide a timely glass of water, a plump pillow, or a back rub. In this regard, the growing practice of hospice care is a welcome throwback to a time when people died at home, surrounded by people who loved them, comforted by familiar, homey things such as family pictures or a favorite quilt.

## Illness and the Social Network

Fortunately, there are hopeful signs that our culture is seeking a new direction that acknowledges both the differences and the profound connection between conditions that need curing and those that require healing. Doctors, social workers, and ministers alike are recognizing the link between broken relationships and physical abuse, between emotional distress and physical breakdown. Unfortunately, this realization came too late to help my mother, who suffered for decades with physical problems that resulted from feelings of abandonment and loneliness. She was the child of her mother's second husband who, it turned out, already had a wife in another state. My grandmother and he separated, leaving my mother without a father's daily presence in her life. When he passed away a few years later, my mother's feelings of loss were incalculable. She knew that, whether or not anyone else in the family loved her, her father had loved her deeply, and for that she loved him more than anyone else in the world. She never recovered from losing him.

Looking back, I believe that this loss partly explains why my mother became pregnant with me at the age of seventeen. By the time her marriage to my father collapsed seven or eight years later, she had two more sons and was forced—as a single mother—to raise the three of us on welfare. For comfort, my mother ate and chain-smoked. Physicians who, though well-meaning, nonetheless addressed cure rather than healing, gave my mother diet pills to help her lose weight, merely adding addiction to her catalog of personal problems. When my stepfather phoned me one night and began by telling me that I should sit down, I was sure he was calling to tell me that my 83-year-old grandmother had passed away. When I heard instead that it was my 52-year-old mother, I could hardly believe it. The cause of her death was officially listed as stroke or heart attack, but I knew better.

My mother's case is a microcosm of a worldwide problem: the illnesses that come from broken human relationships, broken communities, and broken societies. In our own time, the AIDS epidemic has taught us that organic disease cannot be disengaged from "diseased" social networks. The missionary physician who told the story of Buffalo Jim ended his presentation by asking, "What do you think is the single greatest cause of disease in the world today?" My mind raced through a list of deadly bacteria and viruses, but the speaker's next sentence caught me off guard. "The answer is poverty," he said, "not viruses, not mosquitoes, not bacteria—*poverty*. Nothing would improve world health more dramatically or more completely than eliminating poverty." When I had time to reflect, I realized the truth of what he had said. Poverty is indeed a result of the breakdown of economic structures and social networks. Lack of clean water, sufficient nourishment, and adequate shelter breeds disease, while economic security and strong communities foster health and well-being.

The kind of "illness" caused by poverty and social breakdown is often experienced as grief and oppression. In extreme instances, loss of attachment to human society leads to loss of meaning. Philip Yancey, an award-winning evangelical author, writes, "An alcoholic in Australia told me that when he is walking along the street he hears the footsteps of everyone coming toward him or passing him becoming faster. Loneliness and the feeling of being unwanted is the most terrible poverty."[2] Yancey quotes Mother Theresa, the Albanian nun who devoted herself to the homeless in India, as saying, "We have drugs for people with diseases like leprosy. But these drugs do not treat the main problem, the disease of being *unwanted.* That's what my sisters hope to provide" (Yancey, p. 173). She also believed that the sick and poor suffer more from rejection than from material want.

While we don't usually think of grief as an illness, it too is an oppression brought on by a severed relationship. The loss of a spouse or child can create a veritable vacuum in one's life. A few weeks after the death of his wife, my brother George said to me that he was struggling to find a new meaning for his life. "It's hard," he said. His wife's death was the end, in many ways, of his social network. He didn't have a disease, but he did need to be healed. Physicians tell me that anxiety, depression and addiction are more prevalent in their patients than are hypertension and diabetes.

## Jesus' Ministry to the Sick

In Jesus' day, misfortune of any kind, including disease, was interpreted as an offense not only against social values and norms, but against God as well. Jesus' treatment of the sick and disabled who sought him for help was in many respects a frontal assault on this cultural attitude rooted in that religious belief. Notice the following New Testament episode:

> As [Jesus] walked along, he saw a man blind from birth. His disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind?" Jesus answered, "Neither this man nor his parents sinned; he was born blind so that God's works might be revealed in him" (John 9:1-3, NRSV).

As Pilch comments, unlike those around him, Jesus is more concerned with the symptoms than with the cause of a disease. He sees the man's blindness as "not the cause but rather the manifestation of the misfortune, the symptom." Jesus' cures are thus "symptomatic rather than aetiological therapies" (Pilch, p. 13). In other words, Jesus countered the conventional view that a person's misfortune was the result of offending God by dealing with the symptoms without passing judgment on the origin of the suffering. At the same time, Jesus knew that, given the attitudes of his contemporaries, one who was sick could not be restored to total wellness unless the people around him were convinced that the perceived offense to God had been removed. For people who believed that the cause of a person's misfortune was God's displeasure, rejecting and isolating the sinner were logical responses. For them, blindness was merely a sign of a larger problem—God's displeasure—not the problem itself. Jesus knew that to be healed, the sick must be restored to God's favor in the eyes

of the people, even as their physical problems were cured. For as long as the ill were seen as incurring God's disfavor, they would continue to experience excruciating rejection from the community. In other words, without the experiencing God's forgiveness and having that forgiveness understood by the community, curing the sickness would be almost useless.

After Jesus had invited Levi to become his disciple, we read in Luke:

> Then Levi gave a great banquet for him in his house; and there was a large crowd of tax collectors and others sitting at the table with them. The Pharisees and their scribes were complaining to his disciples, saying, "Why do you eat and drink with tax collectors and sinners?" Jesus answered, "Those who are well have no need of a physician, but those who are sick; I have not come to call the righteous but sinners to repentance" (Luke 5:29-32 NRSV).

Being cast out of the community because they were sinners imposed a serious illness of its own, not unlike that which afflicted the blind and the lame. Christ's mercy and compassion *heal* because through him, sinners are accepted back into the community and cleansed of their "pollution." Pilch writes, "In the context of health and well-being, the things that ailed people derived principally from socially rooted symptoms involving the person in society, rather than from organic and impersonal causes" (Pilch, p. 122). That is why, while all symptoms are important to Jesus, "the social ones receive special attention" (Pilch, p. 122). Some people, especially those with a high regard for modern science, question whether the miracles credited to Jesus in the New Testament actually represent cures of specific diseases and disabilities. Whether or not you believe that physical cures did in fact happen during Jesus' ministry (as I do), *a cure is different from a healing.*

Luke also tells the story (vs. 8:42b-48) of a woman who had suffered from hemorrhages for twelve years. No one had been able to cure her, Luke says, setting the stage for her dramatic encounter with Jesus. In a crowd, acting alone, not wanting to be identified for all the reasons we have mentioned, the woman touches the "fringe" of Jesus' garment, a piece of blue cord that hung from the garments of observant Jews to remind them of certain Scriptures. As Luke recounts, her hemorrhage stopped immediately. Jesus reacted by asking who had touched him, which seemed like a silly question to his disciples since they were being jostled by a huge crowd. When no one came forward, Jesus persisted, "Some one touched me; for I noticed that power has gone out from me" (vs. 46). Realizing she could not remain hidden, the woman, trembling from the impact of her experience, fell at Jesus' feet and declared that she was the one who had touched him, and that she had been *immediately* healed. Jesus comforted her by telling her to go in peace; "your faith has made you well" (v. 48).

Anyone with such a condition would naturally want to remain hidden since exposure would result in social isolation. Margaret Mohrmann, a physician and professor of Christian ethics, says that Jesus insisted on knowing the woman's identity because he would not allow any "faceless" healing in his ministry.[3] I suspect that Jesus insisted that the woman identify herself so that, in Richard J. Beckman's words, she "could know the joy of being restored to full acceptance by her neighbors."[4]

## Restoring Wholeness through Healing

While the "diseases" of isolation and loneliness cannot be cured, those who experience them can be healed. When my brother George's wife Regina was dying from a brain tumor, to my surprise, and with my admiration, George made the decision to care for Regina at home rather than have her spend her final days in a hospital or nursing home. George admitted that he made the decision knowing nothing about what was involved in caring for someone who was terminally ill, but he was retired and figured he had the time to learn. Over time, George learned how to administer Regina's

meds for her intensifying headaches. But he also discovered that he was not alone in his high-touch endeavor. Regina's sister and brother-in-law came weekly to visit her and offer some relief to George, and even the neighbors pitched in with generous offerings of support. Soon, caring for Regina had truly become a community project. When I visited Regina during this time, it was clear that being in her own home, surrounded and cared for by people she knew and loved, was the best comfort and support she could have had on that most painful, lonely, and frightening journey.

While the principle of triage mentioned earlier makes rational and ethical sense, on an emotional and spiritual level it does not leave caregivers feeling that they have done the *right* thing, only that which is *less wrong*. Only someone who perceives healing as a calling from God can ignore triage ethics. Mother Theresa, as we have seen, was an embodiment of how the reign of God summons us to relate to illness differently than the world now does. Mother Theresa challenged the practice of abandoning Calcutta's dying poor in the name of triage by opening a clinic just for them. She insisted that God had called her to care for them first. Her goal was that each of these outcasts would die in a clean bed, with something sweet to eat (which in India only the wealthy can afford), and the comfort of a human presence. Such an approach could not be justified on strictly rational grounds, but she defended it by stating that she was not a social or healthcare worker, but a *religious* one.

Mother Theresa recognized the truth that healing goes beyond curing bodily disease. It includes the thoughts, feelings, and behavior of the whole person in his social and cultural context. We cannot cure all types of cancer, but we can try to heal a cancer patient's hopelessness and depression. We can fit an amputee with a prosthetic limb, but we must also strive to restore his joy of living. "Illness is the loss of meaning in one's life. Healing restores meaning, all the time, infallibly," says Pilch (p. 130). This is the religious and spiritual task of modern healthcare.

Rachel Naomi Remen is a pioneer in the field of mind-body holistic health and one of the first physicians to recognize the role of the spirit in health and recovery from illness. In her book *Kitchen Table Wisdom*, Remen tells the story of a patient who looked for healing from the physician he trusted to cure him:

> For some time now Dieter had suspected that the chemotherapy was no longer helping him. Convinced at last of this, he spoke to his doctor and suggested that the treatments be stopped. He asked if he could come every week just to talk. His doctor responded abruptly. "If you refuse chemotherapy, there is nothing more I can do for you," he said.
>
> Dieter had felt closed out and pushed away. "When I talk about not doing more chemotherapy, my doctor becomes all business. We are usually friends, but when I mention this his friendship cuts off. He is the one I talk to. His friendship means a lot to me." And so Dieter had continued to take the weekly injection in order to have those few moments of connection and understanding with his doctor.
>
> The group of people with cancer listened intently. There was another silence, then Dieter said softly, "My doctor's love is as important to me as his chemotherapy, but he does not know."
>
> Dieter's statement meant a great deal to me. I had not known, either. For a long time, I had carried the belief that as a physician my love didn't matter and the only thing of value I had to offer was my knowledge and skill. My training had argued me out of my truth. Medicine is as close to love as it is to science, and its relationships matter even at the edge of life."[5]

Remen then reveals that Dieter's oncologist was one of her patients. Chronically depressed, he had come to believe that no one cared about him, that he was just "another white coat in the hospital, a mortgage payment to his wife, a tuition check to his son. No one would take notice if he vanished . . ." (Remen, p. 65).

What a dilemma. When Dieter's physician could no longer offer a cure, Dieter wanted him to become a healer. Had the physician grasped it, this opportunity to take on the role of a healer might have contributed to *his own* healing. You see, curing is always a one-way transaction from caregiver to patient, but healing is a gift given by two people who need healing from, and offer healing to, each other. The physician did not see, Remen concludes, that his sense of failure in not being able to cure Dieter's cancer kept him from receiving the healing he himself needed.

## Healing for Family Members

Another thing that healthcare workers today tend to overlook is that a patient is not a single entity, but a member of a family, and that when someone is ill, in many ways their family and friends are too. Alcoholics Anonymous, an organization with a long history of helping alcoholics deal with their addiction, recognized this fact early on and established a sister organization, Al-Anon, for spouses and relatives of alcoholics. In our efforts to provide the very best care for the sick and disabled, we mustn't forget that family members may also need their own kind of healing.

Not long ago, I visited the ICU at the hospital where I was employed as an ethics resource. A very accomplished professor of music was on life support there, and the staff told me that her husband was being surly and uncooperative. The patient's physicians and nurses had tried to explain to her husband that nothing more could be done for his wife. She was brain dead, they told him, which in clinical terms meant that her life was over in the most relevant sense. They suggested that he allow them to withdraw his wife's life support.

"Over my dead body," he had shouted, letting fly a barrage of expletives and threats of lawsuits if the hospital staff did not continue doing everything possible to keep his wife alive—or at least breathing. Understandably, the woman's caregivers ran for cover and called for reinforcements. They asked me to talk with the man to see if something could be done to alleviate his wife's prolonged suffering and minimize his own trauma. In talking to him, several things became clear to me. First, his Jewish faith and traditions were a major factor in his determination to keep his wife alive as long as possible. This could not be dismissed lightly. Second, it was obvious that he loved his wife and was deeply depressed over what was happening to her. And finally, while she was the one occupying a bed in the ICU, he too was ill and needed healing. The clinical staff agreed not to force the issue of removing life support, but to wait and see what happened. In less than two weeks, even life support was insufficient to keep the patient going. She died, and her husband said goodbye trusting that everything possible had been done for her.

Two months went by and I forgot about the grieving husband until I spotted him at the hospital one day eating lunch with a physician who was a trainee in our chaplaincy program. As soon as I had the chance, I asked the chaplain about the conversation I had witnessed. He told me that he and the man had been meeting for lunch almost weekly since his wife died. "It seems to help him," the chaplain told me, and I believe that this gesture of compassion will indeed help the man heal and again know the joy of living. This experience affirmed my belief that offering healing to the survivors and family members of the sick and dying is an integral part of Christ's healing ministry in the world.

This was again brought home to me by Fred Lee, internationally renowned speaker on healthcare and author of *If Disney Ran Your Hospital: 9-1/2 Things You Would Do Differently*, who told me about a meeting he had with a group of department managers at a major metropolitan

hospital. One of the managers told the audience that his wife had had a long struggle with cancer and had died in hospital. In anguish at the moment of his wife's death, the man had cried out to a nurse, "Where is God at a time like this?" Without hesitation the nurse had replied, "I believe God is exactly where he was when his son died; in grief, like you are now." These wise and caring words had such a powerful effect on the shattered husband that, some time later, he returned to the hospital just to express his gratitude to the nurse and to tell her how her compassion had helped him through his grief.

## Healing When There Is No Cure

Mother Theresa knew that even the terminally ill can be healed of their feelings of hopelessness and isolation. Closer to home, we find an example of this truth in the life and words of Morrie Schwartz, the subject of Mitch Albom's remarkable bestseller, *Tuesdays with Morrie.* An immensely popular professor of social psychology at Brandeis University, Morrie, as he was affectionately known by his friends and students, was diagnosed with Lou Gehrig's disease (amyotrophic lateral sclerosis) long before his life should have ended. Knowing that he was dying seemed to give Morrie a lot to say about the meaning of life, which Albom chronicles in conversations with his former professor on a wide range of issues, including the nature of true happiness. What the book reveals, in Morrie's own indomitable voice, is not a sick man unable to be cured by science, but a dying man in the process of healing.

"Let's begin with this idea," said Morrie. "Everyone knows they're going to die, but nobody believes it. . . . If we did, we would do things differently." Morrie believed that to live well you have to stop kidding yourself about death. That you have to ". . . know you're going to die and be prepared for it at any time. That's better. That way you can actually be *more* involved in your life while you're living." He preferred the Buddhist approach to life and death. A Buddhist asks himself each day, "Is this the day? Am I being the person I want to be?"[6] Morrie believed that once you learn how to die, you learn how to live. Facing death helps you focus on the essentials. The stuff that doesn't matter is stripped away and you see everything differently.

Every Thanksgiving, the church I pastored for many years on the outskirts of Washington, DC would hold a special service focusing on praise and the giving of thanks. One year, the pastoral staff decided to celebrate the season by interviewing several church members on their experiences of gratitude. The pastor whose ministry was primarily to church members struggling with illness suggested that we interview a member who was terminally ill and facing the end of his life. With trepidation, the staff agreed.

When the interview took place, more than 2,000 people were seated among the congregation, while several thousand more listened on the radio. As the pastor gently led him through the interview, the gravely ill man echoed Morrie Schwartz's words to Mitch Albom: "Now, I see everything differently," he said. He told us that he listened to birds singing in the morning, something he never took time to notice before he got sick. Now, he said, sunrise and sunset thrilled him in a new way, as did the presence and affection of his family and friends. Like Morrie, even though this man's disease was irreversible, he was being healed of a larger illness.

Joseph Bernardin, the Roman Catholic Archbishop of Chicago who was later elevated to Cardinal, described a similar experience. In the months preceding his death, he wrote *The Gift of Peace*,[7] recounting his grief and sadness the moment he realized that chemotherapy was not going to arrest his cancer. A deeply spiritual man, Cardinal Bernardin began to relate his own suffering to the suffering of Christ, in the sense that any Christian facing death can experience the deep spiritual blessings of the One who endured the cross and despised the shame for the sake of His children. Fearful and depressed, Cardinal Bernardin plumbed what he believed were the spiritual depths of his

journey towards death, and testified that God gave him the gift of peace. For the remainder of his life, he ministered to other victims of cancer. This was his healing.

I believe that many people can learn to "live" with their physical maladies; none of us can live with loneliness, humiliation and shamefulness. Stephen Hawking and other severely disabled people have shown us that they can live rich lives if appreciated for who they are and what they can do.

## Healing from God

Another member of the church I pastored years ago was suffering with incurable pancreatic cancer. She herself was the wife of a pastor and a long-time member of the church, but still she was facing death fearful about her relationship to God. Raised with a strict, legalistic view of religion, she was convinced that God was punishing her for not following the rigid admonitions her elders had inculcated in her as a child. What she wanted more than anything was assurance that God loved her, that she enjoyed God's grace and the forgiveness within it, regardless of what she believed about her own unworthiness. Once she understood the gospel as an experience and not simply as an abstract doctrine, she told me that she had been healed in the most meaningful possible way. In an anointing service in her home, she made it clear that while a cure would be wonderful, God had given her peace and joy, and that was more than enough. Her husband added: "God always answers the sincere prayer for healing, even if someone is not cured." They sensed long before I did that healing transcends curing, especially in the Christian faith.

Cardinal Bernardin learned that to be healed is to have peace in the face of suffering and death. Morrie Schwartz learned that to be healed is to find meaning in life even as one approaches death. Others find healing when their broken relationships are mended, even as their chronic disease progresses. Being accepted and embraced by the "village," by those you most love and who most love you, is the ultimate healing. A physician friend of mine believes that three things need to be said to a dying person: "I love you, I forgive you (if needed) and goodbye—I will miss you." But I would not want you to think that the God of the Bible is satisfied only with healing here and now. Jesus' rare miracles of resurrecting the dead, as well as his own resurrection, point to God's intention to provide a cosmic and final healing to the inhabitants of the world and to the whole universe. According to the Bible, wherever there is brokenness, conflict, violence, ugliness, and chaos, God's healing will eventually triumph. Notice the following passage, which makes the most astonishing claims for the life and ministry of Jesus:

> He rescued us from the domain of darkness and brought us away into the kingdom of his dear Son, in whom our release is secured and our sins forgiven. He is the image of the invisible God; his is the primacy over all created things. In him everything in heaven and on earth was created, not only things visible but also the invisible orders of thrones, sovereignties, authorities, and powers: the whole universe has been created through him and for him. And he exists before everything, and all things are held together in him. He is, moreover, the head of the body, the church. He is its origin, the first to return from the dead, to be in all things alone supreme. For in him the complete being of God, by god's own choice, came to dwell. Through him God chose to reconcile the whole universe to himself, making peace through the shedding of his blood upon the cross—to reconcile all things, whether on earth or in heaven, through him alone (Colossians 1:11-20, NEB).

According to the Apostle Paul, death is the last great enemy:

> Listen! I will unfold a mystery: we shall not all die, but we shall all be changed in a flash, in the twinkling of an eye, at the last trumpet-call. For the trumpet will sound, and the dead will rise immortal, and we shall be changed. This perishable being must be clothed with the imperishable, and what is mortal must be clothed with immortality. And when our mortality has been clothed with immortality, then the saying of Scripture will come true: "Death is swallowed up; victory is won!' 'O Death, where is your victory? O Death, where is your sting?" (I Corinthians 15:51-56, NEB).

According to Scripture, death is not only the end-product of disease or catastrophe, it is also the ultimate illness, for it destroys community by separating us from each other. Awareness of the inevitability of death is like an illness itself. We know it is unavoidable, yet do everything possible to ignore its approach. But it rises up anyway to remind us over and over again. Each year that passes brings us closer to its finality. As we page through the family albums and see ourselves aging, we are astonished that we have gone from being a child to raising a child to holding a grandchild in so short a time.

While I believe deeply that we can experience healing in the face of death—the kind of healing that Cardinal Bernardin and Morrie Schwartz enjoyed—God's grace would not be worth much if it let us find peace in this life, only to be locked for eternity in the grip of death. Like everyone, while I grieve over my own impending death, I also grieve for the ones I have lost: my mother, my grandparents, my father-in-law and sister-in-law, my aunt and uncle and friends. Moved by the compassion of Christ, we also grieve for God's children who suffer and die by war, violence, and oppression. For the dying, death is a release from suffering; for the living, death is the cause of suffering, the thief who steals those we love, the enemy who kills, often without warning. But the gospel message is not one of retreat or defeat in the face of death, but one of hope and victory.

This is why a Christian funeral should not be a ritual of resignation, but of defiance. As the apostle Paul puts it, "We do not grieve as those who have no hope" (I Cor. 15). In her poem "Dirge Without Music," Edna St. Vincent Millay gives voice to those who resist resignation in the face of death:

> I am not resigned to the shutting away of loving hearts in the hard ground.
> So it is, and so it will be, for so it has been, time out of mind:
> Into the darkness they go, the wise and the lovely. Crowned
> With lilies and with laurel they go; but I am not resigned.
>
> Lovers and thinkers, into the earth with you.
> Be one with the dull, the indiscriminate dust.
> A fragment of what you felt, of what you knew,
> A formula, a phrase remains, —but the best is lost.
>
> The answers quick & keen, the honest look, the laughter, the love,
> They are gone. They have gone to feed the roses. Elegant and curled
> Is the blossom. Fragrant is the blossom. I know. But I do not approve.
> More precious was the light in your eyes than all the roses in the world.
>
> Down, down, down into the darkness of the grave
> Gently they go, the beautiful, the tender, the kind;
> Quietly they go, the intelligent, the witty, the brave.

I know. But I do not approve. And I am not resigned.

As fantastic as it may sound to modern ears, the New Testament message of hope points toward the second coming of Christ and the promised resurrection of the saints. Its defiance of death would be arrogant if not for the testimony of eyewitnesses to Jesus of Nazareth. For Cardinal Bernardin, hope resided in the belief that at his death he would be immediately transported into the presence of God. For others, hope is more eschatological, looking to the end of history, to Christ's return and the bodily resurrection of his people. One view has the Christian hope of ultimate salvation coming to each person, individually, at his or her death; the other has it coming to the entire community of saints throughout all history at the moment of Christ's return. In the former, the final healing from earthly illness comes at death. In the latter, the final healing of ourselves and the entire cosmos comes at the end of history.

In the Christian story, all creation will someday be healed of its illnesses. Not only will there be no sickness, but there will be no more death, no more war, no more crying of any kind, for the "former things are passed away. Behold," God says, "I make all things new" (Rev. 21:4). That is why the Greek word for salvation (*sodzo*) is also the word for healing. *Shalom*, which in Hebrew means wholeness and health as well as peace, is the goal of both salvation and healing. To be saved from guilt and shame through God's forgiving grace is no different than being healed. That we can be rescued from death and given hope for the future is the good news of the gospel and a message of ultimate healing. No matter what happens to us *now*, the future is assured. Whatever has troubled or limited us, whatever has caused us pain and suffering, will be finished. Such is the hope that rescues us from despair. We will be healed, *and* we will be saved.

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