



Christian Reflection
A Series in Faith and Ethics

Christian Reflection
Center for Christian Ethics
Baylor University
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Study Guides for

Health

These guides integrate Bible study, prayer, and worship to help us explore contemporary healthcare from within a full-orbed biblical perspective on health. Use them individually or in a series. You may reproduce them for personal or group use.

- Revisioning Health** 2
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.
- Jesus as Healer** 4
As a folk healer, Jesus restored meaning to people's lives. The Gospel of John challenges disciples to do the works Jesus did "and greater works than these." Contemporary disciples who would like to heal as Jesus heals face strong but not insurmountable challenges. To begin with, we should pursue and develop the vocation given at baptism: to become a holy person.
- Eating Well** 6
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- Dying Well** 8
How can we confront suffering and our fear of death? The words of the *Heidelberg Catechism* – "That I belong – body and soul, in life and in death – not to myself but to my faithful Savior, Jesus Christ" – ring in our ears. Dying well begins with our perspective on life and living well.
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- What Would the Good Samaritan Do?** 12
Fidelity to the gospel impels us to work for a just and sustainable national health policy. But how can congregations and local communities transform the national debate so that it is less polarizing and more conducive to thoughtful consideration of the differing perspectives?



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Focus Article:

📖 Revisioning Health
(*Health*, pp. 11-18)

Suggested Article:

📖 Redeeming Medicine
(*Parables*, pp. 81-87)

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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 in-complete: how should we define “well-being” – narrowly in terms of the particular values of a patient or physician, or more universally in terms of



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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

† Wendell Berry, "The Body and the Earth," in Norman Wirzba, ed., *The Art of the Commonplace: The Agrarian Essays of Wendell Berry* (Washington, DC: Counterpoint, 2002), 99.



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Focus Article:

📖 Jesus as Healer
(*Health*, pp. 19-26)

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Jesus as Healer

As a folk healer, Jesus restored meaning to people's lives. The Gospel of John challenges disciples to do the works Jesus did "and greater works than these." Contemporary disciples who would like to heal as Jesus heals face strong but not insurmountable challenges. To begin with, we should pursue and develop the vocation given at baptism: to become a holy person.

Prayer

Creator of Life, Creator of our lives,
together, we turn to you.

Hear and heal us, Lord, we pray.

Giver of love, Lover of our lives,
together, we reach out to you.

Hear and heal us, Lord, we pray.

Restore us to wholeness, give us your shalom.

In your salvation is healing for our souls and bodies.

Together, we rest in you for newness of life.

Scripture Reading: Mark 1:21-34

Reflection

The Gospels not only describe Jesus as a healer, they also portray his disciples as healing the sick "by the name of Jesus Christ of Nazareth" (Acts 4:10, referring to the miracle in 3:1-16; cf. Matthew 10:1; Mark 6:13; Luke 9:1-2 and 10:17-20). "The Father who dwells in me does his works," Jesus explains during his final meal with the apostles, and then he promises, "the one who believes in me will also do the works that I do and, in fact, will do greater works than these" (John 14:10b, 12a).

Over the centuries such passages as these have inspired Christians to become medical caregivers and to create many institutions for physical, mental, and spiritual healing. But what would it mean for every disciple to become a healer, to "do greater works than these"? To help answer this question, John Pilch examines what we know about Jesus as a healer.

- ▶ *It is God who heals through us.* "In the Israelite tradition, a healer was a broker of the gift of healing from God," Pilch notes. Jesus healed on behalf of Father (cf. John 9:3) using folk techniques such as "laying on hands or touching the sick person (Mark 1:41), using spittle (Mark 8:23) or mud (John 9:6), pronouncing powerful words – like *talitha cum* (Mark 5:41) or *ephphatha* (Mark 7:34) – and the like."
- ▶ *Healing involves restoring meaning to life whether the person's physical condition improves or remains the same.* Medical anthropologists distinguish "disease" and "illness" as two ways to explain sickness, the underlying physical problem with the body. *Disease* "describes sickness from the perspective of our current scientific, biomedical theories." We speak of "curing" a disease when we restore proper bodily function. *Illness*, by contrast, involves "loss of meaning in life whether because of physical impairment or loss of function," Pilch writes. "For instance, the fever that afflicted Peter's mother-in-law impeded the fulfillment of her domestic role. When the fever left her, she rose and served the visitors



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(Luke 4:38-39). Jesus the healer restored meaning to the life of Peter's mother-in-law. The biblical story shows no interest in the cause of the problem, or whether the problem ever recurred again."

- ▶ *The sicknesses that Jesus encounters are essentially purity problems, which remove a person from God's holy community.* Blindness, deafness, lameness, and skin diseases "rupture a person's relationship with God," for the sufferer "is not permitted to approach God until the problem is remedied. Thus, these problems of sickness recorded in Scripture are best interpreted as illnesses rather than diseases."
- ▶ *Jesus responded to illness as a holy person.* The demon in the synagogue identifies Jesus as "the Holy One of God" (Mark 1:24). Is this a clue to understanding him as a healer? Pilch wonders. Anthropologists note that in many cultures holy persons act as God's agents on behalf of others, especially by way of a healing ministry. Holy persons develop through a process of spiritual formation, and Jesus' early ministry parallels this six-part process. First, "the spirit world makes contact" and then the spirit identifies itself (cf. Mark 1:9-11, God's Spirit is present at Jesus' baptism by his cousin, John). Third, the holy person learns the skills for dealing with the spirit world and is guided by a teacher (cf. Mark 1:12-13, during Jesus' testing in the wilderness, "angels waited on him"). The person grows familiar with the spirit (cf. Mark 9:2-10, in the Transfiguration Jesus becomes like Elijah and Moses, and the Spirit speaks again). Finally, the holy person enjoys ongoing spiritual experiences; this is evident as "the Father reveals things to Jesus (e.g., Matthew 11:25-27), Jesus is certain God hears him always (John 11:41-42), and Jesus communicates with God often (John 12:27-30)."

How, then, is every disciple called to participate in Jesus' healing ministry? "What the believer as holy-person-healer can share with the sick and despairing today," Pilch concludes, "is a sharpened understanding of the meaning God intended life to have whatever the actual physical condition of the body."

Study Questions

1. How do medical anthropologists distinguish between curing a disease and healing an illness? Could a sick person be cured but not healed? Or healed but not cured?
2. Do you think Jesus healed illnesses, cured diseases, or both? Why does John Pilch emphasize Jesus' *healing* ministry?
3. How could a contemporary disciple learn to heal as Jesus heals? Is this formation as a healer the same as training to become a medical doctor or nurse? If the two processes are different, are they compatible?
4. What spiritual problems in us, according to Terry York's hymn "Silent Faces," delay or prevent us from healing others' illnesses? How does Jesus enable us to overcome these?

Departing Hymn: "Silent Faces"



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Focus Article:

📖 Eating Well
(*Health*, pp. 27-34)

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Eating Well

Eating well is not just about what we put into our mouths. Far more, it is about the complex ways we attend to the health of our bodies, our spirits, our communities, and our planet. Eating well requires that we hunger and thirst after righteousness – for then, and only then, will we be fully satisfied.

Prayer: 1 Thessalonians 5:23-24

May the God of peace himself sanctify you entirely; and may your spirit and soul and body be kept sound and blameless at the coming of our Lord Jesus Christ.

The one who calls you is faithful, and he will do this.

Scripture Readings: Isaiah 25:6-9 and Mark 1:1-8

Reflection

Creating a biblical diet book from passages such as these might seem like an impossible project. Where would you put John's locust-and-wild-honey recipes – before or after Isaiah's chapter on straining well-aged wines and grilling rich meats?

Yet the Christian year gives us a rhythm of fasting and feasting that honors Scripture's wealth of guidance. In seasons of Lent and Advent and on certain days we eat simply, with intentional stewardship of our bodies and the world's resources. Then our days of fasting are wonderfully punctuated with holy celebrations – like Christmas, Easter, and local feast days – that remind us "that pleasure in and gratitude for the good gifts of our Creator stand as hallmarks of a fully embodied devotional life."

As Mary Louise Bringle explores what it means for us to "eat well" in a culture of abundance, she discovers seven paradoxes:

- ▶ *We should eat with pleasure, but restraint.* We fully enjoy eating in its proper time, for there are "times to be concerned with feeding ourselves healthfully and joyously, and times to be concerned with feeding our neighbors as ourselves."
- ▶ *While most enjoy plenty of food, nearly 12% of U.S. households are "food insecure."* "Eating – that seemingly most personal act – is thus rife with political implications," Bringle observes. "Should we simply stop buying our low-fat, low-carb, low-calorie foods and spend the money we save in efforts to eradicate hunger? If only solutions were so straightforward."
- ▶ *The more we try to control our weight, the less we succeed.* As a population, Americans need to lose weight (about two-thirds of adults are overweight, and one-third are obese), but our dieting is part of the problem. "Sadly, our size-obsessed culture seems to produce two categories of people: those whose yo-yoing efforts at short-term weight loss result in longer-term weight gain and all its related ailments, and those whose overreaching efforts at weight loss result in emaciation and a host of other mental and physical consequences."
- ▶ *Our primary motive for dieting does not produce spiritual and physical shalom.* Aiming for an ideal slenderness, we do not respond to the call to fitness and total-body flourishing, but we pursue diets that promise to remove five pounds. Even "faith-based" diets send the



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wrong message: “by touting weight loss (and even, in some cases, condemning certain body sizes as clear signs of sinfulness), they feed into the very preoccupations they aim to combat.”

- ▶ *God both does and does not care how we eat.* We are called to care for and honor our bodies, but God does not love us based on our physical size. Furthermore, since we cannot “know the metabolic or other challenges our neighbors are dealing with in their personal approach to food,” writes Bringle, “it seems a form of ‘false witness’ to judge any particular body weight as clear evidence of ‘disobedience.’”
- ▶ *We both are and are not to blame for how our food-lives have spun out of control.* Yes, we live in a toxic *cultural* milieu where menu portions are “supersized” and body images of beauty are “micro-sized.” Our *physical* surroundings are toxic, with “sleep deprivation, certain medications, and ‘endocrine disruptors’ in synthetic environmental chemicals that contribute to hormonal changes affecting our appetite and weight.” But it is the old paradox of original sin: “Innocent, we are born into an environment that invites us to feed ourselves poorly, to obsess about eating and dieting, to abuse our health in multiple ways. Guilty, we accede to the invitation.”
- ▶ *What we eat (and weigh) may seem like a personal problem, but it can only have a cultural solution.* Rather than joining another weight-loss program, we need to adopt a more multifaceted approach to eating well: (1) replacing unrealistic media images of beauty with “a new image of beauty as *vibrancy*, as vigorous flourishing” of a variety of body types; (2) honoring “our dependency on one another and on the earth”; and (3) cultivating “a deepened spirituality of mindfulness” that overcomes our “mistaken conviction that consuming goods will ever fill the empty places in our God-hungry hearts.”

Study Questions

1. When it comes to eating well, what does it mean to practice stewardship with regard to our bodies? To world resources?
2. What is wrong, according to Bringle, with the most common motive for dieting—to achieve an ideal slenderness?
3. Is there a difference between times of fasting and feasting (in the Christian calendar) and a cycle of dieting and bingeing?
4. Do you agree that eating well requires a *cultural* solution? Discuss the “multifaceted approach” that Bringle recommends. Would you add other components?

Departing Hymn: “Jesus, Our Lord and King” (verses 1 and 4)

Jesus, our Lord and King,
to you our praises rise;
to you our bodies we present,
a living sacrifice.

Baptized into your death,
with you again we rise,
to newness of a life of faith,
to new and endless joys.

Anonymous

Suggested Tunes: ST. THOMAS or FESTAL SONG



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Focus Article:

📖 Dying Well
(*Health*, pp. 35-43)

Suggested Article:

📖 Austin Heights and AIDS
(*Health*, pp. 70-73)

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Dying Well

How can we confront suffering and our fear of death? The words of the *Heidelberg Catechism* — “That I belong — body and soul, in life and in death — not to myself but to my faithful Savior, Jesus Christ” — ring in our ears. Dying well begins with our perspective on life and living well.

Prayer

God of mercy, God of wholeness, we bow before you, bent, battered, bruised, and broken. Through the power of your spirit and through the power of your word, we pray that you would hear our prayers and receive our praise.

Help us, heal us, and hold us closer to you so that we may live.
Amen.

Scripture Reading: Psalm 139:7-12

Reflection

Disease tragically destabilizes our closest relationships with family, friends, and God. As it undermines our strength, it alienates us from community and leads us to question God’s love and power. *Why*, we wonder, does God allow intense suffering and death? *How* can we possibly endure our unbearable suffering? And when others suffer, *what* can we do to relieve their distress?

Rather than begin with the deep puzzles of theodicy, we should turn to the practical questions of confronting our own suffering and helping others respond to their pain and grief, Abigail Rian Evans says. “Only if we learn to confront suffering and our fear of death can we die well,” she writes. “The first step, then, is to view our own suffering and dying through the prism of ‘how’ rather than ‘why.’” To *prepare* ourselves for suffering and death, she recommends that we *create deep wellsprings of spiritual strength and insight* through memorizing Scripture and *develop a support community* — an intimate friend, a group with whom we share ourselves, or a faith community.

Preparing for illness, loss, and death does not make us immune from them. When suffering occurs, we can *confront* it by:

- ▶ *trusting in God’s power*. The insight of Psalm 139, Evans writes, is “that God does not remove our suffering, but there is nowhere that we can go where God is not present.” When we know God is in control, we can “quit denying our neediness, and...manipulating and ‘fixing’ others’ weaknesses.”
- ▶ *communicating what we need and how we feel*. Like Job, we long to share our anger and grief with intimate friends. Writing a spiritual journal — our own Book of Job — can help us accept our feelings and learn from them. Pierre Wolf, a spiritual director, tells of a woman who raged at God when her son died in a senseless accident. “And all of a sudden I understood that she was for us a witness to the sorrow of God,” Wolf writes. “This was affirmed for me when I saw her engulfed in profound peace as I said to her, ‘Do not accuse the Lord.... Do not think you are against him; he is beside you, speaking through you. Our Father has also ‘lost’ a child.’”



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▶ *prayerfully reading the Bible and joining a Christian community for worship, study, fellowship, and service.* In the stories of Scripture we enter “the sufferings of God’s people, and these can be a source of encouragement, insight, and comfort to us.” As we share our suffering and fear within a faith community “characterized by *shalom*—wholeness, harmony, tranquility, well-being, and friendship,” we can experience true healing.

Turning to the “what” question—i.e., what we can do to help others in their suffering and dying—Evans proposes that we:

- ▶ *stand in solidarity with them.* Thus we can share in Christ’s death and suffering, and convey their power to others. The Apostle Paul writes, God “consoles us in all our affliction, so that we may be able to console those who are in any affliction with the consolation with which we ourselves are consoled by God” (2 Corinthians 1:4).
- ▶ *give voice to others’ stories.* “Extreme loss and grief eventually immobilize us if they are never addressed,” Evans observes. “As Christians, we can help people reframe and reinterpret their experiences instead.... In this new framework, grief and loss no longer have the same power over us.”

Study Questions

1. What wellsprings of spiritual strength do you carry in your memory—Scripture passages, hymn texts, tunes, or images—that have helped you endure suffering or confront death?
2. What connections do you see between *how* we prepare for and confront our own suffering, and *what* we can do to help others in their suffering and dying?
3. Why, according to Abigail Rian Evans, is it important for us to share our anger and grief? Do you agree?
4. As Kyle Childress reports in “Austin Heights and AIDS,” a congregation can find renewed strength and purpose in reaching out to others in their suffering and dying. How did Austin Heights Baptist Church answer the “what” question?
5. Discuss how Evans’ main themes of trusting God and sharing our grief within a healing faith community are expressed in the hymn “Come, Ye Disconsolate”?

Departing Hymn: “Come, Ye Disconsolate”

Come, ye disconsolate, where’er ye languish,
come to the mercy seat, fervently kneel.
Here bring your wounded hearts, here tell your anguish;
Earth has no sorrow that heaven cannot heal.

Joy of the desolate, light of the straying,
hope of the penitent, fadeless and pure!
Here speaks the Comforter, tenderly saying,
“Earth has no sorrow that Heaven cannot cure.”

Here see the bread of life, see waters flowing
forth from the throne of God, pure from above.
Come to the feast of love; come, ever knowing
Earth has no sorrow but heaven can remove.

Thomas Moore (1816), adapted by Thomas Hastings (1831)

Tune: CONSOLATOR



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Focus Article:

📖 There Is No Health in Us
(*Health*, pp. 63-69)

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There Is No Health in Us

The confession in earlier editions of the *Book of Common Prayer*, “there is no health in us,” captures an important truth. Though we are weak in body and often perverse in our wills, we nonetheless can receive God’s love and providential direction that can make our lives whole.

Prayer

Our gracious Lord, who gives us the wonder of existing as both creatures of the earth and your beloved children, we turn our eyes toward you, seeing your beauty and glory, and being drawn to your holiness and righteousness.

May we be so pierced with your love, that in health or illness your light may shine through us. Amen.

Scripture Reading: Psalm 119:33-37

Responsive Reading: Matthew 6:22-23

Jesus taught his disciples, “The eye is the lamp of the body.

“So, if your eye is healthy, your whole body will be full of light; but if your eye is unhealthy, your whole body will be full of darkness.

“If then the light in you is darkness, how great is the darkness!”

Reflection

How should we interpret Jesus’ puzzler about the healthy eye? “Obviously, Jesus is not only thinking of the eye as a physical organ; the eye figuratively represents our aim in life, and the body takes on the characteristics of this aim,” Dennis Sansom writes. “If we look to love the neighbor, for instance, then our entire bodies—our lives with others—radiate this purpose.”

Physical health, or the proper functioning of the body, is quite different from *moral* or *spiritual health*, which is the fulfillment of our purpose as human beings. Jesus warns us to have a *morally* healthy ‘eye,’ Sansom suggests. “If the eye is healthy, we are full of light ... [and] properly aimed toward life’s chief good.” Of course, *physical* health is a good gift from God, and Jesus often healed people’s diseases. So, “we should try to be healthy out of gratitude to God for life,” Sansom notes. “Yet we should not make physical health an absolute value. Jesus did not.”

To deepen our understanding of Jesus’ teaching, Sansom studies two famous statues that embody opposing views of human beauty and purpose.

- ▶ *Apollo Belvedere* portrays the Greek sun-god with perfect proportions and without flaws or disabilities. This is what we can look like, the ancients believed, if we live well. Yet this ideal, still popular in our “beauty-culture,” is practically unattainable, Sansom notes. “No matter how hard we exercise, how often we diet, or how artificially we reconstruct our bodies, we cannot look like Apollo. Nor should we try. We do not have to be like a god to find fulfillment as a creature. Our purpose is attainable within our imperfect lives.”
- ▶ Bernini’s *The Ecstasy of St. Teresa* projects a different idea of human health. Not the saint’s body, but her experience of rapturous



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love is the focus. Though Teresa of Avila (1515-1582) “suffered greatly with long bouts of vomiting” and this “suffering caused her to age prematurely,” with her travels, writing, and teaching she reformed the Carmelite order of convents in Spain. Most important, her moral health was not a reward, but a gift from God. “Though we may be hindered physically and emotionally, our lives may be filled with light, with an orientation toward the great fulfillment that God’s love brings to all people and even the cosmos. We can have assurance that the ransom Christ paid secures that love toward us. St. Teresa experienced this divine love, and Bernini’s great sculpture expresses her moral health.”

Likewise, the departing hymn reminds us that spiritual health is God’s gift, not our accomplishment. It recalls Jeremiah weeping for Jerusalem’s coming exile and asking, “Is there no balm in Gilead? Is there no physician *there*?” (8:21-22). He knew there was an abundance of curative balm in the trees of Gilead just across the Jordan River, but the people stubbornly refused to seek its remedy! Notice how the African slaves, enduring their brutal exile in the United States, subtly reversed the prophet’s image. “There is a balm in Gilead,” the spiritual confidently proclaims, but it’s not a remedy we must collect and apply to our wounds. Rather, the “balm” is a person, Jesus Christ, who comes to us and touches us in the midst of our desperate need.

Study Questions

1. What are the key differences between the views of health depicted in *Apollo Belevedere* and *The Ecstasy of St. Teresa*?
2. Dennis Sansom notes, “It is no accident that two of the seven deadly sins, gluttony and sloth, are ways of undervaluing and mistreating our physical life.” Why is this significant?
3. What does it mean to say physical health is a relative value, but not an absolute value for a Christian? How are we tempted to forget this in our “beauty-culture”?

Departing Hymn: “There Is a Balm in Gilead”

*There is a balm in Gilead
to make the wounded whole;
there is a balm in Gilead
to heal the sin-sick soul.*

Some times I feel discouraged,
and think my work’s in vain,
but then the Holy Spirit
revives my soul again.

Refrain

If you can’t preach like Peter,
if you can’t pray like Paul,
just tell the love of Jesus,
and say he died for all.

Refrain

Traditional African American Spiritual



Christian Reflection

A Series in Faith and Ethics

Focus Article:

- 📖 What Would the Good Samaritan Do?
(*Health*, pp. 74-80)

Suggested Articles:

- 📖 Peter's Shadow
(*Health*, pp. 44-46)
- 📖 The Healing Congregation
(*Health*, pp. 88-92)

What do you think?

Was this study guide useful for your personal or group study? Please send your suggestions to Christian_Reflection@baylor.edu.

Christian Reflection

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What Would the Good Samaritan Do?

Fidelity to the gospel impels us to work for a just and sustainable national health policy. But how can congregations and local communities transform the national debate so that it is less polarizing and more conducive to thoughtful consideration of the differing perspectives?

Prayer

God, we confess that we have not loved our neighbors as ourselves.

You embodied yourself in a human body. You lived out your life among those who were sick physically, mentally, and spiritually. You reached out to touch them, spoke words to comfort them, performed miracles to heal them.

Heal us we pray from the sinsickness that grips us. Heal us and 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: Acts 5:12-16

Reflection

In his wonderful *Peter Healing with His Shadow* (1425-1428), Masaccio transposes the Apostle's healing ministry into a fifteenth-century Florentine alley. Some art historians think the face of the young man in the painting, who lies across the dirty alleyway and is unable to stand, is a self-portrait of Masaccio. Is the artist pointing us to the community that has sustained him? "[This] compelling visual narrative of the healing power of the apostles continues to call viewers to care for one another's health through the community of the apostolic church," Heidi Hornik notes.

As more and more congregations today take concrete steps to heal bodies as well as souls, some are adding a parish nurse, health educator, or health counselor to their ministry staff or sponsoring a free clinic or elder care center for the community. Through these ministries of health, and as they support members who face serious illness and death, they are "living out the truth that Christ calls us together in community," writes pediatrician Dr. Brian Volck. He prays they "may be granted the further grace to transcend our cramped and culturally determined vision of health... [as] something individually held."

Encouraging this fundamental examination of healthcare in the United States is the goal of Ann Neale and Jeff Tieman when they ask, "What would the Good Samaritan do?" It is an apt image, they note, because "the Samaritan's...sensitivity to our common humanity and need for healthcare is a much needed antidote to modern medicine's individualism and market orientation, which easily loses sight of how important it is for each of us to live in a community where everyone is healthy and has access to the services they need to stay that way."



Christian Reflection

A Series in Faith and Ethics

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The current healthcare debate is deadlocked about specific reform proposals, Neale and Tieman suggest, because “we have not, as a community, sufficiently grappled with the moral and social issues at their core. We need a national conversation about the purpose and priorities of a good healthcare system.” This is not a technical problem requiring experts for its solution, but an issue of values that needs the sustained attention of all citizens.

Thus, they are supporting congregation-based town-hall meetings across the country to build consensus on the basic goals of healthcare. What is more important: fostering advances in medicine, or making healthcare available for all? Should we build on the current healthcare system (i.e., expand and improve job-based insurance and public programs like Medicare and Medicaid) or provide comprehensive services? Should we treat healthcare as a consumer good (i.e., make it available to the extent that you have money to buy it), a business (i.e., encourage healthcare businesses to use the market to create a more efficient and effective system), or a national concern (like homeland security and interstate freeways that need national planning and financing)? Should we minimize the role of government, emphasize patient choice, or spend health dollars for direct patient care? What should be our priority: prevention, quality of healthcare, responsiveness, stable costs, or uninterrupted care? Until we reach some consensus on what is morally best, we will make little progress on building a just healthcare system.

“The church has too long settled for health promotion and health care as the purview of the health care delivery system,” Jean Denton has observed. If the church is going to recover its apostolic healing ministry, she urges, “It’s time to reclaim health ministry at the congregational level. It’s time for people to see, incarnated in the neighborhood church, ‘the true compassion of [Jesus’] face.’”[†] In the health ministries canvassed in this study – from employing staff and sponsoring local clinics to encouraging a deeper conversation about national healthcare – we can see that congregations are responding creatively to her challenge.

Study Questions

1. Why, according to Ann Neale and Jeff Tieman, is it particularly apt to ask what the Good Samaritan would say about our system of healthcare?
2. What are the major barriers to reaching consensus on the basic goals of healthcare in the U.S.? Do you think these can be overcome by caring and open discussion?
3. Of the fifteen values listed by Neale and Tieman, which five would a contemporary Good Samaritan emphasize? Why?
4. “That churches might become active participants and advocates in healthcare systems will strike even some Christians as a potentially troublesome blurring of boundaries,” Brian Volck writes. Should congregations become more involved in healthcare? And if so, then how?

Departing Hymn: “Silent Faces”

[†] Jean Denton, *Good is the Flesh: Body, Soul, and Christian Faith* (Harrisburg, PA: Morehouse Publishing, 2005), 129.

Appendix: Optional Lesson Plans for Teachers

For each study guide we offer two or three optional lesson plans followed by detailed suggestions on using the material in the study guide:

- ▶ An *abridged lesson plan* outlines a lesson suitable for a beginning Bible study class or a brief group session.
- ▶ A *standard lesson plan* outlines a more thorough study.
- ▶ For some guides a *dual session lesson plan* divides the study guide material so that the group can explore the topic in two meetings.

Each lesson plan is for a 30- to 45-minute meeting, with about one-third of the time being set aside for worship.

Revisioning Health

Lesson Plans

<i>Abridged Plan</i>	<i>Standard Plan</i>
Prayer	Prayer
Scripture Reading	Scripture Reading
Meditation	Meditation
Reflection (skim all)	Reflection (all sections)
Questions 1 and 3	Questions (selected)
Departing Hymn	Departing Hymn

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 *GOLD-EN 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.

Jesus as Healer

Lesson Plans

<i>Abridged Plan</i>	<i>Standard Plan</i>	<i>Dual Session (#1)</i>	<i>Dual Session (#2)</i>
Prayer	Prayer	Prayer	Prayer
Scripture Reading	Scripture Reading	Mark 1:21-34	John 14:1-14
Reflection (skim all)	Reflection (all sections)	Discuss Jesus' healings	Discuss the formation of healers today
Questions 1, and 2 or 3	Questions (selected)	Questions 1 and 2	Questions 3 and 4
Departing Hymn	Departing Hymn	Departing Hymn	Departing Hymn

Teaching Goals

1. To examine the distinction between healing illnesses and curing diseases and to understand Jesus' healing ministry.
2. To explore the process of spiritual formation of a holy-person-healer.
3. To consider how contemporary disciples are called to participate in Jesus' ministry of healing.

Before the Group Meeting

Distribute copies of the study guide on pp. 4-5 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 before the group meeting.

Begin with a Story

Martha Sterne shares a wonderful insight about the events in the Scripture reading: "Jesus just heals whoever crosses his path—the demoniac one minute and a few hours later the mother-in-law with a fever. She is such a wonderful real touch. He went to Simon Peter's house and she was sick and he healed her and then she could fix a meal. I used to think that was kind of rude of Jesus and the rest of the men to expect her to get out of a sick bed and fix supper. In Mississippi where I was raised, we used to like to recover for a while and get rested up. But now I have known so many East Tennesseans, women and men, who hunger to be able to do the little tasks of their lives—fix supper, mow the lawn, vacuum the house, pay the bills, walk the dog, whatever the little tasks of lives—for those are pleasures that you yearn for when you are too sick or weak or distracted to live your life...."

"All those people Jesus healed in that twenty-four hours in Capernaum before he moved on, well, they are all dead now. Jesus didn't cure them of what kills us all—the mortal truth of being human. But in that twenty-four hours he showed them and us what is more powerful than death—love—and what is more real than any kingdom we can cobble together" ("Mark and the Biggest Parable of All," *Parables*, 78-79).

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 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 Mark 1:21-34 from a modern translation.

Reflection

John Pilch refocuses our interpretation of Jesus as healer in several ways. First, he distinguishes *healing illnesses* from *curing diseases* (following medical anthropologists). He reviews the first-century Jewish context of Jesus' ministry, especially the beliefs that only God heals and that sickness typically is a purity problem. Finally, he describes Jesus' spiritual formation as a holy-person-healer. Pilch does not "reduce" Jesus to just a holy person and deny his deity. Rather, he describes the *incarnate* God's works in a way that allows us to take with complete seriousness Jesus' call for us to participate in his ministry. What spiritual formation is required for us to become holy-person-healers who "do greater works than these" as Jesus promises?

You might extend this discussion to two sessions. In one, discuss the distinction between healing illness and curing disease, and examine Jesus' healing ministry in the first chapter of Mark. In the other session, explore the spiritual formation of a holy-person-healer today.

Study Questions

1. Briefly review how Pilch, following medical anthropologists, uses three key terms: *sickness*, *disease*, and *illness*. First, *sickness* refers to the underlying injury or dysfunction of the physical body. *Disease* and *illness* are "explanatory concepts that assist an analysis and discussion of the reality, sickness. Disease and illness are not the realities."

A *disease* is an analysis of sickness in terms of biomedical theories, and a *cure* consists of correcting the problem described in those theories. So, what counts as a disease (and cure) changes over time when the theories change: e.g., no one has leprosy (in the sense of a contagious skin disease) today, since "leprosy" is no longer used as a medical term; instead someone may have a nerve disorder, Hansen disease, or a skin disfigurement, like psoriasis.

An *illness* interprets the sickness within a socio-cultural context as a "loss of meaning in life," and *healing* "refers to restoring meaning to life whether the person's physical condition improves or remains the same." What counts as healing (restoration to personal relationships, doing meaningful work, etc.) can be different from one culture to another.

2. Most will agree that Jesus *healed illnesses*, but some may want to add that he *cured diseases* (repaired underlying bodily conditions) as well. Pilch is cautious about the latter claim, not because he denies Jesus' power to cure diseases, but because the biblical stories clearly focus on healing. "The results of Jesus' healing activities in each case were that he indeed did restore meaning to people's lives," Pilch writes. "We have no way of knowing, scientifically, the conditions which Jesus treated. We do not have any 'before and after' markers (tests, X-rays, and the like). Nor do we know whether any of the conditions recurred. In other words, biblical writers do not inform the reader about the disease. They rather present the illness, and how the illness was managed by healer and client." Furthermore, Pilch is interpreting the call for disciples to be healers, which is different from being medical curers of disease.
3. "A contemporary disciple who would like to heal as Jesus heals...should pursue and develop the vocation given at baptism: to become a holy person," Pilch writes. "This would involve the six steps to becoming a holy person" that lead to "experiential familiarity with the realm of God." How does your congregation foster spiritual formation of its members? Are traditional Christian practices of prayer, meditation, retreats, solitude, fasting, spiritual reading, discernment groups, Sabbath keeping, and worship encouraged?

Members might approach this question from another direction. Consider the lives of Christian friends who have helped them in times of illness to truly achieve "sharpened understanding of the meaning God intended life to have whatever the actual physical condition of the body." How were these healers formed spiritually?

Spiritual formation as a healer is not the same as medical training, so neither one can substitute for the other. They would seem to be compatible, provided we do not reduce sickness to physical *disease* and ignore the spiritual components of *illness*.

4. Members might mention despair and pride, among other spiritual problems. On the one hand, the overwhelming "masses" of people with illnesses can be daunting, yet Jesus inspires us to encounter them one by one: "We would join you in your loving, in each face, though crowds remain." On the other hand, we tend to protect ourselves by not identifying with others' suffering; Jesus leads us to "see ourselves in each one's eyes" and understand "Health is wholeness with our brothers, with our sisters, in their pain."

Departing Hymn

"Silent Faces" is on pp. 47-49 of *Health*. If you choose not to sing the hymn, you may read the hymn text in unison or silently and meditatively as a prayer.

Eating Well

Lesson Plans

Abridged Plan	Standard Plan
Prayer	Prayer
Scripture Reading	Scripture Reading
Reflection (skim all)	Reflection (all sections)
Questions 1 and 2	Questions (selected)
Departing Hymn	Departing Hymn

Teaching Goals

1. To understand how eating well involves stewardship both of our bodies and of the world's resources.
2. To consider why so many Americans are overweight, obese, or suffering from eating disorders in a culture of relative abundance.
3. To discuss how the Christian calendar can guide us to spiritually and physically healthy attitudes toward eating.

Before the Group Meeting

Distribute copies of the study guide on pp. 6-7 and ask members to read the Bible passages in the guide. Distribute copies of *Health (Christian Reflection)* and ask members to read the focus article before the group meeting. For the departing hymn "Jesus, Our Lord and King" locate the familiar tune ST. THOMAS or FESTAL SONG in your church's hymnal or on the web at www.cyberhymnal.org.

Begin with a Story

Mel Bringle begins with this scenario: "Roger and Sally have just returned from a holiday cruise, booked for them by members of their family as an anniversary present. 'How was it?' their children clamor, eager for a report on their gift.

"'I'll tell you one thing,' Roger replies. 'We sure *ate well!* Everywhere we turned on that ship, there was food and more food....' He pats his stomach contentedly, remembering the delights.

"The next morning, one of Sally's friends telephones to get another update on the adventure. Sally, too, pats her stomach as she ponders her response, but in an emotion closer to dismay than satisfaction. 'Oh, the cruise was a lot of fun,' she reports, 'but just between the two of us, I don't feel as if I've *eaten well* in weeks! All that high-calorie food constantly available, and so little opportunity for exercising it off...'" (*Health*, p. 27).

What does it mean for us to eat well? And why do we struggle to eat well in our culture?

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 together the prayer in the study guide.

Scripture Reading

Ask two group members to read Isaiah 25:6-9 and Mark 1:1-8 from a modern translation.

Reflection

It is increasingly difficult for us to eat well, even though we live in a culture of relative abundance. We can use Mary Louise Bringle's exploration of this paradox to bring our moral reflection on healthcare to a particular and concrete focus. For example, the increasing prevalence of overweight and obesity, especially in developed countries, suggests we have an inadequate biomedical concept of health and misguided priorities in healthcare. Furthermore, Bringle calls us not only to examine the distortions in our *personal* attitudes about food, but also to critique our disordered *cultural* milieu and *physical* surroundings. In this way, she helps us to understand the complexity of sin and the social context of the virtue of temperance. Finally, she points forward to the ways that families and congregations can be an agents of God's healing by bringing spiritual and physical shalom to members with distressing food lives.

You might extend your reflection on eating well by reading several articles in the *Food and Hunger* issue of *Christian Reflection*. For instance, Thomas Hibbs discusses the ancient virtue of temperance and the true joy of eating in “Hungry Souls”; Marie Griffith critiques faith-based diet programs in “Heavenly Hunger”; and Jack Marcum gives a statistical overview of patterns and trends of hunger in the world and discusses the opinions by American Christians on hunger-related issues in “Who’s Hungry and Who Cares?” These articles and their associated study guides are available for free download in the Ethics Library at www.ChristianEthics.ws.

Study Questions

1. We are stewards of our bodies when we eat in ways that promote our spiritual, mental, and physical well-being. Not only is it unhealthy to eat too much (or little) and too often (or infrequently), it is also unhealthy to eat with the wrong goals – to impress others with our “taste,” to display our wealth, to distract ourselves from problems, and so on. It is unhealthy to eat alone – either literally when we eat by ourselves, or relationally when we eat among others but are isolated from their company and concerns by our pickiness about cuisine, fastidiousness with gourmet preparation, or (even) obsession with good nutrition.

Our wholeness involves recognition of our dependency on other creatures, our neighbors, and God. We can be stewards of the planet’s resources by “putting money aside from less healthy food purchases to feed hungry children; eating lower on the food chain in order to minimize pain to others of God’s creatures and maximize the yield of the land; and recognizing that when we recycle, purchase food without unnecessary packaging, and use water and fossil fuels as sparingly as possible, we help to combat the environmental toxicity that makes it difficult for others – particularly, for future generations – to eat well.”

2. The popular ideal of slenderness is unrealistic for many people; instead of being so “size-obsessed,” Bringle says, we should celebrate the health and vibrancy of the variety of bodies that God created. The obsession with slenderness fosters two patterns of disordered eating. On the one hand, we adopt diets that “play havoc with our metabolism as well as our mental health: instead of training us in sustainable lifestyle change, they create a psychology of deprivation which almost inevitably leads to rebound self-indulgence.” On the other, for some people such “diets work all too well, setting in motion the life-threatening dynamics of a serious eating disorder like anorexia nervosa. Then, what begins as a simple weight-loss diet escalates into an acute fear of being fat and an overpowering desire to be ‘thin’ and ‘in control,’ with the two states perceived as synonymous with one another.”
3. Despite a superficial similarity between the Christian calendar and a cycle of dieting and bingeing – in both there are times of eating less and times of eating more – the crucial differences between them become obvious when we consider *how, why, when, and what* we eat in each case. Invite small groups to explore these four dimensions.
4. Bringle outlines three facets of a cultural solution: (1) critiquing the unrealistic standard of beauty promoted in the media; (2) promoting an image of beauty as vibrancy; and (3) eating in ways that would honor the hungry and respect the world’s resources. To accomplish these goals, we need the support of families and faith communities that (4) “cultivate...a deepened spirituality of mindfulness and patience” in regard to eating. You might divide members into four groups – three groups to brainstorm specific ways for their families and congregations to participate in the first three facets of the solution, and a fourth group to consider how the Christian calendar, spiritual reading, fasting, and other practices in the Christian tradition can foster mindfulness and patience in regard to eating.

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.

Dying Well

Lesson Plans

<i>Abridged Plan</i>	<i>Standard Plan</i>
Prayer	Prayer
Scripture Reading	Scripture Reading
Reflection (skim all)	Reflection (all sections)
Questions 1, 2, and 3	Questions (selected)
Departing Hymn	Departing Hymn

Teaching Goals

1. To consider how we should prepare to confront our own suffering and death.
2. To discuss what we can do to help others in their suffering and dying.
3. To explore how a faithful congregation can enable us to endure suffering and die well.

Before the Group Meeting

Distribute copies of the study guide on pp. 8-9 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 “Come, Ye Disconsolate,” locate the familiar tune CONSOLATOR in your church’s hymnal or on the web at www.cyberhymnal.org.

Begin with a Story

“We are called to kneel, to listen, and to wait patiently with people in their suffering and death,” Abigail Rian Evans writes. “God will use us to help families and friends grieve the loss of their loved ones. God will use us to help people die well.”

At the Ridgecrest Retirement Center, our little group visited with residents who invited us into their rooms. We sang hymns they requested from the large-print songbooks. Two wonderful ladies beamed as they followed us, like groupies, down the hall in their wheelchairs. Just as we were leaving, a middle-aged man emerged from a room where the door had remained closed that afternoon. “Would you please sing for my mother?” he asked. “She is dying tonight. Sing any song, but her favorite is ‘Amazing Grace.’” So, for the man and his wife, and for the frail mother on the bed whose eyes remained closed, we sang all the verses: “When we’ve been there ten thousand years, bright shining as the sun, we’ve no less days to sing God’s praise, than when we’d first begun.”

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 together the prayer in the study guide.

Scripture Reading

Ask a group member to read Psalm 139:7-12 from a modern translation.

Reflection

When we (or our loved ones) endure suffering and face the prospect of death, we may question *why* a good God allows suffering, *how* we can prepare to confront suffering and death, and *what* we can do to help others. Abigail Rian Evans focuses on responding to the *how* and *what* questions. “Suffering tends to separate us from our friends and family members,” she notes. “The resulting isolation, loneliness, and alienation intensify our pain.” Thus, she highlights deepening our relationship with God and building friendships within a caring community. She encourages us to express our grief and pain to God and to share these honestly with our friends.

In “Austin Heights and AIDS,” Kyle Childress offers a wonderfully detailed example of helping others in their suffering and dying. Through its caring ministries, Austin Heights Baptist Church in Nacogdoches, Texas,

stands in solidarity with individuals whose lives had been touched by AIDS. In special worship services, it gives voice to their stories and helps them reframe and interpret their suffering within the Christian story.

You might extend your reflection on dying well by reading two articles in the *Suffering* issue of *Christian Reflection*. In "Power Made Perfect in Weakness," Rebecca Konyndyk DeYoung discusses the virtue of courage in the face of suffering and death, and Waldemar Janzen explores the significance of suffering in the divine economy in "Suffering Servants." These articles and their associated study guides are available for free download in the Ethics Library at www.ChristianEthics.ws.

Study Questions

1. Encourage members to share specific biblical stories, images, or passages; hymn texts or tunes; family or congregation memories. How have these been a source of spiritual strength during their suffering and grief? Have they had opportunity to share these with others who are enduring suffering or facing death? Discuss how these resources remind us of the larger community of God's people and invite us to reframe and interpret our experiences in the context of the Christian story.
2. To *prepare* for our own suffering, Evans suggests, we must both develop as persons (with "deep wellsprings of spiritual strength and insight") and develop an intimate support community. Later, when we *confront* suffering and death, these enable us to trust in God and to share our anger and sorrow openly with others.

Is it important for us first to gain these spiritual resources through our spiritual preparation and the grace of a community, before we attempt to minister to others who are suffering or confronting death?

3. Encourage members to discuss their experiences of sharing anger and grief. Evans says we can *reduce* our suffering "by sharing our burden, pain, and secrets with others in support groups, a close group of friends, or our church community." Friends help us overcome the isolation that accompanies grief. Also, as in the story told by Pierre Wolf, sharing our anger and grief may help us to glimpse God's sorrow and realize God's presence with us. Finally, it allows others to stand in solidarity with us and share Christ's death and resurrection.
4. As they responded to the AIDS sufferers' need for food, the congregation discovered the true extent of the suffering. "Before long delivering food to men with AIDS turned into visiting the men, which turned into the most basic forms of care: taking them to the doctor (when we could find one who would see HIV/AIDS patients), running errands, going to the pharmacy, and so on. All of this led to the discovery that not all persons with AIDS were men: we met and began helping support families in which the mother had received an IV during pregnancy and the baby was born with HIV. We also discovered families, especially older East Texas couples whose sons were diagnosed with AIDS, upon whom the toll of caring in an atmosphere of ostracism was overwhelming." The congregation also met needs for friendship, spiritual companionship, and worship.

Is it important that this congregation not only responded *as a community* but also *opened and shared their Christian community* with people whose lives had been touched by AIDS?

5. Members might read the hymn as an invitation to share our sorrow with God, who is the source of healing and forgiveness. In the second verse God, through the Holy Spirit ("the Comforter"), urges us to embrace Heaven's "cure." The third verse mixes images of the Lord's Supper ("bread of life" and "feast of love") with allusions to the life-giving river in the New Jerusalem, the restored Paradise on earth ("see waters flowing forth from the throne of God, pure from above," cf. Revelation 22:1-2). As we share Communion in the Body of Christ, we can glimpse the restoration of all life in the City of God.

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.

There Is No Health in Us

Lesson Plans

<i>Abridged Plan</i>	<i>Standard Plan</i>
Prayer	Prayer
Scripture Reading	Scripture Reading
Responsive Reading	Responsive Reading
Reflection (skim all)	Reflection (all sections)
Questions 1 and 3	Questions (selected)
Departing Hymn	Departing Hymn

Teaching Goals

1. To interpret Jesus' puzzling teaching in the Sermon on the Mount about a "healthy eye."
2. To contrast the ideals of physical health as an absolute value and physical health as a relative value in relation to spiritual (or moral) health.
3. To consider the role of grace in achieving health.

Before the Group Meeting

Distribute copies of the study guide on pp. 10-11 and ask members to read the Bible passages in the guide. Distribute copies of *Health (Christian Reflection)* and ask members to read the focus article before the group meeting.

Begin with a Comment

In "The Idolatry of Health and the Idolatry of Life," theologian Margaret Mohrmann warns, "God is our absolute good; [physical] health is an instrumental, subordinate good, important only insofar as it enables us to be the joyful, whole persons God has created us to be and to perform the service to our neighbors that God calls us to perform. Any pursuit of personal health that subverts either of these obligations of joy and loving service is the pursuit of a false god. Health is to be sought in and for God, not instead of God" (quoted in *Health*, p. 62).

In our "beauty-culture," this is a warning that we need to hear. How do we idolize physical health to the detriment of our spiritual health?

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 together the prayer in the study guide.

Scripture Reading

Ask a group member to read Psalm 119:33-37 from a modern translation.

Responsive Reading

The leader begins and the group reads the lines in bold print.

Reflection

Dennis Sansom relates the definition of health as wholeness and well-being to Jesus' puzzling teaching in the Sermon on the Mount about the healthy eye. He suggests that Jesus is talking about *moral* or *spiritual* health rather than *physical* health; in other words, while Jesus does not reject the value of physical health, he is more concerned that we properly 'see' and desire the good – that we love neighbor and God – than that our eyes function well physically. "Physical health, of course, does not guarantee moral and spiritual health," Sansom claims, "and it is possible to be morally and spiritually healthy but not enjoy physical health."

To explain these points, Sansom contrasts *Apollo Belvedere* and *The Ecstasy of St. Teresa*. Photos of these sculptures are on pp. 65 and 67 in *Health*; or you can find images of them on the Internet. Heidi Hornik pro-

vides more analysis of *The Ecstasy of St. Teresa* in "Yearning for God" in *Mysticism, Christian Reflection: A Series in Faith and Ethics*, 17 (October 2005), 60-62. This article is available for free download in the Ethics Library at www.ChristianEthics.ws.

Study Questions

1. Sansom suggests three key differences: (1) the role of physical perfection, (2) the relationship between physical perfection and moral or spiritual health, and (3) the source of health.

Apollo portrays physical perfection, for "his body has symmetry, balance, and proportion, and it glows with divine beauty in that it has no flaws, blemishes, or disabilities." While *Teresa* depicts the saint's "gentle and very feminine beauty," the focus is on her experience. "I saw an angel beside me toward the left side, in bodily form," Teresa wrote of her mystical experience. "He was not very large, but small, very beautiful, his face so blazing with light that he seemed to be one of the very highest angels, who appear all on fire. They must be those they call Cherubim.... I saw in his hands a long dart of gold, and at the end of the iron there seemed to me to be a little fire. This I thought he thrust through my heart several times, and that it reached my very entrails. As he withdrew it, I thought it brought them with it, and left me all burning with a great love of God. So great was the pain, that it made me give those moans; and so utter the sweetness that this sharpest of pains gave me, that there was no wanting it to stop, nor is there any contenting of the soul with less than God."

Second, *Apollo* represents a physical reward for a well-lived life. Sansom finds a secular version of this view "in our 'beauty-culture' where supermodels and bodybuilders are the standards for health, we continue to deceive ourselves in thinking that if we only looked like them, we would have real personal fulfillment." A religious version is "'the gospel of health and wealth,' which teaches that those who are pleasing to God will be blessed with physical health and financial wealth. In practice, believers in this false gospel often reverse the central idea and conclude that those who enjoy health and wealth are in God's favor."

Finally, *Teresa* suggests that because moral health is a divine gift rather than an accomplishment, it is available to all who will receive it. "Though we may be hindered physically and emotionally, our lives may be filled with light, with an orientation toward the great fulfillment that God's love brings to all people and even the cosmos. We can have assurance that the ransom Christ paid secures that love toward us."

2. We should honor our bodies and try to be physically healthy, Sansom says, because God created us "to participate in a world full of bounty and wonder and to enjoy these with God forever." In different ways, gluttony and sloth (understood here as taking too little interest in the joy of embodied life before God) do not respect this created purpose. They are "ways of undervaluing and mistreating our physical life. Gluttony comes from an obsession with physical appetite.... Gluttonous persons ruin their lives by thinking only of their physical appetite. Slothful persons sicken their lives by ignoring the bodily necessities. The common denominator between the two vices is total self-centeredness. The gluttonous and slothful persons, though opposite in their activity, are making the same kind of mistake: they do not see any value higher than their own interest. The glutton ingratiate the self, and the slothful determines that everything but the self is devoid of interest."
3. Review the high value Scripture puts on physical health: God's creative activity, Christ's healing ministry, and the promise of physical resurrection emphasize the great joy of a flourishing embodied life before God. Yet, while "we can be grateful for health and we should work for it, but we should not make health a final aim."

When we make "supermodels and bodybuilders...the standards for health," we reduce health to an unrealistic model of physical perfection, and disregard the value of our moral development and relationships with friends, family, neighbors, and God. Encourage members to brainstorm how these distorted values influence our spending for healthcare.

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.

What Would the Good Samaritan Do?

Lesson Plans

<i>Abridged Plan</i>	<i>Standard Plan</i>
Prayer	Prayer
Scripture Reading	Scripture Reading
Reflection (skim all)	Reflection (all sections)
Questions 1 and 3	Questions (selected)
Departing Hymn	Departing Hymn

Teaching Goals

1. To examine national healthcare in the United States through the eyes of “a contemporary Good Samaritan.”
2. To discuss the competing fundamental values of healthcare in the United States.
3. To consider how congregations can become active participants in the healthcare system.

Before the Group Meeting

Distribute copies of the study guide on pp. 12-13 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 articles before the group meeting.

Begin with a Story

“Stephanie, the Social Mission Director at my parish, delivered her first child a year ago,” writes Dr. Brian Volck. “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” (*Health*, pp. 87-88).

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 together the prayer in the study guide.

Scripture Reading

Ask a group member to read Acts 5:12-16 from a modern translation.

Reflection

Use this session to brainstorm how your congregation might become more actively involved in providing better healthcare for its members and the wider community. Ann Neale and Jeff Tieman offer resources for congregations to sponsor town-hall discussions in which citizens can work toward consensus on the basic

moral goals for the U.S. healthcare system. Brian Volck reviews new approaches to health ministry in congregations. Encourage members to see these as complementary ways to care for one another's health through the community of the church.

Study Questions

1. Neale and Tieman are responding to this observation by Allen Verhey:

The test for justice in the story of Scripture is not the impartial and rational standard advanced as part of the project of a liberal society, the standard that simply identifies justice with "maximum freedom." When the contemporary Good Samaritan invokes the standard of justice imbedded in the larger story of Scripture, she encourages people to test policy recommendations not just against a standard of impartial rationality but against the plumb line of 'good news for the poor,' including especially the sick poor.

Allen Verhey, *Reading the Bible in the Strange World of Medicine* (Grand Rapids, MI: Wm. B. Eerdmans, 2003), 371-372 (quoted in *Health*, p. 62)

Neale and Tieman agree with Verhey that as Christians we should evaluate the healthcare system primarily on the basis of how it cares for the poor, rather than what it provides us personally. We should value mutual concern over personal freedom.

2. Members might mention very general barriers like comparative wealth, gender, or ethnicity. Consider more specific barriers, such as concern for diseases that we or our families are more likely to face, personal experience with the illness of friends and loved ones, and varying convictions about the value of life and about caring for others. After listing the barriers, ask whether members agree with Neale and Tieman that open and caring discussion can help people overcome these barriers and reach agreement about prioritizing the basic values of healthcare. Do they agree that congregations should host such town-hall meetings? Will this encourage open discussion (e.g., because members know and trust one another, come from varying social groups, etc.) or lead to further divisions in the wider community? Would it be better for several congregations and other civic groups to host the meeting?
3. Members might work alone or in pairs to prioritize five values, and then share the results with the group. The fifteen values are listed briefly in the study guide and footnote 4 of the focus article. Before the session you might print out a longer account of these values from www.ourhealthcarefuture.org/participate/survey.php. Print out the results chart so that members can compare their priorities with those of others who have taken this survey.
By defending *only five values* in light of the Good Samaritan story (Luke 10:25-37), members will have to make some hard choices. They should (1) explain why the value is fundamental from the Good Samaritan's perspective and (2) describe how that value would lead to some practical changes in the healthcare system. Even when they disagree about either point – on prioritizing values or describing their practical effects – members can gain insight from one another's ways of modeling the Good Samaritan's concerns and ways of thinking.
4. Consider six types of ministry: the congregation (1) directly provides/sponsors some healthcare for members, (2) directly provides/sponsors some healthcare to the wider community, (3) sponsors a discussion among members about reforming the healthcare system, (4) encourages a discussion in the wider community about reforming the healthcare system, (5) advocates with the government, medical community, etc., on behalf of members' health needs, (6) advocates with the government, medical community, etc., on behalf of individuals in the wider community. Which ministries is the congregation presently doing? How should these be expanded? Which ministries should the congregation begin doing? Are there types of ministry that the congregation is not equipped to do or would be opposed to doing?

Departing Hymn

"Silent Faces" is on pp. 47-49 of *Health*. If you choose not to sing the hymn, you may read the hymn text in unison or silently and meditatively as a prayer.