
The Healing Congregation

BY BRIAN VOLCK

That churches might become active participants in healthcare systems will strike even some Christians as a troublesome blurring of boundaries. Nonetheless, three books in this review make the case—in differing ways—for congregations to join in the healing of bodies as well as souls.

Stephanie, the Social Mission Director at my parish, delivered her first child a year ago. In the following months, her parents often drove from their home in a nearby city to spend a day or weekend with their new grandchild. One night, though, returning home on the expressway, their car was struck head on. Stephanie's mother was killed instantly; her father was seriously injured and quickly taken to a trauma center in critical condition. It has been a long struggle for Stephanie and her father since then, a tale of many small victories and disappointing reversals. Along the way, Stephanie and her husband learned first-hand some of the many shortcomings of what we in the United States glibly call the "healthcare system": short-staffed hospital units; Byzantine regulations serving administrative bureaucracies far better than patients; surprise fees, "donut holes," and other hidden traps of medical insurance; appalling inequalities in care based on ability to pay; and doctors who never quite have the time to explain their decisions.

Stephanie was the recipient of many prayers and well-wishes from the parish, as well as some important material support in her grief. She is also, I hasten to add, far more resilient than I. While shepherding her father through this catastrophe, she also channeled her anger and sadness into action, persuading a city-wide inter-church community group—in which she and other representatives of my parish take an active role—to take on

the sorry state of healthcare in our city. The project has targeted renewal of a local indigent healthcare levy as its first priority, but has set its sights on larger issues as well, such as local healthcare policy reform. It intends to bring religious conviction and witness to the discussion.

That churches might become active participants and advocates in healthcare systems will strike even some Christians as a potentially troublesome blurring of boundaries. Nonetheless, each of the books under consideration in this review makes the case—in differing ways—that the Christian ministries which define the church compel us to join in the healing of bodies as well as souls. But how should Christian communities engage the healing arts when these arts, at least as practiced in much of North America, are often diseased themselves? If Christians, gathered into a Body through Christ's grace, discern that Body in and through the Lord's Supper *and* the physical needs of their neighbors (1 Corinthians 11:17-34), then surely the gathered community has some role to play in physical health. Churches must resist the Gnostic temptation to separate neatly soul and body, which typically results in a woeful neglect of the created body's many legitimate needs. As Wendell Berry so succinctly puts it, "The health that is the grace of creatures can only be held in common."¹ To live together as a body is not simply an exercise in spiritual awareness. Our membership in a material, created order filled with complex ecological relationships demands considerable attention and care.

ESTABLISHING MINISTRIES

Health, Healing and Wholeness: Engaging Congregations in Ministries of Health (Cleveland, OH: Pilgrim Press, 2005, 146 pp., \$21.00), by Mary Chase-Ziolek, endorses congregationally based ministers of health as one approach to the health we hold in common. With a PhD in nursing, Chase-Ziolek is comfortable with the language of sociology, psychology, and anthropology, though she helpfully buttresses her points with sojourns into theology and Scripture. When discussing practical matters in the ministries she envisions, she provides helpful, extended examples from existing congregations in a variety of Christian traditions.

Much of her theoretical discussion in the early chapters has to do with what she calls "congregational culture" and its engagements with the health professions in a cross-cultural encounter. Since I have an interest in cross-cultural medical communication and work in an academic medical center (which, for all its apparent interest in an ill-defined spirituality as a technique for achieving better health, is hostile to specifically religious language), her approach resonates with my own experience. Frequently, medical professionals (outside of and sometimes even within the pastoral care or hospital chaplain's office) understand religious conviction as a private matter, of concern to the professional only insofar as it affects the individual patient's therapeutic choices. That a patient's church community

might have a say in his or her care beyond that of “spiritual support” is often more than North American-trained doctors can imagine.

Chase-Ziolek insists—and here again, I agree wholeheartedly—that ministries of health are first and foremost ministries: religious and communal activities that engage the secular and individualized realm of professional healthcare. Even so, many of her attempts to ground such ministries biblically use Scripture instrumentally, as arguments with which the already convinced might persuade others that congregations play a role in health. She provides good, concrete examples of ministries of health in later chapters, but much of her early language is abstract, devoting considerable attention to “meaning,” “trends and developments” in religion and healthcare, and “paradigms and organizations.” Chase-Ziolek is at her best and most helpful with practical matters: specific practices in ministries of health; descriptions of various ministers such as the parish nurse, health educator, and health counselor; and ways to make ministries of health accountable and sustainable. Through the congregational stories she uses as illustrations, she brings her larger theme alive. This book will be most useful to congregations seeking helpful information and encouragement in responding to the medical and health needs of their community. Healthcare professionals and pastoral staff within such congregations will find this book an important resource.

Healing Bodies and Souls: A Practical Guide for Congregations (Minneapolis, MN: Fortress Press, 2003, 125 pp., \$16.00), by W. Daniel Hale, a psychologist, and Harold G. Koenig, a physician, unfolds its argument—that congregations are essential to the health we share in common—through stories. Rich with detail and personal touches, the vignettes often start with an individual facing a

chronic or newly diagnosed medical condition. These burdens are brought, in various ways, to the congregation’s attention, sometimes despite great reluctance on the patient’s part, and the community responds. Dr. Hale tells his stories with skill, sketching characters so the reader understands something of the motivations, relationships, and conflicts within a congregational setting. Each chapter concludes with “Koenig’s Corner,” a physician’s view of the medical issue featured in the preceding vignette. While the stories often concern a patient with a single diagnosis, such as diabetes, stroke,

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breast cancer, or Alzheimer's disease, Hale's narratives and Koenig's remarks call the reader back to a communal and congregational response that applies to illness more generally: from patient/congregant education and mutual support to elder care centers and free clinics. An appendix lists a number of resources and models for congregational ministries of health and healing, including those featured in the stories.

There is much that is concrete and practical here, with less attention paid to theoretical and theological matters. Some readers may wonder if the authors see a liturgical role for ministries of health, or if, outside of sermons and intercessory prayer, worship is separate from healthcare. Furthermore, the stories sometimes resolve a bit too neatly, rather like the clichéd genre of "Christian Inspiration." Yet Hale and Koenig clearly want to inspire for the best of reasons. Congregations seeking to be a healing force in their neighborhoods will find this book a motivational tool and a resource of practical ideas.

PROVIDING HEALING

In contrast to the above-mentioned books, Margaret Kim Peterson's *Sing Me to Heaven: The Story of a Marriage* (Grand Rapids, MI: Brazos Press, 2003, 224 pp., \$19.99) is a memoir, the single story of the author's marriage to Hyung Goo Kim, an HIV-positive man, in the years before new antiretroviral medication transformed AIDS—at least in the developed countries of the world—from a death sentence into a chronic life-threatening but treatable disease. There is little abstraction here and no room for sunny optimism. But this is not, in the end, a depressing book. Peterson paradoxically names the tale of her marriage, "the most beautiful of absolute disasters." Despite the intimate nature of this tale of love and death, the church is very much the context in which the drama plays out.²

Peterson and Kim cross paths in a young adults' group at Park Street Church in Boston. They fall in love attending concerts together, but Peterson is completely blindsided when Kim reveals his HIV status. Bewildered, she leaves Boston for Divinity School at Duke. Once there, however, she reinitiates their conversation and, soon thereafter, their courtship. They eventually wed in the Boston church where they met, returning afterward to Durham as a husband and wife. Yet there is no happily ever after. Kim's disease progresses, new medications are added to treat new and more life-threatening infections, and the couple spends more and more time in clinics, emergency rooms, and hospitals. Even so, they build a marriage and worship in community, which increasingly reveals itself as a sustaining force.

Yet the church does not escape significant criticism, especially when Peterson turns to what she calls "the rhetoric of AIDS," shrewdly observing that "there is something in AIDS to offend everyone." Peterson takes both Christians and AIDS activists to task for effectively denying that "happily married, conventionally Christian people" live with AIDS, too. For some

Christians, she notes, AIDS was the predictable consequence of bad behavior, and righteous Christians could count on long, healthy lives if they merely avoided sinful behavior. In this view, those already infected could do little but repent and prepare themselves for death, while the better sort of Christian guarded his or her sexual purity, living long and well. But non-Christian AIDS sufferers she encountered had little to offer, as well: so many talented people channeling despair into savage and dark humor or self-obsessed and isolating gestures toward “meaning.”

In a panel discussion on pastoral responses to AIDS, Peterson hears from three men angry at the church for rejecting them or their loved ones because of the virus they carried. In response, Peterson tells them how, after keeping Kim’s infection a secret for years, they shared with everyone they knew. Their church’s intercessory prayer group quickly gathered to pray for them, their friends in Bible study shared their lives, and the women of the church gathered around Peterson in her widowhood. When this panel concluded, one of the speakers came over to embrace her, saying, “You give me hope that someday I will find someone who will love me, even though I have HIV.”

Later in the book, Peterson recalls a healing service held in her church for Kim before his death. No one expected the virus to miraculously leave his body. Instead, Peterson notes how the congregation came together around her husband — “the reason we were all there,” she says — strengthening their bonds of friendship in Christ and “quicken[ing]” Kim into more abundant life even as he approached death.

Clearly, this is not a “how-to book,” but a narrative of relationship, not simply between husband and wife, but also between couple and congregation as well as between Church and the God revealed in Christ. Readers seeking an honest account of embodied Christian response to illness and death will find that here. Those seeking a step-by-step guide to ministries of health should look elsewhere.

By living out the truth that Christ calls us together in community, we may be granted the further grace to transcend our cramped and culturally determined vision of health as something individually held.

CONCLUSION

I think it is no accident that all three books are at their best when telling stories. Christians, like Jews, are a people formed by the biblical story. Medicine, too, is a storied practice: patients tell doctors the story of their illness; doctors, in turn, compose these narratives into “case histories.” Congrega-

tions do well to ground any response to the common grace we call health in the story we also share in common: that of Christ, the Word of God made human in order to heal us, body and soul.

By living out the truth that Christ calls us together in community – the visible form of which is limited in space and time – we may be granted the further grace to transcend our cramped and culturally determined vision of health. The American “healthcare system” considers health – an abstract entity it allegedly cares for but never bothers to define – something individually held. But if health is a grace which can only be held in common, it is past time that Christian congregations act accordingly and become living channels of grace.

NOTES

1 Wendell Berry, “Healing,” in *What Are People For?* (New York: North Point Press, 1990), 9.

2 Margaret Kim Peterson recounts her Christian pilgrimage in marriage to Hyung Goo Kim in “For Better or Worse,” *Marriage, Christian Reflection: A Series in Faith and Ethics*, 19 (Spring 2006), 29-35. This article is available online at www.ChristianEthics.ws.



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