



## Christian Reflection

A Series in Faith and Ethics

### Focus Article:

📖 Healing Presence  
(*Suffering*, pp. 68-75)

### Suggested Article:

📖 Not in the Medical  
Records  
(*Suffering*, pp. 61-65)

### What do you think?

Was this study guide useful for your personal or group study? Please send your suggestions to:

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### Christian Reflection

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# Healing Presence

Congregations – through fear, ignorance, or prejudice – may forsake members with severe suffering. How can our friendship increase abundance of life for people with physical and mental health problems?

### Prayer<sup>1</sup>

Holy Spirit, open our eyes, our ears, and our hearts, that we may grow closer to you through joy and through suffering. Be with us in the fullness of your power as new members are added to your household, as we grow in grace through the years, when we are joined in marriage, when we turn to you in sickness or special need, and, at the last, when we are committed into the Father's hands. Amen.

### Scripture Reading: Mark 1:40-45

### Responsive Reading<sup>2</sup>

I want Jesus to walk with me.  
**All along my pilgrim journey**  
I want Jesus to walk with me.

In my trials, Lord, walk with me.  
**When the shades of life are falling,**  
Lord, I want Jesus to walk with me.

In my sorrows, Lord walk with me.  
**When my heart is aching,**  
Lord, I want Jesus to walk with me

In my troubles, Lord walk with me.  
**When my life becomes a burden,**  
Lord, I want Jesus to walk with me

### Reflection

In our highly medicalized culture we tend to see illness as the presence of a disease. We want to identify a discrete “bad spot” in a person's body or mind and then excise or cure it. But ill-health and suffering are much more complex. How we experience an illness depends on many factors in our history and relationships. Thus “suffering is personal,” says David B. McCurdy. “It has to do with the meanings that illness (and treatment) holds – for *this* person. Ultimately, a key ingredient of suffering is the person's experience of a threat to integrity or ‘intactness’ – in any or all dimensions of life, the bodily among them.”

When Jesus heals the man's skin disease, from a medicalized perspective he is simply “‘the great physician’ who breaks into natural history and miraculously removes the bad spot – in this case leprosy – in order to return the person to health...” Swinton notes. “Of course, the healing was an act of compassion that freed the man from his disease – and at this level we rightly may compare contemporary medicine to Jesus' action.” But there is more to the healing event. The man's illness made him ritually “unclean” – unworthy to participate in Temple rituals. By touching him, Jesus enters the man's stigma and social isolation. “By sharing in the social exclusion



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of those whom society had marginalized, Jesus *shifts the margins*: those previously marginalized people now form the heart of God's coming Kingdom," writes Swinton. "When Jesus enters into relationship with the marginalized and shares in their 'social death,' he initiates a process of resurrection for people like this man with leprosy. They become full persons and are reintegrated into the community, which itself is necessarily transformed by his healing actions."

Do diseases marginalize people today? Swinton thinks so. People with profound mental health problems like schizophrenia are "alienated, stigmatized, often friendless, and, interestingly, often prevented from expressing [their] spirituality." He calls schizophrenia "a totalizing illness," for "unlike someone with influenza or measles, a person diagnosed with schizophrenia loses their personal identity and actually becomes the illness: a 'schizophrenic.'" We see them, even their spiritual experiences, through the lens of negative cultural assumptions about their illness. Indeed, evidence suggests "mental health services tend to exclude spiritual expression as pathological and they actively seek to disengage spirituality from the therapeutic process."

Congregations can become places of healing by standing with people who have been isolated from others by mental or physical diseases. "Forming friendships with people who are marginalized and different is not an easy task," Swinton admits. "Yet, if we can create forms of community with 'safe space' for people to develop such friendships, even if these friendships are transient, then we will have moved some way towards faithfulness and Christ-likeness."

### Study Questions

1. What factors in our history or relationships make suffering such a *personal* experience, in the sense that one person suffers from an illness differently than other people?
2. What does Swinton mean by a "totalizing illness"? Are some mental or physical diseases "totalizing" in our culture? Why is this so?
3. "The friendships that Jesus formed with persons during his ministry both revealed and initiated their friendship with God," notes Swinton. How were Jesus' friendships qualitatively different from friendships motivated by social exchange and likeness? What sort of friendship will draw us into relationship with people isolated in their suffering?
4. What important experiences of Stephen Schmidt's are "not in the medical records"? How do these experiences shape his encounter with and personal response to Crohn's Disease?
5. How is God's love embodied for Schmidt by his wife and by the chronic illness group at Grace Lutheran Church?
6. How can your congregation work together with health experts to create "space" for forming friendships with people with profound mental and debilitating physical disease?

Departing Hymn: "Why Have You Forsaken Me?"

# Healing Presence

## 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	Scripture Reading	Luke 9:1-6
Responsive Reading	Responsive Reading	Responsive Reading	Responsive Reading
Reflection (skim all)	Reflection (all sections)	Reflection (skim all)	Discuss Stephen Schmidt's story
Questions 1, 2, and 3	Questions (selected)	Questions 1, 2, and 3	Questions 4, 5, and 6
Departing Hymn	Departing Hymn	Departing Hymn	Departing Hymn

## Teaching Goals

1. To sketch a richer account of illness that explains how suffering is a *personal* experience.
2. To discuss the “totalizing” nature of certain mental and physical diseases in our culture.
3. To explore how congregations can offer friendship to those with profound health problems.

## Before the Group Meeting

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

## Begin with a Story

John Strauss, a psychiatrist, describes a young man who has been through the ravages of schizophrenia: “This 28-year-old man had had the first onset of his schizophrenia ten years previously. He had spent three years in hospital, and then from the period between seven and five years before my interview had been able to manage outside the hospital. However, five years before my interview, he had been readmitted to hospital and had remained there since. As part of our interviews, we try to delineate the various general levels of illness, at several times in the past. We then determine levels of social relations and work functioning, symptoms and hospitalization during those times and plot a time line of course of disorder. This line is generated by rating scales of established reliability. In this particular study, we also enquire about the worst year the person has had since becoming ill. I expected that when I asked that question of this young man he would say that it was one of the times when his functioning scores were lowest, his symptoms highest, and when he was in hospital. He said the worst year was about six years ago, a time when by our scores he was doing fairly well and was not in hospital. He said that he had been living with his mother and then finally had been kicked out of her house and was living in an apartment. About two weeks after leaving her house he called home. She answered the telephone. He started talking, but when she heard his voice, she said ‘You have the wrong number’ and hung up. He said that was the worst year of his life. My heart sank as he told his story. It was not difficult to understand what he meant, but the worst year according to him and the worst year according to our rating scales were very different. Who was right?” (quoted in *Suffering*, pp. 69-70).

## 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 Mark 1:40-45 from a modern translation.

## Responsive Reading

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

## **Reflection**

We tend to reduce a disease to an isolated problem in the mind or body to be repaired by medical treatment. Swinton thinks more broadly of damaged relationships, personal disappointment, and fears that intensify a person's suffering. The story of the young man with schizophrenia raises these issues; it has analogies with the biblical story of the man with leprosy.

The man's leprosy (*lepros* in Greek) was some form of infectious disease manifested in the skin, rather than Hansen's disease which is called "leprosy" today. Leviticus 13 details the rules for the social isolation and spiritual purification of persons with such illnesses. The important point, as Swinton notes, is that the man's condition was a "totalizing" disease.

To extend the discussion to a second session, focus on Schmidt's article and discuss the congregation's response to the isolation of totalizing diseases. The suggested scripture reading from Luke 9:1-6 reminds us that healing the sick was an essential part of the Apostles' mission.

## **Study Questions**

1. "Suffering occurs when we experience a loss of meaning, purpose, hope, and value that leads to a disintegration of our sense of self and our identity as a valued person," Swinton writes. When one person's purposes, hopes, and values differ from another's, they experience their loss differently. Imagine how a musician and a mechanic suffer differently from impaired hearing, or how loss of physical strength affects each one. Moving to a nursing home is never easy, but for people who have never depended on others, do not make friends easily, and value being in society, it is especially devastating, and so on.
2. A totalizing illness affects all aspects and relationships of our lives; others see us primarily as one who suffers from the illness. Members can brainstorm a list of such diseases. They may be totalizing because they are excessively feared as infectious (leprosy, AIDS), severely debilitating or disfiguring (Alzheimer's disease, obesity, mental retardation), incurable (forms of cancer), or destructive of relationships (severe depression, schizophrenia).
3. Often we become friends with people who can help us (social exchange) or who have similar interests and values (likeness). While these two motives lead to valuable relationships, they do not draw us to people who are marginalized and different from us. Jesus' friendships were based on grace and unqualified love. Have members been loved this way? Have they been motivated by grace to enter a friendship? As our relationships deepen, do we have more than one of these three motives for continuing them?
4. Schmidt describes "sacramental memories" of his infant sister's baptism, father's faith, and paternal grandmother's graceful death. In them God's grace is present to him in two ways: he sees God's presence in the remembered events and experiences God's grace currently as he remembers the events. Because these memories mold who he is and what he values, they influence how Schmidt responds to "dark questions" and endures his physical disease.
5. Schmidt finds compassion that allows him "to rebuild a world, re-envision [his] place with others, and seek real intimacy." He mentions his wife's faithfulness, refusal to encourage self-pity and excessive sadness, and passionate intimacy. The chronic illness group is faithful, honest, forgiving, and trusting. They hope, pray, grieve, and laugh with one another.

Swinton urges congregations to employ "mental health chaplains and parish nurses...[as] facilitators of friendships for people with profound mental health problems. However, to suggest that professionals be liaisons for relationships is not to suggest that they do the befriending on behalf of the church community. Collaboration between a community and mental health professionals has the mutual goal of accompanying individuals as they find their way into the community and to provide support that will enable the church community to rejoice in the newfound diversity. The church's task is to provide a physical and spiritual space where people perceived by society as 'different' can find a home..."

## **Departing Hymn**

"Why Have You Forsaken Me?" is on pp. 42-43 of *Suffering*. If you choose not to sing the hymn, you may read the hymn text in unison, or silently and meditatively as a prayer.