

Divine action, Christian belief and prayer: an exploration of the languages of healing

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Perspectives

It is ten o'clock in the morning and I am at work at my desk in Diocesan Church House. The telephone rings and to my surprise it is my father in extreme distress. He is ringing from the local General Hospital in Durham with the news that my mother has had a heart attack and is in a serious condition in the Coronary Care Unit. My heart races and I panic - will she live? What should I do? I sort out the office, rush home and then drive north. My hope and prayer is simple: Please God let her live, protect and make her better. I make my demands aloud and hope amidst my shock and tears that God will hear and act. In my head I know that this desire is full of theological problems and questions but my heart wants life for my mother. In the healing debate how does the head relate to the heart?

I am called into the Intensive Care Unit at the request of a young woman's mother. The young woman is dying and the consultant has told her parents that there is nothing more they can do for her. I sit in the visitors' room and make some tea for the distressed couple. The man tells his wife, 'We have got to accept it - she has gone and we can't have her back.' 'No' comes the reply from his wife, 'I wanted the Chaplain to ask the Lord to deliver my daughter from death.' For what, then, do I pray? What difference will my prayers make?

I bump into a consultant on an oncology ward who is examining some x-rays of his patient with a group of medical students. He invites me to examine them. The photographs are of a man's lung taken a day apart. The first one shows two dark patches about the size of a large fist which are threatening cancer tumours. On the second the tumours have completely gone. There is no medical explanation at all. The patient had had no treatment. The consultant joked with me, 'Have you been at him with prayer?!' Unfortunately I could make no claims to the power of my prayers and the case remains a mystery, in the words of the consultant 'that has occurred in similar situations about four or five times in my twenty seven years as a doctor.' Is it possible to explain the disappearance of the cancer?

I am present at a debate between Christians with very differing perspectives on Christian Healing. The message that challenges me is this: God heals and healing activities are in many parts of the Churches a key element in the renewal of parish life and spiritual activity. Lives are changed and healed and communities are transformed through the power of prayer and this should be part of hospital ministry. The tradition seems clear and in a post modern world how far will our Christian past take us? Can there be other distinctive Christian traditions about healing?

I am sitting at the bedside of a patient when the consultant with two junior doctors visits the next bed. They are a formidable trio, young, male, self-assured and committed. I

overhear (as do others within the four bedded unit) the consultant explain the need for a Bone Marrow Transplant. The disease is explained simply, objectively, as something to be scientifically examined, treated and overcome. There appears to be no room for doubt or uncertainty - medicine will deal with this disease and restore life. Can the doctor heal? Has medicine replaced theology as the science of healing?

Introduction

Any view of the vast and complex terrain of these perspectives on healing needs to be realistic in appreciating the limitations of the interpreter of the texts of the stories. It would be impossible and even undesirable to impose an order on the questions and problems that emerge from asking ourselves 'what is healing?' Rather those involved in pastoral care reflecting on this area need to beware of identifying with a medical model of care that perceives the 'problem' and then controls a strategy to identify it and solve it. This approach to healing and other questions will always be too restricted, narrow and negative. This paper will attempt to do two things. First, it will attempt a dialogue between the traditions and frameworks that shape our theories about health, disease and healing and some of the human experiences that refract a number of expectations, hopes, fears and realities around healing. Second, it will argue that those involved in health and healing need to look at more than the malfunctioning part of any person and to view it instead from the outset as part of a person in the fullest sense, and that person as part of a community and environment. Within this dialogue the paper is especially concerned to encourage inter-connections and to uncover, where they exist, sources of integration and the areas where interpretation and connection seem impossible.

Some of the questions and issues raised in this paper belong to a wider debate about the nature of theology as a language of truth. Meanings are important and for our purposes this paper attempts to explore the meanings of healing. The question is: are these meanings fixed and what is the method by which truth is apprehended? What kind of discourse will enable the reader to journey through this complex terrain? Is the truth contained and expressed in a narrative or propositional expression of meaning? For the subject matter of healing there are many languages of faith, for example the language of surgery, or health promotion, or therapy or spirituality. I do not wish to be fixed to any particular language, approach or story. In this paper I want to have the freedom to explore what is true about healing: what can be affirmed with certainty and what cannot. Others will have their perspectives and stories to share; mine is partial and provisional. This paper, therefore, does not stand in the tradition of academic essays. The contradictions and omissions are part of the method of attempting to construct an honest dialogue in the light of such varied human experiences and our traditions of faith.

Engaging with our own and others perspectives

If I feel acute physical pain then it is probable that I am more likely to ring 999 and call for medical assistance rather than ask my parish priest for prayer and anointing. The modern person experiences illness as a threat to their health and full life which can be dealt with wholly or partially by medicine administered by a scientifically trained medical profession. We value life and want to preserve it against the threat of disease. Modern medicine has distanced us and preserved us from a good deal of pain and early or 'predictable' death. We take much of it for granted as our expectations have been raised over the past two generations. My grandmother's experience of health was very different from mine today. The patient having the Bone Marrow Transplant explained by her consultant wants medicine to preserve her life at any cost. At thirty-eight with three young children she has much to live for.

When however, we read about illness in New Testament times and in particular traditions of the Churches as expressed in my own prayers for my mother and the mother of the young women dying on the Intensive Care Unit I am reminded by fellow Christians that illness can and is still now dealt with by charismatics speaking words of power. Further these acts of healing are effective without drugs and operations and sometimes (though not always) faith is said to be essential. On the whole most Christians put their trust in science and think that the New Testament stories are suspect or irrelevant. Other Christians put their trust in both; they pray with confidence for healing and blame failure on faithlessness. In the particular case, upon what does healing depend? If I pray with the parents on the Intensive Care Unit, 'Father, deliver this person from death if it is your will' and the person dies, why is our prayer ineffective? Is it? Was it God's *will* ... ?

Some New Testament scholars interpret the text of the Gospel stories as pointing to *inner* attitudes, for example, not being anxious, on accepting ultimate dependence on God. In doing this they bypass the Gospel stories as history and as expressing a non-scientific metaphorical (and obsolete?) world view. This approach is useful in so far as it affirms both medicine and faith as valued responses to illness. But it seems feeble alongside the evident convictions in the Gospels and those of modern believers who share them.

There are choices to be made in the way we construct our shared framework of meaning and values around healing and the ways in which we act from within it to promote it. Specifically what models of God and pastoral care undergird the practice of Christian healing?

In the scriptures there is no notion of Natural Law that claims to understand and determine how the universe operates. A miracle is described and understood as an event in which God acts in a special way in order to disclose or accomplish his purposes. While the consultant and his junior doctors assent to a scientific framework that understands how the body functions the doctor examining the X-rays appreciates that there are events and occurrences that are beyond human understanding or explanation. Can or should the surprising disappearance of the cancer (or, indeed, other beatings in the narrow physical sense) be understood as a violation to the laws of nature? There seems to be a limit, the

result of a kind of pragmatism, to the lengths both will go to explain what they have experienced.

It might be argued that, until the Enlightenment, people lived in a potentially miraculous world under God's guiding and intervening hand. Since that Enlightenment the universe has come to be seen as a closed system governed by observed regularities of cause and effect. The growth and development of modern medicine is part of this world view. Yet the doctor viewing the X-rays is content to be just baffled by the spontaneous cure: for him medical knowledge is a curious mixture of doubt and certainty.

Our perspectives and interpretations on healing should not be governed only by historicity, that is, what actually happened. We ought also to have the creative space to explore the implications of the inner meanings of the New Testament stories of healing. Put another way, our concern should be 'what is written about' rather than just 'what is written'. Take the text of the New Testament: what perspectives on healing does it give for us today? The healing events in the New Testament are set out as proof of Jesus' role in the purpose of God; of which we are today a continued part. Healing is an indication of the presence of the Kingdom of God in which wholeness and spiritual advance take place under God's rule. For Christians, we still live under God's rule, living in and for that Kingdom of Love. The question does remain when we reflect on the New Testament stories of healing: *Did* people get healed by these means and can they still be performed in certain circumstances? But, in principle, there would always be, for us today, some sort of explanation in this world.

The challenge of how we might become the agents of healing for God remains, Jesus' method in healing was to evoke latent attitudes of faith and to link these with the healing power of God. Sometimes the faith of others is evoked to heal, so, faith is not seen as wholly essential. Jesus therefore provides an opportunity for faith and divine power to coalesce in creating a new order. Healing in the New Testament is an extraordinary event performed as a sign to the community of faith concerning God's purpose for his People. The command of Jesus to his followers leaves the Church with a fundamental challenge. A variety of needs and hopes and expectations are refracted through the perspectives, Are all of these expectations to be treated with the same hope of being met?

Perhaps the doctor's explanation of the strategy for combating the patient's disease reflects the predominant theoretical picture of the world order in relation to healing. It runs as follows: nature works according to mechanical laws and everything can be explained by logic and reason. Or perhaps doctors are more pragmatic? These procedures just work?! This world view puts God (if it includes him at all) as a rather remote monarch, a transcendent being who orders everything from above without any direct involvement. Indeed part of the theological traditions of the Churches assents to this dualistic and deterministic world in which everything that happens is causal. This theoretical picture is, however, often combined with mixed and confused responses when we turn to people's

actual perceptions and responses to their sufferings and sometimes the caring professions' vicarious attitudes on the patients' behalf.

So, the doctor may feel that there are times when medical knowledge is a paradoxical mixture of certainty and doubt that cannot explain or understand all experience. Doctors may feel with and for a patient in their pain and fear but cannot allow themselves to act on it or show it. The medical model of detachment is followed for the safety of clear boundaries and ordered control. The body is viewed as a well-ordered machine that functions according to predetermined patterns. Illness, therefore, is a breakdown of that functioning and healing is an establishing of the natural functioning or restoration through appropriate intervention. The functions are isolated to particular parts of the body and medicine operates assuming that these parts are not interconnected or, more importantly, that the body has a unique and complex relationship to its social and physical environment. Perhaps the plea for salvation, for life amidst the threat and certainty of death is, in small part, assent to the intuitive feeling that there is more to health than the physical and that there are other powerful forces at work in living and healing.

The doctor, then, in his or her power and professionalism stands for a number of significant distortions of truth about healing and wholeness. It may follow that in the organisation of treatment a person is regarded as an isolated ego inside the body where some needs and capacities are more important than others. In a world where certainty is valued and death denied it is not surprising that there has been a massive pharmacological emphasis in medical treatment and a growth in surgery and organ transplantation. Large industries to improve and develop the body have developed.

A dilemma for the pastor derives from this culture that shapes our expectations and perceptions of need. If I am unable to pray for God to intervene and heal the parents' daughter or if I believe the doctors and their drugs play a more significant part in the healing of the patient for a Bone Marrow Transplant, what picture of God do I live by? If I assent to the above, and make myself comfortable by redefining some key terms and words which may not really engage with the raw human need as felt and expressed, does God cease to be meaningful or powerful? By implication God can be neither benevolent nor, more shocking, be an effective agent in the concrete events of our world! Praying is vocalised as 'asking for Christ', but this may be crude if seen as the truth of the situation: prayer can be exercised as an alignment with God the other - placing one's situation in the divine context.

In this debate we pastors are caught up with an ongoing tension between the sacred and the secular. From the patient's perspective, however, these two belong together: for many believe that there is a God at work in their lives and world. It looks probable that we shall have to live with the medical specialisation of function which modern medicine has bred. There should though be some opportunity to bridge the gaps and failures that emerge when physicians fail to treat the emotions or spiritual capacities and environmental contexts of

persons and when pastoral carers have little to do with the life of the body and its processes.

Conclusions for further reflection

On reviewing the paper three main issues emerge that I shall highlight as areas for further thought and action.

Divine Action

As a philosophical and theological issue the question of divine action is at the heart of the problem. Can we now see God as breaking into the sequence of cause and effect, of which we think we are aware and which seems to be the way things do and have to work? There are some theologians, for example John Polkinghorne, who have attempted to cast doubt on the prevailing popular scientific assumptions from the point of view of modern physics (Heisenberg and the uncertainty principle). Other theologians like Austin Farrer and Maurice Wiles seem less interested than the scientists in 'finding room for miracle' or explaining strange occurrences; rather they are seeking to see divine presence in 'what is'.

Development

Much of the above concerns one aspect of the wider issue of changing ways of seeing Christian belief in the light of changing cultural assumptions: highlighted here is the matter of New Testament ideas of healing compared with modern medicine. Pastoral theologians have yet to face this issue straightforwardly and in the context of the issue of cultural change as a whole. It simply is the case that the current myth (way of picturing or telling the story) about disease and healing changes from one period to another; and while remnants of old myths lie around (or are revived, as by 'healers' of a religious kind), they are superseded for practical purposes by other myths. The Christian world at present is deeply torn between those who hold on to versions (often modified or distorted) of old (especially supposed biblical) myth and those who cannot pay the price, which is alienation from the greater part of western culture and intellectual life. Of course the former group is, world-wide, much more powerful in Christianity as a whole. But those who are of that persuasion are usually blithely unaware of the fact that their lives are totally based on a myth which in their religion they deny: for example, the use of modern technology, including medicine for the most part. Without realising it, they really do live in a curiously schizoid state culturally. The problem could be dealt with by pitching the use made of the modern myth at a lower level. That is, you can say: I use modern technology and modern medicine simply because it *works* in this way and that: and I do not go further, that is, I don't bother myself about possible deep theoretical or total pictures (myths) which lie behind it. I just do this or that piece of surgery or car-repairing or computer constructing and still believe fervently in angels and demons and God intervening in my child's examination chances or my disease. How do we bridge the total

gulf between those who can bear to go on like that and those who think it won't do if integrity is to be preserved?

Prayer

A particular aspect of the above concerns prayer. The tradition here is more complicated and interesting. It is true that intercessory prayer has overwhelmingly been modelled on the idea of a suppliant approaching a king or lord who has benefits to bestow or withhold. That model fitted very well through the greater part of the Christian period with the way the universe was seen to be run (under God's direct governance) and, of course connected with, the way social and political life worked: lords - officially at least - had total power to dispose and success depended on getting their ear, while to lose their ear spelt total disaster. Of course this might be modified by checks and balances (parliaments etc.) but it remained the underlying assumption about social relationships. So of course prayer to God followed: *and* there could be no more of a problem about failure to get answers to prayer than there could be if the lord refused to cough up. You could complain but there was no intellectual problem - it was his to give or not to give. Once divine action ceases to be seen as direct, in the old way, a problem arises: how can the thing work at all? What point can there be in asking for this and that? And if the *system* of the universe withholds goods and doles out evils, what a terrible system! So, though we go on using it in every liturgy, 'asking prayer' in this crude form and verbalised in the form of asking, is unsatisfactory. As alignment of the self with God or as placing one's affairs in the wider light of God, of 'the depth of things', prayer in relation to this person/situation or that makes much more sense. We may note that at the start of Christian prayer, in Matthew's version of the Lord's Prayer, asking for needs to be fulfilled is specifically ruled out as the point of it. So, for Matthew, the meaning of the Lord's Prayer cannot be to seek the meeting of one's needs, but rather to desire earnestly the splendour of God's presence (kingdom). This aspect of spirituality demands further thought and reflection. For the pastoral theologian prayer is one area where theory and practice meet.

How then should we define or understand healing? As we have seen, culture will play a significant part in shaping the ways in which we understand the process by which healing is defined.

The *Oxford English Dictionary* defines healing as the action of heal, that heals or cures. It gives four classifications of the word heal:

1. To make whole or sound: to cure
2. To restore to soundness
3. To save, purify, cleanse, repair or amend and,
4. To become whole or sound: to recover from sickness or a wound

All four of these definitions are applicable in all cultures, so that cultural differences affect the way the processes are perceived and felt. For example, in a religious culture

reconciliation to God and neighbour will be a major aspect of healing: so may the whole apparatus of 'a good death'. In a secular culture, these aspects may be subordinated or absent and the stress will be largely on physical recovery.

In the light of the above discussion I propose the following broad definition of healing: the process of being restored to wholeness, emotional well-being, mental functioning and spiritual aliveness. Healing, from the Christian viewpoint, is always linked with a spiritual advance. God is part of this process and healing or wholeness (which could be care or cure) are metaphors for religious views of salvation.

Therefore what healing is or means will always be an area of *contestation* because of the complexity of views on the nature of God and providence. In addition it will always be impossible to fully understand (like the doctor reviewing the X-rays) the paradoxes and complexities of the human person in its totality.

So, does God act upon or against nature to heal? Perhaps there are times when God is at work in the process of making whole through a variety of agents and in ways that are obvious and mysterious. Even if God does not act to heal, a religious person may still feel the God-dimension is important, even absolutely paramount: that is the 'ultimacy' or 'depth' in the situation and the process of healing - including its total effects for self and others.

Above all when considering the subject of healing it will be important to understand that the theoretical world-fiction of medicine is one that is held by people who are themselves, by assumption, 'healthy'. And it is far removed from the perceptions of the self as patient or even as vulnerable and fragile, always a potential patient. In that role, the much more mixed responses, some of which have been raised here, operating at different levels, may come into play. Some of these responses - and all as a package - are wildly out of kilter with the strong, controlling and healthy scientific world-view's assumptions. Disease and healing should never be viewed objectively and examined and treated only from a scientific basis. Suffering and pain are always felt at a number of ambiguous and complex levels. The pastor's task is to try and present his or her engagement with these perspectives of mixed and vulnerable attitudes to the view of the medical establishment and institutions. The healing may come from the God who in the process of pain and uncertainty, promotes growth and wholeness through a change of perspective.

Footnote

1. An edited version of this paper was delivered to the John Young Foundation in Stafford on 21st September 1993.

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