Theology as Therapy?

We all know that bad theology can do you in (“If you only had enough faith, you could get well!”). But can the reverse also be true—can good theology make you well?

In the discussion that followed this year’s Word & World lecture (see pages 5-15), someone asked Archie Smith whether there was a New Testament equivalent to the book of Lamentations—the communal lament over systemic oppression rather than just the individual lament over personal distress. More than one answer was suggested by Professor Smith and other participants in the conversation, but it seems to me that perhaps, against all appearance, the New Testament’s most communal lament may be its most individual and most lonely one—Jesus’ cry on the cross, “My God, my God, why have you forsaken me?” In praying the psalm, Jesus takes into his own mouth the words of the countless generations of the faithful who, before him, had used it to cry out in their terror of abandonment and of those who, after him, will continue to do so. More, their abandonment becomes his own—whether it arises from personal injury or from economic oppression, from the fear of death or the fear of emperor.

In other words, Jesus’ lament, though completely personal, is not merely individual. Jesus dies as a particular, wrongly condemned first-century Jew, but also vicariously for all the alienated and forsaken sufferers, all the wrongly condemned throughout the ages. This is hardly a new affirmation, but in this context it reminds us that Jesus dies not merely for individual sin and individual souls, but also for the systemic evil that holds in bondage victims of socio-economic oppression that is not of their own making. Though, to be sure, “there is none righteous, no, not one” (Rom 3:10 KJV), there are innocent victims, their laments all the more terrible; Jesus dies not only for the guilty but also for the innocent. “Just as you did it to one of the least of these who are members of my family, you did it to me” (Matt 25:40).

Archie Smith’s vision of pastoral care called into play two Old Testament images: daughter Zion of Lamentations, mourning her destruction, and the redeemer of Second Isaiah, breaking the iron bars of oppression. Professor Smith rightly pointed out that a biblically informed pastoral care will need to find ways to address people caught up in the kind of systemic oppression of which these images speak. Though, in his lecture, Archie Smith did not move on to the New Testament, he might have. Both of his images come to fulfilment in Jesus—Jesus weeping over the destruction of Jerusalem (Matt 23:37-39) and Jesus redeeming Israel (Luke 24:21).

When Jesus was dying, the crowd mocked him, saying, “He saved others; let
him save himself if he is the Messiah of God, his chosen one!” (Luke 23:35). Their own limited theological perspective led them not merely to abstract misunderstanding but to personal assault. Poor theology did them in. But Luke knew better. He unites the first and final scenes of Jesus’ pre-resurrection public life with a literary inclusio playing on the connection between healing and saving that is evident in so many of Luke’s healing stories: “Doctor, cure yourself” (Luke 4:23) and “Messiah, save yourself” (Luke 23:39) stand as bookends surrounding Jesus’ ministry. Jesus’ work of saving and his work of healing are literally and theologically connected. The cross, the saving event par excellence, is also a healing event (“by his bruises we are healed”—Isa 53:5). In this, we gain a profound insight into how Luke and Jesus understand healing. Both in the first and final scenes of Jesus’ public ministry, healing and saving (both are included in σωτηρία) are related to rejection and suffering. In the tradition of these texts, as in the Christian faith, healing is not triumphalistic success. It is the transformation of human beings—indeed, even of a human race that taunts and rejects its own source of healing and salvation—won through the suffering and death of Jesus.

The experience of the world will cause everyone to ask, at one time or another, why bad things happen to good people. An adequate response will require careful theological deliberation. Will the best that we can do leave people with a George Burns God who is—Sorry about that!—doing the best he can? Or can we speak, more profoundly, of a God who does not intervene from afar to save some only because he has entered the fray to redeem all—guilty and innocent, individual and community, humans and all creation. With that picture of God, the laments and the uncertainties of this age remain, but the presence of God is perpetual rather than occasional, and suffering is not a sign of divine absence. God has taken on himself in Jesus the laments of the alienated and has chosen as the means of healing the cross of Christ. God is with us, and we are being made well.

Several of the authors in this issue argue that the theology of the therapist matters. It matters for the theologian, too. Good theology is indeed an aspect of good health.

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