Revisioning Health

If we were merely body-machines, health would be the absence of disease or malfunctioning parts. But we are not. As people who strive to find meaning in the world, we experience the evil effects of disease. This is why our health includes the well-being or wholeness of the person.

Prayer

God, we confess that we have not loved you with our whole heart. We have not even loved ourselves. Instead we have gambled our health, ignored right living, and chosen indulgence over discernment. We have separated ourselves from your body. Heal us we pray from the sinsickness that grips us. Restore us to wholeness. Help us to work for the healing and wholeness of our neighbors as well.

Just speak the word of your peace, and we shall be healed.
Amen.

Scripture Reading: Psalm 16

Meditation†

Healing is impossible in loneliness; it is the opposite of loneliness. Conviviality is healing. To be healed we must come with all the other creatures to the feast of Creation.

Wendell Berry

Reflection

In Psalm 16 we glimpse a rich vision of health as wholeness within oneself and in community with humankind, God, and all of creation. The psalmist sings, “my heart is glad, and my soul rejoices; my body also rests secure” (16:9), for all of life is in tune. The community and its godly leaders are flourishing (16:3), the economy of the home is secure (16:5-6), and divine guidance is sufficient for facing the future (16:7-8). At the heart of spiritual, emotional, and physical well-being is God, whom the psalmist calls “my Lord,” for “I have no good apart from you” (16:2).

How different is the biomedical model, where health is simply the absence of a disease entity (like a cancerous tumor) or the detectible symptoms of a disease state (like the deep cough of pneumonia)! Yet this model is myopic, for it leads a physician to “address only the specific diseased part of her patient,” Marcum and Kruschwitz write. “Her medical practice will ignore the whole person, especially the socioeconomic or cultural context in which the patient lives. She also will ignore or bracket the positive dimensions of health that are proactive in nature, such as exercising and proper nutrition. She will relegate instruction and care for these to other professional healthcare providers, and she may express no further concern for her patient’s welfare.”

They praise the World Health Organization’s view of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” It is normative, for it includes the goal of human flourishing. Yet it is incomplete: how should we define “well-being”—narrowly in terms of the particular values of a patient or physician, or more universally in terms of...
shared cultural values or common human goods? They review increasingly rich accounts of well-being as:

- achieving one’s freely chosen values. This would elevate patient autonomy to the highest value.
- realizing the shared ideals of one’s culture. Treatments (such as cosmetic surgery) would vary widely among cultures.
- developing common human capacities to participate in a range of activities. Carol Ryff and Burton Singer identify four features of health: “leading a life of purpose,” “having quality connection to others,” “possessing self-regard,” and “experiencing mastery, such as feelings of efficiency and control.”
- finding meaning in life. Drawing on the biblical witness, Paul Tillich sees a person as “a multidimensional unity” that is healthy when flourishing in six aspects: physical, chemical, biological, psychological, mental or spiritual, and historical.
- realizing the wholeness of life as God intended. John Wesley said the goal of “physick, or the art of healing” is to preserve a “well-working body,” encourage “sympathy” among bodily processes that influence one another (such as the rightly ordered passions, or emotions, that can prevent disease), and participate in “the healing power of nature.” This integrates the spiritual, emotional, and physical dimensions of the person.

Study Questions
1. Describe the biomedical model of health. Why is it attractive?
2. Marcum and Kruschwitz think a biomedical model of health “is inhumane because it does not encourage the development of patients’ full potential vis-à-vis health.” Do you agree?
3. How would medical education and practice change if we shared a view of health as physical, mental, and spiritual well-being? Would it be wise to go in this direction?
4. How is the biblical view of health as wholeness reflected in the early Christian hymn “Lord Jesus, Think on Me”?

Departing Hymn: “Lord Jesus, Think on Me” (verses 1, 3, and 7)

Lord Jesus, think on me
and purge away my sin;
from earthborn passions set me free
and make me pure within.

Lord Jesus, think on me
amid the battle’s strife;
in all my pain and misery
be thou my health and life.

Lord Jesus, think on me
that I may sing above
to Father, Spirit, and to thee
the strains of praise and love.

Synesius of Cyrene (c. 370-414), translated from Greek by Allen W. Chatfield (1876)

Suggested Tunes: TRENTHAM or GOLDEN HILL

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Lesson Plans

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Teaching Goals

1. To discuss the biomedical model of health as the absence of disease or malfunctioning parts and how this view shapes contemporary medical practice.
2. To examine alternative views of health as wholeness and well-being of a person in community
3. To explore how medical practice and education should be transformed by the rich biblical conception of health.

Before the Group Meeting

Distribute copies of the study guide on pp. 2-3 and ask members to read the Bible passage in the guide. Distribute copies of Health (Christian Reflection) and ask members to read the focus article and suggested article before the group meeting. For the departing hymn “Lord Jesus, Think on Me” locate the tune TRENTHAM or GOLDEN HILL in your church’s hymnal or on the web at www.cyberhymnal.org.

Begin With an Observation

In Redeeming Marketplace Medicine: A Theology of Healthcare, Abigail Rian Evans outlines the rich biblical conception of health. “It is based on a doctrine of humankind as a unity—both within us and with our environment and community,” she writes. “Its definition of health as wholeness and of sickness as brokenness include a spiritual dimension; it orients us to health instead of sickness; its primary goal is others’ health, not our own; it broadens healing to include any activity that moves us toward wholeness; and it understands healers as persons who move us toward healing. These aspects provide the foundation for a radically different understanding of health care” (quoted in Health, p. 61).

Prayer

Invite members to share their personal celebrations and concerns with the group. Provide time for each person to pray silently and then ask members to read aloud responsively the prayer in the study guide. The leader begins and the group reads the lines in bold print.

Scripture Reading

Ask a group member to read Psalm 16 from a modern translation.

Meditation

Invite members to reflect on the meditation during a period of silence.

Reflection

This discussion contrasts the biomedical model of health with the full-orbed biblical view of health. The former “envisions” health as the correct functioning of the human body and the absence of disease; Scripture describes health as wholeness within oneself and in community with humankind, God, and all of creation. This examination of the meaning of health is foundational for the five other study guides in this series, which explore how the biblical view of health yields a radically different understanding of healthcare—as oriented toward health instead of sickness, inclusive of others’ welfare as well as our own, and within the context of our life before God.
Any critique of the biomedical model of medicine—Jim Marcum and Bob Kruschwitz think it is “reductive” and “inhumane”; Keith Meador names medicine “among the powers and principalities”—is directed toward the underlying assumptions of our shared medical practice and healthcare system, not at individual physicians, nurses, and chaplains. Many practitioners desire to change the system. All of us share responsibility for its problems; our expectations as patients, desires as investors, and inactivity as citizens are partly to blame. Let this discussion of the meaning of health be an opportunity for self-examination as well as social critique.

**Study Questions**

1. The biomedical model defines health in negative terms as “simply the absence of a disease entity (like a cancerous tumor) or the absence of the expression or detectible symptoms of a disease state (like the deep cough of pneumonia),” Marcum and Kruschwitz write.

   A proponent of the model, Christopher Boorse, defines health as “normal functioning, where the normality is statistical and the functions [are] biological.” He values this definition because it makes health a “value-free” concept: what counts as healthy can be determined simply by examining how the human body works; we need not evaluate personal concerns or fears, cultural attitudes about well-being, or religious accounts of wholeness.

   Do we value the model, too? It focuses and simplifies medical practice; researchers push to discover more cures and practitioners become engineers who repair our bodies; and it gives medicine a privileged status, above the fray of competing views of wholeness. Keith Meador urges us to admit “our own culpability in propagating distorted understandings of human flourishing” and “to bear witness to another way with courage and integrity [though it] means some of our own dearly held assumptions regarding personal prerogative, autonomy, and individualistic notions of entitlement might be challenged.”

2. The model “pays no heed to the promotion of well-being or wholeness,” they say. “Patients are not body-machines, but persons with concerns and fears about their physical, mental, and spiritual being-in-the-world. Any adequate notion of health must include an account of well-being and wholeness which takes into consideration these concerns and fears.”

   Some would object that we don’t want practitioners to help us with emotional and spiritual problems; they should fix our physical ailments and we, as patients, should determine (in cases of cosmetic surgery, euthanasia, abortion, children’s behavior problems, and so on) what counts as wholeness. Others want guidance toward wholeness, but they prefer a division of labor: physicians to treat the body, social workers to deal with family or work problems, and pastors to care for spiritual needs. Can our problems be divided in this way?

3. Brainstorm the possibilities. Doctors and nurses might have “humanist” education in history, theology, philosophy, and literature; their continuing study might include patients’ social and cultural contexts; and they might work more closely with families, congregations, and other caregivers. Schools, congregations, and citizen groups might be more involved in wellness training. Medical research would be redirected toward preventative healthcare.

4. Members might contrast the images of the first two verses of the hymn. The first verse prays for Jesus to purge impure “passions” —distorting attitudes like greed, lust, envy, vanity, and spiritual apathy—from the self. In the second verse, “battle’s strife” and “misery” might be allegorical descriptions of inner spiritual strife, but they might refer to actual communal warfare. When, near the end of his life, Synesius became the bishop of Ptolemais in northeastern Libya, the city was under constant threat from bands of barbarians and he is credited with organizing citizens to resist these military attacks. The hymn writer asks Jesus for personal healing and community safety, but the ultimate goal is joyful communion with Christ (and, by implication, with all of God’s people) in the life of the Trinity.

**Departing Hymn**

If you choose not to sing the hymn, you may read the hymn text in unison or silently and meditatively as a prayer.