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Hubert Department of Global Health

Title Assorted Writings and Presentation of Thomas A. Droege

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Background Dr. Droege was the Associate Director of the Interfaith Health Program in the 1990s. Trained as a Christian theologian at the University of Chicago, Dr. Droege helped to create important frameworks in Christian theology to inform the work in religion and public health. This document combines XX different papers or presentations that Tom wrote during his tenure at IHP. Together, they offer us a glimpse of that formative framework.

Documents:

The Church's Challenge in Health Promotion

John Wesley, the founder of Methodism, believed that the way of holiness, which is the way of love, brought healing to the soul and health to the mind and body. Because the soul was embodied, its dispositions altered the body through which it lived. Substitute self or mind for soul and those assertions could come right from a contemporary treatise on mind-body connections in illness and healing. Wesley once encountered a woman who had continual pain in her stomach. Her physicians had prescribed drug upon drug, without effect. Their mistake, he thought, was that they ignored the root of her disorder: Whence came this woman's pain? From fretting for the death of her son. And what availed medicines, while this fretting continued? Why then do not all physicians consider how far bodily disorders are caused or influenced by the mind; and in those cases, which are utterly out of their sphere, call in the assistance of a minister; as ministers, when they find the mind disordered by the body, call in the assistance of a physician? (Holifield, p. 21)

The woman suffered from physical maladies, he thought, because her grief had overwhelmed her. Today we have scientific evidence that intense grief can affect the immune system and create conditions conducive to illness. Wesley knew that without scientific evidence, as have physicians for centuries, and he identifies it appropriately as a spiritual, not a physical problem.

It should come as no surprise to anyone familiar with the Wesleyan tradition that a conference on the Church's Challenge in Health is being sponsored by Methodists and held at a Methodist conference center. Wesley saw many points of connection between health and salvation, between medical treatment and spiritual care. He not only saw those points of connection, but he initiated a medical/spiritual healing ministry that was strikingly holistic. I would go so far as to say that Wesley was to Methodism what Jesus was to all of Christianity, a model of what he preached about the healing church. If the Gospels give us an accurate picture of his ministry, Jesus spent at least a third of his time healing people of all kinds of maladies of body, mind, and spirit. The same can be said of Wesley.

Our gathering here this evening after a full day of learning how to make effective use of the health risk appraisal is a wonderful occasion to review a little of the history of early Methodism as a reminder that we're not pioneering something new when we promote health in the name of Christ. Methods of health promotion like the health risk appraisal may be new, but not the principle which is behind its implementation. We are standing on the shoulders of some giants who preceded us, not the least of which was John Wesley. Methodists aren't the only ones who have a tradition of concern for health and healing. So do Lutherans, the Reformed, Roman Catholics, Pentecostals, Seventh Day Adventists, Mormons, Anglicans, as well as faith traditions that have no connection to Christianity. We can learn from them all. But we do well this evening to honor our hosts by choosing Methodism as a representative sample of the deep investment that Christians have had in whole person health care since the time of Jesus.

I want to acknowledge my debt to E. Brooks Holifield, author of Health and Medicine in the Methodist Tradition for much of what I want to share with you in the first portion of this address. Holifield's treatise is one of a series of volumes on Health/Medicine and the Faith Traditions published by the Park Ridge Center. Whatever your tradition is, you'll find a volume in this series to help you understand it better. I have nothing but good things to say about this publishing venture, which includes a recent volume entitled Restoring and Healing, a very readable reference volume on the understanding of health and healing in the major world religions. And while I'm plugging the Park Ridge Center, let me add that their periodical, Second Opinion: health, faith, and ethics, is the only periodical which I'm familiar with that addresses issues in health and bioethics from a faith perspective.

As I mentioned earlier, Wesley believed that the way of holiness is the way of love, a belief that has implications for the body as well as the soul. In Wesley's words: The love of God, as it is the sovereign remedy of all miseries, so in particular it effectually prevents all the bodily disorders the passions (read stress) introduce, by keeping the passions themselves within due bounds. And by the unspeakable joy and perfect calm, serenity and tranquility it gives the mind, it becomes the most powerful of all the means of health and long life (p. 21). Wesley was aware that a soul perfected by love often had to endure the ills of a shattered body. He knew that sickness could limit the disposition of love and even engender lovelessness. Thesoul/body connection works both ways. The soul can affect the body for good and ill health, but the body can do the same for the soul.

Wesley struggled throughout his life to maintain a balance between the secular and the sacred in matters of health and healing. He both prayed and prescribed medicines. He began at the early age of 17 to read books on "anatomy and physic" and continued to study those topics the rest of his life. It was in 1746, long after returning to England after his visit to America, that he made healing an integral part of the Methodist revival. Moved by concern for widespread illness and suffering among the poor, he decided as a desperate experiment to practice medicine, setting aside each Friday to see the sick. Keep in mind that medicine was hardly an advanced scientific enterprise at the time. Even at that, Wesley chose a conservative approach. He dealt only with chronic illness, referring cases of acute illness to licensed physicians.

It was a year later, in l747, that Wesley published his famous Primitive Physick: An Easy and Natural Way of Curing Most Diseases, which by the end of the 19th century had gone through 38English and 24 American editions. A total of 62! He suggested remedies for about 250 maladies, which he described as "cheap, safe, and easy medicines" that plain people could use.

Wesley argued for simplicity in medical treatment. His prescriptions were: fresh air, fresh water, honey, herbs, and a few medicines that were manufactured rather than natural. He was critical of medicine's preoccupation with illness and placed much more attention on what we would call preventive measures or health promotion. He urged careful attention to diet and exercise, rest and equanimity, temperance and cleanliness.

Both Scripture and experience taught Wesley that "the power of exercise, both to preserve and restore health, is greater than will be conceived." This led him to the principle of human health called regimen, a regulated system of diet, exercise, and so forth, for the maintenance or improvement of health. He recommended two hours of walking or horseback riding every day. He advised friends who were well to take ample exercise in fresh air. Never mind that the theory behind this recommended practice was more than a bit dubious. It was commonly thought that the body consists of earth, air, fire, and water. Wesley theorized that the air taken in by the lungs had particles of fire, which radiated through the nerves, making the body lively and vigorous. Sound strange? Yes, but not too far off base. Our modern reasoning is that exercise triggers the central nervous system to release endorphins which make the body lively and vigorous.

The regimen which Wesley promoted meant more than exercise. It meant careful attention to cleanliness, diet, and sleep. Intemperance in food and drink slowly destroyed the body, according to Wesley, and it was he who popularized the slogan that" cleanliness is next to godliness." People tend to mock that slogan and apply it exclusively to people who are super-neat and never want their kids to get dirty. But recall that in the 18th century the absence of hygiene was among the chief causes of disease, also in medical treatment, which was far from antiseptic. Bathing was infrequent, and people thought Wesley odd when he recommended frequent cold baths, telling Methodists to rid themselves of lice and bury their excrement, and advising against the use of snuff and tobacco - all expressions of regimen.

Isn't that a remarkable account? Remember that Wesley was advocating these things almost 250 years ago, long before our modern preoccupation with health. We might smile smugly at some of Wesley's remedies for our ills, but he was way ahead of his time in health promotion. He would be among the first to commend you for what you're doing at this conference. Even more important, he would tell you that this type of health promotion is more than social service; it is the ministry of the church.

This Wesleyan emphasis on health and vitality remained prominent in the tradition of Methodism. There are many examples, but a particularly striking one comes from early in this century when the then popular social gospel included a gospel of health. To social liberals in England, such as High Price Hughes, it seemed certain that "when human society is reconstructed on a Christian basis (how many of us still maintain that dream?), infant mortality and blighting disease will be mere memories of a buried past" (Holifield, 53). The promise of the kingdom of God included a promise of bodily health, and it inspired a confidence that "disease is an avoidable and a removable evil." I bit of hyperbole, you might say, but take away the overstatement and you find a message that echoes that of Wesley and provides the rationale for projects of health promotion like the one we are implementing. Christians are called, said Hughes, "to attack physical disease with all the resources of Christian civilization," especially by the preventive measures of public health. Hughes called for parks in cities, gymnasiums, free lunches in schools, sanitary legislation, and pure water.

What I have only hinted at, but trust that you will assume, is that Wesley and the entire Methodist tradition place this concern for health and healing within a theological framework. Wesley thought that all disease resulted ultimately from a primeval fall, which was and is the primary cause of illness. But unhealthy habits, hurtful chemicals, filthy environments, and disproportionate emotions were seen by him as secondary causes of illness, and it is here that we do battle with forces that are destructive of the created order. Similarly, Wesley thought that the love of God was the sovereign remedy of all miseries of body, mind, and spirit. Salvation or wholeness is God's intention for all of humanity, and the love of God is the means by which that is attained. It's all part of a larger picture in which medical treatment and pastoral care are partners in ministry. How appropriate, given the story of his life, that a physician preached Wesley's funeral sermon.

What I've emphasized in the Methodist tradition is the promotion of health rather than the curing of ills. I've done that intentionally because the use of the health risk appraisal falls under health promotion. I think that Wesley was unique in this emphasis. Most churches within Christendom would at least pay lip service to a healing ministry, and some, like the Pentecostals and Christian Science, place healing close to the center of their mission. But apart from Seventh Day Adventists and Mormons churches have not promoted health as much as they have healing. Why is that? Mainly, I think, because Jesus is our model for ministry, and healing was an aspect of his saving work, so much so that a single Greek word is used for both heal and save. Maintaining wellness or wholeness falls under the doctrine of creation and seems somewhat removed from God's saving work. Christians have always been more interested in the question "What saves?" than the question "What keeps us well?"

Historically, medicine has also placed a disproportionate emphasis on healing over health maintenance. Healing is what physicians are trained to do, it's where the money is, and it's where all the high tech equipment is. There is great satisfaction in performing a surgery that adds years to life or facilitating the reversal of a life-threatening illness. In times of crisis we are acutely aware of our need for medical intervention, and we look to physicians as our saviors. And so they are. In matters of health promotion the physician is more prophet than savior, more moralist than healer. Small wonder that public health attracts neither the money nor the bright young people needed for effective health promotion.

Though both medicine and the church have poor track records in health promotion, we have a golden opportunity at this point in history to work together. Faith communities have the access to people and the moral authority to promote health in the communities where they are located. Medicine has the resources, such as the health risk appraisal and long-range studies, which are necessary for effective health promotion. I have long been a proponent of better cooperation between medicine and communities of faith, but there are so many divisive issues in healing, so many turf battles such as refusal of treatment by Jehovah's Witnesses and Christian Scientists, faith healing claims, and ethical issues surrounding euthanasia and abortion. Health promotion has none of those thorny issues, and so we do well to seize the opportunity to work together on it.

I said earlier that faith communities have access to people and moral authority. Both are on the decline, unfortunately, but large numbers of Christians, Jews, and members of other faith traditions gather together regularly for worship and mutual admonition and edification. People go to physicians when they need their services, but clergy still have easy access to the homes of their members, even if few choose to take advantage of that open invitation. Once a week members of the clergy are given an opportunity to address their congregations on the vital intersections of faith and life. Physicians and nurses have no such forum.

What is the moral authority that we have to bring to the promotion of health? Beyond what is implicit in what I have already said about the Methodist tradition, let me be explicit about some themes in Scripture which speak directly to the matter of health promotion. The first is stewardship, stewardship of the body. It's already in the first chapter of Genesis. Adam and Eve, as representatives of all humanity, are given the responsibility to be caretakers of the whole creation. It's very clear in that chapter that the world is not their oyster, not their possession to do with what they please. They and by implication we are created in the image of God and are to care for the world as God cares for it. That includes our bodies, of course. As much as I respect the rights of the terminally ill to make decisions about their bodies, the rhetoric used to defend that right is rarely in tune with this biblical perspective. Instead of saying, "This is my body, and I have a right to do with my body what I choose," a biblically informed response would be, "God has given me this body to care for, and whatever decision I make about it will be made in partnership with God." Responding in that manner is as appropriate in health promotion as it is in euthanasia.

There's a retributive view of justice that undergirds most of the personal morality that you find in Scripture, especially the Old Testament. Simply put, it says that you get what you deserve. You will be rewarded if you do the right things and suffer the consequences if you do what is harmful. That kind of moralizing can itself be harmful, especially if you use it to blame the victim, as in the book of Job, but it is an accurate description of the moral order of the universe as created by God. The linking of lifestyle to health in health promotion literature is based on a biblical principle that says that we are responsible for our health. There are self-destructive consequences to smoking, lack of exercise, poor diet, and so forth, and we have a health risk appraisal to prove it. We have the moral authority to remind ourselves and others that this principle is grounded in God's plan of creation and that we ignore it only at our own risk. As appropriate as that moral principle is in undergirding an emphasis on assuming responsibility for our health, most of us are reluctant to use it. Partly, I think, because it sounds too much like the hellfire and damnation preaching in the great revivals that was designed to make people feel guilty and to scare them into repentance. I find myself reluctant to use it because I react so negatively to the self-righteousness of so many leaders of the wellness movement. To paraphrase the Pharisee, "I thank you Lord, that I am not like this physical wreck who smokes two packs of cigarettes a day, never exercises, and pigs out on pork. I eat veggies and bran, run five miles a day, and meditate a half hour in the morning and in the evening." If I hear one more talk in that vein after a lunch of fruit and carrots, I think I may throw up on the spot.

St. Paul suggests a much more positive way to express the biblical theme of being good stewards of our body in his first letter to the Corinthians: "Do you not know that your body is a temple of the Holy Spirit within you, which you have from God, and that you are not your own? For you were bought with a price; therefore glorify God in your body" (6:19-20). What a wonderful metaphor, the human body as a temple of God, a sacred place consecrated by God's presence. We're motivated to keep our churches clean, well-kept, and beautiful because we regard them as holy places. But we are more likely to think of our bodies as our possessions to do with what we want, to abuse them if it brings us pleasure, and to overuse them if it brings us success. I use this image of the body as the temple of God in one of the guided imagery exercises in my book on The Healing Presence, which will be published by Harper and Row in April of next year. The concept of the body as temple of the Holy Spirit is no substitute for the image, for the picture in your mind's eye of your body as a holy place. Try that right now. Close your eyes and try to imagine your body as a temple in any way your imagination suggests. If you can make that image vivid and real for yourself, you will care for your body at least as well as you care for the church building in which you worship.

What I asked you to do just now was to draw on the resources of your faith to imagine your body as the temple of the Holy Spirit. This is going beyond moral authority to the spiritual dimension of wellness. It's what I would call the faith factor in wellness. I've written a book on The Faith Factor in Healing, which was published by Trinity Press International last May and is available in the Cokesbury bookstore. The thesis of that book is that faith is always a factor in healing, no matter who does it, and I demonstrate that thesis not by looking at faith healers but by looking at healing done under medical auspices. You can no more eliminate faith from healing than you can eliminate the placebo effect from medical trials.

Similarly, there is a faith factor in wellness. The attitude that people have about their health is a reflection of their faith. If you believe that you are not your own, you will treat your body differently than if you believe your body is yours to do with what you want. One of the issues I explore in my book is the question, "Why do some people stay well?" That's a very different question than "Why do some people get sick?" Faith is clearly a factor in why some people stay well, the most important factor in my judgment. We know from health studies that people whose lives are full of hope and meaning live longer and are healthier than people who are hopeless and feel live holds little meaning. I'm sure that doesn't surprise you. What's the difference between the two groups? Faith. And if wellness includes spirituality, and I would assume that all of us agree that it does, then the point is even more obvious. It's the person of faith who maintains hope and finds meaning in life even when a terminal illness is swiftly drawing life to a close. Only by taking into account the faith factor can you say that the person who is dying is well and that his or her dying is healthy.

I make special mention of the faith factor in wellness so that we do not define health promotion too narrowly, as if a healthy body were the only criterion of success in this project. You don't have to be religious to say that health promotion includes a healthy mind and a healthy spirit as well as a healthy body. We need have this broader definition of health in mind since the

health risk appraisal measures only the health of the body. If we focus only on that and don't address the larger issues of wellness, we are in danger of making a healthy body a thing to be desired in and of itself, quite apart from an assessment of how health at the physical level fits with health at the mental or spiritual level.

Though there is ample support in Scripture for promoting a healthy body, there is also ample warning against making it the supreme goal in our lives, as if it were an end in itself. A compulsive health-seeking is a form of idolatry. That kind of health promotion is an attempt to make life secure, fend off illness and even death in a futile attempt to attain some kind of mastery of the forces which threaten not only our well-being, but our very life. That's what sin is at its very core, our effort to make life secure on our own terms, by our own efforts, and thus under our own control. A couple years ago I saw an inscription on the sweatshirt of a guy who was jogging (this was in California, the land where godliness is next to wellness). The inscription read: eat right, exercise regularly, die anyway. That puts wellness into proper perspective; we are finite creatures, destined to die, but from the cradle to the grave God blesses us with life, calls it good, and thus wills us be well.

But we live in a world where God's blessings are consistently abused. We live in a world where greed prompts businesses and governments to destroy the environment with pollutants and contaminate food with dangerous chemicals. We live in a world where people abuse their bodies through the intake of smoke, drugs, junk food, and excessive stress. We live in a world where people abuse others through physical violence, sexual harassment, and excessive demands on their time and energy. In short, we live in a fallen world where disorder is as descriptive of our individual and corporate lives as order, where the very quest for wellness can be a sign of a self-seeking, self-serving idolatry. Well, how are we to understand all this in the light of our Christian faith? The doctrine of creation enables us to say that God intends order, not disorder; health, not illness; the abundant life, not life turned in on itself. The doctrine of the Fall enables us to say that there are forces in the world and in ourselves that subvert the possibilities of health.

It's tempting to ignore destructive forces that bring disorder in a conference devoted to health promotion, but that would be neither wise nor realistic. We may be on the side of the angels in promoting health, but we would be naive if we didn't anticipate considerable resistance to any probing of unhealthy habits which are deeply rooted in a lifestyle that is familiar, comfortable, and pleasurable. And even when the health risk appraisal convinces people of their irresponsibility, that doesn’t mean that they are going to change deep-seated habits. I want to conclude my remarks this evening with a few theological reflections on the spiritual forces that are working both for and against health promotion.

I turn once again to the Methodist tradition, this time to discern the spiritual forces that support health promotion. I'm referring to the Wesleyan doctrine of prevenient grace, which is grace that was there from the beginning, from before the Fall, as distinct from grace which restores wholeness after the Fall. It's by means of prevenient grace, according to Wesley, that human beings can recognize the distinction between good and evil, harmony and disharmony,

order and disorder, and can then move toward the good, the harmonious, the orderly. The doctrine suggests that human life is graced with an impulse toward well-being, which includes a movement toward health and healing. As seriously as we must take the resistance to initiatives in health promotion, we can count on an impulse toward well-being at the deepest core of the inner self. That's the good news.

The bad news is that you can't rely on that impulse and that impulse alone to succeed in a ministry of health promotion. The bad news, by the way, is more Lutheran than Methodist. Lutherans love to harp on the bad news about the human condition. Well, if you can't rely on a natural impulse toward well-being, and I think Wesley is right in saying there is such a natural impulse, then what can you count on? Answer? On the promise of salvation, or restored wholeness, which comes through the life, death, and resurrection of Christ. That's the health or wholeness that we should be promoting. Not instead of health as in health risk appraisal, which would imply that the health which comes through Christ doesn't include a healthy body. That kind of split between soul and body is the heresy we've been trying to get rid of at least since the time of Des Carte and Newton. No, the point is that the restored wholeness we should be promoting is so much more than a healthy body. It is a wholeness that cannot be eroded by illness or any other destructive force in a world that will remain fallen in spite of our best efforts at health promotion. The bottom line is that the health we are promoting cannot be measured solely by the health risk appraisal.

If that's so, what is the restored wholeness that we should be promoting and how do you measure it? The answer to both questions is Jesus Christ. It is in Christ that we have both the clearest expression of what it means to be whole and the one who gave his life that we might be whole. Let me be more concrete. Freud once said that human health can be defined modestly as the simple capacity to love and to work. That's pretty close to what we see in Christ. Using Christ as our example, we can say that health can be defined as the capacity to love and to serve. If this is our model of well-being, it is clearly evident that health is never an end in itself, but rather a means to loving and serving others. Jesus' loving and serving took him all the way to the cross at the cost of his health and his life, and at a very young age. I teach a course on aging, and I find myself wishing that Jesus could have lived to old age so that we could have a model of health for every stage of life. But the principle would be the same. Insofar as health and the quest for health enhance and deepen the ability to love and to serve God and the neighbor, they enhance the larger well-being which defines the Christian journey. Insofar as health and the quest for health subvert the ability to love and to serve, they subvert that well-being.

My purpose this evening has been to put what you're doing in this conference within the framework of a Christian understanding of health and well-being, using John Wesley and the Methodist tradition as an example of how that meaning gets worked out in theory and practice. If nothing else, I hope that I've helped you see that the promotion of health is a valid and vital part of the church's ministry. Christianity has a long and rich tradition of health and healing from the time of Christ up to the present. One of the flaws that crept into this tradition, and it has been a deep and long-lasting flaw, is the sharp division we've made between body and soul that

has resulted in an equally sharp division between medicine and religion, illness and sin, and health and salvation. One of the benefits of the current emphasis on whole person health care is that those artificial divisions are recognized as useful for a division of labor but destructive when they drive a wedge between the church and other institutions committed to healing and health promotion. What you are doing models a new spirit of cooperation between medicine and religion and champions an ancient understanding of persons as unified in body, mind, and spirit. We are recovering what John Wesley already knew in the eighteenth century, that God is on the side of wellness and that medicine can be a faithful partner in achieving that goal. You can be confident of God's blessings.

The Church's Challenge in the Prevention of Premature Death

Let me begin by telling you a little bit about what I'm doing at the Carter Center in Atlanta. It fits closely with my topic, but I'm going to reverse the usual order and begin with practice and then give you the theory which supports the practice, the theory coming from studies in both health and faith.

Atlanta is one year into a massive effort to address systemic social problems in the decaying center of a great city. Instituted by President Carter one year ago and called the Atlanta Project, this project is a community-based effort to empower people at the grass-roots level to identify their needs and marshal the resources to meet them. The target areas of The Atlanta Project have a population of 550,000 and about 500 identifiable faith groups, most of them Christian. These are the areas in Atlanta with the highest poverty, crime, and substance abuse.

The Atlanta Project has an impressive support system. $32 million dollars has been raised, 100,000 volunteers have been recruited, and corporate sponsors have been enlisted for each of the twenty designated regions of the project. Not all has gone smoothly. There are critics and cynics, clergy being among the most vocal, but mostly there is strong support throughout the city for this venture.

Also located at the Carter Center is the Interfaith Health Resources Center (IHRC), of which I am the Associate Director. Our first project has been a planning study to develop strategies for health promotion that can be utilized by coalitions of churches serving disadvantaged populations in the city of Atlanta.

Along with schools and what's left of families, churches are the most stable social institutions in these devastated areas of our urban centers. They are already health places, and we are committed to helping them function even more effectively in promoting personal and communal wholeness. I'd be happy to talk more about this project later, but essentially what we're doing is forming coalitions of churches and using an empowerment model to develop congregation-based and community-based ministries in health promotion.

What we're doing in Atlanta in conjunction with the Atlanta Project is a local expression of a larger mission, which is to serve as a national clearinghouse for information about church/health programs in faith communities. Our assumption is that everything worth doing in health ministry is already being done; we intend to locate replicable models and share what we lean through a newsletter, an easily accessible database, and the development of resource packets.

Our emphasis is on health rather than healing ministry, on disease prevention and health promotion rather than on disease cure, to use David Hilton's apt term for describing the function of modern medicine. Health ministry is part of a larger movement in this country that places health promotion and disease prevention at the center of health care.

It's instructive to pay attention to changes in terminology. Health ministry is more prominent than healing ministry these days. The shift is subtle but significant. I've been exploring church and health issues for the past 25 years. Early in my career the question that many of us were asking was: "What makes people sick and what does that have to do with sin?" And another question follows from that: "How are people healed and what does that have to do with salvation?" Both are questions of fundamental importance for the church's ministry, given the centrality of healing in the ministry of Jesus. Biblical scholars helped us see the close relationship between sin and sickness, and between health and salvation. The long-standing dichotomy between soul and body broke down and we all began to speak of whole person healing ministry.

I would suggest to you that the fundamental question today is not, "What makes people sick and what are the resources of faith for healing?" but rather another equally important question: "What keeps people well and what are the resources of faith for health?"

We are at the end of an era of dramatic progress in medical treatment. Early in this century, 1909 to be exact, Paul Ehrlich won a Nobel Prize for the discovery of a cure for the dreaded disease syphilis. His discovery was the culmination of a generation of research in the late 19th century on the germ theory of disease, the idea that specific diseases were caused by specific infectious organisms. Ehrlich demonstrated for the first time that a specific chemical compound could kill a specific microorganism. He called the substance a "magic bullet," a drug that would seek out and destroy its mark. He predicted that the world of twentieth century bioscience would produce magic bullets to cure all diseases.

The search for magic bullets did indeed dominate twentieth century biomedicine. We have acted throughout this century as if the germ were everything and the host nothing. We still spend only two cents of every health dollar on prevention, and a heavy percentage of the 98 cents we spend on cure goes toward expensive treatments to prolong the dying of people in the last few months of their lives. That must change, first because it costs too much, which is why it tops President Clinton's domestic agenda. Second, it must change because magic bullets, even when they're very effective, are never enough. We are increasingly aware that we need to pay as much attention to the host as to the parasite, as well as the social and environmental field within which they interact.

Anton Antonovsky and others are helping us to look beyond our preoccupation with the question, "What makes people sick?" to the equally important question, "Why do some people stay well?" Why is it that among a group of people, all of whom are exposed to the same infectious disease, some stay well?" Antonovsky began to ask that question when he came to the realization that 75 percent of all illness occurs in 25 percent of the population. Does that mean

that only 25 percent were exposed to the deadly viruses? Of course not. To ask the question about the cause of disease is to focus attention on the virus, the parasite. To ask the question about the reasons for wellness is to focus attention on the host, on the person who either succumbs to or effectively fights off the invading organism.

As you all know, the diseases that top the morbidity and mortality charts today are all related to lifestyle: cancer, heart disease, AIDS, and injuries. The primary causes are things like smoking, alcohol and other drugs, violence, diet, and stress. No magic bullets are going to dramatically curtail mortality and morbidity as they did in this century. It's people assuming responsibility for their health.

The prescription for the next century needs to be different than the one Ehrlich promoted at the beginning of this century. I predict that the 21st century will be marked by an emphasis on spirituality and health promotion and a lessening emphasis on science and its healing claims. There's considerable evidence that this is already happening.

The recent interest in mind/body studies and the development of psychoneuroimmunology as a sub-discipline in medicine has finally broken down the soul-body dichotomy that has dominated the modern era. Even physicians are commenting on issues that clearly have to do with spiritual rather than physical matters.

And the attention given to Bill Moyers' series on "Healing and The Mind" is evidence of the widespread interest in the general public about new ways of thinking about health.

If people are beginning to pay attention to the relationship of spirituality and health, then they are only noticing what has been there all of the time but largely ignored in the name of objectivity and scientific detachment. Faith has always been a factor in healing, wherever and whenever healing occurs. Spirituality has always been at the heart of health promotion.

My favorite story for illustrating that is a news report about a ten year old boy who stepped off the bus to the school yard and fell over dead. The report stated that he led a very lonely life. His mother had remarried, and she and his stepfather ignored him when he was home. At school, he did not have any friends, and those that did acknowledge his existence poked fun at him. The autopsy revealed no abnormalities; his heart had simply stopped beating.

Any attempt to offer an explanation for such a death is highly speculative. I suppose one could say that it was a spontaneous dying, which is what we say about a healing we can't explain. But certainly hopelessness was a contributing factor in what happened to this young lad. We have convincing evidence that animals literally give up when they are put into situations of helplessness and hopelessness. When dogs are given unavoidable, inescapable electric shocks, they seem to accept their situation as hopeless, even when later placed into a shock situation that includes an opportunity to escape. The same is true of mice that are put into a situation from which they cannot flee or fight, such as being placed in a jar full of water. They quickly die from a slowing of the heart and respiration. That happens even more quickly if their whiskers, a

principal source of sensing the environment and orienting them, have been clipped. However, if the rats are periodically and briefly put in a water jar and let go each time, they will later swim in the jar for long periods without signs of giving up or dying. If that's true for animals in hopeless situations, it's certainly a plausible explanation of why the heart of a lonely and hopeless ten-year-old would simply stop beating.

Hope keeps people well and facilitates healing. Hope is a spiritual energy that activates the human will rather than a passive waiting for something to happen. Hope is an expression of faith. Keeping hope alive is what the church is all about, and we have resources for sustaining hope that far exceed those available to any other healthcare provider.

Having some meaningful purpose in life keeps people well. The writers who have described so vividly for us the horrors of the holocaust, authors like Victor Frankl and Eli Wiesel, tell us that the survivors in death camps were those who had a reason to live. The importance of meaning is even more obvious if you understand wellness as being more than physical health. Think of the people you know who are living with chronic illness. It's those who have a sense of coherence that are able to rise above the threatening chaos of self-disruption that accompanies the debilitating effects of chronic illness. And that's even truer for people who are dying.

I can think of nothing more important in the health ministry we perform than helping people tap the resources of their faith to undergird their sense of meaning and purpose in life. Not only is that a health ministry in the sense of health promotion, but having a sense of meaning and purpose will sustain people spiritually when others levels of health are threatened, as they inevitably will be. The latest statistics are still one death per person, and the chances of that changing in our lifetime are pretty slim.

Hope keeps people well. Having a meaningful purpose keeps people well. And belonging keeps people well, a sense of connectedness to others, both in personal relationships and in groups, especially small groups. Studies show that those who are deprived of it are more vulnerable to illness. A recent study showed that heart attack victims are 50% more likely to have a second attack within six months if they were living alone. People who are single, separated, divorced, or widowed are two to three times more likely to die than their married peers. They are also hospitalized for mental disorder five to ten times more frequently. Whether we look at heart disease, cancer, depression, tuberculosis, arthritis, or problems during pregnancy, the occurrence of disease is higher in those with weakened social connections, and that's especially true for men.

One of the most impressive of recent controlled studies showing the effects of increased social support along with other life-style changes was done by Dean Ornish with 49 patients who had heart disease. It is the only study that has demonstrated that coronary heart disease can be reversed without using cholesterol-lowering drugs or surgical interventions, and even more striking, it shows that lifestyle intervention is more effective than the use of either drugs or surgery.

As interesting as the results of this study is the commentary by Ornish. The design of his study included stress-management, for which he needed to gather people together in small groups. The techniques used along with the group support initiated a process of transforming and even transcending the isolation that Ornish thinks is at the root of so much chronic stress. To make lifestyle changes transformation is necessary, according to Ornish, and that happens only by means of a spirituality rooted in meaning and purpose, values, and communal support. Ornish says:

> It is very difficult to motivate people to follow a diet or to stop smoking or to engage in other desirable behaviors if one doesn't also address the underlying issues. Telling somebody who is feeling isolated and unhappy and depressed and who feels his or her life is out of control that they may live longer if they just eat less meat or stop smoking is not terribly motivating for many people, because many people who are unhappy don't want to live longer. Anyone who smokes can just read the Surgeon General's warning and know that it is not a very healthful thing to do. Yet a third of Americans smoke, and in some countries, it is 50 to 60 percent of the population or higher. So, providing people with health information is important, but it is not usually sufficient to motivate lasting changes in behavior. If, instead, we work at the emotional and spiritual dimensions of health and illness, addressing these issues of what brings a person a sense of inner peace, contentment, meaning value, and intimacy, then that individual is more likely to make choices that are life-enhancing rather than self-destructive. (Advances, 8(2), p. 30)

Ornish has it right, I think, in noting not only the importance of group support for health promotion but also the need for transformation in making lifestyle changes that are permanent, a transformation that is deeply rooted in an enduring spirituality. I'm always more impressed by such reflections when they come from someone with no axe to grind, like I do, and who is speaking to a scientific community that gets very uncomfortable when you talk about slippery terms like spirituality. When people like Dean Ornish, Herbert Benson, and C. Everett Koop talk to their colleagues about the importance of spirituality in healthcare, we have reason to listen carefully and appreciate more fully the leadership role we have in this area.

I've been talking to you about factors that keep people well, factors like hope, having a meaningful purpose, social support, and transformation. Isn't it obvious to you that all these factors are spiritual factors that have to do with a person's faith? If these factors are important in the maintenance of health, then we more than any other healthcare organization are challenged to provide a whole-person health ministry that sustains hope, facilitates bonding, and nurtures a meaningful purpose for living. Each of those factors calls not for material but spiritual remedies, which faith communities can provide much more effectively than a secular program. As much in sympathy as I am with Bernie Siegal's general approach to health and healing issues, surely we have more to offer than he when it comes to meeting spiritual needs.

Spirituality is the turf we need to claim as our own--not exclusively, of course, but as the

experts in diagnosis and treatment, and above all, as the bearers of a faith tradition that can satisfy the spiritual hunger that comes with being human, a hunger that is especially strong in an age dominated by science and technology.

We need to claim spiritual health as our specialty and offer models that combine practical program development with solid grounding in theory. Programs placing nurses in churches are surely the most striking and innovative programs of health ministry that has emerged in the past decade. If you are interested in health ministry in churches I would urge you to attend the annual conference of The Health Ministries Association, a national membership organization for parish nurses and others engaged in health ministry. That conference will be at the Carter Center in Atlanta from July 23-25. The keynote speaker will be Dr. Bill Foege, former director of CDC and The Carter Center, and you will also learn more about the Interfaith Health Resources Center.

I don't think we often appreciate our leadership role in promoting the centrality of spirituality in health promotion. As Dean Ornish suggested, the key term is transformation, which is the antecedent to a change of behavior. It should be obvious that education is not enough. That's the limitation to the Surgeon General's warning on cigarette packages, to nutrition information on products, and to behavioral medicine. What must happen is a transformation at the center of the self, what Christians have always referred to as conversion.

Transformation. Isn't that what faith is all about, changing people? And not just changing their mind and their behavior, but also their heart--so that there will be a shift in the center of the self. Nobody in the healthcare field is better positioned to address the issue of transformation than we. That's our uniqueness, what distinguishes us from all the rest of the people who are pushing health promotion.

Well, how do you effect a change at the center of the self so that people will assume responsibility for their health and change their behavior accordingly? That's a religious question, and I will answer it with theological categories common to Lutheranism and certainly not foreign to Baptists. The theology is simple. There are basically two ways to change people, one by means of the law and the other by means of grace. Both can be effective, but Christians have almost always favored grace over the law.

The use of the law as a method of changing people is usually accompanied by threats that generate fear, the assumption being that you can change people if they are fearful enough of the consequences of what they are doing.

The moral principle behind this approach is biblical, and particularly prominent in the Psalms. The principle, simply put, is that you get what you deserve. You will be rewarded if you do the right things and suffer the consequences if you do what is harmful. One reason that it works so well is that it can be empirically demonstrated, particularly in the health field. The linking of lifestyle to health in health promotion literature is grounded in the solid evidence that we get what we deserve. There are self-destructive consequences to smoking, lack of exercise,

poor diet, and so forth, and we have a health risk appraisal to prove it.

However true, most of us don't find this approach very appealing. We don't like guilt trips and scare tactics, especially when they're used on us. This law-oriented approach encourages self-righteousness and becomes downright destructive when you use it to justify yourself and blame the victim, as in the book of Job, or in the literature that blames the cancer victim for not having the right attitude. I find this approach particularly strong in the wellness literature. It goes something like this: "I thank you Lord, that I am not like this physical wreck who smokes two packs of cigarettes a day, never exercises, and pigs out on pork. I eat veggies and bran, run five miles a day, and meditate a half hour in the morning and in the evening."

Better than the law is the message of God's love. Listen to Paul's exhortation in I Corinthians: "Do you not know that your body is a temple of the Holy Spirit within you, which you have from God, and that you are not your own? For you were bought with a price; therefore glorify God in your body" (6:19-20). The human body as a temple of God, a sacred place consecrated by God's presence. We keep our places of worship clean, well-kept, and beautiful because we regard them as holy places, but we are more likely to think of our bodies as possessions to do with what we want, to abuse them if it brings us pleasure, and to overuse them if it brings us success.

A faith which sees in the body a temple of God, which nurtures us in community, and gives us hope and meaning even in our dying--no, especially in our dying, is a faith rooted in the love and mercy of God, and that's what sustains a whole-person health ministry.

Health education and effective programs in nutrition and exercise programs are not enough. We need to go back to the basics if we're going to provide effective leadership in health ministry, and nothing is more basic than spiritual transformation. Let that be our top priority--today, next week, next year, and always.

The Faith Factor in Healing

The title of my address this morning is the title of my book, which I hope you will all buy. Last night I talked about the church's challenge in health, and how an effective health ministry program such as Lafiya can meet that challenge. I focused my remarks on health promotion and the need for us to assume responsibility for our own health. This morning I want to shift the focus from health to healing, which has a long and rich tradition reaching all the way back to the healing ministry of Jesus. Though I think the challenge we face in the present ought to be directed more to health ministry than healing ministry, it is the latter which has received the greater attention throughout the history of Christianity.

People do get sick and are in need of healing in body, mind, and spirit. One third of the stories in the gospels are stories of Jesus healing people, and if you understand healing as more than physical healing, then all the stories in the New Testament are about healing, because Jesus came to save and save means heal. The Greek has only one word for those two terms; *sodzo* is sometimes translated save and sometimes heal, depending on the context.

Throughout its history, the church has followed the mandate of Jesus to heal. You can see it in the Acts of the Apostles and the early church fathers; you can see it in the building of hospitals and the sending of medical missionaries; you can see it in the Pentecostal movement and Christian Science, to mention only some of the ways that the healing mission of the church has been manifested. That mission is ours as well of course, because the mandate of Jesus to heal as well as to preach the gospel is a mandate for every age. Though not listed on the program, the subtitle of my address this morning is "The Church's Challenge in Healing," the focus of our attention shifting from health to healing, both of which are a challenge to the church. Within that broader frame of reference, we will be looking closely at the relationship between faith and healing.

Herbert Benson helped me to see more clearly the universality of faith as a factor in healing by his open acknowledgment of the role it plays in modern medicine. You may be familiar with Benson's method of relaxation; it's widely used in hospitals and wellness programs. The beauty of the method is its simplicity. (Slide 1) Benson and his colleagues did extensive studies of the effects of relaxation on persons who practice meditation, and the evidence is clear that it lowers blood pressure, slows breathing and heart rate, and changes brain waves to an alpha state, all of which counteract the harmful effects of stress. Relaxation is a common prescription given to people where stress seems to be contributing to their illness.

In his modest little book entitled Beyond the Relaxation Response Benson identifies what he calls the faith factor in healing, which I chose as the title of my book on this subject. (Slide 2) I was particularly struck by Benson's willingness to use the term faith to describe what he was observing. Benson is a highly respected physician, and in a culture that has made such sharp

divisions between religion and medicine, it's no small thing for him to be talking about faith as a factor in healing. Faith is a loaded term, given the history of faith healing in this country. Though Benson does not limit faith to religious faith or faith in God, he is certainly talking unashamedly about spirituality and telling us that it's important in health care.

There is no resource for healing that is more ignored in our modern era than faith. Faith is always a factor in healing, wherever and however it occurs, be it through medicine, through prayer, or through witchcraft. It's not surprising that medical doctors ignore and even suppress the faith factor in healing; they regard themselves as scientists, not healers, and pride themselves on their objectivity. It is more difficult to understand why we in the church have played down the importance of faith in healing. After all, faith is a spiritual matter, and spirituality is the dimension of whole person healthcare for which we have special responsibility. Whatever the reason for this--the secularity of our age, our deference to modern medicine, or our embarrassment at the behavior of some faith healers--it is clear that the spiritual dimension of health and healing has been largely ignored in this century until very recently.

But that's changing, as I suggested last night. There is dramatic evidence that faith is a crucial factor in healing. After reviewing that evidence in the place you'd least expect it, the world of medical healing, we will examine the implications for the church's challenge in healing.

Faith, like spirituality, is a slippery term. I like the definition that I first learned from Martin Luther in my catechetical instruction. It's nice to know that there are some things in the catechism you can still use fifty years later. Luther's explanation to the first commandment reads like this: "A god is that to which we look for all good and in which we find refuge in every time of need. To have a god is nothing else than to trust and believe him with our whole heart. As I have often said, the trust and faith of the heart alone make both God and an idol.... For these two belong together, faith and God. That to which your heart clings and entrusts itself is, I say, really your God." Faith is expectant trust in that which promises help in time of need.

Most of those who have looked for evidence of faith as a factor in healing have turned to faith healers, and mostly to discredit them. A prominent example of many such efforts is a recent book entitled The Faith Healers by James Randi, who used his prestigious Macarthur grant to expose the fraudulence of some nationally known faith healers. Instead I turn to the field of medicine, where nobody would accuse its practitioners of faith healing. The evidence of a faith factor in healing is especially compelling in medicine because it is such an embarrassment, something its practitioners try to eliminate rather than foster. I will examine three areas in the practice of medicine where it seems obvious that faith is a factor in healing. Those areas are: the placebo effect, the stories of illness, and the use of imagery.

The Placebo Effect

If you like to shock people, tell your physician sometime that he or she is a faith healer,

and then watch the reaction. The neat part about this little experiment, though it's not likely to foster good relations with your physician, is that you would be right. Physicians are faith healers in the sense that they invite expectant trust on the part of those who come for treatment. The white coat, the stethoscope, the prescription pad, elaborate equipment in clinic and hospital, and supreme self-confidence on the part of the physician all contribute to the faith people have in their doctors and in the health care system they administer.

Called the placebo effect in medical literature, faith is expectant trust that a healing remedy will be effective. (Slide 3) There are myths that surround the use of placebos. (Slide 4) By contrast, Howard Brody says this in his excellent medical study on the placebo effect: "Placebos can be more powerful than, and reverse the action of, potent active drugs. The incidence of placebo reactions approaches 100 percent in some studies. Placebos can have profound effects on organic illnesses, including incurable malignancies. Placebos can often mimic the effects of active drugs. Uncontrolled studies of drug efficacy are reported effective four to five times more frequently than controlled studies."

What's the medical opinion about this? Your physician would be quick to acknowledge that apart from controlled clinical trials, the efficacy of new drugs is highly dubious. The purpose of clinical trials is to test for the placebo effect in order to eliminate it as a factor in healing. Note the irony, wanting to eliminate something that heals because it messes up the science. Clinical trials fail to eliminate faith, of course, though that fact is rarely pointed out in the medical literature. (Slide 5)

In addition to clinical trials, there are all kinds of studies that demonstrate the power of placebos. I will limit myself to one interesting example, a study by two Japanese researchers who showed the inhibition or triggering of allergic skin reactions by suggestion alone. Thirteen high school boys known to be highly allergic to certain plants were asked to participate in the experiment, which was conducted by a physician with high prestige in a respected medical setting. After being instructed to close their eyes, the boys were told by the physician that the leaves of the harmless plant he was brushing over their arms was the plant to which they were allergic. All thirteen of the boys demonstrated some degree of dermatitis (including itching, redness, swelling, and blisters). Then the boys were told that they were being touched by the leaves of a harmless plant when in fact the leaves were poisonous. Eleven of the thirteen did not show the expected dermatitis. Only the placebo effect can account for these results.

The next slide notes the necessary conditions for the placebo effect to take place. (Slide 6) The faith of the physician is so important in the placebo effect that to be considered valid a clinical trial must be a double-blind experiment, with neither the physician nor the patient knowing which is the experimental drug and which is the placebo. Need I say that faith is also an important factor in the healing ministry of the church? The faith that we have in the healing power of the presence of Christ will determine if we have a healing ministry at all, and if we do, the faith of those who provide that ministry will affect the expectant trust of the persons who receive it.

The theological issue in this matter is not whether faith is a factor in healing, but where that faith is directed. As Christians, we must insist that the source of all healing is God. That means two things. First, we must expose the idolatry of those who make the physician or medical treatment the object of their faith and point beyond the healing event to its ground and meaning. But beyond this we need to reaffirm the unique historical embodiment of God's power to heal in Jesus Christ and the continued presence of that power in the church today.

We can perhaps excuse the world of scientific medicine for its embarrassment about faith healing, but what about us? Why are so embarrassed by faith healing? Is it because we think that those who practice faith healing often claim too much when they promise instantaneous and supernatural healing? The promise is not that God will heal instantly and supernaturally. The promise that accompanies Christ's mandate to heal is that we can be assured his divine compassion and healing presence will be mediated through the healing ministry that we provide. We gather to pray, to hear the ancient stories of healing, to receive forgiveness and healing through the ordinary means of water, bread, and wine, and to engage in rituals of healing. There is every reason to expect healing through this ministry, and in a manner that is as ordinary and natural as the healing that comes through medical intervention.

It's an irony that we learn from medicine, that bastion of science, about the healing power of faith in the placebo effect. It is a nuisance to the theory of medicine because it doesn't fit the objective, mechanistic model of modern medicine, but in the practice of medicine physicians regularly reinforce its effects through the supreme self-confidence that they have in their methods. By contrast we, who have a long history of locating faith at the very center of a Christian understanding of healing, demonstrate very little confidence in the church's ministry of healing. As Donald Shriver reminds us, "The medical profession would be ill served by members who do not appreciate the real powers of medicine. So also with the field of religion. 'Be not eager for self-negation,' medical people may need to say to students and practitioners of religion." Shriver has it right. We have sold ourselves short, and we need to reflect anew on the healing mission of the church and restore confidence in the healing power of the gospel.

Far from undermining the expectant trust that people have in their medical care, we need to undergird it by pointing beyond it to the God who is at work in the mending of all creation. And rather than seeing medicine as our only resource when we are ill, we need to deepen our relationship to the healing Christ in Word and sacrament, trusting that his promise to heal is as valid and effective today as it was when he said: "Daughter, your faith has made you well; go in peace, and be healed of your disease" (Mk 5:34).

Stories of Illness

A second area of medical practice that provides evidence for how faith is active in healing has to do with the story of illness. Like the placebo effect, medical practitioners largely ignore the faith factor that resides within the stories of illness. It's not that physicians ignore

what patients have to say about illness; it's that their perspective is narrowly focused on case histories.

The science of medicine equips physicians to treat organic disease, the symptoms of which are diagnosed by means of case history and eliminated by means of surgery and/or medication. The common complaint of patients that their physician doesn't listen to them is true in relation to the larger story of illness but not in relation to the symptoms of disease. A physician listens carefully for what he or she is trained to detect, symptoms of an organic disease which can be reversed by appropriate intervention.

That may seem to be all that is needed in a critical illness which is quickly cured, though here also one must be sensitive to how the illness affects one's priorities in life. But when the story of illness is prolonged, as in chronic or catastrophic illness, there occurs a disruption of self, and often the threat of disintegration, that calls for healing that needs to be much broader and deeper than the physical cure which is the goal of the physician.

A small core of medical authors are encouraging their colleagues to expand their case histories of disease management to include stories of illness, placing technical descriptions within narrative accounts that reveal the personal meaning of illness and the variety of ways that individuals cope with the changes that an experience of illness brings.

Howard Brody, one of the leading spokespersons in this movement, says that: "It may reasonably be hypothesized, that the placebo effect, well known to be ubiquitous in medicine, works precisely by way of this meaning route - a story that makes sense, implies enhanced social support and caring, and tends to lead toward mastery and control of the illness will maximize the perceived (and objective) relief of the sickness episode."

When a disease is well understood, a doctor's explanation restores a sense of coherence. He or she may say: "You have a hiatus hernia, which means that a part of your stomach has been pushed up into the hole of the diaphragm through which the esophagus passes to join the stomach; and while this may cause you some discomfort, it is easy to take care of and will do you no harm." Such an explanation is not sufficient if the trouble is something that medicine can do nothing about, something which will result either in death or long-term chronic illness. In such cases a different kind of explanation is needed to give meaning to the story of illness. Only a "big-enough" story will be able to restore and possibly transform the sense of coherence which the self needs for healing in the larger sense of restoration to wholeness.

The illness narratives of John Donne and Cornelius Ryan demonstrate the importance of stories for understanding the meaning of illness. Donne's Devotions Upon Emergent Occasions must be read within the context of seventeenth century culture when serious illness meant that one took to bed, waited for the disease to reach its climax, endured the critical days, and patiently endured a lengthy period of convalescence. The passivity with which the patient was expected to accept the will of God in the course of the disease stands in striking contrast to the description of Cornelius Ryan in A Private Battle, where the model is the war hero who fights valiantly to the

end against great odds. Ryan, a famous journalist and historian of World War II, became ill with cancer while he was researching and writing A Bridge Too Far, an epic account of a famous battle toward the end of the war. His story, as told by himself and his wife in A Private Battle, is full of stoic courage as he fought to complete this project.

Donne sees a close connection between the travail of the body and the travail of the soul, and Ryan between illness and war. For Donne religion provides a uniform model that explains the meaning of illness and the way to experience it. Ryan uses the metaphor of battle to understand the meaning of cancer, perceived by him and many in our culture as an alien intruder and silent destroyer. For Donne everything that happens to his body in the course of his illness has a counterpart in the life of his soul. His is a sacramental view of illness and healing. For Ryan illness has no meaning other than that of evil - cancer with the face of a mass murderer. I personally find the account of Donne more compelling, but only because I share with him the larger story that brought meaning to his illness.

The difference between case history and the story of illness, as well as their relationship, is indicated in the following slide. (Slide 7) When the story of illness is long and does not have a happy ending, the narrative structure that gives meaning to the illness and the hope of healing must be broader and deeper than medicine can provide, and for Christians that story is the story of Christ. (Slide 9)

Clifford Geertz describes human beings as animals suspended in webs of significance that they themselves spin. Those webs of significance are story-shaped, and the important task of ordering the impending chaos of a disrupted world into a cosmos of meaning is the task that every seriously ill person faces.

The best contemporary story I've read recently that illustrates the difference between case history and the story of illness comes from the pen of Arthur Frank under the title At The Will of The Body. Frank was 39 years old when he had a heart attack. The following year he was diagnosed with cancer. One of the compelling features of his story of illness is the contrast he draws between his intense need for meaning and his physicians' preoccupation with diagnosis and treatment.

A couple of quotes from Frank's book will illustrate the contrast between case history and his search for meaning. Frank says that "The ill person actively tries to make sense of what is happening to her body. She tries to maintain a relationship between what is happening to her body and what is going on in the rest of her life. When a person becomes a patient, physicians take over her body, and their understanding of the body separates it from the rest of her life. Medicine's understanding of pain, for instance, has little to do with the ill person's experience. For the person, pain is about incoherence and the disruption of relations with other people and things; it is about losing one's sense of place and finding another.... Medicine cannot enter into the experience; it seeks only cure or management" (52). Frank's book is the story about a valiant effort to make sense out of what was happening to him in his experience of illness. A piece of that story, though by no means all of it, came through his identification with the Old

Testament story of Jacob wrestling with an angel. He says:

"Stories we tell ourselves about what is happening to us are dangerous because they are powerful. Stories come to us from many sources; some we seek, many happen without our notice, others impose themselves on our lives. We have to choose carefully which stories to live with, which to use to answer the question of what is happening to us. Jacob's wrestling became a story I lived with as part of my personal mythology of illness. This is what it is to be ill: to wrestle though the long night, injured, and if you prevail until the sun rises, to receive a blessing. Through Jacob's story, illness became an adventure" (81).

Frank has it right. We have to choose carefully which stories to live with. And while Jacob's wrestling with an angel is a powerful story, it pales in comparison to the story of Jesus wrestling with God, not just until the morning, a morning like any other morning, but until Easter morning, a morning like no other in the history of humankind.

I recommend Frank's book to you, if you haven't already read it. It's a masterful demonstration of the importance of spirituality in healthcare and the danger of ignoring what is right at the heart of health and healing, the story-shaped webs of significance that we spin to bring order into the impending chaos of our disrupted worlds.

What one is struggling to preserve when ill is not just life but one's world. The more disruptive the illness, the more likely will this be the case. At one point the patient in Luria's The Man With a Shattered World says: "Why doesn't my memory function, my sight return? ... It's depressing, having to start all over and make sense out of a world you've lost because of injury and illness, to get these bits and pieces to add up to a coherent whole." Both the body and the self struggle to bring some order, some organization to the threatening chaos of illness. The most that the body can achieve is some semblance of the coherence that characterizes health, but apart from illnesses that attack the brain, the self has the capacity to construct a new world of meaning, a transcendent order that is more stable and satisfying than anything known before.

It is this capacity to construct a world of meaning in the form of a story that makes us human and accounts for our spiritual development even when our bodies are falling apart. The need for stories to bring meaning to illness is particularly strong among those who are chronically ill. In his book on Living with Chronic Illness, Stephen Schmidt gives powerful testimony to the importance of story in living with chronic illness. Though suffering can embitter those who are touched by it, in most cases suffering serves as a catalyst in transforming persons who are ill into powerful witnesses to the meaning of life. Telling such stories is "breaking open the hidden holy that dwells in our experience," as Sue Kidd once put it, assuming, of course, that part of our experience is participation in the story of Jesus, whose healing ministry was set within the larger context of his death and resurrection.

It is in the narrative structure that gives meaning to illness that we find evidence that faith heals. The rational, scientific, and objective reporting in a case history excludes faith as a factor in healing when it excludes the intuitive, imaginative, and dramatic dimensions of stories that

give meaning to illness. What kind of stories is important for discerning the meaning of illness and how it is to be treated? We've already implied that sacred stories are particularly significant, stories that tell you who you are, where you've come from, and where you're going, stories that enable you to find hope in a future that may be full of dark shadows.

Communities are the chief depositories of stories about meaning, stories that undergird our identity and assure us of historical continuity. The Christian community has many sacred stories about illness and healing, most of them centered around the great healer and his healing ministry, death, and resurrection. Sustained by this master story, shared by a community of fellow Christians, the person who is ill can weave a web of meaning that can transform the seeming chaos of self-disruption into a story full of promise and hope.

The Use of Imagery in Healing

A third area in the practice of medicine where we find clear evidence of a faith factor in healing is in the use of imagery. Scientific evidence that mind-body communication is a key factor in both the cause and cure of illness, particularly in relation to the function of the immune system, accounts for the greater openness in medicine towards methods of healing that a few years back would have been denounced as quackery. The use of the imagination to facilitate healing is perhaps the best evidence of greater openness toward mental or spiritual healing. There is an increasing medical use of such techniques as biofeedback, clinical hypnosis, and guided imagery. Each of these affects physiological processes, such as body temperature and immune function, by means of the imagination. Despite the empirical evidence of its effectiveness, the use of imagery within the church continues to meet with considerable resistance from conservative Christians. Why is that?

I think it comes from the failure to make a clear distinction between the technique of imagery, which is value-free, and its faith-laden content and context. The technique of imagery is simply one among many ways to facilitate a deeper-than-intellectual experience. However, the content of imagery, particularly what I call the deep structure of the imagery, will be replete with images of faith, such as faith in the "the healer within," which is the title of a popular book on self-healing. Or it may be faith in some form of mystic energy, as is the case with imagery that draws on Eastern religious experience. Or it may be faith rooted in some other tradition, such as Christianity. Or it may be faith in an eclectic hodgepodge of beliefs, as is true in much of the New Age imagery. Similarly, the context for healing imagery, *where* it is done and by *whom*, will also be suggestive of a faith factor. A pastor doing imagery in a church will evoke different images of faith than a shaman performing ancient rituals or a physician using imagery in a hospital setting.

If the placebo effect is expectant trust in healing methods and persons, and the thread of meaning is the faith factor in the stories we tell, imagery links the two. It can deepen the images that are in the master story of the healing Christ that we tell again and again, and in so doing nurture expectant trust in the healing presence of Christ. As the experience of Christ the Healer deepens, so will the expectant trust of those who look to Christ for healing.

Harpers has just published The Healing Presence, a book of guided imagery exercises I've written that do just that, deepen the experience of the healing presence of Christ and invite trust in his promise to heal. I want to do a shortened version of one of these exercises to illustrate what I mean by nurturing expectant trust in the healing presence of Christ.

The story on which this exercise is based is one of the few stories where a woman is singled out for healing, a woman whose back is so crippled that she is literally bent double. The healing is about liberation, the liberation of a woman who has been bent over for 18 years by a physical malady and societal oppression. The oppression is evident in the story. The leader of the synagogue where the woman is healed keeps saying to the crowd, not to the woman: "There are six days on which work ought to be done; come on one of the other six days of the week to be healed, and not on the Sabbath day."

The exercise: Relax as well as you can in these chairs. I'll play some music to help with that. Be aware of your body and note any places of tension you find there. Wherever you are aware of tension in your body, consciously let go of it and feel it drain away like newly melted snow flowing down a mountain stream. Close your eyes or keep them focused on one place in the room to keep from being distracted by me or anyone around you. Pay attention to your breathing, breathing in the Spirit of God, and breathing out all worry and tension.

Imagine yourself with a chronic back condition that keeps you constantly stooped over. In your mind's eye, or quite literally if you wish, assume the position of a person "bent double" and keep that position until you are given further instructions. Imagine what it would be like never to be able to straighten your back again. Picture yourself leaving this room, driving your car, and engaged in any other activity that would be a normal routine for you. (Pause)

What is it that is going on in your life right now that has you stooped over, as if you were carrying a heavy burden? Is it perhaps some physical condition that is chronic? Is it a spiritual condition that has left you bent and burdened, such as a relationship in which you've been badly treated or a job in which you've received little personal or professional respect? Take a moment to identify what is that leaves you stooped in body, mind, and spirit. (Pause)

Still in a stooped position, imagine yourself entering a synagogue of ancient Israel. It is the Sabbath, and you've gone there for instruction and worship. As you enter, you notice that the teacher is Jesus. Though you intend to slip quietly to the back of those who are listening, Jesus notices you and asks you to come to him. Imagine yourself working your way to the front of the group, stooped over and aware of persons who are staring at you and annoyed at the interruption. (Pause)

From your stooped position, look up at the face of Jesus. Everybody and everything fade into the background as your attention is riveted firmly on the face of Jesus. What do you see there? What do you want from him? What do you expect from him? (Pause)

Listen carefully to the words that Jesus speaks: "You are set free from your ailment."

Feel his healing hands being laid on that portion of your back which is bent and stiff. As you straighten your back now, imagine what it would be like to do that for the first time in 18 years. Imagine yourself standing erect and looking people in the eye. Look into the eyes of Jesus, and express what you feel. Look into the eyes of the leader who kept saying to the crowds that you shouldn't be healed, and express what you feel. Look into the eyes of the crowd of people who are there, and express what you feel. As you are ready, open your eyes and reorient yourself to this place and time with a new awareness of your freedom in Christ.

My reason for doing this exercise is to demonstrate that imagery is a way of deepening an experience of the healing presence of Christ and thus a very powerful resource for the healing ministry of the church. If you'd like some practical suggestions for how you might use it yourself or in your ministry to others, you can attend the workshop that I will be conducting later today.

If faith is indeed a factor in healing, and the evidence seems overwhelming to me, then we need to pay much more attention to the spirituality of health care than we have in the past. There are a growing number of people in medicine who are doing just that, but the practice of spiritual healing belongs much more naturally in the domain of the church than in medicine.

Spiritual healing is healing of the whole person via the human spirit and is as concrete and natural as physical healing, though much more complex and difficult to verify. Spiritual healing covers phenomena like the placebo effect, which refers to the healing power of expectant trust. Spiritual healing comes from the meaning we bring to illness. Spiritual healing is the best choice of terms for describing the effects of the use of imagery in healing, now widespread in the field of medicine and deserving of much greater usage in the church, where it can be more naturally grounded in a faith tradition which nurtures the spirituality that gives it healing power.

It is, then, in the broad area of spirituality and health that the church can make a major contribution to whole person health care. Spirituality is never without content and needs to be nurtured in a faith tradition. If it takes the form of expectant trust, then it's trust in someone or something, and for Christians that someone is Christ. If spirituality takes the form of stories about the meaning of illness, then the story of illness should be informed by a Christ-centered faith. If spirituality is nurtured by the use of imagery for healing, then the content of imagery should be full of biblical images of healing and wholeness and done within the context of the church. My purpose this morning has been to broaden your vision and strengthen you commitment to the healing ministry of the church. We have more to offer than we know. Be not eager for self-negation. We have a mandate from Christ himself to heal as well as to preach in his name. See in that mandate a challenge to provide health and healing ministries in the name of the great physician who has sent us.

Healthy Faith

This is the third in a series of three articles in The Good Shepherd on the church's health and healing ministry. The first article made the point that health ministry is keeping people well, and the family is the primary place where that ministry gets done. Faith is a factor in health and healing, according to the second article, and Jesus has given us a mandate to be a healing church. This article will focus on spiritual health and what individuals, families, schools, and churches can do to nurture healthy faith.

We know healthy faith when we see it: in the trust of a child who rests securely in the promises of parents and God; in the hope of a bedridden grandmother whose sense of self-worth and purpose in life have not been dimmed by the limitations that age and disease have placed on her; in the commitment of parents who bring their children to baptism and cultivate their identity as children of God; in the loving service of a hospice volunteer who brings the healing presence of Christ to persons who are dying.

I think all of us value spiritual health more than we do physical or mental health. But do we pay as much attention to spiritual wellness as we do physical wellness, including those for whom we provide care? Yes, we go to church and pray in time of need. But beyond that, are we conscious of our spiritual diet, what we read and watch on TV, and how that affects our spiritual selves? Do we engage in spiritual exercise regularly through meditation, reading Scripture, and sharing our faith with others? Is there a spiritual director to whom we can go for growing our faith and sustaining our faith in periods of trial?

Let's look at some characteristics of a healthy faith. As you read, ask yourself what you can do to improve the spiritual health of yourselves and your children.

Healthy faith, like a healthy body, is above all a gift from God. That's most obvious in infant baptism, God cleansing the child from sin and naming the child as his forever. Faith is all gift in this event, God's doing and not ours. And though we become conscious of faith as our action as well as God's gift in later years, yet we always know that the health of our faith depends on the continuous outpouring of God's Spirit through Word and Sacrament.

Faith, like your personality, develops by stages throughout life. The faith of a small child is different from the faith of a confirmand and the faith a mature adult. Trust is what we see in the healthy faith of a child, a struggle for meaning in the faith of a young adult, and a commitment to loving service in the faith of adults. A healthy faith is a developing faith, even though changes from one stage to the next can be disruptive and troubling.

Healthy faith grows strong and deeper when nurtured throughout life. Spiritual health is different from physical health in this respect. A healthy body reaches a peak of strength and

vitality and then gradually diminishes through the aging process until death takes its toll. By contrast, a healthy faith becomes deeper and stronger as it matures. Witness the healthy dying of a Christian. The body disintegrates, the spirit soars. That makes sense only because faith is grounded in eternal life, a gift that is already ours in baptism. The spirit can soar as the body dies because faith is a bridge to life on the other side of the grave.

Healthy faith sustains us in periods of adversity. Adversity comes with many different faces: physical illness, the loss of a job, a broken relationship, severe depression over long periods of time, leaving home, moving to a different place, the death of a friend or member of the family. Faith gets tested in times of suffering, and a healthy faith keeps hope and trust in God's presence alive and strong.

Healthy faith needs nurture. Health is a gift from God, including spiritual health, but no gift should be taken for granted. In the Winter 1994 issue of The Good Shepherd, I listed seven proven rules for staying physically well. The following rules for staying spiritually well come with no promise of prolonging your life, but they can deepen and strengthen your faith for now and for eternity.

1. Spend some time each day alone with God.

2. Plan a family gathering at least three times a week to nurture relationships with each other and God.

3. Gather at least once a week around Word and Sacrament with other members of your community of faith.

4. Make a personal commitment to set aside a minimum number of hours per week for serving others through your church or another community agency.

Rules are not healthy when they become rigid and are used to judge yourself and others, but healthy faith calls for a disciplined spiritual life in the same way that a healthy body calls for a disciplined physical regime of regular exercise, good diet, and so forth. Let's spend at least as much time promoting spiritual wellness as we do promoting physical wellness.

New Perspectives on the Integration of Spirituality and Medicine

Most of my academic career has been devoted to bridging disciplines. My graduate training in the Divinity School of the University of Chicago was in a cross-disciplinary field linking theology and psychology. It was at the U of Chicago that I became interested in the relationship between religion and medicine. Granger Westberg, a Lutheran clergyman and father of the parish nurse movement, was on the medical school faculty of the University of Chicago, quite remarkable for the early 60s. I participated regularly in a Religion/Medicine case conference that he organized. I still remember vividly the lively discussions among the medical and Divinity school faculty that were prompted by the cases presented there. Shortly after I joined the theology faculty of Valparaiso University I was asked to serve as the study director of a medical mission conference attended by physicians, nurses and missionaries on the future of medical missions at a time when third world countries began to develop health services that formerly only the church provided. Ever since that time much of my teaching, writing, and now program development has been on the boundary line between religion and medicine, faith and health.

You can imagine my delight at the prospect of a conference in which physicians and clergy meet to talk with each other about matters of mutual interest and concern. That doesn't happen very often, neither in groups nor in private conversations. The knowledge revolution of this past century has contributed to an increasing isolation of service providers, even when all of them are the broad umbrella of health care. Specialization is a mixed blessing. Advances in medicine in this century have been spectacular, but specialization means that we know more and more about less and less, that we have little time and training to relate what we know to other fields, even within a university. The term means unity in diversity, but the truth is that there is very little dialogue among the various schools or disciplines in a university. Lots of diversity, but little unity.

Dialogue is a means for achieving the goal of integrating spirituality and medicine, dialogue between those with expertise in these two areas. The term comes from the Greek word *dialogos*, *logos* meaning "word," and *dia* meaning through, not two. Imagine a flow of words or meaning among us and through us and between us that results in "shared meaning" that binds us together. The opposite is monologue, one-way speech, all talking and no listening, no sharing.

Dialogue is different from discussion, which has the same root as "percussion" and "concussion." They all come from the Latin term *cutere*, meaning to smash or break up. Synonyms of discuss are: debate, argue, dispute. University types are good at discussion, where people with sharp analytical skills argue for a particular point of view against those with another point of view. That's an effective method for forcing people to be clear and coherent in

defending their points of view. But discussion is like a Ping-Pong game, where ideas are batted back and forth and the object is to get points and win the game.

In a dialogue nobody is trying to win. There's a different spirit. Dialogue is a common endeavor in which all participants contribute to shared meanings owned by the whole group. It's not easy, even when people come together with good intentions and the right spirit. Different perspectives imply different ways of looking at the world, and a meeting like this often reveals how deeply entrenched we are in our particular communities of experience and learning - one a community of science and the other a community of faith.

Physicians and clergy view persons and their health needs from different perspectives, each legitimate but different. Dialogue from these two perspectives will inevitably force different assumptions to the surface, different assumptions about the meaning of the same word, such as health, and different assumptions about methodologies for restoring and maintaining health.

Given the differences, will we have a discussion about these matters or engage in a substantive dialogue? I will assume that our presence here means that we intend to dialogue not debate, but my experience in meetings like this is that assumptions are generally defended when they are challenged. Assumptions are taken-for-granted truths that one rarely questions, because they are so obvious from within a particular perspective. For example, in a setting similar to this one I've made the statement that "the traditional medical definition of health as the absence of disease distorts the real meaning of health." I got some strong reactions that led to discussion but not dialogue. On the other hand one of your physicians present might say, "you can't integrate spirituality and medicine because spirituality has no scientific basis." That would likely draw a spirited response from one of the clergy present.

If you're really serious about dialogue, serious enough to meet together regularly, what can you anticipate as the conversation unfolds? Initially, dialogue partners are likely to be polite to each other and avoid issues that may cause trouble. After a while, politeness falls away. Because the perspectives are so different, words and meanings often pass each other like ships in the night, so that initial attempts at integration are incoherent. If you stay together and listen with openness as well as speak with both reason and conviction, coherence can emerge. People get to know each other after sustained dialogue, and there is potential for a coherent movement of thought growing out of shared meanings.

A sustained dialogue calls for suspending assumptions, not suppressing them. You simply see what they mean - not only your own, but others as well.

Sustained dialogue also calls for putting brackets around the word "truth." Science and religion have a long history of conflict in the Western world, much of it around the meaning of truth. Science is committed to a search for objective truth based on fact, and that means ruling out subjective factors as much as possible. The truth to which Christianity is committed is subjective in the sense that you cannot know truth apart from a personal embodiment, as when

Jesus says, "I am the truth, the way, and the life." Two different perspectives on truth based on differing assumptions.

A dialogue may arrive at truth, objective truth in the scientific sense and existential truth in the spiritual sense, but the purpose of dialogue is shared meaning. Apart from coherent meaning there is no truth - scientific, existential, or dialogical. A final caveat. Don't confuse coherence within your own point of view with the coherence of shared meaning in a dialogue. You may have achieved remarkable coherence of meaning within your limited perspective, but there is no dialogical truth until we've arrived at a shared meaning that is coherent. If we can engage in dialogue with that spirit, then I think some shared meanings about the integration of spirituality and medicine are within our reach even today.

(As an aside, I must admit to some discomfort with the title of the foundation and today's theme. It implies that medicine needs to be fixed by integrating spirituality into it. I would prefer a title like *The Foundations of Spirituality and Health*, which would have implications for both religion and medicine.)

The Faith Factor in Health and Healing

A lively place to begin the dialogue, if somewhat provocative, is the topic of faith healing. No matter what your assessment of faith healers, all of us would agree that faith has been a significant factor in the healing ministry of the church from the very beginning. Jesus did not hesitate to make what appears to be a causal link between faith and healing when he tells the woman who touched his robe, "Your faith has made you well." Ask almost anyone to tell you the first thing that comes to their mind when you mention the two words, faith and health, and they will say faith healing. For most people faith healing is a discredited practice, viewed with suspicion by both medical science and mainline Christianity. In fact, faith defined as expectant trust is a largely forgotten factor for most Christians. Most of us look to medicine and not the church for healing.

How could something so central to the Christian tradition be largely ignored today? I decided to look for the answer to that question, not in the church but in the world of medicine. If faith was a factor in healing in an arena dominated by medical science where every effort was made to eliminate it, then surely it ought to be a factor that the church takes more seriously in its ministry. What I found is that faith is indeed a factor in medical healing, in at least three ways: the placebo effect, the increasing attention being paid to stories of healing that go beyond case histories, and the use of imagery in relaxation, biofeedback and hypnosis. I'll limit my remarks to the placebo effect.

Though most of you will be uncomfortable with the title, physicians are faith healers in the sense that you invite expectant trust on the part of those who come for treatment. The white coat, the stethoscope, the prescription pad, elaborate equipment in clinic and hospital, and

supreme self-confidence all contribute to the faith people have in you and the treatment you provide them.

Called the placebo effect in medical literature, faith is expectant trust that a healing remedy will be effective. Howard Brody says this in his excellent medical study on the placebo effect: "Placebos can be more powerful than, and reverse the action of, potent active drugs. The incidence of placebo reactions approaches 100 percent in some studies. Placebos can have profound effects on organic illnesses, including incurable malignancies. Placebos can often mimic the effects of active drugs. Uncontrolled studies of drug efficacy are reported effective four to five times more frequently than controlled studies."

Science provides ample evidence for the placebo effect. As you know, clinical trials are necessary to establish the efficacy of pharmacological agents. The purpose of clinical trials is to test for the placebo effect in order to *eliminate* it as a factor in healing. Note the irony, wanting to eliminate something that heals because it messes up the science. Clinical trials fail to eliminate faith, of course, though that fact is rarely pointed out in the medical literature. Placebo effects account for approximately 33 percent of treatment effectiveness, and recent reviews indicate that placebo effects in clinical situations may be as high as 70 percent when both doctors and patients believe that a treatment will be efficacious. Clinical trials measure the effectiveness of a new drug plus faith against faith alone.

In addition to clinical trials, there are all kinds of studies that demonstrate the power of placebos. One interesting example is a study by two Japanese researchers who showed the inhibition or triggering of allergic skin reactions by suggestion alone. Thirteen high school boys known to be highly allergic to certain plants were asked to participate in the experiment, which was conducted by a physician with high prestige in a respected medical setting. After being instructed to close their eyes, the boys were told by the physician that the leaves of the harmless plant he was brushing over their arms was the plant to which they were allergic. All thirteen of the boys demonstrated some degree of dermatitis (including itching, redness, swelling, and blisters). Then the boys were told that they were being touched by the leaves of a harmless plant when in fact the leaves were poisonous. Eleven of the thirteen did not show the expected dermatitis. Only the placebo effect can account for these results.

We can perhaps excuse medical scientists for their embarrassment about faith healing, but what about us in the church? Why are we so embarrassed by faith healing? Is it because we think that those who practice faith healing often claim too much when they promise instantaneous and supernatural healing? A community of faith gathers to pray, to hear the ancient stories of healing, to receive forgiveness and healing through the ordinary means of water, bread, and wine, and to engage in rituals of healing. There is every reason to expect healing through this ministry, and in a manner that is as ordinary and natural as the healing that comes through medical intervention.

It's an irony that we learn from medicine, a bastion of science, about the healing power of faith in the placebo effect. It is a nuisance to the theory of medicine because it doesn't fit the

objective, mechanistic model of modern medicine, but in the practice of medicine physicians regularly reinforce its effects, not by design, but through the self-confidence that they have in their methods. By contrast the church, which has a long history of locating faith at the center of its understanding of healing, demonstrates little confidence in its ministry of healing. As Donald Shriver reminds us, "The medical profession would be ill served by members who do not appreciate the real powers of medicine. So also with the field of religion. 'Be not eager for self-negation,' medical people may need to say to students and practitioners of religion." Shriver has it right. We in the church have sold ourselves short, and we need to reflect anew on the health and healing mission of the church to restore confidence in the healing power of the gospel.

A Shift from Healing to Health Ministries

The division between medicine and religion, the two strongest health traditions in our culture, has been too rigidly drawn since Descartes and Newton -- the body the turf of medicine and the soul the turf of religion, with the turf of religion becoming smaller and smaller. That division has allowed, even encouraged the development of the biomedical model. Its successes have been dramatic. The twentieth century has been marked by the advance of science and its material remedies and the retreat of religion and its healing claims. Religion still has its place as a relative outsider in the healing world as long as it undergirds trust in medicine and doesn't support heretical practices like Jehovah's Witnesses refusing blood transfusions, or worse yet, Christian Scientists refusing medical treatment altogether.

Though the division between medicine and religion has been sharp and sometimes divisive, what is common to both is a much greater emphasis on healing than health. Why is that? For Christians it's because Jesus is our model for ministry, and healing was at the center of his saving work, so much so that a single Greek word is used for both heal and save. Maintaining wellness or wholeness has traditionally fallen under the doctrine of creation and seems somewhat removed from God's saving work. Christians have always been more interested in the question "What saves?" than the question "What keeps us well?"

Medicine has placed an even more disproportionate emphasis on healing. Healing is what physicians are trained to do, it's where the money is, and it's where all the high tech equipment is. There is great satisfaction in performing a surgery that adds years to life or facilitating the reversal of a life-threatening illness. In times of crisis we are acutely aware of our need for medical intervention, and we look to physicians as our saviors. And so they are. In matters of health promotion the physician is more prophet than savior, more moralist than healer. Small wonder that public health has never had the glamor or the money given to medical treatment, with less than five cents of every health dollar going to disease prevention and health promotion.

Though both medical and religious leaders acknowledge the need for a greater emphasis on health promotion, the church is more strategically located to do that than the medical

community. Churches have greater access to people, and they have the moral authority to promote health in the communities where they are located. The traditional activities of churches, education, worship, and service, make them health places. By contrast, physicians and hospitals are almost totally committed to the treatment of disease, and that is rightfully their primary vocation.

No institution related to health has greater access to people than the church does. People go to physicians when they are sick and need their services, but clergy still have easy access to the homes of their members, even if few choose to take advantage of that open invitation. Once a week members of the clergy are given an opportunity to address their congregations on the vital intersections of faith and life, and the community gathers in smaller groups throughout the week. Physicians and nurses have no such forum, no such community.

In 1979 I wrote a monograph to provide a theological basis for the wholistic health centers that Granger Westberg was establishing in churches. I developed two themes in support of church-sponsored wholistic health centers. The first theme was whole person health care, my thesis being that a biblical understanding of humanity transcends the dichotomies of body and soul, medicine and religion, healing and saving. The second theme was the healing ministry of the church, a tradition as old as the healing ministry of Jesus but largely neglected in the modern church because of the dominance of medical science.

What is missing in that volume is any sustained emphasis on health promotion as a ministry of the church, and in that omission can be seen the difference that sixteen years have made in the health and healing beliefs and practices of the church. Health ministries have nearly eclipsed what was at that time a growing interest in the church's healing ministry that produced, among other things, rites such as the Lutheran "Service of the Word for Healing."[1]

The difference is one of emphasis. Churches have always been health places in that their activities promote health by creating community, sustaining hope, and undergirding a sense of meaning and purpose in life -- all of which are known factors in disease prevention and health promotion. And churches continue to be healing places as well in the sense of restoring wholeness through the forgiveness of sins, ministering to the sick, and providing care to those who are living shattered lives.

The shift in emphasis has been prompted by a gradual change in scientific and societal attitudes about health care. There is a growing realization that the improvement of health in our society depends for the most part on people assuming more responsibility for health maintenance. We are at the end of an era of dramatic progress in curative treatment. Early in this century, 1909 to be exact, Paul Ehrlich won a Nobel Prize for the discovery of a cure for the dreaded disease syphilis. His discovery was the culmination of a generation of research in the late 19th century on the germ theory of disease. Ehrlich demonstrated for the first time that a specific chemical compound could kill a specific microorganism. He called the substance a "magic bullet," a drug that would seek out and destroy its mark. He predicted that the world of twentieth century bioscience would produce magic bullets to cure all diseases. And to a large

extent he was right, if you're talking about infectious diseases.

The search for magic bullets dominated twentieth century medical science. We have acted throughout this century as if the germ were everything and the host nothing. That must change, not only because it costs too much, but because we are increasingly aware that we need to pay as much attention to what keeps people well as to why they get sick.

This suggests a different role for science in health than the celebrated role it has played in the development of the biomedical model. The role of science in health promotion and disease prevention is the public health science of epidemiology, a science that provides clear indicators of health risks for a wide variety of populations, with tools to measure those risks, and with program resources to reduce those risks. The role of health science in promoting wellness is to provide information on what keeps people well rather than on what makes them sick. The tension between faith and science that has characterized the long history of the church's relationship to medicine evaporates when the focus shifts from healing to health promotion. Health ministers, parish nurses and others, rely on health science to justify what they are doing and to identify those who are at greatest risk. What are we learning from health science and what are the implications for the church's role in health ministry?

Recent studies of rhinovirus infection indicate that about one-third of the persons with confirmed viral infection do not show evidence of cold symptoms. Why is it that among a group of people, all of whom are exposed to the same infectious disease, some stay well? Anton Antonovsky, a medical sociologist, began to ask that question when he came to the realization that 75 percent of all illness occurs in 25 percent of the population. Why are some people more resistant to viruses than others? Why more resistant at one time than another? To ask the question about the cause of disease is to focus attention on the virus. To ask the question about the reasons for wellness is to focus attention on the person who fights off the invading organism.

Genetic factors are obviously important in resistance to disease, but what is so striking in the research of the past twenty years is the evidence that spiritual factors play such an important role in maintaining health. People who stay well are people with hope, with meaning and purpose in life, with strong social support. Doctors have said for a long time that they can't do anything for a person who has lost the will to live, but we now have scientific evidence showing that people with hope, a reason to live, and social support do in fact live longer and healthier lives. For example, persons who have had a heart attack are 50% more likely to have a second heart attack within the next six months if they are living alone.

Improving health in the next century will depend as much on spirituality and health promotion as science and its healing claims. Recent interest in mind/body studies and the development of psychoneuroimmunology as a sub-discipline in medicine have prompted more and more health research on spiritual rather than physical factors. A good example is the article in a recent issue of *The Lutheran* entitled "Does your faith make you well?" The article quotes medical researchers who show on the basis of empirical studies that a strong faith makes statistically significant differences in the health of older adults.

If medical people are beginning to pay attention to the relationship of spirituality and health, then they are only noticing what has been there all of the time but largely ignored in the name of objectivity and scientific detachment.

There is a growing consensus on the meaning of spirituality in the literature on spirituality and health. Generally, it is defined as the unique capacity of the human spirit for faith and hope, for relationships of trust and loyalty, and for developing core values on which to build a meaningful and purposeful life. Spirituality often gets confused with religion. That's not surprising; the terms are often used synonymously. When we describe a person as spiritual, we usually mean that he or she is religious. But we can achieve greater clarity if we define spirituality more broadly as a human universal. Everybody has spiritual needs, a need for meaning, for purpose, for belonging, for hope.

The content of spirituality, on the other hand, is the particular form it takes in the story of a person's life. The content of spirituality, as Luther once put it, is what you trust and are loyal to, especially at the center of your life. The content of spirituality is the system of beliefs and values that shape the meaning and purpose of your life. The content of spirituality is the hope that enables you to lean into the future even when it's full of pain and terror.

Most people turn to religion for the content of their spirituality, but not all. Everybody is spiritual; not everybody is religious. Spiritual needs can be met through relationships that we form, through life goals that we set for ourselves, through all the ways that we find meaning in our shared lives. But for most people that's not enough. They need something that transcends the limitations and brokenness of human relationships and structures of meaning. They need something ultimate to give them hope and security. They need God. That's why humanity has always and everywhere been religious. In the words of Augustine, "My heart is restless until it rests in Thee."

My favorite story for illustrating the importance of spirituality is a news report about a ten-year-old boy who stepped off the bus to the school yard and fell over dead. The report stated that he led a very lonely life. His mother had remarried, and she and his stepfather ignored him when he was home. At school, he did not have any friends, and those that did acknowledge his existence poked fun at him. The autopsy revealed no abnormalities; his heart had simply stopped beating.

Any attempt to offer an explanation for such a death is highly speculative. I suppose one could say that it was a spontaneous dying, which is what we say about a healing we can't explain. But certainly hopelessness was a contributing factor in what happened to this young lad. We have convincing evidence that animals literally give up when they are put into situations of helplessness and hopelessness. When dogs are given unavoidable, inescapable electric shocks, they seem to accept their situation as hopeless, even when later placed into a shock situation that includes an opportunity to escape. The same is true of mice that are put into a situation from which they cannot flee or fight, such as being placed in a jar full of water. They quickly die of a slowing of the heart and respiration. That happens even more quickly if their whiskers, a

principal source of sensing the environment and orienting them, have been clipped. However, if the rats are periodically and briefly put in a water jar and let go each time, they will later swim in the jar for long periods without signs of giving up or dying. If that's true for animals in hopeless situations, it's certainly a plausible explanation of why the heart of a lonely and hopeless ten-year-old would simply stop beating.

Hope keeps people well and facilitates healing. Hope is a spiritual energy that activates the human will rather than a passive waiting for something to happen. Hope is an expression of faith. Keeping hope alive is what faith communities are all about, and they have resources for sustaining hope that far exceed those available to any other health care provider.

Having some purpose for living keeps people well. In a recent study the number one predictor of longer life was job satisfaction. The writers who have described so vividly for us the horrors of the holocaust, authors like Victor Frankl and Eli Wiesel, tell us that the survivors in death camps were those who had a reason to live. The importance of meaning is even more obvious if you understand wellness as being more than physical health. Think of the people you know who are living with chronic illness. It's those who have a sense of coherence that are able to rise above the threatening chaos of self-disruption that accompanies the debilitating effects of chronic illness. And that's even more true for people who are dying.

Serving others keeps people well, though that's not why people of faith do so. In every faith tradition physical health is a means to the end of serving others rather than an end in itself. Read the prophets in the Hebrew Scriptures, the story of Jesus in the Gospels, and the eightfold path of Buddhism. But the fact remains that serving others is good for your health.

Hope keeps people well. So does a meaningful life in the service of others. And belonging keeps people well, a sense of connectedness to others, both in personal relationships and in groups, especially small groups. Studies show that those who are deprived of it are more vulnerable to illness. People who are single, separated, divorced, or widowed are two to three times more likely to die than their married peers. They are also hospitalized for mental disorder five to ten times more frequently. Whether we look at heart disease, cancer, depression, tuberculosis, arthritis, or problems during pregnancy, the occurrence of disease is higher in those with weakened social connections, and that's especially true for men.

Apart from the direct correlation between spiritual components like hope and health outcomes, the motivation to change behavior that will affect health outcomes is spiritual. The leading causes of sickness and death have switched from infectious to lifestyle diseases: cancer, heart disease, AIDS, and injuries. The primary causes are things like smoking, alcohol and other drugs, violence, diet, and stress. No magic bullets are going to dramatically curtail premature mortality as they did in this century. From now on it's up to individuals to assume responsibility for our own health, and it's up to communities to create a health environment within which to live.

The emphasis on health promotion and individual and community responsibility for

health shifts the role of the church from a relative outsider in the health world to a major player. After all, spirituality is primarily the turf of the church, not medicine. It's the church which for centuries has given hope to people who had no hope. It's the church which has sustained people in community and provided them with meaning and purpose. It's the church which has the moral and spiritual authority to call for greater responsibility in health maintenance.

To say that churches have a leading role to play in promoting health does not mean that we do so in isolation from other churches and from those promoting health in the public sector. What it does mean is that our primary collaborative partner in the future is not the hospital-based medical community driven by the science of biomedicine but community-based public health agencies driven by the science of epidemiology.

Research Linking Faith and Health

In conclusion, I will lay out in very summary fashion the kind of dialogue that is needed with the church's new collaborative partner, public health - with particular attention to the health science that informs public health policy and practice.

The Interfaith Health Program at the Carter Center has from its inception regarded the public health science of epidemiology as a primary resource in shaping our general strategy and specific outcome objectives. Health science provides us with clear indicators of health risks for a wide variety of populations, with tools to measure those risks, and with program resources to reduce those risks. The gap between what is already known about the determinants of health and what is applied by faith groups toward improving the lives of people they serve is informed by public health science. In addition, congregational and community-based health ministries have drawn heavily on public health practices based on this science in developing successful working models that we encourage others to apply. The faith community has acknowledged the significance of public health science, in much the same way that it acknowledged the significance of biomedical science, even when it has made a concerted effort to eliminate the faith factor in both the science and art of medicine.

It is not as obvious that health science has acknowledged the significance of religion. The National Institute of Healthcare Research, through sophisticated reviews of health science research, has demonstrated convincingly that the effect of religious behavior and attitudes on health is generally positive. A more significant finding is that studies into the effects of religion on health have been a neglected area of research in health science. As a result, health practitioners are less likely to pay attention to religion as a significant factor in programs of health promotion and disease prevention.

Gallup polls conducted in 1944 and again in 1981 showed consistently that around 95% of those interviewed believe in God and 42% attend worship services weekly. Studies that include religious variables demonstrate the beneficial effects of religious commitment on a wide

variety of health outcomes, such as well-being (happiness, life satisfaction, marital adjustment, and self-esteem), coping (with medical illness, life stressors, and care giving), emotional imbalance (depression and anxiety), and healthy behavior (sexual activity, health care utilization, and drug use).

An example from the research literature is a study involving 232 patients over 55 years of age who had elective open-heart surgery. Researchers assessed the impact on survival of a number of biomedical, psychological and social factors as well as religious feeling and activity. Patients were interviewed prior to surgery and were followed up for six months after surgery, the period during which death would most likely be related to the surgery or the cardiovascular disease. Those who said they found at least some strength and comfort from their religious feeling were *three times* more likely to survive than those who found no comfort from religious faith. Those who participated in social and community groups had three times the survival rate of those who didn't take part in any organized activity. Those seniors who had both protective factors, religious and social support, were *ten times* more likely to survive.

The proliferation of mind/body studies and the development of psychoneuroimmunology as a sub-discipline of medicine have made both health researchers and practitioners more aware of the significance of spirituality, which includes such basic human needs as meaning and purpose, hope, values, forgiveness and love. For the majority of people these spiritual needs are met through religion, though that is less true for family physicians, according to one study that showed patients were more likely than physicians to believe in God (91% vs. 64%). A survey by the American Psychiatric Association showed that only 43% of respondents said they believed in God, half that of the general population.

This may help explain why studies on the effects of religion represent such a small percentage of the total number of clinical studies performed each year. The National Institute of Healthcare Research has published three volumes reporting on 269 studies and review articles that examine the relationship between religious commitment and health outcomes.[2] In a systematic review of 2,348 psychiatric studies over a five-year period, only 2.5% of studies used a religious measure, such as denominational affiliation (a very weak measure), while only 0.1% had religion as a central variable and only one study used a validated, multidimensional measure of religious commitment. In the family practice literature and abstracts to national meetings of health care research, the figure was even less--only 1 percent using any kind of religious measure at all.

Religious factors are also neglected in the practice of medicine. In a survey of 203 hospitalized patients, 80% reported that physicians rarely, or never, addressed spiritual issues, 77% thought they should, and 48% desired the physician to pray with them.

Research on the religious factor in health and healing suggests but does not prove its importance. More and better research is needed, and there is every reason to expect it will show that religious commitment is a key predictor in studies of health outcomes. If future studies reinforce what current research indicates, health professionals may be advised to make inquiries

about and reinforce religious involvement as readily as they inquire about cigarette smoking and hypertension. Someday it may be regarded as negligence to ignore and unethical to oppose religious commitment.

Public health leaders have strongly encouraged partnership with faith communities in the promotion of health, not so much because faith is important for health but because churches provide excellent access to the community. Research on the faith factor in health suggests that faith communities have something to give as well as to receive in this partnership.

Premises and Promises of Health and Healing: The Relationship of Health and Healing in Today's World

My compliments to Lois for putting this conference together and particularly for the choice of themes. "Premises and Promises of Health and Healing." Isn't that a wonderful title? Apart from its meaning, I love the alliteration: premises and promises.

And it does what every good theme should do -- set you to thinking. What are the premises, the presuppositions behind what I believe, think, and do? What is that I simply assume without question until somebody comes along to ask about it or question it? And what are the promises that we can make and keep in our ministries of health and healing? Do we sometimes nurture hope that is unrealistic, giving people grounds for expecting outcomes that are unlikely? Or, alternatively, do we sometimes sell short the promises that are grounded in the gospel? Do we sometimes give the impression that the only valid promises of health and healing come from health professionals, who have been vested with great authority and prestige in our modern era? Provocative questions, indeed, and I hope we come back to them again and again: What are the premises? What are the promises?

I'm going to focus my attention primarily on one particular premise: the church's mission is to heal and our task is to hold up the promises of healing in the gospel. There is a corollary premise in the medical world: the mission of medicine is to cure and its task is to provide universal access to the promises of healing in the science of medicine. It would be hard to question the validity of either premise. The church's mission to heal is based on the healing ministry of Jesus, the accounts of which fill one/third of the Gospels. The promises of healing are grounded in that ministry and the mandate he gave to the church to preach and to heal. The mandate to heal would be cruel if there were not grounds of hope, expectation or assurance of eventual success.

And if you understand salvation as wholeness, which is its literal meaning, then everything that Jesus did falls under the category of healing. He came to restore all things to wholeness. And that's true not only of Jesus but of the acts of God throughout history. Everything God is about has to do with healing, with restoration to wholeness.

A similar premise is operative in medicine; it's all about curing. Health is the absence of symptoms, and the task of medicine is to respond when symptoms of illness occur and treat that illness. The success of modern medicine in the past century confirms the validity of the premise and the promise of healing which flows from it. And the mission today is to make the promises of healing available to everybody. Thus the heavy emphasis on universal access in the health care debate. And that too is very hard to argue with, given the premise of justice. Everybody ought to share in the promises of healing that modern medicine can offer.

There's nothing wrong with the premises about healing in either the church or medicine. We do need, however, to question the premise which usually follows: that healing or curing fully defines the mission of the church and medicine. That assumption is most obvious in medicine,

where 98 cents of every health dollar (and we're talking about a lot of them) is devoted to high-tech curing, and a goodly percentage of that is spent in prolonging the dying of people in the last months of their lives. Two cents of every health dollar is spent on disease prevention and health promotion. A lot of attention in the health care debate is given to universal access, making sure everybody gets equal access to the 98 cents devoted to curing. There are few strong voices questioning the premise that 98% of our resources should be invested in disease cure.

But we shouldn't throw too many stones at the way medicine has invested its health dollars in curative practices, given the glass house that we live in. Like medicine, we in the church have long assumed that our task is healing rather than health promotion. That assumption is no longer obvious. It's not so much that it's being openly questioned. It's discernible in the change of emphasis from healing to health ministries in the church.

Listen to this description of the Bay Area Health Ministries. It is "an outreach program of Sunny View Lutheran Home, and is dedicated to the promotion of health and wellness, and the prevention of disease, through the work of volunteer health professionals in congregations in the Greater Bay Area." Health promotion and disease prevention are based on a different premise than healing ministry -- that intervention before the appearance of symptoms of illness is as important, I would say more important than interventions after the onset of symptoms designed to reverse the illness. And I hope it's obvious that there are a whole different set of promises (grounds for hope, expectation or assurance of eventual success) that flow out of the premise that we should intervene prior to the onset of illness.

So premises and promises are very important. We need to examine them periodically in order to assess who we are and what we are about. That rarely happens apart from an academic setting, where the questioning of assumptions is part of the process of analysis and critique. It's most likely to happen when there is a shift of attitudes and behavior in a culture that creates a whole new set of what Peter Berger calls plausibility structures. In one culture or period of history certain attitudes and behavior that seem perfectly obvious and plausible would strike a person from another culture or historical epoch as very strange. That's because every culture is based on taken-for-granted assumptions or premises about the world. And we're most likely to be aware of that when there's a shift in those assumptions.

There has been a shift in assumptions about health care in our culture. It's no longer obvious that we should be spending millions on treatment and pennies on prevention. Why? Because the major causes of premature death today and in the foreseeable future call for changes in lifestyle rather than dramatic medical intervention.

We are at the end of an era of dramatic progress in medical treatment. Early in this century, 1909 to be exact, Paul Ehrlich won a Nobel Prize for the discovery of a cure for the dreaded disease syphilis. His discovery was the culmination of a generation of research in the late 19th century on the germ theory of disease, the idea that specific diseases were caused by specific infectious organisms. Ehrlich demonstrated for the first time that a specific chemical compound could kill a specific microorganism. He called the substance a "magic bullet," a drug

that would seek out and destroy its mark. He predicted that the world of twentieth century bioscience would produce magic bullets to cure all diseases.

The search for magic bullets did indeed dominate twentieth century biomedicine. We have acted throughout this century as if the germ were everything and the host nothing. We still spend only two cents of every health dollar on prevention, and a heavy percentage of the 98 cents we spend on cure goes toward expensive treatments to prolong the dying of people in the last few months of their lives. That must change, first because it costs too much, which is why it tops President Clinton's domestic agenda. Second, it must change because magic bullets, even when they're very effective, are never enough. We are increasingly aware that we need to pay as much attention to what keeps people well as to why they get sick.

Anton Antonovsky and others are helping us to look beyond our preoccupation with the question, "What makes people sick?" to the equally important question, "Why do some people stay well?" Why is it that among a group of people, all of whom are exposed to the same infectious disease, some stay well?" Antonovsky began to ask that question when he came to the realization that 75 percent of all illness occurs in 25 percent of the population. Why are some people more resistant to viruses than others? Why more resistant at one time than another? To ask the question about the cause of disease is to focus attention on the virus. To ask the question about the reasons for wellness is to focus attention on the person who fights off the invading organism.

As you all know, the diseases that top the morbidity and mortality charts today are all related to lifestyle: cancer, heart disease, AIDS, and injuries. The primary causes are things like smoking, alcohol and other drugs, violence, diet, and stress. No magic bullets are going to dramatically curtail mortality and morbidity as they did in this century. It's people assuming responsibility for their health.

The prescription for the next century needs to be different than the one Ehrlich promoted at the beginning of this century. I predict that the 21st century will be marked by an emphasis on spirituality and health promotion and a lessening emphasis on science and its healing claims. There's considerable evidence that this is already happening.

The recent interest in mind/body studies and the development of psychoneuroimmunology as a sub-discipline in medicine has finally broken down the soul-body split that has been a fundamental premise of the science of medicine. Even physicians are commenting on issues that clearly have to do with spiritual rather than physical matters. And the attention given to Bill Moyers' series on "Healing and The Mind" is evidence of the widespread interest in the general public about new ways of thinking about health.

If people are beginning to pay attention to the relationship of spirituality and health, then they are only noticing what has been there all of the time but largely ignored in the name of objectivity and scientific detachment. Faith has always been a factor in healing, wherever and whenever healing occurs. Spirituality has always been at the heart of health promotion.

My favorite story for illustrating that is a news report about a ten year old boy who stepped off the bus to the school yard and fell over dead. The report stated that he led a very lonely life. His mother had remarried, and she and his stepfather ignored him when he was home. At school, he did not have any friends, and those that did acknowledge his existence poked fun at him. The autopsy revealed no abnormalities; his heart had simply stopped beating.

Any attempt to offer an explanation for such a death is highly speculative. I suppose one could say that it was a spontaneous dying, which is what we say about a healing we can't explain. But certainly hopelessness was a contributing factor in what happened to this young lad. We have convincing evidence that animals literally give up when they are put into situations of helplessness and hopelessness. When dogs are given unavoidable, inescapable electric shocks, they seem to accept their situation as hopeless, even when later placed into a shock situation that includes an opportunity to escape. The same is true of mice that are put into a situation from which they cannot flee or fight, such as being placed in a jar full of water. They quickly die from a slowing of the heart and respiration. That happens even more quickly if their whiskers, a principal source of sensing the environment and orienting them, have been clipped. However, if the rats are periodically and briefly put in a water jar and let go each time, they will later swim in the jar for long periods without signs of giving up or dying. If that's true for animals in hopeless situations, it's certainly a plausible explanation of why the heart of a lonely and hopeless ten-year-old would simply stop beating.

Hope keeps people well and facilitates healing. Hope is a spiritual energy that activates the human will rather than a passive waiting for something to happen. Hope is an expression of faith. Keeping hope alive is what the church is all about, and we have resources for sustaining hope that far exceed those available to any other health care provider.

Having some meaningful purpose in life keeps people well. The writers who have described so vividly for us the horrors of the holocaust, authors like Victor Frankl and Eli Wiesel, tell us that the survivors in death camps were those who had a reason to live. The importance of meaning is even more obvious if you understand wellness as being more than physical health. Think of the people you know who are living with chronic illness. It's those who have a sense of coherence that are able to rise above the threatening chaos of self-disruption that accompanies the debilitating effects of chronic illness. And that's even more true for people who are dying.

I can think of nothing more important in the health ministry we perform than helping people tap the resources of their faith to undergird their sense of meaning and purpose in life. Not only is that a health ministry in the sense of health promotion, but having a sense of meaning and purpose will sustain people spiritually when others levels of health are threatened, as they inevitably will be. The latest statistics are still one death per person, and the chances of that changing in our lifetime are pretty slim.

Hope keeps people well. Having a meaningful purpose keeps people well. And belonging keeps people well, a sense of connectedness to others, both in personal relationships and in groups, especially small groups. Studies show that those who are deprived of it are more

vulnerable to illness. I just read this week of a study of over 2,500 elderly men and women who were asked: "Can you count on anyone to provide you with emotional support?" Subsequently 200 of the participants were hospitalized for a heart attack. In the six months following, those with no one for support had nearly three times the risk of death compared to those who had two or more sources. The results applied to both men and women - even after controlling for differences in severity of the heart attack, smoking, high blood pressure, and so forth. It appears that being married or living with someone is not as critical to surviving a heart attack as having someone to turn to for emotional support. People who are single, separated, divorced, or widowed are also hospitalized for mental disorder five to ten times more frequently. Whether we look at heart disease, cancer, depression, tuberculosis, arthritis, or problems during pregnancy, the occurrence of disease is higher in those with weakened social connections.

I've been talking to you about factors that keep people well, factors like hope, having a meaningful purpose, social support, and transformation. Isn't it obvious to you that all these factors are spiritual factors that have to do with a person's faith? If it's not obvious, I urge you to read my book on The Factor in Healing. The title comes from Herbert Benson in his book, Beyond the Relaxation Response. That prompted me to do a more thorough study of the faith factor where you'd least expect to find it, in the world of medicine where devotion to science is akin to the worship of God. I'll mention only the most obvious, expectant trust.

If factors like expectant trust and having a reason to live are important in healing and the maintenance of health, then we more than any other health care organization are challenged to provide a whole-person health ministry that sustains hope, facilitates bonding, and nurtures a meaningful purpose for living. Faith factors call for spiritual rather than material remedies, which faith communities can provide much more effectively than the best of secular program. As much in sympathy as I am with Bernie Siegal's general approach to health and healing issues, surely we have more to offer than he when it comes to meeting spiritual needs.

There are lots of resources available for deepening spirituality and addressing spiritual needs. You will not be surprised that I use as an example another resource that I developed in the year I spent here. The most effective method of deepening spirituality that I'm familiar with is guided imagery. The Healing Presence contains 30+ imagery exercises for wellness, healing, and recovery. Rooted in Christian symbols and stories, these exercises are designed to nurture a deeper-than-intellectual experience of trust, hope, connectedness, and purpose. The book is based on the premise that there is a body-mind connection and that imagery addresses the whole person in a way that left-brain discursive reasoning can never do. That's also the power of worship, by the way, that we are drawn into an experience that involves body, mind, and spirit. I field-tested these exercises in Lutheran congregations in the Bay area, and many of you here were participants in that process.

Spirituality is the turf we need to claim as our own--not exclusively, of course, but as the experts in diagnosis and treatment, and above all, as the bearers of a faith tradition that can satisfy the spiritual hunger that comes with being human, a hunger that is especially strong in an

age dominated by science and technology.

We need to claim spiritual health as our specialty and offer models that combine practical program development with solid grounding in theory. Programs recruiting nurses and other health professionals for health ministries, such as the Bay Area Health Ministries, are the most striking and innovative programs that have emerged in the past decade. I urge you to attend the annual conference of The Health Ministries Association, a national membership organization for parish nurses and others engaged in health ministry. That conference will be at the Carter Center in Atlanta from July 23-25. The keynote speaker will be Dr. Bill Foege, former director of CDC and The Carter Center, and you will also learn more about the Interfaith Health Resources Center. I have some flyers with me.

The shift in health care toward an emphasis on health promotion and assuming responsibility for one's health has served as a wake-up call to the church, at least to those who are paying attention. After all, spirituality is the turf of the church, not medicine. It's the church which for centuries has given hope to people who had no hope. It's the church which has sustained people in community and provided them with meaning and purpose. It's the church which has the moral and spiritual authority to call for greater responsibility in health maintenance.

If there is a paradigm shift from healing to health ministries, as I have been suggesting, then we need to ask if there is support in the Scriptures and the church's tradition for such a shift. That must be our grounding and not the latest cultural trend. One doesn't have to look further than the many stories of healing in the Gospels to find support for the church's healing ministry. If Jesus' example were not enough, we have his clear mission mandate to heal as well as preach (Luke 9 & 10). The Acts of the Apostles and the long tradition of healing in the church is evidence that the mandate was taken seriously. Except perhaps for this past century, the church has always known that healing is of the very essence of the gospel.

That statement makes theological sense only when you realize that salvation means wholeness and healing is restoration to wholeness. That's a much bigger concept than our usual definition of salvation as life after death. If salvation means wholeness and Jesus came to make all things new (whole), then everything in the Bible is about healing and wholeness.

Think of the Bible as a drama of four acts. The first act is creation, told most dramatically in the first two chapters of Genesis but commented on again and again throughout Scripture, especially in psalms such as Psalm 8 and 103. The second act is what we often describe as the fall into sin. I prefer to think of it as the fall into brokenness, the fall away from wholeness, which affects the whole creation and not just humanity. That also receives its most dramatic expression in Genesis, the third chapter, but it continues as a theme throughout Scripture. The third act is the restoration to wholeness. This also is a theme throughout Scripture, beginning with the story of Abraham, but it reaches its dramatic height in the ministry, death, and resurrection of Jesus. The last act is the commonwealth of God or heaven, anticipated throughout Scripture but depicted most vividly by Jesus in images like that of the heavenly feast

of which the Eucharist is a foretaste.

The drama begins with wholeness and ends with wholeness, making it clear that wholeness is what God intends. But we weren't in on the wholeness that came at the beginning of the drama, and we're a lifetime away from the wholeness that comes with the end time. We know more about brokenness than we do wholeness, and our experience of wholeness will continue to be partial throughout our lives. So it's not surprising that the dominant emphasis in Scripture and tradition is on healing, saving, restoration to wholeness.

A tradition of *active* health promotion is weaker, and biblical support for it is not as obvious. I emphasize the word "active" because most of what the church does is naturally supportive of health. Churches have always been health places in that they nurture hope, give people a sense of meaning and purpose in life, undergird their self-esteem, sustain them in periods of crisis, and build community -- all factors that are known to be essential in the maintenance of health. What's new is active health promotion, programs of health ministry -- so many of them that one can legitimately call it a movement that The Interfaith Health Resources Center is beginning to track.

The key to discerning the biblical basis for health promotion is not to find proof passages, which is the way Lutherans usually do it. There are plenty such passages, like the mandate God gives to Adam and Eve to nurture and sustain the world that God created. No, the key is the recognition of the link between spirituality and health and the realization that all of Scripture addresses spiritual needs. Everybody has spiritual needs that must be met to have a life that is fully human. And there are many limited and distorted ways to meet those needs, such as making the gathering of wealth your purpose for living. It is only in Scripture that we find the ultimate fulfillment of our spiritual needs and thus our salvation, our wholeness.

If expectant trust, hope, having a meaningful purpose in life, having someone to turn to for support are all key factors in the maintenance of health, as we know them to be, then our worship, which links our lives to the wondrous story of God acting in history, is health promotion at its best. And remember that the health of which we speak includes but is so much more than physical health. Our trust and hope is in God, who keeps us whole even when our bodies are disintegrating. Our purpose is not to be the healthiest people alive but to use the health which is God's gift in the service of others. Our support comes not only from others within the community of faith but above all from a God whose love in Christ is so sure that nothing, not even death, can separate us from it.

We're the experts in spirituality, and we have resources for health promotion that far exceed what Bernie Siegal and all other modern day gurus can offer. Health and healing ministry is what the church is all about. It's right at the core of our mission as the people of God. The premise is that God is a God of salvation, of wholeness. The promise is that the wholeness which God has always intended for us, though only partially realized in the present, is a gift that is renewed every day and will be received in its fullness in a future towards which God continually beckons us.

Spirituality and Health

The topic for this seminar is "Spirituality and Health," but I want to begin by telling you about an exciting project that I'm part of at the Carter Center in Atlanta. It's a good example of what can happen if you really take seriously the importance of spirituality for health and recognize that spiritual formation takes place primarily in faith communities.

Atlanta is one year into a massive effort to address endemic and debilitating social problems in the decaying center of a great city. Instituted by President Carter and called the Atlanta Project, this program is a community-based effort to empower people at the grass-roots level to identify their needs and marshal the resources to meet them. Twenty cluster areas around high schools with the highest rate of teenage pregnancy have been defined as the target areas of The Atlanta Project, with the total population of 550,000. These are the areas of highest poverty, crime, and substance abuse. Cluster coordinators who live in these communities have the task of facilitating the process of organizing people in their cluster to address what they perceive to be the most pressing problems. For example, there is a health committee in each cluster.

The twenty community-based clusters have an impressive support system to draw on. $25 million dollars has been raised, 100,000 volunteers have been recruited, and corporate sponsors have been enlisted for each of the cluster areas to provide direct support, such as building supplies for renovation projects. This has not all gone smoothly, and there is no shortage of critics and cynics, but mostly there is strong support throughout the city for this venture.

Also located at the Carter Center is the Interfaith Health Resources Center (IHRC), which has just been established. Our first project is a planning study to develop strategies for health ministry that can be utilized by churches serving disadvantaged populations in the city of Atlanta. We have assembled a group of health educators, health activists, and religious leaders to assist us with the planning process. If we are successful in this planning process, we will seek funding to implement these strategies in conjunction with the Atlanta Project.

Along with schools and what's left of families, faith communities are the most stable social institutions in these devastated areas of our urban centers, and it is our goal to help faith communities, which are already health places, function even more effectively in promoting personal and communal wholeness. There are some strategies that are beginning to emerge. One is to find a way to link people who are already engaged in church/health initiatives. The administrator of a church clinic church in downtown Atlanta told me recently that she just happened to be at the same conference in Canada with the director of Georgia Baptist hospital, located only a few blocks from Central Presbyterian. While they were there they worked out a plan to work more closely with each other, like using interns at Central's clinic and opening an AIDS clinic with support from Georgia Baptist. We're developing a strategy for being more

proactive in making those connections. Other strategies include the training of health promoters in congregations, forming clusters of congregations for the support of health ministry, creating a Task Force on Violence, linking churches to public health agencies, and planning educational programs on a variety of issues such as teenage pregnancy, AIDS, drug prevention, smoking, and so forth.

I comment on this process because we think what we're doing in Atlanta can be replicated in other urban centers like Chicago, the goal being to implement a comprehensive plan to mobilize faith communities in closing the health gap where the need is greatest, among those who are disadvantaged and underserved.

What the IHRC is doing in Atlanta in conjunction with the Atlanta Project is only one aspect of its larger mission, which is to serve as a national clearinghouse for information about church/health programs in faith communities. Our assumption is that everything worth doing in health ministry is already being done; we're going to locate interesting and replicable models and tell you about them through a newsletter, an easily accessible database, and the development of resource packets. We want to identify models worthy of replication and share stories that provide inspiration and support to people engaged in health ministry. We want to connect people who come from very different cultural and ethnic backgrounds but share a common concern for the promotion of health and wholeness from a faith perspective.

Our emphasis will be on health rather than healing ministry, on disease prevention and health promotion rather than on disease cure, to use David Hilton's apt term for describing the function of modern medicine. Health ministry is part of a larger movement in this country that places health promotion and disease prevention at the center of health care. That's the wave of the future, both the future of health care and the future of the church's ministry of health.

It's always instructive to pay attention to terminology. You're more likely to hear about health ministry than healing ministry these days. The shift is subtle but significant. I've been exploring the church's relation to health and healing for the past 25 years. For a long time the underlying theological question that many of us were addressing from a Christian perspective was: "What makes people sick and what does sin have to do with that?" And another question follows from that: "How are people healed and what does that have to do with salvation?" Both are questions of fundamental importance for the church's ministry, given the centrality of healing in the ministry of Jesus. Biblical scholars helped us see the close relationship between sin and sickness, and between health and salvation, with the result that the dichotomy between soul and body broke down and we all began to speak of whole person healing ministry. A similar kind of shift toward whole person thinking has occurred not only in other faith traditions but also among secular health professionals.

Health ministry is the challenge for faith communities today and in the future. This shifts our attention way from the question, "What makes people sick and what are the resources of faith for healing?" and focuses our attention on an equally important question: "What keeps people well and what are the resources of faith for health?"

We are at the end of an era of dramatic progress in medical treatment. Early in this century, 1909 to be exact, Paul Ehrlich won a Nobel Prize for the discovery of a cure for the dreaded disease syphilis. His discovery was the culmination of a generation of research in the late 19th century on the germ theory of disease, the idea that specific diseases were caused by specific infectious organisms. Ehrlich demonstrated for the first time that a specific chemical compound could kill a specific microorganism. He called the substance a "magic bullet," a drug that would seek out and destroy its mark. He predicted that the world of twentieth century bioscience would produce magic bullets to cure all diseases.

The search for magic bullets did indeed dominate twentieth century biomedicine. We have acted throughout this century as if the germ were everything and the host nothing. We still spend only two cents of every health dollar on prevention, and a heavy percentage of the 98 cents we spend on cure goes toward expensive treatments to prolong the dying of people in the last few months of their lives. That must change, first because it costs too much, which is why it tops President Clinton's domestic agenda. Second, it must change because magic bullets, even when they're very effective, are never enough. We are increasingly aware that we need to pay as much attention to the host as to the parasite, as well as the social and environmental field within which they interact.

Anton Antonovsky and others are helping us to look beyond our preoccupation with the question, "What makes people sick?" to the equally important question, "Why do some people stay well?" Why is it that among a group of people, all of whom are exposed to the same infectious disease, some stay well?" Antonovsky began to ask that question when he came to the realization that 75 percent of all illness occurs in 25 percent of the population. Does that mean that only 25 percent were exposed to the deadly viruses? Of course not. To ask the question about the cause of disease is to focus attention on the virus, the parasite. To ask the question about the reasons for wellness is to focus attention on the host, on the person who either succumbs to or effectively fights off the invading organism.

I recommend the research of Antonovsky on what keeps people well. The key factor is a sense of coherence, which includes intelligibility (some grasp of what's going on), a sense of control (by oneself or another, the doctor of God [some people have trouble telling the difference]), and a purposeful meaning in life. Those who measure high on this scale of a sense of coherence live longer and get sick less often.

As you all know, the diseases that top the morbidity and mortality charts today are all related to lifestyle: cancer, heart disease, AIDS, violence and other injuries. The primary causes are things like smoking, alcohol and other drugs, spousal and child abuse, diet, and stress. No magic bullets are going to dramatically curtail mortality and morbidity as they did in this century. It's changes in lifestyle that can prevent deaths caused by diet, lack of exercise, smoking, drugs, and violence.

The prescription for the next century needs to be different than the one Ehrlich promoted at the beginning of this century. I predict that the 21st century will be marked by an emphasis on

spirituality and health promotion and a lessening emphasis on science and its healing claims. There's considerable evidence that this is already happening.

As I noted earlier, both medicine and religion have adopted whole person health care as an ideal, and in so doing have erased the rigid boundaries between medicine and religion, body and soul. For a long time this was just a slogan, with the vast majority of health care professionals quite willing to defer all matters of spirituality to the clergy. The recent interest in mind/body studies and the development of psychoneuroimmunology as a sub-discipline in medicine has changed all that, as is obvious from the essays, books, and TV appearances by physicians who are commenting on issues that clearly have to do with spiritual rather than physical matters.

And there is widespread interest on the part of people concerning new ways of thinking about health. How many of you saw one or more segments of the three-night PBS "Healing and the Mind" series with Bill Moyers? Three years in the making, this documentary is likely to become the best known of all the series done by Moyers, including the Joseph Campbell interviews, and it might even be an impetus toward humanizing the health care industry.

But nowhere in the debate about national health care has there emerged a clear voice advocating mind-body care as an option, so strong is the bias of traditional biomedicine, but the Moyer's series may change that. As Victor Hugo once said, "Nothing is more powerful than an idea whose time has come."

If people are beginning to pay attention to the relationship of spirituality and health, then they are only noticing what has been there all of the time but largely ignored in the name of objectivity and scientific detachment. Faith has always been a factor in healing, wherever and whenever healing occurs. Spirituality has always been at the heart of health promotion.

My favorite story for illustrating that is a news report about a ten year old boy who stepped off the bus to the school yard and fell over dead. The report stated that he led a very lonely life. His mother had remarried, and she and his stepfather ignored him when he was home. At school, he did not have any friends, and those that did acknowledge his existence poked fun at him. The autopsy revealed no abnormalities; his heart had simply stopped beating.

Any attempt to offer an explanation for such a death is highly speculative. I suppose one could say that it was a spontaneous dying, which is what we say about a healing we can't explain. But certainly hopelessness was a contributing factor in what happened to this young lad. We have convincing evidence that animals literally give up when they are put into situations of helplessness and hopelessness. When dogs are given unavoidable, inescapable electric shocks, they seem to accept their situation as hopeless, even when later placed into a shock situation that includes an opportunity to escape. The same is true of mice that are put into a situation from which they cannot flee or fight, such as being placed in a jar full of water. They quickly die from

a slowing of the heart and respiration. That happens even more quickly if their whiskers, a principal source of sensing the environment and orienting them, have been clipped. However, if the rats are periodically and briefly put in a water jar and let go each time, they will later swim in the jar for long periods without signs of giving up or dying. If that's true for animals in hopeless situations, it's certainly a plausible explanation of why the heart of a lonely and hopeless ten-year-old would simply stop beating.

Hope keeps people well and facilitates healing. Hope is a spiritual energy that activates the human will rather than a passive waiting for something to happen. Hope is an expression of faith. Keeping hope alive is what faith communities are all about, and we have resources for sustaining hope that far exceed those available to any other healthcare provider.

Having some meaningful purpose in life keeps people well. The writers who have described so vividly for us the horrors of the holocaust, authors like Victor Frankl and Eli Wiesel, tell us that the survivors in death camps were those who had a reason to live. The importance of meaning is even more obvious if you understand wellness as being more than physical health. Think of the people you know who are living with chronic illness. It's those who have a sense of coherence that are able to rise above the threatening chaos of self-disruption that accompanies the debilitating effects of chronic illness. And that's even more true for people who are dying.

I can think of nothing more important in the health ministry we perform than helping people tap the resources of their faith to undergird their sense of meaning and purpose in life. Not only is that a health ministry in the sense of health promotion, but having a sense of meaning and purpose will sustain people spiritually when others levels of health are threatened, as they inevitably will be. The latest statistics are still one death per person, and the chances of that changing in our lifetime are pretty slim.

Finally, having a meaningful purpose in life keeps people well in the sense that they become other-directed rather than self-serving. For such people, having good physical health is a means to the end of serving others rather than an end in itself. Loving and serving others are close to the heart of all faith traditions. Read the prophets in the Hebrew Scriptures, the story of Jesus in the Gospels, and the eightfold path of Buddhism. In all of them the stress is not on living a long life, though that's there, but on living a life of love and service.

Hope keeps people well. Having a meaningful purpose keeps people well. And belonging keeps people well, a sense of connectedness to others, both in personal relationships and in groups, especially small groups. Studies show that those who are deprived of it are more vulnerable to illness. A recent study showed that heart attack victims are 50% more likely to have a second attack within six months if they were living alone. People who are single, separated, divorced, or widowed are two to three times more likely to die than their married peers. They are also hospitalized for mental disorder five to ten times more frequently. Whether we look at heart disease, cancer, depression, tuberculosis, arthritis, or problems during pregnancy, the occurrence of disease is higher in those with weakened social connections, and that's especially true for men.

One of the most impressive of recent controlled studies showing the effects of increased social support along with other life-style changes was done by Dean Ornish with 49 patients who had heart disease. It is the only study that has demonstrated that coronary heart disease can be reversed without using cholesterol-lowering drugs or surgical interventions, and even more striking, it shows that lifestyle intervention is more effective than the use of either drugs or surgery.

As interesting as the results of this study is the commentary by Ornish. The design of his study included stress-management, for which he needed to gather people together in small groups. The techniques used along with the group support initiated a process of transforming and even transcending the isolation that Ornish thinks is at the root of so much chronic stress. To make lifestyle changes transformation is necessary, according to Ornish, and that happens only by means of a spirituality rooted in meaning and purpose, values, and communal support. Ornish says:

> It is very difficult to motivate people to follow a diet or to stop smoking or to engage in other desirable behaviors if one doesn't also address the underlying issues. Telling somebody who is feeling isolated and unhappy and depressed and who feels his or her life is out of control that they may live longer if they just eat less meat or stop smoking is not terribly motivating for many people, because many people who are unhappy don't want to live longer. Anyone who smokes can just read the Surgeon General's warning and know that it is not a very healthful thing to do. Yet a third of Americans smoke, and in some countries, it is 50 to 60 percent of the population or higher. So, providing people with health information is important, but it is not usually sufficient to motivate lasting changes in behavior. If, instead, we work at the emotional and spiritual dimensions of health and illness, addressing these issues of what brings a person a sense of inner peace, contentment, meaning value, and intimacy, then that individual is more likely to make choices that are life-enhancing rather than self-destructive. (Advances, 8(2), p. 30)

Ornish has it right, I think, in noting not only the importance of group support for health promotion but also the need for transformation in making lifestyle changes that are permanent, a transformation that is deeply rooted in an enduring spirituality. I'm always more impressed by such reflections when they come from someone with no axe to grind, like I do, and who is speaking to a scientific community that gets very uncomfortable when you talk about slippery terms like spirituality. When people like Dean Ornish, Herbert Benson, and C. Everett Koop talk to their colleagues about the importance of spirituality in healthcare, we have reason to listen carefully and appreciate more fully the leadership role we have in this area.

I've been talking to you about factors that keep people well, factors like hope, having a meaningful purpose, social support, and transformation. Isn't it obvious to you that all these factors are spiritual factors that have to do with a person's faith? If these factors are important in the maintenance of health, then we more than any other healthcare organization are challenged to

provide a whole-person health ministry that sustains hope, facilitates bonding, and nurtures a meaningful purpose for living. Each of those factors calls not for material but spiritual remedies, which faith communities can provide much more effectively than a secular program. As much in sympathy as I am with Bernie Siegal's general approach to health and healing issues, surely we have more to offer than he when it comes to meeting spiritual needs. Spirituality is the turf we need to claim as our own--not exclusively, of course, but as the experts in diagnosis and treatment, and above all, as the bearers of a faith tradition that can satisfy the spiritual hunger that comes with being human, a hunger that is especially strong in an age dominated by science and technology.

I don't think that attending to the spiritual dimension of health is a challenge only for those of us who are committed to health ministry. More and more people at all levels of healthcare are recognizing the importance of spirituality for health and healing. We have every reason to applaud the research being done on mind/body connections, the development of psychoneuroimmunology as a sub-discipline in medicine, and the strong emphasis on whole person health care by WHO and almost everybody in medicine. Whole person health care includes spiritual health, and it is good that this is being given public recognition. You can see evidence of that in periodicals like The Journal of Health Promotion. But if you review proposals for health education in that journal and others like it, you won't find much more than lip service paid to spiritual health. Program suggestions are either missing or poorly developed.

We need to claim spiritual health as our specialty and offer models that combine practical program development with solid grounding in theory. The Parish Nurse program is surely the most striking and innovative program of health ministry that has emerged in the past decade. The Parish Nurse Resource Center at Park Ridge has taken the lead in the development of that model at both the practical and theoretical levels. Another resource is the Health Ministries Association, a national interfaith organization for providing a network of support for parish nurses and others engaged in health ministry. Their annual conference will be at the Carter Center in Atlanta July 23-25. The keynote speaker will be Dr. Bill Foege, former director of CDC and The Carter Center, and it will also be an opportunity to learn more about the Interfaith Health Resources Center.

Though health ministry is an idea whose time has come in all the faith traditions, I don't think we often appreciate how important our leadership role is in pointing to spirituality as the core element in the promotion of health. We have a golden opportunity, a call from God to exercise that leadership. Dean Ornish has suggested the key term that we should focus on, and that is transformation. Transformation lies at a level below change of behavior, which is the only thing that will reverse the devastating effects of lifestyle diseases. Transformation refers to what is needed to effect behavior change, because it is perfectly obvious to everybody that education is not enough. That's the built-in limitation to the Surgeon General's warning on cigarette packages, to nutrition information on products, to behavioral medicine, and to the project that the Carter Center has initiated to provide a clearinghouse for information about programs of health and healing in the various faith traditions. All the information in the world will be of no help if

our heart is not in the right place. That's why we need to take a step back and focus our attention on transformation, which means a reformation in the center of the self, what Christians have always referred to as conversion.

Transformation. Isn't that what religion is all about, changing people? And not just changing their mind and their behavior, but also their heart--so that there will be a shift in the center of the self. Right behavior and right thinking will flow out of that transformation, but the deepest spiritual need is for transformation. Nobody in the healthcare field is better positioned to address that issue than we. That's our uniqueness, what distinguishes us from all the rest of the people who are pushing health promotion as the most important aspect of health care for the future.

Well, how do you transform people so that they will assume responsibility for their health and change their behavior accordingly? That's a religious question, so I am going to answer it with the use of theological categories that come out of my Lutheran faith tradition, but which have corollaries in all faith traditions. The approach I'm suggesting assumes that there are basically two ways to change people, one by means of the law and the other by means of grace. Both can be effective, but Christians have almost always favored grace over the law.

The use of the law as a method of changing people is always accompanied by threats and is designed to generate fear, the assumption being that you can change people if they are fearful enough of the consequences of what they are doing. Read some of the hellfire and brimstone sermons preached during the great revivals that swept this country at the turn of the century for a good example of how this kind of law-oriented method worked.

The moral principle behind this approach is biblical, and particularly prominent in the Psalms. The principle, simply put, is that you get what you deserve. You will be rewarded if you do the right things and suffer the consequences if you do what is harmful. One reason that it works so well is that it can be empirically demonstrated, particularly in the health field. The linking of lifestyle to health in health promotion literature is grounded in the solid evidence that we are responsible for our health. There are self-destructive consequences to smoking, lack of exercise, poor diet, and so forth, and we have a health risk appraisal to prove it. Add to that convincing evidence a moral principle that is built into God's plan of creation and you can see why this approach has so much appeal. Rarely can you get such strong support from both science and religion in defense of an issue.

As appropriate as it is to say that God has so ordained it that to a large degree we get the kind of health that we deserve, most of us don't find this approach very appealing. We don't like guilt trips and scare tactics, especially when they're used on us. This law-oriented approach encourages self-righteousness and becomes downright destructive when you use it to justify yourself and blame the victim, as in the book of Job, or in the literature that blames the cancer victim for not having the right attitude. This law-oriented approach appears again and again in the wellness literature, and maybe we've said the same thing in more subtle ways: "I thank you Lord, that I am not like this physical wreck who smokes two packs of cigarettes a day, never

exercises, and pigs out on pork. I eat veggies and bran, run five miles a day, and meditate a half hour in the morning and in the evening."

A better way to motivate people is through the message of God's love, and by calling attention to the gift quality in all of life. An example of this way is St. Paul way in his first letter to the Corinthians: "Do you not know that your body is a temple of the Holy Spirit within you, which you have from God, and that you are not your own? For you were bought with a price; therefore glorify God in your body" (6:19-20). The metaphor works well, the human body as a temple of God, a sacred place consecrated by God's presence. We keep our places of worship clean, well-kept, and beautiful because we regard them as holy places, but we are more likely to think of our bodies as possessions to do with what we want, to abuse them if it brings us pleasure, and to overuse them if it brings us success. If you believe that your body is not only a gift but the dwelling place of God, you will treat it differently than if you believe that your body is a material object, somehow separate from you and yours to do with what you want.

We know from health studies that people whose lives are full of hope and meaning live longer and are healthier than people who are hopeless and feel life holds little meaning. The difference is faith, because hope and meaning have to do with the spiritual dimension of well-being, and it is faith which gives content to hope and meaning. Even more important, hope and meaning sustain also the person who will never recover from a chronic condition or terminal illness. It is no oxymoron to speak of a healthy dying and include care of the dying as an aspect of health ministry.

A faith which sees in the body a temple of God, which nurtures us in community, and gives us hope and meaning even in our dying--no, especially in our dying, is a faith rooted in the love and mercy of God, and that's what sustains a whole-person health ministry.

If you have been transformed by the love of God and have found in that love a sense of coherence in your life, then wellness will flow from that like water bubbling from a stream. Then you'll treat your body as a temple of God. You'll seek out fellowship that will not only meet your social needs but also your deeper need for a relationship to God. You will have hope that is stronger and deeper than a positive attitude about the future, a hope that will sustain you also in debilitating illness and the hour of your dying. And you will have a purpose that gives deep meaning to your life, the purpose of living a life of love and service that is modeled after the well-being of whatever hero of faith your tradition honors. For Christians that is Christ, who restored others to health and went all the way to the cross that others might have the fullness of life.

Health education and effective programs in nutrition and exercise programs are not enough. We need to go back to the basics if we're going to provide effective leadership in health ministry, and nothing is more basic than spiritual transformation. Let that be our top priority--today, next week, next year, and always.

Theological Reflections on Holistic Health Ministry:

The Wesleyan Tradition Continues Today

Every faith tradition with which I am familiar, Christian and non-Christian, includes health and healing as part of its mission. The Christian tradition, of course, is rooted in the healing ministry of Jesus. And within Christianity there are denominational traditions of health and healing, such as Christian Science, 7th Day Adventists, and Pentecostal faith healing. Since this conference is being sponsored by Methodists, I will use this tradition as an example of the richness we could find in almost any denominational history.

John Wesley, the father of Methodism, had a remarkable whole-person understanding of the inter-relatedness of body, mind, and spirit. Wesley once counseled a woman who complained of continual pain in her stomach. Her physicians had prescribed drug upon drug, without effect. Their mistake, he thought, was that they ignored the root of her disorder:

> Whence came this woman's pain? From fretting for the death of her son. And what availed medicines, while this fretting continued? Why then do not all physicians consider how far bodily disorders are caused or influenced by the mind; and in those cases, which are utterly out of their sphere, call in the assistance of a minister; as ministers, when they find the mind disordered by the body, call in the assistance of a physician? (Holifield, p. 21)

The woman's physical suffering, Wesley argued, is directly related to her overwhelming grief. Today we have scientific evidence to support that insight. Intense grief can depress the immune system, rendering a person more vulnerable to illness. Wesley knew that without scientific evidence, as have many perceptive physicians, and he appropriately defines the problem as more spiritual than physical.

Wesley saw many points of connection between health and salvation, between medical treatment and spiritual care. He not only saw those points of connection, but he initiated a medical/spiritual healing ministry that was strikingly wholistic, setting aside one day a week for a ministry of healing and speaking of it extensively in his preaching and writing.

What I find most remarkable about Wesley was not his healing ministry - there's been a continuous stream of that throughout Christian history - but his emphasis on health promotion. That's unique and way ahead of his time. Until quite recently there has been little said about people being responsible for their own health - not in the medical community and not in the church. That's why Wesley's story is so fascinating.

I'm not a Wesley scholar. Almost everything I know about the Wesleyan tradition in health and healing comes from E. Brooks Holifield, author of Health and Medicine in the Methodist Tradition, a book I highly recommend, as well as the whole series of volumes on Health/Medicine and the Faith Traditions, published by the Park Ridge Center in Chicago.

According to Holifield, Wesley struggled throughout his life to maintain a balance between the secular and the sacred in matters of health and healing. He both prayed and prescribed medicines. He began at the early age of 17 to read books on "anatomy and physic" and continued to study those topics the rest of his life. It was in 1746, long after returning to England following his visit to America, that he made health and healing an integral part of the Methodist revival. Moved by concern for widespread illness and suffering among the poor, he decided as an experiment to practice medicine, setting aside one day a week to minister to the sick.

Wesley chose a conservative approach. He dealt only with chronic illness, referring cases of acute illness to licensed physicians. It was a year later, in l747, that Wesley published his famous *Primitive Remedies: An Easy and Natural Way of Curing Most Diseases*, which by the end of the 19th century had gone through a total of 62 editions!

Wesley argued for simplicity in treating the sick. His prescriptions were: fresh air, fresh water, honey, herbs, and only a few medicines that were manufactured rather than natural. He was critical of medicine's preoccupation with illness and placed much more attention on what we would call disease prevention and health promotion. He urged careful attention to diet and exercise, rest and equanimity, temperance and cleanliness.

Listen to just a few quotes from *Primitive Remedies*, and remember that he wrote this in 1747. "The air we breathe is of the greatest consequence to our health." "Everyone that would preserve health should be as clean and neat as possible in their houses, clothes, and furniture." "A due degree of exercise is indispensably necessary to health and long life." "The passions (emotions) have greater influence upon health than most people are aware of." "Till the passion which caused the disease is calmed, medicine is applied in vain."

Wesley advocated a principle of human health which he called regimen, a regulated system of diet, exercise, and fresh air for the maintenance or improvement of health. He recommended two hours of walking or horseback riding every day. He advised friends who were well to take ample exercise in fresh air. He called attention to the importance of cleanliness, diet, and sleep. Intemperance in food and drink slowly destroyed the body, according to Wesley, and it was he who first proclaimed what became a household saying that every child has surely heard at least once from his or her mother: "cleanliness is next to godliness." We mock people who say that today as being obsessed with neatness and afraid to get their hands dirty, but remember that in the 18th century the absence of hygiene was among the chief causes of disease, also in medical treatment, which had no germ theory to warn about the dangers of infection. Isn't that remarkable? Remember that Wesley was advocating these things almost 250 years ago, long before the development of public health.

In addition to his practical, hands-on health and healing ministry, Wesley had a well-developed theology of health and healing. He thought that all disease resulted ultimately from a primeval fall, which was and is the primary cause of illness. Unhealthy habits, hurtful chemicals, filthy environments, and disproportionate emotions were seen by him as secondary causes of illness. But it's sin that's the basic destructive force that is eroding our health. Again Wesley was ahead of his time. Way back then Wesley could have told the health experts what they only recently have begun to say - that violence, substance abuse and teenage pregnancy are spiritual problems that call for spiritual remedies.

Similarly, Wesley thought that the love of God was the sovereign remedy of all miseries of body, mind, and spirit. Again a quote from *Primitive Remedies*: "The love of God ... keeps the passions themselves within due bounds. And by the unspeakable joy and perfect calm, serenity, and tranquility it gives the mind, it becomes the most powerful of all the means of health and long life." All the mind/body studies on the positive effects of spirituality on health support this view of Wesley.

What I've emphasized in Wesley's theology and practice is the promotion of health rather than the curing of ills. That's his greatest contribution, in my judgment. Most churches will at least pay lip service to a healing ministry, and some, like the Pentecostals and Christian Science, place healing close to the center of their mission. But until recently only Seventh Day Adventists and Mormons have emphasized health as much as healing. Why is that? Mainly, I think, because our model for ministry is Jesus, and healing was at the center of his saving work, so much so that Greek word sodzo can be translated as either heal or save, depending on the context. Christians in most denominations have always been more interested in the question "How can I be saved?" than the question "How can my wholeness or holiness be maintained?" The Wesleyan tradition is an exception, with its strong emphasis on holiness. And holiness should be defined as wholeness, not moral perfection, wholeness of body, mind and spirit.

The church is strategically located to make a major contribution to health promotion in modern society. We have access to people and the moral authority that secular health professionals lack. People go to physicians when they are sick, but they come to church to be instructed on the vital intersections of faith and life. We are able to speak about the stewardship of life, about the stewardship of the body in a way that no physician or nurse can. We can remind people that their bodies are gifts from God, created in the image of God and to be cared for as lovingly and nurturingly as a mother cares for her newborn child.

We can make a difference. Lifestyle diseases are the chief cause of premature mortality. Changing lifestyles is a challenge that can be met more effectively by churches than health agencies. A medical report will list the cause of death as heart attack, cancer, cirrhosis of the lever, and so forth. But a report in the Journal of the AMA identified the underlying causes of premature mortality: 400,000 deaths per year from smoking, 300,000 diet-related deaths, 200,000 from alcohol and other drugs.

If you focus on the underlying causes of death, such as smoking rather than cancer or

heart disease, then the moral issue that the church must address is crystal clear: we are responsible for our health. For most of what ails us we can't say that we're victims of some invading virus. It's our lifestyle that kills us: smoking, violence, diet, substance abuse, lack of exercise. The good news is that this gives us some control. The bad news is that our record of exercising control is abysmal.

There are two ways to address the moral issue we face. One is fear born out of crisis or threatened crisis. The moral principle is that you get what you deserve. That's scriptural. Just read the psalms. Applied to health, it means that there are self-destructive consequences to smoking, lack of exercise, and poor diet, and we have a health risk appraisal to prove it. That's the moral authority that physicians use when symptoms of illness, such as clogged arteries, seem real enough to threaten life.

Scare tactics work if there's a crisis that could lead to premature death. But most of us who preach and teach in the church don't like to use such harsh, damned if you don't, ways of getting people to change their behavior. Thank God that we have in the Gospel a more positive approach to behavior change. It's St. Paul's hallowing of the body: "Do you not know that your body is a temple of the Holy Spirit within you, which you have from God, and that you are not your own? For you were bought with a price; therefore glorify God in your body" (II Cor. 6:19-20).

The human body as a temple of God, a sacred place consecrated by God's presence; that's a metaphor that preaches a whole lot better than hellfire. We're motivated to keep our churches clean, well-kept, and beautiful because we regard them as holy places. Our bodies are holier than that, though we often regard them as possessions to do with what we want, abuse them if it brings us pleasure, and overuse them if it brings us success. Do you really believe that your body is the temple of God? Note that I said "believe" and not "think." The question is not whether you think that your body is the temple of God but whether you act that way. If so, you're giving expression to what I call the faith factor in wellness, the spiritual component of health promotion.

We know from health studies that people whose lives are full of hope and meaning live longer and are healthier than people who are hopeless and feel life holds little meaning. If hope and meaning are part of being well, we can say that healthy people are sometimes chronically and terminally ill, healthy because the suffering they are enduring in their body does not erode their hope or their sense of meaning in life and in death.

Your body is the temple of God even when your body is falling apart. You are in God and God is in you right to the very end. That's why a person of faith maintains hope and finds meaning in life even when a terminal illness is swiftly drawing life to a close.

If we don't pay attention to the spiritual dimension of health and healing (hope, meaning, connectedness to others and God), we are in danger of making a healthy body the sole criterion for success in health promotion. Though there is scriptural support for promoting physical

health, there is also ample warning against making it the supreme goal in our lives, as if it were an end in itself. Compulsive health-seeking is a form of idolatry. That kind of health promotion is an attempt to make life secure, fend off illness and even death in a futile attempt to attain some kind of mastery of the forces which threaten not only our well-being, but our very life. That's what sin is at its very core, our effort to make life secure on our own terms, by our own efforts, and thus under our own control.

As Wesley would be the first to remind us, theological reflection should always flow from and lead to practice. If we believe that Jesus and later Wesley put health and healing at the center of the church's mission, then what are we doing about it? What's the challenge for today? I think Wesley would be delighted with what's already happening in congregational health and healing ministries, not only in Methodist churches, but across denominational lines in all of Christendom. It's part of a movement linking faith and health that is happening in the health community as well as the faith community.

I think our challenge today is to collaborate more closely with the science and practice of public health. Medicine and later public health has a history that dates as far as Hippocrates. The healing ministry of the church dates back to Christ. These two venerable traditions of health and healing have been like parallel tracks running down the corridors of history for 2,000 years, each with the same mission to improve health but using different methods for achieving that mission.

The greatest tragedy of this history is that these parallel traditions have had so little to do with each other. For a long time they were seen as treating two different parts of a human being, medicine treating the body and the church treating the soul. That's no longer true, either in medicine or the church, but rarely do we see much evidence of collaboration in the service of a common mission.

That's got to change. We need to broaden the definition of faith among health leaders, so that they can recognize churches as partners, especially in considering the implications of behavioral and social risk factors in preventing disease. And we in the church need to broaden our definition of health, so that we can recognize the power of health science in reducing the burden of suffering and promoting health, aspects of redemption and salvation.

We know from health science that faith impacts health, and health science provides us with information and skills to assess and improve health that are powerful resources for health ministry. It's not as if we're starting something new. In a NCC survey of Protestant churches, 78 percent were engaged in at least one health program, and 50 percent in three or more.

Imagine linking these health programs to the resources of public health. Dr. David Satcher, director of the Centers for Disease Control, is urging public health agencies to form partnerships with churches, especially in medically underserved African-American and Hispanic neighborhoods. Dr. Cass Evans, immediate Past President of the American Public Health Association, devoted his inaugural presidential session to the relation between public health and faith communities and has been instrumental in establishing in the APHA a *Caucus on Public*

Health and Faith Community. Hospitals that have traditionally focused very narrowly on the treatment of disease are being forced by managed care to find ways to keep people out of hospitals. So they're putting money into community health, and they see churches as institutions committed to public health and often the most stable institutions in poverty-stricken communities where health risks are high.

Churches have a narrow window of opportunity at this juncture of our national history to shape the future of health care in this country. With access to more than 150 million members, congregations are in a better position than any secular institution to reshape public awareness of health as something more than the absence of disease. The "something more" beyond the eradication of disease has to do with healthy attitudes and behavior, healthy communities, spiritual values, a purpose for living, and social justice for the poor and underserved. Who is better situated to promote this "something more" than congregations?

Congregational Practices

Congregational practices that promote health are called health ministries. The title is important. A parish nurse is a health minister, not a service provider. The practices most common to health ministries are such things as health education, exercise classes, stress reduction workshops, smoking cessation clinics and health fairs. Those practices are not unique to the church, of course. They are practices of health ministry only to the extent that they are rooted and grounded in faith. Any health ministry program without a spiritual component is like a sermon that makes no mention of Christ or faith. Keep faith at the center of what you do in health and healing ministries.

There are numerous examples I could choose to illustrate this point. The one I am most familiar with is the use of imagery in health and healing. With the use of the imagination you can remember or create an experience that is nearly as vivid as if it were actually happening. At least the body reacts as if it were happening. Guided imagery is a spiritual practice, though there is an increasing medical use of it in such techniques as biofeedback, clinical hypnosis, and relaxation therapies.

There are conservative Christians who are suspicious of its use because of its associations with New Age spirituality that draws heavily on Eastern religious experience. Objections to the content of imagery don't mean we can't use the technique, which is value free. It simply means we have to be sure the content is Christian.

Imagery is valuable as a resource in health and healing ministries for deepening images of Christ in the healing stories of the Gospels that we tell again and again, and in so doing nurture expectant trust in the healing presence of Christ. As the experience of Christ the Healer deepens, so will the expectant trust of those who look to Christ for healing?

I wish there was time for me to lead you through a guided imagery exercise from *The Healing Presence*, a book of exercises designed to deepen the experience of the healing presence of Christ and invite trust in his promise to heal. If faith is a factor in health and healing and imagery a resource for deepening experience, then shouldn't we use it to deepen the experience of faith? Many of the exercises in *The Healing Presence* are based on the healing stories in the Gospels. Others are based on significant events in life, such as baptism and transitions. Still others are designed to meet spiritual needs common to everyone, such as forgiveness and finding hope in the midst of adversity.

You can use guided imagery exercises by yourself, for yourself. You can use them in a health ministry program or as a homily in a healing service. You can use them as a resource for pastoral care in ministering to the sick or assisting a person through a stressful transition. You can use them in a Bible class as a method to move beyond an objective study of a text. I've brought along a sample copy along with blurbs on where you can order a copy if interested.

Moving Beyond Whole Person Health to Whole System Health

Guided imagery may be a little unconventional as a practice, but it serves as a good example of the kind of spiritual practice or intervention that ought to be at the heart of a whole person health ministry. Whole person health, however, is not enough. It's too narrow. We need to move beyond that to something like whole system health, not an elegant term but the best I can think of to get us beyond a narrow focus on the individual. I don't run into too many people who argue with the idea that it's the mission of the church to help people become more responsible for their own health. But I don't find many congregations partnering with public health agencies in support of community-based health ministries.

Community-based health ministry is the wave of the future, I think, though there's not much in the wellness movement, including wellness programs and centers in churches that supports it. Health ministry programs, such as parish nursing, have had remarkable success in encouraging individuals to be more responsible for their own health by changing attitudes, beliefs and behavior. But have you noticed that the vast majority of health promotion programs focus almost exclusively on the individual?

There is a subtle danger in limiting the vision of health promotion to individual self-responsibility. As an example, listen to this quote, the source does not matter: "We must search for health within ourselves. If we don't have balance within ourselves, then we cannot expect the world to stay in balance...we must begin within the borders of our own skin." The exclusive focus on "health within" ignores the social factors that affect health and is at the very least a passive and unconscious approval of the social status quo.

It's wonderful to encourage people to eat better, exercise regularly and pay more attention to their spiritual health. But how much attention are we giving to the larger social system in

which the mind-body relationship operates? How much are we doing to nurture healthy congregations and healthy communities?

Congregations are visible manifestations of the body of Christ, according to St. Paul, but like human bodies they're not always healthy. It's a contradiction in terms to talk about healthy people in a sick congregation, unless - that is - they are committed to making it healthy. And it's a contradiction in terms to talk about a healthy congregation in a sick community, unless - that is - the congregation is committed to making it healthy. If we focus too narrowly on individual self-health and ignore questions about the health of the congregation and the health of community, we are limited in our vision and we fall short of our calling to be communities of health and healing.

Healthy congregations in healthy communities. Shouldn't that be as much our mission as healthy persons? A basic assumption of all who promote well-being should be that we live in a world of other persons and our health is largely dependent on how well connected we are to them. A healthy congregation nurtures community; it's what people mention first when asked what they're looking for in a church. How much attention is being given to this by pastors, health ministers and congregational health committees? To what extent do congregations incorporate, tolerate, or extrude those who don't fit--the physically and emotionally disabled, the isolated elderly, the stigmatized such as minorities and those with AIDS? That's a health issue, a congregational health issue, not as popular as self-health promotional efforts, but surely as important.

And healthy congregations nurture healthy communities. Health is not an end in itself, either for an individual or a congregation. Health is a means to the end of serving others, especially those in greatest need. Our model of health is not the fitness freak, who eats right, exercises regularly and meditates for an hour each day, but Christ upon the cross, sacrificing his health and finally his life for the wholeness of all humanity, for the health of the world that he himself created.

Healthy congregations in healthy communities. That is the vision that ought to propel our mission. Responsibility of the individual for his or her own health is part of that vision, of course, but it dare not be the exclusive focus. An exclusive focus on the health of the individual is always a form of idolatry, a commitment to that which is less than ultimate. When Jesus proclaimed the coming of the kingdom of God, he was talking about the mending of all creation, restoring all things to wholeness. Our vision can be nothing less than that.

Using Lay People as Health Ministers.

Mention the word health and people immediately think of professionals like doctors and nurses, including parish nurses, but we are beginning to learn from developing countries just how much can be accomplished in health promotion by lay health workers. One example of this is

the Atlanta Interfaith Health Program, of which I am the director. This is a program in low-income, underserved areas of urban Atlanta to form coalitions of congregations for both congregational and community-based health ministries.

At the heart of this program is the training of congregational health promoters, who serve as health agents in the congregation, assessing health needs and generating new programs to meet identified needs, such as support groups, health education, or referral to local health agencies. The goal is healthy people in health congregations working toward a healthy community.

Our most recent coalition consists of 21 multiethnic congregations. The coalition is based in a health ministry center that was already meeting the needs of the community with a variety of social ministry programs. St. Joseph's Hospital has placed two community parish nurses to support the lay people trained as congregational health promoters, on Hispanic and the other Korean. It's this kind of collaboration among congregations and with community agencies that can become a vital force in creating healthy communities.

I've chosen this example of lay health ministry not only because it's the one I am most familiar with, but also because it illustrates the point I've tried to make about concentrating our efforts and using our resources where the need is the greatest. Not by solving people's problems for them but by helping them to build their capacity to improve their own health, the health of their congregations, and the health of their community.

We have a window of opportunity at this juncture of history to make a major contribution to health reform by recommitting ourselves to health ministry in congregations and communities and by giving priority to the needs of those who bear the greatest burden of suffering from preventable diseases because they live in an environment that does not nurture good health. We can meet the challenge with both vision and hope, confident of the presence and power of him who said, "I came that they may have life, and have it abundantly" (John 10:10).

[1] Service of the Word for Healing," *Occasional Services: A Companion to LUTHERAN BOOK OF WORSHIP* (Minneapolis: Augsburg/Fortress, 1982), pp. 89-98.
[2] These volumes may be obtained from the National Institute for Healthcare Research at 6110 Executive Boulevard, Suite 908, Rockville, Maryland 20852. Phone: 301-984-7162.